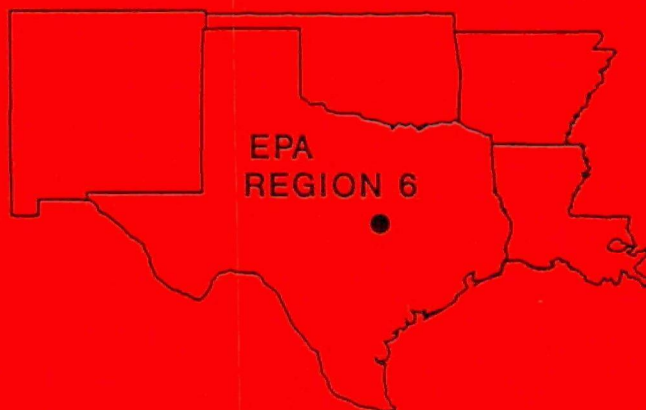


ENVIRONMENTAL MANAGEMENT PROGRAM REVIEW

DEPARTMENT OF VETERANS AFFAIRS
OLIN E. TEAGUE VETERANS CENTER
TEMPLE, TEXAS



PREPARED BY
U.S. ENVIRONMENTAL PROTECTION AGENCY
REGION 6
FEDERAL FACILITIES COMPLIANCE PROGRAM

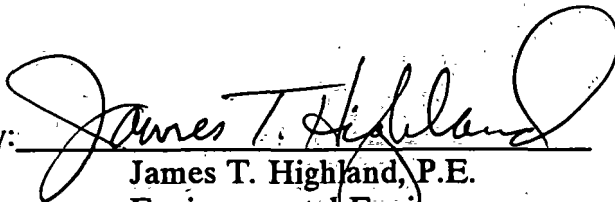
SEPTEMBER 1994

ENVIRONMENTAL MANAGEMENT
PROGRAM REVIEW
FOR THE
DEPARTMENT OF VETERANS AFFAIRS
OLIN E. TEAGUE
VETERANS CENTER
TEMPLE, TEXAS

September 1994

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EXECUTIVE SUMMARY

The Environmental Management Program (EMP) Review concept was developed by the Federal Facilities Compliance Program (FFCP) in EPA Region 6 as a means of expanding our outreach efforts and enhancing communication and coordination between Region 6 and other Federal agencies. In FY 1993, the FFCP staff chose to concentrate the EMP review efforts on minor Federal facilities (FF), particularly those of Civilian Federal Agencies (agencies other than the Departments of Defense and Energy). In addition to enhancing cross-communication and coordination, the purpose of the EMP review is to assess the overall health of the facility's environmental management program and to provide recommendations to the facility and its parent agency for their consideration. We emphasize to the facility from the outset that our review visit is not a compliance enforcement inspection and that the EPA representative is not looking at the facility to determine compliance status.

The Department of Veterans Affairs (VA) Olin E. Teague Veterans' Center (OTVC) in Temple, Texas was chosen for an EMP review visit during FY94. This facility is a 1,000+ bed general medical, surgical and psychiatric hospital, domiciliary and nursing home for military service veterans. In addition to providing health care for veterans, OTVC activities include health care education and research and, in a national emergency, support of the Department of Defense. Besides the medical and health care facilities, OTVC has laboratories, vehicles and service shops (plumbing, carpentry, electrical, etc.). These varied operations and activities generate or involve handling of domestic and industrial wastewaters, hazardous and other solid wastes, air pollutants and toxic and hazardous substances subject to the environmental laws and regulations administered by the EPA. The OTVC has no environmental management office (EMO) or full-time environmental staff.

The EMP review consisted primarily of on-site discussions and observations and generally covered the areas of:

- o Organization (facility and parent agency) and the facility's existing EMP.
- o Facility resources and environmental training of personnel.
- o Implementation of the existing EMP.
- o Current environmental restoration and pollution prevention activities and compliance status.

Review findings and recommendations are divided into three major categories: 1) Organization and EMP; 2) Resources and Training; and 3) EMP Implementation. Environmental restoration, pollution prevention and compliance status are included under EMP implementation. Review findings and other observations are those of the EPA

representative conducting the review, and the recommendations presented reflect his judgement. The recommendations are offered for consideration by the OTVC and the VA and are summarized below:

ORGANIZATION AND ENVIRONMENTAL MANAGEMENT PROGRAM

- o Consider OTVC reorganization to separate environmental coordination from health and safety, putting environmental program responsibility under a full-time Environmental Coordinator. Changes would demonstrate higher priority for environmental issues, reduce competition for budget dollars, facilitate expansion of the total EMP and increase environmental awareness and support.
- o VA Headquarters should review its organization, environmental responsibility assignments and budget to ensure that environmental matters are given proper priority and support.
- o Expand scope, change name of Waste Management Committee, make it a focal point for addressing and resolving all environmental compliance issues, information dissemination and health and safety related coordination.
- o Consider developing a Center strategic plan for environmental, safety and health compliance to consolidate guidance, make necessary revisions, provide a formal statement of the Center's EMP and address all areas of environmental concern and roles of OTVC services and programs.
- o Ensure that basic environmental awareness training is available and mandatory for all OTVC employees.
- o Institute a public relations program to keep local community aware of OTVC environmental activities, plans and issues.

EMP RESOURCES AND TRAINING

- o Provide full-time Environmental Coordinator and staff assistance to satisfy immediate program needs.
- o Include management indicators in recommended Environmental Coordinator's performance standards.
- o Assess current environmental training for Center personnel, especially that for hazardous waste/materials handling and spill response. Ensure that all appropriate employees are included and necessary refresher training is available.

- o Increase EMP funding to cover recommended additional resources. Recurring operations-type activities funds should be reflected in VA O&M budget.

EMP IMPLEMENTATION

- o Continue VA plans under way to implement an effective environmental auditing program, either internal external audits, or a combination of both.
- o Assess all OTVC operations to identify additional pollution prevention and waste reduction opportunities.
- o Assess OTVC operations also for potential opportunities for applying or testing of innovative technologies with potential application to current or future OTVC or other VA operations.

**REPORT ON ENVIRONMENTAL MANAGEMENT PROGRAM REVIEW
AT VA OLIN E. TEAGUE VETERANS' CENTER**

I. BACKGROUND AND GENERAL INFORMATION

A. Background and Purpose of Site Visit

On September 13, 1994, a representative of Region 6, U.S. Environmental Protection Agency, James T. Highland, visited the Olin E. Teague Veterans' Center (OTVC or Center) to review and evaluate the total environmental management program (EMP) at that facility. The visit was a part of the Region 6 Federal Facilities (FF) technical assistance and outreach initiative and not an enforcement inspection visit to determine compliance status. OTVC management personnel were so informed both prior to and during the visit. The visit was informal and consultative in nature, and no part of this report should be interpreted as a formal finding of actual compliance status.

OTVC personnel involved in the visit in-briefing or contacted during the visit included:

Mr. Jerry B. Boyd, OTVC Director

Mr. Edgar Tucker, Associate OTVC Director

Mr. Theodore A. Martin, Chief, Environmental Management Service (EMS)

Mr. Randy Blodgett, Chief, Engineering Service (ES)

Mr. David Vick, Assistant Chief, Engineering Service (ES)

Mr. Nate Wilson, Safety and Occupational Health Specialist (ES)

Ms. Myra Winfield, Industrial Hygienist and OTVC Environmental Coordinator (ES)

Ms. Marilyn Waggoner, Regional Industrial Hygienist, VA Regional Division Office, Grand Prairie, Texas, attended as an observer of the review visit and also participated in the visit interviews. An informal out-briefing of the visit was provided to Messrs. Blodgett and Wilson and Ms. Winfield.

Information and data obtained during the review visit, and in subsequent telephone communications with OTVC personnel, were examined, along with personal observations made during the visit, and the following evaluation report prepared. Review conclusions and recommendations for either improving or expanding the existing environmental management program are presented at the end of this report.

B. General Facility Information

The Olin E. Teague Veterans' Center (OTVC) is a large general medical and psychiatric service hospital and resident patient care complex of the Department of Veterans Affairs (VA). The OTVC complex occupies approximately 184 acres of urban land located in the southern edge of Temple, Texas. The complex consists of 68 buildings with a total of almost 1.4 million square feet of floor area. Current resident patient population totals approximately 640, and hospital employees number about 1,600. Outpatient visits average about 20,000 per month.

The primary mission of the OTVC includes patients health care, food and lodging, health care training and research, logistics, and service support for the Center. These OTVC activities generate or involve handling of domestic wastewaters, hazardous, infectious and other solid wastes, air pollutants and toxic and hazardous substances subject to the various environmental laws and regulations administered by the EPA. Domestic and pre-treated wastewaters are discharged to the local municipal sewers. The Center water supply is obtained from the City of Temple, and the only treatment provided by OTVC is softening for boiler water at the steam plant. The Center does have underground storage tanks (UST), but no longer has a PCB involvement and is not involved in any environmental restoration activities. Therefore, OTVC does not have a significant involvement with NPDES, SDWA, CERCLA or TSCA. It does, however, have some involvement with CAA, RCRA, UST and NEPA. This facility has a pathological incinerator having a State operating permit, which classifies the OTVC as a Class A source under the State Implementation Plan and therefore a major air emissions source. It is currently listed as a RCRA hazardous waste conditionally exempt small quantity generator, maintains a number of underground fuel storage tanks, and has NEPA activity currently underway. These activities are discussed further in later parts of this report.

