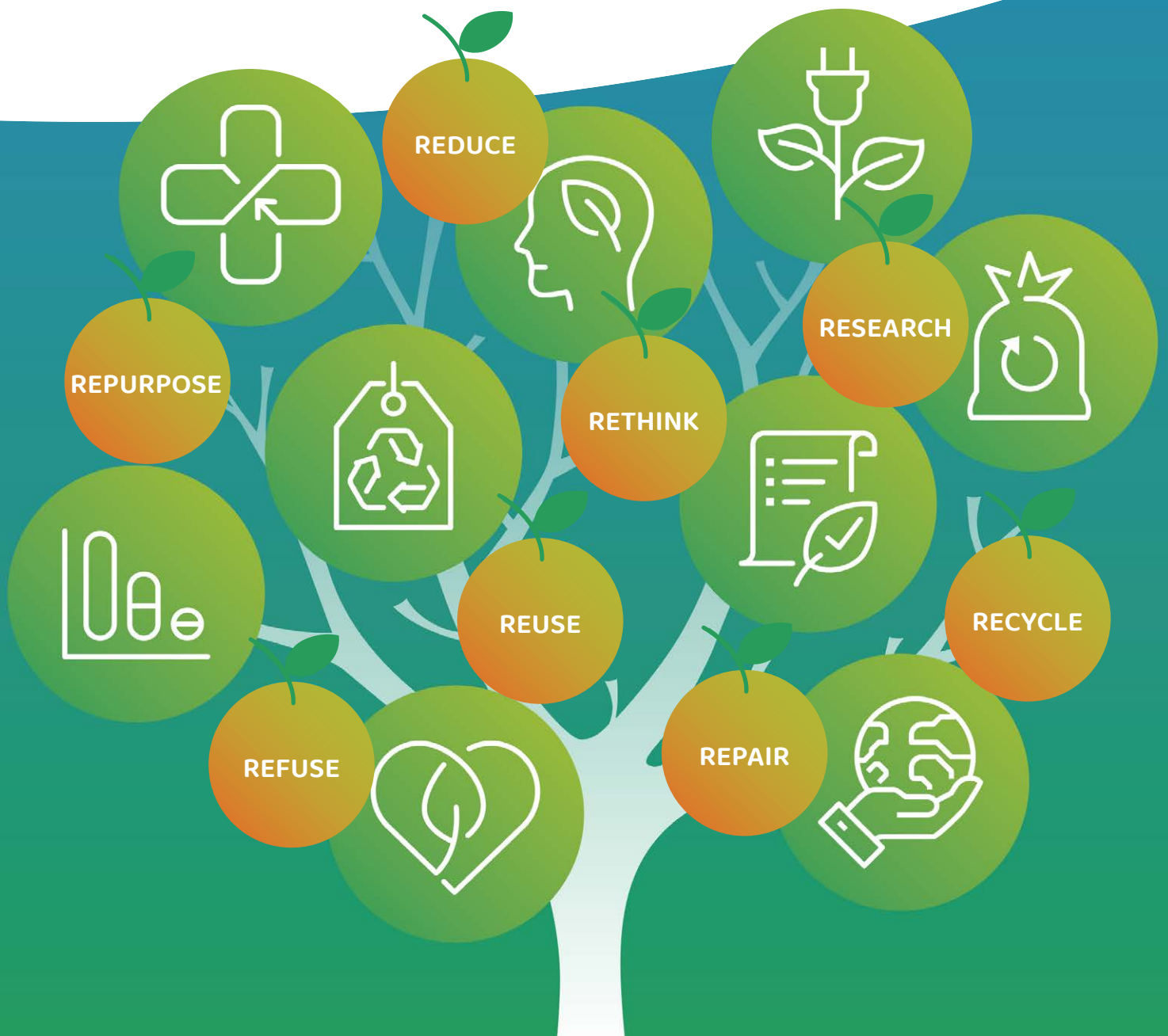


A Beginners Guide to: Green Teams in the ICU



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An Introduction to Green Teams

So, you want to set up a Green Team?

Getting started:

A team is a group with a shared goal or vision. In this case, the broad vision is to promote environmental sustainability. Early goals may be specific, e.g. we want to reduce glove use by 20% in 6 months, or general, such as, we will review our current carbon footprint and look at what our peer hospitals in the region are doing before setting up our own projects. Most often this is a grass roots movement, with a bottom-up strategy, driven by champions, needing team members, leadership support and structure. Early wins here are helpful; starting a Green Team can spread and sustain environmental sustainability initiatives. Local or national recommendations or goals may also mandate Green Teams. The UK's National Health Service net zero goals give ICUs an onus to set up Green Teams, and the College of Intensive Care of Australia and New Zealand (CICM) asks ICUs if they have a Green Team during accreditation visits. Whilst not mandatory, this governance may prompt ICU Green Team formation. Environmental sustainability projects reduce or avoid low value care not associated with improved patient outcomes and experience.

