History of the Department of Veterans Affairs

The United States has the most comprehensive system of assistance for veterans of any nation in the world. This benefits system traces its roots back to 1636, when the Pilgrims of Plymouth Colony were at war with the Pequot Indians. The Pilgrims passed a law which stated that disabled soldiers would be supported by the colony.

The Continental Congress of 1776 encouraged enlistments during the Revolutionary War by providing pensions for soldiers who were disabled. Direct medical and hospital care given to veterans in the early days of the Republic was provided by the individual States and communities. In 1811, the first domiciliary and medical facility for veterans was authorized by the Federal Government. In the 19th century, the Nation's veterans assistance program was expanded to include benefits and pensions not only for veterans, but also their widows and dependents.

After the Civil War, many State veterans homes were established. Since domiciliary care was available at all State veterans homes, incidental medical and hospital treatment was provided for all injuries and diseases, whether or not of service origin. Indigent and disabled veterans of the Civil War, Indian Wars, Spanish-American War, and Mexican Border period as well as discharge regular members of the Armed Forces were cared for at these homes.

Congress established a new system of veteran's benefits when the United States entered World War I in 1917. Included were programs for disability compensation, insurance for service persons and veterans; and vocational rehabilitation for the disabled. By the 1920's, the various benefits were administered by three different Federal agencies: the Veterans Bureau, the Bureau of pensions of the Interior Department, and the National Home for Disabled Volunteer Soldiers.

The establishment of the Veterans Administration came in 1930 when Congress authorized the President of "consolidate and coordinate Government activities affecting war veterans." The three component agencies became bureaus within the Veterans Administration. Brigadier General Frank T. Hines, who directed the Veterans Bureau for seven years, was named as the first Administrator of Veterans Affairs, a job he held until 1945.

The VH health care system has grown from 54 hospitals in 1930, to include 173 medical centers; more than 700 ambulatory care and community based clinics; 134 nursing home care units; 42 domiciliaries; and 206 readjustment counseling centers. VA health care facilities provide a broad spectrum of medical, surgical, and rehabilitative care. The responsibilities and benefits programs of the Veterans Administration grew enormously during the following six decades. World War II resulted in not only a vast increase in the veteran population, but also in large number of new benefits enacted by the Congress for veterans of the war. The World War II GI Bill, signed into law on June 22, 1944, is said to have had more impact on the American way of life than any law since the Homestead Act more than a century ago. Further educational assistance acts were passed for the benefit of veterans of the Korean Conflict, the Vietnam Era, Persian Gulf War, and the All-Volunteer Force.

In 1973, the Veterans Administration assumed another major responsibility when the National Cemetery System (except for Arlington National Cemetery) was transferred to the Veterans Administration from the Department of the Army. The Agency was charged with the operation of the National Cemetery System, including the marking of graves of all persons in National and State cemeteries (and the graves of veterans in private cemeteries, upon request) as well as administering the State Cemetery Grants Program.
The Department of Veterans Affairs (VA) was established as a Cabinet-level position on March 15, 1989. President Bush hailed the creation of the new Department saying, "there is only one place for the veterans of America, in the Cabinet Room, at the table with the President of the United States of America."

WHO IS THE VETERANS HEALTH ADMINISTRATION

The Veterans Health Administration (VHA) is the largest integrated health care system in the country with more than 1,300 sites of care, including 173 medical centers, more than 700 ambulatory care and community based clinics, 134 nursing homes, 42 domiciliaries, and 206 readjustment counseling centers. With a budget of more than $20 billion, the VHA provides health care to veterans through approximately 180,000 staff serving an enrolled patient population of 3.9 million veterans. VHA is a system on the cutting edge in the delivery of health care, conduct of research, and the largest single provider of graduate medical education in the United States. It also provides backup to the Department of Defense and the National Disaster Medical System.

VA medical centers are affiliated with 107 medical schools, 55 dental schools and more than 1,200 other schools across the country. More than half of the physicians practicing in the United States have had part of their professional education in the VA health-care system. Each year, about 91,000 health professionals receive training in VA medical centers.

RESEARCH

While providing high quality health care to the nation's veterans, VA also conducts an array of research activities on some of the most difficult challenges facing medical science today. VA has become a world leader in such research areas as aging, women veterans' health concerns, AIDS, post-traumatic stress disorder and other mental health issues. VA research has improved medical care not only for veterans, but also for the population in general. Seventy-five percent of VA researchers are clinicians. Because of their dual roles, VA research can immediately benefit patients. Functional electrical stimulation, a technology using controlled electrical current to activate paralyzed muscles, is being developed at VA clinical facilities and laboratories throughout the country. Through this technology, paraplegic patients have been able to stand and, in some instances, walk short distances and climb stairs. Patients with quadriplegia are able to use their hands to grasp objects.

DEPARTMENT OF VETERANS AFFAIRS (DVA)

DVA's PURPOSE, MISSION & VISION

VA's Purpose: To administer the laws providing benefits and other services to veterans and their dependents.

VA's Mission: To serve America's veterans and their families with dignity and compassion and be their principal advocate insuring that they receive medical care, benefits, social support, and lasting memorials promoting the health, welfare, and dignity of all veterans in recognition of their service to this Nation.

VA's Vision: As the Department of Veterans Affairs heads into the 21st century, we will strive to meet the needs of the Nation's veterans today and tomorrow. We are a more customer-focused organization, functioning as "One-VA" and delivering seamless service to our customers. We benchmark our service with the best in business. We use innovative means and high technology to deliver "World-Class Customer Service." We foster partnerships with our customers and stakeholders, making them part of the decision-making process.
VA HEALTHCARE NETWORK
UPSTATE NEW YORK AT SYRACUSE
NETWORK 2

Mission: We are committed to providing excellent health care services to the veterans of Upstate New York. These services will be provided with dignity and compassion in an environment that promotes trust and respect.

Vision: We will be recognized as the healthcare provider of choice in Upstate New York, providing care of exceptional quality and value. We will be known for our ease of access, customer satisfaction, excellent clinical quality and the improved health status of our enrolled population. We will foster partnerships with our patients and other stakeholders in the decision-making process.

Core Values: We are committed to adding value to our mission by modeling our core values:

• Trust – The basis for the caregiver-patient relationship and fundamental to all that we do in healthcare.
• Respect – To honor and hold in high regard the dignity and worth of our patients, their families, our co-workers and the system of which we are a part.
• Commitment – Our pledge to assume personal responsibility for our individual and collective actions in the provision of service to our patients, their families and our co-workers.
• Compassion – Our ability to empathize and demonstrate a caring attitude in all that we say and do.
• Excellence: Being exceptionally good, of highest quality, and most competent in our delivery of patient care, and in everything we do.

