Mandatory Training for Transient Clinical Staff (Non-Trainees)

Welcome to the Mandatory Training for Transient Clinical Staff (Non-Trainees) course. This course consists of 15 lessons each required for working within the VA system. This is a one and a half hour course. At the conclusion of the course there is an end-of-course test. A score of 80% or higher is required to complete the training.

Contents

Introduction to: Mission of VA/Patient Population/Customer Service/Constitution ............................................ 1
Government Ethics.................................................................................................................................................................... 6
Privacy and the Health Insurance Portability and Accountability Act (HIPAA) ................................................ 13
Patient Rights ........................................................................................................................................................................... 15
Health Record Documentation.......................................................................................................................................... 17
Occupational Safety ............................................................................................................................................................... 19
Patient Safety ........................................................................................................................................................................... 21
Trainee Supervision ............................................................................................................................................................... 24
Federal Equal Employment Opportunity (EEO) Laws/Workplace Harassment/No Fear Act ....................... 26
Violence in the Workplace and Handling Disruptive Behavior.................................................................................. 32
Course References and Resources: ................................................................................................................................... 33
Tort Claims Protection .......................................................................................................................................................... 34
Response to an Active Threat Event ................................................................................................................................ 35
MRI Safety for Non-Lab Staff (Level 1)............................................................................................................................. 38
I CARE .......................................................................................................................................................................................... 41
End of Course Remarks ......................................................................................................................................................... 42

Introduction to: Mission of VA/Patient Population/Customer Service/Constitution

Goal Statement

In this lesson, you will learn how VA’s unique history evolved to serve Veterans’ needs, and you will discover how VA’s core values and service standards were designed to serve this unique group of people.

Objectives

After completing this lesson, you will be able to:

- Identify the major characteristics of Veterans;
• Describe the most common medical illnesses and mental health issues associated with military service, including the signature injury of OIF/OEF Veterans; and
• Describe the importance of recognizing Post-Traumatic Stress Disorder (PTSD) in our Veteran patients.

Overview
Serving over 5 million Veterans a year, the Veterans Health Administration (VHA) provides medical and rehabilitative treatment of all kinds, from acute to long term care. The Department of Veterans Affairs (VA) plays a preeminent role in educating physicians, nurses, and other healthcare professionals. More than half of the physicians currently practicing in the United States received some part of their training in a VA facility. And nearly a third of current VA clinical staff came out of VA’s training programs!

The VA became a cabinet level department in 1989 and is part of the executive branch of the government as defined in the Constitution of the United States. The Secretary of Veterans Affairs serves in the President’s cabinet. All people working in the VA system should be familiar with the VA’s stature as a cabinet–level agency, and its place in the executive branch of the U.S. government.

Constitution of the United States
http://www.archives.gov/exhibits/charters/constitution_transcript.html

Mission
Today’s modern VA is a dynamic partnership with a shared mission divided among three administrative branches.

The Veterans Health Administration (VHA) manages one of the largest healthcare systems in the world.

The Veteran Benefits Administration (VBA) supplies compensation and vocational assistance to disabled Veterans.

The National Cemetery Administration (NCA) honors Veterans with a final resting place and lasting memorials that commemorate their service to our Nation.

Working as One VA, these administrations proudly provide responsive, timely, and compassionate service to those who served our Nation.

VA Mission

"To care for him who shall have borne the battle and for his widow and his orphan."

Abraham Lincoln made that pledge to America’s Civil War Veterans during his Second Inaugural Address, in 1865. Nearly a century and a half later, the VA is still making good on President Lincoln’s promise.

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 several years following discharge from active duty.

Remember that health care eligibility is not just for those who served in combat but for all who served on active duty, irrespective of the location of service. It is important to note that the Veteran population is changing. There are large numbers of younger Veterans returning from the conflicts in Iraq and Afghanistan. In addition, over 11% of service members in the current conflicts are women. As these young men and women return home, the VA is evolving to meet the needs of this changing population.

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.

Service Specific Medical Illnesses and Mental Health Issues
Veterans have a wide range of common service-connected medical injuries.

The following are health risks associated with specific military actions or periods:

**WWII/Korea**
- Cold Injury
- Exposure to nuclear weapons (including testing or cleanup)
- Chemical warfare agent experiments

**Cold War**
- Nuclear Weapons Testing

**Vietnam**
- Agent Orange Exposure
- Hepatitis C

**Gulf War**
- Chemical or biological agents
- Depleted uranium (DU)
- Dermatologic Issues
- Immunizations
- Infectious Diseases (i.e. Leishmaniasis)
- Oil Well Fires
- Reproductive Health Issues
Operation Enduring Freedom/Operation Iraqi Freedom/ Operation New Dawn (OEF/OIF /OND)

- Animal Bites/Rabies
- Combined Penetrating, Blunt Trauma, and Burn Injuries (Blast Injuries)
- Dermatologic Issues
- Embedded Fragments (shrapnel)
- Leishmaniasis
- Mental Health Issues
- Multi-Drug Resistant Acinetobacter
- Reproductive Health Issues
- Spinal Cord Injury
- Traumatic Amputation
- Traumatic Brain Injury
- Vision Loss

All eras

- Post–traumatic Stress Disorder (PTSD)
- Military Sexual Trauma

Environmental Exposures

- Asbestos
- Burn Pit Smoke
- Contaminated Water (benzene, trichloroethylene, vinyl chloride)
- Endemic Diseases
- Hexavalent Chromium
- Ionizing & Non-Ionizing Radiation
- Jet Fuel
- Lead
- Mustard Gas
- Nerve Agents
- Particulate Matter
- Pesticides
- TCDD & other dioxins

Post–Traumatic Stress Disorder (PTSD) is a common diagnosis in our Veterans, regardless of service era. Although PTSD symptoms can begin right after a traumatic event, PTSD is not diagnosed unless the symptoms last for at least one month, and either cause significant distress or interfere with work or home life. To be diagnosed with PTSD, a person must have three different types of symptoms: re-experiencing symptoms, avoidance and numbing symptoms, and arousal symptoms. Nightmares, flashbacks, and insomnia are common symptoms of PTSD. All Veterans in our system should be screened for PTSD.

Military Sexual Trauma (MST) is the term used in VA to refer to sexual assault or sexual harassment that occurred while a Veteran was in the military. Although rates of MST are higher among women, due to the large number of men in the military, there are also significant numbers of men seen in VA who have experienced MST. Therefore, it is VA policy to screen both male and female Veterans for this type of experience.
The Clinical Reminder in CPRS (Computerized Patient Record System) provides language for screening:

- While you were in the military, did you receive unwanted sexual attention, such as touching, cornering, and pressure for sexual favors or verbal remarks?
- While you were in the military, did someone ever use force or threats of force or punishment to have sexual contact with you when you did not want to?

Military Sexual Trauma can be associated with a host of both physical and mental health problems. VA has evidence–based care available to treat these conditions, for example: Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE) for the treatment of Post-Traumatic Stress Disorder and Acceptance and Commitment Therapy (ACT) and Cognitive Behavioral Therapy (CBT) for the treatment of anxiety and depression.

All care for mental and physical health conditions related to a Veteran’s experiences of Military Sexual Trauma is provided free of charge by the VA. Veterans do not need to be service connected to receive this care, and may receive this benefit even if they are not eligible for other VA care. Providers must use the encounter form checkbox for MST to indicate when care is MST-related, to ensure that Veterans are not charged for the visit.

**Honoring Our Veterans**

Please remember: Military service is distinct among all vocations. It deserves our respect and gratitude, whether or not a Veteran saw combat action, was called to foreign soil, or was injured in battle.

**Any man or woman who has served in active duty in the military can tell you about the:**

- pain of being away from loved ones;
- physical and emotional stress;
- fear of being called to make the ultimate sacrifice; and
- camaraderie and the pride.

*Please honor our nation’s Veterans during your time in VA.*

**Course References and Resources:**

Constitution of the United States
http://www.archives.gov/exhibits/charters/constitution_transcript.html

Military Sexual Trauma
http://www.mentalhealth.va.gov/msthome.asp
Goal Statement
Welcome to the Government Ethics lesson. In this lesson, you will learn how to avoid ethically questionable situations in your work for the government. Government Ethics is different from Medical Ethics, which involves ethical difficulties in clinical situations. NOTE: Most transient clinical staff appointed as either Paid or Without Compensation staff are considered government employees and must follow the governmental ethics guidance. However, this chapter does NOT apply to you if you are employed under a contract. If you are a contractor, you are NOT considered a government employee.

Objectives
After completing this lesson, you will be able to:

- Describe the Standards of Ethical Conduct of the Executive Branch.

Overview
As a “Transient Clinical Staff Member” in a federal facility, you are bound by the same ethical standards as all employees in the Federal Government Executive Branch. It’s important for you to recognize that public service is a public trust: taxpayers are relying on you to do the right thing for America’s Veterans. Just as for other federal employees, it is important to be very careful to avoid unethical behavior and conflicts of interest.

If you face a Government Ethics Dilemma...
SEEK ADVICE BEFORE YOU ACT.
This lesson provides a brief summary of the ethics laws and rules applicable to you as a federal employee at the Department of Veterans Affairs. This lesson provides general guidance; it does not cover every nuance, and is not a substitute for seeking advice from an Office of the General Counsel (OGC) Deputy Ethics Official.

Advice from an OGC Deputy Ethics Official can provide you “safe harbor”. No administrative sanctions may be taken against you if you fully disclose the facts and rely on the advice of one of OGC’s Deputy Ethics Officials.

