

Green Environmental Management Systems (GEMS)

Expires: 12/20/2017

1. PURPOSE: To outline a Green Environmental Management Systems (GEMS) Program for the medical center which establishes a governing environmental policy that helps accomplish our mission.
2. SCOPE: Executive Order 13514, Federal Leadership in Environmental, Energy, and Economic Performance, directs that federal agencies have a governing environmental policy in place for the operation of its facilities. The Executive Order also requires that VHA facilities develop and implement environmental management systems. The objectives of an environmental management system are to ensure that facilities are in full compliance with environmental regulations and are operated and managed in such a way as to result in the continual improvement of the environmental program.
3. POLICY: The Medical Center will implement a GEMS Program that will meet both the requirements of Executive Order 13514 and the guidance provided by the Veterans Health Administration.
4. RESPONSIBILITIES:
 - a. GEMS Coordinator
 - b. GEMS Committee
 - c. All Employees
5. PROCEDURES:
 - a. The GEMS Coordinator will be an Industrial Hygienist from the Safety Office with technical expertise in environmental management systems and environmental technology and regulatory compliance. This individual will:
 - (1) Be the co-chairperson of the Medical Center's GEMS Committee and will report on the actions of the GEMS Committee to the Medical Center's Environment of Care Committee.
 - (2) Coordinate the development and implementation of the Medical Center GEMS across organizational elements.
 - b. The GEMS Committee membership and responsibilities are outlined in Committee Charter CC-35.
 - c. All Medical Center employees must perform their functions consistent with regulatory requirements, VA environmental and other policies and its overall mission.

VA Medical Center
Orlando, FL
Published: 12/20/2014

MEDICAL CENTER
POLICY NO. 138-11

d. The GEMS program which is outlined in detail in Attachment 1 will assure that the medical center:

(1) Is a good steward of the environment by complying with federal, state and local environmental laws and other requirements, preventing pollution, minimizing waste, conserving cultural and natural resources and continually improving environmental programs.

(2) Utilizes sustainable practices to eliminate, minimize or mitigate adverse environmental impacts.

(3) Evaluates the operation of the Medical Center to incorporate actions into facility planning and procedures to reduce environmental vulnerabilities.

(4) Integrates pollution prevention, waste minimization, resource conservation and environmental compliance into the Medical Center's operations, purchasing, planning and decision-making, wherever practical. Source reduction is the pollution prevention method of choice, followed by recycling, treatment of wastes and proper disposal.

(5) Uses natural resources efficiently, and maintain the protection of plant and wildlife habitat consistent with the Medical Center's mission.

(6) Recognizes that the development and construction at the Medical Center must consider the unique conditions of the environment of which the facility is a part.

(7) Trains the Medical Center staff as needed to carry out the environmental responsibilities of their positions.

(8) Solicits input, as appropriate, from stakeholders including staff, patients, visitors and the local community regarding environmental matters affecting the operation of the VHA facilities.

5. REFERENCE: Executive Order 13415, Strengthening Federal Environmental, Energy, and Transportation Management.

6. UPDATE TO: MCP 138-11 Green Environmental Management Programs dated January 26, 2012.

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Medical Center Director

Attachment: (1)

Attachment 1

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Chapter 1 - Procedure for Determining Significant GEMS Aspects and Impacts

- 1-1. Purpose: The purpose of this policy is to provide a system to consistently identify environmental aspects of the Orlando VA Medical Center activities, products and services in order to determine those that may have a significant impact on the environment.
- 1-2. Policy: This Medical Center will ensure that the aspects with significant impacts are considered in setting environmental targets and objectives for environmental performance improvement activities.
- 1-3. Responsibility:
 - a. Medical Center Director will implement the Medical Center's GEMS.
 - b. The GEMS Coordinator is responsible for the centralized collection of environmental aspects and impacts from the Service Chiefs.
 - c. The GEMS Committee will:
 - 1) Analyze significant aspects and impacts that the Medical Center has control over.
 - 2) Establish Medical Center targets and objectives, operational and document controls.
 - 3) Determine which environmental aspects are significant.
 - 4) Implement appropriate control measures.
 - 5) Control all related documents.
 - d. The Service Chief or Designee will:
 - 1) Identify aspects within the service that have an impact on the environment.
 - 2) Complete the designated portion of the Green Environmental Management System Aspects Template.
- 1-4. Procedures:
 - a. The GEMS Committee will establish an environmental aspect and impact template to systematically identify those environmental aspects that may have a significant impact on the environment.
 - b. The Environmental Aspect Scoring Matrix (Appendix B) will incorporate the following factors:
 - The extent to which the aspect is regulated by law, regulation, Executive Order or other requirements.

- The degree of risk or benefit to any exposed human population or exposed ecosystems.
 - The frequency of the activity.
 - The extent to which the aspect is currently managed at the Hospital.
- c. These scores are documented on the GEMS Aspect Template (Appendix C), and then submitted to the GEMS Committee.
- d. The values for Compliance, Frequency and Risk are multiplied to generate a score. This score will determine which environmental aspects are significant and, therefore, require detailed operational controls. The GEMS Committee will establish the significant aspect cut-off score after review of the templates from the Operating Units.
- e. Environmental aspects and impacts will be re-evaluated whenever there are significant changes in materials, activities, procedures or other legal requirements, but at least annually.

1-5. Definitions for the GEMS Aspect Template

- a. Area – This is the area in which the activities impacting the environment take place. For example the Community Living Center (CLC) would be considered one area.
- b. Activity or Service – This is the process or service provided that might have an impact on the environment. For example wound care is an activity impacting the environment in the Nursing Home.
- c. Aspect – This is an element of the operating unit's activities and services that can interact with the environment. An environmental aspect signifies the potential for an environmental impact. For example wound care results in the generation of regulated medical waste. The generation of regulated medical waste is the aspect of the activity that will impact the environment.
- d. Actual or Potential - Does the activity impact the environment or does it have the potential to impact the environment? For example the generation of regulated medical waste would be considered actual because every time the waste is generated it will impact the environment. An example of potential is chemical storage because there is a potential for spillage, which would affect the environment.
- e. Impact - An environmental impact is any change to the environment or to the health or safety of people, whether adverse or beneficial, wholly or partially resulting from the operating unit's activities or services. Place an X in the applicable columns. For example the generation of regulated medical waste could impact air (incineration), land (disposal), water (incineration), and exposure/injury to staff handling the waste. An example of natural resources is the use of the machinery which consumes energy.

- f. Comment – This column is to note any necessary additional information about the activity or aspect.

The GEMS Committee will complete the ranking and scoring portions of the template.

- g. Positive Impact – Does the aspect have a positive affect on the environment? For example recycling paper has a positive affect on the environment.
- h. Uncontrolled Score – Compliance x Risk x Frequency
 - i. Residual Risk - (Compliance x Risk x Frequency) / Control = Residual Risk
- j. Significance – This column is to be used by the GEMS Committee to identify significant aspects for further investigation.

