PARTNERSHIP FOR SUSTAINABLE HEALTHCARE

Pollution Prevention (P2) for Healthcare
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Historical Perspective

- EPA Voluntary Partnership with Healthcare Began in 1998 as H2E.
- Enlisted some 1,170 partners representing 6,431 healthcare facilities as members of H2E.
- Now H2E is a 501(c)(3) Non-Profit organization that receives some funding from EPA.
Objectives

- Background
- Issues
- Tools and Resources
- Data Collection
- Communication
- Celebrating Successes!
Why a Commitment to the Environment?

- Safety
- Liability
- Community Relations
- Cost Savings
- Indoor Air Quality
- Environmental Impact
- Regulatory Compliance
- Mission Statement
- Healing Environment
- Commitment to Health
The Hospitals for a Healthy Environment Newsletter

Creating a national movement for environmental sustainability in health care

Volume 3, Issue 7

July 2006

Letter from the Director

H2E becomes a not-for-profit organization!

In February 2006, H2E transitioned from a program primarily funded by the US Environmental Protection Agency to an independent not-for-profit organization. As we continue to provide pollution prevention assistance to the health care field.

Moving Forward – New H2E Programs in 2006

Learn how new changes at H2E affect you.
Welcome to H2E
Working Together To Create Healthy Communities!
In June 17, 2004, the H2E program had 775 partners representing 2,703 facilities: 846 hospitals, 1,447 clinics, 101 nursing homes and 309 other types of facilities.

Partner Pledge - work to eliminate mercury and reduce waste, and prevent pollution.
In May 19, 2005, the H2E Program had 1,020 partners representing 4,333 facilities: 1,123 hospitals, 2,080 clinics, 582 nursing homes and 548 other types of facilities.

Partner Pledge- work to eliminate mercury and reduce waste, and prevent pollution.
In of August 1, 2006, the H2E Program had 1,215 partners representing 5,649 facilities: 1,381 hospitals, 2,941 clinics, 531 nursing homes and 796 other types of facilities.

Partner Pledge - work to eliminate mercury and reduce waste, and prevent pollution.
As of March 29, 2007, the H2E Program had 1,340 Partners representing 11,589 health care facilities including 1,604 hospitals, 3674 clinics, 5,288 nursing homes, and 1,023 other types of facilities.
In April 2004, H2E had 75 champions and as of May 2005, there were 97 champions. H2E Champions promote the H2E program and implement waste reduction activities at their own facilities.

- GPOs such as Novation, Premier and Consorta, and AmeriNet
- State Hospital Associations
- Vendors such as Sodexho, Vanguard and Baxter
- State Pollution Prevention Agencies
- State Nurses Associations
- Healthcare Professional Organizations such as ASHE, AHRMM and ASHES
State H2E Programs and Conferences

BENEFITS: state-level recognition, state-specific resources, vendors, technical assistance and compliance assistance and can be a forum for finding local solutions to issues.

Hospital conferences have been held in Georgia, Florida, South Carolina and now Kentucky.
The H2E Listserv has over 700 participants from the health care sector, technical assistance providers and clinicians.

<table>
<thead>
<tr>
<th>From</th>
<th>Subject: [H2e] disposable thermometers for VRE &amp; isolation patients?</th>
<th>To: H2E -- Hospitals for a Healthy Environment listserv</th>
</tr>
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<tbody>
<tr>
<td>Anderson, Jeannette</td>
<td>[H2e] disposable thermometers for VRE &amp; isolation patients?</td>
<td>H2E -- Hospitals for A Healthy Environment Listserv</td>
</tr>
<tr>
<td><a href="http://www.h2e-online.org/programs/list.htm#HowTo">http://www.h2e-online.org/programs/list.htm#HowTo</a></td>
<td>(<a href="mailto:h2e@h2e.talklist.com">h2e@h2e.talklist.com</a>)</td>
<td>(<a href="mailto:h2e@email.sparklist.com">h2e@email.sparklist.com</a>)</td>
</tr>
</tbody>
</table>

Hi,

I am looking for information on an economical, accurate, disposable thermometer that could be used in place of mercury devices for VRE & isolation patients... anyone have this info??