For Government Ethics Advice Contact:

**VA Central Office (VACO):**
The Deputy Ethics Officials at VA Central Office may be contacted at GovernmentEthics@va.gov or (202) 461-6000 or (202) 461-7694

**VA Field Offices:**
OGCNorthEastEthics@va.gov for: ME, NH, VT, MA, RI, CT, NY, NJ, DE, PA, OH, WV, MI, WI
OGCSouthEastEthics@va.gov for: VA, NC, SC, GA, FL, MI, AL, LA, southern TX, Puerto Rico
OGCMidwestEthics@va.gov for: DC, MD, IN, KY, TN, AR, MO, IL, IA, MN, ND, SD, NE, KS,
OGCWestEthics@va.gov for: northern TX, OK, NM, AZ, CO, UT, WY, MT, ID, NV, CA, OR, WA, HI, AK, Guam, Philippines
The 14 General Principles
These principles form the foundation of Government Ethics, and are the basis of the “Standards of Ethical Conduct for Employees of the Executive Branch,” also known as the “Standards of Conduct.”

<table>
<thead>
<tr>
<th>Do's</th>
<th>Don'ts</th>
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<tbody>
<tr>
<td>Place loyalty to the Constitution, the laws and ethical principles above private gain</td>
<td>Don't hold financial interests that conflict with the performance of official duty</td>
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<tr>
<td>Put forth an honest effort in performing your duties</td>
<td>Don't use nonpublic information to further any private interest</td>
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<tr>
<td>Act impartially with no unauthorized preferential treatment for private organizations or individuals</td>
<td>Don't solicit or accept gifts from sources doing business with, or otherwise seeking action from, VA or gifts given because of official position</td>
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<td>Protect and conserve federal property and other resources</td>
<td>Don't purport to bind the Government if you do not have authority to do so</td>
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<td>Disclose waste, fraud, abuse and corruption to appropriate authorities</td>
<td>Don't use your public office for private gain</td>
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<tr>
<td>Satisfy your obligations as citizens, including paying your taxes</td>
<td>Don't take actions that give the appearance that you are violating the law or ethical standards</td>
</tr>
<tr>
<td>Obey laws providing Equal Opportunity regardless of race, color, religion, sex, national origin, age, or handicap</td>
<td>Don't engage in outside activities that conflict with your duties</td>
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Summary of the Standards of Conduct

A. GIFTS

Gifts from Outside Sources

You may not solicit or accept a gift given:

- Because of your official position, or
- By a prohibited source

...unless there is an exception to the rule that would allow acceptance. However, it is never inappropriate and frequently prudent for a federal employee to decline such a gift.

A “gift” is an item of monetary value given freely with nothing given in return.
Items that are not considered gifts and which you may therefore accept:

- Modest food or refreshments, but not a meal
- Greeting cards and presentation items of little intrinsic value, (e.g., plaques and certificates)
- Loans from banks on terms available to the public
- Opportunities and benefits available to the public or to all Government employees or all military personnel
- Rewards and prizes given to competitors in contests or events open to the public, unless you were required to enter event as part of official duty
- Anything for which you paid fair market value

Anything paid for by the Government or secured under Government contract is not considered a gift, but belongs to VA. For example, if you use your VA purchase card to buy a ream of copy paper and it is on sale as “buy 2, get 1 free,” you may not keep the free ream of paper. It belongs to VA.

A “prohibited source” is a person, entity, or organizations from which a majority of whose members seek official action from, seek, or do business with VA, or have interests that can be affected by the performance or non-performance of your duties. The three big classes of prohibited sources at VA are:

- Veterans
- Vendors
- Veteran Service Organizations (VSOs)

Examples:
Jonathan is a nurse at the Smallville VA Medical Center. One of his long-term patients, a Vietnam Veteran, has just been discharged from the medical center and wants to give Jonathan a thank-you gift of two tickets to a rock concert, valued at $50 each. Jonathan may not accept the tickets because the patient is a prohibited source, and is giving the gift because of Jonathan’s official position.

Chris is a senior employee in VBA. He attends an IT conference where he meets many vendors. While talking to one vendor, Chris indicates that he is a senior VA employee. The vendor later offers Chris a leather folio case, complete with the logo of the company, although Chris notices that others are given a cloth case. Chris may not accept the gift because it is given because of his official position.

Exceptions – you may accept a gift that is otherwise prohibited if the gift is:

- Valued at $20 or less per occasion, but no more than $50 in gifts from one source in a calendar year
- From someone with whom you have a close, personal relationship
- Certain discounts and similar benefits
  - Reduced membership in an organization given to all federal employees
  - Opportunities and benefits to members where membership is unrelated to Government employment, (e.g., travel discounts to members of travel organization)
  - Opportunities and benefits offered to organization where membership is related to Government service (e.g., employee association), but same deal is broadly offered to other non-Government-related organizations
  - Opportunities and benefits offered by non-prohibited source to group/class that does not discriminate among Government employees on basis of responsibility, rank, or pay (e.g., offer to only SES employees does not fit within this exception)
- Based on your or your spouse’s outside activities
• Free attendance at a conference or event, but only for the same day at which you are speaking in official capacity
• Free attendance at a widely attended gathering, when there is a determination by VA that your attendance is in VA’s interest, you attend in your personal capacity, and the gathering is found to be attended by persons with a diversity of views or interests. If the donor is other than the sponsor of the event, additional rules apply – seek advice.
• Social invitations from other than a prohibited source

**Example of an Exception:**
Carol, a VA clinician, may accept the birthday present from her best friend, even though the friend now works for BigDrugCo pharmaceutical company, a prohibited source.

**GIFTS FROM A FOREIGN GOVERNMENT**
Under the Foreign Gifts and Decorations Act, you may accept gifts from a foreign government or governmental entity if the value of the gift is below the “minimal value” of $350 (as of May, 2013), and provided that the gift is approved by a facility authority.

**CURING IMPROPER ACCEPTANCE OF A PROHIBITED GIFT**
- Return the gift
- Pay fair market value
- Have VA accept the gift

The employee who, on his own initiative (which includes seeking advice from a Deputy Ethics Official and following that advice), promptly cures a prohibited gift is deemed not to have accepted the gift.

**REMEMBER, You shall not:**
- Accept a gift in return for being influenced in the performance of official duty
- Solicit or coerce the offering of a gift
- Accept gifts on so frequent a basis as to lead a reasonable person to believe that you are using your public office for private gain

**Gifts Between Employees**
In general, an employee may not give a gift to, or make a donation toward a gift for, the employee’s official superior. Nor may an employee accept a gift from an employee receiving less pay unless they are not in a superior-subordinate relationship AND there is a personal relationship to justify the gift.

**There are two general exceptions that allow a superior or person earning more pay to accept an otherwise prohibited gift:**

1. **Occasional Basis** – when gifts are traditionally given (e.g., birthday, holiday)
   - No cash
   - Aggregate value of $10 or less
   - No group gift
   - Food and refreshments shared in the office permitted
   - Personal hospitality provided at a residence of a type and value customarily provided by the employee to personal friends permitted
   - Hospitality gift permitted provided of appropriate type and value customarily given
2. Special, Infrequent Occasions – those in recognition of infrequently occurring occasions of personal significance such as marriage, illness, birth/adoption of a child or upon occasions that terminate the subordinate-supervisor relationship such as retirement, resignation, or transfer

- Group gift permitted – must be appropriate to the occasion
- Soliciting for contributions to gift permitted
- Contributions must be voluntary – both whether to give/how much to give
- Food and refreshments shared in office permitted

Examples:
Bruce wants to solicit his fellow employees for donations to an office birthday present for the boss. However, he may not do so, because no group gift may be solicited or given to a supervisor for birthdays, holidays or other similar occasions.

Maggie may take a bottle of wine to a dinner at her boss’s house. However, the value of the wine must be similar to what she customarily spends on wine as a hospitality gift.

Mark is the supervisor in his office. He wants to give an office gift to his boss, who is retiring. While a gift from the office is permitted on this occasion, Mark may not solicit donations from his subordinates because to do so is inherently coercive and the donations could never be truly voluntary. However, the solicitation may be conducted by a lower-level employee.

B. CONFLICT OF INTEREST
You are prohibited from participating personally and substantially as part of official duty in a particular matter that has a direct and predictable effect on your financial interest or the financial interest of certain others:

- Your spouse
- Your minor child
- Your general partner
- Entity you serve as officer, director, trustee, general partner, or employee
- Entity with which you are negotiating or have an agreement for future employment
- If you think you are facing a conflict of interest, seek advice from an OGC Deputy Ethics Official before you act.

Examples:
Jessica sits on the Board of Directors of a professional society. She may not participate in official VA decisions regarding whether to send VA employees to that society’s annual conference (for which VA pays a fee for each attendee), nor may she participate in decisions regarding travel or registration fees for that conference.

Neil has a VA purchase card. He also owns a small gas station/convenience store. He may not purchase anything for VA from his store.

C. IMPARTIALITY IN PERFORMING OFFICIAL DUTIES
You must remain impartial in your official duties.
Do NOT participate in an official matter if it will:

- affect the financial interest of a member of your household, or…
- involve someone with whom you have a “covered relationship”
Do not participate if a reasonable person with knowledge of the facts would question your impartiality. To do otherwise gives the appearance that your official actions are done to benefit yourself or someone close to you rather than being done objectively.

_You have a “covered relationship” with:_

- an entity with whom you have a business relationship (other than a routine consumer transaction)
- members of your household
- any person with whom your spouse, dependent child or parent, is, to your knowledge, serving/seeking to serve as officer, director, trustee, general partner, agent, attorney, consultant, contractor or employee
- any person you have served in last year as officer, director, trustee, general partner, agent, attorney, consultant, contractor, or employee
- an organization where you are an active participant (such as head of a sub-committee) – more than mere membership

_Example:_
Edie is a VA researcher who, up until three months ago, was paid to be on the speaker’s bureau of a small device manufacturing company. Edie now wants to conduct VA research sponsored by that company. Edie has a “covered relationship” with the company because she was a consultant/contractor to the company within the past year. Edie needs an authorization from a VA “agency designee” – her facility director in this instance – to participate in this study. The agency designee must make an independent determination of whether a reasonable person would question her impartiality in the matter.