Whatever path you take to the realisation that you want to set up a Green Team, it is worth considering and implementing a structured approach to sustain the passion and enthusiasm.

How Green Teams evolve

The four stages of team development have been [described by Tuckman](#) (an educational psychologist), as forming, storming, norming and performing. The forming stage is when team leadership is decided, roles are assigned, and a common vision drives team members to collaborate and be enthusiastic. Storming is generally due to members feeling overwhelmed with the responsibilities they have taken on, discovering the true extent of the task, and feeling unsupported. This is when team leaders and other team members can step in and be supportive and recalibrate responsibilities if appropriate.

Norming occurs when members understand their roles, trust each other, and value leadership. Friendships are formed from the common vision and goals and objectives can be set. Performing is the stage when the team is productive, efficient, communicates to achieve shared goals, and members feel valued.

The multi-professional team

Team leadership is important, and early identification of leaders goes a long way towards team success. Leaders do not necessarily have to be the most senior subject matter expert, and it is important to have a team leader with dedicated time and energy. Teams will almost always have influencers, executive sponsors, and quiet achievers in their mix. Identifying these skill sets and assigning appropriate roles is important. Ensure that your Green Team is multi-professional, and inclusive in its membership. You may also want to co-opt members from your procurement team, infection control and other relevant stakeholders to function effectively. The ICU director or a senior staff member, the nursing manager or representative, and the hospital manager or their representative, will give your team the traction it needs to implement sustainability projects.

Team Activities

Green Team activities

Green Teams can have operation and/or advisory roles. Operational roles set out action plans and goals to implement projects. Advisory roles include recommending some consumables over others based on their carbon footprint or recycling ability.

Early projects examples are included in [Appendix 5](#)

How will they do it?

Environmental sustainability projects can be “cash releasing”, meaning that investing in a sustainability project officer can save the ICU, and the wider organisation, multiples of their salary by reducing consumable use and wastage. Be prepared to make business cases to get support for your projects if needed. Each organisation has its own template for business cases, and local help will be available for you to write one.

Measuring success

A project tracker ([Sustainability Committee Project Tracker](#)) is a helpful way to collate and present information on all the projects being undertaken. Setting SMART (specific, measurable, achievable, relevant, and time-bound) goals for projects provides good visibility of progress, with an ability to monitor and manage projects as needed.

Smart Goal Components Example:

- **Specific:** We will reduce our glove use in ICU by 20%
- **Measurable:** We will measure how many gloves we order from stores every week
- **Achievable:** Our observational study over 2 weeks showed that approximately 25% of glove use is not for reasons mandated by infection prevention or for performing tasks associated with body fluid exposure.
- **Relevant:** Gloves are the commonly used item, and our glove use is going up by 15% every year
- **Time-bound:** We would like to achieve this in 12 months.



We will
reduce our
glove use
in ICU by
20%

Patient, carer, and staff surveys and focus groups are another method to measure experience related to any interventions. These tend to be resource intensive but are a powerful tool to examine the real life and perceived impact(s) of any intervention.

Surrogate measurements, like regular waste audits, to measure impact of multiple interventions, for example disposable consumables and plastic gowns use, are relatively simple after setting up a reproducible measurement process.

Demonstrating non-inferiority to baseline with cost and carbon savings is a good rationale to change consumables or models of care. The Intensive Care Society's 'Gloves Off' campaign is a great example of reducing consumables, while promoting hand hygiene. In New South Wales, Australia the NSW Health Sustainability Network conducted carbon foot printing of a few hospitals to identify hotspots and focus on specific areas (see [Appendix 3: Carbon Footprinting of Select NSW Hospitals](#)).

Sharing your work

Incorporating Green Team credentials in electronic signatures is another method to raise awareness of your team or projects. For example, include "Member XXX hospital ICU Green Team" in your electronic signature.

Essential Reading

1. Trent, L., Law, J. & Grimaldi, D. Create intensive care Green Teams, there is no time to waste. *Intensive Care Med* 49, 440–443 (2023).
<https://link.springer.com/article/10.1007/s00134-023-07015-w>
2. <https://www.anzics.com.au/wp-content/uploads/2022/04/A-beginners-guide-to-Sustainability-in-the-ICU.pdf>

Engaging Patients and Communities in Green Teams

SEEKING FEEDBACK

It's crucial to communicate that sustainability is important to the ICU, whilst being clear that patient safety will always come first. The ways you seek feedback from patients and their loved ones will vary between units. Consider the following:

- How does your unit communicate with patients and relatives as a whole?
- Do you have ICU information leaflets that could contain a short message about sustainability?
- Are patients and relatives encouraged to provide feedback and suggestions?

