# UVA CH Annual Mandatory Education 2023

Education for Volunteers, Students, and Food Services / Environmental Services employees.

## ALL TEAM MEMBER CONTENT

All Team Member Content

Corporate Compliance and Privacy

Information Security

Reporting Concerns

Patient Safety

Patient Rights and Responsibilities

Hand Hygiene

Coughing Etiquette

Bloodborne Pathogens

Team Member Injury

Clear Communication

Stroke Recognition

Fire Emergencies

Workplace Violence

Active Shooter: Run. Hide. Fight.

Securing the Environment

PATIENT CONTACT, NOT CARE

Food and Drink in Patient Areas for Patient Contact

Signage

Hand Hygiene for Patient Contact

Suspected Abuse

Bariatric Sensitivity for Patient Contact

# Corporate Compliance and Privacy

## UVACH Compliance Code of Conduct

Please review the UVACH Code of Conduct here: Code of Conduct

## UVA CH Compliance Program

The UVA Community Health Compliance Program was developed to support compliance with UVA Community Health's ethical standards, principles, and values, and to provide guidance in complying with the laws and regulations that govern UVA Community Health's operations.

Our compliance program is designed to help ensure UVA Community Health and our team members understand and follow federal, state, and local laws and regulations, as well as internal policies and procedures.

**Our Program:**

- Demonstrates UVA Community Health's commitment to responsible and honest business conduct

- Encourages team members to report potential problems

- Increases the likelihood of preventing, identifying, and correcting unlawful conduct

- Helps mitigate damages in cases of non-compliance

The UVA Community Health System Compliance and Privacy Office is always available to assist. We will:

## Your Role in Corporate Compliance

Everyone has a role in UVA Community Health's Compliance Program!

You have a substantial impact on compliance at UVA Community Health through your roles at UVA Community Health. To help satisfy your role in compliance, you need to be familiar with:

- UVA Community Health's Code of Conduct

- The laws that impact compliance

- The steps necessary to protect patient privacy

- Your role in preventing fraud and abuse

Healthcare is one of the most regulated industries. Regulations and laws are designed to ensure fair billing practices, combat fraud, abuse, and waste, and protect patient privacy. The following slides provide you with a brief overview of some of the laws and regulations we must follow.

## Fraud, Waste, and Abuse Defined

## Fraud

**Intentionally submitting false information to get money or a benefit.**

**Examples:**

- Knowingly billing for services that were not provided.

- Knowingly altering medical records, coding, or claims to receive a higher payment.

## Waste

**Includes practices that, directly or indirectly, result in unnecessary costs, such as overusing services.**

**Examples:**

- Excessive office visits, prescriptions, referrals, and lab tests.

- Prescribing more medications than necessary for treating a specific condition.

**Abuse**

Includes actions that may, directly or indirectly, result in unnecessary costs.

## Examples:

- Unknowingly billing unnecessary medical services.

- Unknowingly misusing codes on a claim, such as upcoding or unbundling codes.

# Some Relevant Federal Fraud, Waste, and Abuse Laws

All Team Members at UVA Community Health play a vital part in the prevention and detection of any potential fraud, waste, or abuse activities. You have an obligation to report any potential non-compliance with fraud, waste, and abuse. A brief overview of some of the laws you should be familiar with are summarized on the following tabs.

| STARK LAW (PHYSICIAN SELF-REFERRAL) | FALSE CLAIMS ACT (FCA) | ANTI-KICKBACK STATUTE (AKS) | CIVIL MONETARY PENALTY (CMP) (GAINSHARING AND BENEFICIARY INDUCEMENT) |
|---|---|---|---|

**Definition:**

A physician can't make a referral for certain designated health services (like lab tests, physical therapy (PT), durable medical equipment (DME), home health services, prescription drugs, etc.) if they or their immediate family member will receive any type of benefit.

> **Violation Example:**
> - Physician refers a patient to a laboratory they own.

| STARK LAW (PHYSICIAN SELF-REFERRAL) | FALSE CLAIMS ACT (FCA) | ANTI-KICKBACK STATUTE (AKS) | CIVIL MONETARY PENALTY (CMP) (GAINSHARING AND BENEFICIARY INDUCEMENT) |
|---|---|---|---|

**Definition:**

- The FCA protects the Federal Government from being overcharged or sold substandard goods or services.

- We cannot submit claims for payment to Medicare or Medicaid that we know or should know are false or fraudulent.

- Retention of overpayments can also be considered an FCA violation. We must report and return overpayments within 60 days of the date overpayment was identified or the overpayment could be considered a false claim.

**Violation Examples:**

- Billing for a higher level of service than actually performed.
- Altering claim forms or medical records.
- Upcoding patient visits.
- Unbundling billing codes.

| STARK LAW (PHYSICIAN SELF-REFERRAL) | FALSE CLAIMS ACT (FCA) | ANTI-KICKBACK STATUTE (AKS) | CIVIL MONETARY PENALTY (CMP) (GAINSHARING AND BENEFICIARY INDUCEMENT) |
|---|---|---|---|

**Definition:**

We cannot knowingly or purposefully offer, give, request, or receive anything of value to encourage patient referrals for items or services that are paid for by a federal health care program like Medicare.

**Violation Examples:**

- A diagnostic lab offers a nurse practitioner $100 for each Medicare referral.
- An oncologist takes family vacations paid for by a pharmaceutical company in exchange for prescribing the company's drug in lieu of alternatives.
- A medical equipment company and a physician agree that the physician can establish a rent-free office in a space owned by the medical equipment company if the physician refers Medicaid patients to the company.

| STARK LAW (PHYSICIAN SELF-REFERRAL) | FALSE CLAIMS ACT (FCA) | ANTI-KICKBACK STATUTE (AKS) | CIVIL MONETARY PENALTY (CMP) (GAINSHARING AND BENEFICIARY INDUCEMENT) |
|---|---|---|---|

**Definition:**

- The CMP prohibits hospitals from paying physicians to encourage reductions or limitations in services.

- The beneficiary inducement civil monetary penalty prohibits individuals or entities from marking an offer of remuneration or providing incentives that the person knows or should know is likely to influence the patient's choice of provider or supplier.

**Violation Examples:**

- Submitting false or fraudulent claims.

- Misrepresenting facts relevant to services.

# Emergency Medical Treatment and Labor Act (EMTALA)
## ("Patient Anti-Dumping Law")

EMTALA guarantees access to emergency medical services for individuals who present to a hospital emergency department regardless of an

individual's ability to pay.

It also provides for appropriate transfers if the presenting facility is unable to provide the care or services necessary to stabilize a medical condition.

## All Individuals Must Be Screened

All individuals who present to a hospital emergency department must be screened by Qualified Medical Personnel to determine the presence or absence of an emergency medical condition.

EMTALA applies until either (1) the medical screening exam does not identify an emergency medical condition, or (2) the patient is provided with stabilizing treatment and/or an appropriate transfer.



## Stabilizing Treatment Must Be Provided

Hospitals must make sure the patient is provided with stabilizing treatment (within the capabilities of the hospital's staff and facilities) before they can initiate a transfer to another hospital or medical facility or before they can discharge the patient.

NO DELAY IN EXAMINATION AND TREATMENT.

Hospitals may not delay providing an appropriate medical screening examination or stabilizing medical treatment for any reason, including asking about an individual's method of payment or health insurance status.

## Gifts & Gratuities



Due to Federal and State law, and UVA Community Health policy, vendors are not allowed to **offer** gifts, and team members are not allowed to **accept** or provide gifts, favors, or kickbacks.

Vendors who offer gifts, and team members who accept them, may be violating federal laws that prohibit kickbacks and state conflict of interest laws, as well as UVA Community Health compliance and procurement policies.

Team members should immediately report these types of offers to the Corporate Compliance & Privacy Office.

You may be **at risk for fines and criminal charges**. Contact the Corporate Compliance & Privacy Office, or your supervisor for questions or exceptions. See "Gifts, Courtesies and other Items of Value from Patients and Industry UVACH-LD-7083" policy for more information.

Please review the two attachments on the next pages, which detail our Conflict of Interest policies and Accountable Care Organization.

## Be Good Stewards – You Have an Obligation

### Good Faith Reporting

As an employee, you must report any incidents of actual or suspected fraud, waste, abuse, or misconduct that potentially violate federal or state law.

Your reporting of suspected wrongful conduct in good faith as soon as you become aware is important. Employees who in good faith report suspected wrongful conduct will be protected from retaliation.
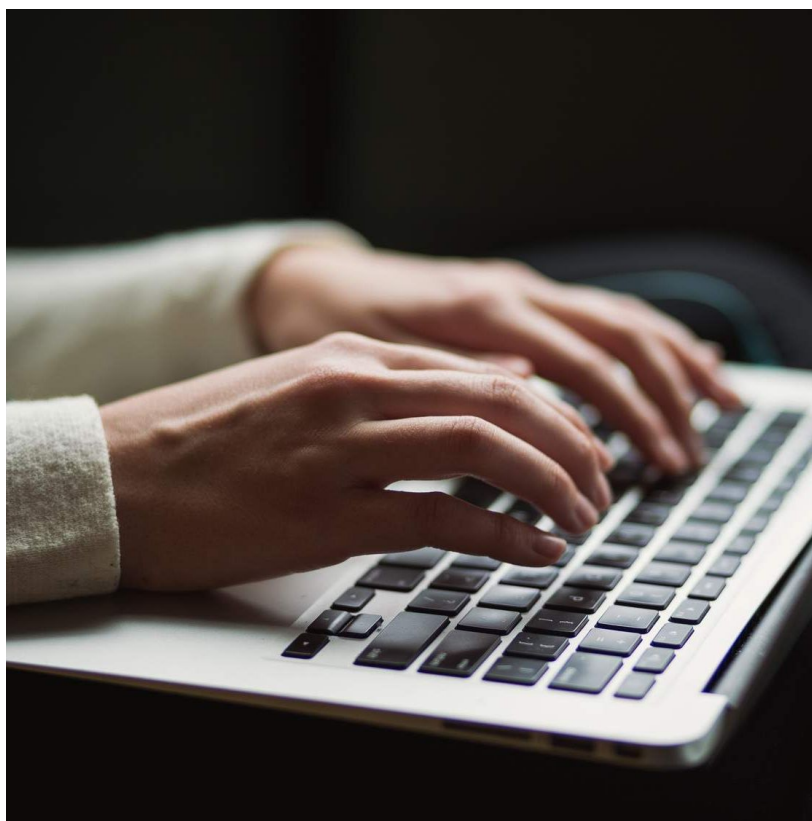
**If you see or hear something that concerns you:**

- Talk to your Leader

- Human Resources (for employee related concerns)

- If you do not feel comfortable reporting through these avenues, contact the Compliance Office:

    - 1-877-266-7632 (1-877-COMPOFC) – Direct line to Corporate Compliance & Privacy Office

  - Anonymous Compliance Hotline: 1-877-888-4806

  - Anonymous Online Reporting: www.UVACommunityHealth.ethicspoint.com

  - Anonymous Mobile Reporting: www.UVACommunityHealthMobile.ethicspoint.com

## Conclusion

This was just a brief overview of the numerous laws and regulations governing us. These laws create serious and complex compliance issues and risks. Should you have questions or need further guidance on any of the above-mentioned topics, or any healthcare law or regulation or policy, please contact the Corporate Compliance Office.