Thanks!
Jeannette

<table>
<thead>
<tr>
<th>From: Martha Melster</th>
<th>Subject: [H2e] Solid Waste Compactors</th>
<th>To: H2E -- Hospitals for A Healthy Environment Listserv</th>
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<td>(<a href="mailto:h2e@h2e.talklist.com">h2e@h2e.talklist.com</a>)</td>
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</table>

I have 2 questions I would like input on:

1. How many tons of what is considered "Dry Weight," have others consistently pulled out of their 30 yd compactors.

2. If you could purchase any compactor on the market, which would it be? This compactor would have to be hauled from a "tight" loading area.

Thanks for any input I can receive on both of the above questions.

Martha Melster

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<tr>
<th>From: Charles A. Hub</th>
<th>Subject: [H2e] Reusable Sharp Systems</th>
<th>To: H2E -- Hospitals for A Healthy Environment Listserv</th>
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I'm looking for feedback on Reusable Sharp Systems. Looking for possible vendor choices. Specifically, the Daniels system from Australia.

Pros, Cons, Satisfaction, Dissatisfaction.
Price, Performance, Value.
Etc.

Other Systems?

Off list:

Hub@med-dispose.com
## Free Monthly Teleconferences

<table>
<thead>
<tr>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td>Jan 10</td>
<td>Mercury - meeting the MOU Challenge</td>
</tr>
<tr>
<td>Feb 14</td>
<td>Waste Management Cost Reduction - RRM Reduction</td>
</tr>
<tr>
<td>Mar 14</td>
<td>Recycling and Management of Universal Wastes</td>
</tr>
<tr>
<td>Apr 11</td>
<td>HIPAA - Paper Destruction, Recycling and HIPAA</td>
</tr>
<tr>
<td>May 09</td>
<td>Practical Tips to Starting or Enhancing your Recycling Programs</td>
</tr>
<tr>
<td>Jun 13</td>
<td>JCAHO - Using Environmental Programs as Performance Improvement Initiatives</td>
</tr>
<tr>
<td>Jul 11</td>
<td>EPP - Low-Hanging Fruit and other EPP Success Stories</td>
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<tr>
<td>Aug 08</td>
<td>Green Buildings: Materials and Maintenance</td>
</tr>
<tr>
<td>Sep 12</td>
<td>Identifying and Managing Hazardous Pharmaceutical Waste</td>
</tr>
<tr>
<td>Oct 10</td>
<td>Greener Cleaners/Disinfectants</td>
</tr>
<tr>
<td>Nov 14</td>
<td>Nurses - the Role of Nurses in Implementing Environmental Improvements</td>
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<tr>
<td>Dec 12</td>
<td>H2E Awards – How and Why to Apply</td>
</tr>
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<td>Jan 16</td>
<td>Recycling -- Tips and Tricks to a Comprehensive Recycling Program</td>
</tr>
<tr>
<td>Feb 13</td>
<td>Waste Minimization - C&amp;D Recycling and Composting</td>
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*Click on the title for details about the call.

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Check out upcoming calendar at:

http://www.h2e-online.org/events/teleconf/index.cfm
H2E Making Medicine
Mercury Free Awards
www.h2e-online.org/awards

MERCURY FREE BY 2003?
Comprehensive Waste Program

- 85% Hospital Waste (Trash)
- 10-15% Includes 2% pathological waste
- <5% Regulated Medical Waste, Hazardous Waste

Legend:
- Yellow: Hospital Waste (Trash)
- Red: Regulated Medical Waste
- Orange: Hazardous Waste
...Design materials and systems that promotes and facilitates waste minimization and segregation
...Understand waste issues
Waste Segregation – Best Practices

Implement an Infrastructure Conducive to Waste Minimization:

