

**Manual M-1, Operations. Part VII, Building Management Service**

**Chapter 4, Sanitation Operations (Paragraphs 4.01 through 4.14)**

Rescinds Chapter 4 dated March 28, 1980

This document includes:

Title page and verso for M-1, Part VII, dated **June 3, 1968**

Contents and Rescissions pages for M-1, Part VII, dated **March 14, 1994**

Contents page for Chapter 4, dated **May 24, 1982** (Change 18)

Text for Chapter 4, dated **May 24, 1982** (Change 18)

Transmittal sheet located at the end of the document:

Change 18, dated **May 24, 1982**

**Changes prior to 1982** located at the end of the document:

II 10-80-40, dated **August 14, 1980** (Part VII in general)

Change 13, dated **March 28, 1980**

PART VII

**M-1**

VETERANS ADMINISTRATION

DEPARTMENT OF MEDICINE AND SURGERY MANUAL

# OPERATIONS



PART SEVEN

BUILDING MANAGEMENT SERVICE

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WASHINGTON, D.C. 20420

JUNE 3, 1968

**M-1, Part VII**

Department of Medicine and Surgery  
Veterans Administration  
Washington, D.C. 20420

June 3, 1968

Part VII, "Building Management Service," VA Department of Medicine and Surgery Manual M-1, "Operations," is published for the compliance of all concerned.

*H. M. Engle*

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Chief Medical Director

Distribution: RPC: 1092 assigned  
FD-PRR This ID: CO: per VA Form 3-7225  
FLD: HA, DO, OC, OCRO, VCSFO, PC,  
FO, RO, DPC per VA Form 3-7225

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**RESCISSIONS**

The following material is rescinded:

**1. COMPLETE RESCISSIONS**

**a. Manuals**

Changes 1, 2, [3, 4, 5], 6, 8, [9, 10, 11, 12, 13, 14, 15, 16 and 20] M-1, part VII  
M-1, Part VII, Chapter 8, dated November 2, 1990, and changes 1 and 2

**b. Interim Issues**

II 10-70-20

II 10-71-2

II 10-71-22

II 10-72-11

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May 24, 1982

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## CHAPTER 4. SANITATION OPERATIONS

### 4.01 GENERAL

Each VA health care facility will be maintained in a state of physical and biological cleanliness and appearance which fully meets the sanitary and aesthetic requirements for beneficiary care. Any person entering a health care facility has the right to assume that it is clean; therefore, the purpose of sanitation operations is to insure this as a first priority: cleanliness needing no justification on epidemiological grounds. Additionally, the effectiveness of sanitation operations directly impacts the image of a health care facility, as patients, visitors, beneficiaries, employees and the public in general often base their impression of the adequacy of medical care upon the appearance and cleanliness of the facility itself. This impression is based on the idea that health care facilities should represent the epitome of cleanliness. Through an effective sanitation program, this idea can be met.

### 4.02 RESPONSIBILITY AND SCOPE

a. The Chief, Building Management Service is the facility Sanitation Officer, responsible for the cleanliness and sanitation of the entire facility. While the nature of activities in such locations as shops, warehouses and food service areas may make scheduled cleaning by building management personnel impractical, as the authority on sanitation operations, the Chief, Building Management Service will determine the methods for maintaining all areas. Services, both consultive and direct-labor support, may be provided to other VA elements, such as the Departments of Veterans Benefits or Memorial Affairs, providing resource allocations are commensurate with the scope of activities agreed to in an Agreement of Understanding.

b. Qualified through education, training and experience, the chief is technically familiar with the relationship between accepted environmental sanitation practices and the epidemiology of infection. Through Building Management Service personnel, the chief will develop, administer and implement an effective, efficient and economic program which encompasses: cleaning and protective-surface maintenance, waste handling, glazing maintenance, bed services, safety, infection control, security, equipment and supplies, staffing, testing and evaluation, training and contractual services.

### 4.03 CLEANING AND PROTECTIVE-SURFACE MAINTENANCE

a. The primary goal of providing a clean and sanitary environment, which is achieved through the use of accepted cleaning methods and practices, appropriately certified and registered products, and up-to-date laborsaving equipment, will be consistent with the program of protective-surface maintenance. Protective-surface maintenance provides the first level of sanitation by sealing surfaces and decreasing potential harborage of organisms. Routine maintenance prevents buildup and accumulation of sites which might enhance microbial growth; in addition, it sets the facility standard for appearance. The frequency of maintenance is enhanced by the utilization of disinfectant detergents and sanitizers to continually reduce the level of the microbial flora on inanimate surfaces to provide the lowest possible infection risk for patients, employees and visitors. Intensive cleaning frequencies and aggressive cleaning techniques, utilizing relatively harsh disinfectant detergents, sanitizers and other chemicals, present the most difficult problems in maintaining surfaces. Additional constraints are heavy traffic flow, relatively little "downtime" and the continual requirements for patient comfort and safety. These problems impact the efficiency of the sanitation staff and their ability to integrate cost effectiveness and a quality level of sanitation and maintenance. The techniques and methods, equipment and supplies will be compatible and utilized as an integrated system.

b. The aseptic levels provided by a complete sanitation program must be actively supported by all medical care disciplines; in turn, the major advocate for an effective and efficient program, interfacing with other disciplines having infection control concerns, is the facility Sanitation Officer.