Compliance is part of **all of our jobs** and depends on everyone's participation for continued success!

## Privacy

Our patients are placing their trust in us to preserve the privacy of their most sensitive and personal information. We each have a responsibility to respect and protect the privacy and security of our patient's health information. The Health Insurance and Portability Act (HIPAA) is a privacy regulation that addresses the use and disclosure of protected health information (PHI). The information on the following slides note the ways we comply with HIPAA, and how we can protect and safeguard our patients' information.

## Access to Epic or Any Health Record

Access to Epic or any other institutional computer system (e.g., PACS, Pyxis, Sun Quest, etc.) by team members must be used ONLY for the care of our patients or for completing Health System business.

**Team members may not use Epic or other institutional computer systems to look at their own medical records or the records of friends and family.**

**Epic is the official legal medical record.**

MyChart is a secure online portal for viewing personal health history, most test results, recent visit information, requesting prescription renewals, viewing appointments, and communicating with your care team.

## The Corporate Compliance & Privacy Office routinely audits accesses in Epic.

Disciplinary action for accessing a patient's medical record without a **work-related** need ranges from **counseling** to **termination** of employment and **reporting to a licensing board**, if applicable.

Team members have several options to see their own records or records of family members:

- Request copies of records from Health Information Management, presenting a signed patient authorization

- Use the MyChart  or the MyChart Proxy access

- Contact the physician's office directly

## Protecting Protected Health Information

## Protecting PHI

In the event PHI (Protected Health Information) is shared by mistake with the wrong patient, it is important to report it as soon as possible.

**Step 1**

## Protecting PHI

If you mistakenly provide PHI to the wrong patient, apologize and thank the patient for letting us know. Ask the patient to return it (bring to their next appointment if soon or mail the patient a stamped/self-addressed envelope).

Do not instruct the patient to destroy the documents. Ensure the intended patient has received their documents. Notify the Corporate Compliance & Privacy Office and submit a Be Safe event. Forward the documents to the Corporate Compliance & Privacy Office.

Health System Policy HPA: Confidentiality of Patient Information defines what confidential information is and how it is to be handled by all Team Members.

**Step 2**

## Team members should always:

1. Double-check patient information when mailing PHI or providing PHI to a patient.

2. Be sure to not leave PHI such as patient schedules/lists in patient access areas (e.g., nurses station counters, elevators, cafeteria, waiting area, etc.).

3. Confidentially dispose of PHI that is no longer needed in secure locked shred bins.

4. As a best practice, quickly check with the patient that it is OK to speak about confidential information in front of others with them.

5. Confirm the identity of the patient per UVACH's Patient Identification Policy:

   - Verify two identifiers (name and date of birth).

   - Keep voice low when communicating to or about the patient.

   - Team members can offer a patient the option to write their information down on paper.

## Social Media Use

**In accordance with UVA Community Health System Policy Relating to Social Media;**

Team Members are prohibited from sharing or in any manner disclosing Confidential Information via Social Media in violation of policy.

Once a message or picture is shared on social media it often becomes public. Patients and team members share social media sites. Private information can quickly become public information. Poor judgment when sharing information on social media can breach privacy, damage patients' trust in their providers, and damage the professional and personal futures of those involved.

Under **no circumstances** can you use pictures, videos, or recordings of patients for your personal use (i.e., uses unrelated to patient care, research, education and training, marketing or any other UVA Community Health activity or function).

UVA Community Health strictly protects Confidential Information. The same rules that restrict team members from sharing PHI, also apply to online content. Specifically,

## Release of Patients' Protected Health Information

Patients have a right to review their medical records. They can request a copy through MyChart or the Health Information Management (HIM) Department. For guidelines about release of PHI, see Medical Center Policy: Release of Patients' Protected Health Information.

All requests for record release must go through HIM, with one exception. In ambulatory settings, either the MD or RN may release point-of-care information ONLY to the patient or legal guardian.

## Texting

Texting with patients is **prohibited**.

Team members should not send protected health information (PHI) or confidential information through any text messaging mobile device.

## What is ok:

- EPIC or billing related automated text appointment reminders.

- Emails sent to any address other than uvahealth.org must be marked [secure] or flagged as confidential to ensure they are secure.

See the Information Security section of this module on ways to encrypt messages outside *HS email account.

## What happens with investigations?

A team member from The Corporate Compliance & Privacy Office looks into each reported issue along with your manager and Human Resources.

If you access, use, or disclose private information about another person you may receive UVACH-HR-605 Policy Corrective Action/Discipline Process:

- Formal or informal Counseling with appropriate retraining.

- A performance warning with suspension without pay.

- Discharge of employment

Due to privacy concerns, after we look into issues, we may not be able to share specific results with you.

# ACO

UVA Community Health participates in an accountable care organization (ACO):
**UVA Community Health Accountable Care Organization, LLC**



Our ACO provides care in accordance with the Medicare Shared Savings Program (MSSP) requirements and regulations.

It is important note that the ACO maintains its own compliance plan unique to the ACO. The plan requires routine monitoring and reporting.

# ACO

## Beneficiary Alignment to the ACO

The ACO is not a Managed Care Plan. Generally speaking, the Centers for Medicare and Medicaid Services (CMS) determines which beneficiaries are attributed to the ACO.

Beneficiaries CAN, however, go to MyMedicare.gov to select a primary care provider. If they select an ACO provider, then they will be aligned to the ACO.

You can provide information to Beneficiaries regarding Voluntary Alignment, but you cannot do anything to influence their decision or complete the process on their behalf.

UVA Health

**ACO**

# To further support our patients: .

| We Report Regularly To Our Boards | We Keep Our Patients Informed |
|---|---|
| We provide: | All MSSP participants are required to provide MSSP beneficiaries a Notice of Participation annually and upon request. |
| • Updates on compliance policies; | |
| • Compliance education and training; | This notice informs the beneficiary of: |
| • Any new legal or compliance requirements impacting operations; and | • The provider's participation in a shared savings program; |
| • Any findings of non-compliance with requirements, policies or laws (including disciplinary or corrective action taken to address such findings). | • The option to decline sharing of data from CMS to the MSSP; and |
| | • The ability to identify or change the PCP. |

All participating clinics are required to post the English and Spanish versions
of the CMS MSSP Poster in a patient facing area.

**UVAHealth**

# Conflict of Interest & Gift and Business Courtesies

**Conflict of Interest**

Occurs when an employee has a financial interest, or other personal consideration that may compromise or have the appearance of compromising one's judgment.

**Gift and Business Courtesies**

Anything of value that an individual receives for which the individual has not paid for or performed services. These can include meals, flowers, candy, promotional items, gift cards, goods, cash equivalents, discounts, and tickets to events.

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# Conflict of Interest & Gift and Business Courtesies Examples

## Conflict of Interest

- Outside employment
- Service on outside board of directors
- Participation as a faculty member, speaker or consultant
- Personal business conducted with a UVA Community Health vendor
- Clinical research
- Relatives employed by UVA Community Health
- Expert Witness Services

## Gift and Business Courtesies

- Cash and cash equivalents (e.g. checks, gift cards, money orders, PayPal, Zelle, Venmo, etc.)

- Tangible items or discounts on those items like:

- Flowers or other gifts to recognize a special event (e.g. birthday, anniversary, hospitalization)

- Perishable or consumable items like food, drinks, candles, body care items, etc.

- Goods, including UVA Community Health branded items (e.g. pens, notepads, jackets, iPads)

- Donations or payments on your behalf (such as to a charity, or for training or education)

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# Conflict of Interest & Gift and Business Courtesies

Items NEVER Appropriate to Give to or Receive from Patients, Referral Sources, Vendors or Related within Certain Guidelines

- Cash, checks, money orders
- Gift cards redeemable for cash or for general use (preloaded Visa, American Express, etc.)
- CashApp, Venmo, Zelle, or other similar systems

**Cash or Cash Equivalents**

- Any item or service dependent on getting another item or service from UVA Community Health

**Dependent Items or Services**

- Items or services publicly advertised or marketed some exceptions for certain preventive care items/services

**Marketed Items or Services**

UVA Health

# Conflict of Interest & Gift and Business Courtesies

Items Appropriate to RECEIVE, Within Certain Guidelines

### Perishable or Consumable Gifts, Educational Items

- Team Members may accept unsolicited non-monetary gifts (for example, food or flowers) of nominal value (less than $25) from patients or patients' families provided such gifts are offered as expressions of gratitude or appreciation for care or treatment rendered.

- Team Members may accept items of nominal value having a legitimate educational purpose (i.e., brochures, pamphlets, training videos or similar items) for use by Team Members or patients.

Questions? Review applicable policy or contact your supervisor, or the Compliance & Privacy Department with any concerns.