CASE STUDY

The ICU in Geelong Hospital, Barwon Health, Australia is running a longitudinal project evaluating patient experience in the ICU. The project lead is an active member of the Green Team and so we have been able to incorporate questions around environmental sustainability into the project interviews. The information gathered is considered when launching or promoting sustainability initiatives.

Once you have decided on a sustainability initiative, actively seek feedback from patients and families on this specific issue. You will have learnt from getting your team started that a well-defined, achievable project is the way to start. Get curious and invite all who spend time in the ICU to share their thoughts and concerns - they will undoubtedly reveal things you may not have considered.

Optimise communication

Include patient and relative focused information in the socialisation of your initiative, drawing on identified concerns from the information gathering phase. For example, if focusing on reducing inappropriate glove use, patients may well notice a reduction in gloving. Include explicit communication about the aim (reduce inappropriate glove use) and the reasoning (reduce unnecessary waste AND improved hand hygiene, adherence to infection control guidance to reduce the risk of spreading infection and promoting human touch/empathy).

Empower patients to speak up and ask questions:

- “You may have noticed reduced use of gloves during certain parts of your care”.
- “Evidence shows that limiting glove use to only the necessary procedures improves hand washing and reduces unnecessary contributions to landfill”.
- “Please always feel free to speak up and ask about the appropriate protection for the care being undertaken”.

CASE STUDY

Engaging patients and communities in Green Teamwork.

Campbelltown ICU in Australia has looked at the role of tele-health for family meetings. Whilst visiting and spending time in person with a loved one cannot be substituted by tele-health, other hospital commitments, such as regular family medical updates, do not necessarily require in person attendance.

On getting curious and seeking engagement from patients and families, one notable theme was the time commitment, difficulty of travelling in, and for finding parking. Giving relatives the option to receive updates via tele-health has reduced otherwise unnecessary travel, as well as improved ease of access and flexibility around these meetings, thus improving family communication.

Maintaining Green

Anticipate Resistance

With movement, there will inevitably be friction.

Your organisation needs to be aware that your movement exists, so, invite and involve other stakeholders in your Green Team meetings. This will help to raise awareness of your movement, create the case for change within in the wider organisation, and open lines of communication, enabling any issues to be realised, and to be tackled early in a collaborative way. Finding so-called “fence-sitters” (those who see both the potential benefits and potential drawbacks of change), and utilising their perspectives, will be invaluable to maintaining your movement.

Remember there is no such thing as a ‘difficult person,’ there are just people we need to learn how to deal with ([Book Link : Dealing with Difficult People](#)).

CASE STUDY

In planning their ‘Gloves off’ campaigns, teams in [Wirral](#) and [Liverpool](#) (UK), were both met with concerns regarding preparing medicines without gloves. These might have been put down to people being ‘difficult,’ but on further exploration, whilst those raising this concern were supportive of environmental sustainability, this was a real concern for staff safety. The teams invited the pharmacy, and health and safety teams within their organisations, to help explore these concerns, enabling the change to move forward, safety nets to be put in place, and reassurances to be provided.

Avoid the Information Vacuum

Communicate transparently, providing stakeholders with as much information as you are able, throughout the change process. This will help to deter people from speculating and making assumptions, building rumours that could have far more negative consequences than what is *actually* happening. Engaging closely with your organisation’s communications team would be helpful here. However, don’t only tell, but listen too, by providing channels to receive and analyse information yourselves.

CASE STUDY

At Liverpool University Teaching Hospitals (UK), the critical care team conducted a staff survey during implementation of their ‘Gloves off’ campaign. They gathered statements from staff, and responded to them in future communications, addressing any myths and misconceptions, and providing links to helpful resources.

Flex

Even the smallest change in your group can have massive repercussions. Your shared purpose will stay the same, but how to work towards that goal will undoubtedly change. Plan for staff leaving your group, potentially moving to another department or organisation, and be ready to recruit new colleagues. Keep abreast of changes, strategies, and other programmes in your organisation, linking-in and evolving alongside them.

CASE STUDY

The [Sustainable Practice and Innovation in ICU Network for Cheshire & Mersey](#) (UK) are creating a sub-group for rotational doctors in training, enabling them to move more easily between, and implant themselves more readily into different organisational Green Teams.

Celebrate Success

If people feel under-appreciated, they will leave. In your team's delivery plan, intentionally build in shorter term milestones that when you reach, you can celebrate.

Suggestions: Keep a record of achievements where everyone can see them, for example on a team webpage or notice board.

Review Existing Processes

Update ways of working without re-inventing the wheel. Look for existing places you can incorporate your movement into, utilising and building on the links you have made by inviting and involving others.

Suggestions: Add a sustainability item to your governance meeting agendas; add sustainability as a topic in your local education programme; or request that all quality improvement projects in your department consider the [triple bottom line](#) in their development, implementation, and reporting.

