

October 2010



# New Employee Orientation Packet

## Orientation Topics

Mission, Vision, Values  
Whom do we Serve?  
Cultural Diversity  
Patient Centered Care  
Infection Control including Bloodborne Pathogens  
Life (Fire) Safety  
Life Support Awareness Training  
Emergency Preparedness  
Back and Computer Safety  
No Smoking Policy  
Radiation Safety  
Hazardous Materials and MSDS  
Waste Streams Management  
Utilities  
VA Police  
Compliance and Business Integrity  
Patient Safety  
SBAR for Team Communication  
Equipment and Electrical Safety  
Disclosing Adverse Events  
Patient Abuse and Neglect  
Patient Record Flags  
Suicide Risk Assessment  
Needs of the Dying Patient and Their Family  
Prevention and Management of Workplace Violence  
No FEAR Act  
Prevention of Sexual Harassment  
Equal Employment Opportunity (EEO)  
Ethical Conduct for Federal Employees  
U.S. Constitution

**NOTE: Packet does not include VA National Mandatory Training available online in the VA Learning Management System (LMS).**

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## **Mission, Vision and Values**

**VHA Mission:** Honor America's veterans by providing exceptional health care that improves their health and well-being.

**VHA Vision:** VHA will continue to be the benchmark of excellence and value in health care and benefits by providing exemplary services that are both patient centered and evidence based. This care will be delivered by engaged, collaborative teams in an integrated environment that supports learning, discovery and continuous improvement. It will emphasize prevention and population health and contribute to the nation's well-being through education, research and service in National emergencies.

**We value** Trust, Respect, Excellence, Commitment and Compassion in an environment of continuous improvement (TRECC).

## **Whom Do We Serve?**

Eligibility for most Veterans' health care benefits is based solely on active military service in the Army, Navy, Air Force, Marines, or Coast Guard (or Merchant Marines during WW II), as long as the Veteran was honorably discharged. There are also other categories of eligibility:

- reservists and National Guard members who were called to active duty by a Federal Executive Order may qualify for VA health care benefits; and
- returning service members, including Reservists and National Guard members, who served on active duty in a theater of combat operations have special eligibility for hospital care, medical services, and nursing home care for two to five years following discharge from active duty.

Remember that health care eligibility is not just for those who served in combat. Other groups may be eligible for some health benefits. Also, Veteran's health care facilities are not just for men. VA offers full-service health care to women Veterans as well.

Generally, a service-connected disability is one that was incurred or aggravated while on active duty in the military. Veterans may be eligible for additional benefits related to their service connected condition, but Veteran's health care is not just for service-connected injuries or medical conditions.

## **Understanding Diversity**

Diversity is the study of all the ways that people differ from one another. These differences make each person unique. It also refers to the differences between and within cultural groups. When speaking about diversity in the workplace, there is an emphasis on accepting and respecting these differences.

### **Population Trends**

The following trends reflect the increasing diversity of the United States.

- The American population is aging
- Today, more than half of the work force includes people of color, women and immigrants
- The majority of women are working
- Women still earn less than men
- There is an increasing shortage of skilled and technical labor
- Employees change jobs many times in a career

### **What is culture?**

Culture is a way of life that is developed and communicated by a group of people. It consists of: Ideas, Habits, Attitudes, Customs, and Tradition

Cultural sensitivity describes the affective (emotional) behavior in people when reacting to ideas, habits, customs, or traditions unique to a group of people.

### **Cultural Values**

Below are five areas where cultural diversity can create challenges in the workplace.

#### **Communication**

Formal cultures place a high value on following business protocol and social customs. In a formal culture, managers would be addressed, for example, as Mr. Smith or Ms. Miller. This is typified

in Asian cultures, which are known for greater formality. Informal cultures, as in the United States, dispense with ceremony and are more casual in the workplace. Employees may address their bosses by their first names.

The level of directness that people display in their communication is determined largely by their particular culture. In the U.S., people are very direct; they rely heavily on the spoken word. Conflict is dealt with head-on. Many people from Asia and Middle East may appear indirect and vague in their communication. Conflicts are often avoided in an effort to “save face.”

#### ***Expression of emotion***

Members of some cultures tend to show their feelings more than others. They often touch or hug one another. In other cultures, members tend to repress their feelings, keeping them carefully controlled and subdued.

#### ***Time***

Some individuals prefer a **single-focus** approach; one thing at a time with a commitment to a schedule. Each task is completed before another task is begun. They like to keep things in order.

Other individuals prefer a **multi-focus** approach. They are comfortable with plans changing and enjoy handling multiple tasks; focusing on what ever needs to be done. Both of these work styles are different, but they both can be productive.

#### ***Punctuality***

Punctuality can be described as **fixed** or **fluid**. In a fixed approach, meetings are expected to begin on time. Deadlines and schedules are taken seriously. Northern Europeans, Americans and the Japanese are oriented towards a fixed view of time. When punctuality is defined loosely, it is said to be fluid. Meetings begin when people are ready. Delays are expected and part of the norm. There is a largely open-ended approach to getting things done. Asia, Latin America, and the Middle East are more fluid about time.

#### ***Personal Space***

People in different cultures have contrasting needs for their personal space, that is, the comfortable distances between individuals. Personal space refers to how much space is between two individuals. Standards vary across cultures.

### **Current Perceptions**

Your own identity shapes how you experience other people. You first received information about other people when you were growing up. Families, churches, community groups, as well as the media influenced your perceptions of other people. Much of what you learned when you were young is still affecting your behavior today.

An individual's beliefs and values can, and do change. What types of experiences impact these changes? Consider the following:

- Getting to know people on a one-to-one basis
- Changes in societal norms
- Changes in culture that are reflected by the media
- Religious and spiritual beliefs
- The accumulation of an individual's life experiences

### **Understanding Diversity Requires Effective Communication**

An important part of the communication process is listening. Most of us are not very good listeners. Do you ever pretend to be listening when you are not? Do you know how to look attentive in a meeting when you are thinking about what you will do after work? How about “tuning out” people when their ideas are not interesting?

#### **Listening Skills**

Modifying your listening skills is easier said than done. To listen well means putting yourself into the other person's shoes. It means “stepping into” their value systems, history, and culture. It means listening with your eyes and ears to check for consistent messages.

A second and most critical listening skill is verifying that you have heard something correctly. This means repeating back what the other person has said to you.

#### **What Can I Do?**

The goal of any diversity training is to create an environment where everyone feels comfortable. Businesses recognize the importance of their people working well together. It is the individual that

ultimately contribute to a multicultural workforce. It is up to the individuals to examine their own biases.









1. Individuals ultimately have to talk to one another while at work
2. Organizations can't change the behavior of individuals; only individuals themselves can do that.
3. Trust-building is ultimately accomplished by individuals communicating with one another
4. The sharing of individual values, histories, and cultures is done person-to-person
5. Each employee must implement changes in how they work together.

What will it take for you to come forward and do something different as an individual?

## **Patient-Centered Care**

Although the phrase "patient-centered care" has been defined and is used in a variety of ways, the essential theme is that healthcare should be delivered in a manner that works best for patients. In a patient-centered approach to healthcare, providers partner with patients and their family members to identify and satisfy the full range of patient needs and preferences

### **Organizations practicing patient-centered care recognize that:**

-  A patient is an individual to be cared for, not a medical condition to be treated.
-  Each patient is a unique person, with diverse needs.
-  Patients are partners and have knowledge and expertise that is essential to their care.
-  Patients' family and friends are also partners. (This is also sometimes referred to as "patient and family-centered care.")
-  Access to understandable health information is essential to empower patients to participate in their care and patient-centered organizations take responsibility for providing access to that information.
-  The opportunity to make decisions is essential to the well-being of patients and patient-centered organizations take responsibility for maximizing patients' opportunities for choices and for respecting those choices.
-  Each staff member is a caregiver, whose role is to meet the needs of each patient, and staff members can meet those needs more effectively if the organization supports staff members in achieving their highest professional aspirations, as well as their personal goals.
-  Patient-centered care is the core of a high quality health care system and a necessary foundation for safe, effective, efficient, timely, and equitable care.

## **Planetree Care Components**

### ***Recognizing the Primary Importance of Human Interactions***

Human beings caring for other human beings, creating caring relationships among all members of the Planetree community, including residents, families, employees, and volunteers.

### ***Enhancing Each Individual's Life Journey***

A Planetree continuing care community supports personal growth, self-expression, and the fulfillment of individual dreams.

### ***Supporting Independence, Dignity, and Choice***

A Planetree community supports an individual's autonomy, lifestyle, and interests. Each individual's routines and preferences determine the pace of care and services.

### ***Incorporating Family, Friends, and Social Support Networks in the Life of the Community***

A Planetree community supports connections to family and friends and encourages their involvement in the life of the community. Individuals are encouraged to maintain and expand their social support networks.

### ***Supporting Spirituality as a Source of Inner Strength***

A Planetree community offers opportunities to strengthen the relationship with one's faith and inner resources. A variety of programs provide meaningful spiritual support.

### ***Promoting Paths to Well-Being***

A Planetree community provides holistic wellness programs that maintain health and complement western scientific medical care.

### ***Empowering Individuals Through Information and Education***

A Planetree community provides the information necessary to maximize physical, mental, emotional, and

financial well-being. A Continuous Quality Improvement process engages the entire Planetree community in working together to solve problems and exceed quality standards.

### ***Recognizing the Nutritional and Nurturing Aspects of Food***

Food choices and personalized service, in combination with sound nutrition practices, are a source of pleasure, comfort, and fellowship.

### ***Offering Meaningful Arts, Activities and Entertainment***

Planetree recognizes that people need opportunities for camaraderie, laughter, and creativity. A Planetree community responds to individual interests and allows for spontaneity.

### ***Providing an Environment Conducive to Quality Living***

Planetree recognizes the influence that the continuing care living environment has on health and wellness. The design incorporates residential décor, natural light, and access to nature.

## **Infection Control including Bloodborne Pathogens**

Grace Kirkland, RN (858) 642-3379 or Deborah Haist, RN (858) 642-7877

### **Infection Control**

The goal of the Infection Control (IC) Program is to protect patients, employees, volunteers and visitors from healthcare associated infections. The Infection Control SharePoint is the primary reference site for data, practice guidelines, policies and education materials for patients and staff.

VASDHS participates in national initiatives to decrease healthcare associated infections. Complete information is available on line. <http://www.ihl.org/IHI/Programs/Campaign/>

### **Hand Hygiene**

Hand Hygiene is the single most important infection control measure! All health care workers in direct patient contact areas must:

- Use an alcohol-based hand sanitizer OR antibacterial soap and water to routinely disinfect hands before and after having direct patient contact.
- If hands are NOT visibly dirty, use an alcohol-based hand sanitizer to routinely disinfect hands.

Two occasions require hand washing with soap, running water and friction for ~15 seconds:

1. When visibly soiled/contaminated
2. When caring for a patient with Clostridium difficile infection (CDI). C. difficile can be spread by spores which cannot be eradicated with alcohol hand sanitizers.

### **When to Perform Hand Hygiene**

- Before patient contact
- After patient contact
- Before donning glove to perform clean and aseptic procedures
- After removal of gloves
- Whenever hands are contaminated
- Before donning sterile gloves
- Before eating
- After using the rest room

All health care workers who provide direct, hands-on care to patients may NOT wear artificial fingernails, nail wraps, or extenders; this includes non-supervisory and supervisory personnel who regularly or occasionally provide direct, hands-on care to patients.