C. Scope of the Review

In the OTVC environmental management program (EMP) review, I surveyed the OTVC organization VA hierarchy; OTVC environmental program goals, objectives, resources, staff and training; upper management awareness and support; communication mechanisms and employee awareness. I also explored the facility's needs, plans and activities in the three areas of installation or site restoration, environmental compliance (including NEPA involvement), and pollution prevention, as well as protection or enhancement of natural resources and use or testing of new or innovative technologies. Findings are presented in Section II under three main headings; Environmental Management Program (EMP) and Organization, EMP Resources and Training, and EMP Implementation. Conclusions and recommendations for improving or expanding the OTVC EMP are given in Section III.

II. FINDINGS

A. Organization and Environmental Management Program (EMP)

1. Organizational Structure, Agency and OTVC - The OTVC is one of 171 medical centers nationwide under the Department of Veterans Affairs (VA). These centers are divided between four VA regions, and the OTVC is one of 42 centers in VA Region 3. The VA is Headquartered in Washington, DC, and the OTVC Director reports directly to VA Headquarters through the Under Secretary for Health, Veterans Health Administration. Environmental program guidance and technical assistance is provided to the medical centers by an Environmental Engineering Division located in an Operations office under the same Under Secretary. This organization is shown in Appendix I in the back of this report.

The OTVC hierarchy is the Center Director, Center Associate Director and the Chief of the Engineering Service. The designated Environmental Coordinator for the Center, and most of the environmental compliance responsibilities and involved staff are located in the Engineering Service. However, there is also an Environmental Management Service which has responsibility for control of medical and solid waste, pest control and recycling. The Environmental Coordinator is primarily occupied as an industrial hygienist and only spends a small percent of her time on environmental matters. She also has two layers of management between her and the Center Director. OTVC organization charts and pertinent responsibilities for this hierarchy are also included as report Appendices III and IV, respectively.

The Center also has a Waste Management Committee to coordinate the Center's Hazardous Waste Management (HWM) Plan. This Committee is chaired by the Chemist, Pathology and Laboratory Medicine Service and meets at the call of the Chairperson but not less than quarterly. Duties of the Committee include 1) review regulations and waste classifications to determine hazardous classification, 2) review waste handling procedures of all Services, and 3) review each Service's training to determine effectiveness. Members of the Waste Management Committee are:

- Chief, Environmental Management Service
- Chief, Anatomic Pathology Section
- Safety and Occupational Health Specialist
- Chief, Pharmacy Service or designee
- Industrial Hygienist
- Associate Chief of Staff for Research and Development or designee
- Chief, Acquisition and Materiel Management Service or designee
- Radiation Safety Officer
- Infection Control Nurse
- AFGE Union representative

The hospital services also have sub committees advising the Waste Management Committee on their particular areas. The OTVC Hazardous Waste Management Plan includes guidance for handling and disposal of infectious wastes, waste gases, radioactive waste, hazardous chemical waste, and antineoplastic (chemotherapy medication) waste. The OTVC HWM Coordinator is also the designated OTVC Environmental Coordinator.

2. EMP Applicability, Basis and Support - The mission, facilities and varied operations at the OTVC are sufficient to make an EMP applicable to this facility. Ms. Winfield, Mr. Wilson and Mr. Blodgett initially questioned the need for an EMP, but after our discussion of the Center's environmental responsibilities, they agreed with this assessment. Their current "environmental program" is almost totally focused on hazardous waste and hazardous materials (Hazmat) handling and disposal, with other environmental areas all but ignored. With the exception of documents on HWM, Hazmat management and emergency and spill procedures, OTVC policy and procedural guidance documents observed deal primarily with industrial hygiene, health and safety.

Winfield, Wilson and Blodgett said the primary basis for their current environmental activity is guidance generated locally by the OTVC. Excerpts from this guidance, showing purpose and responsibility assignments, are included in Appendix III of this report. OTVC guidance is supplemented by guidance the OTVC receives from VA Headquarters Environmental Engineering Division regarding environmental compliance and issues, safety and health and industrial hygiene. The latter guidance, however, is described as limited. Other sources impacting on their EMP activities include Federal and State regulations, local ordinances, guidance from the American Hospital Association and other hospital industry organizations and information on new processes, state-of-the-art equipment, etc.

Two key indicators of agency and upper management support for environmental issues and management programs are policy directives and funding. OTVC representatives perceive that upper level (VA Headquarters) support is beginning to improve in the issuance of policy guidance, but total support for environmental issues is still hindered by an inadequate budget and staffing. They feel that too little resources are left over for proper environmental management after their patient care mission is served. Hospitals are not being given staffing and other resources necessary for a viable EMP. They believe, however, that more support from Congress (personnel ceilings and money) would result in more EMP support to the hospitals from the VA. Inadequate EMP support is also reflected at the Center level, with an inadequate budget and personnel ceiling for an environmental management staff. Part of the support problem is attributed to the competition for funds between environmental issues and other facility planning issues.

3. Basic Goals and Objectives of the OTVC EMP - The current environmental focus at OTVC is on management and/or disposal of hazardous wastes and materials, spill prevention, emergency response and recycling used materials. The major emphasis is on personnel safety and health and industrial hygiene rather than compliance and pollution prevention. With the exception of employee safety and health concerns, the

OTVC doesn't appear to have defined environmental program goals and objectives relating to environmental cleanup and restoration, compliance with regulations and Executive Orders, risk assessment and adverse environmental impacts, pollution prevention and protection of natural resources.

4. Communication to Facility Personnel - Safety, Health, industrial hygiene and environmental management initiatives at the OTVC are currently conveyed to facility personnel through OTVC and VA memoranda, OTVC committee and subcommittee meetings, VA policy statements, Service Hotlines, hazardous and medical waste and chemicals handling training, accreditation regulations from the Joint Commission on Accreditation of Healthcare Organizations, regular OTVC briefings on various levels, Center Partnership Council (with employees union), weekly newsletter and new employee orientations and annual reviews.

5. Public Information and Community Perception of the OTVC EMP - The OTVC currently has no organized public relations program on environmental issues, and staff interviewed say they doubt if the community is aware whether they have an EMP or not. The Center has apparently been perceived by the community as doing well environmentally, probably due to a history lacking in apparent environmental problems. Little, if any public perception of their EMP has been vocalized or presented in the local news media.

6. NEPA Involvement - OTVC recently had a NEPA involvement in connection with a new hospital wing for which construction is to begin in 1995. An Environmental Assessment was conducted and a Finding of No Significant Impact issued.

B. Resources and Training

1. Environmental Staffing - There is currently no one assigned full time to environmental management program at the OTVC. Even the designated Environmental Coordinator, Myra Winfield, spends most of her time at the duties of an industrial hygienist and only about ten percent with environmental management activities. In addition to her OTVC responsibilities, she also has the same responsibilities for the Marlin, Texas Hospital. There are other personnel, located in the various hospital services, who are also involved part time with hazardous wastes and materials handling in their respective services and the training required. There are really no centralized environmental management responsibility or sufficient dedicated resources to carry out a viable EMP at the OTVC.

2. Staff Training - The OTVC representatives report that staff development training opportunities are available but are mostly off-site. Environmental training also has to compete with other mission-oriented training for limited travel funds. Opportunities available include annual safety conferences at the regional level, ongoing health and safety training, and some environmental training, at the Little Rock, AR Engineering Training Center, EPA annual conferences, annual refresher training on

handling of hazardous wastes and materials, initial orientation of new employees, and annual refresher training given by the various hospital services that touch on environmental areas. This training is only minimally adequate for management of a viable environmental program.

3. Facilities and Equipment - Housing, space and data management, other office, laboratory and vehicular equipment needed for an environmental program currently and in the near future appear to be available at the OTVC. These areas would have to be reassessed after centralizing the environmental management responsibilities and necessary resources.

4. Funding Resources - The OTVC does not designate funds specifically for environmental management activities, but funds for such activities conducted come primarily out of the budgets for the Engineering and Environmental Management Services. Except for dedicated staff salaries and travel funds for training, funds for current activities have generally been adequate. The OTVC Director does have authority to delegate monetary resources and personnel to the area of environmental management, but these resources must compete with the higher priority patient care mission. OTVC representatives report that annual VA Headquarters' budgets also have not adequately addressed environmental program needs.

5. Staff Performance Evaluation - The Environmental Coordinator, Ms. Winfield, does not have performance standards by which to evaluate her performance relative to environmental management. The exact basis of her performance evaluation appears unclear. This situation likely exists for other staff personnel engaged in related environmental activities, at least as far as those activities are concerned. In light of the lack of a designated environmental staff, staff turnover has obviously not been a problem at the OTVC. The main environmental staff problem at OTVC appears to be the lack of staff.

C. Environmental Management Program (EMP) Implementation

1. Knowledge of Executive Orders, OMB Circulars - None of the OTVC staff appear to have a working knowledge of and familiarity with Presidential Executive Order 12088 concerning Federal facilities compliance with environmental laws and regulations and with Office of Management and Budget (OMB) Circulars A-11 and A-106. Circular A-11 is the OMB guidance for preparing and submitting annual budgets, and Circular A-106 is the implementing document for fulfilling the intent of Executive Order 12088. They did demonstrate a better awareness and knowledge of Executive Order 12856 regarding pollution prevention, toxic chemical and waste reporting, and emergency planning requirements under the Pollution Prevention Act of 1990 and the Emergency Planning and Community Right-to-Know Act of 1986. Their awareness of EO 12856 was apparently obtained from information received through agency guidance and recent EPA conferences and workshops.