Have a list of items or a checklist you can use on your daily ward round to ensure environmental sustainability is considered at every patient review. For example - does this patient need daily blood tests and daily CXR, can we stop antibiotics or change from IV to oral antibiotics, do we need mechanical thromboprophylaxis if they are on chemical thromboprophylaxis.

Beyond Work

To make sustainability a norm and routine, rather than just a checkbox for work, talk about how colleagues can be more sustainable when they leave the hospital. For example, share adverts for sustainable products in your Green Team newsletter, or encourage green transport (cycling, car sharing etc).

The New Normal

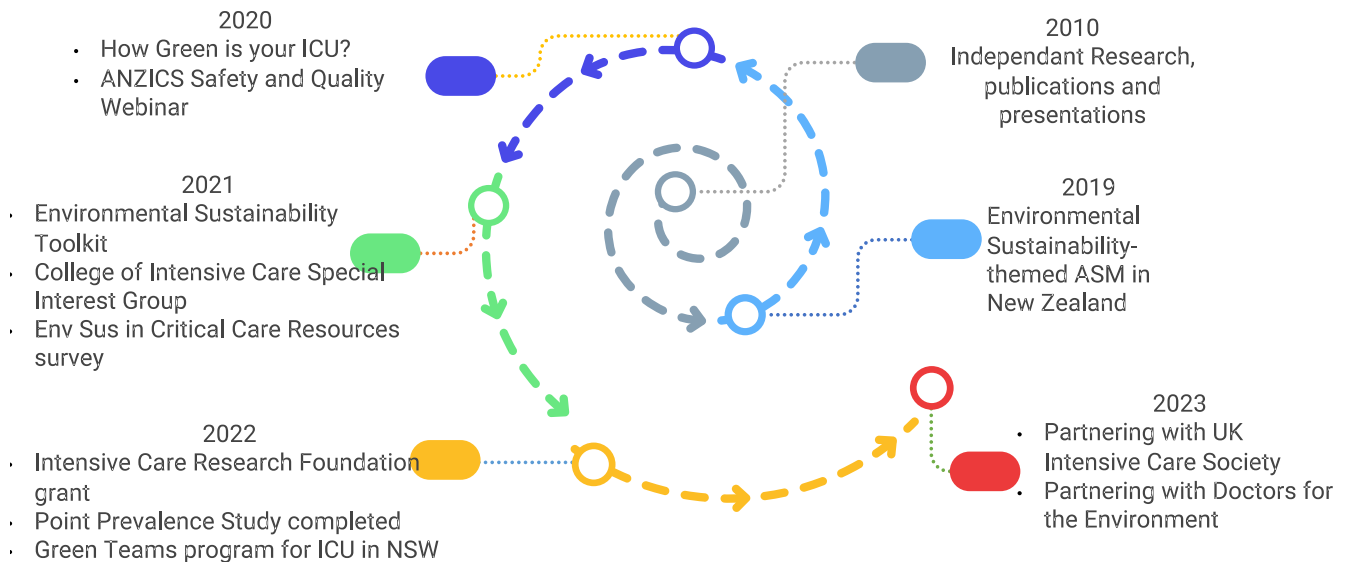
Once an objective is achieved, or the implementation of a project completed, its outputs are usually transitioned into other groups. That transition and any ongoing support for related change elements should be built into your plans.

CASE STUDY

At Liverpool University Teaching Hospitals (UK), the Infection Prevention & Control team have adopted the audit tool used in the 'Gloves off' project, incorporating it into their rolling programme.

Creating a Movement - The ANZICS and ICS Environmental Sustainability Stories

ANZICS ENVIRONMENTAL SUSTAINABILITY



Intensivists in Australia and New Zealand have individually conducted research and promoted Environmental Sustainability since the early 2000s. Forbes McGain, Louise Trent, and Matthew Anstey, were early leaders in this space. In early 2020, the New Zealand regional Committee of ANZICS had an environmental sustainability themed Annual Scientific Meeting.

Choosing our cause

Our early vision was to make Intensive Care practice environmentally sustainable by focusing on every aspect of Intensive Care and reducing its carbon footprint - reusing consumables where possible and recycling as much as possible. Our early SMART goals were to conduct observational research to audit PPE use, obtain research grants to conduct interventional studies, and to present our scientific views on environmental sustainability at as many forums as possible.

Reading Up

We reviewed literature and created partnerships with associated organisations, including the College of Intensive Care of Australia and New Zealand, New South Wales Ministry of Health, and Royal Australasian College of Physicians, to promote our toolkit.

Our Team

We have a core group of intensivists who communicate regularly to consider new projects and initiatives to study or implement. Each of them has their own networks within their country, region, or state that they used to promote our initiatives and raise the profile of environmental sustainability. We have executive support from ANZICS and CICM, as well as the leads of our individual departments and networks.

