



Bundesministerium
für Umwelt, Naturschutz
und nukleare Sicherheit



The Strategic Approach (SAICM) and the Sound Management of Chemicals and Waste Beyond 2020:

Chemicals in Health Care

Report on the Online Workshop for German Stakeholders

Tuesday, 2 February 2021

On 2 February 2021, 72 stakeholders from governmental institutions, industry, academia, international organisations and civil society gathered for an online workshop for German SAICM stakeholders on chemicals in healthcare.

Further Postponement of IP4 and ICCM5

After a warm welcome by facilitator Dr. Minu Hemmati, Dr. Jutta Emig from the German Federal Ministry for the Environment announced that due to the ongoing Covid-19 pandemic the ICCM5 Bureau decided that the fifth session of the International Conference on Chemicals Management (ICCM5), as well as the fourth meeting of the Intersessional Process (IP4) that were scheduled for July 2021 had to be postponed indefinitely. Discussions on the further planning for the Intersessional Process (IP) are taking place in the ICCM Bureau, and the results will be shared with stakeholders in due course. Since Germany remains highly committed to a successful outcome of ICCM5, the ongoing exchange with and among stakeholders remains crucial.

Introduction to chemical hazards in health care settings

Susan Wilburn, International Sustainability Director at Health Care Without Harm, gave an introduction to chemical hazards in health care settings. The role of the health sector in SAICM, with its multi-stakeholder approach, has been a key objective from its outset in 2006 and has been further emphasized in the 2012 Health Sector Strategy. This in turn has led the World Health Organization to adopt the Chemicals Roadmap in 2017, which outlines concrete actions to enhance health sector engagement towards meeting the SAICM goal and to contribute to the 2030 Agenda for Sustainable Development. Institutions and stakeholders working in health care settings have specific responsibilities as described in the Roadmap's action area of risk reduction. Ms Wilburn highlighted that in relation to chemicals, health care workers are facing different hazard exposures e.g. through drugs, disinfectants, sterilants, mercury, anaesthetic gases, pesticides, chemicals in products (such as gloves), as well as laboratory fixatives and reagents. Their health impacts can range from cancer and genotoxic mutagens to reproductive hazards, neurotoxins as well as asthmagens and sensitizers. In order to protect workers from

these hazards, the Hierarchy of Controls entails that the elimination of the hazard at its source is the most important measure, and far more efficient than to attempt to protect workers with personal protective equipment (PPE), which should only be the last step. Other measures in between are the substitution of hazardous substances or products with safer alternatives, engineering controls such as ventilation, and administrative and work practice controls such as training on safety data sheets (in decreasing order).

Ms Wilburn also presented a number of case studies that illustrated different approaches to reduce hazards from chemicals, for example: A hospital in Brazil has almost halved their greenhouse gas (GHG) emissions by reducing their use of anaesthetic gas by 23% (N₂O, a potent GHG, also known to be an immunosuppressant and reproductive hazard). Anaesthetic gas is used in order to administer other anaesthesia for surgeries. The hospital found that the flow of N₂O could be turned off sooner than previously done at the same level of effectiveness, thereby reducing its use. A hospital in South Africa implemented integrated pest management that included pest repellents, the sterilization of rodents and the introduction of birds of prey on the premises, and was able to reduce their use of biocides by 80% (and its costs by 50%), thereby also reducing their adverse effects on human health and the environment. In Colombia, a hospital managed to replace their single-use PVC anaesthesia masks with sterilizable, and therefore reusable, silicone masks. In addition to positive effects on human health and the environment, this also proved to be very cost-effective.

Focusing on the reduction of hazardous chemical by-products of health care activities such as dioxins (known human carcinogen and endocrine disruptor related to PVC products and medical waste incineration), Ms Wilburn reported of a joint project led by Health Care Without Harm, WHO and UNDP in hospitals in seven countries that implemented non-incineration technologies for the treatment of health care waste such as autoclaves. This project also led to a decrease of the use of mercury (a neurotoxin known to affect neurological and motor development). Phasing out mercury was also the goal of a campaign that HCWH implemented together with WHO to substitute mercury-containing measuring devices such as thermometers and blood-pressure devices in health care settings. Further information on the work of Health Care Without Harm, additional background information, materials and links can be found at www.noharm.org and on the last slide of Ms Wilburn's slide show. In addition, Ms Wilburn extended a warm invitation to all interested stakeholders to participate in an online event on chemicals of concern for the health sector on 25 February 2021.

To a question on the Globally Harmonised System of Classification and Labelling of Chemicals (GHS) application to pharmaceuticals and cosmetics from the audience, Ms Wilburn said that GHS is not applied yet and that indeed, many REACH-like and medical device regulations have so-called "humanitarian exceptions". Nonetheless, recent developments and awareness have made her hopeful that relevant regulations on pharmaceuticals will soon emerge.

Results of the SAICM 2.0 Pilot Project on the procurement and use of safer disinfectants

Arianna Gamba, Circular Healthcare Programme Manager at Health Care Without Harm Europe, presented the results of the [SAICM 2.0 Project](#) funded by the German Environment Agency and the European Commission. The Project aimed to promote the use of safer and more environmentally friendly disinfectants without compromising hygienic and occupational health standards. The project built on the Viennese Database for Disinfectants ([WIDES](#)), a user-friendly database on the efficacious commercially available disinfectants and their ingredients as well as the properties of these products that are of relevance for occupational safety and environmental protection.

