

WASTE MANAGEMENT PROGRAM

1. REASON FOR ISSUE: This Veterans Health Administration (VHA) directive states the requirements for establishing and maintaining a comprehensive waste management program that incorporates waste minimization efforts and waste reporting.

2. SUMMARY OF MAJOR CHANGES: This directive:

a. Merges the requirements of VHA Directive 1850.06, Waste Management Program, dated May 19, 2017, and VHA Directive 1851, Waste Minimization and Compliance Report (RCN 10-99-904), dated June 20, 2017.

b. Replaces the requirement for the Waste Minimization Compliance Report with the VHA Waste Tracker.

c. Adds responsibilities for the Executive Director, Healthcare Environment and Facilities Programs; Chief Consultant, VHA Pharmacy Benefits Management Services; Director, VHA Office of Capital Asset Management; and Department of Veterans Affairs (VA) medical facility Service Line Chiefs (see paragraph 5).

3. RELATED ISSUES: VA Directive 0057, VA Environmental Management Program, dated January 15, 2010; VA Directive 0058, VA Green Purchasing Program, dated July 19, 2013; VA Directive 0059, VA Chemicals Management and Pollution Prevention, dated May 25, 2012; VA Directive 0063, Waste Prevention and Recycling Program, dated October 17, 2011; VA Directive 6371, Destruction of Temporary Paper Records, dated April 8, 2014; VA Directive 7348, Utilization and Disposal of Personal Property, dated January 8, 2020; VHA Directive 1105, Management of Radioactive Materials, dated February 24, 2021; VHA Directive 1105.02, Nuclear Medicine and Radiation Safety Administrative Services, dated August 29, 2018; VHA Directive 1108.12, Management and Monitoring of Pharmaceutical Compounded Sterile Preparations, dated November 5, 2018; VHA Directive 1114, Controlled Substance Patient Prescription Disposal, dated January 11, 2021; VHA Directive 1116(2), Sterile Processing Services (SPS), dated March 23, 2016; VHA Directive 1850, Environmental Programs Service, dated March 31, 2017; VHA Directive 7705, Hazard Communication and Chemical Management, dated May 13, 2022; VHA Directive 7707, VHA Green Environmental Management System and Governing Environmental Policy, dated April 1, 2021.

4. RESPONSIBLE OFFICE: The Assistant Under Secretary for Health for Support (19) is responsible for the content of this directive. Questions may be addressed to the Director, VHA Environmental Programs Service (19HEF) at VHA19HEFCAction@va.gov.

5. RESCISSIONS: VHA Directive 1850.06, Waste Management Program, dated May

July 22, 2022

VHA DIRECTIVE 1850.06

19, 2017, and VHA Directive 1851, Waste Minimization and Compliance Report (RCN 10-99-904), dated June 20, 2017, are rescinded.

6. RECERTIFICATION: This VHA directive is scheduled for recertification on or before the last working day of July 31, 2027. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

**BY DIRECTION OF THE OFFICE OF
THE UNDER SECRETARY FOR HEALTH**

/s/ Deborah E. Kramer, MS
Acting Assistant Under Secretary for Health
for Support

NOTE: *All references herein to VA and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.*

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CONTENTS

WASTE MANAGEMENT PROGRAM

1. PURPOSE..... 1

2. BACKGROUND..... 1

3. DEFINITIONS 1

4. POLICY 3

5. RESPONSIBILITIES..... 3

6. TRAINING 9

7. RECORDS MANAGEMENT 9

8. REFERENCES 9

APPENDIX A

WASTE MANAGEMENT SPECIFICATIONS.....A-1

WASTE MANAGEMENT PROGRAM

1. PURPOSE

This Veterans Health Administration (VHA) directive states the requirements for maintaining a comprehensive waste management program at Department of Veterans Affairs (VA) medical facilities, including waste minimization and quarterly/annual waste reporting requirements. **AUTHORITY:** 38 U.S.C. § 7301(b); Executive Order (EO) 13834 (May 17, 2018).

2. BACKGROUND

VHA's primary mission is to deliver high-quality health care to Veterans. In accomplishing this mission, VHA is committed to handling waste management in compliance with Federal, State and local regulations and applicable EOs to protect and improve the environment for the communities of our Veterans and VHA health care operations.