Spreading our word

We have published in peer reviewed journals, presented at journal clubs, at national and international meetings, and spoken with health administrators and leaders regarding our passion for environmental sustainability, and our studies demonstrating successful reduction of consumable use without any adverse effects on infection control. We will use regional and national media to reach out to the public about our initiative.

Being Creative

Sustainability is about being creative and innovative, like finding ways to reduce waste and reduce resources. For example, blue sterile wrap can be donated to vets or house moving companies for wrapping, where a recycling option is not available. Some packaging boxes from medical supplies make excellent home storage boxes. Preschools love coloured lids and suture containers, and other craft supplies from clean packaging are useful for science projects in schools.

Being Principled

Our principles are to be scientific, to adopt environmental sustainability in our day to day lives, and to lead by example. We therefore conduct and promote research into environmental sustainability, avoid unnecessary air travel, and reuse and recycle in our personal lives. As leaders we inspire others to model our behaviours.

Mobilising the Grassroots

We talk about environmental sustainability at every forum possible, and engage medical student, trainees, and our multidisciplinary teams in our projects in order to mobilise the vast potential human resource to promote environmental sustainability. In our last survey, 55 ICUs had Green Teams in Australia and New Zealand, and the number is increasing. We partnered with the CICM to include environmental sustainability within the curriculum of Intensive Care training in Australia and New Zealand.

Getting momentum

We got early momentum with the publication of our toolkit, and a point prevalence study of PPE use. We were successful in obtaining a grant for a research project to reduce plastic aprons and glove use in our ICUs. In New South Wales, 22 ICUs are part of our environmental sustainability committee, and each have Green Teams engaged in various projects to review consumable use.

Being Brave. Being Bold.

We started off without funding or too much of a structure but had a vision. We worked without much support or resources to publish our toolkit. We applied for research grants using our loose coalition. We are now partnering with Intensive Care societies in other parts of the world to produce collaborative guidelines.

The Intensive Care Society's story

Choosing our cause

In December 2019 Eleanor Damm attended our annual member's meeting and raised the question of environmental sustainability. After some discussion, our Council agreed that this was something the Society wanted to prioritise. When we began to emerge from the pandemic in 2022, we formed our Sustainability Working Group and set about the task of making all areas of ICU sustainable.



Reading up

We reviewed literature from our colleagues in the UK and across the world and began to build relationships with like-minded organisations both within and outside of intensive care. We also joined the UK Health Alliance on Climate Change.

Our Team

Our working group is made up of a core group of about 20 members from across the multi-professional team. These colleagues are based in hospitals across the country and have their own networks and ongoing sustainability projects. Our work is also supported by our Council, Trustee Board and Executive team, which allows us to share our work widely.

Spreading our word

We use our large social media following, our communications with members and the rest of our community, and the wider networks we're part of to share our work and seek feedback from those putting our projects into practice. We also present regularly at national conferences and use our Journal of the Intensive Care Society to publish peer reviewed work.

Being Creative

We have become creative in the way we craft our sustainability message and in the opportunities we create to share it. This has involved thinking outside the box in relation to the groups we collaborate and the value we can offer our community.

Being Principled

We prioritise sustainability, and our goal is to lead by example to encourage others to do the same. This means meeting sustainability goals is one of the first things we consider when making decisions about our operations. Catering at our in-person events is always low carbon, we do not promote or encourage air travel, and provide guidance for sustainability in our personal and professional lives.

Mobilising the Grassroots

Our working group is always open to new members, and we continuously work to engage our networks and recruit them to our cause. We have also run national sustainability campaigns, like the gloves off campaign, to get our message into units and encourage ICU staff to think more deeply about sustainability in their practice.

Getting momentum

Momentum has built slowly for us when it comes to our work, and almost three years after the formation of our group we have more members than ever and wide range of projects either completed or in progress. Our early patience and willingness to engage widely, as well as always choosing to make sustainability a very public priority, has paid off for us.

Being Brave. Being Bold.

In our organisational strategy, [Your Society – Our Strategy 2023-2027](#) we named environmental sustainability one of our critical enablers. Placing sustainability at the heart of all we do was a bold decision, but one which has shown us to be leaders in our field. We are now collaborating with international societies and in a position to make an even bigger impact.