### **Bloodborne Pathogens Defined**

Pathogens are germs that can cause disease. Bloodborne pathogens are viruses such as hepatitis B, hepatitis C and HIV that can potentially be spread to others through exchange of body fluids. This can include:

**Body Fluids:**

- Blood
- Semen
- Vaginal secretions
- Urine
- Non-fixed (hardened and preserved) tissues and other body fluids

**Patient care activities:**

- Starting IV lines
- Giving injections (shots)
- Collecting blood specimens
- Doing anything that cuts through the skin
- Suturing (sewing-up)
- Suctioning

**Potential Routes of Exposure:**

- Sticking yourself with a dirty needle
- Punctures or cuts from dirty sharps or blades
- Direct contact of infected blood or body fluids with broken skin
- Touching dirty surfaces (like furniture, faucets and equipment)
- Splashing infected fluids in your eyes, nose, and mouth.

**Sharps injuries may occur during non-patient care activities :**

- Handling dirty linens
- Emptying sharps containers
- Handling bio-hazardous waste
- Processing/handling laboratory specimens
- Environmental cleaning
- Repairing patient care equipment

Despite taking precautions, accidental sharps injuries may occur. If injured at the Medical Center, report STAT by calling the Needlestick hot-line 347-1789 (7/24/365) for medical follow up including medication to prevent HIV infection. First dose kits for HIV prophylaxis are available in the Operating Room for staff injured during off tour cases. The injured staff member may take the first dose, finish the case and then initiate further follow up notification without delaying the potential advantage of HIV prophylaxis. First Dose Kits are available at CBOCs and for HBPC nurses to carry with them for home visits when needle sticks may occur. The risk of HIV is related to the circumstances of exposure, e.g. blood drawing, suturing.

Symptoms of new HIV infection are similar to symptoms of flu and include:

- Fever
- Headache
- Body ache
- Fatigue
- GI upset

**Personal Protective Equipment (PPE)**

- All PPE (gowns, gloves, masks, shoe covers) must be removed immediately before leaving the patient treatment or restricted area.
  - Operating Room
  - Cardiac Cath Lab, GI, EP labs
  - Isolation rooms
  - Laboratory
- Always wear gloves for touching any secretions, excretions, non-intact skin, mucous membranes, drainage, etc.
- One-way valve masks should always be used for CPR.

OSHA prohibits healthcare workers (HCW) from eating and drinking in patient care areas or any area where blood or body fluids are handled. This includes exam, treatment, procedure, and patient rooms, labs, EMS areas and nursing stations. Follow the label on the door to identify room function!

**Blood/Body Fluid Spill Management**

- Cover small spills with a paper towel
- Spray with an approved germicide (e.g. Dispatch)
- Use gloved hands to clean up the spill
- Call Housekeeping for large spills

**Standard Precautions are used routinely for all patient care activities.**

<b>Standard Precautions Component</b>	<b>Recommendations</b>
Gloves	Wear for touching: Blood, body fluid, secretions, excretions, contaminated items
Gown	When contact of clothing or exposed skin with blood/body fluid, secretions, and excretions is anticipated.
Mask & eye protection	Procedures likely to generate splashes or sprays of blood, body fluids, secretions, especially suctioning, irrigation and endotracheal intubation.
Soiled patient care equipment	<ul style="list-style-type: none"><li>• Wear gloves if visibly contaminated.</li><li>• Follow cleaning and disinfection guidelines.</li></ul>
Environmental control	<ul style="list-style-type: none"><li>• Housekeeping procedures for daily and prn cleaning, and disinfection of environmental surfaces, especially frequently touched surfaces in patient-care areas.</li><li>• All products are EPA approved for hospital use.</li></ul>
Textiles and laundry	Soiled linens are rolled with wet part inside; carried away from the body and placed into soiled linen hamper.
Needles and other sharps	Do not re-cap, bend, break or hand manipulate used needles; use safety devices, place used sharps in puncture-resistant container.
Patient placement	Prioritize for single patient room if patient is at increased risk of transmission, is likely to contaminate the environment, does not maintain appropriate hygiene, or is at increased risk of acquiring infection or developing adverse outcome following infection.
Respiratory hygiene/ cough etiquette	Practice for yourself and instruct symptomatic patients to: <ul style="list-style-type: none"><li>• Cover mouth/nose when sneezing/coughing</li><li>• Use tissues and dispose in no-touch receptacle</li><li>• Hand hygiene after soiling hands with respiratory secretions</li><li>• Wear mask (not N95 respirator) if tolerated or</li><li>• Maintain spatial separation &gt;3 feet if possible</li></ul>

**Respiratory Hygiene/Cough Etiquette**, a part of Standard Precautions is to prevent transmission of respiratory infections, especially in ED and other Ambulatory Care areas.

Signs are posted and supplies available to remind symptomatic patients to:

- Notify healthcare staff upon arrival
- Cover coughs with tissues or wear ear loop mask to contain cough/sneeze
- Clean hands after discarding used tissues

**Transmission Based Precautions**

In addition to Standard Precautions, further measures are taken when patients are suspected of having organisms that could be spread in ways other than in blood or body fluids.



**Airborne Infection Isolation (Previously Respiratory) prevents transmission of TB and other infections spread by the airborne route.**

- Patients with known or suspected TB should be placed in Airborne Infection Isolation.
- Symptoms of TB include:
  - Fever
  - Cough (lasting more than 2-3 weeks)
  - Night sweats
  - Unexplained weight loss
  - Loss of appetite
  - Coughing up blood
- Other diseases requiring Airborne Isolation are chickenpox and diphtheria
- Requirements: Private room with negative air pressure, N95 respirators for staff

**Contact Precautions**

- Designed to prevent transmission of organisms that are spread by contact with infected patients or contaminated items
- Examples of diseases requiring Contact Precautions are, multiple resistant organisms, e.g., MRSA (colonize or infected), VRE, non-contained large draining wounds, and lice or scabies
- Patient placement: Single room if available. If not then, place patients infected or colonized with the same pathogen (cohort) in the same room.

PPE:

Gloves	Upon entry into patient room.
Gown	Don gown upon entry into the room or cubicle for contact with the patient, or any environmental surfaces or equipment in the patient's room.

**Special Contact Precautions**

- Clostridium difficile infection (CDI)
- Soap & water hand wash indicated (alcohol hand sanitizer ineffective for C.dif spores).
- Use bleach-containing disinfectant for equipment & environmental cleaning.

**Droplet Precautions**

- Used to prevent the spread of germs contained in large airborne droplets.
- Examples of diseases requiring droplet precautions are pneumonia caused by resistant organisms, influenza, meningitis, or measles.

Patient placement	Same as for Contact Precautions
Mask & eye protection	For all aerosol-generating or splash procedures: suctioning (unless closed system), irrigating, intubation, and bronchoscopy. Within cough radius (3-6 feet) of the patient.

**Combined Categories**

- Multiple isolation categories may be used for patients with infections that may be spread by both air and contact
- Examples of diseases: smallpox, viral hemorrhagic fevers, patients with TB infection plus resistant wound infections
- Specifications: Private room with negative air pressure, gowns, surgical grade mask, gloves

**Employee/Occupational Health, First Floor, West Room #1211**

- Know which childhood diseases you have had & get immunized!
- Report all exposures immediately to your supervisor and go to employee health
- Document all exposures through the ASIST
- Participate in TB screening program
- Complete all vaccinations as appropriate

**Life (Fire) Safety**

Every day Americans experience the horror of fire. Each year more than 4,000 Americans die and approximately 25,000 are injured in fires. The majority of fire-related deaths (75%) are caused by inhalation of the toxic gases produced by fires.

## **The Nature of Fire**

- Fire is FAST! There is little time. In less than 30 seconds a small flame can turn into a major fire.
- Fire is HOT! Heat is more threatening than flames. A fire's heat alone can kill. Room temperatures in a fire can be 100 degrees at floor level and rise to 600 degrees at eye level. Inhaling this super hot air will scorch your lungs. This heat can melt clothes to your body.
- Fire is DARK! Fire isn't bright, it is pitch black. Fire starts bright, but quickly produces black smoke and complete darkness.
- Fire is DEADLY! Smoke and toxic gases kill more people than flames. Fire uses up the oxygen you need and produces smoke and poisonous gases that kill.

## **The Fire Triangle**

A triangle is often used to illustrate the three components necessary for fire to occur.

- HEAT: Sufficient to create ignition
- OXYGEN: Sufficient to sustain combustion
- FUEL: A material that combines with oxygen in the presence of heat Remove one element to stop the chemical chain reaction.

## **R.A.C.E.**

To protect staff and patients, immediate actions are needed by staff in the event of a fire. When you discover a fire, activate the RACE plan.

### **R is for RESCUE**

- There is always a risk in a fire rescue. Evaluate the risk and determine if you can rescue the person in danger without becoming a victim yourself.
- Never enter a room where there is fire to rescue someone without first letting other staff members know.
- Never yell "fire." Always use the term Code Red

Heat and smoke collect at the top of the room. Keep low and get your victim on the floor as soon as possible. If the victim is in the fire, get him or her out of it quickly in order to stop further burns. Remove the person from the room and close the door behind you.

### **A is for ALARM**

The most common factor in hospital fires with multiple deaths is a delay in activating the fire alarm system. If you suspect that there is a fire, do not delay; Pull the fire alarm.

Several events take place when the fire alarm is activated. Major fire doors will automatically shut helping to isolate the fire. Fans will shut down in the building ventilation system. This helps prevent smoke from spreading throughout the building. The alarm alerts all employees to implement RACE.

Work as a team. One person may pull the fire alarm while the other person can attempt a rescue. Fire alarm pull boxes are located throughout the building. They are located in visible well traveled areas such as corridors and near nurses' stations. They can also be found in hazardous areas such as kitchens and mechanical rooms. Take note of them as you are working so that in the back of your mind, you will know where they are located.

### **C is for CONTAIN**

Contain the fire by closing doors and windows. During a fire, closing doors and windows is a critical function. This simple action will help to slow down the fire and protect other spaces from the deadly effects of smoke. Closing doors gives you time.

### **E is for EXTINGUISH**

Extinguish the fire if:

- Everyone is safe
- The fire alarm has been activated
- The fire is small and contained
- You are trained
- It is safe to do so

There are several ways you can extinguish a fire. You can use a fire extinguisher or you can smother the fire. You can smother a fire by throwing a blanket over it. Use a heavier material to smother the fire. Light materials thrown over a fire might heat up so fast that they actually catch fire rather than smother it.

If a piece of equipment is on fire, pull the plug if possible. If the fire is in a trash can you can smother it with a pillow, towel, rug or blanket.

Most important; protect yourself. Always make sure you have a way out. Never let the fire get between you and the exit.

### **Fire Extinguishers**

A portable fire extinguisher can save lives and property by putting out a small fire or controlling it until the Fire Department arrives. Portable extinguishers are not designed to fight large or spreading fires. However, even against small fires, they are useful only under certain conditions:

The location of the extinguisher must be known beforehand.

The proper type of extinguisher must be used for the fire that is to be extinguished.