UVA Health

# Conflict of Interest & Gift and Business Courtesies

## Conflict of Interest Process - Who is required to complete a disclosure?

### Covered Individuals

- Manager level & above
- ANY clinical provider who can write orders, prescribe or refer patients
- ANY individual serving on UVA Community Health committees that have oversight (i.e., research, formulary, purchasing, etc.)
- All current members of all UVA Community Health Boards
- Certain mandatory departments (i.e. procurement, research, investing, development)
- Any other position as identified by Compliance

### Policy Still Covers All Other Team Members

### (Only for Certain Outside Activities)

- Ownership in an outside company
- Outside employment
- Service on outside boards of directors and boards of trustees or officers
- Participation as a faculty member, speaker, consultant, or expert
- Personal business conducted with a UVA Community Health vendor
- Clinical research
- Family members employed by UVA Community Health
- Exceptions to the gifts and business courtesies policies

# Information Security

## Internet Use at UVA Community Health

Much of the work done at UVA Community Health involves connecting to the internet. This includes email, online meetings, Epic, etc. Generally, internet use is required as part of work, but it is important to only use it for work purposes.

The work purposes for using the internet are also important to ensure privacy. You can always review Health System Policy IT Policy 002.

**Acceptable Internet Usage Includes:**

- Email Communications

- Research based UVA Community Health forums, blogs, and news groups

- Software approved for use by UVA Community Health

- Use of cloud storage provided by UVA Community Health: Dropbox (to apply for Dropbox, fill out an online request)

**Unacceptable Internet Usage Includes:**

- Business or commercial activity not related to UVA Community Health business

- Access to a network or computer that violates policies, including P2P networks used to download copyrighted material

- Illegal activities, including the violation of the Digital Millennium Copyright Act (DMCA)

- Sharing of UVA Community Health data when not authorized

- Disclosing patient information via forums, blogs, news groups, or social networking sites

## Reporting

If you know of someone who is violating the policy, it is your responsibility to fill out a Computer Security Incident Report.

- Report a security incident **immediately**
- Write down exactly what occurred and contact the Health IT Helpdesk at 434-924-5334
- Complete a Computer Security Incident Report
- If you are involved in an incident:
  - Respond to requests for information promptly
  - Keep written records
  - Maintain confidentiality
  - Notify your manager

**Passwords protect the organization from hacking and individuals with malintent.**
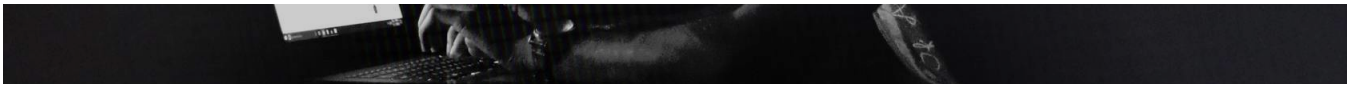
# Securing Accounts and Passwords

Health System Policy IT Policy 002 also covers passwords.

It is important to know that logging in with your computing ID and password are the same as your electronic signature. View the cards below to understand facts about passwords.

Never share passwords

Password sharing is a violation of HS policy.

Log off computers when finished

Team members should not allow others to use a computer/system if they have not logged off.

Electronic signature

The combination of your computing ID and password is equivalent to your electronic signature.

## Your login, your responsibility

Team members are responsible for keeping passwords confidential and will be held accountable for any misuse occurring under their computing ID and password due to neglect on the team member's part.

## Report stolen password

If you have reason to believe your computing ID and password, or those of another individual, have been stolen you should report it immediately to the Health IT Security Office via the Computer Incident Form or by calling the Health IT Helpdesk at 434-924-5334.

Change passwords regularly

If requesting a password reset from the Health IT Helpdesk or Information Security you should be prompted to change the temporary password upon login. You should never keep a temporary password as your password.

Only use HIT-approved software and applications

HIT Security **must** perform risk assessments on all applications, software, and cloud services before they are introduced into the UVA Health environment.

Lock your workstation
when you have to step away

Always lock your workstation
when you step away from it,
regardless of how long you
expect to be gone.

## Phishing

Phishing is spam email sent with the intent to deliver a virus, obtain a user's credentials, or obtain personal information, such as banking information. These emails often contain bad grammar, misspelled words, or threatening language (such as threats that your account will be deleted if you do not respond within a certain period of time). Review the email below to see common clues to identify phishing scams.

- Hover your mouse over the link within the email. If the address displayed is different than the one listed **do not click on the link**.

- Go directly to the company's website instead of clicking on links within emails.

- Do not open attachments or click on links from senders that you do not recognize.

Reach out to the UVA Community Health Security team at **MCCSecurity@hscmail.mcc.virginia.edu** with any security-related issues, questions, or to report suspicious messages.

# Example

## ITS - Service Required

Beasley, Cachaca R [mailto:beasleyc@yahoo.com]
UVA Health Team Member

Reply | Reply All | Forward | ...
Fri 4/17/2020 2:48 PM

Team member,

http://www.accountaccessretrieval.org/ verifynow
Click or tap to follow link.

Your access to your business files is about to expire. Click Here to confirm your business need to these records by end of day today.

If you do not confirm your business needs, your access will be disabled and will be unable to get it back.

This is an automatted message. Please do not reply to this email.

Thank you for your prompt response,

Administrater

## Sender Address

The sender address does not have a Health System address.

## ITS - Service Required

Beasley, Cachaca R [mailto:beasleyc@yahoo.com]
UVA Health Team Member

Reply | Reply All | Forward | ...
Fri 4/17/2020 2:48 PM

Team member,

http://www.accountaccessretrieval.org/ verifynow
Click or tap to follow link.

Your access to your business files is about to expire. Click Here to confirm your business need to these records by end of day today.

If you do not confirm your business needs, your access will be disabled and will be unable to get it back.

This is an automatted message. Please do not reply to this email.

Thank you for your prompt response,

Administrater

## A threat making you feel like you need to respond quickly.

## Link

This box appears if you hover over a hyperlink. This link shows a destination that does not appear to have association with UVA.



## Grammatical Mistakes

Mistakes in grammar and spelling can be indications that it is not from a legitimate source.

# Reporting Concerns

UVA Community Health has a goal to be the best place to give and receive care. If there is ever something that happens that you feel is not adequately addressed by your leadership or UVA Community Health as a whole, it is not only your right, but it is your responsibility to report it.

**Any team member is free to raise concerns** to the Joint Commission or other regulatory agencies when the hospital has not helped to prevent or address problems that have an adverse affect to patients.

**You will not be punished** by UVA Community Health or your leadership for reporting your concerns.

# Patient Safety

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## We are all responsible for patient safety.

UVA Community Health has made a commitment to zero preventable harm.

We have the ability reduce errors, and we have an obligation to prevent harm from errors from reaching our patients and team members.

## Ways you can prevent safety errors:

Utilize the following methods to verify information:

- **Communicate Clearly**

  - "Let me repeat that back"

  - "That's Correct" vs. "That's Right"

  - "I have a clarifying question"

- **Practice with a Questioning Attitude**

  - Ask when unsure

  - Ask just to be sure

  - Don't just ask questions - question the answers

- **Know and comply by Red Rules:**

  - Expectation: Verify name and DOB of patients with:

    - Every patient

    - Every encounter

    - Stop the line if you cannot comply

- **Support each other**

  - Non-verbal feedback

  - Model behavior for others

  - Provide feedback, no matter how "small"

- **Speak up for Safety**

  - "I have a concern"

# Review Error Prevention Tools:

## Safety Behaviors (Error Prevention Tools)

Use of safety behaviors prevents harm

**Practice with a questioning attitude**
Stop, reflect, and resolve in the face of uncertainty
• **S**top: Review the plan
• **R**eflect: Validate information and assumptions
• **R**esolve: Seek help to make the best decision

**Communicate clearly**
Use **SBAR-Q** to share information
• **S**ituation: Person or issue you're communicating about — the headline
• **B**ackground: Brief description and relevant history of situation
• **A**ssessment: Your view and perception of urgency for action
• **R**ecommendation: Your suggested action to resolve the situation or request for guidance
• **Q**uestions: Any outstanding issues that need attention or clarification

**Communicate using three-way repeat backs and read backs**
• Sender initiates communication/receiver repeats back/sender acknowledges accuracy

**Ask and encourage clarifying questions to solidify understanding**

**Use phonetic and numeric clarifications**

**Know and comply with Red Rules**
• Practice 100% compliance with Red Rules
• Expect Red Rule compliance from all team members

**Self-check: Focus on task**
Use the **STAR** technique
• **S**top: Pause for one second to focus attention on task
• **T**hink: Consider the action you're about to take
• **A**ct: Concentrate and carry out the task
• **R**eview: Check to make sure that the task was done right and that you got the correct result

**Support each other**
Cross-check and assist
Use 5:1 feedback to encourage safe behavior (five positives for every one negative)
Speak up using **ARCC** — "I have a concern"
• **A**sk questions: Inquire when uncertain
• Make **R**equests: Ask for a change in practice
• Voice **C**oncerns: Never hesitate to speak up; be alert for safety words: "I have a concern"
• Use **C**hain of command: Swiftly escalate unresolved issues to superiors

# Safety Event Reporting

## Why report?

Safety event reporting assists our organization in learning from mistakes, tracking trends, and making improvements.

## What do I report?

•Report ANY unexpected patient, visitor, employee (workplace violence events), volunteer, student, medical staff, or equipment related events.

•Report all events, whether an actual injury occurs or not (near miss). Near misses and great catches are as important to track as these may be precursors to a more significant event.

•Reporting of events/near misses should be factual.

•Reporting should NEVER be construed as finger pointing or punitive.

•Reporting provides necessary data to use for making SAFETY and QUALITY improvements.

•It is CRUCIAL that everyone report events using the safety event reporting system.

•If ever in doubt, enter the report.

**Please work with your one up leader to populate safety event reports as needed.**

**You may refer to the UVACH Risk Management, Patient Safety, and Insurance Operations intranet page for more information.**

## Risk Management

# WHEN DO I NEED TO CALL RISK MANAGEMENT?

- Loss of sensory capacity such as sight or hearing
- Wrong site surgery/procedure/amputation
- Brain damage or brain injury
- Birth injury
- Paralysis or serious neurological impairment
- Burns/serious cosmetic deformity
- Elopement of an involuntarily committed patient

- Unexpected death
- Allegation of sexual assault
- Any sentinel event as defined by The Joint Commission
- Any event scored E or higher when entered in RL ( Northern Market)
- Contact by lawyer, subpoena, law enforcement or private investigator

| Follow chain of command | Call Risk Management 24/7 Do not email or text | Secure any equipment involved |

# Summary

To provide the best and safest care available, we need to work together to use resources available to everyone.