Appendix 2: ICU Sustainability Committee Project Tracker example








Purpose

Reduce, Recycle, Reuse, Biodegradable

Strategy

Change Item, Remove Item, Change Practice, New Practice

The tracker can be accessed as a template [here](#)

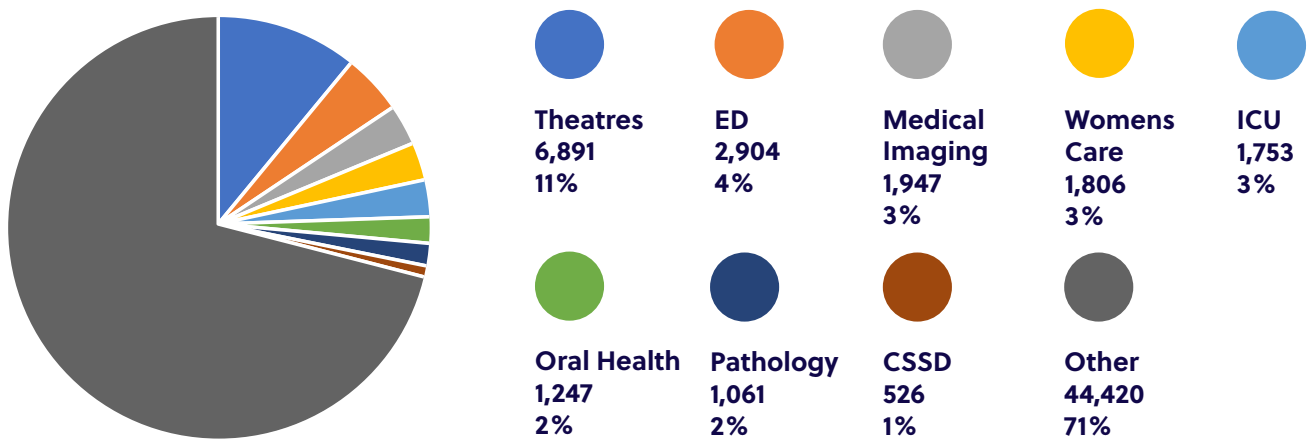
Sustainability Committee Project Tracker												
Purpose Reduce, Recycle, Reuse, Biodegradable Strategy Change Item, Remove Item, Change Practice, New Practice												
Item	Project	Category	Strategy	Status	Cost	Savings in Money	Savings in Waste	Project Lead	Environmental Impact	Challenges	Mitigation for Challenges	Including any Safety and Quality
	1. Paper Pill Cup Project	Biodegradable	Change Item	Complete	1.3c/cup (paper) vs 9.3c/cup (plastic)	485 cups/year = \$630.50 vs \$4510.50 (\$3880 saving)	26kg of plastic in 6 months. Estimated 52kg/year or more.	Sharon				Implemented December 2022 with no barriers to success currently
	2. Reusable NIBP Cuff	Reusable	Change Item	Unable to proceed - Not supported by IPAC				David		Cleaning of reusable items for cleaning		Not supported by xxxx - 17 March
	3. Reusable Finger Probe	Reusable	Change Item	Able to Proceed! Supported by IPAC 19th May 2023	\$13.55/probe vs \$0/probe (already owned)	10252 probes/year = <\$139,326.26 saved	7.06kg plastic in 2 months. Estimated 42.36kg/year or more.	Emma	TBD	Cleaning of reusable items for cleaning		Not supported by xxxx - 17 March. Supported by xxxx 19th May. More probes procured in June. Policy commenced for all setups in July.
	4. Linen-Washed Slide Sheets	Reusable	Change Item	Able to Proceed! Supported by IPAC 19th May 2023	\$5.17/sheet (single) vs 0.41c/sheet (re-use)	3349 sheets/year = \$17,320.26 vs \$1373.09 (\$15947.17 saving)	26.25kg plastic per month so far, estimated 315kg/year or more.	Bruce	TBD			Trial in xx ward started week of 29th May following nurse education. Full ICS rollout commenced successfully July.
	5. PVC Recycling Bins	Recycling	New Practice	Waiting for bin procurement, aiming to commence early 2023.	David							Internal bin procurement and placement required. Baxter will provide education on the project following this.
	6. Recycling Bins	Recycling	New Practice	Waiting for IPAC	Rubie							xxx Health Ready. Awaiting xxxx approval to roll out. Users of space for bins
	7. Biodegradable Mask	Biodegradable	Change Item	Unable to proceed - Not supported by IPAC								xxxx to contact Clinical Products for information. Discussed with IPAC who stated they will not support recycling of clinical waste. Being discussed at district level. No further ICU action.

(Reproduced with permission from Danielle Wilkinson and David Russell from Westmead ICU Sydney)

