

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

Chapter 7, Textile Services (Paragraphs 7.01 through 7.11)

Rescinds Chapter 7 dated September 9, 1990

Paragraphs 7.08, 7.09, 7.10, and 7.11 RESCINDED BY:

VHA Handbook 1850.3, dated July 12, 2002

This document includes:

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

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

Contents page for Chapter 7, dated **March 24, 1994**

Rescissions page for Chapter 7, dated **March 24, 1994**

Text for paragraphs 7.01 through 7.07, dated **March 24, 1994**

Text for paragraphs 7.08 through 7.11, dated **March 24, 1994;**

which were rescinded by Handbook 1850.3, dated July 12, 2002

Transmittal sheets located at the end of the document:

VHA Handbook 1850.3, dated **July 12, 2002**

Sheet dated **March 24, 1994**

Changes prior to 1994 also located at the end of the document:

Transmittal sheet dated **September 11, 1990**

Change 17, dated **May 3, 1982**

Change 16, dated **December 1, 1980**

Change 14, dated **May 2, 1980**

Interim Issue 10-79-23, dated **November 5, 1979**

Change 11, dated **November 5, 1979**

Change 9, dated **November 28, 1975**

Change 8, dated **July 1, 1975**

Change 6, dated **September 22, 1971**

Change 2, dated **October 17, 1968**

Change 1, dated **July 12, 1968**

PART VII

M-1

VETERANS ADMINISTRATION

DEPARTMENT OF MEDICINE AND SURGERY MANUAL

OPERATIONS



PART SEVEN

BUILDING MANAGEMENT SERVICE

WASHINGTON, D.C. 20420

JUNE 3, 1968

M-1, Part VII

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

June 3, 1968

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

H. M. Engle

H. M. ENGLE, M. D.
Chief Medical Director

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

CONTENTS

CHAPTER

1. ADMINISTRATIVE OPERATIONS
2. PEST MANAGEMENT OPERATIONS
3. GROUNDS MANAGEMENT OPERATIONS (Reserved)
4. SANITATION OPERATIONS
5. BED SERVICES OPERATIONS (Reserved)
6. LAUNDRY SERVICES
7. LINEN SERVICES
8. EMPLOYEE UNIFORMS
9. CLOTHING, INCIDENTALS AND SERVICES FOR PATIENTS
10. TEXTILE CARE OPERATIONS (Reserved)
11. INTERIOR DESIGN OPERATIONS
12. PAINTING OPERATIONS (Reserved)
13. SIGNAGE AND DIRECTIONAL GRAPHICS OPERATIONS

RESCISSIONS

The following material is rescinded:

1. COMPLETE RESCISSIONS

a. Manuals

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

b. Interim Issues

II 10-70-20

II 10-71-2

II 10-71-22

II 10-72-11

II 10-75-5

II 10-75-21

II 10-76-24

II 10-79-23

II 10-79-1

II 10-79-19

II 10-85-5

II 10-85-13 and Supp. No. 1

Department of Veterans Affairs
Veterans Health Administration
Washington, DC 20420

Replaces M-1, Part VII, Chapter
7, paragraphs 7.08, Textile
Management and Control
Responsibilities, 7.09 Textile
Management Guidelines, 7.10
Textile Control Guidelines, and
7.11 Guidelines for the Textile

VHA HANDBOOK 1850.3
Transmittal Sheet
July 12, 2002

TEXTILE CARE MANAGEMENT REPORT (RCN 10-0132)

1. PURPOSE: This Veterans Health Administration (VHA) Handbook provides policy and reporting requirements concerning textile management costs attributed to the procurement and distribution of textiles and the processing and/or production of laundry. *NOTE: This report assists managers by developing comparative data supporting the development of business plans and other management initiatives.*