_D. MISUSE OF POSITION_

You may not use, or permit the use of, your official position, title, or authority to coerce anyone to provide any benefit to yourself or others. For example, you may not call a vendor and say you are a VA official and then ask if the company has openings for your son.

You may not give the impression that VA endorses or sanctions the outside activities of any individual or organization except in furtherance of statutory authority. For example, you cannot use your photo with your VA title on the website of the organization where you sit on the Board of Directors in your personal capacity.

You may not use VA nonpublic information to further your own financial interest or that of another.

You must protect and conserve official resources. You may not use official resources for personal activities unless it results in no, or minimal, added cost to the Government, EXCEPT you may never use VA resources for the benefit of an outside commercial activity.

You must provide an honest day’s work.

_Example:_
George has his own alternative rock band. He wants to use his VA phone to call the bar where he has a gig that weekend to discuss their sound equipment. However, George may not use any VA equipment, including phone and e-mail, even during his lunch hour or after work, for the benefit of his outside commercial activity.
E. OUTSIDE ACTIVITIES
VA does not require you to seek permission before engaging in outside activities. However, you may not participate in activities outside of the Government that would cause you to have to disqualify yourself from VA matters so crucial to your job that performance of your duties is materially impaired.

Teaching, Speaking or Writing
You may not accept honoraria for teaching, speaking, or writing that relates to official duty.

*An activity relates to official duties if:*

- undertaken as part of official duties
- the circumstances indicate you were invited primarily because of your official position rather than your expertise
- the invitation was from someone who can be affected by the performance or non-performance of your official duties
- information conveyed draws substantially from VA non-public information
- the subject of the activity deals in significant part with:
  - any matter to which you are presently assigned or were assigned within the past year,
  - or...
  - any ongoing or announced policy, program, or operation of VA

*Example:*
Jim, a grounds-keeper at the National Cemetery Administration, may speak at the local rotary club on “National Cemeteries – an Insider’s Look at Paying Respect to Those Who Served Our Nation.” However, he may not receive an honorarium because the speech relates to his current VA duties.

Fundraising
- You may engage in fundraising in your personal capacity outside of VA provided you do not personally solicit funds from a subordinate or knowingly solicit funds from a prohibited source.
- The Combined Federal Campaign is the only authorized solicitation of funds from employees in the federal workplace on behalf of charitable organizations.

Partisan Political Activities – Hatch Act
“Political Activity” is activity directed toward the success or failure of a political party, candidate for partisan political office, or partisan political group.

*Federal employees may not:*

- Use official authority or influence to affect result of an election
- Solicit or accept political contributions
- Be a candidate for partisan public office
- Encourage or discourage political activity of anyone who has business before your VA office

*Most federal employees may, in their personal capacities, engage in partisan political activities EXCEPT when they are:*

- On duty
- In any federal room or building
- Using a Government vehicle
- Wearing an official uniform or Government badge
Career SES are never allowed to engage in partisan political management or campaigning.

Seek advice from an OGC Deputy Ethics Official if you have any questions about the Hatch Act.

Example:
Joe received an e-mail on his VA computer entitled “Our Party – Thinking Ahead to the Next Election.” The body of the e-mail requested donations to the particular political party. Although he cannot prevent someone from sending him the e-mail, he knows not to forward the e-mail because it is directed toward the success or failure of a political party, and Neil also knows he may never solicit political contributions.

F. SEEKING EMPLOYMENT AND POST-GOVERNMENT EMPLOYMENT
You may not participate in official VA matters that will affect the financial interest of an entity with which you are seeking, negotiating, or have an agreement for future employment.

The post-Government ethics rules do not prohibit you from getting any particular job, although there are situations in which the Procurement Integrity Act prohibits federal employees from receiving compensation from certain companies involved in procurements over $10 million if the employee had certain duties relating to the procurement at VA. If you were involved in procurements over $10 million, seek advice.

After you leave federal service, the criminal ethics laws limit your ability to make certain communications or appearances before a federal agency or federal court. Seek advice to learn which rules may apply to you.

Even after you leave federal service, you may seek ethics advice from VA on post-Government issues.

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Privacy and the Health Insurance Portability and Accountability Act (HIPAA)

Goal Statement
In this lesson you will learn which types of patient information may be shared and methods for protecting patients' privacy.

Objectives
After completing this lesson, you will be able to:

- List the following three important facts related to privacy:
  - Individually identifiable information related to drug abuse, alcoholism, sickle cell anemia, and HIV have special protection and regulations for disclosure;
  - Each facility has a Privacy Officer and a Release of Information Office (or equivalent), available to clarify types of information and to whom it may be conveyed; and
  - All patient information transmitted to a school or an educational program institution should be de-identified
- Identify what information may be released with or without signed, written authorization by the patient, and what information can be disclosed to another provider for treatment; and
- Identify the communication methods that could result in a violation of privacy/confidentiality and how to prevent them (i.e., e-mail, text messaging, fax, computer screen, printers,
telephone conversation, and hallway conversation) how to prevent them, as well as how to report violations.

**Privacy Laws**

Patient personal and clinical care information is protected by law. There are several statutes, including the Freedom of Information Act (FOIA), the Privacy Act, and the Health Insurance Portability and Accountability Act (HIPAA) that govern the use of identifiable patient information. Many of these statutes are applicable in both VA and non–VA facilities.

Both inside and outside of VA, serious penalties (i.e., criminal and civil penalties such as fines or imprisonment) may be incurred for privacy violations. Misuse of or improperly guarding patient information is a serious matter.

**Individually Identifiable Information**

Individually identifiable information is protected under the privacy statutes. Examples of individually identifiable information include a patient’s full name, full social security number, birth date, or any combination of personal (e.g., room number) or clinical elements (e.g., diagnoses) that could allow identification of the specific patient.

**Note**

The safest way to safeguard Veteran information is to de-identify all information in your personal notes, logbooks, or communications.

**Sharing Identifiable Patient Information with Other Providers for Treatment**

With a few exceptions, sharing individually identifiable information with a provider within or outside of the VHA system for the purposes of treatment (or payment of healthcare operations) does not require prior written authorization of the patient.

*The exceptions, for which prior written authorization is required, include:*

- Information related to VA treatment of: Drug abuse, Alcoholism, Sickle cell anemia, and diagnosis or treatment of HIV (DASH) (by order of: 38 U.S.C. 7332) if communicated outside of VA facilities or to non–VA providers
- Psychotherapy notes (even between VA facilities)

**Procedures When an Individual or Third Party Requests That Their Information be Released**

Limited portions of patient records, such as lab tests or a recent progress note, may be printed and given to the patient for the purpose of patient education. Do not print information related to treatment of drug abuse, alcoholism, sickle cell anemia, and diagnosis or treatment of HIV and psychotherapy notes.

All other requests for patient information from an individual or third party require signed authorization and should go through your VA facility’s Release of Information Office.

Remember that releasing information to the patient’s spouse or close relative is not permitted unless done with the patient’s consent.
If you have a question about releasing VA patient information to a patient or an outside party, including family members of Veteran, refer the question to the facility Release of Information Office (or equivalent).

**Sharing VA Patient Information with Other Entities**
You may be asked to share, or want to share VA patient information in procedure or case logs, as part of a conference presentation, in written work, etc. Remember that information about VA patients must not contain specific patient identifiers. Be sure that any case presentations, including handouts and power–point files are sanitized and do not contain patient specific information.

**Example**
The patient’s last initial (e.g., Mr. S.) may be used in a logbook but the patient’s full name (e.g., Mr. John Smith) may not.

**Note**
De–identified case details (diagnosis, treatment course) may be turned in to other entities but specific information such as the patient’s full name and address, Social Security Number, date of birth, or date of admission should never be sent outside of VA except for treatment purposes.

If you have a question about privacy issue or ever need to report a privacy violation, contact the facility Privacy Officer.

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**Patient Rights**

**Goal Statement**
You will be able to identify patient rights with regard to respect, non–discrimination, information disclosure, confidentiality, participation in treatment decisions, the complaints process, and pain management. This “Patient Rights” section also applies to the residents of Community Living Centers (CLCs).

**Objectives**
*After completing this lesson, you will be able to:*

- Identify the rights of patients in VA; and
- Recognize that pain management is a patient right and a priority of the VA

**Patient Rights**
*All patients have rights concerning their healthcare within the following elements:*

- Respect and Non–discrimination
- Information Disclosure and Confidentiality
- Participation in Treatment Decisions
- Complaint Process
- Pain Management
Respect and Non–discrimination

- Provide patients medical care with skill, compassion, dignity, and respect.
- Identify yourself and your role in the healthcare system.
- Encourage patients to tell you if they are in pain or have other concerns about their plan of care.
- Follow established policies and procedures in an effort to avoid mistakes in care delivery and protect patients from abuse and neglect.
- Notify patients when an unexpected outcome or adverse event occurs as patients have a right to be told what happened and about any changes that have to be made in their plan of care.
- Staff should immediately report any adverse events to the appropriate authorities.

Information Disclosure and Confidentially

- Respect the confidentiality of the provider–patient relationship with reference to the sensitive information that is obtained as part of the relationship.
- The medical record is to be kept confidential and information is not to be released unless authorized by law. Contact the Privacy Officer if you should have any questions.
- Veterans are to be given information about their health benefits entitlements in a way that they can understand.
- Veterans are to receive information about costs, (e.g., co–payments) before they are treated.
- Veterans are to be informed of all outcomes of care, including any potential injuries.
- Veterans are also to be informed about how to request compensation for any injuries.

Participation in Treatment Decisions

Patients must have an opportunity to make informed decisions regarding their medical care. Informed consent includes making sure that the patient or designated next of kin (if the patient is impaired) understands:

- The risks, benefits, and alternatives of each proposed treatment.
- What they can reasonably expect from their treatment including any long–term effects that may alter their quality of life.
- What the patient and family will need to do after discharge.

