

WASTE MANAGEMENT PROGRAM

- 1. REASON FOR ISSUE:** This Veterans Health Administration (VHA) directive provides the requirements for establishing and maintaining integrated waste management programs.
- 2. SUMMARY OF CONTENT:** This VHA directive rescinds the stated requirements of VHA Manual M-1, Part VII, Chapter 14, Waste Management Program. This directive provides the requirements for establishing and maintaining a sustainable Waste Management Program within VHA facilities.
- 3. RELATED ISSUES:** VHA Directive 1850, Environmental Programs Service.
- 4. RESPONSIBLE OFFICE:** The Director, Environmental Programs Service (10NA7), is responsible for the content of this directive. Questions concerning non-hazardous waste program aspects of this directive (e.g., non-hazardous waste (trash) and regulated medical waste) may be directed to the Director, Environmental Programs Service, at 202-632-7881. Hazardous waste program aspects of this directive (e.g., hazardous waste, pharmaceutical waste, and universal waste) may be directed to the Director, Office of Safety, Health and Green Environmental Management Systems (GEMS) Programs (10NA8) at 202-632-7889.
- 5. RESCISSIONS:** VHA Manual M-1, Part VII, Chapter 14, dated September 19, 1994, is rescinded.
- 6. RECERTIFICATION:** This VHA directive is scheduled for recertification on or before the last working day of May 2022. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

Poonam Alaigh, M.D.
Acting Under Secretary for Health

DISTRIBUTION: Emailed to the VHA Publications Distribution List on May 23, 2017.

CONTENTS

WASTE MANAGEMENT PROGRAM

1. PURPOSE..... 1

2. BACKGROUND..... 1

3. POLICY 2

4. RESPONSIBILITIES..... 2

APPENDIX A

WASTE MANAGEMENT REQUIREMENTS.....A-1

WASTE MANAGEMENT PROGRAM

1. PURPOSE

This Veterans Health Administration (VHA) directive provides the requirements for establishing and maintaining waste management programs at Department of Veterans Affairs (VA) medical facilities. **AUTHORITY:** Executive Order (EO) 13693; EO 13423; Title 42 United States Code (U.S.C.) 6901 – 6992k; Title 49 Code of Federal Regulations (CFR) parts 171-177; 29 CFR part 1910 subparts H and I.

2. BACKGROUND

a. VHA organizations at VHA Central Office (VHACO) responsible for managing waste programs include, but are not limited to: Environmental Programs Service (10NA7), the Office of Health, Safety and Green Environmental Management System (GEMS) Programs (10NA8), and the National Health Physics Program (NHPP). This directive is not intended to change the responsibilities of the VHACO organizations responsible for managing waste programs nor the organizations/programs responsible at the VA medical facility level for implementing and managing waste programs.

b. Waste management program elements include the identification, segregation, collection, handling, containment, transport, storage, reduction, treatment, and disposal of all VHA generated wastes. Inappropriate management of wastes can detrimentally affect public health, the environment, and health care operations such as sanitation, pest management, safety, and security. The reduction of wastes generated through product substitution and diversion of waste through recycling and reusing products will contribute to an effective pollution prevention program.

c. The following elements must be addressed in effective waste management programs:

- (1) Waste stream assessment.
- (2) Waste minimization strategies.
- (3) Generation and identification of waste.
- (4) Segregation of waste.
- (5) Collection of waste.
- (6) Handling of waste.
- (7) Containment of waste.
- (8) Transport of waste.
- (9) Storage of waste.

(10) Reduction of waste.

(11) Treatment of waste.

(12) Disposal of waste.

(13) Disposal of sensitive documents and documents containing personal information in a secure manner that meets Office of Information and Technology (OIT) requirements.

(14) Training of staff in accordance with Environmental Protection Agency (EPA), Occupational Safety and Health Administration (OSHA), Department of Transportation (DOT), VA, and VHA requirements.

(15) Maintenance of waste management program records.

(16) Contingency and emergency planning requirements related to waste programs.

(17) Quality assurance.

(18) Safety Data Sheets (SDS).

d. A coordinated approach to management within VA facilities will assist VHA in meeting the requirements of EO 13693, Planning for Federal Sustainability in the Next Decade.