3. DEFINITIONS

- a. **Compost.** Compost is organic material that is manufactured through the controlled aerobic, biological decomposition of biodegradable materials.
- b. **Construction and Demolition Debris.** Construction and demolition (C&D) debris is a type of waste that is not included in municipal solid waste and includes steel, wood products, drywall and plaster, brick and clay tile, asphalt shingles and concrete.
- c. **Electronic Waste.** Electronic waste (e-waste) is electronic equipment that is nearing or at the end of its useful life and is given to a recycler to be reused, refurbished or recycled to minimize the actual waste.
- d. **Green Purchasing.** Green purchasing is the acquisition of recycled content products, environmentally preferable products and services, biobased products, energy- and water-efficient products, alternate fuel vehicles, products using renewable energy and alternatives to hazardous or toxic chemicals.
- e. **Hazardous Waste.** Hazardous waste is waste with properties that make it dangerous or capable of having a harmful effect on human health or the environment (see Environmental Protection Agency (EPA) regulation 40 C.F.R. part 260-261 for criteria for hazardous waste).
- f. **Life Cycle Assessment.** Life cycle assessment is the comprehensive examination of a product's environmental and economic aspects and potential impacts throughout its lifetime, including raw material extraction, transportation, manufacturing, use and disposal.
- g. **Municipal Solid Waste.** Municipal solid waste is general trash or garbage and consists of everyday items that are used and then thrown away. It can include

packaging material, food waste, containers and paper products.

h. **On-Site Treatment of Regulated Medical Waste.** On-site treatment of regulated medical waste (RMW) is a method, technique or process that changes the character or composition of RMW to minimize the risk of transmitting an infectious disease. Treatment must render the waste non-infectious and suitable for disposal as solid waste. Treatments include but are not limited to thermal (steam sterilization), irradiative, chemical and biological treatment of waste matter.

i. **Pharmaceutical Waste.** Pharmaceutical waste is any leftover, unused or expired medication that is no longer needed or can no longer be used. It can be classified as either hazardous or non-hazardous depending on its chemical properties and its risk to humans and the environment.

j. **Radioactive Waste.** Radioactive waste is any waste that emits energy as rays, waves or streams of energetic particles. The handling of radioactive waste requires adherence to both the Nuclear Regulatory Commission (NRC) and EPA.

k. **Recycling.** Recycling is the process of collecting and processing materials into new products that would otherwise be landfilled. **NOTE:** *More information on recycling is available in Appendix A, paragraph 1.c.* Materials that can possibly be recycled include, but are not limited to:

- (1) Certain types of plastics (typically types 1 and 2).
- (2) Metals and aluminum.
- (3) Electronics.
- (4) Paper.
- (5) Wood pallets.
- (6) Cardboard.
- (7) Glass.

l. **Regulated Medical Waste.** RMW, also known as biohazardous waste or infectious medical waste, is the portion of the waste stream that may be contaminated by blood, body fluids or other potentially infectious materials to include sharps, human and animal pathological waste. VA medical facilities should refer to the applicable State regulations to determine what is considered RMW. The RMW Guide at <http://vaww.hefp.va.gov/resources/eps-comprehensive-guide-regulated-medical-waste> defines the categories of RMW, including links to State regulations. **NOTE:** *This is an internal VA website that is not available to the public.*

m. **Universal Waste.** Universal waste is defined by EPA as including batteries, pesticides, mercury-containing equipment, fluorescent lamps and aerosol cans (see 40

C.F.R. part 273).

n. **VHA Waste Tracker.** The VHA Waste Tracker is a database that is used quarterly and annually to collect waste data from all VA medical facilities including waste generated, waste weights, waste disposal costs or revenue, waste disposal method, diverted waste, waste minimization activities and recycling material collected. **NOTE:** See Appendix A, paragraph 2.d. for a full list of data that must be reported.

o. **Waste Diversion.** Waste diversion is the process of redirecting materials that might otherwise be placed in the waste stream for recycling or recovery, excluding disposition in waste-to-energy.

p. **Waste Stream.** A waste stream is the flow of specific waste, from its source through to recovery, recycling or disposal. Each waste stream has specific characteristics and applicable legislation, including in terms of treatment method, hazardousness, practical recovery and recycling possibilities.

q. **Waste Stream Assessment.** A waste stream assessment evaluates the waste stream, including identification of the quantity and composition of the waste streams generated, evaluation of potential opportunities to minimize waste and recycle and determination of how to properly handle the wastes.