Patients have the right to refuse care, treatment, and services, which includes the right to refuse being examined or cared for by a trainee. When the patient is considered legally incompetent the legally designated surrogate decision maker has the right to refuse care, treatment, and services on the patient’s behalf.

Successful treatment often depends on the ability of the patient to follow medication, diet, and treatment plans. The family is often integral to the success of this endeavor as well. Ensure that patients have had all of their questions answered as part of the discharge planning process.
The hospital addresses the wishes of the patient relating to end–of–life decisions.

- Patients should be asked if they have an advanced directive and are provided assistance in completing an advanced directive if they so desire (follow local hospital policy).
- Patients have the right to review and revise their advance directives.
- Patients’ wishes regarding organ donation should be honored.

**Research:**

- Patients have the right to know if a proposed treatment protocol is experimental or part of a research study.
- Patients have the right to choose whether they will participate in a research project.
- Potential research risks are to be identified in advance and the patient is not to be placed under any pressure to participate.

**Complaints Process**

- Encourage patients to seek help from the treatment team or a patient advocate if they have problems or complaints.
- Inform patients that they can feel free to make complaints verbally or in writing, without fear of retaliation.

**Pain Management**

Pain Management is a patient right and a priority of the VA. Pain includes not only the perception of an uncomfortable stimulus but also the response to that perception. About one–half of the persons who seek medical help do so because of the primary complaint of pain. The manner in which patients express their pain is influenced by their mental and physical condition, cultural and ethnic background, and spiritual or religious beliefs. With this in mind, in addition to considering analgesic drugs, healthcare professionals should consider a wide range of techniques to help relieve pain, including tactile stimulation, relaxation techniques, psychotherapeutic interventions (e.g., Cognitive Behavioral Therapy for chronic pain) diversion, and active listening.

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**Health Record Documentation**

**Goal Statement**

In this lesson you will learn about the importance of health record documentation.

**Objectives**

*After completing this lesson, you will be able to:*

- Describe your role in health record documentation
- Describe the importance of documentation
- Explain the characteristics of satisfactory documentation
- Identify who to contact when there are questions regarding health record documentation and correction; and
- Explain service–connection and the special authorities for treatment.
**Documentation Guidelines**

As a healthcare staff member, it is your professional responsibility to complete all health record entries in a timely manner, as close to the point of service as possible, but no later than the end of the shift or close of business day.

Proper documentation is an essential means of communication between all disciplines that contribute to the care of the patient. It is vital for planning, evaluating, and coordinating patient care. It justifies reimbursement and supports accreditation.

The VHA Health Information Management Program Office oversees VHA health record documentation guidelines and requirements. VHA Handbook 1907.01- Health Information Management and Health Records is the official publication for these guidelines and requirements. If you have questions regarding documentation in VA health records, please contact the VA facility’s Health Information Management Office for assistance.

- The following represents general guidelines to proper documentation: All documentation to the health record shall be pertinent, accurate, dated, understandable, timely, and appropriate.
- The Joint Commission (TJC) requires that an explanatory legend or standardized list of approved symbols, abbreviation, and acronyms (if used in the health record) be available to decipher their meaning.
- TJC requires a list of unapproved abbreviations, symbols, and acronyms available to all those who make entries in the health record, and to others who use health records in the course of their official duties.
- Copying and Pasting records is limited and must be approached with extreme caution.
- Clinical, financial and legal problems may result if “Copying and Pasting” into a record is done improperly. Please consult your local policy for guidelines with regard to Copying and Pasting entries into the health record.
- Be advised that health record documentation is a legal document that can be used in a court of law.
- Copying and pasting is discouraged in the health record. However, even if you occasionally copy and paste, be sure to abide by these simple guidelines:
  - Do not copy or paste progress notes from other practitioners (without attributing the note to the original writer)
  - Never copy and paste the signature block of another provider

**Service Connection and Special Authorities**

Service Connection (SC) refers to a Veteran’s injury or illness that was determined by the Veterans Benefits Administration (VBA) to be incurred in or aggravated by military service. VBA establishes a degree of disability for every SC condition and this “degree of disability” is represented by a percentage (0–100%). Patients may notify you when an illness or injury is Service Connected. It is important to document in the health records when care is provided for a service-connected condition. Care for service-connected conditions is provided free of charge to Veterans, without a co-pay or billing their private insurer.
The following represents other "Special Treatment Authorities" that allow Veterans to obtain cost–free care.

- Agent Orange (AO) Exposure;
- Environmental Contaminants (EC) Exposure (for service members from the first Gulf War (1990–1991) and exposed to a wide variety of environmental hazards);
- Ionizing Radiation (IR);
- Military Sexual Trauma (MST);
- Head and Neck Cancer (HNC) related to radium treatments; and
- Combat Veteran within 5 years of discharge from active duty;

The treating clinician is responsible for determining if care provided to a Veteran is either service–connected or fits into one of the Special Authority Categories. If you are unsure whether a Veteran’s care is for a service–connected condition or fits into a Special Treatment Authority, ask a Health Information professional located at your facility.

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**Occupational Safety**

**Goal Statement**

In this lesson, you will learn critical procedures for ensuring a safe environment for yourself, fellow VA staff, and patients.

**Objectives**

*After completing this lesson, you will be able to:*

- State that the VA strives to provide a safe and healthful work environment, which includes providing staff with appropriate tools to perform their jobs safely (safe needles, personal protective equipment);
- Describe the staff member’s role in responding to a fire or other emergency; and
- Describe what to do in the event of a blood/body fluid exposure.

**VA’s Safe and Healthful Work Environment**

The VA strives to maintain a safe and healthful work environment, which includes:

- Providing staff members with the appropriate equipment to enable them to safely perform their roles.
- Having procedures in place to assure that staff members get the proper evaluation and treatment should an exposure, injury, or occupational illness occur.
- Having procedures in place for dealing with fires and other emergencies.

The VA Occupational Safety and Health (OSH) Program is a national initiative whose main objective is to prevent occupational injuries and illnesses in all VA Healthcare Facilities. As a part of this program, all VA facilities must have programs to monitor and reduce or eliminate work–related injuries and illnesses.
Blood and Body Fluid Exposure
Blood and body fluid exposure is of particular concern to those working in clinical areas. Remember to use personal protective equipment whenever it is indicated. Also remember that, to prevent accidental needle stick injury and potential exposure to infectious agents, place all needles and needle-containing devices in a marked puncture proof container. Needles should not be recapped, placed in the regular trash containers, nor be placed on a tray or table top for later disposal.

Fire and Other Emergencies:

RACE: R–A–C–E
The R in R-A-C-E is for Remove. Remove all persons in immediate danger to safety. This action may include moving patients to another zone on the same floor, another floor, or outside the building.

Please check with the unit supervisor in your area about whether or not you should assist with relocating patients.

The A in race is for Activate. Activate closest alarm.

The C in race is for Close. Close fire doors and windows to prevent the spread of smoke and fire.

The E in race is for Extinguish. Extinguish the fire.

PASS: P–A–S–S – How to use a Fire Extinguisher
The P in P-A-S-S is for Pull. Pull the pin breaking the plastic seal.

The A in pass is for Aim. Aim at the base of the fire.

The first S in pass is for Squeeze. Squeeze the handles together.

The second S in pass is for Sweep. Sweep from side to side.

Procedures in the Case of an Injury, Illness or Exposure
Each VA facility has procedures in place to assure that staff members get the proper evaluation and treatment in the case of an injury or occupational illness, or when exposed to blood and other body fluids. If you experience an injury, occupational illness or exposure while at the VA, report to your facility’s Occupational Health Office (or equivalent) for evaluation and documentation of the event. In most VA facilities, staff members should report to the Emergency Room for evaluation and care during non–business hours. The VA will assess your condition, stabilize you if necessary, and arrange for your care to be continued with your chosen medical provider.

Despite the best preventative measures, accidental blood or body fluid exposure may sometimes occur. Wash the affected area and remove any contaminated clothing, and proceed to the Occupational Health Office or Emergency Department as above. Prophylactic medicines are available in appropriate circumstances for some blood/body fluid exposures. Be assured that VA will do all necessary work–up and medication administration to ensure that you are safe and protected.
Patient Safety

Goal Statement
This lesson will help you become more aware of the concepts of patient safety and how you can make the health care environment safer, both inside and outside the VA. This “Patient Safety” section also applies to residents living in a Community Living Center.

Objectives
After completing this lesson, you will be able to:

- Describe your personal role in preventing harm to patients;
- Define adverse events and close calls and the differences between them;
- Define “Never” events and the Universal Protocol of The Joint Commission in preventing them;
- Describe the importance of good communication;
- Describe key infection control goals at VA (to include hand washing); and
- Recognize suicide warning signs in Veterans.

Promoting Patient Safety
Due to the complexity of our nation’s health care systems, medical errors are not uncommon. This patient safety chapter will help you recognize sources of potential harm in the health care system around you.

As a staff member in the VA system, you have a personal role in ensuring the safety of our patients. By recognizing and reporting potentially harmful conditions or events, you can play a key role in keeping our patients safe.

Potentially harmful practices, events and conditions may include:

- Communication errors;
- Medication errors;
- Mislabling errors of specimens or x-rays;
- Procedure errors or complications including “never” events;
- Missing patients and violent episodes in the workplace;
- Patient falls;
- Suicidal behaviors;
- Reactions to medications;
- Unexpected deaths;
- Close calls; and
- Intentionally unsafe acts/misconducts/criminal acts.