SEXUAL HARASSMENT

It is the policy of this Medical Center that sexual harassment is a form of unacceptable conduct in the workplace and will not be condoned. This policy applies to all employees and covers employees outside the workplace while conducting government business, and non-employees while conducting business in the Medical Center. All complaints of harassment will be examined impartially and resolved promptly. Proven violation of this policy will be just cause for disciplinary action. This includes:

1. VERBAL unwelcome suggestive remarks, sexual insults, innuendoes, jokes and humor about sex or gender-specific traits, sexual propositions and threats;
2. NON-VERBAL unwelcome suggestive or insulting sounds, leering/ogling, whistling, obscene gestures and obscene graphic materials; and
3. PHYSICAL unwelcome touching, pinching, brushing the body, cornering, and actual or attempted rape or assault.

The key word is “UNWELCOME”. When any unwanted, unwelcome or unsolicited sexually oriented conduct is imposed on a person who regards it as offensive or undesirable, it is sexual harassment. When a person communicates that the conduct is unwelcome, it becomes illegal. Whether explicit or implicit (hidden in subtlety or innuendo), if unwelcome - it is unlawful.

Sexual harassment can occur in a variety of circumstances, including but not limited to the following:

• The victim as well as the harasser may be a woman or a man. The victim does not have to be of the opposite sex.
• The harasser can be the victim’s supervisor, an agent of the employer, a supervisor in another area, a coworker, or a non-employee.
• The victim does not have to be the person harassed, but could be anyone affected by the offensive conduct.
• Unlawful sexual harassment may occur without economic injury to or damage of the victim.
• The harasser’s conduct must be unwelcome. It is helpful for the victim to directly inform the harasser that the conduct is unwelcome and must stop.
When investigating allegations of sexual harassment, the whole record is considered; the circumstances, such as the nature of the sexual advances, and the context in which the alleged incidents occurred. A determination on the allegations is made from the facts on a case-by-case basis.

The Syracuse VA Medical Center will not tolerate sexual harassment and will take all steps necessary to prevent sexual harassment from occurring. However, prevention is the best tool to eliminate sexual harassment in the workplace.

**DIVERSITY IN THE WORKPLACE**

Diversity is defined as the characteristics of people that make them different from each other. Primary characteristics are central to our identity. They include religion, nationality, disability, sex/gender, age, race and color. Secondary characteristics include socioeconomic status, education, profession, military experience, political beliefs, sexual orientation, physical characteristics, marital status, parental status, women's issues, language/speech and geographic location.

"Each person’s map of the world is as unique as the person’s thumbprint. There are no two people alike. No two people who understand the same sentence the same way...So in dealing with people, you try not to fit them to your concept of what they should be." Quote –Milton Erickson

We are distinguished and united by differences and similarities according to gender, age, language, culture, race, sexual identity, and income level – just to name a few. Such diversity challenges our intellect and emotions as we learn to work together in harmony.

All employees and volunteers must identify ways to work more effectively with others of diverse backgrounds and recognize the value and strengths of diversity within VA.

EEO Local Manager: Debbie Mallet, Ext. 54889

**WHISTLEBLOWER PROTECTIONS**

As VA employees, each of us has a responsibility to report violations of law, rule or regulation. This includes gross mismanagement, abuse of authority, and gross waste of funds or specific danger to public health or safety. VA managers will be subjected to disciplinary action for obstructing an employee in the exercise of this right.

The VA’s Office of Inspector General has the responsibility for investigating complaints received from employees. In accordance with the Inspector General Act, the identity of VA employees who make complaints or provide information regarding alleged wrongdoing will be held confidential unless the individual gives express permission for the disclosure of his/her name. Complaints may be sent to the Department of Veterans Affairs, Office of Inspector General (53E), P.O. Box 50410, Washington, DC 20091-0410. Toll-free phone: 1-800-488-8244.

**INFORMATION SYSTEMS (COMPUTER) SECURITY**

Information security applies to all employees, contractors, volunteers, students, residents, etc. who is granted access to the VISN 2 information systems resources. Information security consists of measures and controls that protect information technology systems and data against denial of service and unauthorized disclosure, modification or destruction. Information management considers both electronic information, as well as, written or communicated information.

- Do not share your access/verify codes
- Do not display your codes or tape them to desks, walls, monitors
- Always exit the system at the end of the day to avoid someone else using your account.
ELECTRONIC COMMUNICATION

Please remember that the e-mail system is not intended for personal use. It should only be utilized to aid you in the completion of your official duties and responsibilities. Examples of instances of misuse include communications that are not work related, expressions of anger, and use of sexually explicit or other inappropriate language, joke telling and remarks that are personal in nature. Electronic messages concerning patients generated in the VISTA system or MS Exchange is not part of the medical record. Consequently, you must refrain from creating, adding to or aiding in the dissemination of electronic messages that contain information involving a patient's treatment or condition. This is clearly inappropriate for a number of reasons; the most obvious being that the information contained therein cannot be properly safeguarded from unauthorized disclosure. Employees who violate this policy may be subjected to disciplinary action.

Information Security Officer (ISO): Barth Brawdy, Ext. 54620
Information Systems Manager: Dennis Wells, Ext. 54359

DRUG FREE WORKPLACE

VA, along with other Federal agencies, is a participant in the Drug-Free Federal Workplace Program. Testing for illegal drugs is part of the VA's comprehensive drug prevention program. Testing occurs randomly in designated positions, and based on reasonable suspicion or in connection with an investigation into injury, illness, and unsafe or unhealthful practice.

STANDARD OF CONDUCT

As a VA employee, you have certain rights and responsibilities. You have the right to expect fair and considerate treatment, decent working conditions, and a sincere concern on the part of VA for you as an individual. In return, VA expects that you will serve diligently, loyally, and cooperatively. You must avoid misconduct and other activities that conflict with your employment; exercise courtesy and dignity; and otherwise conduct yourself, both on and off duty, in a manner that reflects positively upon yourself and VA.

ETHICS

To assure that every citizen can have confidence in the integrity of the Federal Government; each employee shall adhere to fundamentals of ethical service by following the general guidelines outline below:

- Prevent and avoid the appearance of conflicts of interest.
- With some exceptions, an employee must not accept a gift from a prohibited source or one given because of the employee's official position.
- You must not take an official action that affects your financial interests or the financial interests of a party that you are negotiating with for employment.
- You should not take an official action that affects your financial interests or the financial interests of a party that you are negotiating with for employment.
- You should not take an official action in circumstances where a reasonable person would question your impartiality.
- You must not use your public office, including official time, information, property or endorsements, for personal gain.
- You must not engage in any outside employment or activity that conflicts with your official duties.
- You must comply with all ethics laws and regulations.
PATIENT ABUSE

Patient abuse is any unkindness, rudeness or violence of any kind directed towards a patient. This includes any violation of the patients' rights. Patient abuse is not tolerated at the Syracuse VA Medical Center and must be reported to your supervisor.