4. POLICY

It is VHA policy that an effective and safe waste management program must be established and maintained at all VA medical facilities to provide Veterans, visitors and employees with a safe and healthy environment. These programs must include accurate quarterly and annual reporting of their waste streams and minimization efforts. **NOTE:** *This directive provides overarching requirements for waste management and must be followed alongside other VHA directives that establish waste management policy for specific VA medical facility programs (e.g., VHA Directive 1850, Environmental Programs Service, dated March 31, 2017; VHA Directive 7707, Green Environmental Management System and Governing Environmental Policy, dated April 1, 2021; VHA Directive 1105, Management of Radioactive Materials, dated February 24, 2021; Directive 1105.02, Nuclear Medicine and Radiation Safety Administrative Services, dated August 29, 2018; VHA Directive 1108.12, Management and Monitoring of Pharmaceutical Compounded Sterile Preparations, dated November 5, 2018; and VHA Directive 1114, Controlled Substance Patient Prescription Disposal, dated January 11, 2021).*

5. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for ensuring overall VHA compliance with this directive.

b. **Assistant Under Secretary for Health for Support.** The Assistant Under Secretary for Health for Support is responsible for establishing policy and providing

guidance and oversight as necessary to ensure the timely and successful implementation of this directive.

c. **Assistant Under Secretary for Health for Operations.** The Assistant Under Secretary for Health for Operations is responsible for:

(1) Communicating the contents of this directive to each of the Veterans Integrated Service Networks (VISNs).

(2) Assisting VISN Directors to resolve implementation and compliance challenges in all VA medical facilities within that VISN.

(3) Providing oversight of VISNs to ensure compliance with this directive and its effectiveness.

(4) Coordinating with the Executive Director, Healthcare Environment and Facilities Programs (HEFP), VISN Directors and VA medical facility Directors to ensure all necessary action is taken to address waste management in a manner that meets the requirements of Federal, State and local regulations; applicable EOs; and VA and VHA directives.

d. **Assistant Under Secretary for Health for Patient Care Services.** The Assistant Under Secretary for Health for Patient Care Services is responsible for coordinating with the Executive Director, Pharmacy Benefits Management (PBM) Services to ensure all necessary action is taken to address waste management of all pharmaceutical waste in a manner that meets the requirements of Federal, State and local regulations; applicable EOs; and VA and VHA directives.

e. **Executive Director, Healthcare Environment and Facilities Programs.** The Executive Director, HEFP is responsible for:

(1) Overseeing the VHA waste management programs.

(2) Periodically assessing the VHA Waste Management program for continued need, currency and effectiveness.

(3) Coordinating with the Assistant Under Secretary for Health for Operations, VISN Directors and VA medical facility Directors to ensure all necessary action is taken and funding is obtained to address waste management in a manner that meets the requirements of Federal, State and local regulations; applicable EOs; and VA and VHA directives.

f. **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 NRC requirements. **NOTE:** See Appendix A, paragraph 2.k. for additional information about radioactive waste requirements.

g. **Executive Director, Pharmacy Benefits Management Services.** The Executive Director, PBM Services, is responsible for ensuring that national pharmacy policy and guidance address generating, treating, storing and disposing of pharmaceutical waste not included in other VHA policy. **NOTE:** *For additional information about pharmaceutical waste, see VHA Directive 1108.12 and VHA Directive 1114.*

h. **Director, VHA Environmental Programs Service.** The Director, VHA Environmental Programs Service is responsible for:

(1) Supporting and managing VHA waste management programs related to municipal solid waste, RMW and recycling to ensure they meet Federal, State, and local environmental requirements, VA and VHA requirements and applicable EO(s).

(2) Developing and implementing VHA policy and guidance related to municipal solid waste, RMW and recycling to ensure that VA medical facilities operate in a healthy, sanitary, safe, clean, odor-free and vermin-free environment.

(3) Providing oversight by submitting quarterly and annual waste data from the VHA Waste Tracker to the Office of Asset Enterprise Management, VA Sustainability Office to validate that VA is meeting Federal requirements. **NOTE:** *See Appendix A, paragraph 2.d. for additional information about records maintenance and documentation of waste data.*

(4) Ensuring corrective action is taken if non-compliance with this directive is identified.