2. Use of the A-106 Process to Address Needs - OTVC apparently has not been a ready participant in this comprehensive process for identifying environmental needs and obtaining resources to implement solutions. In the A-106 process, the Environmental Coordinator prepares required VA documentation for A-106 projects to meet identified needs. This documentation is forwarded through the OTVC management and agency chain to VA Headquarters for agency review, project prioritization and inclusion in the agency A-106 Plan. The agency Plan is forwarded to EPA for review, evaluation and priority recommendation to OMB for inclusion in the President's budget request.

The OTVC Environmental Coordinator has been preparing some project documentation, but had not made the connection with the A-106 process. A-106 funding has been received in recent years for some asbestos and UST removal projects, and all currently identified needs at OTVC are apparently covered by projects in the agency A-106 Plan. Asbestos and UST projects funding received, however, may have been in response to actual or potential hazardous conditions or enforcement actions and may not necessarily demonstrate a high priority for environmental issues.

3. Knowledge of Environmental Laws, Regulations and Regulators - The Environmental Coordinator demonstrates a fair knowledge of environmental laws and regulations applicable to the OTVC. She admits the need for additional training. Comprehensive knowledge of requirements specific to OTVC (permits, reporting requirements, monitoring, registration, etc.) is limited among the balance of the OTVC staff. Those with a need to know are periodically advised through agency orders, OTVC memos and instructions, staff briefings, the OTVC newsletter and training opportunities. Ms. Winfield says she is knowledgeable of the Texas Natural Resource Conservation Commission organization, but admits to a limited knowledge of EPA, at both the regional and national levels. She asked for us to send her information to help her know where to go in EPA for assistance with environmental laws and regulations.

4. Environmental Auditing and Self-Monitoring - The OTVC does not have an audit or self-monitoring program in place, according to Ms. Winfield and Mr. Wilson. They informed me that VA Headquarters is setting up an audit program to include both internal and external audits. They said the agency audit program guidance is expected to emphasize the need for frequent and regular audits at VA facilities.

5. Identification and Correction of Violations - The OTVC depends largely on its operating staff and/or the Safety Committee to identify environmental problems, potential problems or violations. That Committee normally assigns responsibilities for response actions, depending on the types of actions required. If the problem or violation concerns hazardous waste (HW) or hazardous materials (HM) handling, the Environmental Coordinator usually initiates the correction. Corrective actions involving construction, or in areas outside HW and HM management, usually go through the Engineering Service. The OTVC Safety Committee follows up on health and safety

problems. Problems/violations cited by regulatory agencies would normally receive higher priority for correction than those identified internally. Time taken for correction depends on urgency of the correction and sometimes requires interim emergency action.

The OTVC Memorandum for Emergency and Spill Procedures indicates emergency response to hazardous materials spills or other releases will be handled by OTVC personnel, and Ms. Wigfield is the designated Spill Control Coordinator. However, she and Mr. Wilson stated that the OTVC does not have on-site emergency response capability and relies on local emergency agencies for assistance. Required reports to either local, State or Federal agencies are filed by the Spill Control Coordinator.

6. Tracking Compliance, Permits, Reporting Requirements - The OTVC has no apparent formal system for logging permit requirements and to keep track of due dates for reports required. There is also no formal system currently to track violations, enforcement actions and follow up actions.

7. Reported Compliance Status, Open Enforcement Actions - As previously stated, this facility has monitoring and regulatory involvements with several environmental statutes, including CAA, RCRA, UST and NEPA. The recent Presidential Executive Order 12856 also will place additional requirements on the Center to comply with all provisions of the Emergency Planning and Community Right-to-Know Act (EPCRA) and the Pollution Prevention Act (PPA) in connection with the control of releases and emissions from toxic and hazardous chemicals. OTVC appears to be complying currently with CAA, RCRA, UST and NEPA requirements, and is taking steps to meet the EPCRA and PPA requirements, for which compliance benchmark deadlines began coming due in December 1993. No open enforcement actions were identified.

8. Environmental Restoration - OTVC has no CERCLA sites on the National Priority List (NPL) and, as a RCRA generator only, is not required to have a RCRA permit. No potential hazardous waste sites have been identified by OTVC that would require cleanup or other restoration action under CERCLA.

9. Pollution Prevention, Waste Reduction - Current pollution prevention or waste reduction activities at OTVC are limited to recycling of office paper, corrugated and other paper boxes and products, aluminum, plastic and glass. Guidance for this program is included in OTVC Memorandum No. 137-9. OTVC personnel report that not much is being done by the VA in the way of waste minimization or product substitution, either at the OTVC or in the agency. Some chemical substitutions, such as cleaning agents, have been done primarily for safety reasons. A hospital accreditation group, the College of American Pathology, also requires the hospital labs to have a waste minimization program.

OTVC has not been involved in the EPA's voluntary "33/50" Program to reduce releases of 17 priority chemicals by 33% by 1993 and 50% by 1995. However, as stated in paragraph

C.7. above, OTVC is now required by Executive Order 12856 to seek to reduce by 50% their emissions of toxic chemicals or pollutants by 1999, as well as comply with all requirements of the Pollution Prevention Act. These requirements will likely necessitate a more aggressive pollution prevention/waste reduction program at OTVC.

10. Protection of Natural and Cultural Resources - OTVC personnel report that the only work being done at OTVC in the areas of protection of endangered species, wetlands, natural or cultural resources, or mitigation bank activities is that which may be connected with NEPA activities when planning major changes or additions to OTVC facilities and/or operations.

11. Applications of New and/or Innovative Technologies - No new and/or innovative technologies are being tested, implemented or currently planned at the OTVC, according to OTVC personnel questioned.

III. CONCLUSIONS AND RECOMMENDATIONS

A. Environmental Management Program (EMP) And Organization

1. Conclusions - Our observations indicate that the OTVC currently does not have a true Environmental Management Program (EMP), and a well-defined and empowered EMP is desirable for this facility. The OTVC mission, operations and facilities necessitate an EMP focused on environmental compliance, pollution prevention, cleanup and restoration, risk assessment, adverse environmental impacts and protection of natural resources. Personnel health, safety and industrial hygiene issues are related but are not necessarily a part of an EMP. Communication among OTVC staff appears to be good, although lacking in some environmental management areas. It appears also that some changes in the OTVC organization and priorities would further help the EMP to meet facility needs, be better defined and supported at all management levels, and widen the scope of communications on environmental matters among all interested and responsible parties.

It also appears that funding, a key indicator of agency support for environmental issues and management programs, is missing both at the facility and Headquarters levels. Support from the VA Headquarters Environmental Engineering Division has been improving in the matter of agency policy directives and technical guidance, but because they must compete with funds for the patient care mission, funding allocations for environmental management personnel and programs are inadequate. This results in the medical centers not being given staffing and other resources necessary for a viable EMP and having to utilize staff with other responsibilities and priorities to provide token attention to environmental issues.

2. Recommendations

a. Consider organization changes at OTVC level to separate coordination of environmental matters from health, safety and industrial hygiene and medical matters. We suggest that environmental coordination responsibility be placed with, and appropriate funding be provided for, a full-time Environmental Coordinator who may or may not need other full-time staff to carry out an appropriate EMP. These responsibilities would include coordination of all Center activities to comply with environmental legislation and executive orders administered by the EPA. They would include some responsibilities now located in the Engineering Service, as well as recycling and solid waste management responsibility now located in the Environmental Management Service. These changes would demonstrate a higher priority for environmental issues, reduce competition between environmental and other facility planning issues for budget dollars, facilitate expansion of the total EMP to meet OTVC needs and increase facility-wide environmental awareness and support. The Coordinator's "Environmental Coordination Office" can be located in either the Engineering Service or the Environmental Management Service, but placing it in the former would appear to require less relocation of responsibilities.

b. VA Headquarters should review the priority and resultant guidance and support being given to environmental matters at their field installations and make necessary adjustments in organization, responsibility assignments and/or budgeting to correct real or perceived shortcomings described above. This would also ensure that the agency is giving environmental matters the priority mandated in Executive Order 12088 and the various environmental laws.

c. Expand the scope of the Waste Management Committee (may want to change the name, too) to go beyond hazardous waste management and make it a focal point for addressing and resolution of all environmental compliance issues, increasing employee environmental awareness through information dissemination, and coordinating environmental, health and safety related compliance.

d. Consider the development of an OTVC strategic plan for environmental, safety and health compliance, through the Committee recommended in 2c. Such a plan would consolidate guidance currently contained in the various Center memorandums, with revisions necessitated by the reorganization of the environmental coordination responsibility suggested in 2a. It should also contain a formal statement of the goals and objectives of the OTVC EMP and address all areas of environmental concern and roles of all OTVC services and programs. Total effectiveness of the OTVC EMP will depend on cooperation by all parties contributing to waste and other pollutant discharges and emissions at the Center.

e. Continue overall communication on environmental matters at OTVC by ensuring that basic environmental awareness training is available and mandatory for all OTVC employees. Recommendations on specialized training for certain employees are included below under "EMP RESOURCES AND TRAINING".

f. Institute a public relations program to keep the local community aware of OTVC environmental activities, plans and issues. Such a program is necessary for a complete environmental communications program for the OTVC.

B. EMP Resources and Training

1. Conclusions - Our observations and reviews of information received on environmental management resources and training lead us to conclude that there is a need for additional dedicated personnel and monetary resources to meet current and anticipated OTVC needs to keep up and comply with the growing number of environmental laws, regulations and executive orders. Current part-time staff and monetary resources applied to environmental compliance are too little to manage an effective EMP and maintain a proactive approach to potential environmental problems. Their primary responsibilities compete for their time and normally are given higher priority. Current facilities, equipment and space appear adequate to meet current projected and anticipated future program needs. Some additional technical and environmental awareness training may be needed for the Environmental Coordinator and part-time staff assisting the Coordinator, particularly in the areas of multi-media compliance, toxic substances inventory, reporting and emergency release response, pollution prevention, waste reduction, risk assessment, adverse environmental impacts and natural resources protection. Identified personnel and training needs will require increased funding for the EMP.