- Class "A" Fires: Common combustible are burning, such as wood, paper, cloth
- Class "B" Fires: Flammable liquids. These are fires involving gasoline, oil, acetone, alcohol, paint, gases
- Class "C" Fires: Electrical fires
- Class "K" Fires: Kitchen. These are fires involving grease in commercial cooking equipment.
- The operator must know how to use the extinguisher.
- The extinguisher must be in working order, fully charged.

### **Where are Fire Extinguishers located?**

Fire extinguishers are located throughout the building. They are placed in visible, well traveled locations. Generally, you will find them spaced throughout the corridors. Also you will find them in certain hazardous locations such as labs, mechanical rooms and kitchen areas.

As you pass by a fire extinguisher in areas where you work, you should make a mental note of where it is located. This will help you to quickly obtain a fire extinguisher when it is needed. In almost all areas of VASDHS there are dry-chemical ABC extinguisher can be recognized by the symbols on the side. This type of extinguisher is located on all patient wards and throughout the healthcare system and can be used on all types of fires, including fires in industrial areas.

You should know how to use an extinguisher before attempting to do so. Remember that the fire is doubling in size about every minute. Time wasted on trying to figure out how to use the extinguisher will allow the fire to grow beyond your control. To use the extinguisher, just remember PASS.

- P.** Pull the pin. The pin keeps the extinguisher from being accidentally discharged. Twisting it as you pull it out will help to break the seal.
- A.** Aim for the base of the fire. Aim at the front of the base of the fire. The pressure of the agent as it is expelled can cause the fire to flare up. If you aim for the front, it will push the fire away from you.
- S.** Squeeze the handle. Squeeze it hard and all the way down otherwise the valve will not open all the way.
- S.** Sweep back and forth across the fire pushing it back until it goes out. Fire

## **Life Support Awareness Training**

According to recent statistics sudden cardiac arrest is rapidly becoming the leading cause of death in America. Once the heart ceases to function, a healthy human brain may survive without oxygen for up to 4 minutes without suffering any permanent damage. Unfortunately, a typical EMS response may take 6, 8 or even 10 minutes.

Before you start any rescue efforts, you must remember to check the victim for responsiveness. Shout "Are you okay?" to see if there is any response. If the victim is someone you know, call out his name.

If there is no response, and you are on hospital property, immediately dial 3-3-3 (Code Blue) and tell the operator the location of the victim. If you are off of hospital property, dial 9-1-1. It is critical to remember that calling for help may be the most important step you can take to save a life.

## What NOT to do:

- DO NOT leave the victim alone.
- DO NOT try to make the victim drink water.
- DO NOT throw water on the victim's face.
- DO NOT prompt the victim into a sitting position.
- DO NOT try to revive the victim by slapping his face.

If someone besides you is present, they should call for help immediately (3-3-3-3 or 9-1-1). If you're alone with the victim and have CPR training, call for help prior to starting CPR.

When 3-3-3-3 is called, a Code Blue team of specially trained doctors, nurses, and pharmacists report to the location you provide to perform advanced cardiac life support (ACLS). Remember to stay with the victim to answer any questions the Code Blue team may have.

**VASDHS ensures that automatic external defibrillators (AEDs) are placed in easily accessible, high traffic areas. Employees who received life support training will also be trained to use automatic external defibrillators.**

## Emergency Preparedness

Many lives are disrupted and shattered every year by disasters both natural and manmade. In 2004 there were 67 Federal Disaster Declarations for storms, tornadoes, tidal surges, landslides, wildfires and earthquakes.

Hospitals frequently experience confusion and chaos at the onset of a disaster. This chaos can be minimized if the response has structure and focus.

### Evacuation

Evacuation from a patient care environment is a serious matter. When to evacuate patients is a difficult question. A guideline is that patients, staff, and visitors should be evacuated when their present location is more dangerous than the hazards of the evacuation process and the relocation site.

- The nature of the disaster and the extent of damage will dictate the exact evacuation procedures.
- **Horizontal evacuation** involves relocation to a safer area on the same floor usually to the other side of the fire doors.
- **Vertical evacuation** means relocation to a lower floor and possibly complete building evacuation.
- DO NOT evacuate up because fires spread upwards. The goal is to move towards a ground exit.

### Priorities for moving patients

With horizontal or vertical evacuation, there are priorities for moving patients. They are:

- Persons in imminent danger: Move patients from immediate danger, if it can be done quickly and safely without risking the life of the rescuer. Once the patient is out of immediate danger, evacuate further according to the priorities listed.
- Ambulatory: Gather all the ambulatory patients and appoint staff member to lead them to the safest part of the same floor. If possible, and time permits, have capable patients put their shoes on, retrieve personal items such as eyeglasses and dentures.

If a vertical evacuation is planned, and time permits, have patients carry a blanket for themselves and another patient. Lead the patients towards an exit if instructed to leave the floor. At no time should patients be left unattended.

- Wheelchair: Use wheelchairs to relocate non-ambulatory patients to a safe location. Wheelchairs may be taken back to the area to assist other patients.
- Bedridden patients may be placed on a blanket and dragged out of the immediate danger area. If there is a large amount of smoke in the area or a hazardous material spill, cover the patient's face with a wet towel. Keep close to the floor.
- Patients requiring extensive life support and numbers of personnel: It is a natural impulse during normal operations to run to the patient that requires massive life saving interventions. However, during an emergency evacuation keep in mind the greatest good for the greatest number. Therefore, patients that

require multiple staff members and life support measures to evacuate should be taken last. The patients with the best chances of survival should be evacuated first. Evacuation Checklist

Send a runner to check the evacuation route. You don't want to get to the bottom of a stairwell with patients only to discover that the exit is blocked.

The priority for moving patients from the outside evacuation site to a new destination is reversed. The first patients to leave via ambulance, bus, or van for the new destination are:

1. Patients that require massive life support
2. Stretcher and helpless patients
3. Wheelchair patients
4. Ambulatory patients

## **Back and Computer Safety**

### **Back Safety**

About 80% of on-the-job injuries are back injuries. Statistics show that about 5 out of 6 people will suffer a back injury sometime in their life. OSHA considers back injuries as the nation's #1 workplace safety problem. Awareness of back safety is essential to help prevent injury.

#### **The 4 Most Common Types of Back Injury**

- Muscle spasms caused by tightened or stretched muscles
- Back strain from muscles becoming inflamed from over-exertion
- Back sprain as tissue is torn away
- Herniated disc sometimes called a ruptured or slipped disc

#### **Three Leading Causes of Back Injury**

- The reach and lift injury
- The twist and lift injury
- Cumulative trauma from moving, sitting, and standing incorrectly day after day.

#### **Ways to Prevent Back Injury**

- Good general health
- Proper weight (too much abdominal weight places extra stress on back muscles)
- Proper diet and fluid intake
- Good posture (includes standing, sitting and sleeping correctly)
- Proper footwear
- Proper use of equipment
- Proper lifting technique

#### **How to Lift Properly**

1. Start the lift by putting your feet close to the object. Get a firm footing.
2. Center your body over your feet
3. Squat down bending your knees. Keep you back straight or slightly arched.
4. Let your legs to do the lifting, not your back.
5. Grasp the load securely with your hands, and pull the load close to you.
6. Smoothly lift straight up.
7. Never twist your body while lifting.
8. If you must turn, turn with your feet, not your body.
9. Never jerk and twist!
10. Keep you head up, as if looking straight ahead, not down.
11. When moving patients be sure to use appropriate lifting assist devices.

#### **Setting the Load Down**

1. Position yourself where you want to set the load.
2. Squat down. Let your legs do the work, not your back.
3. Do not twist, keep your head up.
4. Once the load is where you want it, release your grip.
5. Never release your grip on a load until it is secure.

### **Alternatives to lifting; Using a hand truck or pushcart:**

Remember:

- It is easier and safer to push than to pull.
- Stay close to the load, try not to lean over.
- Use both hands to control the hand truck or pushcart.
- Use tie down straps to secure the load.
- Avoid stairs and inclines.

### **Preventing Computer Related Injuries**

Millions of workers spend most of their day sitting at a computer. Our bodies were not designed to sit all day while our hands work rapidly over a keyboard. As a result, each year, approximately 600,000 people experience repetitive strain injury (RSI). RSI is damage to soft tissues from prolonged/repeated activity. RSI can be caused by not only work but leisure activities, such as, playing the piano, mastering video games, and surfing the web. Protect yourself by using good practices at work (and at home).

### **Your Workstation**

Your ability to customize your work area may be limited if the area is used by many people. Make the necessary modification through adjustable equipment.

- To avoid neck strain the top line of the monitor display should be no higher than the level of your eyes.
- If glare occurs on the screen, reposition the monitor or use a glare blocker.
- Don't stare at the monitor for long periods, blink often to prevent dry, irritated eyes.
- The keyboard should be in a low position.
- Your forearms should be parallel to the floor.
- Keep your elbows at your sides.
- Keep your forearms and wrists in a straight line.
- Do not rest your wrists on the wrist pad if this causes your wrist to bend as you type.
- Keep your shoulders relaxed.
- The mouse should be beside and on the same level as the keyboard.
- Put your feet flat on the floor, or on a wide foot rest.
- Sit back in the chair to support your lower back.

### **Work Habits**

- Any prolonged activity can produce injury.
- Alternate activities.
- Notice how you sit and if you need to straighten up.
- Keep your head and neck in line with your spine.
- Avoid leaning your head forward as you work.
- Do not grasp the telephone between your shoulder and ear.
- Use good body mechanics as you work. Avoid reaching or twisting as you lift or move.
- Move! Prolonged sitting can cause fatigue and soreness.

People often ignore symptoms. The early warning signs are: soreness, tingling, numbness, stiffness, weakness and fatigue. Notify your supervisor if a problem occurs. You may need to see your healthcare provider and work with the ergonomics officer to promote comfort and safety in your workplace design.

### **No Smoking Policy**

Network 22 complies with the Surgeon General's campaign to achieve a smoke free environment. This applies to personnel, volunteers, patients and visitors.

- Smoking is confined to special designated outside areas
- Signs at each entrance to the facility will state "Smoking Prohibited Except in Designated Areas."
- Staff should remind anyone smoking in non-designated areas of the policy and request them to stop immediately. If the person continues smoking after being requested to stop, notify Police and Security.
- Staff may NOT smoke at their desk, in the restrooms, or any other area not approved and posted as a smoking area.

### **Radiation Safety**

Everyone needs a working knowledge of potential radiation sources in their daily work. The ALARA concept tries to reduce potential radiation to: As Low As Reasonably Achievable.

### **Three sources of radiation**

Radioactive implants (temporarily placed in tissue or body cavity)  
Radiopharmaceuticals (for therapeutic and diagnostic use)  
External beam (X-ray machines, fluoroscopy)

### **Basic Precautions**

**Time** – minimize time spent in close proximity

**Distance** – intensity decreases with distance **Shielding** – movable lead shields reduce intensity

## **Hazardous Materials**

OSHA requires that your facility have a written Hazard Communications Program to alert you to hazardous chemicals present in your work area. Hazardous materials (HazMats) are chemical substances that can threaten the environment or your health if released or misused. A chemical's harmful effect can accumulate slowly over time. Chemicals are used in all aspects of life including industry, agriculture, medicine, research, and consumer goods.

### **There are three ways that a chemical can get into your body:**

- Inhalation or breathing it in
- Absorption or through your skin
- Ingestion of through your mouth

Hazmats can be explosive, flammable and combustible, poisonous or radioactive.