(5) Collaborating with other VA and VHA organizations to develop municipal solid waste, RMW and recycling guides and tools that measure program performance and opportunities to effectively manage waste and other matters of common interest.

i. **Director, VHA Occupational Safety and Health Office.** The Director, VHA Occupational Safety and Health Office is responsible for:

(1) Ensuring that VHA programs related to hazardous waste and universal waste meet Federal, State and local environmental requirements, VA and VHA requirements and applicable EO(s).

(2) Developing and implementing VHA policy and guidance related to hazardous waste, mixed waste and universal waste to ensure that VA facilities protect human health and the environment from the detrimental effects of waste. **NOTE:** *For additional information regarding waste requiring special handling, see VHA Directive 7714, Asbestos Management Program, dated April 6, 2017; VHA Directive 7707; and VHA Directive 7705, Hazard Communication and Chemical Management, dated May 13, 2022.*

j. **Director, VHA Office of Capital Asset Management.** The Director, VHA Office of Capital Asset Management is responsible for ensuring that project engineering staff members managing construction projects are aware of the processes outlined in the

C&D Waste Master Construction Specifications on Recycling of Construction Waste, including collecting appropriate data from contracted project engineering firms. **NOTE:** *Additional information can be found in Master Construction Specifications PG-18-1, Section 01 74 19 Construction Waste Management, in the Office of Construction and Facilities Management Technical Information Library: <https://www.cfm.va.gov/til/spec.asp>. See also Appendix A, paragraph 2.j.*

k. **Veterans Integrated Services Network Director.** The VISN Director is responsible for:

(1) Ensuring that all VA medical facilities within the VISN comply with this directive and informing leadership when barriers to compliance are identified.

(2) Ensuring that VA medical facilities establish, implement and continue to operate comprehensive waste management programs.

(3) Ensuring that appropriate actions are taken in response to waste management program findings identified during periodic reviews of VA medical facility programs, including, but not limited to, Federal, State and local regulatory visits, VISN External Green Environmental Management System (GEMS) Audits (VEGAs) and external environmental compliance inspections. **NOTE:** *For more information on VEGAs, see VHA Directive 7707.*

(4) Ensuring that VA medical facilities submit their required waste data into the VHA Waste Tracker and identifying a VISN point of contact to oversee the collection and submittal of quarterly/annual waste data to the Director, VHA Environmental Programs Service. **NOTE:** *See Appendix A, paragraph 2.d. for additional information about records maintenance and documentation of waste data.*

(5) Evaluating cost avoidance opportunities for waste management such as consolidating waste contracts on a regional basis and considering on-site treatment of RMW.

(6) Coordinating with the Assistant Under Secretary for Health for Operations, Executive Director, HEFP and VA medical facility Directors to ensure all necessary action is taken to address waste management in a manner that meets the requirements of Federal, State and local regulations; applicable EOs; and VA and VHA directives.

l. **VA Medical Facility Director.** The VA medical facility Director is responsible for:

(1) Ensuring that the VA medical facility establishes and implements a comprehensive waste management program covering all waste generated by the VA medical facility, including, but not limited to, non-hazardous solid waste, RMW, recycling, hazardous waste, universal waste, pharmaceutical waste, C&D debris, e-waste and radioactive waste. **NOTE:** *See Appendix A, paragraphs 2.f., 2.g., 2.h., 2.j. and 2.k. for additional requirements around RMW, hazardous waste, universal waste, pharmaceutical waste, C&D debris, e-waste and radioactive waste. Waste management programs must address:*

(a) Conducting a waste stream assessment and ensuring compliance with all Federal, State and local regulations; VA and VHA directives; and EOs related to generation, treatment, storage, transportation and appropriate disposal of the different types of waste.

(b) Ensuring that all VA medical facility employees with waste management responsibilities have received appropriate training to comply with Federal, State and local regulations (see paragraph 6).

(c) Evaluating opportunities to improve waste diversion and reduction opportunities through recycling, waste minimization, green purchasing and life cycle assessments.

NOTE: See Appendix A, paragraph 1 for additional information about waste minimization strategies.

(2) Ensuring that appropriate actions are taken in response to waste management program findings identified during periodic reviews of VA medical facility programs, including, but not limited to, VA medical facility regulatory visits, VEGAs and external environmental compliance inspections.

(3) Identifying services or individuals responsible for overseeing the collection and submittal of quarterly/annual waste data into the VHA Waste Tracker. **NOTE:** The responsible individual is typically the VA medical facility Service Line Chief – see paragraph 5.1. See Appendix A, paragraph 2.d. for additional information about records maintenance and documentation of waste data.