2. Recommendations

a. Provide a full-time Environmental Coordinator to oversee the Center EMP. Additional technician-type assistance may also be required to carry out a proper EMP, especially if the Coordinator is to be responsible also for the Marlin Hospital. If readily available, technician-type assistance to the Coordinator may be provided from other Center offices or programs. However, if current work load prevents this sharing of personnel resources, consider adding at least one full-time technician to assist the Coordinator and preclude the use of "loaner" personnel part-time.

b. Include management indicators in the performance standards for the Environmental Coordinator.

c. Assess all current environmental management training for Center personnel, especially training for hazardous waste and material handling and spill response, and expand as necessary to ensure all appropriate Center personnel are included. Provide refresher training as necessary to maintain competence.

d. Increase EMP funding to cover the recommended additional resources, as well as any needed environmental projects identified by the EMP. Funds for recurring operations-type activities should be reflected in the VA O&M budget.

C. EMP Implementation

1. Conclusions - Since there is currently no real EMP at the OTVC, it is difficult to evaluate implementation of any EMP elements present. Some elements of a good EMP have been implemented, but other elements were found to be either non-existent or only minimally implemented. Basic environmental awareness and capability of staff personnel currently involved in environmental matters is lacking in some environmental areas, and the current program in place to maintain a level of staff competence and knowledge needs to be expanded (see the recommendation in B.2.c above). Environmental awareness of upper management also could be improved, as could that of the general OTVC employee. Goals and objectives need to be set for an appropriate EMP, and dedicated environmental staff, other resources, training, communication mechanisms and EMP support improved where necessary to properly implement it.

Procedures for identifying and correcting violations and tracking compliance and reporting requirements at the Center also need improvement, and a good environmental auditing program put into place by the VA. Reported compliance with environmental laws and regulations and NEPA compliance also appear to be in good shape at OTVC. Although no clean up or environmental restoration needs have been identified, a further look into this environmental area, at possible former spill and/or disposal sites, may be in order to confirm that no needs exist. Some pollution prevention and waste reduction activities have been begun, but additional pollution prevention opportunities, as well as new or innovative technologies application opportunities may also exist.

2. Recommendations - Recommendations for increasing environmental staff, other EMP resources, technical training and EMP support are included under III.B.2. above. Other recommendations for general employee awareness training and public information communications are included above under III.A.2. Recommendations relative to other needs mentioned above in this Section are as follows:

a. Continue agency plans already under way to implement an effective environmental auditing program, either internal or external audits or a combination of both.

b. Conduct an assessment of all OTVC operations to identify additional pollution prevention and waste elimination or reduction opportunities. These opportunities may be crucial to toxic chemical and pollutant reductions required by Executive Order 12856. In consideration of potential funds limitations in the future, additional action on these opportunities can be on an as-needed or as-desired basis.

c. Assess OTVC operations also for potential opportunities for applying or testing of innovative technologies which may have current or future application to OTVC or other VA facilities and operations.

* * * * *

APPENDICES

I. VA Organization Charts

- A. Department of Veterans Affairs, Headquarters**
- B. Under Sec. for Health, Veterans Health Administration**
- C. ACMD for Operations, Envir. Engineering Division**

II. Olin E. Teague Veterans Center Organization Charts

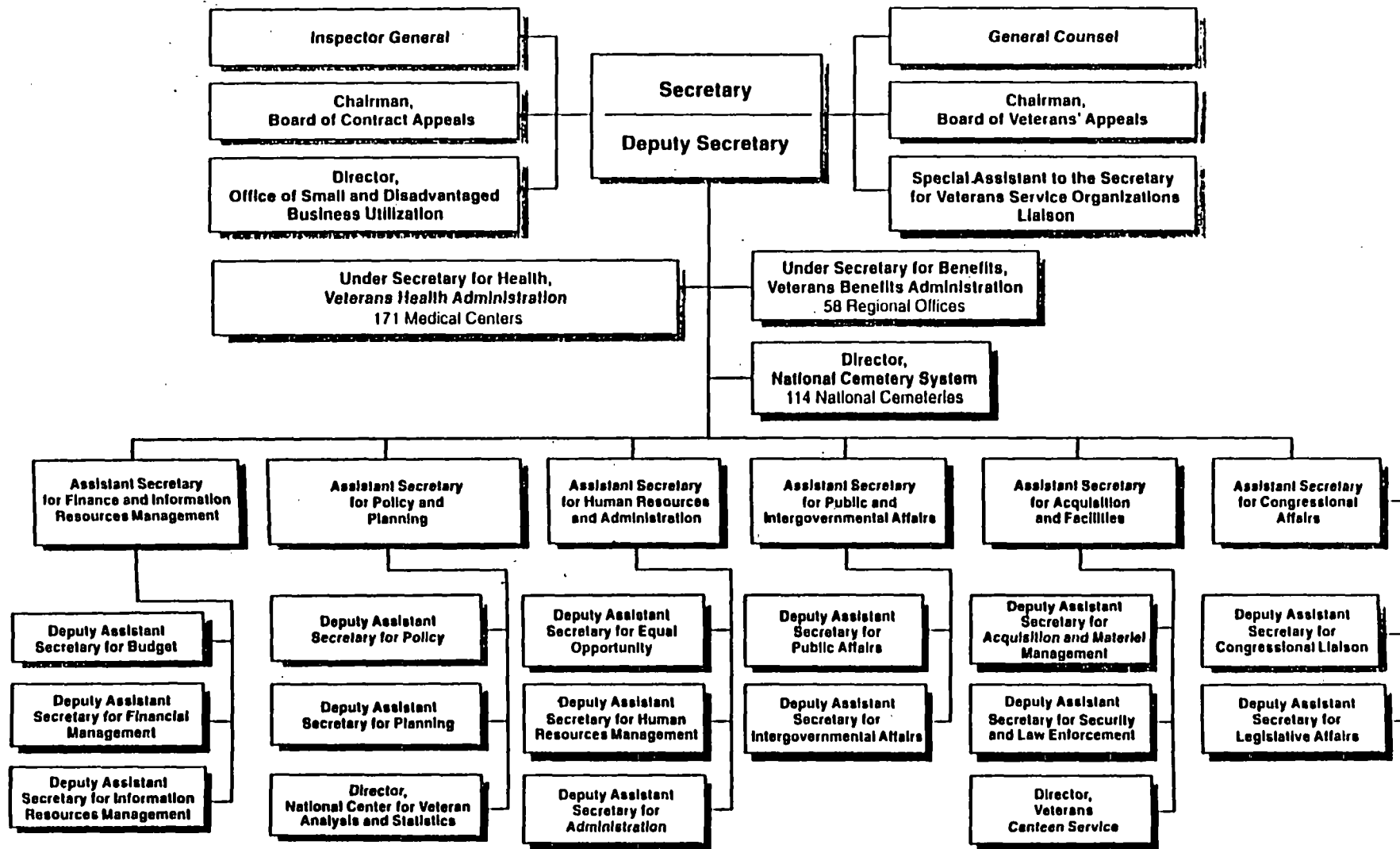
- A. Center Organization**
- B. Engineering Service Organization**