3. POLICY

It is VHA policy that effective and safe waste management programs are established and maintained at VA medical facilities. The requirements of this directive may be integrated with the policy requirements of VA medical facility programs (e.g., Environmental Management Service/Facility Management and Green Environmental Management Services [GEMS/10NA8]), whose responsibilities include the management of waste.

4. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health, or designee, is responsible for:

(1) Overseeing policies related to VHA waste management programs.

(2) Establishing program performance standards related to waste management programs for the Deputy Under Secretary for Health for Operations and Management (10N).

b. **Deputy Under Secretary for Health for Operations and Management.** The Deputy Under Secretary for Health for Operations and Management (10N), or designee, is responsible for:

(1) Overseeing the development and implementation of VHA waste management programs and policies.

(2) Establishing program performance standards related to waste management programs for the Assistant Deputy Under Secretary for Health for Operations and Management for Administrative Operations (10NA).

c. **Assistant Deputy Under Secretary for Health for Operations and Management for Administrative Operations.** The Assistant Deputy Under Secretary for Health for Operations and Management for Administrative Operations, or designee, is responsible for:

(1) Implementing program requirements related to waste management programs to meet Federal statutes and regulations, EOs, and VA and VHA policies.

(2) Overseeing Environmental Programs Service (10NA7) and the Office Occupational Safety, Health, and GEMS Programs (10NA8).

(3) Ensuring staffing and funding are adequate to implement VHA waste management programs.

(4) Ensuring that VA medical facilities comply with Federal, state and local waste management requirements.

d. **Director, National Health Physics Program.** The Director, National Health Physics Program, is responsible for ensuring that radioactive waste generated by VA medical facilities is managed and disposed of in a manner that meets Nuclear Regulatory Commission requirements. At the VA medical facility level, the Radiation Safety Office is responsible for the management and disposal of radioactive waste.

e. **Chief Consultant, Pharmacy Benefits Management Services.** The Chief Consultant, Pharmacy Benefits Service is responsible for:

(1) Developing policy and guidance related to the generation, treatment, storage, and disposal of pharmaceutical waste.

(2) Collaborating, as appropriate, with the Office of Occupational Safety, Health, and GEMS Programs (10NA8) on the development of policy and guidance related to pharmaceutical waste and other issues of common interest.

f. **Director, Environmental Programs Service.** The Director, Environmental Programs Service (10NA7) is responsible for:

(1) Ensuring that VHA programs related to non-hazardous solid waste (e.g., trash) and regulated medical waste meet Federal, state, and local environmental requirements, VA and VHA requirements, and EO(s).

(2) Managing VHA programs related to non-hazardous waste (e.g., trash) and regulated medical waste at the national level.

(3) Developing and implementing VHA policy and guidance related to non-hazardous and regulated medical waste to ensure that VA medical facilities operate in a healthy, sanitary, safe, clean, odor-free and vermin-free environment.

(4) Collaborating with other VA and VHA organizations, including, but not limited to 10NA8, in developing waste management policy and program guidance, tools that measure program performance, and other matters of common interest.

g. **Director, Office of Occupational Safety, Health and Green Environmental Management Systems Programs.** The Director, Office of Occupational Safety Health and Green Environmental Management Systems (GEMS) Programs (10NA8) is responsible for:

(1) Ensuring that VHA programs related to: hazardous solid waste; mixed waste; pharmaceutical waste; universal waste; and other regulated waste requiring special handling due to its hazardous nature meet Federal, state, and local environmental requirements, VA and VHA requirements, and EO(s).

(2) Managing, at the national level, VHA programs related to hazardous solid waste, mixed waste, pharmaceutical waste, universal waste, and other regulated waste requiring special handling due to its hazardous nature.

(3) Developing and implementing VHA policy and guidance related to hazardous solid waste, mixed waste, pharmaceutical waste, universal waste, and other regulated waste requiring special handling due to its hazardous nature to ensure that VA medical facilities protect human health and the environment from the detrimental effects of waste.