(4) Establishing a VA medical facility written program plan for RMW in accordance with State and local regulations that includes, but is not limited to, the identification, collection, handling, storing, transport and disposal of RMW.

(5) Ensuring that the VA medical facility reviews alternative technologies for waste treatment, such as on-site treatment of RMW and contracting approaches to waste management, as they pertain to cost effectiveness and emergency preparedness.

NOTE: See Appendix A, paragraph 2.e. for additional information about contingency and emergency planning.

(6) Establishing a recycling fund per VA Financial Policy Volume II, Efficient Federal Operations Chapter, Chapter 7E, Recycling Revenue, September 15, 2021. The recycling funds are explicitly to be used for sustainability efforts at the VA medical facility and are permitted to roll over each year. **NOTE:** This policy can be found at: <https://www.va.gov/finance/docs/VA-FinancialPolicyVolumeIIChapter07E.pdf>.

(7) Coordinating with the Assistant Under Secretary for Health for Operations, Executive Director, HEFP and VISN Directors to ensure all necessary action is taken to address waste management in a manner that meets the requirements of Federal, State and local regulations; applicable EOs; and VA and VHA directives.

m. **VA Medical Facility Service Line Chiefs.** **NOTE:** These responsibilities are applicable only for those who have delegated waste management programs or

contracts. VA medical facility Service Line Chiefs are responsible for:

(1) Establishing written procedures for handling waste managed by their service or program. **NOTE:** *The VA medical facility may establish procedures in a comprehensive waste management plan or through various plans to delineate how the work can be accomplished.*

(2) Providing adequate trash receptacles, containers or carts to facilitate the proper segregation, storage, location, collection and disposal of waste to ensure compliance with applicable safety codes and regulatory requirements (e.g., the Occupational Safety and Health Administration, EPA, Department of Transportation, NRC and National Fire Protection Association). **NOTE:** *For additional requirements about waste collection and storage, see Appendix A, paragraph 2.b. For additional requirements about waste disposal, see Appendix A, paragraph 2.c.*

(3) Ensuring that employees are properly handling waste and have appropriate personal protective equipment **NOTE:** *For additional requirements about waste generation and identification, see Appendix A, paragraph 2.a.*

(4) Prioritizing the procurement of items that meet green purchasing objectives and can be justified by a life cycle assessment.

(5) Ensuring proper segregation of waste and evaluating measures to improve waste diversion and reduction opportunities with a focus on recycling opportunities.

(6) Maintaining required documentation of waste management including waste disposal reports (e.g., manifest, shipping papers, invoices, tracking sheets, bills of lading) that track the weight, treatment and disposal method of waste and applicable training records of staff. **NOTE:** *See Appendix A, paragraph 2.d. for additional information about records maintenance and documentation of waste data.*

(7) Effectively managing waste contracts within their service including:

(a) Identifying a certified contracting officer representative to manage the waste contracts specific to their service line.

(b) Ensuring the contract's statement of work addresses all Federal, State and local waste regulatory requirements.

(c) Seeking opportunities for cost avoidance with contract management by ensuring appropriately sized collection containers, frequency of pick up and accurate billing.

(d) Collecting and submitting waste data into the VHA Waste Tracker on a quarterly and annual basis and reviewing the data to identify opportunities to reduce waste and improve waste contracting, unless specified otherwise by the VA medical facility Director. **NOTE:** *See Appendix A, paragraph 2.d. for additional information about records maintenance and documentation of waste data. This includes submission of data regarding the equipment turn in process (see Appendix A, paragraph 2.i.).*

(e) Maintaining waste data per Federal, State, local and VA requirements. Accurate records must be maintained by the VA medical facility Service Line Chiefs to account for the VA medical facility's total waste generation. **NOTE:** See paragraph 7 for further information on records management.

6. TRAINING

Waste management-related training content and retraining frequency must be established by the VA medical facility in order to maintain competency, and as required by Federal, State and local regulatory requirements.

7. RECORDS MANAGEMENT

All records regardless of format (e.g., paper, electronic, electronic systems) created by this directive must be managed as required by the National Archives and Records Administration (NARA) approved records schedules found in VHA Records Control Schedule 10-1. Questions regarding any aspect of records management must be addressed to the appropriate Records Officer.