- **Color coded**, strategically placed and well labeled containers for:
  - Solid Waste
  - Infectious Waste
  - Hazardous Waste
  - Recycling
  - Universal Wastes
  - Others
10 Steps to Reducing RMW

Regulated Medical Waste Reduction

10 Steps to Implementing a Regulated Medical Waste Reduction Plan

Hospitals are saving hundreds of thousands of dollars by improving their waste segregation and implementing Regulated Medical Waste (RMW) reduction programs. RMW is the most expensive waste stream to manage. While the primary objective of RMW management is to minimize the risk of disease transmission from handling RMW, every facility has an opportunity to reduce its RMW thereby reducing risk and cost.

Many hospitals routinely throw away 50-70% of their waste into the bioshared waste stream, although a large portion of hospital waste is very similar to that of a hotel or office building: used paper, cardboard and food waste. Hospitals often pay up to $10 million each year to dispose of infectious waste and non-hazardous waste. One resolution process with comprehensive education, hospitals are still able to decrease medical waste to more than 10% of their waste stream. In fact, the Centers for Disease Control (CDC) suggests that only 2-3% of hospital waste truly needs to be disposed of as infectious waste.

The tremendous opportunities for cost and volume reductions do not come from the “gray areas” where it is difficult to determine whether the item is “significantly contaminated” or not. Staff should ask the question whether the waste is potentially infectious (see definition below) and should handle waste in such a way that does not contaminate exposure control barrier clothing (IE: gloves). Staff should clean the area of any remaining waste material, then gather the item from the area and dispose of it in the red bag.

The following opportunities for RMW reduction are known to decrease the office waste, packaging, paper towel waste, closed blue bags and pails, boxes that get tossed out. To help get you started in implementing a Regulated Medical Waste (RMW) reduction plan, USEPA recommends the following ten-step process.

Step 1: Understand Regulated Medical Waste Definitions

Review your facility’s policies, procedures and definitions for RMW handling and disposal. Check with your state regulatory authorities to make sure you understand your specific regulations. Meet with your Infection Control Staff to educate and certify your facility’s guidelines. A strong partnership with Infection Control will help ensure a successful program. Jodelle, US EPA’s Regulated Medical Waste reduction information, is a valuable tool for education and training.

Primary waste segregation is critical. Medical waste should be placed into household waste, paper, cardboard, and other non-hazardous waste stream. This is the route to which waste is placed in a container.

Liquid wastes present another unique disposal question. Are you pouring your liquid down the drain? Are you containing it in a bag for disposal? Are you containing it in a secondary bag? Removing liquids from your waste stream doesn’t require a lot of effort. Techniques are available to reduce liquid waste. Follow your facility’s protocols and OSHA guidelines for managing liquid waste. Be sure to check your local PSW and noise regulatory officials to determine your best disposal options.

http://www.h2e-online.org/pubs/tensteps/Rmw10steps.pdf
Green Cleaners and Other Environmental Service Products

Several state and local governments and other institutions have found that switching to “greener cleaners” has improved indoor air quality, reduced complaints among janitorial staff and saved money.

**EPA’s EPP Database**

The EPA EPP database is designed for federal purchases, but it can be used just as well for purchasing in general. You can search the [EPP Database by product name](http://www.epa.gov/eeh/products/), or select an “aisle” to find all products of a certain type. We suggest you browse the the following aisles to find green cleaner and other environmental service products information:

- [Cleaning supplies and equipment (household use)](http://www.epa.gov/eeh/products/)
- [Cleaning supplies and equipment (industrial use)](http://www.epa.gov/eeh/products/)
- [Health care products](http://www.epa.gov/eeh/products/)

**Cleaning Products Purchasing Decision Wizards**

A web based tool developed by EPA to view brand name products available on federal contracts that meet particular environmental or health criteria.