(4) Collaborating with other VA and VHA organizations, including, but not limited to 10NA7, in developing waste management policy and program guidance, tools that measure program performance, and other matters of common interest.

h. **Veterans Integrated Service Network Director.** The Veterans Integrated Service Network (VISN) Director, or designee, is responsible for:

(1) Ensuring the establishment, implementation, and ongoing operation of viable waste management programs covering all waste generated by the VHA medical facility, including but not limited to, non-hazardous solid waste, regulated medical waste, hazardous solid waste, universal waste, pharmaceutical waste, and radioactive waste. Waste management programs should address:

(2) Elements listed in Appendix A, paragraph 9 of this directive.

(3) Compliance with all Federal, State and local regulations related to generation, treatment, storage, transportation and disposal of waste.

(4) Ensuring the VHA organizations responsible for waste management programs work in a collaborative manner to coordinate policy, guidance, and program requirements for aspects of waste management. To facilitate the foregoing, the VHA medical facility director will ensure that representatives of waste management programs are appropriately represented on facility interdisciplinary committees.

(5) Ensuring that appropriate actions are taken in response to waste management program findings identified during periodic reviews of facility programs. Such reviews may be included as part of other reviews, including, but not limited to, facility Environment of Care rounds and GEMS audits.

(6) Establishing local medical facility policy for defining and identifying regulated medical waste (RMW) in accordance with Appendix A, paragraph 6 of this directive; the sources of RMW; and disposal procedures, taking into consideration the currently accepted definitions of RMW and the relative hazard to patients, employees, and the public.

(7) Ensuring that employees with responsibilities related to the management of waste are trained in accordance with VA and VHA requirements, as well as applicable Federal, state and local regulatory requirements.

i. **VA Medical Facility Director.** The VA medical facility Director, or designee, is responsible for:

(1) Ensuring the establishment, implementation, and ongoing operation of viable waste management programs covering all waste generated by the VHA medical facility, including but not limited to, non-hazardous solid waste, regulated medical waste, hazardous solid waste, universal waste, pharmaceutical waste, and radioactive waste. Waste management programs should address:

(a) Elements listed in Appendix A, paragraph 9 of this directive.

(b) Compliance with all Federal, state and local regulations related to generation, treatment, storage, transportation and disposal of waste.

(2) Ensuring the VHA organizations responsible for waste management programs work in a collaborative manner to coordinate policy, guidance, and program requirements for aspects of waste management. To facilitate the foregoing, the VHA medical facility director will ensure that representatives of waste management programs are appropriately represented on facility interdisciplinary committees.

(3) Ensuring that appropriate actions are taken in response to waste management program findings identified during periodic reviews of facility programs. Such reviews may be included as part of other reviews, including, but not limited to, facility Environment of Care rounds and GEMS audits.

(4) Establishing local medical facility policy for defining and identifying regulated medical waste (RMW) in accordance with Appendix A, paragraph 6 of this directive; the

sources of RMW; and disposal procedures, taking into consideration the currently accepted definitions of RMW and the relative hazard to patients, employees, and the public.

(5) Ensuring that employees with responsibilities related to the management of waste are trained in accordance with VA and VHA requirements, as well as applicable Federal, state and local regulatory requirements. Training should address facility-specific requirements of waste management programs.

(6) Providing personal protective equipment (PPE) to employees with responsibilities related to waste, in accordance with VA and VHA requirements, OSHA, and other Federal, state, and local requirements.

(7) Ensuring that the VA medical facility review alternative technological, process and contracting approaches to waste management when necessary, appropriate and cost effective.

(8) Identifying the nature of waste (e.g., hazardous, non-hazardous, etc.) to ensure waste is disposed in a manner that meets Federal, state, and local requirements.

(9) Ensuring areas where waste is generated, held, stored, treated, disposed, and transported are operated in a safe and secure manner that meets VA and VHA, as well as applicable Federal, State, and local regulatory requirements.

(10) In conjunction with OIT, ensuring that identified sensitive data waste, as described in Appendix A, paragraph 19, is contained in a secure manner that meets OIT requirements.