III. OTVC Memoranda

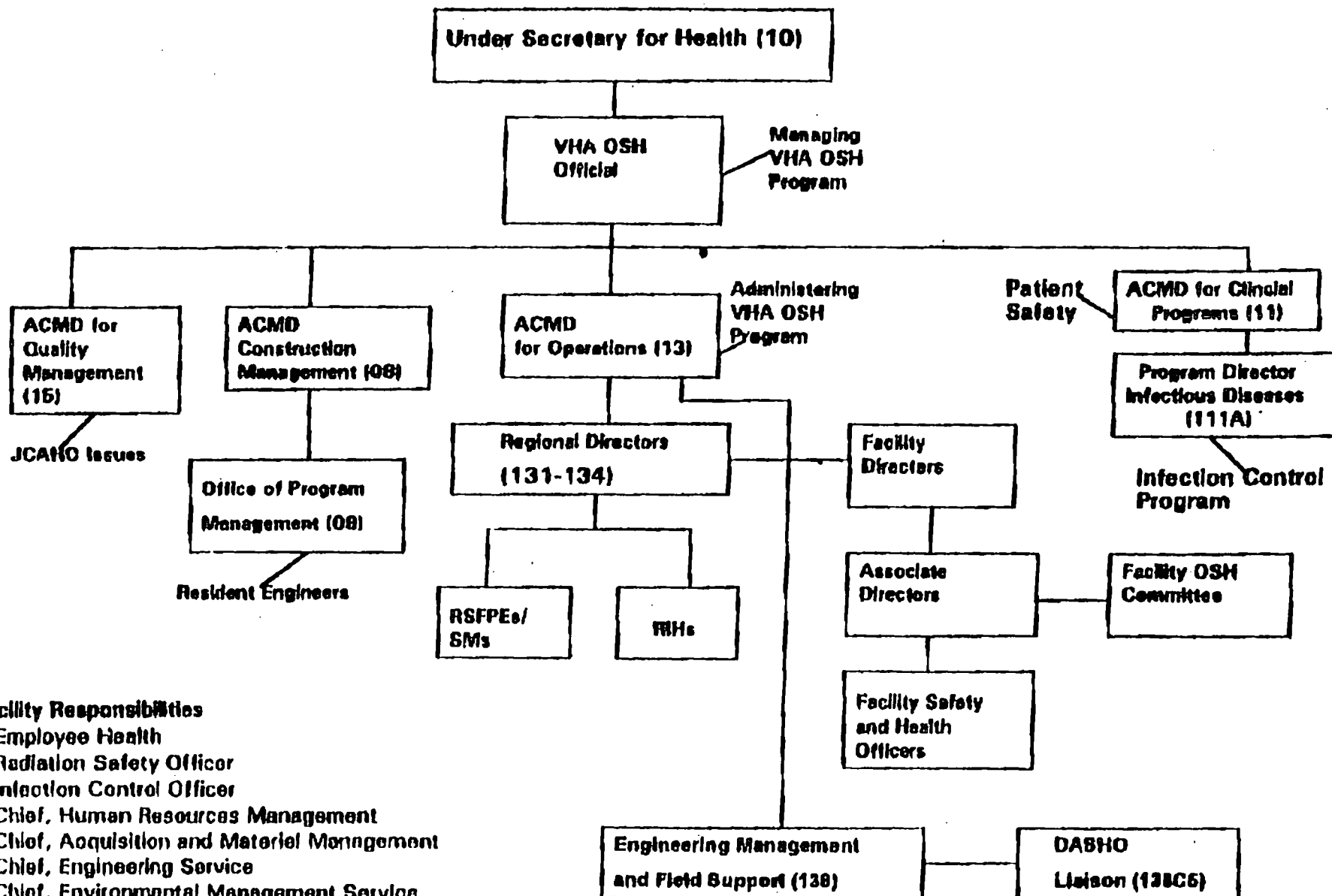
- A. Recycling Program**
- B. Hazardous Material Management Program**
- C. Safety, Occupational Health and Fire Protection, Rules and Regulations**
- D. Hazardous Waste Management Plan**
- E. Environmental Sampling and the Industrial Hygiene Program**
- F. Emergency and Spill Procedures**

IV. Acronyms Used in the Report

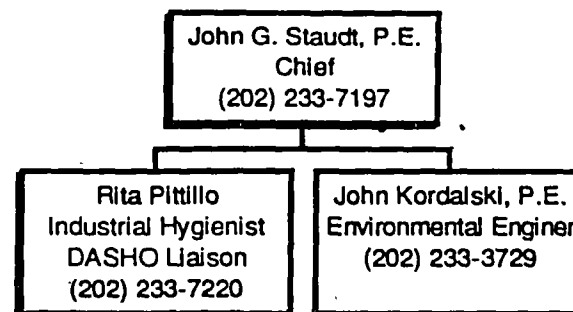
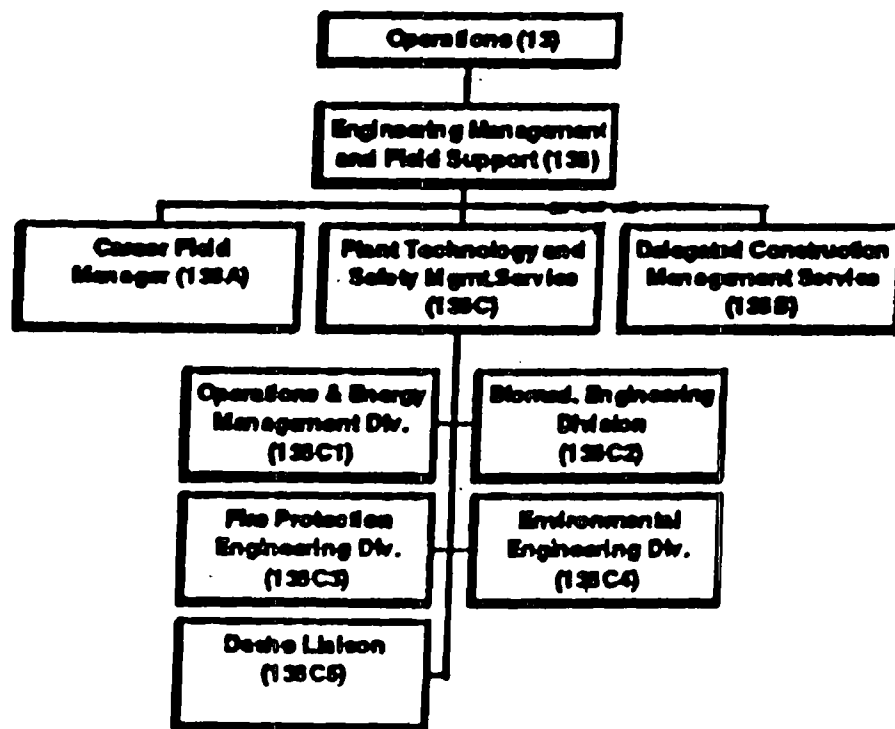
Department of Veterans Affairs



**ORGANIZATIONAL CHART 2: VHA OSH RESPONSIBILITIES
(CHAPTER 2, SECTION 6)**



Environmental Engineering Division (138C4)

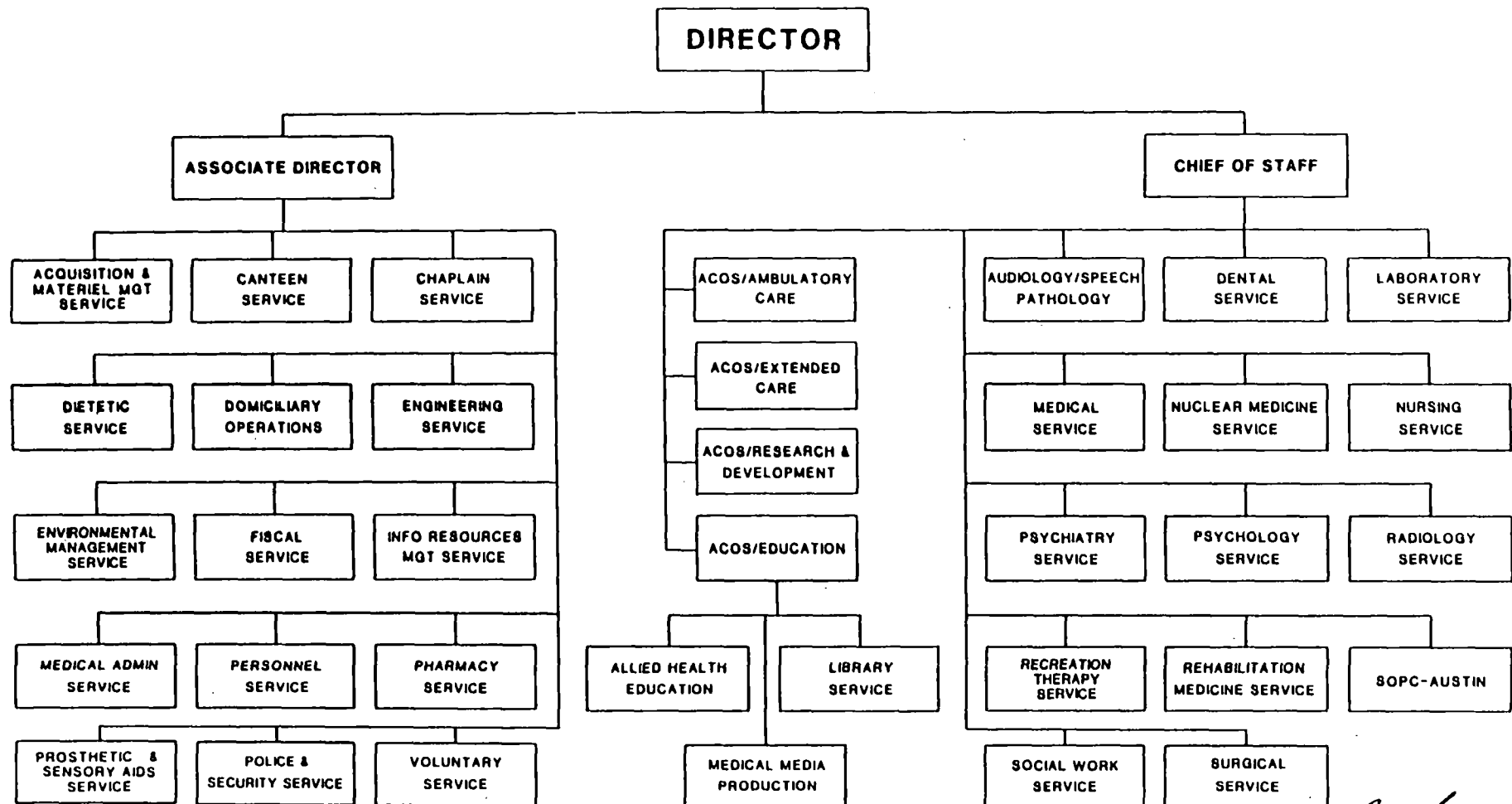


What Does Environmental Engineering Division Do?

- Manages VACO environmental technology and compliance program.
- Reviews environmental issues facing VA.
- Develops policy and program guidance.
- Provides technical assistance to the Regions and VAMCs.
- Liaisons with EPA and other federal agencies on environmental issues.
- Interacts with DASHO, EMS, A&MM, OGC, NCS and others.
- VHA program manager for Regional Industrial Hygiene programs.
- VACO contact for VAMCs on environmental issues.