Types of patient abuse are:
- Verbal
- Sexual
- Physical and
- Psychological

Patient abuse is serious and requires a formal investigation.

NO SMOKING POLICY

In order to maintain a safe and healthy environment for our patients, visitors, and employees, smoking is prohibited in all buildings, building entrances/exits, stairwells, closets, offices and tunnels. Summonses, returnable to Federal District Court, are issued for smoking on any VA property. Disciplinary action is also a possibility.

SAFETY AND HEALTH

HAZARDOUS MATERIAL MANAGEMENT

A. Regulated Medical Waste (RMW) Disposal - Proper separation and disposal of waste affects the facility's environmental compliance and cost containment efforts but more importantly impacts employee safety. Materials saturated with blood and blood products are to be disposed as RMW. Otherwise, materials that are simply contaminated, not dripping, are to be considered as normal trash and placed in a container with a clear plastic liner.

B. Improper disposal of sharps has lead to an alarming number of unnecessary needle sticks. Used sharps and those sharps contained in kits which are excess must be placed in the red sharp disposal containers located near each patient's bed. If any red container is full, contact the housekeeper or the Nursing staff for a replacement. Leaving unprotected sharps on beds, bed stands or in a regular waste can is unacceptable.

C. Chemotherapy Agent Handling and Storage

1. All preparation of cytotoxic agents shall be performed by Pharmacy personnel.
2. Staff involved in administering cytotoxic drugs must wear a disposable protective gown or apron, double latex gloves and if necessary goggles or face shield.
3. Chemotherapeutic agents are not to be stored on the nursing units.
4. Unused chemotherapeutic agents must be returned to Pharmacy for disposal.
Patients receiving chemotherapy by continuous infusion are not to leave their assigned unit unless deemed necessary by medical staff.

Items used in the administration of cytotoxic drugs, e.g. IV bottles, bags, tubing, needles, contaminated outer garments (e.g. gowns, gloves, etc.), UNLESS overtly contaminated, will be placed in a chemotherapy disposal container. This container will be Yellow and clearly marked "Chemotherapy Waste."

Items used in the administration of cytotoxic drugs, which are not empty (e.g. IV bottles, bags, tubing and syringes and overtly contaminated garments (e.g. gowns, gloves, etc.) will be placed in a hazardous waste container. This container will be Black and clearly marked "Hazardous Waste – Chemotherapy Waste."

In the case of skin contact with an antineoplastic agent, the affected area should be washed thoroughly with soap and water. Eyes should be flushed with copious amounts of water. Persons involved in an acute exposure incident must be sent to Employee Health for evaluation and documentation.

D. Pharmaceutical Hazardous Waste Management

As with RMW, the proper separation and disposal of pharmaceutical hazardous waste affects the facility's environmental compliance and impacts employee safety. Pharmaceutical hazardous waste are pharmaceuticals, that when discarded, are classified as hazardous by the United States Environmental Protection Agency (EPA) or the New York State Department of Environmental Conservation (NYSDEC). These pharmaceuticals require special handling, storage, shipping, and disposal according to EPA and NYSDEC regulations.

1. Partially used pharmaceuticals labeled with a Black Dot sticker and/or items used in the administration of these pharmaceuticals, which are not empty (e.g. IV bottles, bags, and tubing) will be placed in a Hazardous Waste disposal container. This container will be Black and clearly marked "Hazardous Waste – Pharmaceutical Waste."

2. Items used in the administration of pharmaceuticals with a Black Dot, which are empty (e.g. IV bottles, bags, tubing, and syringes) will be placed in either a red, regulated medical waste container or a yellow, chemotherapy waste container.

3. Partially used pharmaceuticals labeled with a black Caution: Special Disposal required sticker and all items used in the administration of these pharmaceuticals, whether it is empty or not (e.g. IV bottles, bags, tubing, prescription bottles, and wrappers) will be placed in a special Hazardous Waste disposal container. This container will be Black and clearly marked "Hazardous Waste – P-Listed Pharmaceutical Waste Only."

Do not combine wastes labeled with a Black Dot with wastes labeled with Caution: Special Disposal Required.

Note: Empty syringes used for administering epinephrine are to be discarded in a sharps container not a black hazardous waste container.

4. Unused pharmaceutical will either be returned to Pharmacy or appropriately disposed of in the area. Unused pharmaceuticals will not be discarded via the municipal sewer system unless approved by the Environmental Engineer.
D. Hazard Communication

There are two types of hazards:

- Physical hazards (flammable or explosive), and;
- Health hazards (respiratory irritation, skin burns, and reproductive damage to name a few).

OSHA (the Occupational Safety and Health Administration) guarantees you the *right-to-know* about the chemicals you use.

Two main components of an OSHA approved hazard communication program are:

- **Warning Labels**: All containers must be labeled. The labels must
  a) Chemical / Product name,
  b) Provide all hazard warnings (physical or health) and
  c) List the name/address of the manufacturer.

- **Material Safety Data Sheets (MSDS)**: We are required to have a current MSDS for all of the chemicals we use. The MSDS's can be found in the:
  - Safety Office (C920),
  - Emergency Department, and are also available on the VA web site: http://vaww.ceosh.med.va.gov/ceosh/MSDS.shtml

MSDS's provide us with a lot of detailed and valuable information about the chemical, including:

- ingredients and exposure limits,
- potential health and physician hazards,
- personal protective equipment,
- handling and storage,
- first aid,
- spill response procedures
- fire fighting measures,
- reactivity data,
Code RED response:

Should you sense that a fire has started (see or smell smoke or flame), remember RACE

R - RESCUE patients, visitors and staff from immediate danger.
A - ALARM, if the fire alarm system has not yet been activated, pull the nearest pull station and then dial 55555 to report the location and type of the fire.

- **Alarm located in your area**
- Computer Generated Evacuation Tone
- Strobe lights flashing
- These will continue until the “All Clear” has been given or 5 minutes

- **Alarm located in another part of Medical Center**
- Alert tone
- “Code Red, Code Red” announcement
- Location of fire alarm

C - CONFINE and contain the fire by closing all doors.
E - Prepare to EVACUATE the area.