Chapter 2 Legal and Other Requirements

2-1. Purpose. To guide the staff in identifying and accessing the legal and other requirements to which this Medical Center subscribes.

2-2. Policy. The Orlando VA Medical Center abides by the environmental regulations promulgated by federal, state and local authorities, as well as the requirements of Executive Orders, VA Policy, VATAMMCS (Vision, Analysis, Team, Aim, Map, Measure, Change, Sustain and Spread) , The Joint Commission (TJC) Standards, National Fire Protection Agency (NFPA) and other industry codes. All Medical Center staff with environmental responsibilities will have access to these codes, standards and regulations.

2-3. Responsibilities.

- a. Information Resources Management Service (IRMS) provides the means for access to electronic databases for legal and other requirements to those staff having environmental responsibilities.
- b. Operating Units will identify applicable legal and other requirements for their activities, identify staff having the need to access these requirements due to their environmental responsibilities and ensure the identified staff is given access to the regulations, standards and policies.
- c. GEMS Coordinator assists Operating Units in the identification and implementation of the legal and other requirements.
- d. GEMS Committee reviews the effectiveness of this element of the GEMS and makes improvements when warranted.

2-4. Procedures.

- a. With the assistance of the GEMS Coordinator, Operating Units will track updates to legal and other requirements and incorporate compliance with the new requirements into their activities.

- b. The GEMS Coordinator attends basic training and refresher courses and participates in VHA conference calls and E-mail groups to stay abreast of the current legal and other requirements.
- c. The Operating Units with the assistance of the GEMS Coordinator will use the following list to identify legal and other requirements affected by the activities of the Operating Unit.
 - 1) Examples of applicable legal and other requirements and further information may be accessed through:
 - a) US Environmental Protection Agency (EPA) - <http://www.epa.gov>.
 - b) Hospitals for a Healthy Environment - <http://www.h2e-online.org>.
 - c) Florida Department Environmental Protection - <http://www.dep.state.fl.us>
 - d) Center for Disease Control (CDC) - <http://www.cdc.gov>.
 - e) City/County Ordinances.
 - f) Office of the Federal Environmental Executive - www.ofee.gov.
 - g) Occupational Safety and Health Administration (OSHA) - <http://www.osha.gov>.
 - h) VISN Safety/Industrial Hygiene Manager.
 - i) VHA Directives and Informational Letters (IL).
 - j) GEMS Guidebook (Book 6A).
 - k) Environmental Compliance Guidebook (Book 6B).
 - l) Emergency Management Program Guidebook (Book 8).
 - m) Executive Orders.
 - 2) Applicable requirements may include, but are not limited to:
 - a) Water:
 - Clean Water Act (33 USC 125 et seq.; 40 CFR 100-140).
 - Wild and Scenic Rivers Act (16 USC 1271-1287).
 - Safe Drinking Water Act (42 USC 300f et seq.).
 - Rivers and Harbors Act, Section 10 (33 U.S.C. 403).
 - Clean Water Act, Section 404.
 - b) Air:
 - Federal Clean Air Act (42 USC 7401 et seq.).
 - Local Air Pollution Control Agency Regulations.
 - National Emissions Standards for Hazardous Air Pollutants (Asbestos) (40 CFR Part 61).
 - c) Solid Waste:
 - Resource Conservation and Recovery Act (42 U.S.C 6901 et seq.).
 - d) Hazardous Materials and Waste:
 - Comprehensive Environmental Response, Compensation and Liability Act (CERCLA), as amended by the Superfund Amendments and Reauthorization Act (SARA) (42 U.S.C. 9601 et. seq.).
 - National Contingency Plan (40 CFR 300 et. seq.).

- Hazard Communication Standard (OSHA Regulations, 29 CFR 1910; General Occupational Health Standards, WAC 296-24 and Hazardous Waste Operations and Emergency Response 296-62, Part P).
- PCB Management (Toxic Substances Control Act, 15 USC 2605(e); PCB Regulations, 40 CFR Part 761; Dangerous Waste Regulations, WAC CH 173-303).
- Transportation of Hazardous Materials, CDL Requirements (Hazardous Materials Transportation Act, 49 USC 5101 et seq.; DOT Regulations, 49 CFR Part 100 et seq., including 107, 171). Also overlaps with Hazardous Waste Regulations.
- Federal Insecticide, Fungicide and Rodenticide Act (7 U.S.C. 135 et seq.).
- National Fire Code and other local jurisdiction Fire Codes.

- Emergency Planning and Community Right-To-Know Act (EPCRA) (SARA Title III).
- Federal Power Act (16 USC 791a-828).
- e) Environmental Review:
 - National Environmental Policy Act (NEPA) (42 USC 4321 - 4370).
- f) Historical and Archeological:
 - National Historic Preservation Act (NHPA) (16 USC 470).
 - Archeological and Historic Preservation Act (16 USC 469).
 - Regulations Implementing the NHPA (36 CFR Part 800).
- g) Other Federal Regulations:
 - Endangered Species Act (16 USC 1531 et seq.).
 - Executive Orders.
- h) Other State and Local Requirements:
 - Coastal Zone Management Act (16 USC 1451 et seq.).
 - Local Government Noise Ordinances.
 - Local Government Land Use and Construction Codes.
 - Local Sensitive Areas Ordinance.
 - Uniform Fire Code.
- i) Other Requirements as may be applicable.

Chapter 3 Establishing Objectives and Targets

- 3-1. Purpose. To ensure that the organization establishes and maintains documented environmental objectives and targets and has a process to implement the steps necessary to achieve the objectives and targets.
- 3-2. Scope. This procedure applies to environmental objectives and targets set at all relevant levels within the organization.
- 3-3. Definitions.
- a. Environmental Objective - A goal that is consistent with the environmental policies and considers significant environmental impacts and applicable laws and regulations. Objectives are quantified wherever practicable.

- b. Environmental Target - A detailed performance requirement (quantified wherever practical) based on an environmental objective. A target should be met in order for the underlying objective to be achieved.
- 3-4. General. The organization establishes environmental objectives and targets in order to implement environmental policies. Objectives and targets also provide a means for the organization to measure the effectiveness of its environmental efforts and to improve the performance of the environmental management system. In establishing environmental objectives, the organization considers:
- a. Applicable laws and regulations.
 - b. Environmental aspects of the organization's activities and products.
 - c. Technological, financial, operational and other organizational requirements.
 - d. The views of employees and other interested parties.

Based on the organization's environmental objectives, targets are established for different functions within the organization and for different areas of the facility. For example, the organization may establish an environmental objective to "reduce waste generation by 10% per year." Based on this objective, different areas of the facility might set targets for reducing individual waste streams in order to ensure that the organization's objective might also be translated into individual projects (such as changes in production processes, materials or pollution control equipment) in different facility areas.