8. REFERENCES

- a. 38 U.S.C. § 7301(b).
- b. 40 C.F.R. parts 260-261 and 273.
- c. Executive Order 13834.
- d. VA Directive 0057, VA Environmental Management Program, dated January 15, 2010.
- e. VA Directive 0063, Waste Prevention and Recycling Program, dated October 17, 2011.
- f. VA Directive 7348, Utilization and Disposal of Personal Property, dated January 8, 2020.
- g. VA Financial Policy Volume II, Appropriations, Funds and Related Information, Chapter 7E, Recycling Revenue, dated September 15, 2021:
<https://www.va.gov/finance/docs/VA-FinancialPolicyVolumellChapter07E.pdf>.
- h. VA Handbook 7348, Utilization and Disposal of Personal Property, dated January 8, 2020.
- i. VHA Directive 1105, Management of Radioactive Materials, dated February 24, 2021.
- j. VHA Directive 1105.02, Nuclear Medicine and Radiation Safety Administrative Services, dated August 29, 2018.

- k. VHA Directive 1108.12, Management and Monitoring of Pharmaceutical Compounded Sterile Preparations, dated November 5, 2018.
- l. VHA Directive 1114, Controlled Substance Patient Prescription Disposal, dated January 11, 2021.
- m. VHA Directive 1850, Environmental Programs Service, dated March 31, 2017.
- n. VHA Directive 7705, Hazard Communication and Chemical Management, dated May 13, 2022.
- o. VHA Directive 7707, VHA Green Environmental Management System and Governing Environmental Policy, dated April 1, 2021.
- p. VHA Directive 7714, Asbestos Management Program, dated April 6, 2017.
- q. Environmental Programs Service: <http://vaww.hefp.va.gov/environmental-programs-service>. **NOTE:** *This is an internal VA website that is not available to the public.*
- r. EPA Sustainable Materials Management: Non-Hazardous Materials and Waste Management Hierarchy: <https://www.epa.gov/smm/sustainable-materials-management-non-hazardous-materials-and-waste-management-hierarchy>.
- s. EPS Sanitation Procedure Guide: <http://vaww.hefp.va.gov/resources/eps-sanitation-procedure-guide>. **NOTE:** *This is an internal VA website that is not available to the public.*
- t. Regulated Medical Waste Guide: <http://vaww.hefp.va.gov/resources/eps-comprehensive-guide-regulated-medical-waste>. **NOTE:** *This is an internal VA website that is not available to the public.*
- u. VA Office of Construction & Facilities Management Master Construction Specifications (PG-18-1): <https://www.cfm.va.gov/til/spec.asp>.
- v. VHA Records Control Schedule 10-1: <https://www.va.gov/vhapublications/rcs10/rcs10-1.pdf>.
- w. Waste and Recycling SharePoint: <https://dvagov.sharepoint.com/sites/VHA10NA5C/waste/SitePages/Recycling.aspx>. **NOTE:** *This is an internal VA website that is not available to the public.*

WASTE MANAGEMENT SPECIFICATIONS

Waste management is a collaborative effort that crosses service lines. While all employees at the Department of Veterans Affairs (VA) medical facility generate waste, different services have responsibility for waste collection, handling and disposal including Environmental Management Service (EMS), Facility Management Service, Green Environmental Management System (GEMS), Safety, Supply Chain Management, Nuclear Medicine and Pharmacy. The VA medical facility must conduct a waste stream assessment to determine which types of waste are generated and how they will be managed at the facility.

1. WASTE MINIMIZATION STRATEGIES

a. A well-managed waste management program follows the Environmental Protection Agency's (EPA's) Hierarchy of Waste Management, which ranks the various strategies from most to least environmentally preferred through source reduction and reuse; recycling and composting; energy recovery; and treatment and disposal. **NOTE:** For additional information about the EPA's Hierarchy of Waste Management, see <https://www.epa.gov/smm/sustainable-materials-management-non-hazardous-materials-and-waste-management-hierarchy>.

b. VA medical facilities must strive to improve their waste minimization and waste diversion rates by using the following options:

(1) Reusing and repurposing items through the Logistics "turn in" process.

(2) Purchasing environmentally preferable, bio-based procurements.

(3) Changing, substituting or replacing the kinds of products used.