Procedures for responding to spills vary according to the type of material: Small spills can be dealt with at the service level when appropriate equipment is available and employees have been trained in its use. If a hazardous waste spill occurs requiring clean-up that is beyond an employee's training and/or equipment, the employee shall report the spill to EH&S by means of a call to the Facilities Management Service (FMS) trouble desk at extension 3301 and any other entity required by policy. No employee shall clean up a spill unless they have been specifically trained to do so. (See relevant policies listed below for specifics of spill clean up and reporting.)

Spills involving chemicals that are classified as hazardous waste, which pose possible health effects to patients or employees with exposure, or damage to the environment if not controlled, should be cleaned up immediately and reported to the Supervisor and EH&S.

"Small" or "minor" spills (spills one gallon or less in volume) that occur within the Service areas of responsibility will be cleaned up using the nearest spill kit by Service staff trained in handling the chemical.

"Large" or "major" spills (spills greater than one gallon in volume or of an otherwise threatening nature) will require initiation of the Emergency Spill Response Plan. EH&S will determine if the San Diego HAZMAT Team needs to be contacted.

The following spill clean-up measures apply:

SPILL CLEAN –UP PROCEDURES	EMERGENCY SPILL RESPONSE
Isolate the spill, and notify the Supervisor	<b>S</b> Secure Area
Refer to MSDS, use the spill kit & PPE	<b>P</b> Protect Persons
Collect and place all contaminated waste in bag	<b>I</b> Inform Supervisor and EH&S
Label bag – date, chemical name, spill location, and contact information	<b>L</b> Leave clean-up of large spills to professionals

## **Material Safety Data Sheets (MSDS)**

MSDS are designed to provide both workers and emergency personnel with the proper procedures for handling or working with a particular substance. MSDS include information such as:

- physical data (melting point, boiling point, flash points)
- toxicity
- health effects
- first aid
- reactivity
- storage
- disposal
- protective equipment
- spill procedures

## **Accidental Spills**

It is extremely important to use caution when dealing with spills. Use the acronym **C.L.E.A.N.**

- **Confirm** that required protective equipment is in use and contain the spill
- **Leave** the area and close the door, restrict access if in a hall
- **Ensure** those exposed are given emergency medical care and enact spill procedures
- **Access** the MSDS and check clean-up procedures/precautions
- **Notify** the Supervisor and Safety Manager

If you are exposed to any type of chemical, you must be evaluated by Employee Health or the Emergency Department. You can prevent exposure by using personal protective equipment (PPE) like gloves, aprons, goggles, masks and respirators. If you are exposed, flush the area with copious amounts of water. Have someone check the MSDS for care or containment instructions. Report all exposure to your Supervisor and fill out an incident report. Following policies and procedures when handling haz-mats can reduce your exposure risks. Know the location of your MSDS Manual.

## **Waste Streams Management and Regulatory Definitions**

### **Waste Streams: "Know Where to Throw"**

Before you throw IT away ask yourself?

- Can **IT** be recycled or used again?
- Does **IT** have Protected Health Information (PHI) or sensitive information that must remain confidential?
- Is **IT** contaminated with blood or body fluids?
- Is **IT** hazardous?

<b><i>What? = IT</i></b>	<b><i>Examples</i></b>	<b><i>Where? And Who?</i></b>
<b>Trash</b>	Office, kitchen and canteen refuse; non-recyclable plastics, package materials	Normal Trash bins EMS x3281
<b>Recycled Materials</b>	White & mixed paper, beverage containers	Blue bins and Special Containers EMS x3281
<b>Electronic Items or Toner Cartridges that can be Reused or Recycled</b>	Toner cartridges, electronics	Contact FRMS x7471
<b>Miscellaneous Items that can be reused or Recycled</b>	Furniture, Equipment, Wood, Ice Packs, Metal	Building 18 Contact EMS x3281
<b>Confidential Documents with PHI</b>	Paper Only	Locked totes or shredders EMS x3281
<b>Computer Storage Devices</b>	Diskettes, hard-drives, CPUs	Call ITS x4767 or deliver to BB104
<b>Bio-Hazardous Materials</b>	Blood, laboratory waste, infectious waste, pathology waste	Red bags EMS x3281
<b>Sharps</b>	Empty syringes and any item capable of puncturing a bag	Red Sharps containers with biohazardous label EMS x3281
<b>Trace Chemotherapy</b>	Empty syringes, gowns, gloves, pads, chux	Yellow bags or yellow bins EMS x3281
<b>Hazardous Waste and Empty Hazardous Waste Containers</b>	Corrosive, Ignitable, Reactive, Toxic	Contact EHS x1052
<b>Universal Waste</b>	Batteries, electronics, fluorescent light bulbs	Building 16



<b>What? = IT</b>	<b>Examples</b>	<b>Where? And Who?</b>
<b>Bulk Chemotherapy</b>	Vials or IVs with ANY amount of liquid	Yellow bins with hazardous waste label Contact EHS x1052
<b>Waste Pharmaceuticals</b>	Unused, expired or partially used medicine	Black containers Contact EHS x1052
<b>Radiation Waste</b>		Contact Radiation Safety Officer x1059 or x7215
<b>Sewer (Toilets and Drains)</b>	Saline, dextrose, urine, feces and controlled substances	Contact EHS x1052

Can't find the answer to your question? or Require a special bin in your area? Call EMS Medical Waste Manager at x3281 or EHS GEMS Coordinator at x1052

<http://vaww.sandiego.portal.va.gov/sites/director/EHS> To access the following information visit the EHS SharePoint site; click on shared documents and click on Waste Streams.

#### **Waste Minimization and Recycling Program**

#### **Confidential Document Management Program**

#### **City of San Diego Industrial Discharge Permit**

#### **Hazardous Waste Disposal and Management**

Hazardous waste is a waste with properties that make it potentially dangerous or harmful to human health or the environment. The universe of hazardous wastes is large and diverse. Hazardous wastes can be liquids, solids, or contained gases. They can be the by-products of manufacturing processes, discarded used materials, or discarded unused commercial products, such as cleaning fluids (solvents) or pesticides. In regulatory terms, a hazardous waste is a waste that appears on one of the four Resource Conservation and Recovery Act (RCRA) hazardous wastes lists (the F-list, K-list, P-list, or U-list) or that exhibits one of the four characteristics of a hazardous waste - ignitability, corrosivity, reactivity, or toxicity. However, materials can be hazardous wastes even if they are not specifically listed or don't exhibit any characteristic of a hazardous waste. In addition, empty acute or extremely hazardous waste containers must also be managed as hazardous waste. Please see the following links for more information:

[http://www.dtsc.ca.gov/HazardousWaste/upload/HWMP\\_DefiningHW11.pdf](http://www.dtsc.ca.gov/HazardousWaste/upload/HWMP_DefiningHW11.pdf)  
<http://www.dtsc.ca.gov/HazardousWaste/upload/Managing-Empty-Containers.pdf>

The VASDHS shall develop and implement policies and programs to effectively handle and control hazardous materials and waste in accordance with all local, state and federal regulations. The hazardous materials and wastes program shall be multidisciplinary and multifaceted and shall consist of, applicable laws and regulations, and accepted practices, standards, and guidelines.

Please see the following link for the VASDHS Hazardous Waste Management Plan and Radiation Safety Manual:  
<http://vaww.sandiego.portal.va.gov/sites/director/EHS>

#### **Medical Waste Disposal and Management**

Visit the following link for the VASDHS Medical Waste Management Plan:  
<http://vaww.sandiego.portal.va.gov/sites/ENV> click on Shared Documents; click on Waste Management

There are serious repercussions to violations of the Waste Regulations. Some states have even succeeded in getting criminal convictions against polluters (i.e. individuals within a company or institution). The handling of waste must be taken seriously. Not only because fines can be levied but also because we need to live in the same environment that is being polluted. Simply put, it is the right thing to do.

Removing trash from buildings and disposing of the trash is no longer a simple task. Removing trash in barrels and dumping it in predetermined burial sites is no longer adequate in our environmentally conscious society. Buried chemicals from previous decades are now poisoning the water that some communities are drinking. The air in some areas is becoming so polluted that homes are being abandoned. Beach cities are finding used medical waste  
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washed up on their shores. Trash disposal has become a major topic on city council meeting agendas, public debates on television, and political platforms.

Joint Commission of American Hospitals Organizations has established certain standards for waste materials for health care institutions. All states have regulatory agencies with written codes on the handling of hazardous waste. The Federal Government has strict guidelines governed by the Federal Environmental Protection Agency and other agencies. These regulations define standards for containment, storage, removal and disposition of waste materials. Proper compliance is primarily the responsibility of supervisory personnel; however, protecting the public and the environment should be a matter of personal concern for everyone.

### **Biohazardous Waste Management**

VISN 22 follows the California State Medical Waste Management Program. The following items are treated as biohazardous waste:

- Suction canisters
- Laboratory and OR waste
- Sharps
- Items containing visible liquid blood
- Un-drained urine drainage bags
- Specimens including non-fixed tissues

All biohazardous containers must have:

- A red bag liner
- An attached lid
- Be appropriately labeled
- Be foot operated if outside of a designated biohazard waste storage area

### **Utilities**

We use major utilities everyday and don't think about their convenience until the utility is disrupted: No natural gas to heat the home or cook, no electricity to turn on the lights or keep food cold, no water to drink or bathe in, no water to flush the toilet.

In the healthcare setting the loss of those and other utilities can be equally disruptive and affect patient care and safety. For example the loss of oxygen, nitrous oxide, medical gas, the vacuum system, steam and sewage.

A major outage of a utility system is defined as a loss of utilities causing use of back up sources. For example:

- Failure of incoming power causing emergency generators to be engaged
- Loss of water for drinking, cooking, and to support the fire suppression system requiring that water be transported and rationed and fire watches be instituted
- Loss of cooling systems in a heat wave requiring fans to maintain air circulation
- Loss of sewer systems requiring use of plastic bags inserted in toilets and rental of portable toilets.

Services or units experiencing what appears to be a utility failure should report the failure to Facilities Management / Engineering Service.

## **VA Police**

### ***ID Badges***

Each employee, WOC, volunteer and work-study student will wear an ID badge while in official capacity. Vendors and contractors should also have an ID badge. The ID badge should be worn with the photograph and name visible. Stop and question people who are in staff areas that are not wearing an appropriate ID badge.

In these days of national threats we can not be too careful. We must be aware of who is in our facilities. When you go home for the day, take you ID Badge with you. If a disaster occurs, natural or man-made, you may not be permitted back on VA grounds without your ID Badge. It will do no good to say it's up in my office or in my locker in Building XYZ.

### ***Vehicle Permits***

All privately owned vehicles and motorcycles operated on VA grounds by employees must be registered with VA Police.

## **Vehicle Accidents**

All accidents involving motor vehicles operated on VA grounds whether with other vehicles, pedestrians, or Government property, will be reported immediately to Police and Security.

## **Control of Contraband**

All persons entering the VA grounds and buildings have implied consent to the inspection of all packages, luggage, and contents in their possession, including vehicles.