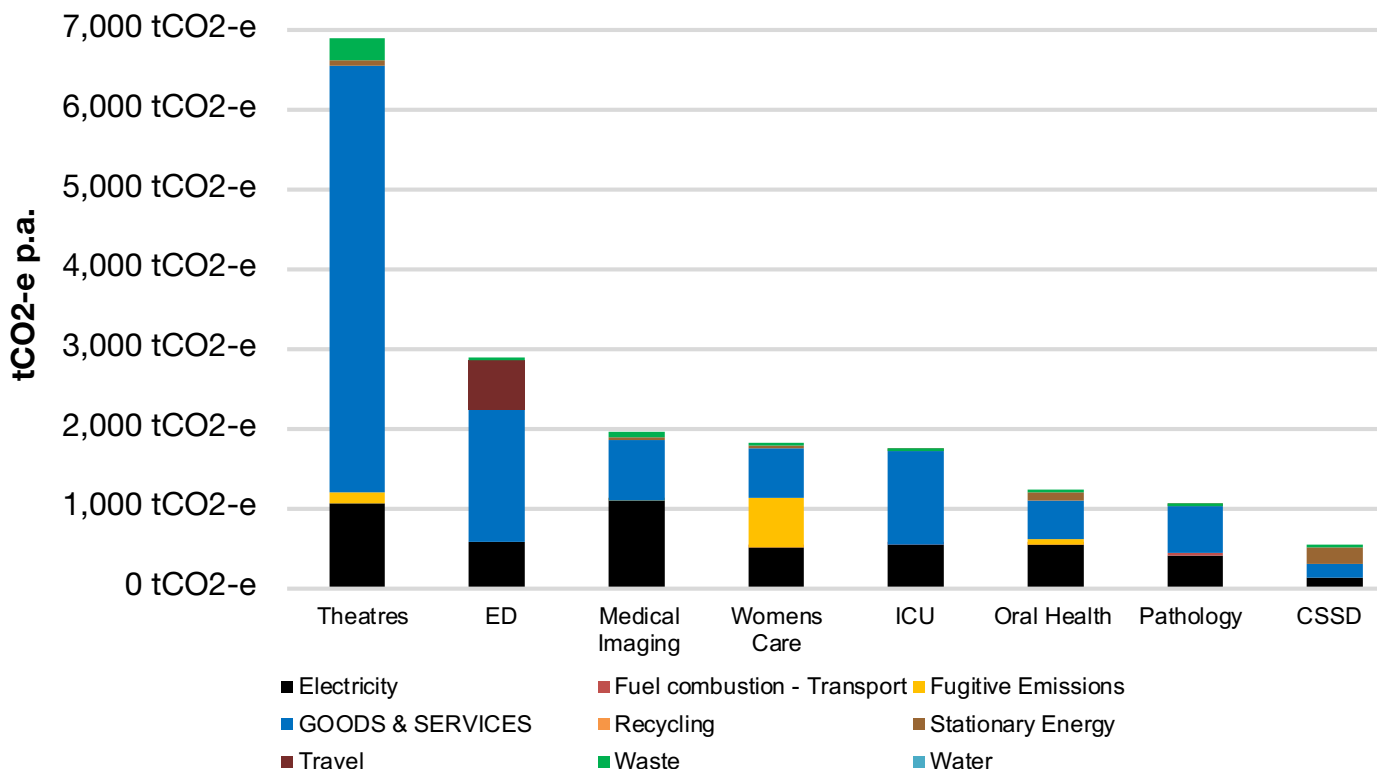
Appendix 3: Carbon foot-printing of Select NSW Hospitals

The Ministry of Health in New South Wales, Australia undertook a detailed study of the carbon emissions in tonnes of carbon dioxide emitted per annum (tCO₂-e) at two hospitals. One of them was a large tertiary hospital and the other a smaller regional hospital. This appendix presents the "hotspot" areas in a hospital for CO₂ emissions in the top figure and the relative contribution of individual consumables and energy utilisation to CO₂ emissions in each of these. Serial carbon footprints can be used to measure the overall impact of projects and strategic changes to CO₂ emissions.

Hotspots as a proportion of total emissions (tCO₂-e p.a.)



Hotspot emissions by source (tCO₂-e p.a.)



Acknowledgements: Amy Spadaro (Senior Analyst, Climate Risk & Net Zero Unit), Julia Farrington (Principal Policy Officer, Climate Risk & Net Zero Unit) and Luke Christiansen (2XE consultant partner), alongside the Napean Blue Mountains Local Health District and Northern NSW LHD project teams.

Appendix 4: Example Green Team Newsletter

VOLUME 4, NO 1. APR 2022

ICU GREEN TEAM NEWSLETTER

Your quarterly digest of sustainability news and projects



Greening the ICU: **UPDATES**

Don't forget that blood bank bags can be recycled. There is a collection box next to the south lamson. If it is filling up, just call Susan (NZBS CNS) and she will collect.

Some work is being done around changing the white plastic vomit containers to compostable ones. Will keep you posted!

A lot of people have expressed concern about the very sturdy green plastic suction holders that we have to throw away. The green team feel the same way, so we are continuing to look at whether an alternative (more sustainable) product is available.

The blue ICU keep cups are back at Willow Lane! So when ordering on the App, don't forget to select the ICU toggle. And please make sure the cups get taken back up to the tea room, washed and put in the red collection bin in the Island bench cupboard. If you use them, please help out by taking them back down to Willow Lane to restock them. Thanks!