2. SUMMARY OF MAJOR CHANGES: The stated requirements of M-1, Part VII, Chapter 7, Textile Services, Paragraphs 7.08, 7.09, 7.10 and 7.11 are being deleted. This Handbook documents the revision of the Textile Inventory Control Report (Reports Control Number (RCN) 10-0132) and the addition of the Textile Distribution and Inventory Cost Report (App. A) and the Textile Care Production Information and Cost Report (App. B). The latter document is to be submitted only by textile care processing facilities or those utilizing contracted services. This revision of data collection is based upon a 100 percent line-item inventory control survey to be conducted during the first quarter of each Fiscal Year (FY) for the previous FY. The FY 2001 report is due 30 days after the issuance of this Handbook. Subsequent reports will be due not later than January 31. These reports are to be forwarded through official channels to the Director, Environmental Programs Service (181C), Department of Veterans Affairs (VA) Central Office.

3. RELATED ISSUES: M-1, Part VII, Chapter 7

4. FOLLOW-UP RESPONSIBILITY: The Chief Facilities Management Officer (18) is responsible for the content of this Handbook. Questions concerning this Handbook may be directed to the Director, Environmental Programs Service (181C) at (202) 565-8525.

5. RESCISSIONS: M-1, Part VII, Chapter 7, paragraphs 7.08, Textile Management and Control Responsibilities, 7.09 Textile Management Guidelines, 7.10 Textile Control Guidelines, and 7.11 Guidelines for the Textile Inventory Control Report, Reports Control Symbol (RCS) 10-0132, (VA Form 10-9036), dated March 24, 1994, are rescinded.

6. RECERTIFICATION: This document is scheduled for recertification on or before the last working day of July 2007.

S/ Nevin M. Weaver for
Robert H. Roswell, M.D.
Under Secretary for Health

DISTRIBUTION: CO: E-mailed 7/16/02
FLD: VISN, MA, DO, OC, OCRO, and 200 – E-mailed 7/16/02

CHAPTER 7. TEXTILE SERVICES

CONTENTS

PARAGRAPH	PAGE
7.01 Policy	7-1
7.02 Distribution	7-1
7.03 Delivery and Collection	7-1
7.04 Textile Repair	7-2
7.05 Soiled Textiles	7-3
7.06 Textile Conservation	7-3
7.07 Management of Government Property	7-3
* 7.08 Textile Management and Control Responsibilities	7-3
* 7.09 Textile Management Guidelines	7-4
* 7.10 Textile Control Guidelines	7-6
* 7.11 Textile Inventory Control Report Guidelines, RCS 10-0132	7-7

* Paragraphs 7.08 through 7.11 are
Rescinded by VHA Handbook 1850.3
July 12, 2002

RESCISSIONS

The following material is rescinded:

Manual

M-1, Part VII, Chapter 7, dated September 11, 1990

CHAPTER 7. TEXTILE SERVICES

7.01 POLICY

The Chief, Environmental Management Service (EMS), is the Textile Control Officer and in this capacity is responsible for administering a textile system which includes the requisitioning, repair, replacement, and distribution of textiles to the user. It includes control of Government issue uniforms and laundered items used in the care and treatment of beneficiaries. The system includes service of personally owned uniforms and beneficiary wearing apparel for which Textile Care Processing Facility (TCPF) service is provided. Textile service includes the responsibility for the supervision of surgical textile inspections and for surgical pack preparations. However, when this arrangement is impractical because of space limitations, the facility Director may assign this function to Acquisition and Materiel Management (A&MM) Service. The Textile Control Officer will be kept fully informed of all phases of the system and will initiate corrective or preventive measures as necessary to ensure optimum service and maximum conservation of textiles.

7.02 DISTRIBUTION

a. A textile distribution system will be established that is the most economical and advantageous to the medical center. The system will include the collection and distribution of textiles, uniforms, and beneficiaries' wearing apparel.

b. The textile distribution system should use the exchange cart method, or a centralized distribution system which may be used where appropriate. The method of distribution utilized should provide the employment of a reliable record keeping system.

c. Uniforms will be distributed to employees by EMS personnel.

d. The system used for distributing beneficiaries' personal clothing will be one which will result in the most expeditious and economical service. The system should be consistent with local conditions and needs.