### **Contraband includes:**

- Firearms, ammunition, mace type products or weapons of any type
- Illicit drugs or drug taking devices
- Intoxicating beverages
- Flammable liquids

## **Equipment and Electrical Safety**

Electricity can shock, burn or kill you! You never know when contact with electricity will be fatal, but you can count on it hurting. Electrocutions rank FOURTH (9%) in causes of industrial deaths. Healthcare facilities are loaded with complex electrical equipment not only for patient care, diagnosis, and treatment; but for clinical and administrative support. Equipment safety requires the cooperation of ALL personnel in every office and department.

### **Electrical Safety**

Electricity flows through water almost as easily as it travels through the wire that brings electricity to your home or office. Your body is 70% water. So, if you touch electricity, it will flow through you, and you will be badly hurt. The strength of the electric current and the length of time you are in contact with it, determines the injury. The results of electric shock include:

- Temporary nerve injuries such as numbness and tingling
- Loss of consciousness, amnesia, and coma
- Respiratory arrest (breathing stops)
- Heart rhythm problems
- Sudden death (heart stops)
- Burns
- Kidney injuries
- Blood clotting
- Injuries such as broken bones from falls associated with the shock

In the hospital setting we use a three-wire (ground) system. Electricity is carried into the hospital via a hot line and is carried back to the power source via a neutral line (2-wire system). The third line, the ground, directs any electrical leakage into the earth (the ground).

Proper grounding is vital for making electrical equipment safe to use.

### **Electrical Safety in Patient Care areas**

Electricity is one of the most serious hazards to which patients are exposed. It is not possible to determine the incidence of fatal and non-fatal hospital electrical accidents but estimates vary from 1200-1500 per year.

The intensive and special care areas, operating rooms and catheterization labs place the patient at greater electrical risk than most other areas in the hospital. Patients in these areas have a greatest number of machines. And there are more electrical conductors such as damp dressings, CVP lines, pacemakers, indwelling catheters, along with fluid or blood on the floor, bed or equipment.

Electric shock can be lethal when the heart is a component of the circuit.

When the body is dry the resistance (anything that slows down the flow of electricity) to electricity is greatest. With the addition of sweat, wet bandages, wet beds, and lotion the resistance is reduced.

- Do not ignore a tingling perception of shock from a piece of equipment.
- Never use "cheaters" (converts 3-prong to 2-prong plug)
- Avoid using extension cords
- Put rubber gloves over pacer terminals
- Wear rubber gloves when working with the pulse generator (pacemaker)

- Turn off equipment before unplugging to prevent arcing
- Never plug, unplug equipment, or turn-on a light while your hand or other part of your body is in contact with water, steam pipes, or plumbing fixtures.
- Do not touch equipment and the patient at the same time. Either touch the equipment or touch the patient but NOT both. If a problem exists, electricity will travel through you and shock the patient.

Medical equipment is maintained by Biomedical Engineering. Inspection tags are located on each piece of equipment with inspection date and next inspection due date. Make certain that all equipment has been checked and is within inspection and service date.

Each employee has a responsibility to make certain that the equipment operates correctly, that wires are not frayed, and that plugs are intact.

Any questionable equipment should be taken out of service, tagged as broken and returned to Biomedical Equipment for inspection and repair.

**Disconnect any electrical/medical device that:**

- Throws sparks
- Blows a fuse
- Gives even the slightest shock

***Safe Medical Devices Act***

Under the Safe Medical Devices Act (SMDA) health care facilities must report serious or potentially serious device-related injuries or illness of patients and/or employees to the manufacturer of the device, and if death is involved, the Federal Food and Drug Administration must be notified. The Act is intended to serve as an early warning system. All employees who are involved with patient care, review patient care records, repair devices or provide device preventative maintenance have a duty under the Act to report device-related incidents.

Anything that is not a drug is considered a device. Examples include, but are not limited to: anesthesia machines, pacemakers, heart valves, sutures, surgical sponges, wheelchairs, hospital beds or gurneys, catheters, infusion pumps, ventilators, dialysis machines and artificial joints.

***Device-Related Incident***

When a device-related incident occurs, employees should:

- Save the device, packaging and all related parts, and note the device's clinical engineering number or serial number
- Place a "Defective Do Not Use" tag on the device and remove it from use
- Notify the patient's physician or refer the visitor to ED or the employee to Employee Health
- Notify the department most appropriate to handle the device (i.e. medical instrumentation, biomedical engineering x7488)
- Generate a work order for investigation and repair
- Telephone Risk Management immediately
- Complete an incident report within 24 hours

The official report must be filed with the manufacturer and/or the FDA within 10 working days so prompt reporting to Risk Management is essential.

**Compliance and Business Integrity**

CBI HelpLine: 1-866-842-4357 or <http://vawww.vhaco.va.gov/cbi>

**Fraud Prevention**

This training program relates to the prevention of fraud in the VHA healthcare system. Healthcare fraud is a crime. It is committed when dishonest providers or consumers intentionally submit or make someone else submit false claims.

Examples of healthcare fraud are:

- Billing for services not actually performed
- Falsifying a patient's diagnosis to justify tests, surgeries or other procedures that are not medically necessary
- Billing for a more costly service than the one actually performed
- Accepting kickbacks for patient referrals

Some patients commit fraud by:

- Filing claims for services or medications not received
- Using someone else's coverage or insurance card

### **VHA Bills Private Sector Insurance**

In 1999 VHA began billing private insurance companies reasonable charges for services rendered to veteran patients. That same year the VHA Compliance Program was established to make sure that VHA's business operations follow all laws, regulations and policies.

**Documentation** is the provider's record of care (the patient's chart). Improper documentation or lack of documentation can lead to coding and billing errors.

Coding is the process that converts documented descriptions of medical, surgical, diagnostic services and care into numeric codes before writing the bill. The wrong code means the wrong price goes on the bill. The computerized patient record system (CPRS) is where all patient encounters are documented.

**Billing** is putting the cost on the bill and sending it to the right person. When the cost is wrong or when the bill is sent to the wrong person it can lead to wrong payments by the veteran or their insurance company.

**List of Excluded Individuals and Entities (LEIE)** is a list kept by the government of those people or companies who have defrauded the government in the past. These people or companies are not allowed to be employed by or contract with the VA or other agencies.

**Registration** is the process of receiving patients and their demographic information. Incorrect registration data can lead to incorrect billing, ineligible care, and not being able to contact the patient with important information.

**Self-Referrals** are referrals that financially benefit the referring physician. Employees are not allowed to refer patients to themselves outside of the VHA and collect payments from VHA or the patient.

### **An Effective CBI Program has Seven Elements**

1. **Compliance Officer and Committee.** Each VA Desert Pacific Healthcare Network facility has its own Compliance Officer and a Compliance Committee who oversee the program.
2. **Standards, Rules, and Policies.** VHA, VA Desert Pacific Healthcare Network, and each facility have a set of policies, procedures, laws, and other documents to guide business practices. These include standards of conduct for each employee and compliance program policies.
3. **Education and Training.** Compliance programs must have an educational plan for training all employees.
4. **Open Lines of Communications.** Compliance programs must have a way to accept complaints, questions, and requests for information about compliance, the program or violations. Our program has a national toll free CBI HelpLine available to all employees.
5. **Auditing and Monitoring.** The CBI Program must monitor and audit business practices to make certain the rules and regulations are being followed. Each facility also checks employees against the List of Excluded Individuals and Entities (LEIE).
6. **Enforcement and Discipline.** CBI Programs ensure that laws are enforced and recommend actions if these regulations are broken. Most recommendations are to provide additional training to the involved employee.
7. **Investigation and Remediation.** CBI Programs investigate complaints and make certain that errors are corrected. Complaints are sent to the Compliance Office from the CBI HelpLine and are received from employees who call the office.

## **Employee Roles and Responsibilities**

### **Internal Reporting**

Employees should know the process of reporting potential compliance failures. The chain of command is:

1. Your Supervisor
2. A higher level manager
3. Your Compliance Officer
4. The CBI Help Line (1-866-842-4357)

### **Education and Training**

Employees should understand the specific laws, rules, policies, and regulations that affect their jobs with VHA and our Network. This includes employee conduct and responsibilities.

### **Use Your Compliance Officer**

Employees should know the compliance officer at their facility and his or her role. The Compliance Officer is there to answer your questions, provide training, and help the facility avoid errors.

### **Anonymous vs. Confidential**

Information provided to the CBI HelpLine cannot remain confidential or we would not be able to check things out. You can remain anonymous. That means we will not use your name as the source of the information which led to a compliance inquiry.

Even if people figure out that you called the CBI HelpLine, you are protected. It is illegal for anyone to take action against you for reporting your concerns. If you think you are being retaliated against for calling the CBI HelpLine, you need to report that, too. You also might want to discuss this with your Union representative.

## **Patient Safety**

Chris Carlin, Performance Improvement Manager (858) 552-8585 ext.2882

The list of National Patient Safety goals is updated annually by The Joint Commission. The purpose of the National Patient Safety Goals is to improve patient safety. The Goals focus on problems in health care safety and how to solve them.

### **2009 Hospital National Patient Safety Goals:**

#### ***Identify patients correctly***

- Use at least two ways to identify patients. For example, use the patient's name and date of birth. This is done to make sure that each patient gets the medicine and treatment meant for them.
- Make sure that the correct patient gets the correct blood type when they get a blood transfusion.

#### ***Improve staff communication***

- Read back spoken or phone orders to the person who gave the order.
- Create a list of abbreviations and symbols that are not to be used.
- Quickly get important test results to the right staff person.
- Create steps for staff to follow when sending patients to the next caregiver. The steps should help staff tell about the patient's care. Make sure there is time to ask and answer questions.

#### ***Use medicines safely***

- Create a list of medicines with names that look alike or sound alike. Update the list every year.
- Label all medicines that are not already labeled. For example, medicines in syringes, cups and basins.
- Take extra care with patients who take medicines to thin their blood.

#### ***Prevent infection***

- Use the hand cleaning guidelines from the World Health Organization or Centers for Disease Control and Prevention.
- Report death or injury to patients from infections that happen in hospitals.
- Use proven guidelines to prevent infections that are difficult to treat.
- Use proven guidelines to prevent infection of the blood.
- Use safe practices to treat the part of the body where surgery was done.

#### ***Check patient medicines***

- Find out what medicines each patient is taking. Make sure that it is OK for the patient to take any new medicines with their current medicines.
- Give a list of the patient's medicines to their next caregiver or to their regular doctor before the patient goes home.
- Give a list of the patient's medicines to the patient and their family before they go home. Explain the list.
- Some patients may get medicine in small amounts or for a short time. Make sure that it is OK for those patients to take those medicines with their current medicines.

#### ***Prevent patients from falling***

- Find out which patients are most likely to fall. For example, is the patient taking any medicines that might make them weak, dizzy or sleepy? Take action to prevent falls for these patients.

#### ***Help patients to be involved in their care***

- Tell each patient and their family how to report their complaints about safety.

#### ***Identify patient safety risks***

- Find out which patients are most likely to try to kill themselves.

#### ***Watch patients closely for changes in their health and respond quickly if they need help***

- Create ways to get help from specially trained staff when a patient's health appears to get worse.

#### ***Prevent errors in surgery***

- Create steps for staff to follow so that all documents needed for surgery are on hand before surgery starts.
- Mark the part of the body where the surgery will be done. Involve the patient in doing this.