**Types and Descending Order of Evacuation**
1) Defend in Place – keep patients in their rooms with door closed
2) Horizontal – move patients off the unit beyond the smoke barrier doors into the elevator lobby.
3) Vertical – move patients off the floor, with non ambulatory using the elevators, ambulatory using stairs. (This decision is to be made by the Medical Center Director only)

**Fire safety equipment locations:**
The fire alarm manual pull stations and fire extinguishers are located near:
- All stairwell exit doors.
- Some nurse’s stations.

**Fire extinguisher use:**
P - PULL the pin in the handle.
A - AIM the spray nozzle.
S - SQUEEZE the handle to discharge.
S - SWEEP side to side while spraying.

**Life safety precautions you must follow everyday:**
- Keep corridors free from obstructions.
- Ensure door latches are operational.
- Report smoke doors that do not close within 1/8" from each other.
- Make sure doors are not wedged, blocked, or held open.

SAFETY OFFICER - JOHN SCHLICHT EXT. 53761
Inspect Equipment Before Using

- Make sure the inspection due date is current on the orange (biomedical) or green (electrical) safety label.
- Look for smoke/liquid stains, broken chassis, missing accessories.
- Look for frayed or broken insulation on the wires
- Make sure the 3rd prong on the plug exists.
- If the inspection is not current or something is suspected to be wrong with the equipment, call the Work Order Clerk x53523.

What should you do if a piece of equipment you are using fails?

- Follow local clinical intervention procedures to stabilize the patient.
- Perform some basic troubleshooting:
  - Is the device plugged in?
  - Is the device turned on?
  - Are all connections properly attached?
- Swap out for an alternate piece of equipment.
- Tag the defective device and place it into the dirty utility closet or bring it to SPD for cleaning.
- Contact the work orders clerk at extension 53523.

Call Work Order Clerk x53523 immediately for help in a medical equipment emergency.

**What to Do in the Event of a Utility System Failure?**

**Electrical distribution & emergency power:**
- Contact FMS, ext. 53523.
- Emergency generators provide power to red electrical outlets and specific light fixtures.
- Ensure that critical patient equipment is plugged into red electrical outlets.

**Oxygen (O₂), nitrous oxide and air:**
- Contact Respiratory Therapy, ext. 52831.
- Contact FMS, ext. 53523.
- Obtain portable tanks as necessary, contact SPD, ext. 52010.

Where are the (oxygen) shut off valves?
They are located in a box on the wall covered with smoke tinted plastic panel often close to the smoke doors.
The nurse manager or charge nurse is in charge of shutting off medical gases.

**Vacuum:**
- Contact Respiratory Therapy, ext. 52831.
- Contact FMS, ext. 53523.
- Obtain portable suction pumps from equipment closets or SPD, ext. 52010.

**Heating, Ventilating, & Air Conditioning (HVAC):**
- Contact FMS, ext. 53523.
- Cancel all elective surgery.
- Relocate patients on respiratory isolation precautions e.g. Tb.
- In cold weather, obtain extra blankets from the linen room, ext. 52330.
Elevators:
- Contact FMS, ext. 53523
- Form a labor pool to assist with transportation within the medical center.
- Delivery of food & supplies manually by the stairs.

Steam:
- Contact FMS, ext. 53523.
- Curtail all activities requiring sterilization, use disposable items.
- In cold weather, obtain extra blankets from Laundry, ext. 52330.

Check your Care Line plan for specific details for what needs to be done should a utility failure affect your operations and procedure.

FACILITY MANAGER - CHRIS FRANI, EXT. 54841

DISASTER RESPONSE PLAN

The medical center disaster plan provides the guidance and framework for responding to any type of disaster within the medical center that might hinder our ability to provide care to patients. The plan also defines how we integrate with FEMA's national disaster management system if there were a large-scale national crisis that involved large numbers of injured such as a terrorist bombing or a nerve gas release.

Types of disaster situations:
- Internal
  - Fire,
  - Chemical spill,
  - Utility system failure,
  - Bomb threat,
  - Radiation spill
- External
  - National emergency/Department of Defense,
  - Community disaster.

Employee disaster response responsibilities:
- Individuals should follow their Careline specific disaster plan following the public address system announcement “Code Delta”.
- Unless otherwise assigned, staff should continue to perform their normal work.
- Staff may be assigned by their service to report to the manpower pool.

Authority for ordering evacuation:
- Nurse manager/charge nurse has the responsibility and authority to initiate patient/staff evacuation from a single wing as appropriate.
- The medical center director authorizes a total facility evacuation.

Emergency evacuation:
- Single ward - move horizontally to beyond smoke doors.
- Entire floor - move to floor below; do not use elevators unless directed.
- Entire medical center - move to the VA parking garage.

EMERGENCY PREPAREDNESS COORDINATOR - KEVIN HARTMAN, EXT. 52423
SYRACUSE VA MEDICAL CENTER
REPORTING WORK INJURIES

✓ WORK ACCIDENTS/INJURIES MUST BE IMMEDIATELY REPORTED TO YOUR SUPERVISOR IMMEDIATELY

✓ SUPERVISORS/ PRECEPTORS WILL ACCOMPANY THE INJURED PERSON TO THE EMPLOYEE HEALTH UNIT (ROOM C902) FOR INITIAL ASSESSMENT

IF THE EMPLOYEE HEALTH UNIT IS CLOSED OR THE INJURY OCCURS DURING THE EVENING OR NIGHT SHIFT, REPORT TO THE EMERGENCY DEPARTMENT.

ONCE THE INJURED PERSON IS MEDICALLY EVALUATED AND STABILIZED AND THE WORK-RELATED INJURY IS DOCUMENTED IN THE "ASISTS" PACKAGE (VA FORM 2162), THE INJURED PERSON IS ADVISED TO:

• CONTACT THEIR OWN PHYSICIAN FOR FOLLOW-UP TREATMENT AS THEY DEEM APPROPRIATE.
• FILE WITH THEIR SCHOOL OR ORGANIZATION FOR POSSIBLE WORKER COMPENSATION BENEFITS. AS A NON-VA EMPLOYEE YOU ARE NOT COVERED BY THE VA'S WORKER COMPENSATION CARRIER, THE U.S. DEPARTMENT OF LABOR.