7.03 DELIVERY AND COLLECTION

a. Textile delivery and collection schedules will be developed, consistent with local needs.

b. Procedures will be used to ensure that during the movement of textiles, the possibility of contamination or cross-infection is held to a minimum. The Textile Control Officer at each medical center will ensure that all infection control requirements are met.

c. The Textile Control Officer is responsible for supervising the distribution of clean textiles from designated delivery points to the using units, and for moving soiled textiles from the soiled textile room(s) to the designated medical center collection point.

d. When motor transportation is required for textile service, Engineering Service is usually responsible for transporting both clean and soiled textiles between the Textile Care Center and designated delivery and collection points as scheduled by the Textile Care Manager. EMS may be delegated the responsibility for transportation of all textiles.

e. At medical centers serviced by a consolidated Textile Care Center or when service is obtained by contract, the Textile Control Officer, will:

- (1) Prepare soiled textiles for shipment;
- (2) Act as the representative of the contracting officer when appropriate;
- (3) Receive and account for Department of Veterans Affairs (VA) property utilized; and
- (4) Maintain records necessary to verify the accuracy of the contracted services.

f. Contaminated textiles must be bagged or containerized at the location of use and will not be sorted or rinsed at the use location.

g. When practicing Universal Precautions (UP) special labeling, or color coding, of linen containers utilized for transporting textiles is not required; however, employees involved in the linen/textile transport process should recognize that soiled linen containers contain contaminated items. Containers must be inspected for suitability and decontaminated on a scheduled basis.

h. Soiled textiles, which represent the likelihood of soak through, and/or leakage may be transported utilizing various fluid-resistant methods, including:

- (1) Wrapping moist areas to the middle of a textile bundle;
- (2) Double bagging soiled wet textiles;
- (3) Placing soiled wet textiles inside a plastic bag prior to placing it inside a soiled laundry bag; and
- (4) Utilizing fluid-resistant collection devices for soiled textiles.

NOTE: The use of plastic liners and fluid resistant bags should be held to a minimum.

i. If alternative labeling, or color coding, of containers is used to identify soiled textiles it must be sufficient to permit "all employees" to recognize the containers as requiring compliance with UP. When a facility ships textiles off site to another facility that does NOT utilize UP, soiled textiles must be placed in containers which are color coded or labeled.

j. VA medical centers providing linen services to non-VA entities that may not practice UP must require the serviced facility to comply with VA procedures. These procedures should be documented in accordance with other directives through training, Letters of Agreements, Memorandums of Understanding, and contracts.

k. Sharps and other harmful items should be removed from soiled textiles prior to transporting to the TCPF. Sharps and Regulated Medical Waste containers should be available in patient care and TCPF processing areas.

7.04 TEXTILE REPAIR

Textile repair will be accomplished to the maximum extent within economic feasibility. Textiles worn or damaged beyond economical repair will be counted and

documented, then dyed and issued as cleaning rags. All other textiles beyond economical repair will be disposed of in accordance with A&MM requirements.

7.05 SOILED TEXTILES

a. Soiled textiles should be handled as little as possible and with minimum agitation to prevent gross microbial contamination of the air and of persons handling the textiles. All soiled textiles should be bagged at the location where they were used. They should not be sorted or rinsed in patient care areas. Gross contaminants will be contained and disposed of through the judicious use of pads, wipes, etc.

b. Personnel from using units will ensure that patient's personal wearing apparel, sharps (including, but not limited to, surgical instruments and syringes) as well as other non-textile items are separated from soiled textiles.

7.06 TEXTILE CONSERVATION

Textiles will be used only for the specific purpose for which they are intended. Textiles will not be used as containers for other soiled textiles or as liners for TCPF carts or used as tray covers. Appropriate rags will be issued to minimize misuse of Government textiles.

7.07 MANAGEMENT OF GOVERNMENT PROPERTY

In order to properly manage and secure Government property at VA medical centers and other health care facilities, patients and employees are to be formally notified that lockers, bedside stands, wardrobes, etc., are not considered private nor for the exclusive use of patients and employees, and are subject to inspection for inventory or sanitation purposes at any time. The patients and employees should be notified beforehand of the expected date, time, and duration of the inspection. Conspicuous posting of the notice in the affected areas 7 days prior to conducting the inventory is recommended.