**Linen Service**

**Linen Management**
A short article on linen loss, red bagging of soiled laundry/linen and dispensing linen and scrubs.

- [J. David Edwards, Textile Care Manager](http://www.epa.gov/eeh/products/)
- VA Medical Center
- [J Freedom Way](http://www.epa.gov/eeh/products/)
- Augusta, Georgia 30904

**American Reusable Textile Association**

Cleaning for Health: Products and Practices for a Safer Indoor Environment
Green Buildings

Material Choices:
- Natural
- Recyclable
- Durable
- Renewable
- Conducive to green cleaning
- Low emitting materials
Welcome to the Healthcare Environmental Resource Center

A new Compliance Assistance Center for the Health Care sector will be opening in late 2004.

For more information, contact:

Paul Chalmer
NCMS
Paul Chalmer
(734) 995-4911

or

Chen Wen
EPA, Office of Pollution Prevention and Toxics
Chen Wen
(202) 564-8849
JCAHO Project
Compliance Assistance Center

Meeting JCAHO Standards with Pollution Prevention

The Joint Commission for the Accreditation of Healthcare Organizations (JCAHO) requires health care facilities to meet performance standards in specific areas. The standards are set to achieve maximum performance for activities affecting the quality of care at the facility. To meet standards, health care facilities must develop performance improvement initiatives. These initiatives help the facility continuously improve and remain competitive.

Pollution prevention (P2) activities make great performance improvement initiatives. They can help you achieve JCAHO standards and meet rules, regulations and goals. They also promote the health of the public—keeping in line with the basic premises of health care. Meeting JCAHO Standards with Pollution Prevention, developed by the Minnesota Technical Assistance Program (MN TAP), outlines pollution prevention activities that achieve JCAHO standards included in the Comprehensive Accreditation Manual for Hospitals (CAMH)—JCAHO’s most frequently used accreditation program—and the rules, regulations and goals listed below.

JCAHO CAMH Standards
The following standards have been condensed. For complete standards, refer to your CAMH, or contact JCAHO at 630/792-5000.

EC.1, EC.1.2: The organization plans for a safe environment and implements its plan.
EC.1.3, EC.2.3: The organization plans for managing hazardous materials and waste and implements its plan.
EC.1.5, EC.2.5: The organization plans for fire prevention and implements its plan.

EC.2, EC.2.2: The organization plans for employee safety and implements its plan.
EC.2.8: Personnel have appropriate knowledge and skills regarding the proper management and disposal of hazardous materials.
EC.4: The organization improves conditions in the environment.
GO.2: Performance improvement is financially sound.
PI.1: Performance improvement is system wide.
PI.1.2: Performance improvement is consistent with the organization’s mission as it relates to community health.
PI.2: Improved and new processes are well designed and consider patient safety.
RI.1.2.2: Patient understands outcomes of care including unanticipated outcomes.
TX.3.4.2: Medication recall system provides for safe disposal of recalled and discontinued medications.

Rules, Regulations and Goals

- Clean Air Act
  - Clean Water Act
  - Community Right to Know
  - Federal Insecticide, Fungicide and Rodenticide Act (FIFRA)
  - Food and Drug Administration (FDA) public health notification: PVC devices containing the plasticizer DEHP
  - Hazardous Materials Transportation Act
  - Hazardous Spill Response (HAZWOPER)

- Hospitals for a Healthy Environment (H2E) goal: Nearly eliminate mercury by 2005.
- H2E goal: Reduce volume and toxicity of all types of waste 30 percent by 2005 and 50 percent by 2010.
- Occupational Safety and Health Administration (OSHA) Hazard Communication/Employee Right to Know
- P2 Act of 1990
- Resource Conservation and Recovery Act (RCRA)
- Spill Prevention Control Countermeasure (SPCC) Plans
- State Infectious/Regulated Medical Waste Regulations
- State requirements for pesticide applicators
- Universal Waste Rule

The first column of this document lists a P2 activity that can be adopted as a performance improvement initiative. This column gives tips on how to accomplish the initiative and outlines why the activity is important. The middle column describes how the initiative meets JCAHO standards. The third column lists rules, regulations and goals that your facility may meet by carrying out the performance improvement initiative.