VHA 1050.01 - National Patient Safety Improvement Handbook
http://www.va.gov/VHAPUBLICATIONS/ViewPublication.asp?pub_ID=2389

Joint Commission Patient Safety Goals
Patient safety and patient safety goals are a priority in the VA system and an important part of health care accreditation requirements. The Joint Commission (TJC) is a nationwide accrediting body that inspects healthcare facilities to ensure compliance with patient safety goals and regulations. The Joint Commission National Patient Safety Goals recommends health care practices to prevent harm to patients and improve patient safety.
Joint Commission National Patient Safety Goals
http://www.jointcommission.org/standards_information/npsgs.aspx

The following highlights the most important principles of the National Patient Safety Goals which apply to hospital settings.

- Identify patients correctly
- Use active verification methods
- Improve staff communication
- Use medications safely
- Prevent infection
- Identify patients at risk for suicide

Prevent “Never” Events
Wrong Patients, Wrong Sites, or Wrong Procedures are considered “Never” events. The National Quality Forum has defined 28 healthcare “never” events or patient safety events that pose serious harm to patients, but should be considered entirely preventable.

Examples of “Never” events include:

- Performing a test or procedure on the wrong patient;
- Performing a test or procedure on the wrong site or side (operating on the left side instead of the right side);
- Performing the wrong test or procedure for that patient;
- Implanting the wrong lens or joint implant into the patient; and
- Providing medication to the wrong patient or giving the wrong drug.

It is estimated that at least one of these “never” events occurs each day around the country in hospitals, medical offices, nursing homes and clinics. Only half of these “never” events take place in an operating room. The rest take place in other areas around the hospital such as the intensive care unit, a patient room, a procedure room, a clinic, or a radiology suite.

In 2003, the Joint Commission developed the “Universal Protocol” based on patient safety research that occurred in the VA. It was designed to assist health care providers in preventing these types of errors, no matter where they occur.

The “Universal Protocol” consists of three stages:

1. Pre–procedure verification (including consent process);
2. Site marking; and
3. Conducting a final “Time Out”.

Pre–Procedure Verifications: The pre–procedure process verifies that the correct patient is having the correct procedure at the correct site. Results from tests such as X–rays or biopsies are reviewed by at least two members of the team and verified. This process also includes a check that the consent form has been signed and contains correct information. Lastly, the team makes sure that surgical supplies, implants, and equipment necessary for the patient’s procedure are available nearby.

Site Marking: Site marking is performed to clearly indicate the procedure site. This needs to be done with the involvement of the patient whenever possible. Clearly and precisely mark the
procedure site. The mark must not be ambiguous. Site marking is an important communication device between members of the procedure team, and should be taken very seriously.

**Conducting a final “Time Out”:** The purpose of the time–out is to conduct a final assessment that the correct patient, site, and procedure are identified. During a timeout all activities are suspended to the extent possible so that team members can focus on active confirmation of the patient, site, and procedure. A designated member of the team performing the procedure initiates the time–out and it includes active communication among all active members. The procedure is not started until all questions or concerns are resolved. As a staff member, you may participate in and possibly lead this time out procedure.

**VHA Directive 1039 - Ensuring Correct Surgery and Invasive Procedures**

**Adverse Event**
Adverse events are actual harmful incidents, errors, or injuries directly associated with care or services. Adverse events may result from acts of commission or omission (e.g., administration of the wrong medication, failure to make a timely diagnosis or apply the appropriate therapeutic intervention, adverse reactions, or negative outcomes of treatment).

**Close Calls**
A close call is an event or situation that *could have* resulted in an adverse event, but did not, either by chance or through timely intervention. Such events have also been referred to as "near miss" incidents. An example of a close call would be a procedure almost performed on the wrong patient due to lapses in verification of patient identification, but caught prior to the procedure. Close calls are opportunities for learning and afford the chance to develop preventive strategies and actions. Close calls receive the same level of scrutiny as adverse events that result in actual injury.

Both *adverse events and close calls* are reported so that lessons can be learned from these events. Staff members can participate in promoting VA’s culture of patient safety by following VA policies designed to promote patient safety and by reporting observed close calls and adverse events to authorities.

**Prevent Infection**
*As a clinician you should:*

- Comply with hand hygiene guidelines of CDC or WHO
- Prevent infections due to multi-drug resistant organisms
- Prevent central-line associated blood stream infections
- Implement evidence bases practices to indwelling catheter associated urinary tract infections (CAUTIs)

**VA National Infectious Disease Service**
*Note: This site is only available if you are logged onto the VA network.*

**Suicide Prevention**
Suicide in the Veteran population is a significant and growing problem and is often related to military experiences and other social problems. As a staff member in the VA system, you may encounter someone who is considering suicide or who demonstrates several warning signs of potential suicide.
Suicide is preventable. Therefore, it is important to be able to recognize the warning signs of suicide and know what action to take if you encounter someone who has suicidal tendencies or is making threats of suicide.

**Signs of suicide include:**

- Threatening suicide;
- Talking about death or suicide;
- Seeking access to, or obsession with, drugs, guns, weapons, or other means of personal harm;
- Substance abuse;
- Depression and expression of hopelessness;
- Withdrawal from friends, family, or work;
- Giving away possessions that have family or personal meaning; and
- Making statements like "they will understand or miss me when I am gone."

If you encounter someone demonstrating any of these warning signs, do not be judgmental or confrontational. Try to find out if the patient is suicidal. (For example: Are you feeling hopeless about the present/future? If yes ask… Have you had thoughts about taking your life? If yes, report this to a mental health practitioner immediately. You should also work to assure the patient’s immediate safety and determine the most appropriate treatment setting.

Most VA medical facilities have a Suicide Prevention Coordinator who may be contacted to intervene, determine the level of threat, and begin the referral process for treatment. Be aware of the warning signs of potential suicide; as a person with direct patient contact, you may be the first link in the recognition and prevention process.

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**Trainee Supervision**

**Goal Statement**

In this lesson, you will learn how VA’s trainee supervision standards and guidelines help to ensure safe patient care. As you may supervise trainees, you will learn how to apply these supervision standards.

**Objectives**

*After completing this lesson, you will be able to:*

- Explain the core principles of current VA trainee supervision guidelines; and
- Locate the mandated supervision requirements for a particular clinical setting and type of trainee.

**Trainee Supervision in VHA**

VA has a statutory mission embedded in legislation to train health professionals *"for VA and the Nation."* VA takes this commitment to train health professionals very seriously. Over 100,000 trainees receive clinical training in VA each year. In a health care system where patient care and the training of health care professionals occurs simultaneously, there must be a clear delineation of responsibilities to ensure that safe patient care is delivered. You, the supervisor, are responsible for managing these dual goals.
VA programs follow all of the standard requirements of accrediting and certifying bodies for health professions education, such as the Accreditation Council of Graduate Medical Education (for Graduate Medical Education programs). Therefore, you may be familiar with supervision rules because of your other worksites.

**General Principles about Supervision**
There are some general principles about supervision that each trainee and those supervising their training should understand:

- You, as the supervisor, have the ethical and legal responsibility to personally care for the patients you are involved with. Because of that, you must be kept up to date on all clinical developments, positive or negative. You should be familiar with each patient, either directly through face-to-face contact, or indirectly through substantial conversation and discussion.
- Your name should be clearly listed in the medical record so that all readers of the medical record recognize your personal involvement and input. Please encourage your trainees to document your involvement. A sentence added to a trainee note such as “I have discussed this case with Dr. Smith and he agrees with the diagnosis and plan” is sufficient for most low risk care.
- You may be asked to supervise trainees wherever patient care is delivered. This includes, but is not limited to, inpatient care, outpatient care, community and long-term care, emergency care, and the performance and interpretation of diagnostic and therapeutic procedures.

**Supervision Guidelines**
For physician, podiatry, optometry, and dental residents, there is a VA policy that describes the rules about supervision. [VHA Handbook 1400.01 - Resident Supervision](http://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=2847). Except in specific circumstances, there are several options for documenting supervision of trainees in the medical record.

*Note that your physical presence is required when care is delivered in:*

- all outpatient clinics;
- extended care settings;
- emergency departments;
- all Operating Room (OR); or
- all non–routine, non–OR procedures (such as in procedure areas like endoscopy units)

Note that for inpatient admissions, an attending note must be inserted into the medical record within 24 hours of the admission and no later than the end of the next calendar day, depending on the local medical staff bylaws. VA encourages you to read the Resident Supervision Handbook to understand the specific requirements that apply to you.

[VHA Handbook 1400.04 – Supervision of Associated Health Trainees](http://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=1754) is also available online. This policy contains supervision rules for those health professionals not covered by the Resident Supervision Handbook with the exception of medical and dental students. The principles of supervision for associated health trainees are generally the same or similar to those for physician, podiatry, optometry, and dental residents. Further information regarding clinical trainee guidelines and opportunities may be found at [http://www.va.gov/oaa](http://www.va.gov/oaa).
VA does not yet have a written policy governing the supervision of medical students and dental students. Medical and dental students can place documentation in the medical record. However, any documentation authored by students may not be used for medical, legal, or billing purposes, unless it is accompanied by an addendum from the supervising practitioner. Co–signature by the supervising practitioner alone is insufficient documentation of supervision for medical and dental students. The attending or the supervising resident must perform and document an independent assessment and plan for the patient. A medical/dental student note without an addendum or accompanying independent attending or resident note is not an official record of patient care. Individual facilities may have more specific guidelines about student documentation and you should find out about these if you supervise students.

Course References and Resources:
VHA Handbook 1400.01; Resident Supervision Handbook
http://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=2847

VHA Handbook 1400.04; Supervision of Associated Health Trainees

Federal Equal Employment Opportunity (EEO) Laws/Workplace Harassment/No Fear Act

Goal Statement
In this lesson you will learn about your rights to a workplace that does not discriminate on the basis of race, color, religion, national origin, sex (including pregnancy and gender identity), age, disability, genetic information, retaliation for opposing discriminatory practices, or participating in the discrimination complaint process. Other anti-discrimination laws also include protection against discrimination based on marital status, political affiliation, or sexual orientation.