7.08 TEXTILE MANAGEMENT AND CONTROL RESPONSIBILITIES

a. The responsibility of textile management and control is to perform its functions in a manner that meets the requirements established by this manual, and the goals and guidelines formally established for the medical center. The Textile Control Officer must ensure that the methodology and procedures established effectively meet local needs and circumstances.

b. The Textile Control Officer is responsible for preparation and submission of the semi-annual Textile Inventory Control Report. These inventory control reports will be maintained locally as well. The report consists of 2 fiscal-year periods; the first ending the last day of March (April survey), and the second ending the last day of September (October survey).

c. Textile management and control consists of two tasks:

(1) First, to manage the textile inventory in such a way as to effectively meet the textile service needs of the coordinate services, and to distribute these resources in an efficient and economical manner.

(2) Second, to implement an effective inventory control plan which includes suitable inventory security procedures.

*7.08 - 7.11 Rescinded by VHA Handbook 1850.3
07/12/02*

Rescinded

d. The Textile Inventory Control Report is not considered part of the two tasks discussed in the previous paragraph, but as a report that indicates the status of these two tasks at the medical center.

7.09 TEXTILE MANAGEMENT GUIDELINES

a. The Textile Control Officer is responsible for implementation of an effective textile management plan that meets the needs of the medical center, and manages the textile inventory in an economical and efficient manner. Supervisory personnel and service employees should be motivated and trained to properly accomplish their respective duties.

b. Each medical center's textile management plan should include the following primary objectives:

- (1) Implementation of a workable textile distribution system.
- (2) Implementation of a reliable record keeping system.
- (3) Development of working relationships with using services.
- (4) Education of service employees.
- (5) Achievement of administration support through effective planning and coordination.
- (6) Establishment of optimum par levels that directly relate to patient care needs.
- (7) Maintenance of the established textile par levels through effective textile management.

c. The Textile Control Officer, or designated representative, should visit the using units at regular intervals to discuss problems and plan textile service improvements. These visits should occur as often as possible at medical centers with large patient workloads and/or where problems in textile use occur.

d. A medical center's active textile inventory level is based upon the:

- (1) Type of patients,
- (2) Medical Specialty Program,
- (3) Type of textile service,
- (4) Length of time needed to collect and deliver textiles,
- (5) Textile Care Center processing time, and
- (6) Any other pertinent factors, such as, use of uniform and protective clothing valet systems.

e. The use of disposable textiles in lieu of reusable textiles will be fully justified by means of a cost and/or benefit analysis.

Rescinded

f. Par is the term used to describe the quantity of each textile item needed in circulation for a 24-hour period. The quantity of each item required in circulation (par level) is directly related to linen usage, losses, processing locations and storage locations.

(1) Par level is a term for the number of pieces of each item needed per bed per patient day times the number of occupied beds served, times the number of locations the textile item is stored, used, and processed.

(2) The par level should be sufficient enough to maintain productivity and prevent shortages in the system.

(3) One par level (24-hour supply) is needed for each of the following stages of the textile service cycle:

<u>TEXTILE CARE PROCESSING FACILITY RELATED</u>	<u>MEDICAL CENTER RELATED</u>
---	-------------------------------

- | | |
|---------------------|---------------------------|
| (a) Soiled | (e) Cart or Shelf |
| (b) Wash and Sorted | (f) Bed or Room |
| (c) Finish | (g) Soiled |
| (d) Cart or Shelf | (h) Inventory Replacement |

(4) The eight locations represent eight par. The par level will determine the beginning inventory for each piece.

a. The inventory of textiles will directly affect the:

- (1) Number of processes,
- (2) Availability,
- (3) Life expectancy, and
- (4) Cost of each piece.

b. Changes in the par level will occur and will follow changes in:

- (1) Total beds,
- (2) Occupied beds,
- (3) Pounds per occupied bed,
- (4) Total poundage, and
- (5) Level of service or acuity.

c. The level of customer service, or patient acuity, is of prime importance because it will determine the volume of each piece washed per day and will directly affect pounds per occupied bed and total poundage.