- 3-5. Procedures.
- a. The GEMS Committee is responsible for establishing environmental objectives on an annual basis. To initiate the process, the GEMS Coordinator or designee holds a meeting of all GEMS members to discuss the development of environmental objectives. Objectives are action and prevention-oriented and are intended to result in meaningful improvements in the organization's environmental performance.
 - b. Each Service Chief is responsible for providing input from his or her own function (Fiscal, Engineering, etc.) or shop area (fabrication, assembly, shipping/receiving, etc.). The GEMS Committee is responsible for providing input on applicable laws and regulations, significant site environmental impacts and the views of interested parties.
 - c. As a starting point, the GEMS Committee evaluates performance against environmental objectives for the current year. As part of this effort, the GEMS Committee examines the results of its environmental performance evaluations.
 - d. Preliminary environmental objectives are developed for further discussion and evaluation. Each Service Chief is responsible for evaluating the potential impacts of the proposed environmental objectives within their Service. The organization's GEMS Committee reviews proposed objectives to ensure consistency with the overall environmental policy.
 - e. Environmental objectives are finalized by the GEMS Committee using the GEMS Objective and Target Form (Appendix D). Each Service Chief identifies the impacts of the objectives of their function or shop, establishes targets to achieve

the objectives and develops appropriate measures to track progress towards meeting the objectives and targets.

- f. Each Service Chief is responsible for communicating objectives and targets and the means for achieving them to others in Service. They will also designate roles and responsibilities of department personnel and provide appropriate training necessary to meet the objectives and targets.
 - g. Progress towards the objectives and targets is reviewed on a regular basis at management meetings. The progress is also communicated to employees via bulletin boards and other similar means.
 - h. The GEMS Committee will review the performance regarding achievement of the objectives and targets quarterly. This information is used as input in determining the objectives and targets for the succeeding year.
- 3-6. Steps for Establishing Objectives and Targets.

Step 1 The development of objectives and targets result from a comprehensive evaluation of all processes in every department. Collect as much information as possible prior to surveying the area.

<u>Information Sources</u>	<u>How They Will Help?</u>
<ul style="list-style-type: none"> • Waste and emission data • Site maps • Compliance audit reports • List of identified environmental aspects and impacts • Communications from interested parties • Other 	<ul style="list-style-type: none"> • Identify process steps with environmental aspects • Determine current wastes and sources, etc. • Determine if there are any processes that may be seasonal and should be reviewed at a different time of the year.

Step 2 Look at processes and activities associated with significant environmental aspects. Are there any other issues the GEMS Committee should consider, in addition to those listed above as significant impacts?

<u>Process or Activity</u>	<u>Issues</u>	<u>Possible Objectives & Targets</u>

Step 3 List any new regulatory requirements that affect the healthcare environment (or other regulations for which the need for additional actions has been identified).

<u>Regulations; Other Requirements</u>	<u>Possible Objectives & Targets</u>

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Step 4 Consider inputs from interested parties. Any need for additional objectives related to views of neighbors, community groups or other parties?

<u>Inputs from Interested Parties</u>	<u>Possible Objectives & Targets</u>

Step 5 Evaluate the lists of possible objectives developed in Steps 4 - 7. GEMS Committee determines if these objectives are:

- Reasonable.
- Technologically feasible.
- Consistent with other organizational plans/goals.
- Affordable.

List preliminary objectives and targets based on this exercise:

<u>Selected Preliminary Objectives</u>

Step 6 Determine how you will measure each of the selected preliminary objectives. If you cannot establish an effective way to measure it, put that objective “on-hold” for later consideration. If applicable, evaluate those issues placed “on-hold” in the annual evaluation and determine if it is feasible for implementation in the next year.

<u>Selected Objectives</u>	<u>Performance Indicator(s)</u>

Step 7 For each objective that you selected, determine who is going to develop the action plan (who, what, when, where, how). List these names below:

<u>Selected Objectives</u>	<u>Responsibility for Action Plan</u>

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Chapter 4 GEMS Responsibility Matrix

Purpose: The following table is a responsibility matrix for the GEMS program. The matrix identifies the lead and supporting roles in the implementation of the GEMS program at the Medical Center.

L = Lead Role

S = Supporting Role

	Medical Center Director	GEMS Coordinator	Business Service Line	Facility Mgmt. Service	Other Service Chief	Operating Section	Employees
Communicate the importance of environmental management	L	S		S	S		
Coordinate auditing efforts		L			S		
Track/analyze new regulations (and maintain library)		L					
Obtain permits and develop compliance plans		L		S	S		
Prepare reports required by regulations		L		S			
Coordinate communications with interested parties		L					
Train employees		L	S	S	S	S	

Integrate environmental management into recruiting practices			L	L	L	L	
Integrate environmental management into performance appraisal process	L		S	S	S	S	
Communicate with contractors on environmental expectations		S	S	L			
Comply with applicable regulatory requirements	L	L	S	S	S	S	S
Conform with organization's environmental management system requirements	L	L	S	S	S	S	S

	Medical Center Director	GEMS Coordinator	Business Service Line	Facility Mgmt. Service	Other Service Chief	Operating Section	Employees
Maintain equipment/tools to control environmental impact				L		S	S
Monitor key processes		L	S	S	L	S	
Coordinate emergency	L	S	S	S	S	S	S

response efforts							
Identify environmental aspects of products, activities, or services	S	S		S	L	S	
Establish environmental objectives and targets		L			S		
Develop budget for environmental management		L		S	S		
Maintain environmental management records (training, etc.)		L			S		
Coordinate environmental management document control efforts		L	S			L	

Chapter 5 GEMS Training Program

5-1. Purpose. The Orlando VA Medical Center will provide the necessary educational opportunities to assure that all employees are knowledgeable of the Green Environmental Management Systems (GEMS) program and the identified aspects related to his/her specific job tasks.

5-2. Policy. It is the policy of this Medical Center to provide effective training to all employees on the implementation and processes associated with GEMS and to monitor staff knowledge to assure an effective program.

5-3. Responsibilities.

- a. The GEMS Coordinator is responsible for the overall development and implementation of the GEMS training program.
- b. The Education and Training Department will monitor employee compliance and enforce attendance at required training sessions for all employees in

environmental positions as relates to their specific roles in the GEMS program. Employee compliance will be monitored using TEMPO.

- c. Service Chiefs are to ensure that all employees receive appropriate training in GEMS.

5-4. Procedures.