# Patient Rights and Responsibilities

UVA Health is committed to providing an environment that fosters quality, safe healthcare for patients while respecting the rights of those patients.

Please review the Patient Rights and Responsibilities on the next page.

# Patients Rights and Responsibilities

UVA Health

# What are patients rights and responsibilities?

UVA Health is committed to providing an environment that fosters quality, safe healthcare for patients while respecting the rights of those patients. Please ask us any questions or let us know if you have any concerns.

**Each patient and/or the patient's legal decision-maker has the right to:**

## Informed Decision-making

You have the right to:

- Know about your illness, why you need a treatment, what will happen if you do not have it and possible risks and benefits, so you can take part in making care decisions

- Give or refuse consent before procedures or treatments

- Agree to or refuse to participate in any research study or experiment

- Agree to or refuse recordings, films or other images other than those needed for your care

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# Patients Rights and Responsibilities

## Care & Support

You can expect to:

- Be treated with dignity and respect

- Have your cultural, psychosocial, spiritual and personal values, beliefs and preferences respected

- Receive treatment and to have visitors without discrimination as to race, age, color, national origin, religion, disability, sexual orientation, gender, gender identity or expression, socioeconomic status, ability to pay or source of payment

- Personal privacy and to receive care in a safe environment, free from any form of abuse, neglect, exploitation or harassment, as well as access to protective and support services during any investigation of neglect or abuse

- Be free from restraints, unless necessary to keep you or others safe

- Be asked about your pain and included in plans to manage pain

- Have access to pastoral and other spiritual services

# Patients Rights and Responsibilities

## Information

You're entitled to:

- Receive clear information in your preferred language (the healthcare team will use interpreters and other language assistance services as necessary)

- Know the name of the doctors and staff taking care of you

- Have a family member, legal decision-maker and doctor informed when you are admitted to the hospital, if you wish

- Access information in your medical record and to have your healthcare information handled confidentially

- Write down your wishes for future medical care using an advance directive form; your care will be guided by your expressed wishes, including your decisions related to organ donation

- Discuss concerns and/or file a complaint and receive a timely reply

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# Patients Rights and Responsibilities

## Finances

You can:

- Ask your healthcare providers about the financial relationships they may have with pharmaceutical (medication), medical product and medical device companies

- Review your bills and ask questions about those bills

# Patients Rights and Responsibilities

## Your Responsibilities

To receive the best possible care, each patient and family are responsible for:

- Telling us correct and complete information about your health, wishes for your care, changes in your condition and any concerns

- Asking questions when there is something you do not understand

- Following your care plan and understanding there are risks if you do not follow your care plan (please tell us if you have concerns or cannot follow your care plan)

- Being courteous; showing respect for the rights of others and being considerate of our staff and property

- Following safety rules related to patient care and conduct while on our property, including not:
  - Engaging in verbal or physical abuse
  - Smoking, vaping, and using alcohol or illegal substances
  - Carrying weapons of any kind

- Paying your bills promptly
  - If you are unable to pay for your care, you may receive help; ask us for information about our financial assistance program

- As part of the care of our patients, providers may access the Virginia State Prescription Monitoring database to know which medications, such as benzodiazepines and narcotics, have been prescribed by other providers across the state.

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# Patients Rights and Responsibilities

## Concerns or Complaints

Patients/families have the right to reach out to the following departments and organizations:

- Patient Relations – 703-369-8002

- Virginia Department of Health
    Complaint Intake | Office of Licensure and Certification
    9960 Mayland Drive, Suite 401
    Henrico, VA 23233-1463
    Phone: 800.955.1819 or 804.367.2106 | Fax: 804.527.4503
    Email: OLC-Complaints@vdh.virginia.gov

- The Joint Commission Office of Quality and Patient Safety
    One Renaissance Boulevard
    Oakbrook Terrace, IL 60181
    Fax: 630.792.5636

# Non-Discrimination

# Non-Discrimination

If a patient needs communication aids or language assistance services, we offer them free of charge.

UVA Health welcomes and provides services, programs and activities to all patients and visitors.

UVA Health:

- Complies with all applicable civil rights laws and does not discriminate, exclude or treat differently  patients or visitors on the basis of race, age, color, national origin, religion, disability, sexual orientation, gender, gender identity or gender expression.

- Provides free aids and services to people with disabilities to communicate effectively with us, including:
  - Qualified sign language interpreters
  - Information in other formats (large print, audio, accessible electronic formats, etc.)

- Provides free language services in over 200 different languages to people whose primary language is not English, including:
  - Qualified interpreters
  - Information written in other languages

# Non-Discriminiation

## Concerns or Complaints

Patients/families have the right to reach out to the following departments and organizations:

- Patient Relations – 703-369-8002

- U.S. Department of Health and Human Services
  200 Independence Avenue SW
  Room 509F, HHH Building
  Washington, D.C. 20201
  800.368.1019
  800.537.7697 (TDD)

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# Service Animals

# What two animals are recognized as service animals in Virginia?

**Dogs**

**Miniature Horses**

# Service Animals

- A service animal is an animal that has been individually trained to do work and perform tasks that are directly related to a patient or visitor's disability.

- Service animals are not required to have a service animal registration, certification or license. They are not required to wear any type of special identification such as a vest or ID tag to designate they are service animals.
  - Exception: Animals in training must wear something identifying it as a service animal in training

- Service animals must be trained to perform work or tasks that are directly related to the patient/visitor's disability
  - Including, but not limited to: assisting someone who is blind or had low vision with navigation and other tasks, alerting someone who is deaf or hard of hearing to the presence of people or sounds, pulling a wheelchair, helping someone with epilepsy during a seizure, alerting someone to the presence of an allergen, providing assistance with balance and stability to someone with a mobility disorder

# Service Animals

- Determining an Animal is a Service Animal
  - May only ask two questions:
  1) Is the animal a service animal required because of a disability?
  2) What work or tasks has the animal been trained to perform?
    - What you should **<u>NEVER</u>** ask:
      - About the nature or extent of the disability
      - For documentation or proof the animal is a service animal or that it has been trained
      - For a demonstration of the work or tasks the animal performs
      - For the animal to wear a special harness, vest, or any other identifier

- Animals that serve as a crime deterrent because of their presence or that only provide emotional support, well-being, comfort or companionship are **<u>NOT</u>** considered service animals
  - While the safety and/or comfort these animals provide may have therapeutic benefits, they are not individually trained to perform specific tasks related to a disability.

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# Responsibilities of the Handler

## Handler Control & Care

- Must be under the full control of the handler at all times
- Must be on a leash, harness, or another type of tether unless the handler cannot use these devices because of a disability
- If not on leash, harness, or tether, the handler must control the animal through voice commands, signals or other effective means
- Is responsible for the care including feeding, watering, toileting, exercising, grooming and cleaning up

## No Handler Present or Unable to Care for

- Inform the patient that team members cannot assume care of the service animal and direct the patient to arrange for another responsible adult to care for
- If patient unable to call, the nurse will attempt to reach a support person/emergency contact to arrange for a responsible adult to care for
- If no one can be reached and the patient is still unable to supervise the animal, team members should contact guest services

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# Sensitivity & Awareness

- Service Animals are not Pets

- Do not separate or attempt to separate the animal from the person with a disability

- Do not pet or talk to a service animal when it is working; this distracts the animal from its tasks

- Do not feed a service animal.

- Do not deliberately startle a service animal or make noises at the animal (whistling, barking, etc.)

# Removal from the Premises

**\*Before removing a service animal team members
need to contact Risk Management\***

## Appropriate Reasons

- The animal is out of control & the handler doesn't take effective action to control the animal

- The animal is not housebroken

- The animal or it's behavior poses a direct threat to the health or safety of others, or

- If the animal is a miniature horse, the facility cannot accommodate the service animal's type, size or weight

## Inappropriate Reasons

- Allergies/Fear
  - If someone such as a team member or another patient is allergic to, or afraid of, the needs of both should be accommodated if possible by moving one of them to another area

- Team Members can provide services needed
  - Example: We cannot exclude a service animal that assists a person with diabetes management solely because nurses can monitor sugar levels and provide medication

- EMTALA
  - Patients arriving with an animal regardless of service animal or pet, must not be discouraged from staying for an MSE or stabilizing treatment. Threatening to remove or refusing to see the patient until the animal is removed is not an acceptable course of action

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# Hand Hygiene and Coughing Etiquette

Cleaning your hands is one of the most effective ways to prevent the spread of germs between each other and in our community.  In most situations alcohol sanitizer is the preferred method of hand hygiene because it is generally more effective.ß
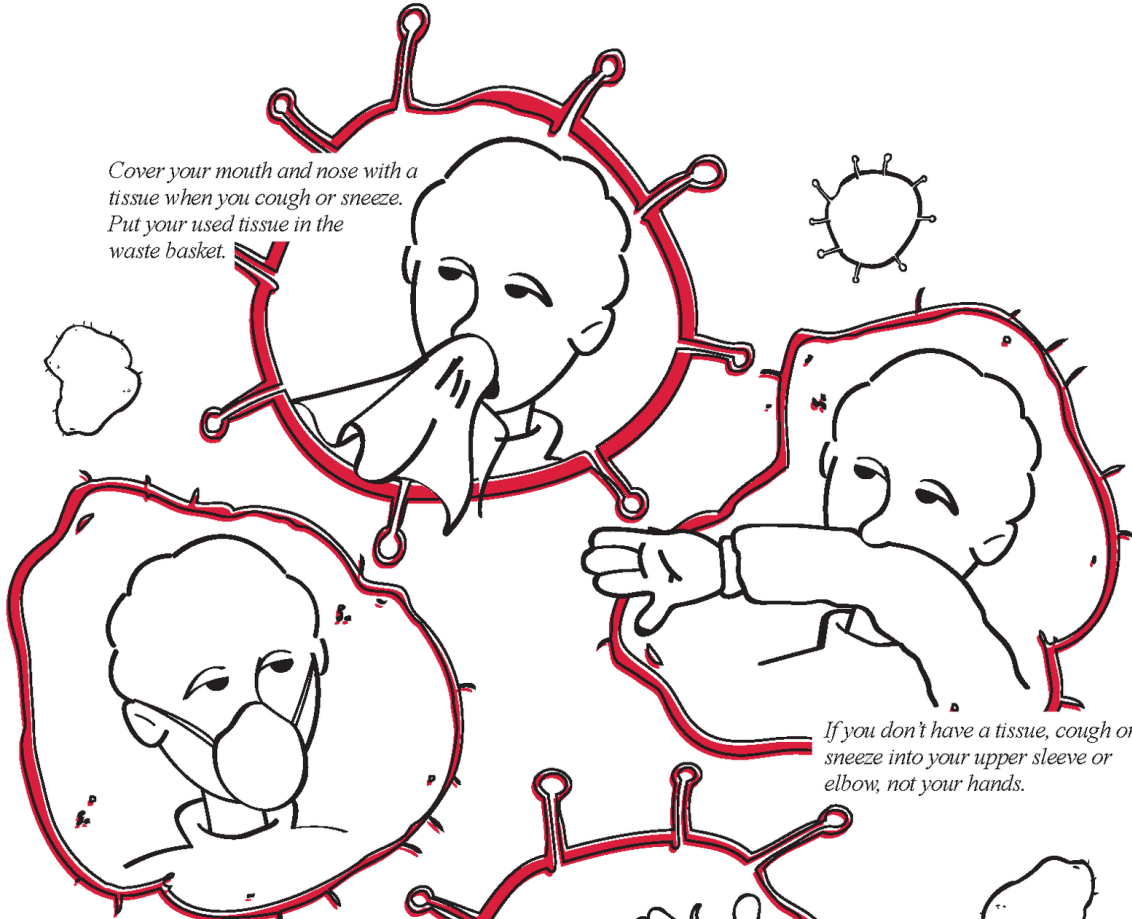
# Cover your Cough