NOTE: WITH THE EXCEPTION OF THE VA'S DETERMINATION THAT THE PERSON SHOULD NOT RETURN TO WORK BECAUSE THE INJURY MAY JEOPARDIZE HIS/HER ABILITY TO PROPERLY CARE FOR OUR PATIENTS; IT IS THE INJURED PERSON'S RESPONSIBILITY TO SEEK MEDICAL ADVICE TO DETERMINE IF CONTINUED WORK ACTIVITIES WILL AGGRAVATE OR HINDER MEDICAL RECOVERY.
PATIENT SAFETY

Patient Safety is every employee’s responsibility. The Syracuse VA Medical Center has a team approach to Patient Safety, which includes:

- Michelle Sharp – Patient Safety Manager, ext 52430
- Colleen Galvin – Risk Manager, ext 52428
- Carol Agan – Safe Patient Handling Coordinator, ext 52876
- John Schlicht – Safety Officer, ext 53761
- Vacant – Safety Specialist, ext 53765

The Syracuse VA promotes a culture of “No Blame” in reporting any adverse event. Examples of adverse events are: falls, medication errors, injuries caused by a medical device, or if a patient received any injury anywhere in the hospital, suicide attempts, outpatient and inpatient suicides and environmental issues.

Close Calls are events or situations that could have resulted in an adverse event but did not do to timely or chance intervention. These are reported via the Patient Incident Reporting Package, Patient Safety Reporting System or informing one of the above people.

Sentinel Events are unexpected events that resulted in or (could be serious enough to result in) serious injury or death of a patient. The unexpected death must not be related to his underlying condition or disease process.

- Inpatient Suicide
- Medication errors causing death or permanent injury
- Falls that cause death or permanent injury
- Surgery on the wrong body part or wrong patient
- Hemolytic transfusion reaction involving administration of blood/blood products having major blood group incompatibility

When the Syracuse VA Medical Center discovers a sentinel event or near-sentinel event has taken place, it is reported to our facility leadership and the Network 2 Office of Performance Management. A Root Cause Analysis is conducted to identify the basic reason(s) that caused or contributed to the event.

Root Cause Analysis:

- Looks at the system or process problems; not the individual(s)
- Includes an action plan to address the problems identified. People who can change the process are given responsibility and accountability for ensuring the action plan is completed. These improvements will help prevent the adverse event from occurring again.
- Root Cause Analysis is shared with leadership who are responsible for disseminating the lessons learned to their employees.
INFECTION CONTROL STAFF:

1. Infectious Disease Physician
   Vacant
   Ext.
   Pager:

2. Infection Control Practitioner
   Lhee P. Matundan, RN, CIC
   Ext. 52600
   Pager: 241-4890
   E-mail: Lhee.Matundan2@va.gov

3. MDRO Coordinator/IC Staff
   Valentine Barzac, OHN, MPC
   Ext. 52872
   Pager: 56529-5730
   E-mail: Valentine.Barzac2@va.gov

MISSION OF THE INFECTION CONTROL PROGRAM

The Infection Control Program supports the mission, vision and values of the Syracuse VA Medical Center and the VA Healthcare Network 2. It is an integral part to enable the organization to ensure quality in all components of patient care. The program has been established to define a realistic framework that contributes to the hospital's effectiveness through the identification of risk and risk reduction methods. This will influence and improve the quality of healthcare in this facility by preventing disease transmission using an effective and efficient epidemiological approach to the management and reporting of infections associated with patient care.

The program is committed to the prevention of adverse outcomes such as transmission of Hospital Acquired (nosocomial) Infections (HAI) between patients, from patient to staff and vice versa. It is also committed to minimizing occupational hazards associated with the delivery of care through intensive surveillance of the environment.

PATIENT DEMOGRAPHICS

The average age of the veteran population is about 65 years old. The VAMC also provides care to all active duty servicemen and women. Because of this, physicians and healthcare providers of the Medical Center must be aware of the uncommon diseases that are prevalent in other areas of the world such as malaria and other tropical diseases.

IMPROVING ORGANIZATIONAL PERFORMANCE

The following is a list (but not limited to) of Performance Improvement measures that have been implemented in Infection Control at this VAMC. This information is used to trend data and improve the quality of care delivered at the Syracuse VAMC.

1. Hospital Acquired Infection (HAI's) rates in Acute Care, Transitional Care Unit; Catheter Associated UTI and Asp LRI in the SCI Unit and Device Relate UTI; Clients being seen in ED and Hospital admissions related to UTI for the Home Based Primary Care (HBPC)
2. Ventilator associated pneumonia in ICU (6B)
3. Surgical Site Infections
4. Central Line Associated Bloodstream Infections (CLABSI)
5. Indwelling Foley Catheter Urinary Tract Infections – symptomatic (CAUTI)
6. Investigation of clusters of infections above expected levels
7. Tracking and trending epidemiologically significant organisms such as MRSA, VRE, Clostridium Difficile; Resistant Gram Negative Organisms such as KPC and E. Coli, as well as investigation of cases of unusual epidemiologically significant organisms.

OCCUPATIONAL EXPOSURE TO BLOOD AND OTHER POTENTIALLY INFECTIOUS MATERIALS

WHAT HAPPENS IF YOU ACQUIRED A SKIN/MUCOUS MEMBRANE AND PUNCTUREWOUND EXPOSURE (Neddlestick)?

1. YOU need to IMMEDIATELY report to your supervisor
2. Your SUPERVISOR and YOU will report to Employee Health, if you work Monday through Friday from 7:30am to 4:00pm.
3. If you work off tour, weekends or holidays YOU and your SUPERVISOR will report to the Emergency Department. (The Nursing Supervisor on duty must be notified to do the employee and patient counseling as well as will offer or recommend post exposure prophylaxis therapy as indicated.)

STANDARDS OF CARE IN INFECTION CONTROL

Universal/Standard Precautions: This is the first level of precautions for ALL patients, including use of barriers – Personal protective Equipment (PPE) - such as gloves, gowns, masks, and protective eyewear; as well as proper disposal of sharps to prevent skin and mucous membrane exposure to blood borne pathogens from blood and other potentially infectious materials regardless of whether or not they contain visible blood. They are used to reduce the transmission of microorganisms from both recognized sources in hospitals.

Universal/Standard Precautions: apply to blood and body fluids, semen, and vaginal secretions, tissues, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, and amniotic fluid.

Transmission Based Precautions (Isolation Precautions): The second level of precautions used for caring for patients with or suspected to have certain communicable diseases. They include:
   a. AIRBORNE (hot pink isolation sign): Example: Tuberculosis, Measles, Smallpox, Severe Acute Respiratory Syndrome (SARS), etc.
      YOU MUST BE FIT TESTED TO WEAR THE RESPIRATOR (N-95 - Must Be Fit Tested) prior to entering the airborne isolation room.
   b. DROPLET (orange isolation sign): Example: Influenza, Whooping Cough, some types of pneumonia, etc.
   c. CONTACT (lime green isolation sign). Example: MRSA, VRE,
   d. CONTACT/Enteric (dark Brown isolation sign) for Clostridium Difficile Infection (CDI) and with symptomatic (diarrhea) Gastroenteritis Infection.