Assistance
For help meeting JCAHO standards using pollution prevention, contact Catherine Zimmer, MN TAP health care specialist, at 612/624-4635 or 800/247-0015 from greater Minnesota.
How can your facility comply with HIPAA and still recycle paper???

http://www.h2e-online.org/tools/waste_hipaa.htm
Recognition and Award Categories

**H2E Partner Recognition**
is given annually to Partner facilities that have met their self-identified H2E goals for the previous year.

**Making Medicine Mercury-Free Award**  is a one-time award given to facilities that have met the challenge of becoming virtually "mercury free."

**H2E Partners for Change Award**
is given annually to facilities that have made significant progress toward reducing waste, preventing pollution, and eliminating mercury.

**H2E Environmental Leadership Award**  is the premier H2E award given annually to facilities that are setting the "industry standard" for environmental programs and policies. These facilities have active, ongoing waste and mercury-use elimination programs that will serve as models for other hospitals across the country.

John Leigh of Dartmouth-Hitchcock receiving award from Mac Robinson at AHA’s Annual Meeting
Celebrating Your Achievements

Contact: Kelly Heekin, Media Coordinator
202-234-0091, ext. 11

Tips On Getting Press

Congratulations! You’ve just taken an important step toward improving the environment and public health through your involvement in H2E. It’s time to tell your story to your staff and broader community. Following are some tips on getting the media to cover your story.

Write a Press Release

The reverse side has a sample press release that you can use as a template to customize your press release. Add details about your programs and accomplishments, along with quotes from your spokespeople about how and why you are involved in this important H2E initiative.

Tips: The more of a “news hook” you can provide, the better chance your story will be published. Some examples of news hooks include: a prominent community member praises your efforts, your staff works with local leaders to educate the community about mercury use; or you teach a landmark, environmental goal such as end-of-life reduction.

Identify and Pitch to Reporters

If your organization has a public affairs department, give them a copy of the press release and background information on the H2E Project, and they can take it from there.

If you are posting the release yourself, first identify reporters who are likely to cover the story your organization might have a press release already completed. Be sure to email the press release to them. It is a good idea to make follow-up calls to reporters to ensure they received the information and talk with them about why it is important to inform the community about your organization’s environmental achievements.

Tips:

- Fact sheets. Here on hand are a list of facts and additional resources, for reporters, to include that provide basic information about why mercury is an environmental and public health threat.
- Public Affairs. Distribute someone from your facility to speak to the press and make sure they have all the necessary information. You might also want to identify some other spokespeople such as a doctor or provide quotes from the health effects of mercury or a local politician who can discuss your positive impact in the community.
- Images. Some publications might require visual images, such as photographs of your program or of a person at your facility. Colorful charts depicting your program are also helpful.
- Talking points. Have three to four points you want to emphasize in a press release, and stick to those points when speaking to reporters. You might want to emphasize the achievements your facility has made and why a commitment to the environment is important to you.
- Other Media. Send your press release through other information channels. Post it on your website, e-mail it through e-mail, put it out on your intranet, print it in your newsletter, and post it around your facility so employees can feel proud of their accomplishments.

Have Resources Handy

The following resources will be useful in making your efforts to promote your facility’s success:

- Fact sheets. Here on hand are a list of facts and additional resources, for reporters, to include that provide basic information about why mercury is an environmental and public health threat.
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Change... requires shift in mindset and enlightened leadership
Call for Assistance:

- Janet Brown, Partner Coordinator
  H2E, New York, NY.
  Phone: 212/941-2486, 347/393-3809
- Priscilla Oliver, Ph.D.
  Regional EPA, PSH Coordinator
  Atlanta, GA
  404/562-8292
- Email: Janet.brown@h2e-online.org
  oliver.priscilla@epa.gov
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E-mail: h2e@h2e-online.org
www.h2e-online.org

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