ORGANIZATION CHART

OLIN E. TEAGUE VETERANS' CENTER, TEMPLE, TEXAS



SEPTEMBER 10, 1992

APPROVED:

JERRY S. BOYD
DIRECTOR

**ORGANIZATIONAL CHART
ENGINEERING SERVICE**
Olfin E. Teague Veterans' Center
Temple, Texas 76804

| OFFICE OF THE CHIEF | | | |
|--------------------------|------|-----------|-----|
| 1 Chief | 3985 | GS-801-14 | 1.0 |
| 1 Asst Chief | 4708 | GS-801-13 | 1.0 |
| 1 Secretary/Steno | 4694 | GS-318-06 | 1.0 |
| 1 Accounting Tech/Typing | 4812 | GS-525-05 | 1.0 |

Full Time89.0
Part Time5
Term 1.0
Total Anrh.....90.5

| DESIGN SECTION | | | |
|--------------------------|------|-------------|-----|
| 1 Chief | 4997 | GS-808-13 * | 1.0 |
| 1 Engin Tech | 5157 | GS-802-06 | 1.0 |
| 1 Construction Inspector | 4968 | GS-809-07 | 1.0 |
| 1 Interior Designer | 5889 | GS-1008-10 | 1.0 |
| 1 Program Asst/Typing | 4879 | GS-303-06 | 1.0 |
| 1 Architect | 5075 | GS-808-11 | 1.0 |
| 1 Achitect | 5840 | GS-808-11 | 1.0 |
| 1 General Engin | 6097 | GS-801-11 | 1.0 |
| 1 Program Clerk (OA) | 6148 | GS-303-04** | 1.0 |

*(Term Appt/Completion of Bed Replacement Project) *(Term Appt/NTE 2/21/96)

| SAFETY AND INSPECTION SECTION | | | |
|-------------------------------|------|-----------|-----|
| 1 Safety Specialist | 4827 | GS-018-11 | 1.0 |
| 1 Safety Specialist | 6105 | GS-018-07 | 1.0 |
| 1 Industrial Hygienist | 6009 | GS-690-12 | 1.0 |

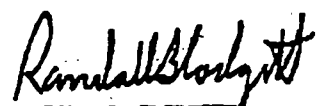
| BIOMEDICAL EQUIPMENT REPAIR SECTION | | | |
|-------------------------------------|-------|-----------|-----|
| 1 Supv Biomed Eng | 6142 | GS-858-12 | 1.0 |
| 1 Supv Biomed Eng Tech | 4313 | GS-802-11 | 1.0 |
| 2 Biomedical Eng Tech | 6119A | GS-802-10 | 2.0 |
| 2 Biomedical Eng Tech | 5368A | GS-802-09 | 2.0 |
| 1 Biomedical Eng Tech | 5077 | GS-802-10 | 1.0 |
| 2 Electronic Tech | 4496A | GS-856-09 | 2.0 |
| 2 Electronic Tech | 6107A | GS-856-10 | 2.0 |

| OPERATIONS SECTION | | | |
|-----------------------|-------|------------|-----|
| 1 Chief | 4315 | WS-4701-13 | 1.0 |
| 1 Engineering Tech | 4710 | GS-802-06 | 1.0 |
| 1 A/C Equip Oper Frmn | 5713 | WS-5415-09 | 1.0 |
| 5 A/C Equip Oper | 4298A | WS-5415-11 | 5.0 |
| 4 A/C Equip Mech | 5127A | WS-5306-10 | 4.0 |
| 5 Blr Plant Oper | 4095A | WS-5402-11 | 5.0 |
| 1 Blr Plant Oper Frmn | 3956 | WS-5402-09 | 1.0 |
| 1 Maint/Oper Frmn | 5929 | WS-4701-08 | 1.0 |
| 1 Eng Equip Oper | 4702 | WS-5716-08 | 1.0 |
| 3 Tractor Oper | 4103A | WS-5705-06 | 3.0 |
| 3 Gardener | 4110A | WS-5003-06 | 3.0 |
| 1 Gardener | 5417 | WS-5003-04 | 1.0 |
| 2 Motor Veh Oper | 5370A | WS-5703-06 | 2.0 |
| 2 Motor Veh Oper | 4619A | WS-5703-05 | 2.0 |
| 1 Motor Veh Oper | 5937 | WS-5703-06 | .5 |
| 1 Gardener * | 6220 | WS-5003-07 | 1.0 |

* (Temp promotion NTE 11/94)

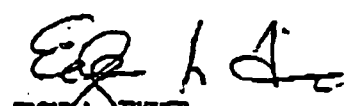
| FACILITIES SECTION | | | |
|----------------------------|-------|------------|-----|
| 1 Chief | 5131 | GS-801-12 | 1.0 |
| 1 Engineering Tech | 5909 | GS-802-06 | 1.0 |
| 1 Maint Controller Manager | 5358 | GS-1601-07 | 1.0 |
| 1 Maint Mech Frmn | 4902 | WS-4749-10 | 1.0 |
| 1 Plaster | 4106 | WS-3605-09 | 1.0 |
| 1 Painter Lbr | 4130 | WS-4102-08 | 1.0 |
| 4 Painter | 4121A | WS-4102-08 | 4.0 |
| 2 Pipe Fitter | 4099A | WS-4204-10 | 2.0 |
| 2 Plumber | 5932A | WS-4206-09 | 2.0 |
| 2 Carpenter | 5320A | WS-4607-09 | 2.0 |
| 1 Carpenter | 5620 | WS-4607-09 | 1.0 |
| 1 Maint Mech Frmn | 4901 | WS-4749-10 | 1.0 |
| 4 Electrician | 4222A | WS-2805-10 | 4.0 |
| 2 Industrial Equip Mech | 4123A | WS-5352-10 | 2.0 |
| 1 Auto Mech | 4115 | WS-5823-10 | 1.0 |
| 3 Maint Mech | 5606A | WS-4749-10 | 3.0 |
| 3 Maint Mech | 6066A | WS-4749-09 | 3.0 |

RECOMMEND APPROVAL:


RANDALL J. BLOODGETT
Chief, Engineering Service

Date: 11/4/93

RECOMMEND APPROVAL:


EDGAR L. TUCKER
Chairman, Resource Committee
Associate Director

Date: NOV 18 1993

APPROVED:


JERRY B. BOYD
Director

Date: NOV 18 1993

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DEPARTMENT OF VETERANS AFFAIRS
Olin E. Teague Veterans' Center
Temple, Texas 76504

MEMORANDUM
NO. 137-9

May 28, 1991

RECYCLING PROGRAM

1. PURPOSE: To outline policy, responsibility, and procedure for coordination and administration of a center-wide recyclable collection program.
2. POLICY: Recycling is an integral part of our center's Waste Management Program. To reduce the ever-increasing stream of solid waste, we must all participate in recycling efforts. Recycling will reduce energy usage, the amount of waste going to our landfills, save natural resources such as trees, reduce the consumption of important minerals used in producing plastics, aluminum and glass, and lead to reduction in our disposal costs. Olin E. Teague Veterans Center encourages recycling and promoting responsible management of waste through education and direct action.
3. DEFINITIONS:
 - a. Recycle--To treat or process used or waste materials, making them suitable for reuse.
 - b. Recyclable--Materials such as, but not limited to, bond paper, computer paper, cardboard, aluminum, plastic, glass, etc., containing properties that allow them to be processed for reuse.
4. RESPONSIBILITY:
 - a. A successful recycling program requires the support and assistance of all staff.
 - b. The Recycling Committee is comprised of representatives from Acquisition and Materiel Management, Engineering, and Building Management Services (BMS). The Committee is responsible for establishing procedures, monitoring center recycling efforts, and recommending changes in the program.
 - c. The BMS representative is the Recycling Program Coordinator with responsibility for coordinating center-wide recycling efforts.
 - d. Service chiefs will designate an interested individual to serve as a service coordinator for this program. Service coordinators will be responsible for developing program support at service meetings, channeling new ideas to the Recycling Committee, and reporting any problems with center recycling efforts.
 - e. BMS will ensure that appropriately labeled containers will be provided for use in our collection effort. Collection of paper will include typing paper and computer paper (mixed together is alright) at the site of generation. BMS will coordinate the collection of full containers of recyclable material and transfer to appropriate storage area.

APPENDIX III.A

f. Services and sections generating waste cardboard will be responsible for breaking down boxes (flattening them) so they can be transported easily and stacked in the least amount of space practical. Staples do not have to be removed from cardboard boxes.

5. PROCEDURE:

a. Specific procedures for collection of recyclables in each service will be established by the service coordinator and the Recycling Committee.

b. When individual service efforts involve significant levels of a recyclable material that is relative to that service only, a service level standard operating procedure (SOP) will be prepared outlining collection procedures.

6. REFERENCE: None.

7. RESCISSION: None.

Edwin Sanborn

for E. A. BORRELL
Director

Distribution B

DEPARTMENT OF VETERANS AFFAIRS
Olin E. Teague Veterans' Center

MEMORANDUM
NO. 138-4

October 5, 1992

HAZARDOUS MATERIAL MANAGEMENT PROGRAM

1. PURPOSE: To establish a program for educating employees in the hazards associated with chemicals and other hazardous materials used throughout the Center; to collect data on chemicals used in the Center; to assist in proper selection and safe handling, storage, and use of hazardous materials; and to assign responsibility for hazardous material management at this Center.

2. POLICY: To contribute a safe and healthful work place for all employees by ensuring every reasonable precaution against accidental exposure to toxic substances or hazardous chemicals. A master file of material safety data sheets (MSDS) will be maintained in the safety office. A file of the applicable MSDS will be maintained in the immediate work area of those hazardous materials utilized. This program incorporates the objectives of OSHA Standard 1910.1200, Hazard Communication, and VA Directive 00-86-21, Hazardous Chemicals.