WASTE MANAGEMENT REQUIREMENTS

1. WASTE STREAM ASSESSMENT

Waste stream is a term that describes the flow of solid waste from generation to disposal. Solid waste is defined by the Environmental Protection Agency (EPA) at 40 Code of Federal Regulations (CFR) Section 261.2. Solid waste generated by a Department of Veterans Affairs (VA) medical facility includes, but is not limited to, hazardous and non-hazardous waste, pharmaceutical, regulated medical waste, universal waste, and radioactive waste. The generation, storage, treatment, transportation and disposal of solid waste is regulated under the Resource Conservation and Recovery Act (RCRA). The transportation for disposal of waste defined by Occupational Safety and Health Administration (OSHA) is also regulated by the Department of Transportation. Waste stream assessments require the identification of the quantity and composition of the waste stream(s) generated and the evaluation of potential opportunities for reduction of that waste stream.

2. MUNICIPAL SOLID WASTE

Municipal solid waste (MSW) is defined in 40 CFR Parts 240-258 as any garbage, refuse, or sludge and other discarded material including solid, liquid, semi-solid, or contained gaseous material. All wastes, even those that are not designated as hazardous, must be properly managed to prevent pollution of the environment. MSW, also referred to as general trash, is the portion of a facility's solid waste that is not hazardous or does not require special handling under Federal, state, and local requirements.

3. HAZARDOUS WASTE MATERIAL

EPA regulations covering hazardous waste are found in title 40 CFR parts 260-261. Specific hazardous wastes are listed in 40 CFR part 261; wastes that are not listed are defined to be hazardous if they possess specific properties: ignitability, corrosivity, reactivity or toxicity. Generators of hazardous waste, including VA medical facilities, are responsible for determining whether or not their wastes are hazardous in accordance with EPA regulations.

4. RADIOACTIVE MATERIAL WASTE

Radioactive waste is any waste that emits energy as rays, waves, or streams of energetic particles. Sources of such wastes include nuclear reactors, research institutions, and hospitals. The handling of radioactive waste is complex and requires adherence to both Nuclear Regulatory Commission (NRC) and EPA waste handling requirements. Whenever there is a conflict between the two standards, NRC requirements take precedence.

5. MIXED RADIOACTIVE MATERIAL WASTE

Mixed radioactive waste consists of a radioactive waste mixed with a hazardous chemical waste component. The handling of such waste is complex and requires adherence to both NRC and EPA waste handling requirements. Whenever there is a conflict between the two standards, NRC requirements take precedence.

6. REGULATED MEDICAL WASTE

a. Regulated medical waste (RMW) includes solid waste that is generated in the diagnosis, treatment, or immunization of human beings or animals, in research pertaining thereto, or in the production or testing of biologicals. Regulatory definitions and requirements for the management (e.g., handling and disposal) of medical waste vary from state to state. VA medical facilities should refer to the applicable state regulations to determine what is considered medical waste and the specific requirements that apply to the management of medical waste in the state. Regulated waste means liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials. Medical waste generated at VA medical facilities includes, but is not limited to:

- (1) Blood-soaked bandages.
- (2) Culture dishes and other glassware.
- (3) Discarded surgical gloves.
- (4) Discarded surgical instruments.
- (5) Discarded needles (medical sharps) used to give shots or draw blood.
- (6) Cultures, stocks, swabs used to inoculate cultures.
- (7) Discarded lancets.

b. RMW, also referred to as potentially infectious waste, includes any waste material or article that harbors, or may reasonably be considered to harbor, pathogens that might be expected to produce disease in healthy individuals. To control activities involving RMW, the following actions must be taken:

(1) Facility policy must be established defining and identifying RMW, the source, and disposal procedures.

(2) The facility policy must take into consideration the currently accepted definitions of RMW and its relative hazard to employees, beneficiaries, and the general public.

(3) Operating procedures must be established and implemented to provide involved employees with proper training, equipment, and backup.

(4) All waste materials that are classified in this category of waste must be handled, stored, transported, and disposed of in accordance with all Federal, State, and local regulations governing this activity.

