INTRODUCTION

“There is no separation between environmental issues and health issues” (Smith and Lourie, 2010a). Researchers from Environment Canada (Muir and Zegarac, 2001) estimate that North American healthcare costs and lost productivity linked to environmental factors total between $568 billion and $793 billion per year ($46 billion and $52 billion for Canada alone). These are staggering numbers and could be easily overlooked when various government budgets are examined as “silos” and the interconnectivity of the environment and health care costs are not considered. They are costs borne both financially and in terms of quality of life.

The greening of healthcare textiles is a topic of great importance for the overall greening of healthcare spaces due to the large number of chemicals used in the production of fabrics. Both patients and healthcare workers are exposed to these chemicals through dermal contact, inhalation, and ingestion. Hospital “green” teams and purchasing agents need to be aware of how to best select textiles for their facilities.

LEED (Leadership in Energy and Environmental Design) is a comprehensive internationally recognized standard for certification and construction of green buildings (Canada Green Building Council, 2004a). The U.S. Green Building Council (USGBC) started this program in 1993, and there are currently non-profit green building councils in 77 countries around the world (World Green Building Council, 2010). LEED standards are set for energy savings, water efficiency, carbon dioxide emissions reduction, improved indoor environmental quality, stewardship of resources, and sustainable locations. Innovation and education are also rewarded in the certification process. Verifiable third-party standards are set for practical and measurable design, construction, operation, and maintenance of buildings. Programs are available for commercial and residential buildings and neighbourhoods. The USGBC is currently developing a program specifically for healthcare (US Green Building Council, 2010).

The general principles from LEED (Leadership in Energy and Environmental Design) (Canada Green Building Council, 2004a) provide the analytical framework for the five criteria for selecting textiles for healthcare use presented in Table 1.
Healthcare facilities need to provide care for all patients in the safest way possible for patients and healthcare personnel (HCP) and at the appropriate level, whether patients need home-based care, outpatient care, urgent care, emergency room care, inpatient care, or intensive care. This guidance outlines goals and strategies for U.S. healthcare facilities to operate effectively and safely during the COVID-19 pandemic and provides links to CDC guidance on providing care in different settings and situations. Adjusting the Way Healthcare Services Are Delivered During the COVID-19 Pandemic.

Access primary care providers and specialists, including mental and behavioral health care providers, for chronic health conditions and medication management. Is health care waste included in the definition of WASH? Health care waste refers to all waste generated within healthcare facilities related to medical procedures and includes potentially infectious items such as used syringes, bandages and personal protective equipment (WHO, 2014). Health care waste is not a focus of the report nor included in the definition of WASH, yet it is a critical component of infection prevention and control. What are the health consequences of inadequate WASH services in health care facilities? Health care associated infections affect hundreds of millions of patient Where FMs get Health Care Facilities news, releases, education and can find out how other facility professionals addressed similar challenges in their buildings.  