3. RESPONSIBILITY:

a. The Industrial Hygienist is designated as the Hazardous Material Officer and will be responsible for establishing, implementing, and administering the Hazardous Material Program. The Hazardous Material Officer will be the technical advisor on matters relating to any hazardous material and has been granted the authority to make a decision on the disposition of hazardous material received without an MSDS.

b. The Industrial Hygienist is responsible for the day-to-day compliance with this program. This will be accomplished through visual observation, interviews, and review of records.

c. Service chiefs are responsible for hazardous material management (including any research, record keeping, etc.) within their service. They will appoint, in writing, a service-level hazardous material coordinator and alternate, provide the Safety/Industrial Hygienist Office with a copy of the letters of appointment, and ensure appointees receive training provided by the Safety/Industrial Hygienist Office.

d. Service-level coordinators are responsible for all tasks involving hazardous materials within the service.

4. PROCEDURE:

a. The Safety/Industrial Hygienist Office will provide and document training of service-level coordinators to enable them to fulfill their responsibilities as assigned in this memorandum.

APPENDIX III.B

b. The service-level coordinators will:

(1) Train all personnel in the safe use, handling, and storage of hazardous materials. Training will include details of OSHA Standard 1910.1200, such as: physical and health hazards, proper use of personal protective equipment, physical detection methods of hazardous chemicals (e.g., odors, visibility, etc.), emergency procedures in case of accidental overexposure, method to determine hazards by reading labels and location and use of MSDS. Personnel will be trained at the time of initial assignment and whenever a new product is introduced into the work area, and training will be updated annually. Documentation of this training will be kept on file in the individual service with a copy forwarded to the Safety/Industrial Hygienist Office for the master file.

(2) Ensure that MSDS are located in the immediate work area and are easily identifiable (in a book or folder marked Material Safety Data Sheets or MSDS in large bright letters) and readily accessible.

(3) Ensure all containers are properly labeled as to content and hazards. (Include containers of small amounts transferred from bulk containers.)

(4) At the beginning of each fiscal year:

(a) Compile a complete list/inventory of chemicals and other hazardous materials. List amounts on hand and estimate annual usage. Keep one copy within the service and furnish a copy to the Safety/Industrial Hygienist Office.

(b) Remove any chemicals that are obsolete or no longer needed and turn them over to the Industrial Hygienist for disposal.

(c) Go through the MSDS folder and remove obsolete MSDS. Maintain a separate file of the obsolete MSDS.

c. Services will ensure all appropriate IFCAP transactions contain the words "HAZARDOUS: MATERIAL SAFETY DATA SHEET REQUIRED." The services must obtain the MSDS for each hazardous material it purchases before the material is used.

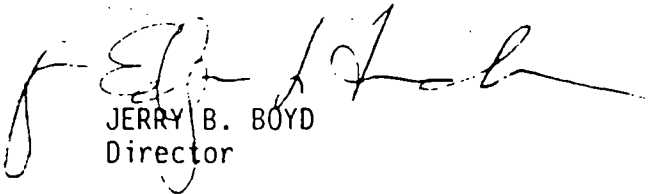
d. The Purchasing Agent will place "HAZARDOUS: MATERIAL SAFETY DATA SHEET REQUIRED" in bold letters in the description of each line item of the purchase order when a material is identified as hazardous.

e. Acquisition and Materiel Management Service (A&MMS) will deliver hazardous materials to the using service only if a MSDS has been obtained from the supplier. If adequate MSDS is not supplied as required, the Chief, A&MMS must immediately notify the Industrial Hygienist. The Industrial Hygienist must either grant an exception allowing the hazardous material(s) to be moved to the requesting individuals for proper storage or recommend to the Chief, A&MMS that the material(s) be rejected and returned to the vendor. When granting an exception, the Industrial Hygienist shall notify the union, the contracting officer, and the employees affected. The contracting officer is responsible for

contacting the supplier within 72 hours after an exception is granted to obtain the MSDS. On a quarterly basis, the Industrial Hygienist shall submit a list of exceptions that were granted through the Director to the Regional Director. This list will include the name of the material, its purchase order number, date of purchase, quantity, vendor, and the name and phone number of the contracting officer.

5. REFERENCE: Accreditation Manual for Hospitals, 1992; VA Directive 00-86-21, August 6, 1987; OSHA Standard 1910.1200, November 25, 1983; and 29 CFR 1960, 1985.

6. RESCISSION: Memorandum 138-4, 1990.



JERRY B. BOYD
Director

Distribution B and E

DEPARTMENT OF VETERANS AFFAIRS
Olin E. Teague Veterans' Center

MEMORANDUM
NO. 138-5

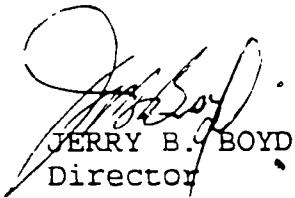
June 2, 1993

SAFETY, OCCUPATIONAL HEALTH, AND FIRE PROTECTION
RULES AND REGULATIONS

1. PURPOSE: To establish policy, responsibility, and procedure for a health, safety, and fire protection program at this Center.
2. POLICY: To prevent accidents and injuries, including occupational disease, to persons under Department of Veterans Affairs (VA) control and for the protection of VA property against loss by fire or other accidental damage.
3. RESPONSIBILITY:
 - a. The Chief, Engineering Service is assigned staff responsibility for the safety and fire protection program to assure safety of hospital, nursing care center, and Domiciliary patients, beneficiaries, visitors, employees, and for the protection of VA property. Each service chief, supervisor, and employee must be constantly observant for hazards or potential hazards.
 - b. The Safety and Occupational Health Specialist is responsible for conducting training sessions; obtaining training aids; coordinating and conducting fire and safety inspections; fire drills; assisting management in a determined effort to detect and meet Occupational Safety and Health Administration (OSHA), VA, National Fire Protection Association (NFPA), and Joint Commission on Accreditation of Healthcare Organizations (JCAHO) safety and fire protection standards; paperwork management of the fire and safety program; etc.
 - c. Each service is responsible for the development of a Service Safety Plan. The plan must be submitted annually to the Safety Committee for approval in accordance with the schedule as set forth by Attachment B. The plan must include, at a minimum, a safety training program; training program on equipment related to patient care; service safety inspection program; incident reporting; and safety policies and procedures inherent for each service.
4. PROCEDURE: The attached contents outline procedures and work methods regarding major program elements.
5. REFERENCES: VHS&RA Supplement, MP-3, Part III; VHS&RA Supplement, MP-1, Chapter 2, Section B; OSHA Regulations; NCRP Report No. 33; NFPA-101, 1991; and Accreditation Manual for Hospitals, 1993, JCAHO, Chicago, Illinois.

APPENDIX III.C

6. RESCISSION: Memorandum No. 138-5, 1990, and Supplements 1 through 3.


JERRY B. BOYD
Director


Edwin A. Sammer MD

EDWIN A. SAMMER, M.D.
Chief of Staff

PARAGRA

Attachments: 4

Distribution B and E

DEPARTMENT OF VETERANS AFFAIRS
Olin E. Teague Veterans' Center

MEMORANDUM
NO. 138-8

May 19, 1994

HAZARDOUS WASTE MANAGEMENT PLAN

1. PURPOSE: To establish policy, responsibility, and procedure to establish, implement, monitor, and document evidence of an ongoing program for the management of hazardous wastes.

2. POLICY:

a. To ensure there is minimal risk to patients, personnel, visitors, and the community environment by waste created within the confines of the Olin E. Teague Veterans' Center and its facilities, including the Austin Satellite Outpatient Clinic (SOPC).

b. To develop a system that addresses the identification, handling, storing, using, and disposing of hazardous wastes and materials from the point of entry into the Center, through use and hazardous waste, from generation to final disposal (cradle to grave).

c. To develop a system for safely managing hazardous wastes after identification.

d. To ensure the policies and procedures related to the various hazardous wastes are reviewed, revised, and approved, at least annually, by the appropriate committee(s).

e. To enhance adequate supervision of Center personnel.

f. To enhance coordination and communication among services, sections, and committees of the Center.

3. RESPONSIBILITY:

a. Director has final authority and responsibility for the assurance of a comprehensive, flexible, and integrated hazardous waste management program. Director is responsible for ensuring the hazardous waste management program is compatible with Federal, State, and local requirements.

b. Director delegates specific responsibility to each service chief for the hazardous wastes generated in their service area(s).

c. Director delegates overall coordination for the hazardous waste management program to the Waste Management Committee, which reports directly to the Safety Committee, concerning all hazardous waste management matters. Director delegates authority and accountability for the hazardous waste management program to the Safety Committee.

APPENDIX III.D

d. Safety Committee is responsible for reviewing all policies and procedures relating to the operation of the hazardous waste management program and for annually evaluating the effectiveness of the program. Safety Committee is responsible for reporting its findings and recommendations to the Clinical Executive Board and to the Director through minutes or separate reports.

e. Hazardous Waste Management Chairperson is responsible for ensuring the annual review of all policies and procedures related to the management of hazardous wastes and for informing the service(s) of the results of these reviews. Chairperson is responsible for maintaining a file of all reports submitted.

f. Management of infectious wastes are the responsibility of the Infection Control Committee. The wastes will be handled and disposed of in compliance with all relevant Federal, State, and local regulations.

g. Waste gases are the responsibility of the Anesthesiology Section, Surgical Service, and Supply, Processing and Distribution Section, Acquisition and Materiel Management Service (A&MMS), who have written procedures for the disposal of their waste gases.

h. Radioactive wastes are the responsibility of the Radiation Safety Officer and are disposed of in accordance with the Nuclear Regulatory Commission rules and regulations.

i. Responsibility for disposing of chemical wastes rests with Engineering Service, in accordance with all applicable regulations as set forth by all governing agencies.

j. Disposal of antineoplastic wastes is the joint responsibility of Pharmacy, Nursing, Environmental Management, and Engineering Services.

k. Industrial Hygienist, Engineering Service, has been designated as the Hazardous Waste Management Coordinator. Chief, Engineering Service, as Center Safety Officer, is designated as alternate Hazardous Waste Management Coordinator.

