

**Healthcare Environmental Awareness and Resource Recovery Team (HEARRT)**  
**Minnesota Hospital Association**  
**2550 University Avenue West, Suite 350 South**  
**Thursday, January 8, 2009**  
**Meeting Summary**

**Announcements**

- Marie Kulick– Clean Med, May in Chicago. Health Care with out Harm: updated PVC-free medical devices fact sheet
- New MnTAP fact sheets on reducing pharmaceutical sample wastes and dental hazardous waste. see, [www.mntap.umn.edu/health](http://www.mntap.umn.edu/health)
- Soliciting MnTAP intern projects for this summer. Proposal due date 2/1/09.
- Mercury free RPR now available. Contact Catherine Zimmer for more info.
- Hazardous waste training—available through metro counties. MPCA staff cannot offer at this time due to state budget restrictions on travel.
- Air, Water, Waste conference cancelled
- Hennepin County Medical Center is now composting its food waste. Possible topic for future meeting.

**Energy Smart**

*Mark Blaiser, Minnesota Waste Wise, 651-292-4663, [mblaiser@mnychamber.com](mailto:mblaiser@mnychamber.com)*

Many changes can be made when it comes to saving energy and money. This can range from saving \$30 or more over the lifetime of one compact fluorescent bulb to \$20 billion if commercial, industrial, and institutional facilities improved the efficiency of their building by 10%. Businesses can save money by performing regular maintenance, setting thermostats, and setting up employee incentives or competitions. Healthcare organizations spend billions a year on energy and can benefit from having an on-site energy audit/assessment. This can be done through the utility company. Two Department of Energy programs with healthcare energy goals are the EnergySmart Hospitals Program (not connected to Minnesota Energy Smart) and the Hospital Energy Alliance.

Minnesota Waste Wise, an affiliate program of the Minnesota Chamber of Commerce, has a Minnesota Energy Smart program. The mission is to help Minnesota businesses achieve cost savings through energy efficiency by connecting them to existing utility Conservation Improvement Programs. Energy Smart can help your business find available financial incentives, find reliable resources to evaluate upgrade options, and be recognized for energy efficiency successes. For more information, see [www.mnenergysmart.com](http://www.mnenergysmart.com) If interested in the power point, email Mark Blaiser at [mblaiser@mnychamber.com](mailto:mblaiser@mnychamber.com).

**Minneapolis' Anti Idling Ordinance**

*Dan Huff, City of Minneapolis, 612-673-5863, [daniel.huff@ci.minneapolis.mn.us](mailto:daniel.huff@ci.minneapolis.mn.us)*

Did you know that vehicle exhaust accounts for about a third of the nation's carbon dioxide emissions? And over 50% of the air pollution in the Twin Cities is from cars and trucks? Burning one gallon of gas releases over 19 lbs. of carbon dioxide. Therefore, Minneapolis has a Code of Ordinances Chapter 58 on idling. People may think that idling costs next to nothing, but cars use about a gallon of gas every hour when idling. People may also think that restarting your engine uses as much gas as idling, but idling for 10 seconds uses more gas than restarting your engine.

In Chapter 58 Idling, Article I, large diesel trucks and buses are limited to 5 minutes and the facility operator is responsible for loading backup over 30 minutes. Article II covers all vehicles not covered in Article I and limits idling to 3 minutes (some exemptions apply for Article I and II).

To help with this issue, educate employees and customers, post No Idling signs, inform delivery and supply companies, post flyers, and write into supply contracts. The city has signs, flyers and posters available. Contact Dan for more information.

*Chuck Strobel, Minnesota Department of Health, 651-201-4927, [chuck.stroebel@state.mn.us](mailto:chuck.stroebel@state.mn.us)*

An increasing body of research indicates that exposures to traffic-related air pollutants are important from a public health perspective. Pollutants of health concern include: fine/ultrafine particles, nitrogen oxides, carbon monoxide, hydrocarbons (VOCs), and air toxics. Traffic-related pollutants are emitted in close proximity to people's breathing zones, and therefore, exposures to these pollutants are likely higher relative to exposures from many other air pollution sources. Research indicates that exposures to these pollutants are highest along roadways and in vehicles. For example, California studies show that in-vehicle exposures represent more than 50% of total daily exposures to ultrafine particles (i.e., pollutants associated with increased risks for asthma and heart attacks). In addition, idling vehicles near building entrances and air intake vents may contribute to high exposures to these air pollutants. By examining and modifying idling practices, fleet and facility managers may effectively reduce exposures to traffic-related pollutants. This may be an especially important consideration for health care facilities (hospitals, clinics) and other areas where susceptible populations frequent. Susceptible populations include: children, the elderly, and people with pre-existing respiratory and cardiovascular diseases.

Overall, Minnesota's statewide ambient air monitoring network demonstrates that our air quality has improved considerably over the last two decades, and in general, air quality in our state is good to moderate on most days of the year. However, there are some days when the Minnesota Pollution Control Agency issues air pollution health alerts. In addition, there are some microenvironments (e.g., along roadways, in-vehicles, and indoors) where people experience high short-term exposures to air pollutants that may be a health concern -- particularly for susceptible populations. For hourly updated information about air quality in Minnesota, see the Air Quality Index web page: <http://aqi.pca.state.mn.us/>

### **Hazardous Waste Discussion**

*Brandon Finke, MPCA, 651-757-2358*

*Tanya Maurice, MPCA, 651-757-2555*

#### 1) Pharmaceuticals as Universal Waste

- a. USEPA has proposed a rule that would make hazardous waste pharmaceuticals a universal waste.
- b. Under the proposal, management requirements would be simplified, but final disposal would remain the same.
- c. This rulemaking does not supersede the Controlled Substances Act and DEA regulations
- d. The universal waste program is optional
  - i. Option 1: Facilities can choose to manage hazardous pharmaceutical waste as universal waste
  - ii. Option 2: Continue to manage these wastes under RCRA
- e. USEPA has solicited comments on a number of aspects of the proposed rule; comments are due by March 4, 2009
- f. For more information:
  - i. <http://www.epa.gov/wastes/hazard/wastetypes/universal/pharm.htm>
  - ii. Brandon Finke - 651.757.2358 - [brandon.finke@state.mn.us](mailto:brandon.finke@state.mn.us)

#### 2) MPCA Hospital Inspections

- a. The MPCA has begun inspecting metro county hospitals for full compliance with hazardous waste generator requirements
- b. All records must be accessible on site at the time of the inspection, including evaluation records

#### 3) Lethality Guidance for Non-pharmaceuticals

- a. The MPCA is developing a new fact sheet that provides guidance for evaluating lethality (MN01) for non-pharmaceutical waste
- b. Lab waste evaluation will likely be impacted
- c. Check the MPCA Health Care Webpage in the coming months:  
<http://www.pca.state.mn.us/industry/healthcare.html>

## Attendees

Name	Phone	Representing	E-mail Address
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