



# PWGC Winter Newsletter



*Helping You Make Your Hospital  
the Best for the Community and  
the Environment!*

## This Holiday Season, Let's Look at Greening the Operating Room!

Did you know that 20-30% of a hospital's waste stream is estimated to come from operating rooms? This staggering fact comes from case studies and referenced in Roy K. Esaki, MD and Alex Macario, MD April 20, 2010 Medscape Anesthesiology article "Wastage of Supplies and Drugs in the Operating Room." This has motivated Practice Green Health to promote the "Greening The Operating Room (OR) Initiative" to create awareness to this environmentally intensive department. According to Practice Green Health a number of leading healthcare institutions have begun to tackle this problem by identifying key interventions that can reduce waste, energy, worker exposure to hazardous chemicals and save money. The Greening the OR Initiative is looking at interventions in the OR that reduce environmental impact, reduce cost, increase efficiency, and improve worker or patient safety—or some combination of these. There are a range of interventions being looked at by the Initiative, and participating hospitals will continue to define additional interventions as they are piloted and implemented at different institutions. Initial interventions being looked at include:

- Regulated medical waste reduction and segregation
- Fluid management systems
- Single-use device reprocessing
- OR kit reformulation
- Reusable surgical gowns and basins
- LED lighting and power booms
- Displacement ventilation
- Waste anesthetic gas (WAG) capture and reclamation
- Medical plastics recycling
- Reusable hard cases for surgical instruments

The Greening the OR Initiative intends to develop a guidance document that will both frame the relevance and importance of greening the operating room while also laying out a data-driven strategy and roadmap for how to tackle this endeavor and implement these interventions at your hospital. The document is scheduled to be available in early 2011. Visit [www.greeningtheor.org](http://www.greeningtheor.org) for more information.

## Community Right To Know



Just a reminder that **TIER II** forms are due annually by **March 1<sup>st</sup>**! Facilities covered by Emergency Planning and Community Right-to-Know Act (EPCRA) requirements must submit an Emergency and Hazardous Chemical Inventory Form to the Local Emergency Planning Committee (LEPC), the State Emergency Response Commission (SERC), and the local fire department annually by March 1<sup>st</sup>.

Generally, most if not all hospitals in New York are subject to TIER II submittals based on bulk storage of petroleum fuel oil and oxygen. The EPA has set minimum thresholds for Tier II reporting requirements; however, local agencies like the NYCDEP have more stringent thresholds.

Contact PWGC for assistance. Don't miss March 1<sup>st</sup> reporting deadline!

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*Season's Greetings!  
PWGC's hospital  
newsletters are designed  
to assist Facilities  
Engineering and other  
departments within the  
hospitals to stay updated  
on ever changing  
environmental rules,  
regulations, and other  
pertinent issues related to  
the healthcare industry.*



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## Laboratories and Energy Efficiency



Laboratories for the 21st Century (Labs21) is cosponsored by the U.S. Environmental Protection Agency (EPA) and U.S. Department of Energy (DOE), and has developed a Laboratory Energy Efficiency Profiler (LEEP) Tool.

As stated on their website, <http://www.labs21century.gov/toolkit/leep.htm>, The LEEP tool helps users to quickly identify and prioritize potential energy efficiency actions in laboratory facilities. It does not require users to have any specialized knowledge of energy audits or analysis. The tool inputs are the key characteristics of the facility's ventilation, heating, cooling and lighting systems as well as plug and process equipment. Based on these inputs, the tool provides information on the relevance, impact, and comparative cost of over 60 actions to reduce energy use. These results can then be used to help establish the scope and priorities for more detailed energy audits.

Labs21 also has a benchmarking energy tool so that contains energy use information from more than 200 laboratory facilities. This is an exciting tool to help laboratories take control of their energy usage!

## Underground Storage Tank (UST) Monitoring!

Nassau County Department of Health (NCDOH) and Suffolk County Department of Health Services (SCDHS) along with the New York City Department of Environmental (NYCDEP) agencies default to NYSDEC Regulations Part 614 for monitoring requirements of underground storage tanks (USTs). If the USTs are corrosion-resistant tanks with pipes which have a leak monitoring system or any new tank and pipe installed in conformance with Part 614 than no periodic tank tightness testing is required; however, there is monitoring required:

- (1) The adequacy of a cathodic protection system must be monitored at least annually. If at any time the system fails to provide the necessary electrical current to prevent corrosion, the cathodic protection system must be restored within thirty (30) days.
- (2) The owner or operator must monitor for traces of petroleum at least once per week. All monitoring systems must be inspected monthly. Monitoring systems must be kept in proper working order. If at any time the monitoring system fails to function effectively, it must be repaired within thirty (30) days

Inventorying is also required. Contact PWGC for further assistance with required checklists.



## News on Universal Waste and Pharmaceuticals!!

The EPA is proposing to add hazardous pharmaceutical wastes to the Universal Waste Rule in order to provide a system for disposing hazardous pharmaceutical wastes that is protective of public health and the environment. The EPA's goal for the proposed addition will make it easier for generators to collect and properly dispose of these items as universal wastes, resulting in a simpler and more streamlined waste management system. In the proposed rule, a pharmaceutical universal waste is defined as a pharmaceutical that is a hazardous waste. There are approximately 31 commercial chemical products listed on RCRA's P- and U-lists that have pharmaceutical uses. As the P- and U-lists are based on chemical designations, this number does not completely represent the total number of brand names.

For example, the following chemotherapy drugs, CTX, Cytotoxan, Neosar and Procytox, are U058 (cyclophosphamide). In addition, waste pharmaceuticals may also be hazardous because they exhibit one or more of the four characteristics of hazardous waste: ignitability, corrosivity, reactivity and toxicity.

Before finalization of the rule EPA is addressing such concerns such as lack of notification and tracking requirements for those facilities handling and transporting universal pharmaceutical wastes. PWGC will provide updates on the proposed rule in the upcoming newsletters. In the interim, the EPA has released the Draft *Guidance Document: Best Management Practices for Unused Pharmaceuticals at Health Care Facilities* which can be viewed at <http://water.epa.gov/scitech/wastetech/guide/upload/unuseddraft.pdf>.