7. OTHER REGULATED WASTE

a. **Toxics.** If mismanaged, some commonly used toxics and pharmaceuticals (e.g., unlisted cytotoxics, antibiotics, antimicrobials, anti-viral agents, unlisted solvents) may present potential risk to the environment or human health. These wastes are not presently identified as regulated hazardous waste. The following precautions are to be noted:

(1) Containment, recovery, and recycling procedures must be examined to identify commonly used toxics prior to ultimate disposal.

(2) Alternate products, technologies, and methods to reduce or eliminate the utilization of materials that generate toxic waste should be evaluated and adopted where possible. Such evaluation must be documented.

(3) Additional VA policy and guidance regarding the management and disposal of pharmaceuticals can be found in the following documents: Veterans Health Administration (VHA) Pharmaceutical Waste Guidance Document, available at: http://vaww.ceosh.med.va.gov/01EE/Pages/ST_PharmaWaste.shtml. **NOTE:** This is an internal VA Web site and is not available to the public. VHA Directive 1087, Monitoring of Non-Controlled Substance Medication Returns, VHA Handbook 1108.08, VHA Formulary Management Process and VHA Directive 2012-029, Compliance with Management of Non- Controlled Drugs, or subsequent policy issue, at: http://www.va.gov/vhapublications/publications.cfm?pub=1&order=asc&orderby=pub_number. **NOTE:** This is an internal VA Web site and is not available to the public.

b. **Universal Wastes.** Universal wastes at the Federal level include fluorescent lights, waste batteries (wet and dry), mercury containing equipment, and pesticides. Definitions of universal wastes vary by state. Regulations can be found in 40 CFR Part 273. **NOTE:** Pesticides are also regulated by the EPA under the Federal Insecticide Fungicide and Rodenticide Act (FIFRA) or the Food and Drug Administration (FDA) and their regulations may also apply.

c. **Fertilizers and/or Salts.** Fertilizers and/or salts which are improperly used or stored may pose environmental harm and compliance issues if not properly managed and disposed of in accordance with Federal, state, and local regulation.

d. **Asbestos.** The management of asbestos is regulated by EPA, OSHA, individual states, and VA. As a waste, asbestos requires special handling to ensure that fibers are not released into the atmosphere.

8. CONSTRUCTION AND DEMOLITION WASTE

Construction and demolition waste (C&D) materials and debris are materials and debris generated during construction, renovation, demolition, or dismantling of structures, buildings, and associated infrastructure. See VA PG-18-1 Construction Master Specification: Recycling of Construction Waste, Section 017419 Construction Waste Management for detailed guidance and information on the development and implementation of these program strategies can be found in the VA Technical Information Library (TIL) - Office of Construction at: <http://www.cfm.va.gov/til/spec.asp>.

NOTE: This is an internal VA Web site and is not available to the public.

9. WASTE MINIMIZATION AND DIVERSION STRATEGIES

The waste minimization process includes:

- a. Environmentally preferable, bio-based procurements.
- b. Change, substitution, or replacement of the kinds of products used.
- c. Changing purchasing procedures.
- d. Source reduction of the amounts of wastes generated, to be accomplished through:
 - (1) Input material change.
 - (2) Technology change.
 - (3) Good operating practice.
 - (4) Recycling of waste components.
 - (5) Use and reuse.
 - (6) Reclamation.
 - (7) Composting.

NOTE: While these options are generally associated with hazardous wastes and hazardous materials, the strategies of product substitution, recycling, and reuse of products can also result in pollution prevention opportunities for non-hazardous and unregulated waste and material. See VA Directive 7348, Utilization and Disposal of Personal Property, for additional information, at:

http://www.va.gov/vapubs/Search_action.cfm. **NOTE:** This is an internal VA Web site and is not available to the public. Additional information regarding recycling can be found in the VHA Program Guide 1850.1, Recycling Program Guide, available at: <http://vaww.vhaco.va.gov/EPS/>. **NOTE:** This is an internal VA Web site and is not available to the public.

10. WASTE GENERATION AND IDENTIFICATION

- a. Waste containers, identifying labels, and signage must meet applicable safety codes and regulatory requirements, and be designed consistently with the objectives of other program elements (e.g., environmental sanitation, pest management, interior design operations, etc).
- b. Identification and segregation of wastes must be performed as close to the work site as feasible; i.e., by the individual(s) using and discarding the material(s). These persons are most familiar with the waste and are essential to the process of waste segregation. Appropriate segregation of materials may be critical in some recycling programs and is important because mixed waste streams (general trash mixed with medical waste) may pose regulatory problems.

