

"fedramp-test-2024-questions-lara\_sutherland: jenkins-awards.practicegreenhealth.org - Create Sheets Pull Request for Probo-870"



## MMMF

### Instructions

The **Making Medicine Mercury Free Award (MMMF)** is a **ONE time Award**. If your facility has won the MMMF from Practice Greenhealth (or H2E) in the past, your facility **does not need to reapply**. However, if it has been a number of years since your facility won, we encourage the applicant to review this application for useful resources and to see if there are any additional areas in your facility and operations that may possibly contain mercury.

To win the MMMF Award, the facility needs to be able to answer in the affirmative to all of the questions below with the exception of construction and 'Other.'

If your facility uses a **lamp crusher**, you are not eligible for this Award. For further information please see **Drum Top Crushers**.

Mercury in the laboratory setting extends beyond lab thermometers and includes **mercury in lab solutions**, which is harder to detect. Please share the following resources for mercury identification and replacement in the laboratory setting with your lab manager and other appropriate personnel:

**Mercury Elimination Tools & Resources**.

### Mercury Policies

Please upload documentation where requested. Only those applications with ALL requested attachments will be considered.

If a **corporate health system policy** is submitted, please answer questions for, and describe, implementation at your facility.

- 1.** Has your facility established and implemented a written **Mercury-Free Purchasing Policy** that bans the purchase of mercury-containing items where possible without prior approval? This could be a stand-alone policy or part of a larger Environmentally Preferable Purchasing (EPP) policy, but needs to specifically mention mercury.

- Yes  
 No

**1.a** Please attach mercury-free purchasing policy:

- 2.** Does your facility have a **Mercury Management Policy** or policies?

- Yes  
 No

Your **Mercury Management Policy** (or policies) must include the following attributes. Please attach each policy requested. The same policy may be attached for a number of questions if appropriate. Do you have a policy that includes:

- 2.a** A facility **policy statement or commitment statement** expressing a policy or goal of the **virtual elimination of mercury** at your facility or health system?

- Yes  
 No

**2.a.a** Please attach policy or commitment related to virtual elimination of mercury:

- 2.b** **Protocols for safe handling** of remaining mercury containing supplies (this is not a general **hazardous waste** policy- it must explicitly mention mercury)?

- Yes  
 No

**2.b.a** Please attach protocols for safe handling of remaining mercury:

- 2.c** Does the facility have **mercury spill cleanup procedures AND a SPILL KIT on site**? A general **hazardous waste** procedure or policy will NOT suffice--the policy/ procedures **must explicitly mention mercury**.

- Yes
- No

**2.c.a** Please attach mercury spill cleanup procedures:

**2.d** Does the facility have **disposal procedures** in place for mercury-containing devices (or dental amalgam--if applicable), such as **recycling** or regulated safe disposal of equipment or spill waste to avoid disposal in an unregulated waste stream. Mercury must be specifically mentioned.

- Yes
- No

**2.d.a** Please attach disposal procedures for mercury-containing devices and amalgam:

**Clinical Devices**

**3.** Has the facility **inventoried** (and labelled where possible) all mercury-containing **clinical devices**/sources within the organization and have a **plan in place** to substitute non-mercury devices?

- Yes
- No

**3.a** Please upload the inventory of remaining mercury-containing devices

**3.b** Please explain the plan and timeline for replacement, if not completely eliminated.

**3.c** Our inventory did not find any mercury-containing items.

- Yes
- No

**4.** Has your facility eliminated **all patient / clinical mercury thermometers**, including those sold in pharmacies and sent home with patients?

- Yes
- No

**4.a** What brand do you utilize?

**5.** Has the facility eliminated all **mercury-containing blood pressure devices** (sphygmomanometers)?

- Yes
- No

**5.b** What type of mercury-free sphygmomanometers are used?

**6.\*** Has the facility replaced all **mercury-containing clinical devices** (e.g., bougies, miller-abbott tubes, cantor tubes, dilators)?

- Yes
- No

**6.a** Please list the items that have been replaced:

**Facilities**

**7.** Has the applicant communicated directly with the Facilities department to **identify any mercury-containing equipment**? Please attach Facilities specific inventory or list equipment below

- Yes
- No

7.a Please attach inventory of mercury-containing equipment specific to Facilities:

7.b Please list equipment:

[Empty text box for listing equipment]

8. Do the boiler switches at your facility contain mercury?

- Yes
- No

8.a Have these switches been labeled?

- Yes
- No

9. Has your facility implemented a program to recycle fluorescent lamps?

- Yes
- No

9.a Who is your recycling vendor for fluorescent lamps?

[Empty text box for recycling vendor name]

10. What types of lamps does your facility predominantly use?

- LED
- Low mercury fluorescent
- regular fluorescent

11. How does the facility handle its fluorescent lamps?

Other [dropdown arrow]

11.a Please describe handling of fluorescent lamps:

[Empty text box for handling description]

12. What is the final disposition of all lamps?

[Empty text box for final disposition]

13. Does your facility use a lamp crusher onsite?

- Yes
- No

If you have an onsite lamp crusher, your facility is not eligible for this award. See discussion on Drum Top Crushers

**Battery Recycling**

14. Has your facility implemented a battery collection and recycling program?

- Yes
- No

14.a Who is your recycling vendor for batteries?