*Stop the spread of germs that can make you and others sick!*



Cover your mouth and nose with a tissue when you cough or sneeze. Put your used tissue in the waste basket.

If you don't have a tissue, cough or sneeze into your upper sleeve or elbow, not your hands.

You may be asked to put on a facemask to protect others.

Wash hands often with soap and warm water for 20 seconds. If soap and water are not available, use an alcohol-based hand rub.

CS208322

Click the image to enlarge.

Any person with signs of respiratory illness, such as cough, congestion, or runny nose is at risk of spreading their germs causing others to become sick.

Signs posted at the entry of the hospital and clinics instruct patients to cover their mouth and nose when coughing or sneezing, wear a mask if they have symptoms of a respiratory illness, and clean their hands.

**Coughs and Sneezes Spread Diseases**

Coughing and sneezing into your sleeve is the preferred method for covering the cough or sneeze. Be sure to clean your hands if they were used in coughing or sneezing events.

# Bloodborne Pathogens

## Course Overview

The following topics will be covered in this education on Bloodborne Pathogens:

- Transmission of bloodborne pathogens

- HIV

- Hepatitis B

- Hepatitis C

- Team member protection

- Exposure determination

- Engineering controls

- Work practice controls

- Personal protective equipment

- Hazard communication

- Inadvertent exposure

- Steps to follow for a suspected exposure

# Click through the questions below to learn more about Bloodborne Pathogens (BBP).

## What is a BBP?     —

Bloodborne pathogens (BBPs) are germs carried by blood and other body fluids and can cause disease in humans.
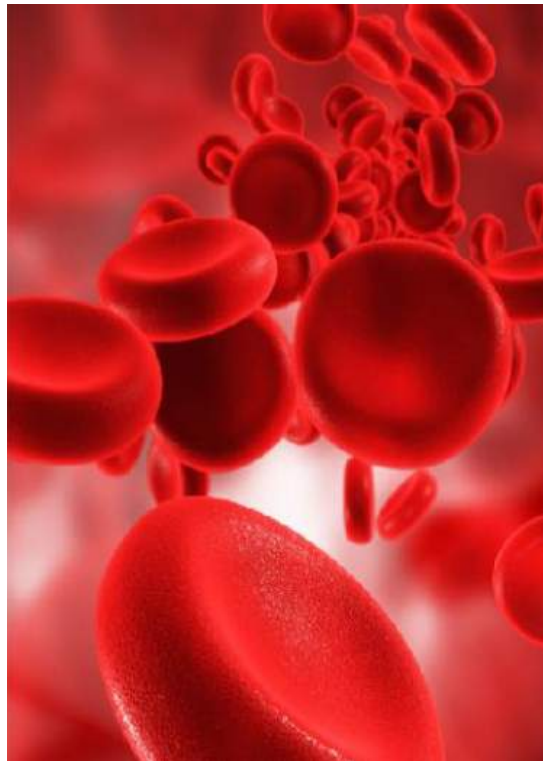


## How is a BBP Transmitted?     —

The following are transmission routes for bloodborne pathogens:

- Puncture wounds/needle sticks

- Splash to mucous membranes or open areas of skin

- Sexual contact

- Mother to baby

**What are the most common BBPs?** —

The most common bloodborne pathogens include:

- Human immunodeficiency virus (HIV)

- Hepatitis B virus (HBV)

- Hepatitis C virus (HCV)

## Let's learn more about the most common BBPs.

## HIV

HIV is the virus that causes Acquired Immunodeficiency Syndrome (AIDS)

Symptoms include:

- Flu-like symptoms
- Fever
- Diarrhea

## Hepatitis B Virus (HBV)

This virus poses the greatest risk to healthcare workers after exposure. It may cause severe illness, liver damage, and death.

Symptoms Include:

- Fatigue
- Jaundice

Hepatitis C Virus (HCV)

This virus is recognized as a significant BBP risk to healthcare workers.

Symptoms Include:

- Anorexia

- Vague abdominal discomfort

- Nausea

## Hepatitis B Vaccination Protection

What you need to know:

- Protect yourself against hepatitis B by participating in the free vaccination program

- You can accept the vaccine at any time, even if you have declined this offer in the past

# OSHA Compliance

In order to protect team members against exposure to bloodborne pathogens, OSHA (Occupational Safety and Health Administration) created BBP-specific regulations known as the Bloodborne Pathogen Standard.

To comply with OSHA and the Bloodborne Pathogen Standard, UVA Community Health has a written exposure control plan on their intranet page, including:

- Standard precautions

- Engineering controls

- Work practice controls

- Personal protective equipment

- Hazard communication

- Inadvertent exposures

- Immunizations

# Exposure Determinations

Every job category at UVA Community Health is offered the Hepatitis B vaccine regardless of the team member's risk of exposure to bloodborne pathogens.

- Risk category 1 = risk of exposure to blood or body fluids

- Risk category 2 = not at risk for exposure to blood or body fluid

Use standard precautions to reduce the spread of BBPs.

> (i) **REMEMBER:** Treat ALL blood and body fluids - **not patients** - as potentially infectious.

# Engineering Controls

Engineering controls isolate or remove the hazards bloodborne pathogens pose from the workplace.

**These controls include:**

- Eye wash stations

- Hand hygiene facilities

- Sharps containers – easily accessible and located close to the area of use

- Needleless IV systems

- Safety needles, syringes and vacutainers

- Specimen transport bags

- Splash guards

- Regulated waste containers that are closeable, leak proof and identified with a biohazard label

## Work Practice Controls

Work practice controls are specific policies and procedures that team members follow to reduce their exposure to bloodborne pathogens.

These work practice controls include:

- Perform hand hygiene procedure after contact with blood or body substances

- Handle sharps carefully and dispose in sharps containers appropriately

- Do not re-cap needles - if re-capping is

Carefully consider the following items:

- Minimize splashing or spraying of blood or body substances when performing procedures

- Follow procedures for routine cleaning and

disinfection of the environment

- Place specimens in appropriate containers during collecting, handling, processing, storing, transporting, and/or shipping (use appropriate biohazard labeling on these containers)

Important items to remember:

# Personal Protective Equipment (PPE)

PPE is special clothing or equipment worn by a team member for protection against a potential hazard.

*Examples: Gloves, gown, face protection*

**Remember these key points:**

- Keep PPE in all departments/units where exposure may occur
- Remove PPE (immediately or as soon as possible) that has been penetrated by blood or body substances
- Remove all PPE prior to leaving the work area

## Hazard Communication

The universal biohazard symbol is used to identify biohazardous materials.

Team members should place biohazardous materials or other potentially infectious materials (OPIM) in containers marked with the biohazard symbol.

Biohazard symbol

# Steps to follow after a suspected exposure:

**Step 1**

## Step 1

Immediately wash the affected are with soap and water.

**Step 2**

## Step 2

Notify your immediate supervisor and/or nursing shift supervisor.

**Step 3**

## Step 3

Electronically report the injury/exposure (Be Safe)

**Step 4**

## Step 4

Reach out to EOH as soon as possible to start recommended treatment.

## Step 2

Notify your immediate supervisor and/or nursing shift supervisor.

# Team Member Injury

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## Injuries Can be Prevented



**Lifting heavy items by yourself can cause injuries that can be avoided. When you need to lift more than <span style="color:#b22">35 pounds</span>, get help.**

By asking for help and using lifting devices, you can avoid serious injuries related to lifting.

The National Institute for Occupational Safety and Health (NIOSH) has developed a model that helps you to know how likely you are to be injured from the amount of weight you are lifting. The NIOSH model can be found here.

You can hurt yourself by lifting even as little as 35 pounds by yourself. It can even cause micro-fractures to your back.

If any injury does occur, please submit a Be Safe and an incident in your employee portal.

# Clear Communication

Not all Team Members have the same background, same history, or the same shared experiences. What is totally normal to one is completely new to another.

## Clear Communication

What does effective communication mean?
- Active listening
- Enunciate
- Avoid using jargon
- Clarify acronyms and abbreviations
- Use visuals or write it down

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## Listen and Question

- Respect and value each other
- Assume positive intent
- Take responsibility for your part of the conversation
  - Seek clarity as needed
  - Ask questions
  - Follow up as needed

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We are all here to help patients, through our own work. The best way for patients to have a great experience, is for us all to work together.

# Stroke Recognition

## Signs of a Stroke - BE FAST

YOU can make a difference if you think someone might be having a stroke! A stroke is an emergency. Know the signs & symptoms.