#### **Unapproved Abbreviations** (Complete list available from CPRS Tools menu)

The following abbreviations must not be used in any computerized or handwritten documentation:

- IU (International Unit)
- MS, MSO<sub>4</sub> or MgSO<sub>4</sub>
- Q.D., QD, q.d, qd (daily), Q.O.D., QOD, q.o.d., qod (every other day)
- Trailing Zero (X.0 mg), Lack of Leading Zero (.Xmg)
- U (for unit)

#### **Patient Event Reporting System**

All providers are expected to report the following through the Patient Event Reporting (PER) System:

- Patient Injury (Immediate or Potential)
- Close Calls (almost resulted in patient injury)
- Safety Concerns

#### **The PER is computerized. To access the PER:**

- On a computer's desktop, click on "Internet Explorer"
- On the left side, click on "Applications"
- Click on the yellow box titled "Patient Event Report (PER)"

#### **SBAR for Team Communication**

Use SBAR steps to communicate to coworkers or supervisors on issues, problems or opportunities for improvement.

**Situation** – What is happening? Why is this communication important? State your name, unit and the nature of the problem. Be accurate and concise.

**Background** – Explain circumstances and put the situation into context for the reader/listener. Admission diagnosis and date of admission; pertinent medical history and a brief synopsis of treatment to date.

**Assessment** – What do you think the problem is? What changes to prior assessments have recently occurred?

**Recommendation** – What would you do to correct the problem? What actions should be taken? Are additional tests required? Or a change in treatment?

## **Disclosing Adverse Events**

Providers have an obligation to disclose adverse events to patients who have been harmed in the course of their care, including cases where the harm may not be obvious or severe, or where the harm may only be evident in the future. Openly discussing the fact that an adverse event has occurred demonstrates respect for the patient, professionalism, and a commitment to improving care.

- ☐ Adverse events should be communicated in a timely manner
- ☐ Prior to disclosure of adverse events, consult with the Risk Manager, x2882
- ☐ The attending physician is responsible for communicating information about the adverse event
- ☐ Disclosure of an adverse event needs to occur in an appropriate setting and be done face-to-face
- ☐ Provide preliminary factual information to the extent it is known
- ☐ Express concern for the patient's welfare
- ☐ Reassure the patient that steps are being taken to investigate the situation, remedy any injury, and prevent further harm
- ☐ Disclosure must not include an admission of fault, blame or liability
- ☐ CPRS progress note "Disclosure of Adverse Event"

**I'm Sorry ≠ I'm Guilty. For more information see MCM 11-61**

## **Patient Abuse and Neglect**

Every year 2.1 million elder Americans are victims of physical, psychological, or other forms of abuse and neglect. For every reported case of abuse it is thought that five cases are not reported. Abused elders tend to die earlier than those who are not abused, even when they don't have chronic or life threatening diseases.

### **What is patient abuse or neglect?**

Patient abuse or neglect is any action or failure to act which causes unreasonable suffering, misery or harm to the patient. It includes physically striking or sexually assaulting a patient. It also includes withholding of necessary food, physical care and medical attention.

Abuse includes verbal or insulting behavior (provoked or not) or remarks towards or about a patient, abandonment, neglect, threats, intimidation and/or harassment, unreasonable physical restraints, stealing from, or taking advantage of with regard to financial or other personal matters.

Verbal abuse includes remarks that are rude, sarcastic or seductive. A word that degrades rather than encourages is a form of verbal abuse. The tone in which a patient is addressed could show disapproval and may be considered abusive.

Intimidation and/or harassment includes

- Teasing a patient
- Speaking harshly, rudely or irritably to a patient
- Laughing at or ridiculing a patient
- Scolding a patient
- Indifference

Indicators of Patient Abuse

- Frequent unexplained injuries or complaints of pain without obvious injury
- Passive, withdrawn, and emotionless behavior
- Burns or bruises suggesting the use of instruments, i.e., cigarettes, matches
- Rapid weight loss
- Lack of personal cleanliness
- Begs for food and/or water
- Bedsores and/or skin lesions
- In need of medical or dental care
- Fear of being left alone with caregivers



- Unexplained falls
- Known to be incontinent and is left in urine/feces
- Patient-on-patient violence
- Heavy medication and sedation in place of supervision

### **Employee Conduct**

The VA is committed to providing high quality care to its patients. Patients are in no way to be mistreated or abused, physically or verbally or in any other way by a VA employee.

VA has a Zero Tolerance policy. The abuse of a patient may be cause for dismissal.

The intent to abuse is not required for abuse to have occurred. The patient's perception of abuse is an essential component of whether or not abuse occurred.

In a recent case, Taylor v. Dep't of Veterans Affairs an employee was removed for restraining a psychiatric patient and cutting his hair and attempting to shave his beard despite the patient's repeated objections. This employee had a 17 year history of employment with the VA and no prior disciplinary record.

### **Reporting Procedures**

An employee who becomes aware of possible patient abuse must come forward immediately or he/she may be subject to disciplinary action along with the actual abuser.

1. The staff person who first identifies a potential victim must ensure that the victim is stabilized medically and is protected physically.
2. Notify the attending provider and the supervisor immediately.
3. The physician evaluates the situation and conducts a physical and mental status examination.
4. Complete the VA Form 10-2633, Report of Special Incident Involving a Beneficiary.

### **Recognizing and Reporting Abuse of Vulnerable Adults and Children**

Most elder abuse and neglect takes place at home. When elder abuse happens, family, other household members, and paid caregivers usually are the abusers. Elders who are ill, frail, disabled, mentally impaired, or depressed are at greater risk of abuse but even those without obvious risk factors can find themselves in abusive situations.

### **Reasonable Suspicion**

Reporting is required for any "reasonable suspicion" of abuse. Drawing upon your training and experience, within your capacity or scope of employment, you must report if you suspect child, elder, or vulnerable adult abuse.

For example, you work in the ambulatory care area and an elder veteran accompanied by an adult child presents with injuries that are not consistent with the history given, or the veteran is emaciated, unkempt, and dehydrated inconsistent with the caregiver's history. You may have reasonable suspicion of abuse.

### **Types of Abuse**

Signs of physical abuse were described earlier. Signs of sexual abuse include:

- Bruises around the breasts or genital area
- Unexplained venereal disease or genital infections
- Unexplained vaginal or anal bleeding
- Torn, stained, or bloody underclothing
- A victim's report of being sexually assaulted or raped

Abuse can also be financial. Any misuse or theft of money or property, by a trusted person, constitutes financial abuse. Some indications of financial abuse include:

- Unusual or inappropriate activity in bank accounts
- Power of Attorney given, or recent changes to or creation of a will
- Missing personal belongings (art, silverware, jewelry)
- Patient statements about money ("I don't know what happened to my money." Or "My son used to visit a lot until we got everything straight with my will.")

Abandonment is defined as, "the desertion of an elderly person by an individual who has assumed responsibility for providing care for an elder, or by a person with physical custody of an elder." Signs of abandonment include:

- Deserting an elder at a hospital, nursing facility or similar institution

- Deserting and elder at a public location (i.e., a shopping center)
- Elder reports of begin abandoned

The willful infliction of mental suffering by a trusted person is considered psychological and emotional abuse. This includes verbal assaults, threats, intimidation, and humiliation.

### **Reporting Procedures**

As a matter of policy, all VA medical centers, VA OPCs, and Vet Centers must comply with state law in reporting abuse and neglect.

Relevant state statutes are to be followed for the identification, evaluation, treatment, and referral and/or reporting of possible victims of physical assault, rape or sexual molestation and domestic abuse of elders, spouses, partners, and children.

**San Diego County**  
Aging and Independence Services  
9335 Hazard Way, Suite 100  
San Diego, CA 92123

**HOTLINES\*: (858) 495-5660**  
**(Local\*): (800) 510-2020**  
**(800) 339-4661**

**WEBSITE:** [www.ais-sd.net/](http://www.ais-sd.net/)

**Fax:** (858) 495-5247

### **Patient Record Flags**

Email [SDCVAMCSailTeam@med.va.gov](mailto:SDCVAMCSailTeam@med.va.gov)

Health care workers have one of the highest rates of injuries from work place assault in the U.S. Recognizing this, VHA has initiated a broad-based program of violence prevention, including performance monitors, a range of recent and planned training opportunities for employees, and development of new courses for geriatrics and other disciplines. VHA is very serious about reducing risks of violence.

#### **Yes, but what is new now?**

Veterans Health Administration has launched a new program element that will help VHA staff identify and care for patients who are at a high risk for disruptive, threatening, or violent behavior. This includes patients who already have a record of disruptive, threatening, or violent behavior, or who may have personality or psychiatric characteristics that may predispose them to behaviors that potentially put other patients, staff, or visitors at risk. Patient Record Flags (PRF) have begun to appear during the patient look-up process in both VISTA and CPRS in the records of these identified high-risk patients. The PRF narrative will provide guidance on measures that should be taken to assure that disruptive patients receive the health care to which they are entitled while protecting other patients, visitors, and employees. PRF have demonstrated their success for many years in VHA facilities across the country.

#### **What exactly does a Patient Record Flag accomplish?**

PRF will be used only to assure that patients receive safe and appropriate health care. They will not be used to punish or to discriminate against a patient. Flags are advisory and are not a substitute for clinical decision-making. Flags should be treated with the same sensitivity to patient privacy as any other part of the medical record. Only a small group of specially trained clinicians, operating under the authority of the Chief of Staff, have been authorized to enter, change, or inactivate a PRF.

#### **What do I do if I encounter a PRF?**

- Give it your immediate attention. Safety comes first.
- Follow the advice provided by the PRF, e.g., "Call VA police for standby," "Do not leave this patient unsupervised in an emergency room," "Be aware that patient may become assaultive if intoxicated." If you have questions about how to respond, contact your supervisor.

#### **What if I witness disruptive, threatening, or violent behavior?**

Depending on the nature of the situation, you should call a Code Green or Code Yellow. If a patient is disruptive, but not threatening, utilize personal safety skills and attempt to de-escalate the situation. If you have concerns that the patient is continuing to escalate despite your best efforts, call VA Police dispatch (ext. 3647) for officers to stand

by. After the event, send an electronic mail message in VISTA to G.Sail Team or in Outlook to SDCVAMC SAIL TEAM with information regarding the patient and details of the situation. The SAIL Team will evaluate the information and decide if a specific management plan is appropriate for the patient. Be sure to follow our facility's incident reporting procedures. If an incident happened once, the only way to reduce the chance of it happening again is for you to report.

#### **What if the patient challenges me concerning the presence of a PRF?**

Refer the patient to his/her primary provider. Patients whose records have been flagged will receive a letter from the Director explaining the reasons for the PRF. Some patients may not have a valid address, so may seek information from front-line staff about the PRF. It is the responsibility of the primary care provider and/or the SAIL Team to discuss issues related to the PRF with the patient. It is not up to you to: inform patients about a PRF, explain its presence to them, or to otherwise engage the patient in discussion about the PRF. Respectfully inform patients who ask about their PRF that they should contact their primary provider to request a review or appeal of the PRF.

#### **What if the patient does not seem like he needs a PRF?**

Report your observations and opinions to the SAIL Team via email, as mentioned above. Information from employees who encounter a patient who is flagged can be very useful when PRF is reviewed every two years.