### 4.04 WASTE HANDLING

a. The collection, removal and control of all wastes generated in the health care facility is essential for the provision of a clean, aesthetically pleasing and odor free environment. Therefore, accumulated trash or waste negatively impacts other program elements such as sanitation, pest control and safety.

b. Service will be routinely provided to reduce the potential for insect and vermin harborage, microorganism growth and odor generation. Containers will meet applicable safety codes and be designed to be consistent with objectives of the sanitation, pest control and interior design operations. Liners will be provided to speed collection and reduce intensive cleaning. Shop, warehouse, laundry, research laboratory, and other areas may be required to dispose of specific waste(s); however, services will be coordinated by Building Management Service.

c. Potentially hazardous wastes will be identified through the use of appropriately marked containers. Disposal will be thoroughly coordinated and controlled from generation through the disposal process.

d. A safe, efficient and effective waste handling program, including collection methods, techniques and equipment utilization, work and traffic flow scheduling, will be in effect.

#### 4.05 GLAZING MAINTENANCE

a. The periodic cleaning of transparent or translucent surfaces is necessary to provide an overall appearance of cleanliness, pleasing aesthetics, and reduced artificial light requirements. Frequencies of cleaning will be based on local needs and coordinated with other activities, e.g., if screens or shades are present, cleaning or servicing them at the same time will be considered, etc.

b. Long-range planning and scheduling of glazing maintenance is essential, and its impact on other ongoing functions will be fully coordinated.

#### 4.06 BED SERVICES

a. The routine cleaning and sanitizing of the bed unit is required for the maintenance of an aseptic environment for patients and staff. The service may vary, depending on patient population characteristics, turnover rate and treatment modalities. Services provided by Building Management Service may vary locally, but, will normally consist of bed, bedside stand, over-bed table and chair cleaning; bed table, stripping the bed linens prior to cleaning and/or making the bed after cleaning may also be required. Provision of these services may be required when a patient is discharged, or when an inter- or intra-ward transfer occurs, or when a patient is temporarily out of the bed and routine changes are required. Services may additionally include provision of bedside supplies, water, etc., and the responsibilities will be documented at the facility level.

b. Bed services are normally available for oncall beds and Officer of the Day beds. Service is provided in varying degrees to nonhousekeeping quarters, i.e., full daily cleaning of rooms, toilet, shower, kitchen, lounge, etc. Documentation of specific services is required for use in determining the established rental rates.

c. Provision of the above services is determined locally based on need and existing work assignments, and will show good job engineering, staffing requirement determination and effective management.

#### 4.07 SAFETY

a. The safety of patients, employees and visitors is often affected by the sanitation techniques, methods and workflow patterns. Sanitation procedures routinely require the use of power equipment in heavy traffic areas; floors may be damp from cleaning, refinishing, spills and other "accidents"; trash and litter may be present. All of these concerns will be addressed from the perspective of safety first and cost effectiveness second.

b. The collection of trash and potentially hazardous wastes places the staff member at risk. The hazard of needle pricks and lacerations for sanitation employees can be reduced by emphasizing safe handling and disposal techniques during employee safety education and effective on-the-job training (see par. 4.13 for training requirements).

c. The Chief, Building Management Service or designee will attend facility safety meetings on a regular basis.

#### 4.08 INFECTION CONTROL

a. Sanitation operations represent one of the most important facets of a multidisciplinary approach to infection control. The relationship between the sanitation of a health care facility and the nosocomial infection rate is difficult to quantify, however, a continuing program of soil removal (and its microbial load), and the reduction of disease vectors and sanitizing of inanimate surfaces are integral components of an infection control program.

b. The Chief, Building Management Service is a member of the Infection Control Committee and is responsible for recommending policies, procedures and products relative to the infection control responsibilities of Building Management Service and the infection control program of the facility.

#### 4.09 SECURITY

a. The security of Government property is the responsibility of all employees. Access to the majority of facility areas requires extra caution on the part of the sanitation employee. The potential for loss of sanitation equipment and supplies is great as many of these items have immediate use value and are tempting targets for theft. Identified losses will immediately be reported to the medical center police for investigation.

b. The Chief, Building Management Service is responsible for establishing controls to prevent the loss of Government property. Supervision, work scheduling and supply quota controls will be systematically reviewed.