**B** —

**Balance** - Is there a sudden loss of balance or coordination?

**E** —

**Eyes -** Is there sudden blurred or double vision or sudden difficulty seeing?

**F** —

**Face -** Ask the person to smile. Is one or both sides of the face drooping?

**A** —

**Arms -** Ask the person to raise both arms. Does one side drift downward? Is there weakness or numbness on one side?

**S** —

**Speech -** Does the person have difficulty speaking or any slurred speech?

**T** —

**Time -** Seek immediate medical attention if you see any of these signs. Take note of the time when symptoms began.

## Now What?

Time is the most important factor to good outcomes.

- If you are in a UVACH facility in the **North**, call 7000 and activate a stroke alert. Include patient's name (or MRN, if known), last time known well, and location.

- If you are in a UVACH facility in **Culpeper**, call a code stroke using extension 777-999, which will alert the Rapid Response Team. Include patient's name (or MRN, if known), last time known well, and location.

- If you are outside a UVACH facility, **call 911** and let the operator know you suspect stroke.

## What should you do?

In line at the cafeteria in the hospital, you see a person suddenly stop, confused. You notice that one side of her face is drooping.
What do you do?

Call 434-924-2012 from any phone and activate a stroke alert.

At a clinic, a man in the waiting room is complaining that he can't raise both arms.
What do you do?

A stroke sign/symptom is one sided weakness. Call 911 or 434-924-2012 and tell the operator that you suspect a stroke. Refer to your unit Red Book/Emergency Procedures for full response details.

On the bus, a woman suddenly seems dizzy and loses her balance. She complains of blurred vision.
What do you do?

Dial 911 and advise the operator that you believe she is having a stroke.

# Fire Emergencies

Everyone has a role in keeping everyone safe. In addition to being familiar with the Red Book in your area and the training available on the Emergency Management intranet page, consider these things.

*Violence in the Workplace*

## Call Police / Public Safety

Preventing and responding to violence in the workplace can be anyone's job. The key to responding to threats is to **contact police and/or public safety immediately**.

Review the <span style="color:red">**Red Book**</span> in your area (if applicable) and trainings on the Emergency Management intranet page to learn who to contact for your work area. Don't handle this on your own.

# Fire Safety



Properly responding in the event of a fire emergency is critical.

## Apply the RACE Method.

# What if there is a Fire?

R = Rescue   A = Alarm/Announce   C = Contain   E = Extinguish

Rescue anyone in immediate danger. Sound the fire alarm through the nearest pull station and announcing the fire location overhead.

All corridors should be cleared, and doors should be closed to contain fire. If you are away from the fire's point of origin and hear the fire alarms sound, you should remain in your current location until the fire alarm is canceled. Do not breach fire doors while the fire alarm is activated.

RACE

**R**escue all people from area

**A**larm

**C**ontain the fire, close the door

**E**xtinguish the fire if possible

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Applying 'R.A.C.E.' in response to a fire or smoke event is key to fire/smoke safety.

## Extinguish / Evacuate

# How to Use a Fire Extinguisher

P = **Pull** the pin between the handle of the extinguisher

A = **Aim** the hose at the base of the fire

S = **Squeeze** the handles together

S = **Sweep** from side to side

Fire extinguisher should only be used if the fire is smaller than a trash can. "Fire First Responders" are staff members from Facilities Management, Public Safety and Housekeeping. Members from these departments are trained to respond to the site of the fire with an extinguisher.

**PASS**
Pull
Aim
Squeeze
Sweep
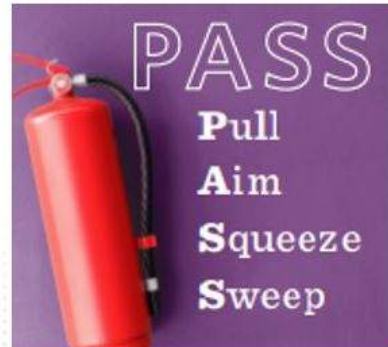
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Apply 'P.A.S.S.' in use of the nearest fire **extinguisher** if the fire is small and you feel comfortable using one and/or **evacuate** according to your area fire plan.

# Workplace Violence

## Workplace Violence

UVA Community Health takes a zero-tolerance position on violent or threatening behavior in the workplace. Team Members are responsible for being alert to signs of potential aggression and reporting **all** violent or threatening behavior.

# What is Workplace Violence?

**Type 1: Criminal Intent**

- The perpetrator has no legitimate relationship to the business or its employees.

**Type 2: Customer/Client**

- When the violent person has a legitimate relationship with the business.

**Type 3: Worker/Worker**

- The perpetrator of violence is an employee or past employee of the business who attacks or threaten(s) other employees or past employees in the workplace

**Type 4: Personal Relationships**

- The perpetrator in these cases usually does not have a relationship with the business but has a relationship with the intended victim.

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**CPI** | **Workplace Violence Continuum of Behaviors**

- Discourtesy
- Disrespect
- Intimidation
- Harassment/Bullying
- Retaliation
- Verbal Assault
- Physical Aggression

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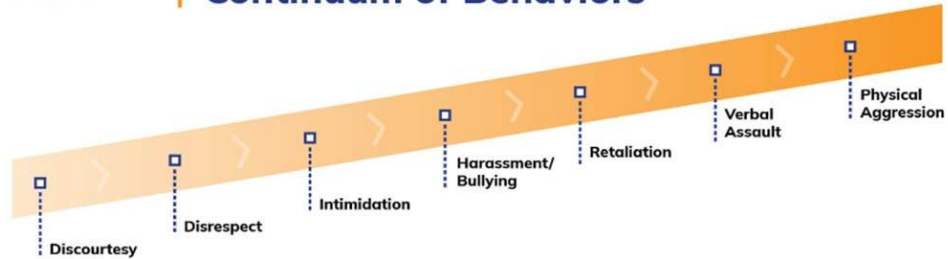
# What to do?
## SAFE

**S**top
- Ensure your own safety
- Recognize the behavior
- Assess your own feelings & ability to address

**A**sk for Help
- Get a co-worker
- Call Public Safety
- Escalate to Police Department
- Involve the Provider

**F**ormulate a Plan
- What next steps are we going to take?
- Establish Behavior Goals
- Limit setting conversation and addressing the behaviors: Who, What, When, Where?

**E**ngage Resources
- Escalate to your Chain of Command
- Utilize available resources: policies, departments, outside agencies, EAP

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# What should you do following an incident of workplace violence?

**Alert Public Safety**
Culpeper: 540.829.5795
Northern VA: 703.369.8128

→ If you feel you are in immediate danger, call 911

**EAP Resources**

Website: www.lytleeap.com

Click on the Member Portal and App in the upper right corner.
Company Access Code: UVACH
Toll Free: 800-327-7272

Notify your chain of command

Request escort to and from your vehicle, if desired

Complete WPV Debrief with Public Safety and/or Nursing Supervisor

Complete a safety event report (Be Safe Events)

# Active Shooter: Run. Hide. Fight.

## How to Respond to Active Attacker
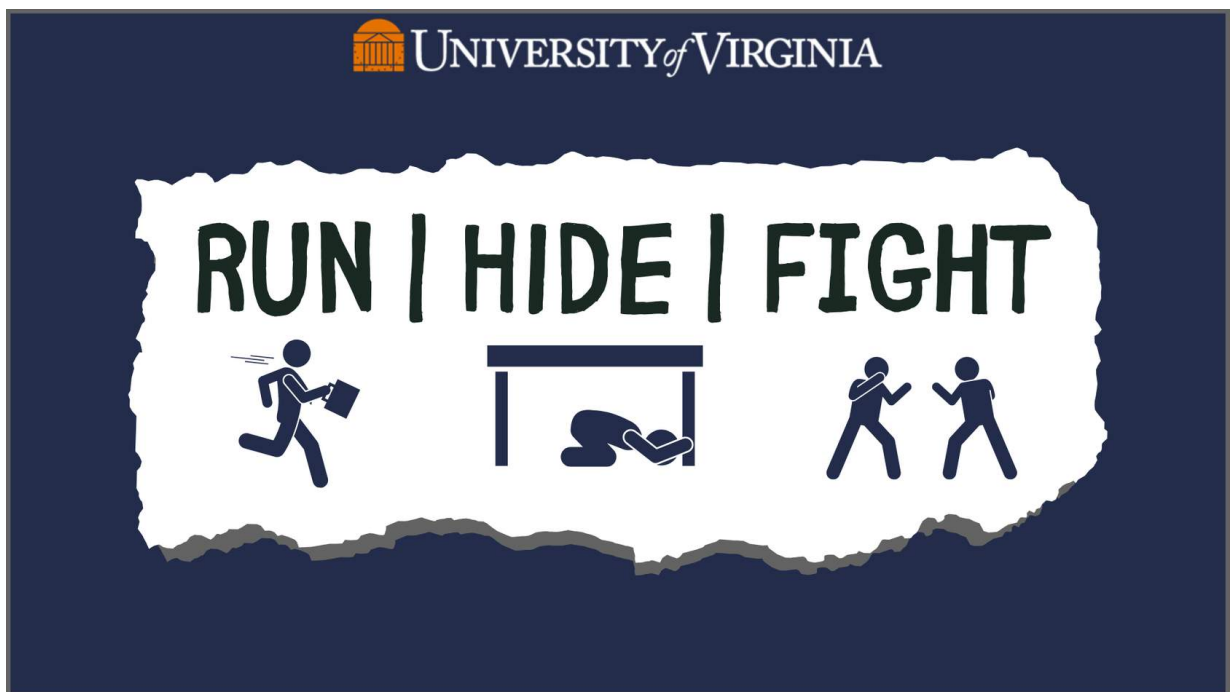


You may never need to know how to respond to an Active Attacker situation, but thinking about what you would do can help keep you safe. UVA Community Health has adopted the "Run. Hide. Fight." model, used nationally.

Review the following steps to keep yourself safe, should you ever be in this situation.

