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I'll begin by saying thank you to Nan Peckham and Connie Mendola for contacting me concerning for this event today. What a great idea to have this seminar.....thank you

I work at The William W. Backus Hospital in Norwich. Backus is a non-profit, community hospital that was incorporated in 1893. The first construction project at Backus cost \$1,000. It was a barn for 5 cows, a horse, and a carriage room. Sixteen total staff included one janitor, three maids and a laundress. The first, year 190 patients were admitted to Backus with illnesses such as Alcoholism, diphtheria, malaria, typhoid, and ...four babies born. Seems so simple. A self-contained facility. Compare this to today when Backus is moving to begin a \$45,000,000 construction project and we need to rely on so much outside support. Competition and politics are the name of the game.

We in Environmental Services are at a cross roads for the first time in over 100 years. We can decide to stay where we were (and still are) or be proactive, move forward and yes, actually make a difference. Something different for ES. We can and do make a difference.

It is making a difference that is given celebrity. It is differences that will make of us feel productive and positive about what we do.

Not one of us should take what we do for granted. It is not a routine job that no one cares about. It is not the bottom rung on the ladder. Anyone who thinks that way is making a huge mistake. Huge.

With the information available from TV and the Net, and so many other places, we can gather more than enough facts for whatever we need to justify. There are a couple of glitches. What can you believe and what can you throw out? How do you separate fact from rhetoric? Who can explain the really confusing things to you? Oi vey, this is only the beginning.

About 2+ years ago, I read a magazine article (I think from Facilities Management Mag.) concerning asthma, allergies and indoor air Quality. (IAQ?) It mentioned asthma effecting patients, staff, and ES employees being on the rise. The fact that the article mentioned ES employees being exposed to questionable air quality was something I am ashamed to admit, I never did give a great deal of thought. I took that part of the job for granted.

Think about it. Our employees work every day with disinfectant germicide, stripper, sealer, finish, and other chemicals such as ammonia and bleach and solidifiers that can dry out one's throat and nostrils and eyes. All the while thinking that these chemicals must do a really good job because they are so caustic. (What?)

I was always too busy putting nursing staff down when they complained about strippers, sealers, and finishes having such strong odors that some in nursing had to go home. (Well, they really

did not want to work that night anyway)-----good excuse to push ESD off the unit and not complete the floor work.

I was very skeptical when they said patients on the cardiac and oncology units were made very ill from the odors. (Sure, blame it on the patients - -- patient care - - great excuse to push us off another unit.) I mentally filed everything under, "The Sky is Falling.com"

I never accepted any of these complaints as information I should be seriously looking into and strive to change. This is just the way it is in ESD (and always has been).

We have a tough job, work with strong chemicals, but we get the job done. We always give "them" what they want... great looking floors. AND we give them a clean hospital facility while we take care of supporting infection control. (Wow we are good)

I asked my crew if they had problems working with the stripper or sealer or the finish. They all said no but...at times, Rich will get a bad head ache. Sometimes Mike's eyes will burn..... Working with stripper and cold water is so much better. (They used warm to hot water because it seemed make the chemical work easier.) BUT, The ammonia smell made Kurt feel quite dizzy. He would take a break for a few minutes and then go back to work. Elliott had to go to Employee Health and was told that he must wear a full-face respirator or talk to HR about a job change. Can you see a floor guy working on the floor in a full-face respirator while nursing is not taken seriously? NOT

Concern began to build...getting to the supervisors.... the question now is.... What do we do if the floor crew cannot tolerate the odors? Things like OSHA and more comp cases bothered me. Had to be an easier way.

My floor crew was not in favor of any type of product change. (Oh, God! <u>Change</u>) The supervisor was sure any change to some kind of tree hugger floor finish would not help people and would most certainly fail as a floor product. THEN, the excuse of ...how would they get the old finish to lift with out ammonia in a stripper. Etc., etc, As for Respirator Elliott, he was a woos. The others were not especially supportive. If they can do it, so can he.

I adamantly feel that education is the best way to change people's minds. I pulled together the lists of chemicals in all of our floor products. Surprise!! I cannot pronounce half of them. So I began to search the Internet. I found more information than I could read in a year. Confused, I settled on Green Seal. This has been a good choice for me. Green Seal is a non-profit organization that has established criteria for manufactures meet in order to obtain the "green seal" of approval for their products. Such as......No harsh chemicals, dyes, perfumes, or other chemicals that may cause harm to the environment or at least less harm than products already in use.

I began to educate my self and then my staff. The floor crew has given in because newer floor products are less caustic to them. They find the results are quite good. Nursing has noticed the difference and although old perceptions die hard, rapports have improved. The crew now uses less product at one time and understand that dilution rates cannot be "adjusted". They ensure proper air exchanges with fans pointed away from the work area????? And not into the units.

Floor products still need some chemicals already there in order to properly produce the results our most important customer expects from us. It simply takes more thought, education and communication to get on and get out of a unit.

I ask you, who knows cleaning better that Maria on the 4th floor? Who was going to get to Jean and have her try a new product? She already knew they would not work. I heard comments like, "ehhhhhh, it is ok but I don't like it as much as the other cleaner."(At this time, my employees are supportive and like the new green cleaning products.)

The supervisors, during daily rounds, checked closets for stashes. There they were. Bottles and bottles. Surprise! Hoarding going on!

All of those ingredients just about did me in. confused beyond recognition. I am not a chemist; I do not understand all of the ingredients in chemicals. I do understand when one of my staff is out for weeks on comp because of reactions to the chemicals they work with. I learned that some chemicals in floor products can be absorbed through the skin, damage blood, liver, kidneys. Aqueous ammonia....causes damage to eyes or skin, which if not treated promptly may be permanent.

The two issues, cleaning results and the very huge umbrella of safety were clanging in my head. Safety for ES employees, staff, patients, visitors, etc. (safety for the out doors) I learned that progress made in the past in our cleaning industry has not always been for the best. Moving forward, progress must bring positive change to keep up with health care.

We are meeting an educated public. They want to know that the health care facility they are in is doing everything it can to make the environment safe. They ask questions and make demands for unadulterated cleaning products.

I frequently go back to Green Seal for help (H2E- DEP) and <u>I do</u> rely very much on the information my vendor's can give me. We have been doing business together for a long time and they should be trusted. The manufacturer's they represent have everything to lose and nothing to gain if they do not accept the challenge of making our communities and the facilities we work in better places. Shop around for the best pricing and products. You will find the two

do go together. Keep in mind that with vendors, like chemicals, more is not better. Find one or two and try to work with them.

Test, and test. Get staff involved and look for feedback. Advantages are great and safer for them. Our staff are making an impact upon the facility and surrounding communities. Who ever thought that ES....would make such an impact upon a facility? The PR for a hospital is great.

My staff and the supervisory management team have been great. They do get it!! Still confused, yes, but always sharing information, most things are so much better.

We have recently changed to the micro fiber mop system. (Flat mop system) A 100 year wait for an improvement. Along with the new chemicals, and a change in cleaning procedures that make life a little easier, the flat mop system has been positively received. No more heavy wringers, hauling heavy buckets with water, no more shoulder compensation cases or surgeries. Maria on the 4th floor is still out on her decision. BUT using the new mop. What could be better than something you have been using for 20 years????? She is however, coming around and I am proud of her.

We are not just housekeepers. We are keepers of the facility and all that come in. We are all responsible for doing the very best that we can for our staff.

It is an ongoing project and in Backus Environmental Services, we are not close to being finished with changes yet.

I hope that you were able to connect with something today. Change is good. It is better to be proactive than to wait to be told we have to change.

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