(4) Recycling and composting. **NOTE:** VA medical facilities should consult with contracted recycling vendors to determine what items are accepted for recycling.

c. VA medical facilities must have a robust recycling program to address VA/Veterans Health Administration (VHA) directives and Executive Orders (EOs). Items to consider for recycling depend on regional demand for the material, sustainability and economical assessment, including but not limited to: paper, plastics, pallets/wood, aluminum and scrap metal, precious metals, glass, cardboard, Single Use -I Devices (SUDS) (, electronics, furniture, construction and demolition (C&D) debris from engineering projects and composting. **NOTE:** SUDS can be collected for recycling of material only, not use. VHA strictly prohibits reprocessing SUDS for use in VHA or private entities. See the EPS Recycling Program Guide on the Waste and Recycling SharePoint for more information on what to recycle:

<https://dva.gov.sharepoint.com/sites/VHA10NA5C/waste/SitePages/Recycling.aspx>. This is an internal VA website that is not available to the public.

d. VA medical facilities that recycle must set up a recycling fund per VA Financial Policy Volume II, Chapter 7E, Recycling Revenue. The recycling funds are explicitly to be used for sustainability efforts at the VA medical facility and are permitted to roll over each year.

2. GENERAL WASTE AND RECYCLING HANDLING

a. Waste Generation and Identification.

(1) Waste containers, identifying labels, location and signage must meet applicable safety codes and regulatory requirements (e.g., Occupational Safety and Health Administration (OSHA), EPA, Department of Transportation (DOT), Nuclear Regulatory Commission (NRC) and National Fire Protection Association (NFPA)).

(2) Identification and segregation of waste must be performed as close to the work site as feasible, 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, in accordance with Federal, State and local regulations, may be critical in some recycling programs and is important because mixed waste streams (general trash mixed with medical waste) may pose regulatory problems or issues with recycling contracts.

(3) Receptacles, containers and carts must be safely maintained and cleaned in accordance with the EPS Sanitation Guide, <http://vaww.hefp.va.gov/resources/eps-sanitation-procedure-guide>, in such a matter as to prevent infection control issues, pest management, sanitation concerns and leaks. **NOTE:** *This is an internal VA website that is not available to the public.*

b. Collection and Storage.

(1) 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.

(2) Waste collection services must be provided throughout the VA medical facility; the established frequency of collection is dependent and contingent upon local needs.

(3) Removal must be performed systematically. There must be a demonstrated connection and timing of collecting, routing and transporting 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).

(4) Storage of waste and waste receptacles must be in compliance with all regulatory requirements, including NFPA and OSHA environmental regulations, at both the point of generation and storage prior to transport. This may include, but not be limited to, lockable doors, water-resistant surface, ability to properly segregate waste, fire rated doors and walls, proper labeling and appropriately sized containers.

(5) Routine decontamination and maintenance must be established for all waste collection receptacles, carts, bins and the storage areas.

c. **Disposal.**

(1) Waste from shops, warehouses, pharmacies, laboratories, data centers and other areas must be placed in containers until disposal. Disposal services are coordinated by the VA medical facility Service Line Chiefs designated to manage each individual waste type.

(2) Disposal of waste must meet applicable Federal, State and local environmental and health regulations and handled in accordance with VA guidance for management of property or commodities. See VA Directive 7348, Utilization and Disposal of Personal Property, dated January 8, 2020, for guidance and information on the development and implementation of these program strategies.

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

d. **Records Maintenance/Documentation of Waste Data.**

(1) Documentation of waste management actions is essential to a well-managed program and shall include accurate data on the frequency, volume and cost of waste management activities.

(2) Required waste disposal reports (e.g., manifest, shipping papers, invoices, tracking sheets, bills of lading) that track the weight, treatment and disposal method of waste must be maintained as required by local document control procedures; Federal, State and local requirements; and other VHA policy and program guidance, including VHA Records Control Schedule 10-1 Controls Record Retention.

(3) Accurate records must be maintained by the VA medical facility Service Line Chiefs to account for the VA medical facility's total waste generation. **NOTE:** *Specific information on maintenance of records is contained in VHA Records Control Schedule 10-1 at <https://www.va.gov/vhapublications/rcs10/rcs10-1.pdf>.*

(4) VHA is required by VA Directive 0057, VA Environmental Management Program, dated January 15, 2010, and VA Directive 0063, Waste Prevention and Recycling Program, dated October 17, 2011, to annually report on various waste data to the Office of Asset Enterprise Management, VA Sustainability Office. This information is consolidated with other VA organizations and reported to the White House Council on Environmental Quality.