Objectives
After completing this lesson, you will be able to:

- Identify unlawful discrimination;
- Describe the type of behavior/conduct that constitutes workplace harassment and sexual harassment; and
- Describe your rights with regard to whistleblower protection and prohibition of retaliation.

Federal Equal Employment Opportunity (EEO) Laws
VA prohibits unlawful discrimination and is responsible for ensuring that the workplace does not discriminate against employees, applicants, or former employees with respect to the terms, conditions, or privileges of employment on the basis of race, color, religion, sex (including pregnancy and gender identity), national origin, age, disability, or gender information. Other anti-discrimination laws preclude harassment based on marital status, political affiliation, or sexual orientation.

Prohibited workplace harassment has different characteristics and is not just limited to sexual harassment.
Discriminatory harassment is defined as:

1. Any conduct which is based on race, color, sex, religion, national origin, age, mental or physical disability, or reprisal for prior EEO activity; and
2. Any such conduct that is so severe or pervasive, it interferes with an individual’s work performance, creates an intimidating, hostile, or offensive working environment.

Discrimination Laws:

**Title VII of the Civil Rights Act of 1964**
This law makes it illegal to discriminate against someone on the basis of race, color, religion, national origin, or sex. This law also makes it illegal to retaliate against a person because the person complained about discrimination, filed a charge of discrimination, or participated in an employment discrimination investigation or lawsuit. The law also requires that employers reasonably accommodate applicants’ and employees’ sincerely held religious practices, unless doing so would impose an undue hardship on the operation of the employer’s business.

**The Equal Pay Act of 1963**
This law makes it illegal to pay different wages to men and women if they perform equal work in the same workplace. The law also makes it illegal to retaliate against a person because the person complained about discrimination, filed a charge of discrimination, or participated in an employment discrimination investigation or lawsuit.

**Age Discrimination in Employment Act**
This law protects people who are 40 or older from discrimination because of age. The law also makes it illegal to retaliate against a person because the person complained about discrimination, filed a charge of discrimination, or participated in an employment discrimination investigation or lawsuit.

**Rehabilitation Act of 1973**
This law prohibits discrimination on the basis of disability in programs conducted by federal agencies, in programs receiving federal financial assistance, in federal employment, and in the employment practices of the federal contractors.

**The Genetic Information Act**
This law makes it illegal to discriminate against employees or applicants because of genetic information. Genetic information includes information about an individual’s genetic tests and the genetic tests of an individual’s family members, as well as information about any disease, disorder or condition of an individual’s family members (i.e., an individual’s family medical history). The law also makes it illegal to retaliate against a person because the person complained about discrimination, filed a charge of discrimination, or participated in an employment discrimination investigation or lawsuit.

**The American with Disabilities Act Amendments Act of 2008 (ADAAA)**
This law makes important changes to the definition of the term “disability” by rejecting the holding in several Supreme Court decisions and portions of EEOC’s ADA regulations. The Act retains the ADA’s basic definition of “disability” as an impairment that substantially limits one or more major life activities, a record of such an impairment, or being regarded as having such an impairment.

**Executive Order 13087, amending Executive Order 11478**
This law provides a uniform policy for the Federal Government to prohibit discrimination based on sexual orientation.
Executive Order 13152 also amending Executive Order 11478
This law provides for a uniform policy for the Federal Government to prohibit discrimination based on an individual’s status as a parent.

Discrimination
Staff members paid directly by VA are protected by all applicable EEO laws. Staff members who are not paid directly by VA may also have some EEO protections. However, all staff in VA facilities should be able to recognize conduct constituting discrimination or workplace harassment so that they can report it to VA officials.

Key Points:
- Any employee, former employee, or applicant for employment, who believes discrimination occurred on the basis of race, color, religion, national origin, sex (including pregnancy and gender identity), age, disability, genetic information, retaliation for opposing discriminatory practices or participating in the discrimination complaint process, and other bases of marital status, political affiliation or sexual orientation may initiate a discrimination complaint and can contact either the VA Office of Resolution Management (ORM) or the U.S. Office of Special Counsel (OSC).
- The 2012 VA Secretary’s EEO, Diversity, and No FEAR Policy Statement, states that while sexual orientation, gender identity, genetic information, parental status, marital status, political affiliation are not listed as protected bases in Title VII of the Civil Rights Act, discrimination on these bases is strictly prohibited by VA. Complaints of discrimination filed on these bases will be processed according to the aforementioned Federal EEO complaint process up to and through the investigation stage of the EEO process. The VA Office of Employment Discrimination Complaint Adjudication will issue a Final Agency Decision on the merits of the claim within 60 days of its receipt of the complaint file

Characteristics of Harassment
Harassment is a form of discrimination and is a violation of law and policy.

Harassment is defined as:
- Unwelcome verbal or physical conduct based on one’s membership in a protected category, as listed on the previous screen;
- Conduct when the submission or rejection of such conduct is used as the basis for employment related decisions or actions; and
- Conduct that has the intent or effect of unreasonably interfering with one’s work performance or creating an intimidating, hostile, or offensive working environment (also known as a hostile work environment).

Petty slights, annoyances, and isolated incidents (unless extremely serious) do not rise to the level of prohibited harassment. To constitute harassment, the conduct must create a work environment that would be hostile or offensive to a reasonable person.
**Examples of behavior that may constitute harassment include:**

- Racial or ethnic jokes or slurs;
- Pictures, objects, or graphic material containing offensive content;
- Threatening words or gestures directed at a person because of his or her membership in a protected class;
- Obscene, vulgar, or abusive language;
- Notes or e-mails containing slurs, jokes, or abusive language;
- Stalking (waiting for the employee in the parking lot; hanging out near an employee’s home); and
- Physical assault, such as twisting a co-worker’s arm, brushing a hand across their buttocks.

**Hostile Work Environment**

Many different types of actions can make a workplace uncomfortable, but only specific types of actions are considered harassment. The most often includes sexually suggestive comments, leering, or sexual e-mails; remarks about a person’s age, race, gender, or personal beliefs; or remarks about a person’s physical or mental disabilities. Any physical threats or sexual contact are also considered harassment. Though unpleasant, teasing and rudeness not related to these areas are usually not considered harassment. Anyone in the workplace might commit this type of harassment: a management official, co-worker, or non-employee such as a contractor, vendor, or guest. The victim can be anyone affected by the conduct, not just the individual at whom the offensive conduct is directed.

**Characteristics of Sexual Harassment**

Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment when one of the three following circumstances is true:

- Submission to such conduct is made either explicitly or implicitly a condition of successful and/or continued participation in a training program
- Submission to or rejection of such conduct by a staff member is used as the basis for educational advancement decisions affecting the staff member
- Such conduct has the purpose or effect of unreasonably interfering with the staff member’s work performance or creating an intimidating, hostile, or offensive working environment.

**Behavior constituting sexual harassment falls into three categories.**

- **Verbal**
  - Sexual innuendoes
  - Suggestive remarks or whistling
  - Pressure for dates
  - Sexist remarks
  - Sexual propositions

- **Non-verbal**
  - Suggestive or insulting sounds
  - Leering, staring, or ogling
  - Obscene gestures
  - Obscene/graphic materials
  - Written sexual jokes

- **Physical**
  - Touching
• Pinching
• Brushing up against someone intentionally
• Cornering
• Hugging
• Assault/rape

**Sexual Harassment**

Sexual harassment is a form of harassment that constitutes sex discrimination.

*It can occur in a variety of circumstances, including the following situations:*

• The harasser can be a man or a woman. 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 co–worker, or a non–employee.
• The victim does not have to be the person harassed but could be anyone offended by the offensive conduct.
• The harasser’s conduct must be unwelcome and/or unwanted.
• The harassment does not necessarily result in economic injury to or discharge of the victim.

**Addressing Harassment in the Workplace**

You are not required to have a witness to the offensive conduct before you can report it to a supervisor or management official. However, mere observance of behavior alone is not a basis for an independent claim of harassment.

*If you are a victim of sexual or workplace harassment, follow these procedures:*

• Tell the harasser that the behavior is unwelcome and must stop.
• Keep a record of any instances of harassment and follow–up actions.
• Ask co–workers if they observed the behavior and keep a record.
• Tell your supervisor, someone else in your chain of command, or another manager about the incident.
• If the harasser is your supervisor, inform a higher–level supervisor.
• If you are a VA employee, you have the right to contact an EEO counselor at VA’s Office of Resolution Management (ORM) to file a complaint. You must initiate contact with an ORM EEO Counselor within 45 days of the date of the incident you believe to be discriminatory.

Staff can also report allegations of discrimination or harassment to the VA’s Office of Resolution Management at (888) 737-3361.

**The Notification & Federal Employee Antidiscrimination and Retaliation (NO FEAR) Act**

The NO FEAR (Notification & Federal Employee Antidiscrimination and Retaliation) Act was enacted by Congress on May 15, 2002 to require federal agencies to be accountable for violations of Antidiscrimination and Whistleblower protection laws.
**The Act contains three major requirements:**

- **Reimbursement Requirement.** The No FEAR Act requires reimbursement to the U.S. Treasury’s Judgment Fund for judgments and settlements of discrimination claims;
- **Posting Requirement.** Each federal agency must post certain EEO complaint data to its website and also submit an annual report to Congress;
- **Training Requirement.** Each federal agency is required to provide training on the No FEAR Act to all new employees within 90 days of their appointment, and to all employees on a two-year cycle.

The Act requires that federal agencies be accountable for violations of antidiscrimination and whistleblower protection laws and requires VA to provide training on federal antidiscrimination, whistleblower protection, and retaliation laws.

Federal employees are prohibited from engaging in discrimination. If, as a VA staff, you are personally impacted or observe such conduct, you should report it to the appropriate officials.

**Anti–discrimination – 5 U.S.C § 2302(b)(1) and (b)(10)**

*It is a prohibited personnel practice to discriminate against an employee:*

- Based on race, color, religion, sex, or national origin, age, disability, marital status, or political affiliation
- Based on “conduct which does not adversely affect the performance of the employee or applicant, or the performance of others."