- a. The GEMS Coordinator, in association with the Education and Training Department, shall develop a training program reflective of the design and implementation of the GEMS program. Training will include emphasis on the following:
 - 1) The importance of conformance to the policy.
 - 2) Recognition of significant aspects identified by the GEMS Committee.
 - 3) Individual roles and responsibilities regarding GEMS implementation and operation.
 - 4) Results of nonconformance.
 - 5) Environmental Awareness Training to all employees, including implementation in the New Employee Orientation program.
 - 6) Annual Reporting Requirements.
- b. All employees shall possess the knowledge and skills required to effectively implement the GEMS. Competency shall be monitored by the employee's ability to demonstrate through the implementation process that sufficient education and training has been provided. Monitoring will be performed by annual audits and by training completed through the TEMPO program. Information pertaining to monitoring of staff knowledge will be processed and reviewed by the GEMS Committee and forwarded to the Occupational Safety & Health Committee for review.
- c. The GEMS brochure, Green Environmental Management Systems (GEMS), will be made available to all employees, in addition to the basic awareness training that will be provided annually.

Chapter 6 Communication to External and Internal Parties

- 6-1. Purpose. This procedure establishes a process for outreach and communication with external/internal parties regarding the organization's Green Environmental Management Systems (GEMS).
- 6-2. Policy. It is the policy of this Medical Center to ensure that the environmental management policy is well documented, implemented and communicated to all employees and is available to the interested public.
- 6-3. Scope. This procedure describes how the Medical Center receives, documents and responds to communications from external/internal parties. It also describes proactive steps that the organization takes to maintain a meaningful dialogue with external/internal parties on environmental matters.
- 6-4. Definition.

Interested Parties - Individuals or groups with an interest in the environmental impacts of the organization's products, activities or services. These parties include regulators, local residents, employees, customers, environmental groups and the general public.

6-5. Procedures.

- a. The organization uses a number of mechanisms to ensure effective communication with interested parties. These mechanisms include regulatory filings (such as permit applications and reports), posting of policies and procedures on the VA intranet site, open houses and informal discussions with regulators and community representatives.
- b. To solicit the views of interested parties, the Medical Center may use additional techniques, including (but not limited to) surveys, newsletters or informal meetings with representatives of external/internal groups.
- c. General rules for external/internal communications require that the information provided by the organization:
 - Be understandable and adequately explained to the recipient(s).
 - Present an accurate and verifiable picture of the organization and its environmental management system, its environmental performance or other related matters.
- d. Management of Communications from External/Internal Parties.
 - 1) Inquiries and other communications (received by mail, fax, E-mail, telephone or in person) from external/internal parties concerning the organization's GEMS or environmental performance may be directed to a number of the organization's representatives, including the Medical Center Director, Chief, Facility Management Service and the GEMS Coordinator. All such communications are reviewed by the GEMS Coordinator or his/her designee to determine the appropriate response.
 - 2) Communication with representatives of regulatory agencies is delegated to the organization's GEMS Coordinator, who maintains records of all such communications (both incoming and outgoing). In the absence of the GEMS Coordinator, communications with regulatory officials are delegated to the Safety Manager. All responses will be reviewed by the Medical Center Director for approval.
 - 3) Copies of all other written communications on environmental matters are maintained by the GEMS Coordinator. All non-written communications from external/internal parties are documented using telephone logs or similar means. All records of external/internal communications are maintained by the GEMS Coordinator.
 - 4) A record of the responses to all communications from external/internal parties is maintained by the GEMS Coordinator in files designated for that purpose.
- e. Outreach to Interested Parties.
 - 1) The organization solicits the views of interested parties on its GEMS, its environmental performance and other related matters. In particular, such outreach is conducted when significant changes at the facility are being considered, such as facility expansion or other actions that might affect the

- actual or potential environmental impacts of the organization's products, activities or services.
- 2) As part of the Management Review process, the team designated to conduct the review evaluates proactive efforts to communicate with external/internal parties. Based on this evaluation and other factors, the organization's management determines the need for outreach with external/internal parties in the coming year and how such communications can be carried out most effectively.
 - f. External Hazard and Emergency Communications. (Note: All external/internal communications regarding emergency response are addressed in the Emergency Management Plan.)

Chapter 7 GEMS Document and Record Control

- 7-1. Purpose. To develop written procedures to ensure proper management of Green Environmental Management Systems (GEMS) documentation and records.
- 7-2. Policy. The Orlando VA Medical Center will maintain documents and records as recommended in the VHA Green Environmental Management Program guidelines. Documents are policies and procedures that are subject to change and update on a regular basis. Records are documents that record tests, inspections, maintenance, etc. which will not change and will serve to demonstrate past performance.
- 7-3. Responsibility. The GEMS Coordinator is responsible to maintain facility level documents and records per requirements of this Medical Center Policy Memorandum. Program Managers/ Service Chiefs are responsible for maintaining documents and records in a similar manner for their respective area.
- 7-4. Procedures.
 - a. GEMS Documents.
 - 1) The GEMS Coordinator shall maintain and control the GEMS Manual and all other documents associated with it, such as the environmental objectives and targets and management plans to achieve them.
 - 2) In maintaining and controlling the GEMS Manual, the GEMS Coordinator shall ensure that the GEMS Manual and its associated documents are publicly available and that updates adding new information and/or removing obsolete information are made to the GEMS Manual immediately following any agreed changes to documents.
 - 3) The GEMS Coordinator shall preserve an original of all documents and changes, establish and maintain a record of all document changes, and ensure that all documents are numbered, dated with dates of origination or revision and, where necessary, signed and approved.
 - b. Required Records.
 - 1) Audits. Copies of all audits (Baseline, Medical Center Self-Audits, Annual and Incident) are kept on file at the GEMS Coordinator's office.

- 2) Manifests. Copies of all manifests and bills of lading related to hazardous waste or recycled materials, such as batteries and used oil, shall be kept at the GEMS Coordinator's office.
- 3) Manuals for all equipment with environmental impacts must be acquired and kept within each using Service.
- 4) Training.
 - a) Copies of records of all environmental training shall be kept with the environmental records and/or in the employee's official electronic training record (TEMPO).
 - b) Additional copies shall be kept in accordance with other VA requirements.
- 5) Annual Reports.
 - a) Copies of the GEMS Annual Report shall be kept in the GEMS Coordinator's Office.
 - b) Additional copies shall be kept in accordance with other VA requirements.
- c. Location.
 - 1) The environmental files at the Medical Center should be kept in labeled folders for ready access or, if possible, electronically on shared drives.
 - 2) Manifests may be kept in filing cabinets within a drawer specifically designated for environmental records.
 - 3) Manuals shall be kept in a protected location in the work areas or on shared drives accessible to all persons who work in areas of significant environmental impacts.
- d. Revision.
 - 1) Dated Materials.
 - a) Materials that are date-sensitive will be date stamped.
 - b) VA Central Office controlled documents shall be kept in accordance with their expiration dates.
 - 2) Annual review: Dated materials are to be reviewed annually, based on the original date stamping, to determine if the document is current.
 - 3) New requirements revise current documents as necessary.
- e. Retention.
 - 1) VA record retention policies are to be followed.
 - 2) Regulatory: Environmental records shall be retained in accordance with regulatory requirements, but for a minimum of five years.
 - 3) The following documents shall not be disposed of:
 - a) Manifests for the disposal of hazardous and non-hazardous waste.
 - b) Records pertaining to the VA Medical Center's involvement in Superfund projects or other projects that involve remediation or removal actions related to environmental contamination and environmental releases.
 - c) Records related to the environmental investigation conducted in conjunction with real property transactions including, but not limited to, sale and lease.