Hand washing and Aseptic Technique: They are practices to prevent contact spread of most bacterial infections (e.g. staph., strep., etc.) and some viruses (e.g. herpes, cold viruses, CMV, etc) in health care settings. HANDWASHING is the single most effective way to prevent the transmission of organisms.

There are two kinds of hand washing antiseptic agents that are utilized in this facility:
1. Antimicrobial gel soap for washing hands with running water.
   - Use antimicrobial soap and running water when your hands are visibly contaminated with blood or body fluids.
2. Alcohol based waterless antiseptic agent. This is preferable especially when time constraints are an issue.

Conditions of nails and hands are also part of the hand hygiene policy. This policy states:
   a) Artificial nails and/or extenders are not permitted for any staff involved in direct patient care, including the Operating Room, Sterilization and Processing, Nutrition and Food Service, Pharmacy IV Admixture Preparation.
   b) Keep natural nails short (less than ¼ inches long). This will allow the personnel to thoroughly clean underneath the nails and not cause glove tears.
   c) Nail polish may be worn as long as the polish is not chipped. Generally, nail polish chipped if more than four days.
   d) Fingernail decorations and/or jewelries are prohibited due to promotion of rough surfaces.

For more detailed information: refer to Syracuse VAMC Blood borne Pathogen Exposure Control Plan-Addendum I: Hand washing, Skin Antisepsis, Glove Usage

Occupational Healthcare Practices: for the prevention and control of communicable diseases in healthcare workers, such as PPD screening, influenza vaccine, Hepatitis B vaccine and updated adult immunization (MMR, tetanus (d-TAP); Pneumococcal Vaccine)

**BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN**

The Syracuse VA Medical Center Exposure Control Plan is located in the Infection Control Manual and/or the Sharepoint

This document applies to all employees, affiliates, patients, visitors, and contractual employees of the Medical Center with potential exposure to blood borne pathogens and communicable disease. A violation of the Exposure Control Plan is subject to disciplinary action.

Compliance of the following items will be monitored:
   a) Hand-washing (hygiene)
   b) Use of appropriate Isolation sign and
   c) Use of appropriate Personal Protective equipment (PPE) when entering an Isolation Room; such as use of gloves gown and appropriate use of Masks and protective eyewear

**WORK-PRACTICE CONTROLS and ENGINEERING CONTROLS**

Personal Hygienic Practices includes (but not limited to):

   a) Personnel are to be assessed in the employee health prior to commencing work for the following: open/draining lesions; gastrointestinal symptoms; respiratory symptoms with fever
   b) The following are highly recommended for personnel with direct patient contact: hair should be tied or secured to alleviate contamination of patient or self, and, jewelry of hands should be maintained at a maximum of the wedding rings.
   c) Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of a bloodborne exposure occurrence.
   d) Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets, or on countertops or bench tops where blood or other potentially infectious materials are present.
   e) All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, splattering, and generation of droplets of these substances to protect one self and other employees, visitors or patients
   f) Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.
   g) A personnel whose personal uniform/clothing becomes visibly contaminated with blood, body fluids, secretions, or excretions:
• Will be provided with hospital owned scrub attire (by the Supervisor or designee) for the reminder of the day and to wear home.
• Environmental Management will launder the personal uniform/clothing. If an employee wishes to launder his/her personal clothing (not hospital issued scrub suit), they will be confined in a plastic bag, clothing will be washed at hot cycle and dried, using a dryer.

Needle Syringes, Sharps Management:

a) Needles and syringes are not to be bent, broken, or cut to prevent generation of droplets of blood and minimize potential exposure.
b) All needles syringes and sharps will be disposed of in the easiest accessible “Sharps Container” from the area of use. If walking with a sharp is necessary it is to be held in a manner to avoid risk to self or others.
c) Recapping of contaminated needle is prohibited. If recapping is necessary, utilize a recapping device if not available, a one handed recapping process must be utilized.
d) Contaminated needles are not to be removed from syringes by hand. A hemostat or similar device is to be used to remove the needle and only when absolutely necessary.

Other Information on Sharps Management:

This hospital is in compliance with the OSHA Fed. Register – CPR Title = 29." Needlestick Safety and Prevention Act.” The following items are safety devices. To reduce your risk of exposure to blood and body fluids, you need to familiarize yourself on how to activate these safety devices:

a) Needleless intravenous system, you do not need a needle to access intravenous infusion tubing’s
b) Safety intravenous needles for IV insertion (BD-Nexiva)
c) Safety blood collection needle utilizing the vacutainer (BD with safety needle)
d) Safety butterfly blood collection set (BD butterfly push button)
e) Safety lancets for fingersticks
f) Safety needles to access long term central venous catheter such as perma-cath; Use Huber plus safety device.
g) Hemodialysis catheters
h) Arrow Central Venous Catheter tray contains safety scalpel and a well to keep loose needles/sharps
i) Syringes with needles: IM, subcutaneous, TB and insulin- (retractables)
j) Single needle safety device for ready to use injectable medications

Negative Pressure Rooms for Isolation: Engineered negative pressure rooms at the Syracuse VAMC, are located in the Emergency Department, Nursing Wards, ICU, Inpatient Psych Unit; SCI infusion, Hemodialysis Rooms, One Day Surgery Unit and, OR PACU. Check with the staff in those areas for specifics on the use of these rooms.

Sanitation: Disinfectant / cleaning agents used hospital wide by Housekeeping. The housekeeping staff can give you specific details if you need them. Hospital-wide disinfectants are annually reviewed and approved by the Infection Control Committee.

Hepatitis B vaccine is available free of charge to all employees in occupational Exposure Category I and II by making an appointment with the occupational health nurse.

Post Exposure Prophylaxis is available for personnel that have a significant blood or body fluid exposure and available according to occupational health policy.

Evaluation of Infected HCW’s Risk of Transmission of Bloodborne Pathogens: In cases where a HCW is known to have HIV, HBV or HCV and where the worker may be at risk of transmitting the virus, an EXPERT PANEL will be formed to confidentially evaluate the individual's restriction to his/her professional duties as appropriate.
(The Bloodborne Pathogen Exposure Control Plan is available to all employees, and affiliates. If you need a copy of the policy, please contact Lhee Matundan, ICP at extension 52600 or send an e-mail to: Lhee.Matundan2@va.gov.)

PULMONARY TUBERCULOSIS (TB) RESPIRATORY PROTECTION PROGRAM
Transmission Prevention and Control – Infection Control Policy

- Tb is short for Tuberculosis. It has also been known as consumption.
- Tb organisms become airborne when a person with active Tb talks, coughs, sneezes, signs or laughs. The infectious droplets can remain in the air for long periods of time.
- The only way you can get infected with these organisms is to breathe them into your lungs.