(5) The Textile Control Officer should carefully review the active textile inventory needs to determine if unusual situations exist that may require a larger par level.

Rescinded

March 24, 1994

g. Textile management record keeping should be accurate and account for the textile inventory in each stage of textile service cycle. The semi-annual textile inventory should be used to validate textile management records. The Textile Care Manager's textile reserve, supply requisitions and deliveries should be accounted for by this record keeping system.

h. The textile inventory budget and textile requisition mechanisms should be adjunct to textile record keeping systems maintained by the Textile Control Officer.

7.10 TEXTILE CONTROL GUIDELINES

a. The Textile Control Officer is responsible for implementation of effective textile controls which meet the needs of the medical center. The textile security policies and procedures used by EMS are to be coordinated with all using services, and the medical center police unit.

b. The Textile Control Officer will develop a close cooperative relationship with the medical center police to ensure that textile control procedures properly interface with police security procedures and that suspicious losses or conditions receive prompt investigation.

c. Textile control will include, but not be limited to, the following security procedures:

(1) All textile storage areas and vehicles are to be locked and access is to be controlled.

(2) Only one 24-hour supply (one par) is to be kept in storage for each using unit.

(3) Prior to distribution, textile items must be permanently marked on an easily visible location, as follows:

**VA PROPERTY
NOT FOR SALE**

(4) All clean textile delivery carts are to be clearly labeled as to their destinations, and must be delivered directly to the designated textile drop point for each using unit.

(a) The carts should be attended by designated EMS employees until received by the unit.

(b) It is required that each cart and/or ward storage area include a copy of the textile quota for their using units.

(c) Carts utilized by an automated delivery system must be enclosed and should have a provision for locking the contents for safekeeping.

(5) The Textile Control Officer's representative should meet at least quarterly with the textile users to discuss refinement of textile levels, improved service procedures, and improved textile control procedures. The objective is to optimize service to the using services and minimize textile misuse.

(6) Textile Control Officers are encouraged to consider implementing innovative approaches to textile security, such as electronic textile security systems and/or video surveillance.

Rescinded

7.11 GUIDELINES FOR THE TEXTILE INVENTORY CONTROL REPORT, REPORTS CONTROL SYMBOL (RCS) 10-0132, (VA FORM 10-9036)

a. Textile Inventory Control Report (RCS 10-0132) data is based upon inventory control surveys conducted in October (second fiscal year (FY) period) of each year. These reports are to be received by the Director, EMS (161C), VA Central Office, by the last day of November.

(1) A second inventory must be completed in April, with the results being forwarded to the Director, EMS (161C), VA Central Office, by the last day in May, unless the medical center implements the following pro-active linen control measures:

- (a) A multi-disciplinary Linen Control Committee which meets quarterly.
- (b) Secured linen holding areas, i.e., carts, storage rooms, ward closets, and central linen rooms.
- (c) Internal linen inventory and quota reviews.
- (d) When appropriate mark linen "VA Property, Not for Sale."
- (e) An adequate linen replacement budget which permits par maintenance as annotated in paragraph 7.09.
- (f) Routine inventories which reflect consistent and accurate results.
- (g) A written laundry consolidation agreement that addresses:
 - 1. Emergency situations,
 - 2. Adjustable linen quotas based on patient activity,
 - 3. Cost transfers,
 - 4. Linen control responsibilities, and
 - 5. Requirements for the Textile Care Manager to visit service locations.

b. The data submitted is to be based upon the results of accurate textile management records and effective survey procedures. The surveys will be conducted within a 24-hour period. TCPF will submit an RCS 10-0132 and document which medical centers are included in each semi-annual report.

c. Once the Beginning Inventory has been established, the following formula should be calculated to determine Unexplained Disappearance of textiles:

(1) Variables

BI = Beginning Inventory (previous count)

NTR = New Textiles Received

FW&T = Fair Wear & Tear

Rescinded

UD = Unexplained Disappearance
EI = Ending Inventory (Actual Count)

(2) Formula: $BI + NTR - FW\&T - EI = UD$

d. The Textile Control Officer should carefully review and analyze all data to evaluate the status of the textile management and control function. This evaluation should assist the Textile Control Officer in recognizing out-of-line situations so positive action may be taken to correct undesirable situations that have been highlighted in the report. Positive (+) Unexplained Disappearance values for individual Textile Control Items indicate serious problems with record keeping procedures, or past inventories. These situations should be corrected as soon as possible.

e. The data and summary factors of the Textile Inventory Control Report are to assist the Textile Control Officer to evaluate the effectiveness of the textile management and control function.

Department of Veterans Affairs
Veterans Health Services and
Research Administration
Washington, DC 20420

RECEIVED

OCT 30 1990

M-1, Part VII
Chapter 7

September 11, 1990

1. Transmitted is a revision to Veterans Health Services and Research Administration Manual M-1, "Operations," Part VII, "Building Management Service," Chapter 7, "Textile Services." Brackets have not been used to indicate the changes.

2. The purpose of this revision is to delineate current policy concerning Textile Services in Veterans Health Services and Research Administration medical centers. This revision contains a major change in the formula used to calculate textile losses. This new textile loss formula will allow statistical analyses to be conducted that will enable VA medical centers to make meaningful comparisons and, when appropriate, to take incisive action to reduce the loss of this valuable resource.

3. Filing Instructions

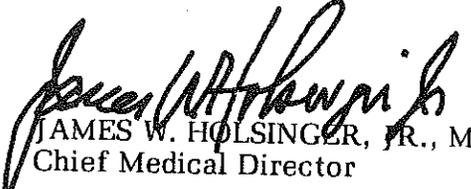
Remove Pages

Insert Pages

7-i through 7-5

7-i through 7-7

4. RESCISSION: M-1, part VII, chapter 7, dated May 3, 1982.


JAMES W. HOLSINGER, JR., M.D.
Chief Medical Director

Distribution: RPC: 1092
FD

Printing Date: 9/90

Rec'd 6-1-82

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

M-1, Part VII
Change 17

May 3, 1982

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

NOTE: *The purpose of this change is to update and incorporate "Linen Services" policy.*

Pages 5-i and 5-1 through 5-2: Remove these pages (ch. 5 reserved).

Pages 7-i through 7B-1: Renumber these pages 8-i through 8B-1. All references to chapter 7, dated November 28, 1975; appendix 7A dated May 2, 1980; and appendix 7B, dated December 1, 1980, should be redesignated as chapter 8.

Pages 7-i and 7-1 through 7-4: Insert these pages attached.

Pages 8-i and 8-1 through 8-3 (dated November 20, 1970): Remove these pages (ch. 8 deleted).

*no ch. 8 @
delete!*



DONALD L. CUSTIS, M.D.
Chief Medical Director

Distribution: RPC: 1092
FD

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

M-1, Part VII
Change 16

December 1, 1980

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

NOTE: The purpose of this change is to revise Appendix 7B, "Uniform Allowance Rates."

Pages 7B-1 and 7B-2: Remove these pages and substitute page 7B-1 attached. (App. 7B revised.)

This change is effective November 7, 1980.



DONALD L. CUSTIS, M.D.
Chief Medical Director

Distribution: RPC: 1092
FD

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

M-1, Part VII
Change 14

May 2, 1980

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

NOTE: The purpose of this change is to revise appendix 7A.

Pages 7A-1 through 7A-10: Remove these pages and substitute pages 7A-1 through 7A-10 attached. (App. 7A revised.)

This change is effective May 2, 1980.