4. **ENFORCEMENT:** Hazardous Waste Management Committee will be responsible for enforcement of this plan. The principal ingredients of enforcement of this plan will be:

a. Service policies and procedures reviewed, revised, and approved annually.

b. A Hazardous Waste Management Committee to provide liaison between the staff, administration, and outside agencies and coordinate enforcement with other appropriate or allied committees, etc.

c. Review and evaluation of individual case reports of incidents or accidents.

d. Systematic follow-up to ensure compliance with the different segments of the plan annually.

e. A report summarizing the four ingredients of enforcement shall be submitted to the Safety Committee annually.

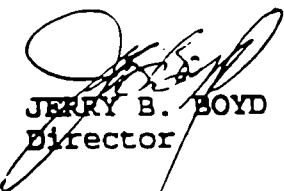
5. LABELING: An adhesive label with the words "HAZARDOUS WASTE" will be affixed to all containers of hazardous waste. Identification of the contents, physical and health hazards, and the accumulation start date will be written on the label. Appropriate labels can be obtained from the Safety Office.

6. ACCUMULATION TIMES: Environmental Protection Agency (EPA) regulations prohibit storage of hazardous waste on-site for more than 180 days. Such wastes must be turned over to the Hazardous Waste Management Coordinator in a timely manner to facilitate proper disposal within the allotted timeframe. A Material Safety Data Sheet (MSDS) must also accompany any chemical waste.

7. SPILL PROCEDURES: Spill procedures are addressed in attached Chapters 2 through 6 for each specific category of hazardous waste.

8. REFERENCE: As stated in each Chapter.

9. RESCISSION: Memorandum No. 138-8, dated February 28, 1993.



JERRY B. BOYD
Director

Attachments

Distribution B and E

CHAPTER 1

WASTE MANAGEMENT COMMITTEE

1. PURPOSE: To establish membership of the Waste Management Committee.

2. IDENTIFICATION: Committee will coordinate the Center's Hazardous Waste Management Plan.

a. The following programs will be monitored and evaluated by this Committee:

- (1) Identification of waste handling options.
- (2) Development of procedures for waste handling.
- (3) Proper classification and description of wastes.
- (4) Waste handling procedures are developed by each service.

(5) Education is provided for all persons who may be exposed to potential danger in connection with waste handling.

(6) A waste management plan is written.

b. Duties of the Committee include:

(1) Review regulations and classifications of wastes for determination of hazardous classification.

(2) Review service waste handling procedures.

(3) Review training by each service to determine effectiveness.

3. MEETING: Committee will meet at the call of the Chairperson but not less than quarterly.

4. MINUTES: Minutes will be recorded, published, and distributed to all Committee members and to the Safety Committee.

5. MEMBERSHIP:

Chairman: Chemist, Pathology and Laboratory Medicine Service

Members: Chief, Environmental Management Service
Chief, Anatomic Pathology Section
Safety and Occupational Health Specialist
Chief, Pharmacy Service or Designee
Industrial Hygienist
ACOS for Research or Designee
Chief, Acquisition and Materiel Management Service
or designee
Radiation Safety Officer
Infection Control Nurse
AFGE Representative

DEPARTMENT OF VETERANS AFFAIRS
Olin E. Teague Veterans' Center

MEMORANDUM
NO. 138-10

June 2, 1993

ENVIRONMENTAL SAMPLING AND THE INDUSTRIAL HYGIENE PROGRAM

1. PURPOSE: To establish policy, responsibility, and procedure for an Industrial Hygiene Program as a part of the VA Occupational Safety and Health Program. The following programs are covered in this memorandum.

- a. Respiratory Protection, Chapter 1.
- b. Hearing Conservation, Chapter 2.
- c. Ethylene Oxide, Chapter 3.
- d. Formaldehyde, Chapter 4.
- e. Mercury, Chapter 5.
- f. Waste Anesthetic Gases, Chapter 6.
- g. Lead and Other Metals, Chapter 7.
- h. Asbestos, Chapter 8.
- i. Confined Space Entry, Chapter 9.

2. POLICY: To develop an industrial hygiene program and sampling plan to monitor chemical contaminants, biological agents, and physical agents in the work place on a routine basis. This policy will be in compliance with appropriate laws, rules, and regulations.

3. RESPONSIBILITY:

- a. The Director is responsible for overall administration of the Industrial Hygiene and Environmental Sampling Program.
- b. The Industrial Hygienist will establish, analyze, schedule, and interpret results from the Environmental Sampling Program.
- c. Service chiefs are responsible for the Industrial Hygiene Program as it relates to their employees as outlined in the attached Chapters.
- d. Employee Health is responsible for the Industrial Hygiene Program as outlined in the attached Chapters.

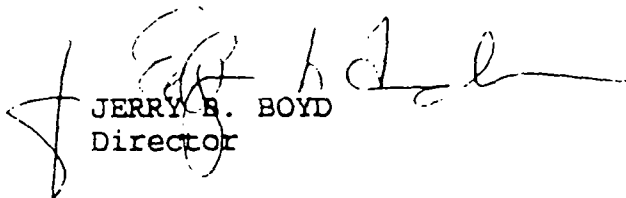
4. PROCEDURE: The attached contents outline procedures for

APPENDIX III.E

environmental sampling and other industrial hygiene program requirements.

5. REFERENCES: MP-3, Part III; Occupational Safety and Health Administration (OSHA) Regulations; National Institute for Occupational Safety and Health (NIOSH); and Veterans Health Administration (VHA) Directives.

6. RESCISSION: Memorandum No. 138-10, 1989, and Supplement 1.



JERRY R. BOYD
Director

Attachments: 6

Distribution B and E

138TH

DEPARTMENT OF VETERANS AFFAIRS
Olin E. Teague Veterans' Center

MEMORANDUM
NO. 138-14.

May 27, 1993

EMERGENCY AND SPILL PROCEDURES

1. PURPOSE: To establish policy, responsibility, and procedure for containment and cleanup of hazardous chemical spills.

2. POLICY: To prevent accidents, injuries, and illnesses by implementing proper cleanup of hazardous chemical spills and subsequent disposal.

3. RESPONSIBILITY:

a. The Industrial Hygienist is responsible for providing proper guidance in Spill Control procedures and will be designated the Spill Control Coordinator. The Safety and Occupational Health Specialist will serve as Alternate Spill Control Coordinator.

b. All employees are responsible for knowing who to contact in case of a spill of hazardous chemicals and in knowing their first line of responsibility.

4. PROCEDURE:

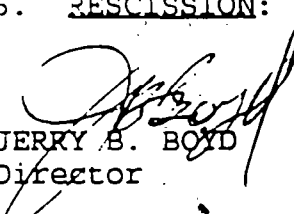
a. The attached contents outline spill policies for:

- (1) Mercury
- (2) Cytotoxic drugs
- (3) Radioactive materials
- (4) Formaldehyde
- (5) Ethylene oxide

b. Spills of any other nature will be contained and cleaned up on an individual basis as outlined by the Spill Control Coordinator.

5. REFERENCE: MP-3, Part III; Occupational Safety and Health Administration (OSHA) Regulations; and Accreditation Manual for Hospitals, 1993, Joint Commission on Accreditation of Healthcare Organizations (JCAHO), Chicago, Illinois.

6. RESCISSION: Memorandum No. 138-14, 1989.


JERRY B. BOYD
Director

Attachments: 5

Distribution B and E

APPENDIX IV ACRONYMS USED IN THE REPORT

| | | |
|--------|---|---|
| ACMD | - | Associate Chief Medical Director |
| ACOS | - | Associate Chief of Staff |
| A-106 | - | Office of Management and Budget Circular A-106 |
| CAA | - | Clean Air Act |
| CERCLA | - | Comprehensive Environmental Response, Compensation and Liability Act (Superfund) |
| CFC | - | Chlorofluorocarbons (CAA) |
| EMP | - | Environmental Management Program |
| EPA | - | Environmental Protection Agency |
| EPCRA | - | Emergency Planning and Community Right-to-Know Act |
| FF | - | Federal Facilities |
| NEPA | - | National Environmental Policy Act |
| NPDES | - | National Pollutant Discharge Elimination System (Clean Water Act, Section 402) |
| NPL | - | National Priority List (CERCLA) |
| O&M | - | Operation and Maintenance |
| OTVC | - | Olin E. Teague Veterans Center |
| PCB | - | Polychlorinated Biphenyls (TSCA) |
| PPA | - | Pollution Prevention Act |
| RCRA | - | Resource Conservation and Recovery Act |
| SDWA | - | Safe Drinking Water Act |
| SPCC | - | Spill Prevention, Control and Countermeasures (Clean Water Act, Section 311) |
| TSCA | - | Toxic Substances Control Act |
| VA | - | Department of Veterans Affairs |
| VAMC | - | Veterans Affairs Medical Center |
| VHA | - | Veterans Health Administration |