How do I know if I’m infected with Tb?
The best way to know if you have been exposed to someone with active Tb is to have a yearly PPD skin test. If your skin test has been negative and becomes positive – you may have been exposed to someone with active Tb and have been infected. If the infection is recent, your occupational health unit, physician or another physician may prescribe medications for you, which will destroy the Tb organisms. These drugs are most effective when administered soon after Tb infection is identified (PPD+) – that is why a year PPD skin test is a must for ALL hospital employees/trainees who are PPD negative.

Person with Tb INFECTION:
- Positive PPD, no disease
- Negative bacteriologic studies
- No radiographic or clinical evidence of Tb

PERSON IS NOT COMMUNICABLE WITH TB INFECTION

Person with Tb DISEASE:
- Productive cough for 2-3 weeks
- Bloody sputum
- Weight loss
- Loss of appetite
- Fever, night sweats

PERSON IS COMMUNICABLE WHEN THEY SING, SPEAK OR COUGH
REDUCING TRANSMISSION OF PULMONARY TB

Infection Control Practices and Environmental Control Techniques to Reduce the Transmission of Tb...

- Prompt identification of infectious patients, with appropriate isolation in a negative pressure room (AIRBORNE/Respiratory precautions) and initiation of treatment.

- Patients who require a negative pressure room must be admitted an area with this specialized isolation room ONLY. The doors to both the room and the anteroom must be closed at all times to maintain negativity. There is one room in UCU that can also accommodate a patient who requires AIRBORNE/Respiratory precautions.

- Health care workers who must enter the room of a patient with known or suspected Tb need special respiratory protection – either an N-95 respirator or a PAPR. Fit testing and medical evaluation are necessary before you can use the N-95 respirator. Call the Safety Office, ext. 53761 – to make an appointment for fit testing.

- Patients on Airborne/Respiratory precautions should be confined to their rooms except for necessary medical tests.
  - If the patient leaves the negative pressure environment, they must wear a surgical mask to contain their respiratory secretions.
  - The area the patient is going to should be notified to expedite the procedure/test and return the patient to the negative pressure environment as soon as possible.

- Yearly PPD skin testing for ALL employees known to be skin test negative. Some high-risk employees may need to be tested more frequently.

Infection Control concerns/ problems/ issues:
Please contact Lhee Matundan, RN at ext 52600 or pager 241- 4890 or
Valentine Barzac, RN at ext 52872

Reviewed: May 2013 by: Lhee P. Matundan ICP and Valentine Barzac MDRO Coordinator
VHA PRIVACY POLICY

Background and Purpose: The Veterans Health Administration (VHA) is committed to protecting the privacy and confidentiality of patient information. Since it is the responsibility of the entire VHA workforce to protect patient information, all (VHA) employees, including volunteers, medical residents, students and contractors are required to complete Privacy policy training, even if you may not have direct patient contact responsibilities. The purpose of this Condensed training is to provide the participants with the required knowledge of the VHA Privacy Policies.

VHA PRIVACY POLICY

VHA has established policies and procedures that grant the veteran certain rights regarding his/her health information and provide guidance on the use and disclosure of Protected Health Information.

Protected Health Information (PHI) consists of the following:
- Individually Identifiable Information (i.e. SSN, health information, etc.)
- Demographic Information (i.e. address, phone, age, gender, etc.)

The Privacy Act, Health Insurance Portability & Accountability Act (HIPAA) Privacy Rule, and VHA Privacy Policy provide the veteran with the right to:
- Receive a copy of the VA Notice of Privacy Practices
- Receive a copy of his/her own protected health information
- Request an amendment to his/her personal records
- Request a listing of disclosures of health information from his/her personal records
- Request and receive communications confidentially
- Request a restriction on the use or disclosure of his/her health information

VHA also has established policies and procedures providing guidance on how PHI may be used within VHA and disclosed to organizations outside of VHA.

VHA workforce members may use PHI only when the information is needed to perform their official VHA duties for the purpose of treatment, payment and health care operations. Use of PHI for any other purpose requires the written permission of the patient.

VHA may disclose PHI only if prior written permission from the patient has been obtained or other legal authority permits the disclosure.

Your appointment with the Syracuse VA Medical Center requires you to keep all PHI that you may discover in the course of your duties strictly confidential. Here are some requirements:
- No talking in public areas about Protected Health Information
- Keep PHI out of public areas (elevators, stairways, open areas, etc.)
- Secure any records you may be working with before walking away
- No discussing with anyone, inside or outside the hospital, any PHI you may learn while carrying out your assigned duties.

POSSIBLE OUTCOMES FOR NOT COMPLIING WITH VHA PRIVACY POLICY

Unlawful release of Protected Health Information could result in:
- Organization-specific sanctions (lawsuits, not receiving accreditation)
- Filing of a complaint by a victim of a Privacy Policy violation
- Civil and criminal penalties for VHA Privacy Policy violators
- Fined up to $50,000 and/or imprisonment
SUMMARY

You must be responsible for safeguarding Protected Health Information (PHI). Along with your appointment at the Syracuse VA Medical Center comes the responsibility to keep all patient information, learned in the course of your duties, confidential and secure. Do not discuss any PHI discovered in the course of your assignment with anyone. Remember that you would want your personal information and health records treated in the same confidential, professional manner. You must take pride and ownership in the fact that VHA, and the Syracuse VA Medical Center is concerned about privacy and recognizes its importance in providing quality healthcare.

Privacy Training for Employees

Privacy training is a result of the new HIPAA legislation, which was passed by Congress in 1996. The final rules for the Privacy Standards provides for the protection of all health information established under HIPAA in December 2002. All VA employees including temporary employees, WOC's, volunteers, residents, interns, contractors and medical students, must complete training. Confidentiality, security and the protection of all individual information is everyone's responsibility.

There are six statutes that govern the collection, maintenance and release of information generally from VHA records. When following VHA privacy policies, all six statutes are to be applied simultaneously. Those six statutes are: FOIA, The VA Claims Confidentiality Statue, Confidentiality of Drug, Abuse, Alcoholism, HIV/AIDS and Sickle Cell Anemia, Confidentiality of QA Review Records, HIPAA, Privacy Act of 1974.

The Freedom of Information Act covers all kinds of records such as telephone logs, contracts signed with outside vendors, hospital policies, procedures, memorandums etc.

The Privacy Act of 1974 applies to any VA record that is retrievable by that individual's name or other identifier. The Privacy Act provides that the collection of information about individuals will be limited to that which is legally authorized, relevant, and necessary and requires VHA to take reasonable steps to ensure that its Privacy Act protected records are accurate, timely and complete. Records can be stored either by paper or electronically.