A survey on procurement practices showed that even though the majority of participating hospitals are aware of the potential risks posed by disinfectants to human health and/or the environment, only 35% of them include sustainable procurement criteria in the overall procurement process, and half of them do not monitor their implementation. The decisive factors in procurement of disinfectants remain the cost of the product and efficacy, followed by occupational health factors and the feedback from staff that is using the product. These, as well as the products' compatibility with other products and materials that are used, need to be considered when aiming at substituting potentially risky disinfectants with safer alternatives.

The [report](#) yields suggestions for product selection strategies, case studies on product substitution and information on innovative solutions in the field of sustainable disinfection practices. The project showed that increased efforts are needed to communicate hazards to ensure that procurers around the globe have access to information. Furthermore, testing of biocides, among them disinfectants, needs to be increased and the information disclosed. In order to ensure sustainable use of biocides, users need to adhere to best practices so that they only use them when there are no safer, non-chemical or less risky alternatives.

Disinfectants and their use can become more sustainable by addressing the needs of hospitals and procurers to identify safer alternatives, improving regulations and policy frameworks, setting criteria for sustainable procurement practices, encouraging responsible business practices, and fostering innovation in the field of sustainable disinfection practices.

Ms Gamba invited participants to get involved in HCWH Europe's latest initiative, the [Healthcare Market Transformation Network](#) which aims at developing harmonised sustainable procurement criteria and to facilitate dialogue amongst producers, health professionals, suppliers and recyclers.

Participants worried about developments in the classification of ethanol

The discussion among speakers and participants first revealed that the basics of sound management of chemicals and waste and many challenges are comparable across sectors. However, the health care sector has the somewhat paradoxical situation that the protection of health of workers is often put second to the protection of health of the patient.

Participants voiced concern about the observed practice during the pandemic to skip regulations for biocides, in order to prevent shortage of disinfectants. A further issue of concern to participants was a European initiative to classify ethanol as a substance toxic for reproduction in Category 2 under the Regulation on classification, labelling and packaging of substances and mixtures (CLP). In the eyes of participants, this would lead to the loss of a known and safe active substance of disinfectant products, as well as a massive shortage of disinfectants on the market. Ms Gamba agreed that this development is being monitored very closely and invited participants to get in touch with HCWH to share their knowledge and views.

Reflections from the SAICM Focal Point at the German Environment Agency

Dr. Hans-Christian Stolzenberg from the German Environment Agency opened his reflections by saying that if the EU classified ethanol as a reproduction toxin category 2, it would do so on the basis of scientific evidence, thus following a very basic principle of chemicals management by identifying a chemical's hazardous properties upfront, and not conditioned by possible regulatory consequences. This classification would, however, and with appropriate regulatory

diligence in affected areas of use, still allow the substance to be used for certain purposes in cases where there is a need for it and where no safer alternative exists.

Referring to the GCO2's (Global Chemicals Outlook II) key finding, that the global 2020-goal to minimize adverse impacts of chemicals throughout their life-cycle is not yet achieved, Dr. Stolzenberg reminded participants of the promising fact that the GCO2 just as clearly proclaimed that several effective measures, instruments, and solutions already exist which call for broader and more resolute implementation. Along the same line, even though ICCM5 has been postponed, the important work undertaken under the so-called "emerging policy issues" (EPIs) on environmentally persistent pharmaceutical pollutants and on highly hazardous pesticides will continue. Dr. Stolzenberg named the health sector as a key sector in the cross-sectoral challenge to achieve the sound management of chemicals and waste. As such, the Covid-19 pandemic and the use of disinfectants have illustrated that the seemingly diverging interests of protection against infection on the one hand, and the safe use of substances or safer alternatives on the other, need to be equally considered for truly sustainable development. Dialogue and exchange of arguments are thus more important than ever.¹ As another illustration for this need, he invited participants to take a look at a recent [UBA publication on resource conservation in the health sector](#) (in German).

Dr. Stolzenberg stated that increased cross-sectoral cooperation will be key to make progress in achieving the 2020-goal, which remains valid until ICCM5, even with the conference being postponed. Advancements in this regard, such as the WHO Chemicals Roadmap or initiatives such as Health Care Without Harm are as important as the ambitious decisions of ICCM5 that UBA and others hope for.

Facilitator Dr. Minu Hemmati closed the meeting by thanking all speakers and participants for their contribution and announced that further online workshops for German SAICM stakeholders are envisaged. Stakeholders are invited to contact Ms Maro Luisa Schulte (schulte@adelphi.de) if they have suggestions for topics for the workshop and/or if they would like to contribute to the workshops (e.g. by presenting their work or sharing information on an issue). In order to further develop the workshop format, she invited participants to respond to a short feedback [survey](#).

¹ At the EU level, planned decisions by the European Chemicals Agency (ECHA) are often open for public consultation. Stakeholders can participate in these consultations via <https://echa.europa.eu/de/consultations/current>.