# Active Shooter

- Is an individual actively engaged in killing or attempting to kill people in a confined space or other populated area
- In most cases, active shooters use firearms and there is no pattern or method to their selection of victims

These situations:
- Are unpredictable and evolve quickly.
- Require the deployment of law enforcement to stop the shooting and to prevent further harm to victims

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# Active Shooter: Response

## Run, Hide, Fight!

Run: If there is an accessible escape path, attempt to evacuate the premises.
Hide: If evacuation is not possible, find a place to hide where the active shooter is less likely to find you.
Fight: As a last resort, and if your life is in imminent danger, attempt to disrupt and/or incapacitate the active shooter

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| RUN | HIDE | FIGHT |
|---|---|---|

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**RUN**

- If you see an attacker or hear gun shots, try to determine where they are and run away.
- Warn others to run, but do not wait for them.
- Call 911 as soon as it is safe to do so. Share as many details as you know:
  ◦ Location
  ◦ Description of the attacker

| RUN | HIDE | FIGHT |
|-----|------|-------|

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# HIDE

- If you think the attacker may be nearby and you cannot run, hide.
- Lock and barricade doors.
- Turn off any lights and stay quiet.
- Remember to silence your cell phone.

| RUN | HIDE | FIGHT |

**FIGHT**

- If you cannot avoid the attacker, prepare to fight with anything you can.
- Try to remove the weapon if possible.

## Follow Police Directions



**POLICE**

POLICE LINE - DO NOT CROSS - POLICE LINE - DO NOT CROSS - POLICE LINE - D

When you see police, know their first priority is to find and stop the attacker, not to help the injured.

- Follow their directions at all times

- Keep your hands visible

- Avoid pointing and yelling

## Prevention is Key

Report any warning behaviors. This could avoid an incident before it happens. Warning behaviors include:

- Threats of violence

- Hostile and sustained grievances

- Increasing erratic, desperate, or aggressive behaviors

- Idolizing other violent attackers

- Any behavior or statements related to planning, preparation, or research for a violent act

# PREVENTION



**Always dial 911 if there is an emergency or need immediate response.**

# Securing the Environment

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## Securing the Environment
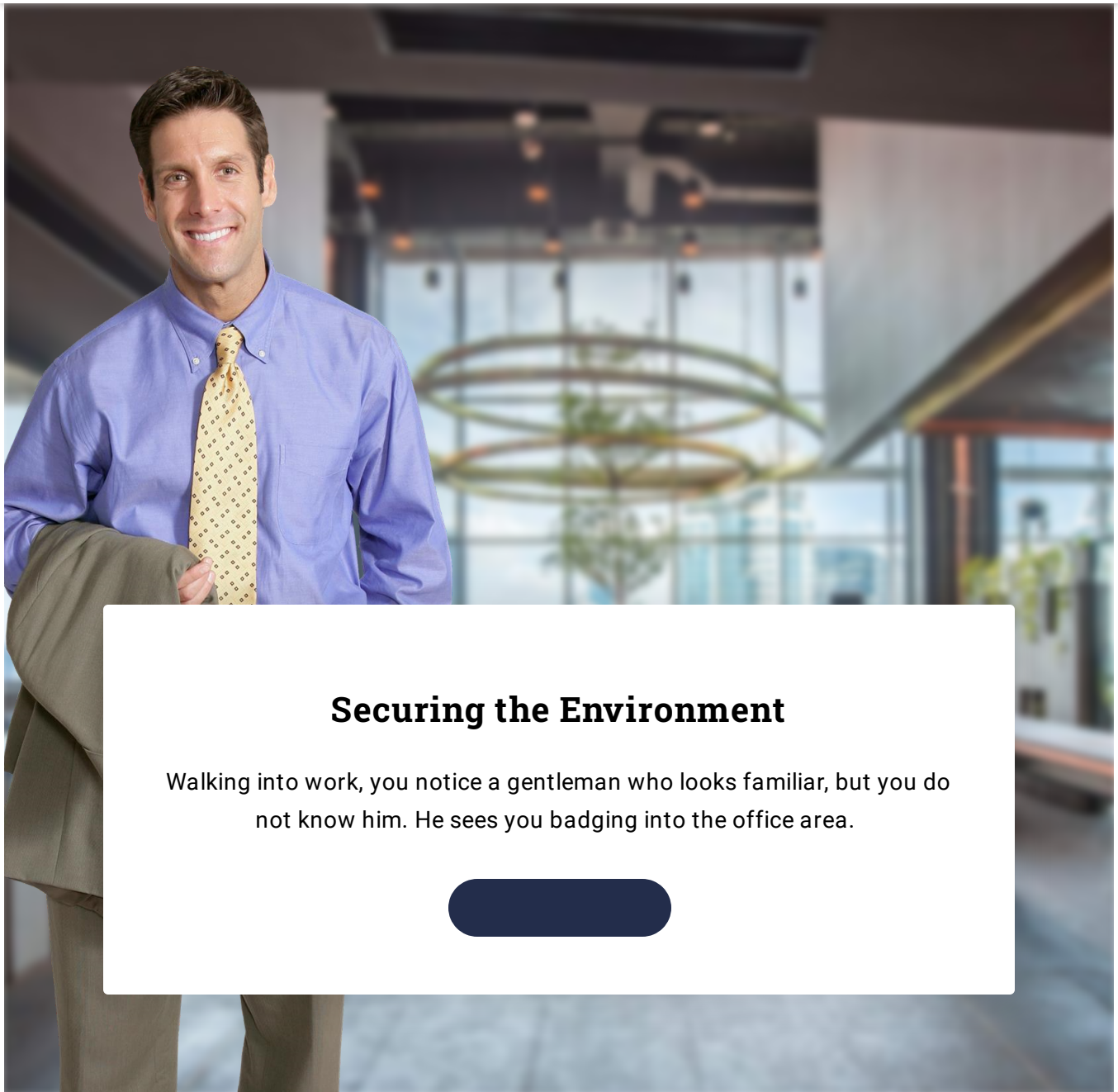
## Securing the Environment

Walking into work, you notice a gentleman who looks familiar, but you do not know him. He sees you badging into the office area.
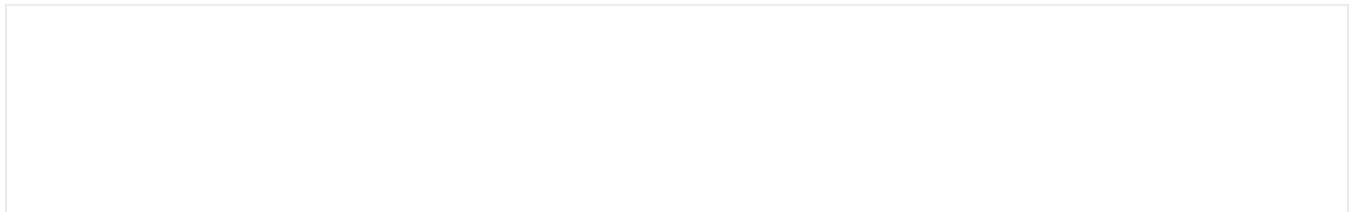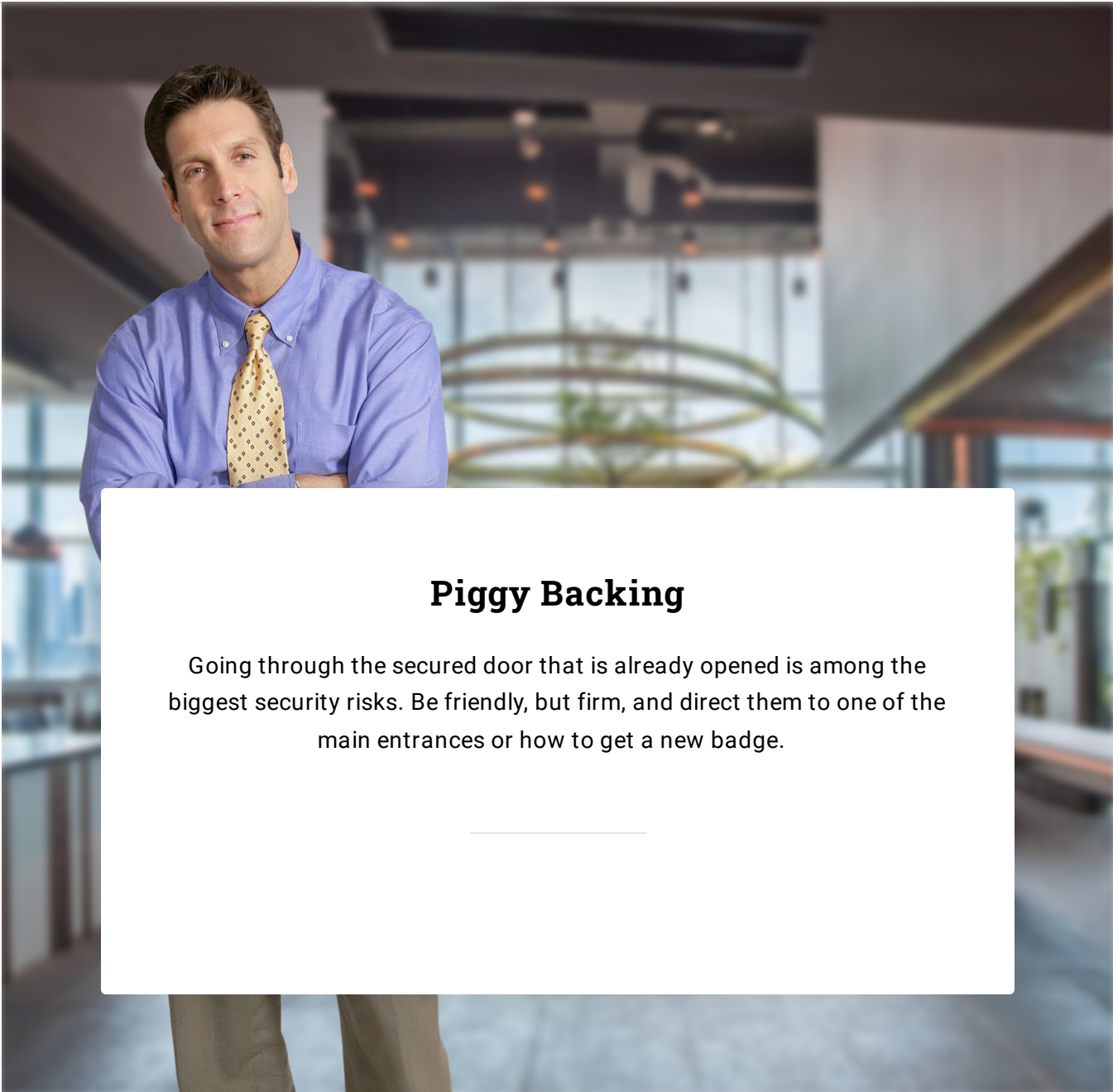
# Piggy Backing