The VA Claims Confidentiality Statue provides for the confidentiality of all VA patients and claimant names and home addresses and permits disclosure of the information only when specifically authorized by the statute. It also identifies the specific circumstances under which information may be disclosed. The statute gives specific reference to names and addresses. Disclosure cannot be made unless authorized by the Privacy Act of 1974.

Confidentiality of Drug Abuse, Alcoholism, HIV/AIDS and Sickle Cell Anemia is covered under §7332. This statute pertains to VA records which reveal the identity, diagnosis or treatment of VA patients pertaining to drug, alcohol abuse, HIV/AIDS or Sickle Cell Anemia. These rules and regulations are also included under the Privacy Act of 1974. Records, which are created as part of a QA program, are confidential and privileged and may not be disclosed to any person or entity except when specifically authorized by statute. QA records cover any systematic review of healthcare carried out by or for the VA for purpose of improving the quality of healthcare.

HIPAA is the newest federal regulation. It was published by the Department of Health and Human Services. The implementation of HIPAA is required for all healthcare providers within the US. HIPAA provides for the improvement of the efficiency and effectiveness of health care systems, by encouraging the development of health information systems through the establishment of standards and requirements for the electronic transmission, privacy and security of certain health information. VHA must comply with the privacy rules when creating, maintaining, using and disclosing individually identifiable health information.
Use of Information: All VA employees can use health information contained in VHA records in the official performance of their duties for treatment, payment, and healthcare operations purposes. The use of health information for other purposes such as research requires additional authority such as the veteran's written authorization. Identifiable information can only be disclosed when written authorization has been obtained from the veteran or when other legal authority permits the disclosure without written authorization. Sharing of individually identifiable information within VHA or between VHA and other VA components or VA contractors shall be conditioned on the completion of a data use form which specifies the conditions for the provision of the data. VA employees shall ensure appropriate controls are established to safeguard individually identifiable information, including protected health information, from loss, defacement and tampering and to ensure the confidentiality of information.

VA facilities are required to keep an accurate accounting of every disclosure. The veteran is entitled to receive a copy of every disclosure. VA facilities are not required to maintain an accounting when information released is needed to perform the duties of a job.

A veteran has a right to request that the VA restrict the use and disclosure of patient information. This request must be in writing and must be submitted to the Privacy Officer. The veteran also has the right to request that VHA restrict the disclosure of individually identifiable health information to the next of kin, family, or significant others involved in the individual's care. All requests must be in writing and signed by the veteran.

Patient information may be shared on a need to know basis. Shared information may be for purpose of treatment, payment, or health care operations. Health information may be disclosed without written authorization to VA contractors if the VA contractor is performing a service related to VA treatment, payment or health care operations. Written authorization of the individual is not required as long as the disclosure is within the scope of the contract. Information may also be shared with non-VA entities without authorization in limited circumstances.

HOSPITAL PRIVACY OFFICER – Angela Pluff, Ext. 53784
VIOLENCE IN THE WORKPLACE

There is ZERO TOLERANCE regarding behavior that is disruptive, threatening or violent and will result in immediate action being taken. Any patient or visitor who acts of disruptive, threatening or violent behavior may be the subject of one or more of the following actions: warning letters, computer flags, police escort, arrest and prosecution or restricted medical care (limited to life threatening emergencies). Employee's who commit acts of disruptive, threatening or violent behavior may be subject to: disciplinary action, which may include termination, and arrest and prosecution.

- **Disruptive** – any incident in which the delivery of care or services is interrupted or impeded.
- **Threat** – any verbal or non-verbal expression of an intention to inflict pain or injury or to cause annoyance or alarm.
- **Violence** – any physical force exerted to violate damage or abuse another person, equipment or property.
- **Weapon** – any instrument used to threaten or inflict bodily harm.

Security and Emergency Reporting

**Police Standby** is used when a person is behaving in a suspicious or threatening manner, yet the situation remains controlled:
- Dial 53333
- State you require a police office to standby
- Identify yourself, location and nature of the incident
- Wait for the operator to hang-up

**Behavioral Emergency Response Team (BERT)** is used when a person is uncontrollable and poses an immediate threat to him/her or other persons.
- Dial 55555
- State you have a behavioral management situation
- Identify yourself, location, and nature of the incident
- Wait for operator to hang-up

CHIEF OF POLICE – Jon Godfrey, Ext. 54684
EMPLOYEE RIGHTS

The cultural values, ethics, or religious beliefs of employees may be considered when assigning an employee to care for patients. If there is a direct conflict between the employees’ values and beliefs and the patient’s care and treatment, the employee should immediately notify their supervisor. The employee must be able to clearly explain the basis for the refusal to perform the aspect of care. Every effort will be made to meet the employee’s needs without jeopardizing patient care.

IMMUNIZATION REQUIREMENTS

All employees, (including WOC appointments, students and volunteers) are required by the Occupational Health and Safety Administration (OSHA) to have annual Tuberculosis (TB) PPD testing. You may have the PPD skin test conducted at the Medical Center’s Employee Health Unit (free of charge) or by your local physician. You must submit evidence of negative PPD test within the last year to the VAMC Employee Health Office located on the first floor. If you receive your TB skin test at the VA Employee Health Unit, you must report back to the Employee Health Unit two days after the test to have the skin injection site read. For those with a positive PPD test that are asymptomatic, a health statement or negative chest x-ray is required showing you are presently asymptomatic.

In addition, individuals (including WOC appointments and students) who will be working in a clinical setting, providing direct patient care contact, must provide the following information prior to, or on your first day of duty, a current health status report that documents:

- Proof of Hepatitis B Vaccine series or a declination of the same
- Proof of Td/DTaP (Tetanus-diphtheria) booster within ten years
- Proof of immunity against Measles/Mumps/Rubella (MMR)
- Proof of Chickenpox Vaccination or Illness

OCCUPATIONAL HEALTH UNIT – Ext 52075

LABOR-MANAGEMENT AT THE SYRACUSE VA

It is our firm belief that labor and management can work together to better serve veterans, their families, and employees. The Service Employees International Union (SEIU) is dedicated to the fair representation of all Union members.

- Local 200 United, SEIU President – Oscar Bartholomew (315) 425-4672 – Representing Title 38 full-time, part-time, intermittent and temporary Registered Nurses
- Local 200 United, SEIU President – Leroy Bauer (315) 425-3762 – Representing non-professional, non-supervisory permanent employees of the SVAMC. Also represents permanent employees of the Veterans Canteen Service (VCS).