DONALD L. CUSTIS, M.D.
Chief Medical Director

Distribution: RPC: 1092
FD

Resc. by M-1, Pt. VII, Chg. 11 dt. 11/5/79

TELEGRAPHIC MESSAGE

NAME OF AGENCY VETERANS ADMINISTRATION CENTRAL OFFICE	PRECEDENCE ACTION: R INFO:	SECURITY CLASSIFICATION
ACCOUNTING CLASSIFICATION	DATE PREPARED 5/25/79	TYPE OF MESSAGE <input type="checkbox"/> SINGLE <input type="checkbox"/> BOOK <input type="checkbox"/> MULTIPLE-ADDRESS
FOR INFORMATION CALL		
NAME H. K. TYLER (137D)	PHONE NUMBER 275-1765	

THIS SPACE FOR USE OF COMMUNICATION UNIT

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

TO: DIRECTORS, ALL DM&S FIELD ACTIVITIES

00/137 THIS IS INTERIM ISSUE 10-79-23

A. BASIC ADMINISTRATIVE ISSUE AFFECTED: DM&S MANUAL M-1, PART VII

B. OTHER ISSUES AFFECTED: NONE.

C. REASON FOR ISSUE: TO CHANGE UNIFORM POLICY RELATING TO COLOR ALTERNATIVES FOR FEMALE DENTAL ASSISTANTS, HYGIENISTS AND LABORATORY TECHNICIANS FOR DENTAL SERVICE.

D. TEXT OF ISSUE: M-1, PART VII, CHAPTER 7, IS CHANGED AS FOLLOWS:

1. PAGE 7A-2, "TYPE UNIFORM" COLUMN, UNDER "DENTAL SERVICE--

CONTINUED":

✓ A. LINE 1: DELETE "MINT GREEN," AND INSERT "WHITE OR PASTEL,".

✓ B. LINE 2: DELETE " MINT GREEN," AND INSERT "WHITE OR PASTEL,".

✓ C. LINE 3: DELETE "MINT GREEN" AND INSERT "WHITE OR PASTEL".

✓ D. LINE 6: DELETE "MINT GREEN," AND INSERT "WHITE OR PASTEL,".

✓ E. LINE 7: DELETE "MINT GREEN," AND INSERT "WHITE OR PASTEL,".

✓ F. LINE 8: DELETE "MINT GREEN" AND INSERT "WHITE OR PASTEL".

E. RESCISSION: THIS ISSUE WILL NOT BE CONFIRMED WITH A PRINTED ISSUE AND IS RESCINDED MAY 30, 1980, 137/10

[Signature]
H. K. TYLER: rmm

(137) (13) (16) (10)

PAGE NO.	NO. OF PGS.
1	1

SECURITY CLASSIFICATION
JUN 1 1979

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

M-1, Part VII
Change 11

November 5, 1979

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

NOTE: The purpose of this change is to revise appendixes 7A and 7B.

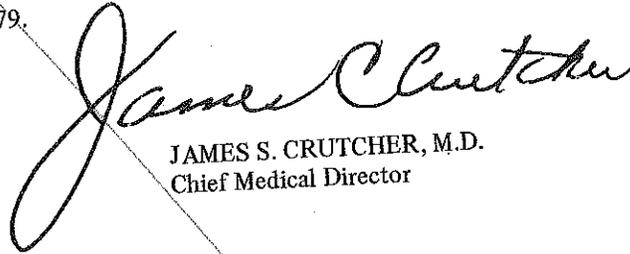
✓ Page iv, paragraph 1b: Add "II 10-76-24" and "II 10-79-23".

✓ Pages 7A-1 through 7A-13: Remove these pages and substitute pages 7A-1 through 7A-9¹⁰ attached. (App. 7A revised.)

✓ Pages 7B-1 and 7B-2: Remove these pages and substitute pages 7B-1 and 7B-2 attached. (App. 7B revised.)

✓ RESCISSIONS: II 10-76-24 and II 10-79-23.

This change is effective December 16, 1979.