**Whistleblower Protection**

Federal employees must also follow the guidelines of Whistleblower Protection – 5 U.S.C § 2302(b)(8). Whistleblower reprisal refers to the actual or threatened taking or withholding of a personnel decision in retaliation for a protected disclosure against employees and applicants. Employees or applicants may disclose information that they reasonably believe shows evidence of the violation of law, rule, or regulation; gross mismanagement; gross waste of funds; abuse of authority; or substantial and specific danger to public health or safety. An employee or applicant is also protected if an employer mistakenly believes he or she is a whistleblower.

*No one should be punished for doing the right thing,* especially those with the courage and integrity to blow the whistle on corporate fraud or other illegal activities.

**A protected disclosure falls into one of two categories:**

1. Disclosures made as part of normal duties outside of normal channels; or
2. Disclosures made outside of assigned duties.

Disclosures made as part of normal duties through normal channels (e.g., to the alleged wrongdoer) are not protected by the Whistleblower Protection Act. Disclosures must be specific and detailed and may be made to the U.S. Office of Special Counsel (OSC), Office of Inspector General (OIG) or comparable official, the media, or other person in position to take or facilitate corrective action provided that the disclosure is not prohibited by law and the information does not have to be kept secret in the interest of national defense or the conduct of foreign affairs.
If an employee or applicant believes he or she has been the victim of whistleblower retaliation, he or she may report it to the VA OIG Hotline at 1-800-488-8244 or file a written complaint with the U.S. Office of Special Counsel (OSC) or online through the OSC web site (http://www.osc.gov/).

Additional information regarding whistleblower protection can be found at the Equal Employment Opportunity Commission (EEOC) web site (http://www.eeoc.gov/).

**Violation of any Law, Rule, or Regulation.**

*Examples of a violation of any law, rule, or regulation:*

- An employee submits false travel vouchers;
- An employee regularly conducts personal business on government time;
- An employee publically discloses taxpayer identification information that is prohibited by law from public disclosure;
- An employee discloses a pattern and practice of merit system abuses;
- A supervisor who purposely and repeatedly ignores violations of time and attendance abuse by himself/herself or staff;
- A supervisor being aware of an employee using office telephones to run a person business and not taking corrective action.

The Whistleblower Protection Act does not limit whistle blowing to a particular kind of law, rule, or regulation.

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**Violence in the Workplace and Handling Disruptive Behavior**

**Goal Statement**

This Workplace and Handling Disruptive Behavior lesson will help you recognize, avoid, and address potentially violent situations in your workplace.

**Objectives**

*After completing this lesson, you will be able to:*

- Recognize healthcare as an industry with a high degree of workplace violent behavior;
- Define disruptive behavior;
- Identify potentially violent patients in the electronic medical record Computerize Patient Record System (CPRS);
- Describe how to handle an individual who is manifesting potentially violent or disruptive behavior, and the importance of knowing the physical area of work and its avenues of escape if needed.

**Violence in the Healthcare Industry**

Healthcare workers experience the highest rate of injuries from workplace assault in the United States according to the Occupational Safety and Health Administration (OSHA).

**Definition of Disruptive Behavior**

The National Institute for Occupational Safety and Health (NIOSH) defines workplace violence as "violent acts (including physical assaults and threats of assaults) directed toward persons at work or on duty."
Disruptive behavior by a patient, family member, employee, or trainee is generally considered a vocalization or action out of the norm of usual conversations and actions that may impede patient care and may lead to or involve workplace violence. Disruptive behavior is not necessarily physically violent. Family members arguing in a raised voice with hospital providers or being verbally abusive to the patient or staff also constitute disruptive behavior.

Preventing Violence in the Workplace
The causes of disruptive behavior are varied. Often an individual who is experiencing fear, frustration, poor health, pain, memory loss, intimidation, or manipulation may become violent.

"All employers have a general duty to provide their employees with a workplace free from recognized hazards likely to cause death or serious physical harm…", OSHA Act of 1970. Therefore, employers, such as the VA, must establish and maintain hazardous–free work environments for all employees and trainees.

One way to avoid violence in the workplace is to prepare for the possibility in advance. Look for a "patient record flag" in the patient’s medical record to find out if a patient has had a history of violent behavior. The flag is a notice (progress note) that will alert you to a history of violent behavior and is generally placed on the cover sheet of the patient’s electronic record.

Addressing Violence in the Workplace
Please recognize that the potential for staff–on–staff violence exists. When confronted with a VA employee or patient who brags about past violence, or who has outbursts in the facility, excuse yourself from the situation and notify authorities.

An active workplace violence prevention program, such as the one in the VA, includes three key activities:

1. Maintaining open communications between everyone.
2. Knowing the procedures to take in the event of violence, including knowing safe routes of egress.
3. Documenting incidents when they occur.

All workers should assess the risks for disruptive behavior and violence in their workplaces and take appropriate action to reduce those risks.

Course References and Resources:
U.S. Department of Labor / Occupational Safety & Health Administration

https://www.osha.gov/SLTC/workplaceviolence/

http://www.osha.gov/Publications/OSHA3148/osh3148.html

National Institute for Occupational Safety and Health

http://www.cdc.gov/niosh/
Tort Claims Protection

Goal Statement
During the course of your health professions career at VA, you may encounter a patient who feels he or she has been injured in the course of your care. The patient, or the patient's attorney, may decide to file a claim based on alleged injuries. As a staff member in the VA system, you should understand your legal protections. NOTE: If you are employed under a contract, you do not have protections from the Federal Tort Claims Act. You are covered under your employer’s malpractice insurance policy.

Objectives
After completing this lesson, you will be able to:

- Describe the Federal Government’s self-insurance program against malpractice claims and identify the Act that covers "malpractice insurance" for federal employees, including staff;
- Recognize that, in the case of a lawsuit, the Federal Government is the defendant, not the staff; and
- Understand that contract employees are not covered by the FTCA.

Federal Tort Claims Act (FTCA)
The Federal Tort Claims Act (FTCA), 28 U.S.C. § 1346(b) and 28 U.S.C. § 2671–2680), and a related VA health care employee immunity statute, 38 U.S.C. § 7316, are statutes that afford you coverage for acts of negligence as long as you are operating within the scope of VA employment. In other words, if you are sued for malpractice while operating within the scope of your VA employment you cannot be sued individually and you will be provided an attorney throughout the course of the malpractice claim. Examples of operating outside the scope of employment would include providing medical advice and treatment to your neighbor or to a fellow employee that is not your patient, engaging in a personal relationship with a patient, or accessing medical records of persons who are not your patients without an official need.

Coverage Criteria
Staff must fulfill certain criteria to be covered by the FTCA:

- Staff must have an active appointment to the VA under an appropriate staff appointment authority. That means that you have filled out all relevant application materials, gone through the credentialing and privileging process, and been screened against appropriate state and federal databases. If you have begun to work, you have made it through the appointment process!
- Staff must act appropriately and within the boundaries of their license and capabilities in caring for their patients. NOTE: If you are a contractor, you are not covered by the FTCA, and your malpractice insurance is usually provided by your employer.

You are protected permanently regarding those acts that occurred while you were working in VA. Claims protection via the FTCA is available for all types and specialties of staff, providing the criteria named above are satisfied.
**Malpractice Claims**

*If you are named in a claim, be aware of the following:*

- Malpractice claims filed in state court will be removed to Federal District Court where it may be dismissed if the claimant has not first filed under the administrative processes required under the FTCA.
- If the claim is denied through the VA’s administrative process, the case may then be brought to Federal District Court (FDC). The plaintiff has six months to file suit in FDC. At this point, the U.S. Attorneys in the Department of Justice become the defense attorneys. Then, working with VA’s attorneys, and all of the witnesses (you, your colleagues, and other parties to the case such as involved nursing staff), they will develop the defense case.
- If a payment is made to the claimant either administratively or through the federal court system, it is possible that this would be considered to be a malpractice settlement on your behalf, and your name would then be forwarded to the National Practitioner Data Bank based on an internal VA review of the care provided.

If an administrative claim is pursued, the VA will collect specific information regarding the case. It is best to cooperate with the information collection process. This information will be reviewed by practitioners (peers) to determine if the standard of care was met. The Office of the General Counsel in VA, through a network of Regional Counsel, will determine if the claim has validity and if the claim should be paid or denied. If you are contacted by Regional or General Counsel in VA regarding a tort claim, provide accurate information to the best of your recollection. Because some claims take a long time to file and process, you are allowed to ask for a copy of the medical record to refresh your memory.

**NOTE:** Be advised that contract physicians are not covered under the FTCA. Their malpractice coverage is usually provided by their employer, the private entity or employer group that has entered into a contract with VA. If you are a contract doctor concerned about your coverage, please inquire through your employer.

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**Response to an Active Threat Event: Introduction**

**Goals Statement**
You will learn how protect yourself and your patients during an Active Threat event.

**Objectives**

*After completing this lesson you will be able to:*

- Define an Active Threat Event;
- Explain the general characteristics associated with Active Threat suspects;
- Explain the notification procedures in the event of an Active Threat Event;
- Explain what information should be relayed to 911 dispatchers;
- List three options available to staff to protect their own life during an Active Threat Event;
- Explain what actions staff should take upon police arrival.
Active Threat Event

Active Threat - Active Shooter Events
There are numerous instances where criminals have randomly killed as many victims as possible during one incident before taking their own lives or being stopped by law enforcement. These types of mass killings are known as Active Threat – Active Shooter Events.

VA Medical Centers are susceptible to an Active Threat - Active Shooter Event. Staff are trained to recognize an Active Threat Event, know what to do, and understand how Police Officers are trained to respond.

As a trainee at VA you should follow your supervisors' lead if an Active Threat - Active Shooter Event occurs. The following screens will provide information on how to protect yourself, and others.