11. COLLECTION

Waste collection services must be routinely provided to reduce the potential for insect and vermin harborage, microorganism growth, odor generation, and for safety, security, and aesthetic considerations.

- a. Service must be provided throughout the facility; the established frequency of collection is dependent and contingent upon local needs.
- b. Removal must be performed systematically, there must be a demonstrated connection of the collection, routing, and transport schemes for the storage and disposal locations (e.g., waste stream flow process is important; patient care waste must not be permitted to accumulate in patient care areas).
- c. Waste that is not identified in accordance with local policy must not be removed until properly identified.

12. HANDLING OF REGULATED MEDICAL WASTE

Proper handling of regulated medical wastes is important for worker safety and cost containment.

- a. Appropriate personal protective equipment (PPE) must be provided and worn when handling wastes.
- b. Bags of waste must be sealed before being removed from the area of collection. Good bag handling techniques ensure the prevention of injury.
- c. Personnel from facilities that handle medical waste must ensure that patients' personal apparel, surgical instruments, textiles, and other items that can be reprocessed are separated from waste.

d. The special handling of bags, boxes, or other containers of waste must be stressed. Glass fragments and needles must be placed in puncture resistant containers before removal from the work area.

e. Needles (medical sharps) pose the single greatest risk of injury and potential for transmission of disease to employees handling medical waste. Special care must be directed at the proper containment, collection, and transport of medical sharps. Good waste handling techniques must be emphasized.

13. CONTAINMENT OF REGULATED MEDICAL AND SENSITIVE WASTES

a. Medical waste containers for waste must be selected to meet the specific requirements of waste stream collection. Liners must be provided to speed collection and reduce intensive cleaning.

(1) Waste liners (bags) must be tightly closed at the point of collection prior to transport.

(2) Liners must be placed inside all containers. When required, they must be clearly identifiable.

(3) Waste must be placed in flame-resistant containers with impervious liners.

(4) Containers for the removal of medical sharps must be clearly identified, rigid, impervious, and puncture resistant.

(5) Regulated medical waste or controlled waste must be contained and sealed in impervious liners, which are color coded and/or clearly identified in some manner (such as the universal alert symbols, or other appropriate cautionary statement).

(6) Medical sharps must be placed in appropriately-identified puncture-resistant containers prior to disposal.

(7) Reusable waste containers must be routinely sanitized with a disinfectant and/or detergent approved for VA medical facility use as an integral part of the collection process.

b. Containers used for transport must be marked or tagged in accordance with regulations to indicate the type of waste and the in-house destination.

(1) Information-sensitive waste must be contained and sealed prior to transport at the collection site and managed in a secure manner.

(2) Sensitive data, such as patient, employee, beneficiary information, etc., should not be identified in a manner that will attract attention.

14. STORAGE OF REGULATED MEDICAL WASTE AND NON-HAZARDOUS WASTE (TRASH)

a. Storage areas used to hold waste, pending further disposition, must meet VA and VHA requirements, including, as may be required, lockable doors and water-resistant surfaces.

b. Waste management holding, storage, and treatment areas must include, but not be limited to, the following security measures:

(1) A routine decontamination and maintenance program must be established for all storage areas.

(2) Segregation of wastes and waste streams must be maintained at all times.

15. TRANSPORT OF REGULATED MEDICAL WASTE AND NON-HAZARDOUS WASTE (TRASH)

Handling, transfer, and transportation systems must be established and maintained in such a manner that the integrity of the packaging is not compromised. Different types of waste must not be mixed and must remain segregated.

a. All waste carts are to be clearly labeled indicating waste contents (unless precluded by security considerations) and must be delivered directly to the designated waste holding area.

b. Regulated, controlled, and certain data-sensitive wastes must be transported in secure containers and remain under the direct control of a responsible individual(s) until placed in a designated waste holding area(s).

c. Transport to a dumpster, storage area, compactor, incinerator, shredder, etc., is normally accomplished using a closed system (e.g., closed carts, chutes, etc.).

d. Trash chutes, carts, and other transport containers must be sanitized on a routine basis, with a disinfectant and/or detergent approved for VA medical facility use.