#### **Why do we put up with patients who are disruptive, threatening, or violent?**

We do not. That is exactly the point of the PRF system. We in VHA have a mission to care for all eligible veterans; however, we will not jeopardize the safety of the staff, other patients, or visitors in the process. Patients have certain rights when they walk through our doors for care. They also have a responsibility to act in a manner that facilitates safe and effective care. With our firm commitment to uphold VA's "Zero Tolerance" policy for workplace violence, VASDHS leadership will hold patients accountable for their behavior, just as we hold staff accountable for theirs. We will inevitably be called upon to provide care to high-risk patients, hence it is best to plan for and safely structure this care utilizing the tools available to us. Please take note of the PRF advisories, follow the guidance within the PRF, and notify the appropriate parties or complete an incident report when you witness disruptive, threatening, or violent event. We count on all staff to keep us informed so that we can create and maintain a safe environment.

### **Suicide Risk Assessment**

In any given year in the United States, approximately 30,000 individuals die by their own hands and thousands more attempt suicide. You cannot predict death by suicide, but you can help identify people who are at increased risk for suicidal behavior, take precautions, and refer them for effective treatment.

**LOOK** for the warning signs

**ASSESS** for risk and protective factors

**ASK** the questions

#### **LOOK for the warning signs:**

- Seeking access to pills, weapons or other means
- Talking or writing about death, dying or suicide

The presence of any of the above warning signs requires immediate attention and referral. Consider hospitalization for safety until complete assessment may be made.

#### **Additional Warning Signs:**

- Hopelessness
- Rage, anger, seeking revenge
- Acting reckless or engaging in risky activities, seemingly without thinking
- Feeling trapped – like there's no way out
- Increasing alcohol or drug abuse
- Withdrawing from friends, family or society
- Anxiety, agitation, unable to sleep or sleeping all the time
- Dramatic changes in mood
- No reason for living, no sense of purpose in life
- *For any of the above, refer for mental health treatment or follow-up appointment*

## **ASSESS for specific factors that may increase or decrease risk for suicide**

### **Factors That May Increase Risk**

- ☐ Current ideation, intent, plan, access to means
- ☐ Previous suicide attempt or attempts
- ☐ Alcohol / Substance abuse
- ☐ Previous history of psychiatric diagnosis
- ☐ Impulsivity and poor self control
- ☐ Hopelessness – presence, duration, severity
- ☐ Recent losses – physical, financial, personal
- ☐ Recent discharge from an inpatient unit
- ☐ Family history of suicide
- ☐ History of abuse (physical, sexual or emotional)
- ☐ Co-morbid health problems, especially a newly diagnosed problem or worsening symptoms
- ☐ Age, gender, race (elderly or young adult, unmarried, white, male, living alone)
- ☐ Same-sex sexual orientation

### **Factors That May Decrease Risk**

- |  |  |
|--|--|
| <input type="checkbox"/> Positive social support           | <input type="checkbox"/> Reality testing ability           |
| <input type="checkbox"/> Spirituality                      | <input type="checkbox"/> Positive coping skills            |
| <input type="checkbox"/> Sense of responsibility to family | <input type="checkbox"/> Positive problem-solving skills   |
| <input type="checkbox"/> Children in the home, pregnancy   | <input type="checkbox"/> Positive therapeutic relationship |
| <input type="checkbox"/> Life satisfaction                 |  |

## **ASK The Questions**

- ? Are you feeling hopeless about the present / future? If yes ask...
- ? Have you had thoughts about taking your life? If yes ask ....
- ? When did you have these thoughts and do you have a plan to take your life?
- ? Have you ever had a suicide attempt?

### **RESPONDING TO SUICIDE RISK**

- Assure the patient's immediate safety and determine most appropriate treatment setting
- Refer for mental health treatment or assure that follow-up appointment is made
- Inform and involve someone close to the patient
- Limit access to means of suicide
- Increase contact and make a commitment to help the patient through the crisis
- Collaborate with the patient on a Safety Plan

**VA San Diego Healthcare System 24 hr. Telephone Care Line 1-877-252-4866**

**National Suicide Hotline Resource: 1-800-273-TALK (1-800-273-8255)**

## **Needs of the Dying Patient and Their Family**

In order to improve end of life care you can help Veterans get the right care, at the right time, in the right place, and in a way they can rely on. End of life care shifts the focus from cure and prevention to easing symptoms, making thoughtful decisions, supporting their family, and providing ongoing care in the right setting.

Our response to patients and their family's requires: Sensitivity, Active Listening, and Compassionate Caring

### **Needs of the Patient**

The needs of the dying patient are not much different than everyone's basic needs.

- The need to be free of physical pain
- The need to be treated with respect
- The need to die in peace, with dignity
- The need to be included in making choices
- The need to have questions answered honestly and fully
- The need not to die alone

- The need to be cared for by compassionate, sensitive, and knowledgeable people
- The need to have a sense of control, as much as possible
- And finally, the patient's family members also need to be treated with respect and, with the patient's permission, be included in decision making and have their questions answered honestly and fully.

### Signs and Symptoms Final Stages of Life

Dying is unique to each person. When a person is close to death, a natural series of changes occur.

- Eats less
- Disoriented
- Bladder and bowel changes
- Sleeps more
- Changes in breathing
- Changes in skin color and temperature
- Lower blood pressure
- Irregular pulse
- Weak voice, talks less
- Involuntary movements
- Unresponsiveness

### Needs of the Family

It is important to recognize and respect the each person's unique response to loss, death and dying. Culture, religion, family or having no family all factor in to how a person views and reacts to death and the dying process.

- Shock, Disbelief, Denial
- Anger, Blame
- Protectiveness
- Sadness, Depression

### Resources:

CPRS Consult Service	Inpatient	Outpatient	Description
Palliative Care	Yes	Yes	Multidisciplinary team to assist with end of life decision making
Palliative Care Clinic		Yes	24-Hour support with RN phone contact and NP clinic visits for hospice patients
Community Living Center	Yes		Inpatient care for actively dying patients and for symptom control
Home Care - Community Agency		Yes	Medicare or VA funded community Hospice Benefit

For more information and education visit: <http://endoflife.stanford.edu>

Attribution/Citation Statement  
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San Diego Hospice and The Institute for Palliative Medicine, 2003

## Prevention of Violence in the Workplace

Police Emergency Number Extension **3333**

**DEFINITION:** Workplace violence is any physical assault, threatening behavior, or verbal abuse that occurs while working.

Why is training necessary?

- Violence in the workplace is a growing, serious threat.
- Homicide in the workplace is the fastest growing form of murder in the USA today.
- In the 1980s, workplace violence was the leading cause of occupational death for women and the third (now second) leading cause of occupational death of men.
- More assaults occur in health care and social services settings
- Many people with mounting bills, negative appraisals, grievances, personality conflicts, or divorce often see the employer as the source of their problems

Workplace Violence and Threats can be committed by:

- Co-workers
- Customers
- Strangers
- Personal Relations

## **Predisposing Factors can contribute to Violence**

A person brings individual characteristics into a situation which may contribute to violent behavior. For example:

- Loner/withdrawn
- Fascination with violent music, games, movies
- Obsession with weapons
- Poor interpersonal skills
- Poor employment history
- Suspicious of others
- Problem with authority, acts of insubordination
- Not well-liked. Shunned by co-workers

### **The Workplace Killer Profile**

- Usually a white male age 30-40
- Has lost, or soon to lose job
- Identity usually tied to job
- History of "people problems"
- Usually a loner
- Difficulty accepting authority

"Ticking Bomb": A potentially dangerous employee:

- Frequent mood swings
- Substance abuse
- Views world as hostile
- Views world as threatening
- Low frustration tolerance
- Impatient
- Financial stress
- Blames others for problems
- Poor hygiene
- Blames others for his/her problems
- Threatens employees/supervisors
- History of substance abuse
- Fascination with weaponry
- History of depression, paranoia, violence
- Talks about past incidents of violence
- Blames their anxiety on the employing agency and the people associated with it.
- Goes through a period of internal conflict which may last for hours, days, weeks, or even months.
- Believes that a violent act towards the "cause" of the problem is the only available choice.

## **Levels of Violence**

<b>Level One</b> <ul style="list-style-type: none"><li>• Refuses to cooperate with immediate supervisor</li><li>• Spreads rumors and gossip to harm others</li><li>• Consistently argues with co-workers</li><li>• Hostile towards customers</li><li>• Swears at others</li><li>• Makes unwanted sexual comments</li></ul>	<b>Level Two</b> <ul style="list-style-type: none"><li>• Argues increasingly with everybody</li><li>• Refuses to obey company policies</li><li>• Sabotages/steals property for revenge</li><li>• Communicates threats</li><li>• Writes sexual/violent notes to co-workers</li><li>• Sees self a "victim"</li></ul>
<b>Level Three – Frequent displays of anger resulting in:</b> <ul style="list-style-type: none"><li>• Suicidal threats</li><li>• Physical fights</li><li>• Destruction of property</li><li>• Use of weapons</li><li>• Commits murder, rape, and/or arson</li></ul>	<b>Precipitating Factors that Contribute to Violence</b> <ul style="list-style-type: none"><li>• Environment</li><li>• Poor Customer Service</li><li>• Noise or poor lighting</li><li>• Traffic and parking</li><li>• Inflexible processes</li></ul>

## **Safe Work Environments**

### **Workplace Assessments**

- Furniture arrangement (easy access to doorway)
- Identify available exits from area
- Identify potential weapons in your environment (i.e., scissors, pencils, letter openers)
- Good lighting
- Adequate staffing
- Avoid overcrowding

- Temperature of room
- Minimize confusion and noise
- Liaison with VA Police

### **Self-Assessment**

- How am I reacting?
- How's my tone of voice?
- Am I being defensive?
- How's my body language and posture?

## **Customer service tips to help avoid violent behavior**

- Allow the person to express concern
- Use a shared problem solving approach
- Be empathetic
- Be an active listener
- Avoid being defensive
- Apologize if appropriate
- Follow through with their problem
- Avoid blaming others or “Not My Job”

## **ZERO Tolerance Standards**

- Intimidation, threats or act of violence are prohibited.
- Guns, knives, as legally defined, are not allowed on VA property.
- If you are the subject of (the victim), or a witness to, a suspected violation of this standard report the violation to your immediate supervisor (if that person is not a part of the violation). Report should be made to VA Police.
- Supervisors or persons in authority who receive a report of violation of the Zero Tolerance Standard should investigate, document and report to appropriate authorities.
- Employees found in violation of this standard can face disciplinary action, including possible dismissal. Criminal charges may apply.

Threats are subtle forms of threatening behavior and include:

- |               |                  |                     |
|---------------|------------------|---------------------|
| • Harassment  | • Demands        | • Threatening Email |
| • Humiliation | • Discrimination | • Coercion          |
| • Stalking    | • Verbal Abuse   | • Manipulation      |

Report to the appropriate authorities, for example:

- |                                  |  |
|----------------------------------|--|
| • Police Uniform Offense Reports | • Safety Reports                               |
| • Reports of Contact             | • Workplace Violence & Threat Incident Reports |

## **Equal Employment Opportunity (EEO)**

EEO Liaison (858) 642-3840

### **Basis for Filing Complaints (Protected Classes)**

Every Federal employee has a right to file an EEO Discrimination complaint if they feel that any adverse employment decision was made on the basis of any of the protected categories or classes.

Title VII of the 1964 Civil Rights Act, and other anti-discrimination statutes prescribes protected classes or categories. It is unlawful for anyone to make employment decisions based on anything other than merit or qualifications and experience. Any adverse employment decisions made in whole or in part on someone's race, religion, color, age, national origin, reprisal, sex or gender and/or disability or handicap violates antidiscrimination law and can be found guilty of workplace discrimination.