Characteristics of Active Threat - Active Shooter Events

- An emergency involving one or more persons who are actively killing or attempting to kill people by either random or systematic violence
- Active Threat Events include any assault with a deadly weapon (guns, knives, explosives, blunt instruments, etc.)
- Focus is on harming anyone whom they come into contact with
- Little to no warning is given before the assault begins
- The assault will continue until the suspect commits suicide or is neutralized
- Events are often over before law enforcement can respond

Reporting an Active Threat - Active Shooter Event:

- Report a threat as quickly as possible to the VA Operator, 911, or your supervisor
- Use plain English when identifying an “Active Threat” in progress
- The VA will announce an Active Threat or Active Shooter over a speaker system, giving last known location of suspects
- Remember: the suspects may be constantly moving while looking for new victims

What Information Should You Give 911 Dispatchers?
Contact the police as soon as possible: 911, non-emergency police line, police email, activating panic alarm

Information you give to dispatchers should include:

- The specific location of the suspect (building & room numbers, floors, etc.)
- The number of suspects
- Do you know the suspect(s)? What are their names?
- The suspect’s physical description (race, gender, clothing color and style—is the suspect wearing a backpack or carrying a bag?)
- The number and type of weapons involved (i.e. pistol, long-gun, machete, etc.). Have you heard gunfire? Have you heard an explosion?
- Remain calm and be a good witness
**Evacuate, Evade, or Engage?**

As soon as you become aware of an event:

- Assess your situation
- Quickly determine the most reasonable way to protect your own life

You need to consider:

- What type of setting are you in: patient care, office, outdoors, etc.?
- Are there others in your immediate area who need your assistance?
- Are they mobile or do they have limitations?

**Evacuate:**

Get as many Victims/Targets out of the area as possible to reduce casualties. Encourage others to flee with you, but do not wait for them. Look out for yourself. Note that if you evacuate, you may leave a position of relative safety and expose yourself to the threat.

You should attempt to evacuate if:

- You are in the immediate vicinity of the assault, or...
- You are notified of the assault and have a visible, unobstructed path to safety.

If you Evacuate:

- Leave personal belongings
- Help others, if possible
- Prevent others from entering the threat area, if possible
- Keep your hands visible
- Follow instructions of police officers
- Do not attempt to the wounded
- Do not attempt to drive away
- Call 911 when you are safe

**Evade:**

**Evade, THEN SHELTER IN PLACE** in your immediate vicinity until the threat is neutralized. Staff in a clinical area may choose to Evade and Shelter in Place if they are able to move patients to safer locations that can be locked or barricaded.

Staff should secure their immediate area by:

- Locking and barricading doors with whatever is available (i.e. desks, file cabinets, beds, etc.)
- Turning off lights, radios and computer monitors
- Blocking windows and closing blinds Place signs in exterior windows to identify the location of the injured
- Silencing cell phones
- Take cover within the location behind heavy furniture, equipment, etc.
• Remain calm, quiet, and out of sight. Encourage others to do the same. Remember, calm is contagious
• Contact authorities if possible. If you cannot speak, leave the line open and allowing the dispatcher to listen
• Render basic first aid to injured person if feasible, as not to endanger your life or the lives of others
• If you have sheltered in place, do not leave your area until you have visual or audible confirmation by a police officer or supervisor that it is safe to come out

Engage the Suspect only as a Last Resort:
• You should only take action against a suspect when your life is in imminent danger, and you have no chance to Evade or Evacuate
• If you take action against the suspect, you must be committed to acting swiftly and aggressively to disrupt and incapacitate the attacker(s)

What to do when the Police Arrive
• Follow their directions
• Put down any items you are holding
• Keep your hands visible at all times
• Remain in sheltered location until instructed to leave
• Relay as much information as possible to any responding officers

When Police arrive you should not:
• Make quick movements towards officers
• Hold onto officer for safety
• Point and scream

The first responding officers will not stop to aid the injured.

After the Threat is Over...
• You may be called upon to help treat and move the injured
• If you have sheltered in place, do not leave your area until you have visual or audible confirmation by a police officer or supervisor that it is safe to come out
• If you are unsure, remain barricaded in the secure location

MRI Safety for Non-Lab Staff (Level 1)

Goal Statement
Welcome to the MRI Safety for Non-Lab Staff (Level 1) lesson. In this lesson, you will learn how protect yourself and patients while in the MRI suite.
Objectives

After completing this lesson you will be able to:

- Identify VA safety procedures for entering the MRI suite
- List items that may pose a hazard in the MRI suite

MRI Suite

**Magnetic Resonance Imaging (MRI)** employs a powerful magnetic field and radio waves to provide three-dimensional images of the body. The MRI magnet is extremely powerful and is always on, day and night. Because the MRI magnet is so powerful, ferromagnetic objects (e.g., containing iron and steel) can be rapidly accelerated toward the center of the magnet, resulting in severe injury to patients and employees, as well as damage to equipment. This sudden acceleration often produces what is called a "Projectile Incident".

Each person who enters the MRI suite must be safety screened by the MRI staff for certain medical conditions, and to ensure that they do not have metallic objects on their person, or in their body. Each MRI unit uses screening checklists before allowing entry into the MRI suite. You and your patient will be screened each time before entry to the MRI suite is authorized. Never enter the magnet room unless you have been screened and authorized for entry.

The MRI suite includes at least two locked rooms, the control room, and the magnet room. Access to the MRI suite is controlled by trained MRI technologists to ensure the safety of patients, visitors and staff.

Screening Examples-Metallic Objects

**MRI Safety: Before You Enter the MRI Suite You Must Be Screened:**

Remove everything metallic or electronic that might be affected by a magnetic field. The magnetic field of the MRI may cause some non-ferrous metals to heat up and cause burns.

Examples of items that may pose hazards are given below.

- Belts
- Keys
- Coins
- Jewelry
- Watches
- Eyeglasses
- Hair pins
- Cell phones
- Pagers
- Piercings
- Stethoscopes
- Tools, Hemostats, Scissors
- Identification badges and lanyards
- PIV badges may be erased
- Credit cards may be erased
- Tattoos, including eyeliner tattoos
- Steel-toed shoes
- Metal buttons on clothing
- Nail clippers
• Paper clips, staples
• Pens and pencils
• Wig, toupee, hairpiece

**Screening Examples-Medical Conditions**

**MRI Safety**

*You and Your Patient must be screened as well:* if you or your patient has any of the conditions listed below, the MRI staff will investigate further before allowing entry into the MRI suite. The technologist may need to determine the type and model of an implanted device to determine whether it is safe.

- Kidney disease
- Heart surgery
- Brain surgery
- Hearing Aids
- Ocular prosthesis
- Artificial or prosthetic limb
- Vascular clips or wires
- Pacemaker, or pacing wires
- Defibrillator
- Swann-Ganz catheters
- Neurostimulator
- Infusion pump
- Transdermal patches, nicotine patch
- Dentures, partial plates, bridgework, braces
- Any form of implant, joint replacement
- Intracranial aneurysm clips, cochlear implants, stents
- Operations involving metallic pins, plates, screws or wires
- Metal fragments, shrapnel
- Injuries involving metal in your eyes
- Intra Uterine Device (IUD)
- Could you be pregnant?

**MRI Safety: Level 1**

**MRI Equipment Safety**

*Only MRI-safe equipment may enter the MRI magnet room.* Hundreds of accidents have been reported throughout the United States involving ferromagnetic equipment that was attracted to a MRI magnet. Patients have been injured in dozens of instances, with at least one death.

*Examples of equipment that must be checked to ensure they are MRI-safe includes:* Gurneys, IV poles, IV pumps, O2 tanks, ECG leads, catheters with leads, sandbags (some contain steel shot which is not MRI-safe), vital sign monitors, respirators, and anesthesia equipment.
In an Emergency

- Follow the directions of your supervisor and the MRI staff.
- **Do not rush into the MRI suite to help** unless you have just been authorized for entry after your MRI safety screening AND your help is requested in the magnet room.

I CARE

VA’s key customers are Veterans and their families. All staff must treat Veterans and their families with the care and respect they deserve. You should show that respect by introducing yourself and your role to the Veteran. For example, "**Hi, I am Jane Smith. I am a consultant assigned to your case... I will be asking you some questions about...**". Equally important are your interactions with internal customers, including VA employees, volunteers, contractors, and trainees.

The VA’s core values and service standards can be used to guide the behavior of all VA employees and trainees. Most of these concepts follow common sense and courtesy and reflect the way most people would like to be treated.

**VA I CARE Principles: Integrity, Commitment, Advocacy, Respect, and Excellence**

- **Integrity**: Because I CARE, I will act with high moral principle, adhere to the highest professional standards, and maintain the trust and confidence of all with whom they engage.
- **Commitment**: Because I CARE, I will work diligently to serve Veterans and other beneficiaries, be driven by an earnest belief in VA’s mission, and fulfill their individual responsibilities and organizational responsibilities.
- **Advocacy**: Because I CARE, I will be truly Veteran-centric by identifying, fully considering, and appropriately advancing the interests of Veterans and other beneficiaries.
- **Respect**: Because I CARE, I will treat all those they serve and with whom they work with dignity and respect, and they will show respect to earn it.
- **Excellence**: Because I CARE, I will strive for the highest quality and continuous improvement, and be thoughtful and decisive in leadership, accountable for their actions, willing to admit mistakes, and rigorous in correcting them.

Learn more about **VA's I CARE program**.

**VA Service Standards**

- Staff courtesy toward patients, families, visitors, and co–workers
- Timely access to health care
- One healthcare team is in charge of each patient’s care and is in charge of the coordination of care
- Respect for patient preferences and the provision of physical comfort and emotional needs
- Access to specialty care in a timely manner when required
End of Course Remarks

You have completed the content of the course.

To receive credit for the course you must take the test and achieve a grade of 80% or higher.