Chapter 8 Procedures for GEMS Operational Controls

- 8-1. Purpose. To ensure that operational controls are established so all activities conform to the Green Environmental Management Systems (GEMS) policies, objectives and targets.

Note: Operational controls include those policies, procedures and instructions in place to minimize the potential environmental impact of the VA Medical Center's activities and processes. Operational controls generally apply directly to the VA Medical Center's processes and activities (e.g., segregation of medical waste, maintenance work, boiler plant operations, etc.). A procedure is a prescribed, sequential series of activities often performed by several individuals or a team (i.e., boiler startup procedures, disposal of contaminated sharps).

- 8-2. Policy. It is the policy of this VA Medical Center to establish operational controls for significant environmental aspects.

8-3. Responsibilities.

- a. The GEMS Committee is responsible for ensuring that operational controls are in place for all significant environmental aspects. It also must ensure that the operational controls reflect the actual practice of Operating Units and meet environmental regulations and other requirements. When environmental aspects impact more than one Service Line/Department, the GEMS Committee ensures that operational controls are both consistent and coordinated. The GEMS Committee directs the Hospital's organizations to change operational controls to better meet environmental compliance requirements and the requirements of the VA Medical Center GEMS.
- b. All Medical Center Service Chiefs ensure that the Operating Units under their control develop operational controls and that these controls are consistent across the Service Line with the Medical Center GEMS and the direction of the GEMS Committee
- c. Operating Units develop operational controls for significant aspects to ensure conformance with the GEMS policies, objectives and targets.

8-4. Procedures.

- a. The GEMS Committee identifies significant environmental aspects.
- b. Operating Units develop and/or review existing operational controls to ensure that they meet GEMS requirements. These are usually contained in written Standard Operating Procedures (SOPs).
- c. Operating Units provide operational controls to the GEMS Committee for review and approval.
- d. A review of the effectiveness of operational controls is evaluated in the following ways:
 - During GEMS gap analysis.

- As a result of an Environmental Compliance Audit.
 - By monitoring and measuring the objectives and targets.
 - As may occur during facility operation.
- e. Corrective actions regarding operational controls are implemented as soon as practical after being identified.

Chapter 9 GEMS Emergency Planning and Response

- 9-1. Purpose. To establish and maintain procedures to recognize and mitigate the potential environmental impact associated with emergency response operations.
- 9-2. Policy. It is the policy of this Medical Center to consider the environmental impacts associated with emergency response operations.
- 9-3. Responsibilities.
- a. The GEMS Coordinator will collaborate with the Emergency Management Committee for all procedures related to the environmental impact associated with emergency response operations, including pollution prevention and mitigation.
 - b. All other responsibilities related to emergency management are outlined in the Medical Center Emergency Management Manual.
- 9-4. Procedures. This document references the Medical Center Emergency Management Manual for all procedures associated with emergency response operations. The Emergency Management Manual is an “all-hazards” approach to emergency management.

Chapter 10 GEMS Monitoring and Measuring Procedure

- 10-1. Purpose. To establish and maintain procedures to accomplish monitoring and measuring activities on a regular basis as part of Orlando VA Medical Center Green Environmental Management Systems (GEMS).
- 10-2. Policy. The GEMS monitoring and measuring program focuses on the key characteristics of the Hospital’s operations that have a significant impact on the environment. Through monitoring and measuring, it demonstrates:
- Compliance with environmental regulations and other requirements.
 - Operational control of significant aspects.
 - Conformance with environmental objectives and targets.
 - Continual improvement.
- 10-3. Responsibilities.
- a. The Medical Center Director shall ensure that adequate resources are provided to maintain effective monitoring and measuring and shall approve GEMS monitoring and measuring procedures.
 - b. The GEMS Committee is responsible for:
 - Monitoring environmental objectives and targets.

- - Reviewing and approving monitoring and measuring for significant aspects.
 - Tracking and reporting GEMS monitoring and measuring.
 - Ensuring that the appropriate actions are taken on the results of monitoring and measuring activities to ensure an effective program that is continually improving.
- c. The GEMS Coordinator is responsible for coordinating the various monitoring and measuring activities and the calibration of environmental monitoring equipment, as well as periodic environmental compliance audits.
- 10-4. Procedures.
- a. The GEMS Committee documents the status of objectives and targets at least quarterly in its minutes.
 - b. Calibration of environmental monitoring equipment will be conducted in accordance with manufacturer's recommendations, and records will be maintained in accordance with the GEMS Records Procedures.
 - c. As significant aspects are identified, the GEMS Committee reviews and approves monitoring and measuring activities submitted by the Operating Units.
 - d. Monitoring and measuring activities are those included in the "Check" part of Plan-Do-Check-Act (see Appendices E and F). These activities include:
 - 1) Monitoring and measuring operational controls for significant aspects and objectives and targets. Operational controls and monitoring procedures (including frequency) for each significant aspect are identified by the Operating Unit and are reported to the GEMS Committee. The GEMS Committee approves or revises the procedures. Operational control monitoring reports are submitted by the Operating Units, along with any corrective actions resulting from the discrepancies discovered during the monitoring. These reports are reviewed and approved by the GEMS Committee. Objectives and targets are monitored in the same way.
 - 2) Conducting a baseline multi-media environmental compliance audit as well as follow-up audits at least every three years, using an external audit team. The compliance audit covers federal, state and local environmental regulations and Executive Orders, as well as VA policy and other requirements determined by the GEMS Committee. The GEMS Committee approves the audit tool prior to proceeding with the audit.

Chapter 11 GEMS Nonconformance and Corrective and Preventive Action

- 11-1. Purpose. This policy defines the processes that will be implemented for noncompliance, nonconformance, preventive and corrective actions.
- 11-2. Policy. It is the policy of the Orlando VA Medical Center that nonconformance issues identified from GEMS audits, monitoring, measuring and other reviews will necessitate remedial action. Once remedial action is implemented, additional monitoring protocols shall be established to assure effectiveness.

11-3. Responsibilities.

- a. The GEMS Coordinator, in association with the GEMS Committee, will monitor and review all processes related to GEMS activities to ensure corrective actions are implemented.
- b. The GEMS Committee shall assign responsibilities to abate nonconformance items.