In September 2021, a group of ICU staff took part in a combined ED, ICU and OT kahikatea tree planting session at Cranford Basin. About 50 staff were involved all up and 1100 trees were planted in just under 2 hours....a great effort! The morning was topped off by a leirely pub lunch...what better way to finish!



Appendix 5: Projects that can be started easily

- A waste audit ([Waste Audit Template](#))
- Rationalising apron, gown and glove use
- Rationalising pathology and chest x-ray requesting
- Adopting the principles of 'Choosing Wisely' ([read more here](#)) or similar guidelines
- Reducing paper use by printing documents only if necessary and adopting paperless alternatives to activities such as handovers
- Reduce nonsterile glove use
- Increase use of refillable water bottles for staff, reducing plastic water bottle waste
- Improve recycling compliance through clear signage, audits, education
- Improve IV medication conversion to enteral/oral route through audits, education, technological prompts where appropriate
- Evaluate ICU supply turnover and waste (Are line kits and unnecessary supplies taken into the patient room? What supplies are being taken into the room before the patient arrives? Is everything thrown in the trash once a patient is transferred? Is this supported by policy?)
- Reduce the use of Styrofoam, plastic straws and utensils for patient and staff use. Evaluate biodegradable alternatives
- Turn off TVs and lights when room not in use

Appendix 6:

Green Team Basics:

Getting Started - A case study

Christchurch Hospital's Intensive Care Unit is a tertiary ICU with 36 beds and 300 staff. Recognition of, and concerns around, the environmental impacts of the care we provide in ICU, and the central ideas of sustainability as part of a health promoting health system, was the impetus for the formation of a Green Team in 2018. We viewed a Green Team as an instrumental way to create positive environmental change within our unit from the grass roots. The aim of this staff led group was to provide leadership, coordination, education, and accountability around sustainability, and to undertake initiatives to improve sustainability practices within the ICU. Additionally, the team encourages individual health professionals to take personal action to promote sustainability in the areas of energy use, transport, food, waste, and carbon reduction. Through our actions, we can role model sustainable practices in the hospital and achieve both financial and environmental savings.

Getting Started:

Talking to the senior team about the purpose and benefits associated with a Green Team was key. It was helpful to point out that the hospital had a commitment to promoting a healthier community, and hence we needed to take a leading role in environmental sustainability.

Finding the right people to be involved was next. We felt it important to ensure that staff members didn't think that they needed expertise in sustainability to be part of the group – just passion and a desire to make a positive impact, and a commitment to attend meetings. Getting someone from the senior/management team to join the group was also important, to not only get projects over the line quicker, but also to demonstrate to staff that sustainability was an important priority within the department. Diversity of members was key, as having representation from all groups and all staff levels within ICU has enabled us to have the best overview of issues, and to highlight potential initiatives in the unit, with the best chance of successfully implementing change. It has been important to ensure that all staff know who is on the Green Team, so that they can approach us for a more in-depth discussion.

Meetings are held every 3 months, and sometimes need to happen on members' days off. As a result, an important part of our meetings is the social aspect.

What We Did:

The team's ethos has been “dream big, start small”. We concentrated on low hanging fruit first, so non-clinical areas were the initial focus. Baseline measurements provided a good starting point, such as audits of current stock use and cost and projected savings based on change initiatives.

The earliest projects that were undertaken focused on “greening the tearoom” - removing single use items such as plastic cutlery, single serve butter, jam, and salt and pepper, and Styrofoam. This was followed by projects focused on clinical waste - reducing stock/medication wastage, seeking alternatives for single use consumables, and the recycling of blood pressure cuffs are some examples. Plastic containers were changed to compostable products where possible, and PVC and soft plastic recycling was also implemented.

One of the most popular and successful projects has been a non-clinical project, with one of the hospital cafes coming on board to help us reduce the number of single use coffee cups used by staff in our department. The cafe agreed to stock 50 “ICU keep cups”, and amended their app just for us, by adding an ICU toggle on the ordering screen. When this was selected, the coffee was made in one of our ICU keep cups ready for pick up. This meant that there was no waiting for the coffee to be made, or a need

to physically go down with a keep cup to order - which had been a previous roadblock to staff utilising reusable cups. Based on ordering information from the app, since 2021 we have saved approximately 5000 single use cups each year from ending up in landfill.

Informing and Engaging Others:

Projects can be the easy part; maintenance can be a challenge. It has been vital for staff on the Green Team to keep sustainability front and centre in the unit by having regular conversations with staff on the floor. Inclusion of a section outlining ICU sustainability practices in staff orientation manuals, as well as regular recirculation of information, has also been very important.

The most successful way of communicating with staff has been through a regular Green Team newsletter ([Appendix 4: Example Green Team Newsletter](#)) outlining our hospital's sustainability projects or milestones, Having a Facebook group page to share interesting sustainability information and articles, alongside opportunities to get involved, for example ICU tree planting days, has also been a great method of engaging and energising staff.



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