### **Discrimination**

Discrimination is when one distinguishes or differentiates between people on the basis of their protected class (with respect to a term, condition, or privilege of employment).

Discriminatory Practices: Under Title VII of the Civil Rights Act of 1964, the Americans with Disabilities Act (ADA), and the Age Discrimination in Employment Act (ADEA), it is illegal to discriminate in any aspect of employment, including:

- |                               |                               |                                |
|-------------------------------|-------------------------------|--------------------------------|
| • Hiring and firing           | • Recall                      | • Pay                          |
| • Compensation                | • Job advertisements          | • Retirement plans             |
| • Assignment                  | • Recruitment                 | • Disability leave             |
| • Classification of employees | • Testing                     | • Or other terms of employment |
| • Transfer                    | • Use of company facilities   |                                |
| • Promotion                   | • Training and apprenticeship |                                |
| • Layoff                      | • Fringe benefits             |                                |

**Discriminatory practices under these laws also include:**

- Harassment on the basis of race, color, religion, sex, national origin, disability, or age
- Retaliation against an individual for filing a charge of discrimination, participating in an investigation, or opposing discriminatory practices
- Employment decisions based on stereotypes or assumptions about the abilities, traits, or performance of individuals of a certain sex, race, age, religion, or ethnic group, or individuals with disabilities
- Denying employment opportunities to a person because of marriage to, or association with, an individual of a particular race, religion, national origin, or an individual with a disability.

Title VII also prohibits discrimination because of participation in schools or places of worship associated with a particular racial, ethnic, or religious group.

Employers are required to post notices to all employees advising them of their rights under the laws EEOC enforces and their right to be free from retaliation. Such notices must be accessible, as needed, to persons with visual or other disabilities that affect reading.

### **Complaint Process**

- **45 calendar days to contact an EEO Counselor:** The complainant has 45 calendar days from the date of the perceived discriminatory act to contact an EEO Counselor (contact after 45 days of the date of discriminatory act can result in possible dismissal during the procedural review if the complaint goes formal)
- **Fact-finding and informal resolution attempted**
- Within 30 calendar days Notice of Right to File a Discrimination Complaint issued: The ORM **EEO Counselor has 30 calendar days to attempt informal resolution** of the matter at issue. The ORM EEO Counselor shall send to the complainant the Notice of Right to File (VA Form 4939) after the 30 day informal period has passed. Note: When mediation is elected, this timeline can change to 90 days to allow for mediation to be scheduled and completed in a timely fashion.
- If Mediation is elected (process extended up to 90 calendar days). **Mediation can be elected anytime during the informal and formal stage.**
- **15 calendar days to file formal complaint:** The complainant has 15 calendar days to return the VA Form 4939 Formal EEO Complaint Form back to the EEO Counselor. Note: The complaint is considered Formal once the VA Form 4939 is returned.

### **Mediation**

Mediation is a process in which an impartial third person assists disputing parties to find a mutually acceptable solution to their dispute. It is voluntary and confidential. Mediation is offered to all VA employees during Informal EEO Counseling and at all stages of the EEO discrimination complaint process. VA employees are provided with training on the benefits of Mediation in both the Informal and Formal complaint stages.

### **Mediation Process:**

- Outside 3rd party certified Federal Mediator is assigned to mediate cases
- Both parties (management official and complainant) must sign a confidentiality agreement prior to entering into mediation
- All VA officials must agree to attend mediation whenever the employee has agreed to utilize the mediation process to help resolve their complaint. (Exceptions: Sexual Harassment cases, Criminal Investigations and Physical Violence cases)

### **Alternate Dispute Resolution (ADR) includes, but is not limited in scope to:**

- A set of non-adversarial workplace intervention processes used in lieu of court adjudication proceedings to resolve employment related incidents or civil legal matters in dispute before it escalates onto the litigation stage.
- Any process or procedure, other than adjudication by a presiding judge, in which a neutral third party participates to assist in the resolution of issues in controversy, through the three most prominent and commonly practiced processes: Mediation, Conciliation, Negotiation or any hybrid combination thereof.
- These distinguished workplace intervention processes involve the use of specially trained third party neutrals (except in arbitration) that work with the parties to resolve employment related incidents or civil legal matters in dispute prior to and after an administrative complaint have been filed.

### **Most Common Reasons for Dismissal of Claim: Time Frames:**

- Initial EEO Contact 45 calendar days: EEOC Management Directive 110 and 29 C.F.R Part 1614, says you are required to make contact with the ORM EEO Counselor within 45 calendar days, from the date of notification of the adverse employment action or decision.
- Filing Formal Complaints 15 calendar days: Also, once the EEO Informal Complaint process has ended, you must return the VA Form 4939 (Formal Discrimination Complaint) within 15 calendar days. ORM EEO Counselors will mail the Notice of Right to File a Formal Discrimination complaint via certified mail after the informal process has ended, and you must return the completed VA Form 4939 within 15 calendar days to ensure your complaint is not dismissed during the procedural review.

### **Labor Relations**



The labor organization at this facility, Service Employees International Union (SEIU) as serviced by the National Association of Government Employees NAGE/SEIU, Local R12-228, represents approximately 1,000 non-professional employees of this facility and three (3) Outpatient Clinics. The Union is recognized as the exclusive bargaining agent of employees in the bargaining unit and has a right to speak for and to bargain on behalf of these employees. Physicians, Residents, Interns, Dentists, Registered Nurses, Pharmacists and other professionals, WOC's, contractors, management officials, supervisors, and employees engaged in Federal personnel work in other than a purely clerical capacity, are excluded from coverage by NAGE/SEIU. Upon appointment, all Federal employees (including those without compensation) sign an affidavit that they will not strike the VA.

## **U.S. Constitution**

The **U.S. Constitution** is the supreme law of the United States of America. It was adopted in its original form on September 17, 1787 by the Constitutional Convention in Philadelphia, Pennsylvania and later ratified by the people in conventions in each state in the name of "We the People."

### **Drafting and ratification**

In September 1786, commissioners from five states met in Annapolis to discuss adjustments to the **Articles of Confederation** that would improve commerce. After debate, the Confederation Congress endorsed the plan to revise the **Articles of Confederation**. Twelve states, Rhode Island being the only exception, sent delegates to convene to the Philadelphia Convention in May 1787. At that time the attendees decided to propose a rewritten Constitution. They voted to keep deliberations secret and decided to draft a new fundamental government design which eventually stipulated that only 9 of the 13 states would have to ratify for the new government to go into effect (for the participating states).

On September 17, 1787, the Constitution was completed in Philadelphia, followed by a speech given by Benjamin Franklin who urged unanimity. After fierce fights over in many states, New Hampshire on June 21, 1788 became the ninth state to ratify the Constitution. Then, on March 4, 1789 the government under the new Constitution began operations.

### **Parts of the Constitution**

The **preamble** is a basic statement of purpose that precedes the constitution. The Preamble, especially the first three words ("We the people"), is one of the most quoted and referenced sections of the Constitution.

**Article One** establishes the legislative branch of government, U.S. Congress, which includes the House of Representatives and the Senate. The legislative branch makes the laws.

**Article Two** describes the presidency (the executive branch): procedures for the selection of the president, qualifications for office, the oath to be affirmed and the powers and duties of the office.

**Article Three** describes the court system (the judicial branch), including the Supreme Court.

**Article Four** describes the relationship between the states and the Federal government, and amongst the states.

**Article Five** describes the process necessary to amend the Constitution.

**Article Six** establishes the Constitution, and the laws and treaties of the United States made in accordance with it, to be the supreme law of the land.

**Article Seven** sets forth the requirements for ratification of the Constitution. The Constitution would not take effect until at least nine states had ratified the Constitution in state conventions specially convened for that purpose.

**The Bill of Rights** comprises the first ten amendments to the Constitution. Those amendments were adopted between 1789 and 1791, and all relate to limiting the power of the federal government.

**Subsequent amendments** to the Constitution cover many subjects. The majority of the seventeen later amendments stem from continued efforts to expand individual civil or political liberties, while a few are concerned with modifying the basic governmental structure drafted in Philadelphia in 1787. Although the United States Constitution has been amended a total of 17 times, only 16 of the amendments are currently used; the 21st amendment repeals the 18<sup>th</sup> amendment.

As Federal civil servants, we take an oath of office by which we swear to support and defend the Constitution of the United States of America. The Constitution not only establishes our system of government, it actually defines the work role for Federal employees - "to establish Justice, insure domestic tranquility, provide for the common defense, promote the general welfare, and secure the blessings of liberty."

## **Government Ethics**



Executive branch employees hold their positions as a public trust and the American people have a right to expect that all employees will place loyalty to the Constitution, laws, regulations, and ethical principles above private gain. Employees fulfill that trust by adhering to general principles of ethical conduct, as well as specific ethical standards.

**Executive Order 12731** states 14 general principles that broadly define the obligations of public service. Underlying these 14 principles are two core concepts:

- Employees shall not use public office for private gain, and
- Employees shall act impartially and not give preferential treatment to any private organization or individual.

**Principle 1: Public service is a public trust.**

**Principle 2: Do not hold financial interests that conflict with your work.**

You may not accept payment, for doing your job, from someone other than the United States government.

**Principle 3: Do not use government information to promote private interest.**

**Principle 4: Do not solicit or accept any gift or other item of monetary value from any person or entity seeking official action.**

- Employees ... may not accept gifts ... from "prohibited sources." An employee can never solicit or coerce the offering of a gift. Nor can an employee ... accept gifts ... that a reasonable person would believe that the employee was using public office for private gain.
- Industry Representatives are not permitted to provide food items of any type or value to VA staff or to bring food items into VA facilities. *Note: This constraint applies to all sales representatives. VASDHS MCMs 119-06 and 07B-13*

**Principle 5: Put forth honest effort in the performance of your duties.**

**Principle 6: Do not exceed your authority or make promises binding the government.**

**Principle 7: You cannot use your VA position for your private gain.**

Employees generally may not be paid for outside teaching, speaking and writing if the activity relates to the employee's official duties.

**Principle 8: Act impartially. Do not give preferential treatment to any private organization.**

**Principle 9: Employees shall protect and conserve Federal property.**

No unauthorized (personal) use of Government property. Government property includes office supplies, telephones, computers, copiers and any other property purchased with Government funds. As a VA employee, you may have the privilege of some "limited personal use" of certain Government resources, such as computers, email, Internet access, and telephone/fax service.

**Principle 10: Employees shall not engage in outside employment or activities, including seeking or negotiating for employment, that conflict with official Government duties and responsibilities.**

**Principle 11: You are required to report fraud, waste and abuse to appropriate authorities.**

**Principle 12: Pay your taxes on time.**

**Principle 13: Do not discriminate.**

**Principle 14: Obey all laws.**

*Department of Veterans Affairs*

# Certificate of Completion

*This certifies that*

\_\_\_\_\_  
*(Fill in your name)*

*Has successfully completed the following course by reading the  
required document*

## New Employee Orientation

*On* \_\_\_\_\_  
*(Fill in the date)*

*Signed certification by participant:* \_\_\_\_\_  
*Your Signature*



To receive credit, please give this completed certificate to  
your VA Service Training Coordinator or the VASDHS Education Service