#### 4.10 EQUIPMENT AND SUPPLIES

The efficiencies of the sanitation workforce depend largely on the selection and utilization of labor-saving equipment and supplies. Their selection and specification will be made after thorough review of required objectives, existing constraints or problem situations, available staffing, and budget and space resources. A documented review of these areas of concern will be performed on at least an annual basis to determine cost effectiveness.

#### 4.11 STAFFING

The number and grade level of staff depends upon variables such as facility size and age, frequency of cleaning, patient mix, outpatient visit workload, space utilization, local climatic conditions, etc. The organization of the service and the desired program requirements are determined by management which also allocates resources for the accomplishment of those programs. M-1, Part VII, Program Guide G-2, "Staffing Guidelines," will be utilized to determine manpower requirements based on local determination of square footage coverage, frequencies and scope of service.

#### 4.12 TESTING AND EVALUATION

Sanitation operations exist in a rapidly changing technology. In a traditionally labor-intensive program, developments are being made in cost effective procedures, equipment and products. Careful evaluation of supplies will be made and consideration given to labor costs, equipment maintenance and frequency of treatment. The Chief, Building Management Service will have a documented, ongoing program of review, testing and evaluation to identify better systems.

#### 4.13 TRAINING

Productivity, quality of work, and safety are directly related to the effectiveness of a formal training program for all sanitation employees. The Chief, Building Management Service will have a documented continuing-education and training program realistically related to the size of the sanitation staff, the scope and complexity of the health care facility, and the provision of sanitation services.

#### 4.14 CONTRACTUAL SERVICES

The Chief, Building Management Service is responsible for determining the scope of sanitation contractual services to be utilized and is responsible for insuring technical compliance with the contract when it is used.

8-25-82

Department of Medicine and Surgery  
Veterans Administration  
Washington, D.C. 20420

M-1, Part VII  
Change 18

May 24, 1982

Part VII, "Building Management Service," VA Department of Medicine and Surgery Manual M-1, "Operations," is changed as indicated below:

*NOTE: The purpose of this change is to update and revise chapters 1, 2, 4, and 6; reserve chapters 3, 5, 10 and 12, for future use; and add chapters 11 and 13.*

Pages iii and iv: Remove these pages and substitute pages iii and iv attached.

Pages 1-i and 1-1: Remove these pages and substitute pages 1-i and 1-1 through 1-3 attached.

Pages 2-i and 2-1 and 2-2: Remove these pages and substitute pages 2-i and 2-1 through 2-4 attached.

Pages 3-i and 3-1: Remove these pages. (Ch. 3 reserved.)

Pages 4-i and 4-1: Remove these pages and substitute pages 4-i and 4-1 through 4-3 attached.

Pages 6-i and 6-1 through 6-4: Remove these pages and substitute pages 6-i and 6-1 through 6-3 attached. (Ch. 6 revised.)

Pages 11-i and 11-1 and 11-2: Insert these pages attached. (Ch. 11 added.)

Pages 13-i and 13-1: Insert these pages attached. (Ch. 13 added.)



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Distribution: RPC: 1092  
FD

II 10-80-40  
August 14, 1980

**TELEGRAPHIC MESSAGE**

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MESSAGE TO BE TRANSMITTED (Use double spacing and all capital letters)

**TO:**

**DIRECTORS, ALVAMC AND REGIONAL OFFICES WITH OUTPATIENT  
CLINICS**

**00/137 THIS IS INTERIM ISSUE 10-80- 40**

- A. BASIC ADMINISTRATIVE ISSUE AFFECTED: M-1, PART VII**
- B. OTHER ISSUES AFFECTED: NONE**
- C. REASON FOR ISSUE: TO EXTEND THE PROVISIONS OF 10-79-26  
CONCERNING THE MANAGEMENT, OPERATION AND DISCONTINUANCE  
OF HOUSEKEEPING AND NON-HOUSEKEEPING QUARTERS.**
- D. TEXT OF ISSUE: THE RESCISSION DATE OF II 10-79-26 IS EXTENDED  
UNTIL JULY 22, 1981.**
- E. RESCISSION: THIS ISSUE IS RESCINDED JULY 22, 1981, AND WILL  
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**AUG 14 1980**

PAGE NO.	NO. OF PGS.
<b>1</b>	<b>1</b>

609396 P

March 28, 1980

Part VII, "Building Management Service," VA Department of Medicine and Surgery Manual M-1, "Operations," is changed as indicated below:

*NOTE: The purpose of this change is to set mandatory standards for signage irrespective if it is accomplished by facility personnel or by contractors. This change is effective immediately and should be implemented as funding becomes available.*

Page iii, Delete chapter 4 title: "Interior Decorating" and substitute "Interior Design".

Pages 4-i and 4-1: Remove these pages and substitute pages 4-i and 4-1 attached. (Ch. 4 revised)



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*Chp 4 revised  
by  
Chg. 18*