16. REDUCTION

A major goal of waste management is to decrease the volume of waste at the point it is generated.

a. Reusable items, such as linens, pads, restraints, etc., must be returned for reprocessing. Reusable items must be evaluated and condemned by the designee of the appropriate fund control official prior to being discarded.

b. Unused products that have residual or recoverable value should be considered for recycling collection, redemption or take back in accordance with the policy and guidance of the VHA organization responsible for managing the product. General Services Administration's requirements for the disposal of personal property may apply.

c. During the product selection process, the cost of disposal must be considered in the determination of true life-cycle costs.

17. TREATMENT OF MEDICAL WASTE

a. Waste treatment is a process whereby materials that represent a hazard to the general public are rendered innocuous prior to removal from the custodial care of the VA medical facility. Facilities that conduct waste treatment activities must obtain any and all required treatment permits and/or licenses in accordance with all Federal, State, and local government regulations.

b. Treatments include, but are not limited to:

(1) **Biological.** Steam, dry heat, and/or chemical inactivation.

(2) **Hazardous Chemicals.** Chemical neutralization, incineration, landfill, etc.

(3) **Contaminated Medical Sharps.** Steam, dry heat, and/or chemical disinfection, prior to mechanical destruction or encapsulation.

18. DISPOSAL

Shop, warehouse, pharmacy, laboratory, data center, and other areas are required to containerize specific waste(s). Disposal services are coordinated by the staff designated to manage each individual waste type.

a. Disposal of non-hazardous and/or non-controlled waste must meet with applicable Federal, state and local environmental and health regulations or handled in accordance with VA guidance for management of property or commodities. (See VA Directive 7348, Utilization and Disposal of Personal Property, for guidance and information on the development and implementation of these program strategies).

b. Regulated or sensitive waste must be identified, adequately contained, and controlled during the disposal and final destruction process.

19. SECURITY OF SENSITIVE DATA

The term "sensitive data" refers to data that require protection from inadvertent or deliberate disclosure, alteration, or destruction as defined by VA Directive 6371, Destruction of Temporary Records. Waste that contains such data must receive special handling to ensure its protection until appropriate disposal.

a. The systematic containment and collection of identified sensitive data must be defined in local policy.

b. Procedures must be developed to provide for adequate security during the collection, transport, storage, or disposal of sensitive data.

c. Methods utilized for destruction and/or disposal must meet current policy requirements while incorporating the most cost effective methods.

20. RECORDS MAINTENANCE

a. Documentation of waste management actions, both actual and planned, is essential to a well-managed program. A well-designed tracking program system must provide accurate data on the frequency, volume, and cost of waste management activities.

b. Operational records of contracted services, quality assurance audits, employee assignments, external reviews, etc., must be documented and maintained.

(1) Required reports must be completed and submitted in a timely fashion; copies will be maintained for a minimum of 3 years or as required by the local document control procedures; Federal, State and local requirements; and other VHA policy and program guidance.

(2) Waste manifests, bills of lading, and similar documents used to track the disposal and treatment of waste shall be maintained as required by Federal, state, local regulations, and VA and VHA policy.

c. Accurate records must be maintained in order to account for the VA medical facility's total waste generation; these include:

(1) Electronic submission of recycling and waste data to Environmental Programs Service (10NA7), as requested. All data must be submitted electronically in accordance with VHA Directive 2009-065, Waste Minimization and Compliance Report (RCN 10-99-904), or subsequent policy issue.

(2) Recycling pick-ups, processing, supply acquisitions, vendor billing, and payments made and received need to be accounted for by this record keeping system.

21. CONTINGENCY AND EMERGENCY PLANNING

Alternative plans must be developed for waste collection, transport, storage, and disposal. Sharing agreements, contingency contracts, etc., require option development and documentation.

a. VA medical facility waste management concerns must be reflected in internal and external disaster planning.

b. Sharing agreements to provide options for the management of health care waste must be explored and documentation maintained.