(5) The VHA Waste Tracker requires VA medical facilities to track the following waste streams: municipal solid waste, regulated medical waste (RMW), recycling, C&D waste, hazardous waste, universal waste, pharmaceutical waste, e-waste and organic compost waste.

(6) The collection and submittal of quarterly/annual waste data, as required by this directive, must include:

- (a) Waste generated.
- (b) Weights.
- (c) Method of final disposal (if available).
- (d) Financial data.
- (e) Waste minimization initiatives (such as recycling).
- (f) Other data required by VA and VHA policy and EOs.

(7) The information requested should be collected by the service managing the waste contract. It is up to the VA medical facility Director to determine who will submit the data into the VHA Waste Tracker, however it is often the VA medical facility Service Line Chiefs (see paragraph 5.I.).

(8) The term “sensitive data” refers to data that requires protection from inadvertent or deliberate disclosure, alteration or destruction as defined by VA Directive 6371, Destruction of Temporary Records, dated October 29, 2010. Waste that contains such data must receive special handling to ensure its protection until appropriate disposal.

e. Contingency and Emergency Planning.

(1) Alternative plans such as sharing agreements and contingency contracts must be developed for collecting, transporting, storing and disposing of waste to ensure continuous waste management.

(2) VA medical facility waste management concerns must be reflected in internal and external emergency planning and address the storage of waste in the event shipments are unavailable in a disaster.

(3) As part of emergency planning, VA medical facilities should consider the feasibility and cost effectiveness of on-site treatment of RMW.

f. **Regulated Medical Waste.** RMW is generally managed by Environmental Management Service in accordance with VHA Directive 1850, Environmental Programs Service, dated March 31, 2017. Detailed guidance and understanding of RMW regulations must include handling, storing, permitting and disposing and is available on the Environmental Programs Service website at <http://vaww.hefp.va.gov/environmental-programs-service>. **NOTE:** *This is an internal VA website that is not available to the public.*

g. **Hazardous Waste/Universal Waste/Pharmaceutical Waste.** These waste streams have considerable environmental compliance requirements and are addressed

in VHA Directive 7707, VHA Green Environmental Management System and Governing Environmental Policy, dated April 1, 2021, and VHA Directive 1108.12, Management and Monitoring of Pharmaceutical Compounded Sterile Preparations, dated November 8, 2018.

h. **Electronic Waste.**

(1) VA has a Memorandum of Understanding with UNICOR, dated March 21, 2012, to provide UNICOR with certain electronic equipment in lieu of abandoning or destroying the equipment. The purpose of this agreement is to benefit the environment and to improve public health, safety and welfare. Electronics accepted by UNICOR include, but are not limited to, laptops, cell phones, motherboards, fax machines, televisions, monitors and printers.

(2) The VA medical facility is encouraged to use UNICOR, but other e-waste vendors are acceptable.

i. **End-of-Life/Turn in of Equipment.** VHA often replaces equipment that still has useful life and can be utilized in the industry. The logistics “turn in” process for equipment is a form of waste prevention and reuse of VA property as an alternate to landfill disposal. Usable equipment and surplus can be resold by the General Services Administration (GSA) or utilized by other VA medical facilities through various logistics programs. Equipment managed this way must also be tracked and reported in the VHA Waste Tracker as part of the VA medical facility’s efforts to minimize waste. **NOTE:** *For additional information about the “turn in” process, see VA Handbook 7348, Utilization and Disposal of Personal Property, dated January 8, 2020.*

j. **Construction and Demolition Debris.** C&D materials and debris are generated during construction, renovation, demolition or dismantling of structures, buildings and associated infrastructure. Detailed guidance and information on the development and implementation of these program strategies can be found in Master Construction Specifications PG-18-1: Section 01 74 19 Construction Waste Management, in the VA Office of Construction and Facilities Management Technical Information Library at <https://www.cfm.va.gov/til/spec.asp>.

k. **Radioactive Waste.** The handling of radioactive waste is complex and requires adherence to both NRC and EPA requirements. See VHA Directive 1105, Management of Radioactive Materials, dated February 24, 2021, and VHA Directive 1105.02, Nuclear Medicine and Radiation Safety Administrative Services, dated August 29, 2018.