JAMES S. CRUTCHER, M.D.
Chief Medical Director

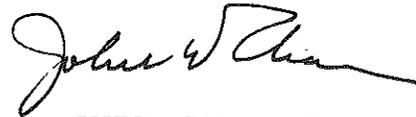
Distribution: RPC: 1092
FD

November 28, 1975

Part VII, "Building Management Service," VA Department of Medicine and Surgery Manual M-1, "Operations," is changed as indicated below: *NOTE: The purpose of this change is to revise chapter 7, "Employee Uniforms," and incorporate the provisions of II 10-75-21.*

✓ Pages iii and iv: Remove these pages and substitute pages iii and iv attached. (Rescissions added.)

✓ Pages 7-i through 7A-12: Remove these pages and substitute pages 7-i through 7B-2 attached. (Ch. 7 and app. 7A revised; app. 7B added.)



JOHN D. CHASE, M.D.
Chief Medical Director

Distribution: RPC: 1092
FD

Rec'd by Change 9

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

M-1, Part VII
Change 8

July 1, 1975

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

NOTE: The purpose of this change is to:

a. Incorporate provisions of Interim Issues 10-72-11 and 10-75-5.

b. Provide that Medical District Directors are the approving authority for deviation requests concerning the style and color of uniforms to be worn by employees who receive an allowance with the exception of Hospital Police.

✓ Page iv, paragraph 1b: Add "II 10-72-11" and "II 10-75-5."

Page 7-2, paragraph 7.06: Insert "j. Medical District Directors are authorized to approve deviation requests from medical care facilities concerning the style and color of uniforms for employees who receive a uniform allowance with the exception of Hospital Police."

✓ Pages 7A-3 and 7A-4: Remove these pages and substitute pages 7A-3 through 7A-4b attached.

✓ Page 7A-11: Remove this page and substitute pages 7A-11 and 7A-12 attached.

✓ RESCISSIONS: Interim Issues 10-72-11 and 10-75-5.



JOHN D. CHASE, M.D.
Chief Medical Director

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Ⓐ Chp 7 amended by changes nos:
* 1; 2; 11; 14; 16; 17 Chp renumbered as Chp 8.
19; 20

Ⓑ Chp 7 revised by changes:
6; 9 (APP 7B added)

* Chp. 1 added Chp 7 & APP. 7A.

Rec'd by Change 9

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

M-1, Part VII
Change 6

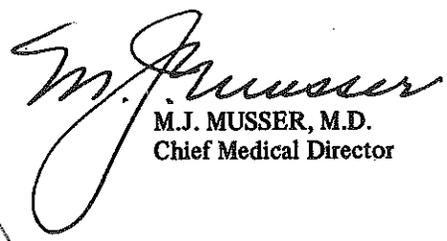
September 22, 1971

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

NOTE: The purpose of this change is to update Chapter 7, "Employee Uniforms," and incorporate provisions of Interim Issues 10-70-20, 10-71-2 and 10-71-22.

Page iii: Remove this page and substitute pages iii and iv attached. (Rescissions added.)

Pages 7-i through 7A-17: Remove these pages and substitute pages 7-i through 7A-11 attached. (Ch. 7 and App. 7A revised.)


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Chief Medical Director

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

M-1, Part VII
Change 2

October 17, 1968

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

NOTE: The purpose of this change is to change uniform wearing requirements for Audiologists and Speech Pathologist, Audiology and Speech Pathology Trainees, and Clinical Psychologists from mandatory to Station Director determination.

Page 7A-15, column (d), "Wearing Requirements"

- ✓ Line 1: Delete "A" and insert "B".
- ✓ Line 2: Delete "A" and insert "B".
- ✓ Line 3: Delete "A" and insert "B".

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CHANGE 6

July 12, 1968

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

NOTE: The purpose of this change is to incorporate and consolidate provisions in VA Circular 5, 1958, VA Circular 16, 1958, VA Circular 60-2, 1960 and VA Circular 62-3, 1962.

- ✓ Page iii, chapter 7: After "UNIFORMS" delete "*".
- ✓ Pages 7-i through 7A-17: Insert these pages attached. (Ch. 7 and app. 7A added.)

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Change 6