11-4. Procedures.

- a. Identifying and Reporting. Any individual who identifies a potential nonconformance will report the issue to the GEMS Coordinator. The GEMS Coordinator will then process the information through the GEMS Committee for review and action.
- b. Investigation and Analysis.
 - 1) Once a nonconformance is identified and submitted to the GEMS Committee, the GEMS Coordinator will assign an individual or team to review the issue.
 - 2) The individual or team will perform an investigation into the nonconformance, referencing all applicable standards.
 - 3) A causal analysis will be performed to determine the methods of corrective action:
 - a) The magnitude of the causal analysis will be determined by the GEMS Coordinator or GEMS Committee.
 - b) The objective of performing the causal analysis is to determine the root cause of the process or system failure, not to impose blame or enforce disciplinary action on a person.
- c. Mitigation of Impacts. Once the team has completed the investigation, the report will be delivered to the GEMS Coordinator for review and will then be forwarded to the applicable Service Chief for his/her concurrence prior to implementation.
- d. Corrective or Preventive Actions.
 - 1) The GEMS Coordinator will assign responsibilities to abate nonconformance items.
 - 2) The investigation report shall address continuous improvement and monitoring processes that will be implemented to assure conformance.
 - 3) Determine the root cause.
 - 4) Develop appropriate corrective and preventive action.
 - 5) Document the corrective and preventive action.
 - 6) Forward the corrective and preventive action to the GEMS Coordinator for implementation and have the Safety Officer concur.
 - 7) The GEMS Coordinator will provide oversight of the implementation of the corrective action and establish realistic deadlines for implementation.
 - 8) The GEMS Committee will track and verify the effectiveness of the corrective or preventive actions. Frequency of reporting shall be identified within the analysis; however, the results of the analysis and the success of the corrective or preventive actions shall be included in the annual report.

Chapter 12 GEMS Gap Analysis Program Review

- 12-1. Purpose. To produce a gap analysis that identifies elements of the current environmental program in conformance with the programmatic requirements of GEMS and to evaluate ways to build upon existing programs and activities. Determining what GEMS activities are already in place will result in only having to “fill in the gaps” between what is already being done and what needs to be done for the Orlando VA Medical Center GEMS program. The primary purpose of GEMS is to bind together existing environmental programs and activities so that efficiency, effectiveness, performance and cost-effectiveness for the entire facility can be achieved.
- 12-2. Policy. A review process of the GEMS program will be in place at this Medical Center as a part of a continual improvement program.
- 12-3. Responsibilities. The GEMS Coordinator will coordinate the initial and periodic gap analyses of the GEMS program using criteria consistent with the VHA GEMS Guidebook and the ISO 14001 model. The GEMS Committee will review the completed gap analysis and develop an implementation plan to address the program gaps.
- 12-4. Procedures. The VISN 8 Safety Officer/Industrial Hygienist representative will conduct the annual GEMS program review as a part of the Annual Workplace Evaluation. The review team will use the gap analysis audit tool (Appendix G) to conduct these reviews. The completed reviews should identify any “gaps” that are found and make recommendations to address areas not in conformance. The completed review and recommendations should then be forwarded to the GEMS Committee for further review and development of an implementation plan.

Chapter 13 GEMS Procedure for Annual Program Effectiveness Review and Report

- 13-1. Purpose. This procedure guides the GEMS Committee in evaluating the effectiveness of the GEMS, evaluating performance with respect to the past year’s environmental objectives and targets, selecting new objectives and targets for the upcoming year, presenting the draft report and recommendations to the Occupational Safety & Health Committee and publishing the final report via the GEMS Committee minutes.
- 13-2. Policy. The policy of this Medical Center is to conduct an annual evaluation of the effectiveness of the GEMS in order to maintain an effective program that supports continual improvement.
- 13-3. Responsibilities. The GEMS Committee evaluates the effectiveness of the GEMS using primarily the following three methods and tools:
- a. GEMS Gap Analysis, with the desirable outcome demonstrating a trend over two or more years toward fewer and less significant gaps.

- b. Environmental Compliance Audit/Inspections, with the desirable outcome demonstrating a trend toward fewer and less significant findings of non-compliance and rapid and effective corrective actions
 - c. GEMS Targets and Objectives, with the desirable outcome demonstrating meaningful objectives with realistic targets being met.
- 13-4. Procedures.
- a. At the beginning of each fiscal year, the GEMS Committee ensures that evaluation methods and tools are established/maintained to support the end-of-year GEMS effectiveness evaluation. These will include:
 - 1) GEMS Gap Analysis.
 - 2) Environmental Compliance Audits/Inspections.
 - 3) GEMS Targets and Objectives.
 - 4) Methods for tracking preventive and corrective actions from GEMS Gap Analysis, Environmental Compliance Audit and other inspections.
 - b. The effectiveness of the GEMS is monitored (by methods identified in paragraph 13-4a above) throughout the year, and corrective and preventive actions are taken to improve its effectiveness as the need is identified.
 - c. At the end of the fiscal year the GEMS Coordinator drafts an annual report of the effectiveness of the GEMS based on the criteria identified in paragraph 13-4a above. The evaluation includes thoughtful analyses of successes and opportunities for improvement. The draft is submitted to the GEMS Committee for approval or modification.
 - d. The GEMS Committee selects meaningful objectives and targets recommended for the upcoming year.
 - e. The GEMS Committee presents items (identified in paragraphs 13-4c and 13-4d above) to the Occupational Safety & Health Committee for modification and/or approval.
 - f. The Medical Center Director approves the effectiveness report for the past year and the objectives and targets for the upcoming year.

Appendix A MEMBERSHIP - GREEN ENVIRONMENTAL MANAGEMENT SYSTEM
COMMITTEE

The following personnel are appointed to serve on the Green Environmental Management Committee:

Associate Director	Chair
GEMS Coordinator (Industrial Hygienist)	Co- Chairperson
Infection Control Practitioner	Member
Asst. Chief, Facilities Management Service	Member
Supervisor, Environmental Management Service	Member
Safety Supervisory Engineer	Member
Logistics Representative(s)	Member
Laboratory Safety Officer	Member
Nursing Representative	Member
Safety Specialist (Viera)	Member
Safety Specialist (Daytona)	Member
Union Safety Representative	Member

Appendix B -Environmental Aspect Scoring Matrix

Compliance	
The extent to which the aspect is regulated by law, regulation, Executive Order or other requirement	Score Assigned
The aspect is not regulated.	1
The aspect is regulated and historically has been in compliance. No reporting is required.	2
The aspect is regulated and historically has been in compliance. Internal reporting within the VA is required.	4
There is an awareness of non-compliance status, considering compliance options. The aspect is regulated and historically has been in compliance. External reporting to regulatory agencies is required.	9
The aspect is near regulatory limits or recent history shows non-compliance status.	15

