

# PWGC Summer Newsletter



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

*"P.W. Grosser Consulting  
serves our clients, our  
neighborhoods and our  
society!"*

## Proposed Reasonable Achievable Control Technology for Oxides of Nitrogen (NOx)

Is your facility a major source of air emissions (Title V facility)? If you answered yes, more stringent NOx regulations are on the horizon. 6 NYCRR Subpart 227-2 is being revised by lowering the NOx Reasonable Achievable Control Technology (RACT) emission limits for very large boilers, large boilers, mid-size boilers, and small boilers, and by requiring a case-by-case RACT analysis for combined cycle/cogeneration combustion turbines. These revisions will also include new shutdown and system-wide averaging options for compliance. Subject facilities must submit, by January 11, 2011, a RACT analysis that explains that the control technology the facility currently employs should still be considered RACT for that source. The new NOx emission standard for large boilers (>100 mmBTU/hr but equal to or < than 250 mmBTU/hr) and medium sized boilers (> 25 mmBTU/hr but < than 100mmBTU/hr) are in the table below. Compliance with these emission limits must be determined with a one hour average. These lower limits if passed will be effective July 1, 2012. Contact PWGC for assistance and/or further information.

Fuel Type	Large Boiler Old Limit (lbs/mmBTU)	NEW Limit	Medium Boiler OLD Limit (lbs/mmBTU)	NEW Limit
Gas only	0.2	0.06	0.10	0.05
Gas/Oil (dual)	0.3	0.15	0.12	0.08

## "Targeting 100: Envisioning the High Performance Hospital" - A Study Worth Looking At!

According to U.S. EPA-based estimates, the health care industry consumes 73 trillion kWh of "conventional" electricity and accounts for approximately 4% of energy consumed in the US. A hospital's carbon footprint varies by size; however, hospitals can emit up to 20,000 tons of carbon dioxide annually. That's equal to approximately 2 million gallons of gasoline! A study just released at the CleanMed Conference in spring 2010 indicates that hospitals have a potential to reduce their energy by 60% resulting in potential savings for newly constructed buildings of \$730,000 annually. The University of Washington's Integrated Design Lab, in collaboration with a team of experts in design, engineering, operations and hospital ownership (NBBJ) have researched healthcare building performance targeting both energy performance and interior environmental quality. The study is called "Targeting 100! Envisioning the high performance hospital: implications for a new, low energy, high performance prototype". The study shows that hospitals can implement energy-saving measures without substantially increased capital investment, and meet the 2030 Challenge for 2010, which is a global initiative endorsed by the America Institute of Architect to reduce energy consumption and greenhouse gas (GHG) emissions in buildings. The study is based on a three-year reassessment of architectural systems, mechanical systems, central plant systems, which included energy simulations, iterative hourly load testing, prototyping, cost analysis and peer review. If you have not accounted for your greenhouse gas emissions, now is the time. Contact P.W. Grosser Consulting for assistance.



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*Happy Summer! 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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## Healthier Hospital Initiatives- Improving Sustainability and Safety in Healthcare

The Healthier Hospital Initiative (HHI), launched May 12, 2010 by six leading health care systems, has announced that they have formed the Healthier Hospitals Initiative to help speed the health care sector toward environmental sustainability.

The HHI is committed to improving sustainability and safety across the healthcare sector, and has created the Healthier Hospitals Agenda to chart a path to a healthier, more sustainable and more cost effective healthcare system. HHI is partnering with Health Care Without Harm (an international coalition of healthcare facilities), Practice Greenhealth, and The Center for Health Design (a research and advocacy organization) to provide expertise and technical assistance and to develop and implement training and other programs to help hospitals carry out the HHI agenda. There are three important sectors to the HHI Agenda for Sustainable Healthcare:

- (1) Improve Environmental Health and Patient Safety;
- (2) Reduce Health Care's Use of National Resources and Generation of Waste; and
- (3) Institutionalize Sustainability and Safety.

Visit <http://www.healthierhospitals.org/> for further information on the HHI Agenda.

## Saccharin in the News

The Environmental Protection Agency (EPA) is proposing to amend its regulations under the Resource Conservation and Recovery Act (RCRA) to remove saccharin and its salts from the lists of hazardous constituents and commercial chemical products which are hazardous wastes when discarded or intended to be discarded. The EPA is also proposing to amend the regulations under the Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA) to remove saccharin and its salts from the list of hazardous substances.

This proposed rule is in response to a petition submitted to EPA by the Calorie Control Council (CCC), to remove saccharin and its salts from the above lists. EPA is proposing to grant CCC's petition based on a review of the evaluations conducted by key public health agencies concerning the carcinogenic and other potential toxicological effects of saccharin and its salts.

EPA assessed that the waste generation and management information for saccharin and its salts demonstrate that saccharin and its salts do not meet the criteria in the hazardous waste regulations for remaining on EPA's lists of hazardous constituents, hazardous wastes, and hazardous substances.

## Medical Sharps to Construction Material?



There are many new processes on the horizon to eliminate waste entering the landfill and further creating products from such diverted waste. Recently, a medical waste company has introduced a new process to convert medical waste into a raw material that can be used in construction and manufacturing. The process will turn collected medical syringes into a sterile raw material that the company said is suitable for use in energy intensive industries like cement, lime, steel and power plants. This is just many of the innovative ways companies are thinking about to help reduce waste. Food waste is also a large contributor to landfill and may be easily diverted to be composted and turned into viable soil.

## Pharmaceutical Mail Back Pilot Program

Through a grant awarded by U.S EPA, The University of Maine's Center on Aging has completed the first statewide mail-back pilot program for managing pharmaceutical waste from consumers. Studies show that pharmaceuticals are present in our nation's water bodies and those certain drugs may cause ecological harm. "This pilot is important because it has filled research gaps about the volumes and types of medications that can end up in our waters, and affect our ecosystems," said Peter S. Silva, assistant administrator for EPA's Office of Water. "The pilot also gave residents a way to serve as environmental stewards to reduce water pollution." Visit <http://www.epa.gov/aging/RX-report-Exe-Sum/> for more info.