[Empty text box for recycling vendor name]

14.b Please indicate the departments in the facility where batteries are collected for recycling (e.g. facility wide, nursing units, etc.)

[Empty text box for departments]

Please indicate the types of batteries recycled.

Table A. Battery Recycling Checklist

Battery Type	Recycling (Yes/No)
Ni-Cd	<b>14.c</b> <input type="radio"/> Yes <input type="radio"/> No

Lead-acid	<b>14.d</b> <input type="radio"/> Yes <input type="radio"/> No
Lithium ion	<b>14.e</b> <input type="radio"/> Yes <input type="radio"/> No
Alkaline	<b>14.f</b> <input type="radio"/> Yes <input type="radio"/> No
Ni-MH	<b>14.g</b> <input type="radio"/> Yes <input type="radio"/> No
<b>14.h</b> Other <input type="text"/>	<b>14.i</b> <input type="radio"/> Yes <input type="radio"/> No
<b>14.j</b> Other <input type="text"/>	<b>14.k</b> <input type="radio"/> Yes <input type="radio"/> No

**Laboratory**

Mercury in the laboratory setting extends beyond lab thermometers and includes **mercury in lab solutions**, which is harder to detect. Please share the following resources for mercury identification and replacement in the laboratory setting with your lab manager and other appropriate personnel: **Mercury Elimination Tools & Resources**. Scroll down to Mercury Elimination in Labs.

**15.** Has your facility **inventoried** all mercury-containing lab thermometers and other equipment?

- Yes
- No

**15.a** Please attach inventory of all mercury-containing lab thermometers and other equipment:

**16.** Has your facility completely **eliminated** all mercury lab thermometers?

- Yes
- No

**16.a** Is the only remaining thermometer used for calibration?

- Yes
- No

**16.b** Has your facility replaced 90% or greater of lab thermometers and have a total phase-out plan in place for any remaining thermometers?

- Yes
- No

**17.** Lab thermometer elimination comments:

**18.** Has the laboratory eliminated the use of mercury-containing **B5 fixative**?

- Yes
- No

**18.a** B5 replacement:

**19.** Has the laboratory eliminated the use of mercury-containing **Zenker's fixative / stain** ?

- Yes
- No

**19.a** Zenker's replacement:

**20.** Has the applicant spoken with the **lab manager** or appropriate personnel to **inventory** mercury-containing **laboratory chemicals**?

- Yes
- No

**20.a** Name of lab manager or personnel:

**20.b** Title of lab manager or personnel:

**20.c** Date of communication with lab manager or personnel:

**21.** Has the facility's lab manager (or other) inventoried all **mercury-containing lab chemicals**?

- Yes
- No

**21.a** The lab manager (or other) indicated:

- None of the lab's chemical solutions contain mercury
- Some of our chemical solutions do contain mercury

Please indicate **remaining mercury-containing chemicals** in the laboratory in Table C:

Table C. Mercury-containing Lab Chemicals

Chemical	Amount in Lab	Concentration of Mercury	Plan to replace?	Replacement Status
<b>21.a.i</b>	<b>21.a.j</b>	<b>21.a.k</b>	<b>21.a.l</b>	<b>21.a.m</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>21.a.n</b>	<b>21.a.o</b>	<b>21.a.p</b>	<b>21.a.q</b>	<b>21.a.r</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>21.a.s</b>	<b>21.a.t</b>	<b>21.a.u</b>	<b>21.a.v</b>	<b>21.a.w</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>21.a.x</b>	<b>21.a.y</b>	<b>21.a.z</b>	<b>21.a.aa</b>	<b>21.a.ab</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Dental**

**22.** Does the facility have **dental chairs**?

- Yes
- No

**22.a** Does your facility use only mercury-free dental amalgam?

- Yes
- No

**22.a.a** Has your facility installed amalgam separators on all onsite dental chairs?

- Yes
- No

**22.a.a.a** What kind of amalgam separator(s) have been installed?

**22.a.a.b** How often are the traps emptied or checked?

## Other Mercury-containing Products

The purpose of this section is to ensure there is awareness that **other mercury-containing products** are being used in the healthcare setting and to assess for potential alternatives. While products like mercury-containing thermometers are easy to detect, it is **not obvious** that mercury is in vaccinations, bleach and other products. Please share your **challenges and success stories** for identifying and implementing mercury-free alternatives below.

**23.** Pharmacy (thimerosal):

**24.** Cleaning chemicals (bleach, etc.):

**25.** If your facility has **eliminated other mercury-containing items** that are not covered above, please list them here:

## Construction

**26.** Does your facility include proper **mercury disposal language in demolition contract language** or templates?

Yes

No

**26.a** Please attach mercury disposal language used in demolition contracts:

**26.b** Please explain if mercury disposal language for demolition contracts is not attached above.

**27.** Does your facility include **mercury-free language in building/ renovation contract language** or templates?

Yes

No

**27.a** Please attach mercury-free language in building renovation contracts:

**27.b** Please explain if mercury-free language for renovation contracts is not attached above:

**28.** Please describe any other successful or innovative programs your facility has implemented to **reduce or eliminate mercury, educate your staff or community**, etc. (This question is optional).

The content of all material available on [awards.practicegreenhealth.org](https://awards.practicegreenhealth.org) is copyrighted by Practice Greenhealth. Reproduction in whole or in part without written permission is prohibited.

©2013-2023 Practice Greenhealth Environmental Excellence Awards