Risk	
The degree of risk to any exposed human populations or exposed ecosystems, including impact on resources. The risk/impact can be beneficial or negative. Indicate if beneficial by “+” in separate column.	Score Assigned
Minor risk to human population, ecosystems, and/or resources.	1
Moderate risk to sensitive human populations, ecosystems and /or resources.	2
Moderate risk to general human populations, ecosystems and /or resources.	4
High risk to sensitive human populations, ecosystems and/or resources.	9
High risk to the general human population, ecosystems and/or resources.	15

Frequency	
Frequency that this activity occurs. Designate whether the frequency is “actual” (routine) or “potential” (abnormal or emergency) in separate column.	Score Assigned
< Once per calendar year	1
Biannually or less	2
Monthly	4
Weekly	9
Daily or more	15

Control	
The extent to which the aspect is currently managed at the Hospital.	Score Assigned
No known controls.	1
Informal administrative controls.	2
Administrative controls such as training and or written instructions or policies.	4
Engineered or administrative controls, but little verification of the controls.	9
There are engineered controls that are verified periodically. Adequate warning prior to failure.	15

VA Medical Center
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Published: 12/20/2014

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Appendix C - GEMS Aspect Template

OPERATING UNIT:					DATE:										RANKING							
					IMPACT																	
#	Area	Activity or Service	Aspect	Actual or Potential	Air	Land	Water	Resources	Radiation	Other	Exposure / Injury	Comment	Compliance	Risk	Frequency	Control Level	Positive Impact (Y/N)	Un-controlled Score	Residual Risk	Significant Y/N		

Appendix D - Green Environmental Management System (GEMS) Objective &
Target Form

(Note: Use one form per objective)

Date _____ Individual Responsible for Implementation: Environmental Management Service Supervisor and Infection Control Practitioner			
Environmental Objective: To reduce the generation of bio hazardous waste.			
Related Target(s): 3% reduction by weight of bio hazardous waste.			
Related Significant Environmental Aspect(s): Air and land pollution due to disposal of bio hazardous waste.			
Service Specific Function and/or Department: Primary Care, Behavior Health, Surgery, Specialty & Diagnostics, Housekeeping			
Target Date (Month/Year): End of Calendar Year			
Frequency of Monitoring: Annually (Check one)	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly
Action Plan: Implement biohazard segregation program, implement staff education program, identify areas for biohazard containers, continuous monitoring during environmental rounds.			
How will this objective be met? (Attach additional pages as necessary) <ol style="list-style-type: none"> 1. Housekeeping will survey all areas of the health care system to determine appropriate placement of biohazard receptacles. 2. Infection Control will develop training curriculum and deliver staff education. 3. Monitoring will be performed by housekeeping staff during trash removal and surveyed during environmental rounds. 			
What operational controls shall be incorporated to achieve this objective? Strategic placement of waste containers.			

<p>How will this objective be tracked? (Attach additional pages as necessary)</p> <p>All biohazard waste will be weighed prior to transport off-site.</p>
<p>What resources will be required to achieve this objective? (Attach additional pages as necessary)</p> <p>Purchase of additional municipal and bio hazardous waste containers.</p>

Appendix F

GEMS Gap Analysis Tool

Note: The following Criteria Statements were updated April 1, 2004; therefore, this Tool will vary from the printed version of the Guidebook.

1. Category 1 - Environmental Policy. (ISO 14001, Section 4.2; VHA GEMS Guidebook, Sections 2.1 and 5.1, Tabs A and B).
 - a. Policy. Is there an environmental policy in place that supports pollution prevention, regulatory compliance and continuous environmental improvement?
 - b. Policy. Is the policy documented, implemented, maintained and communicated to the employees?
2. Category 2 - Planning.
 - a. Environmental Aspects and Impacts. (ISO 14001, Section 4.3.1; VHA GEMS Guidebook, Sections 2.2, 3.2 and 4.2 and Document 5B1-1).
 - 1) Aspects and Impacts. Has the facility established a procedure to identify the environmental aspects of the activity, products and services over which it has control and influence?
 - 2) Aspects and Impacts. Have significant impacts been determined and considered in setting environmental objectives and targets?
 - b. Legal Requirements. (ISO 14001, Section 4.2; VHA GEMS Guidebook, Sections 2.3 and 5.1 and Document 5B1-2).

Legal. Is there a procedure to identify, access and evaluate federal, state and local legal requirements?
 - c. Objectives and Targets. (ISO 14001, Section 4.3.3; VHA GEMS Guidebook, Sections 2.4, 2.5 and 3.2 Step 6 and Document 5B1-3).
 - 1) Setting Objectives and Targets. Has a procedure been developed to identify and document environmental objectives and targets for each relevant function and level?
 - 2) Setting Objectives and Targets. Does the procedure consider legal requirements, significant aspects and other operational requirements?
 - d. Plan For Achieving Objectives and Targets. (Environmental Programs) (ISO 14001, Section 4.3.4; VHA GEMS Guidebook, Sections 2.4 and 2.5 and Documents 5B1-3 and 5B1-4).

- 1) Plan for Objectives and Targets. Is there a procedure to achieve objectives and targets and identify the means and acceptable timeframes for accomplishment?
- 2) Plan for Objectives and Targets. Does the procedure include a designation of responsibility at each relevant function and level?
3. Category 3 - Implementation and Operation.
 - a. Accountability (Structure and Responsibility). (ISO 14001, Section 4.4.1; VHA GEMS Guidebook, Sections 2.6, 3.1 and 3.2 Steps 1-2 and Document 5B1-4).
 - 1) Accountability. Has top management provided adequate resources? Has top management appointed a GEMS Coordinator and a GEMS Committee to oversee, track and report GEMS status and performance?
 - 2) Accountability. Have roles, responsibilities and authorities been defined, documented and communicated to facility staff to ensure effective environmental management?
 - b. Training. (ISO 14001, Section 4.4.2; VHA GEMS Guidebook, Sections 2.7 and 3.2 Steps 2 and 7 and Document 5B1-5).
 - 1) Training. Has the organization identified training needs for those workers who may create a significant impact on the environment?
 - 2) Training. Does the training include significant environmental impacts, emergency response procedures and nonconformance with standard operating procedures?
 - c. Communications. (ISO 14001, Section 4.4.3; VHA GEMS Guidebook, Section 2.8 and Document 5B1-6).
 - 1) Communications. Is there a procedure for internal communication between the various levels/functions of the facility, the GEMS Coordinator and the GEMS Committee?
 - 2) Communications. Is there a procedure in place to coordinate and document inquiries from external public, private and regulatory organizations?
 - d. GEMS Documentation and Record Keeping. (ISO 14001, Section 4.4.4, 4.5.3; VHA GEMS Guidebook, Sections 2.9, 2.10 and 2.15 and Documents 5B1-5 and 5B1-7).
 - 1) GEMS Documentation. Is there a procedure requiring the documenting of the core elements of the GEMS and explaining their interaction with other facility-related documents?
 - 2) Record Keeping. Is there a procedure to identify, maintain and dispose of environmental, training and audit records?
 - 3) Record Keeping. Are environmental records identifiable, legible, readily retrievable and traceable to activity, product and service?
 - e. Operational Control. (ISO 14001, Section 4.4.6; VHA GEMS Guidebook, Sections 2.11 and 3.2 Step 5 and Documents 5B1-7 and 5B1-8).
 - 1) Operational Control. Are the operations aligned with significant environmental aspects and objectives?
 - 2) Operational Control. Are procedures in place to communicate the GEMS requirements to suppliers and contractors?

- f. Emergency Response. (ISO 14001, Section 4.4.7; VHA GEMS Guidebook, Section 2.12 and Document 5B1-9).
Emergency Response. Is there an emergency preparedness and response procedure to recognize and mitigate potential environmental impact?
- 4. Category 4 - Checking and Corrective Action.
 - a. Monitoring and Measurement. (ISO 14001, Section 4.2; VHA GEMS Guidebook, Sections 2.13 and 3.2 Steps 8 and 9 and Document 5B1-10).
 - 1) Monitoring and Measurement. Is there a documented monitoring and measuring procedure for operations and activities related to significant aspects?
 - 2) Monitoring and Measurement. Does the procedure include requirements for calibration and recording of information to track performance, operational controls and conformance objectives and targets?
 - 3) Monitoring and Measurement. Has a periodic (every 3 years) and/or baseline environmental compliance audit been conducted?
 - b. Corrective and Preventive Action. (ISO 14001, Section 4.5.2; VHA GEMS Guidebook, Sections 2.14 and 3.2 Step 9 and Document 5B1-11).
 - 1) Action Plans. Is there a procedure covering the definition of roles and responsibilities for investigating and determining a cause of nonconformance?
 - 2) Action Plans. Does the procedure include action needed to mitigate impact and necessary preventive action?
 - 3) Action Plans. Do corrective and preventive action plans address the causes of the deficiency?
 - 4) Action Plans. Is the effectiveness of corrective and preventive actions verified before considered completed?
 - 5) Action Plans. Are resources assigned to corrective and preventive actions in order to complete them in a reasonable timeframe?
 - 6) Action Plans. Are corrective and preventive actions tracked to completion in the GEMS committee?
 - d. Gap Analysis. (ISO 14001, Section 4.5.4; VHA GEMS Guidebook, Sections 2.16 and 3.2 Step 8 and Document 5B1-12).
 - 1) Gap Analysis. Does the program have procedures for conducting annual gap analyses of GEMS?
 - 2) Gap Analysis. Is the scope based on the environmental importance of the activity and the results of the previous audit?
 - 3) Gap Analysis. Are the results reviewed by the GEMS Committee and the recommendations forwarded to top management for review?
- 5. Category 5 - Management Review. (ISO 14001, Section 4.2; VHA GEMS Guidebook, Sections 2.17 and 3.2 Step 9 and Document 5B1-13).
 - a. Annual Review. Is the management review conducted and documented on an annual basis and reported in the GEMS Committee?

- b. Annual Review. Does the GEMS Committee use the gap analysis results to address the need for changes to policy, objectives and other GEMS elements?
- c. Annual Review. Is there evidence that the facility director (top management) participates in the annual review (for instance, by signing annual review report)?

Appendix G

Sample GEMS Committee Report of Annual Effectiveness Review

Approved and Signed by the Medical Center Director

1. The Committee found the GEMS effective in its first year, as indicated by:
 - Completion of 60 % of the corrective actions for the GEMS Gap Analysis conducted June 2003
 - Completion of 25% of the corrective actions for the baseline Environmental Compliance Audit, conducted August 2003
 - Achievement of the objectives and targets (as modified at the Jan 14 GEMS Committee Meeting)
2. The Committee recommends the following new objectives and targets for FY 2005:
 - 5 % reduction in lawn management chemical usage in FY 2005 compared with FY 2004 (see attached plan for monitoring and accomplishment)
 - 10 % reduction in hazardous waste generation in the Research Lab (see attached plan for monitoring and accomplishment)
3. The following GEMS dashboard summarizes the status of effectiveness evaluations:

GEMS Gap Analysis		
Performance Objectives	Performance Target	Status
Appoint a GEMS Coordinator and a GEMS Committee	Coordinator and Committee will be appointed no later that the end of the first quarter.	Mr./Ms. was appointed the GEMS Coordinator with participants from all organizational units. Mr./Ms., Associate Director, was appointed committee chairman.
Conduct a Gap Analysis to Determine Disparity in our Present Program	Gap analysis will be completed by the end of the second quarter.	The gap analysis was completed February 2004, with new policies developed as needed and routed for comments.
Develop and Implement a GEMS Program	The program will be published and in effect by the end of FY 04.	The newly established written GEMS program was established September 1, 2004.
Environmental Rounds are Conducted Quarterly in all	Surveys conducted 90% of the time and deficiencies are corrected within 30-	This performance standard was significantly met during FY 2004. All surveys were performed as scheduled in HPM 00-,

Areas (Patient and Non-Patient) of the Medical Center to Demonstrate Compliance with GEMS.	days.	Environmental Rounds and in accordance with the Environment of Care Standards (TJC). However, not all deficiencies were abated within 30 days. Although 89% (1030/1154) of the items noted were abated within 30- days, the percentage fell below the stated goal of 100%. It should be noted that there was no duplication of deficiencies when making rounds the second time in FY 1999.
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Environmental Compliance Audits/Inspections		
Compliance Standard	Compliance Problem	Status
Safe Drinking Water (SDW)	The well exceeds safe drinking water standards.	Standards met as evidenced by _____.
Resource Conservation and Recovery Act (RCRA)	Inspection log not up-to-date.	Standards met as evidenced by _____.
Air Emissions	Boiler exceeds air emission standards in permit.	Standards met as evidenced by _____.

GEMS Targets and Objectives		
Performance Objectives	Performance Target	Status
Red Bag Waste	Reduce red-bag waste by 3% by weight by end of fiscal year.	Standards met as evidenced by _____.
Pesticide Use	Change practice of scheduled pesticide application to apply when determined necessary by sampling through fiscal year.	Standards met as evidenced by _____.

VA248-16-R-0965

VA Medical Center
Orlando, FL
Published: 12/20/2014

MEDICAL CENTER
POLICY NO. 138-11

Submitted by: _____

Date: _____

Approved by: _____

Date: _____