Going through the secured door that is already opened is among the biggest security risks. Be friendly, but firm, and direct them to one of the main entrances or how to get a new badge.
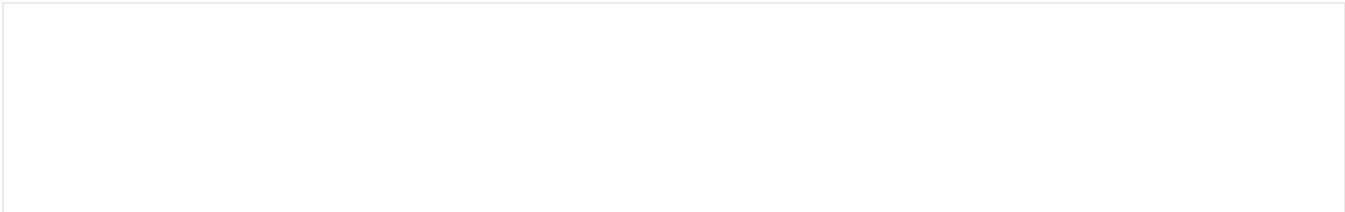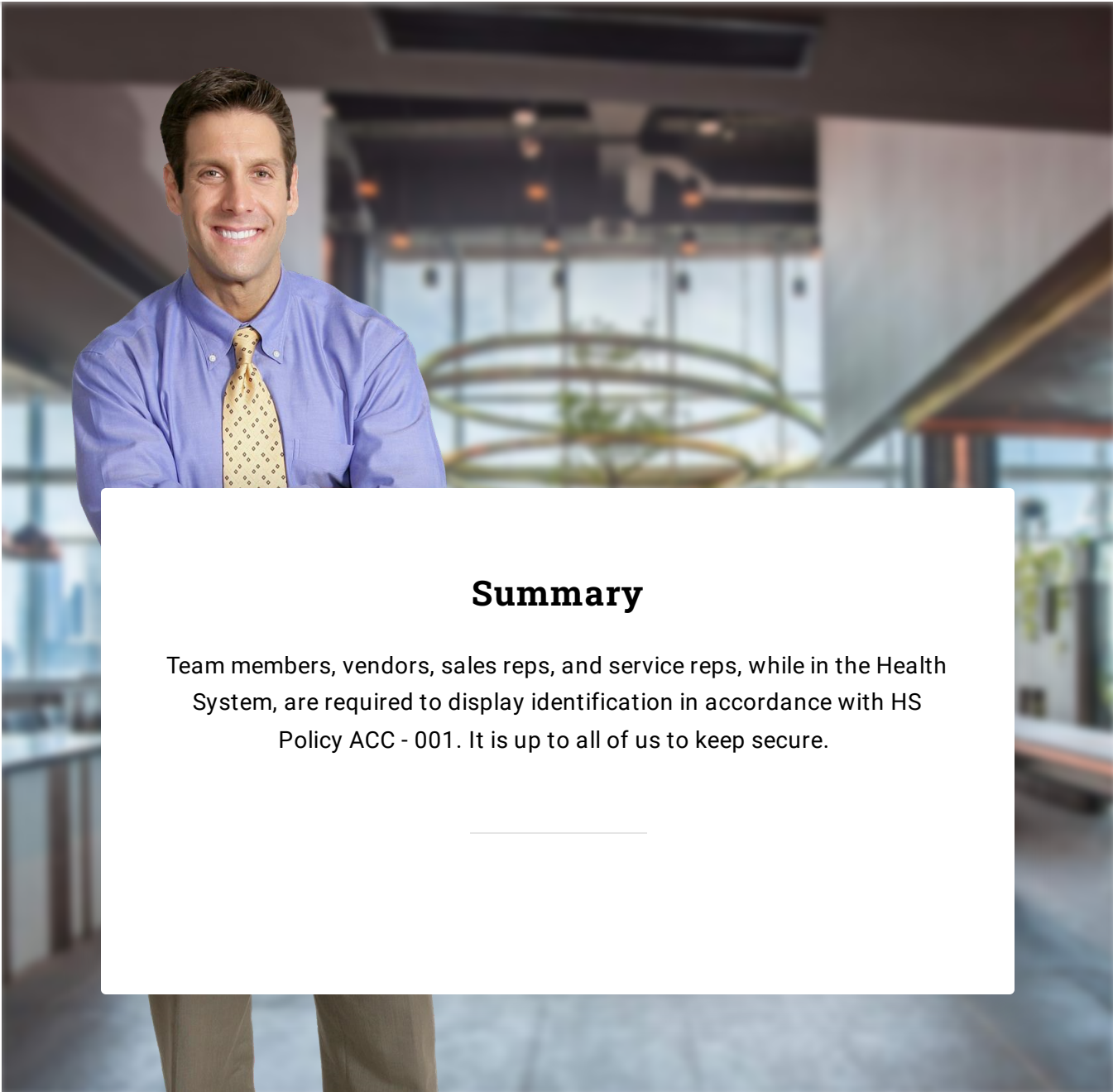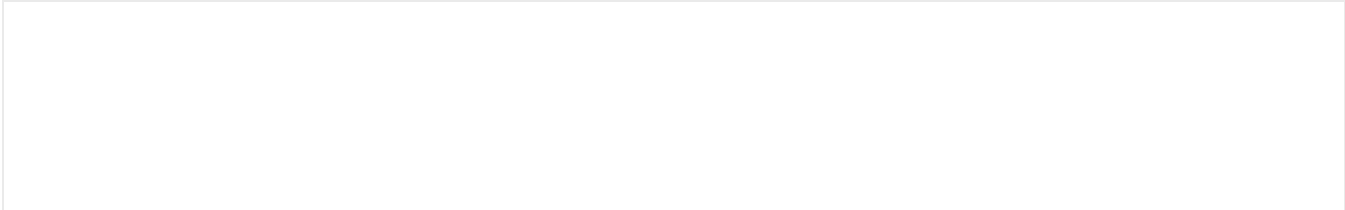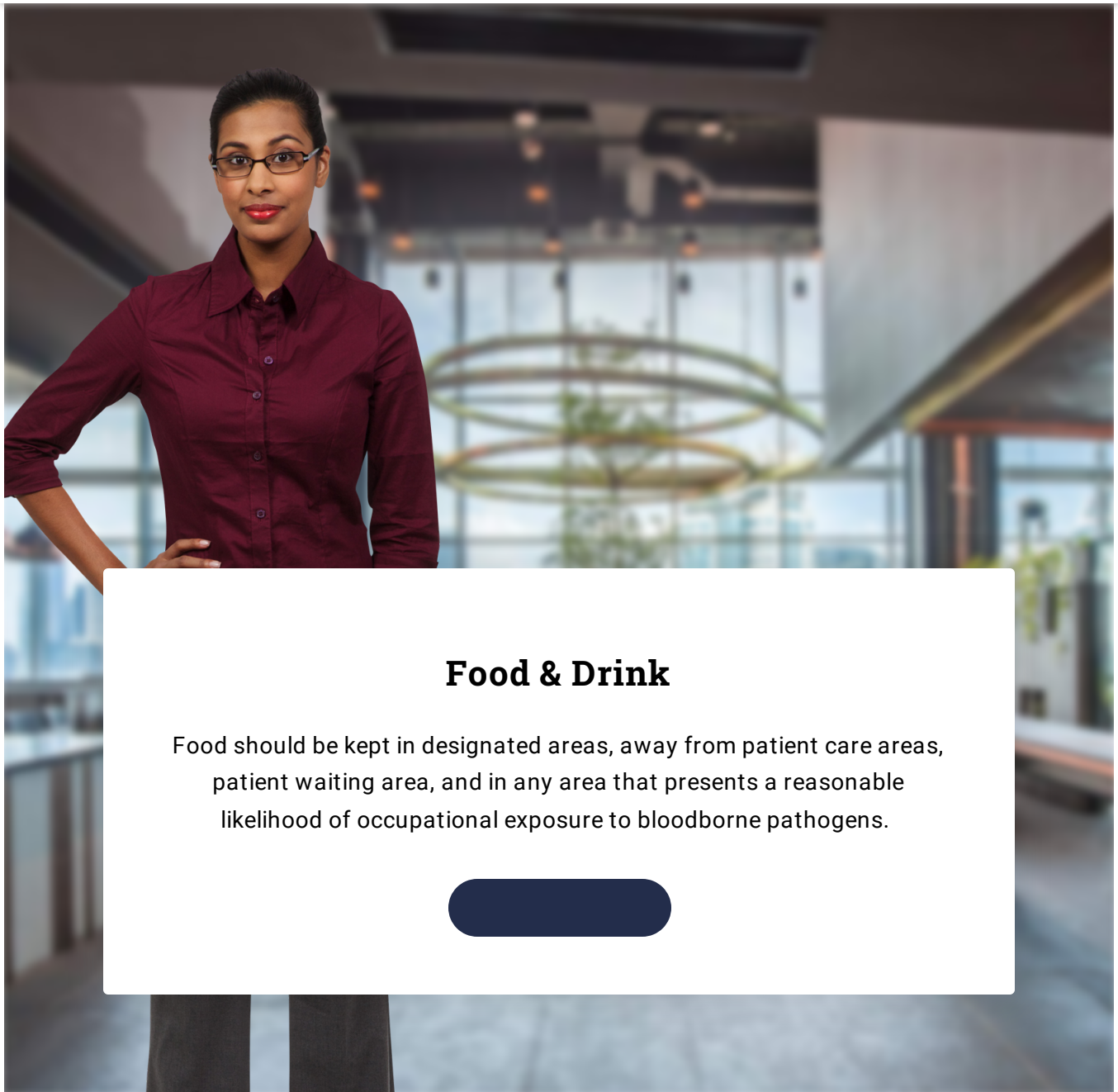
## Summary

Team members, vendors, sales reps, and service reps, while in the Health System, are required to display identification in accordance with HS Policy ACC - 001. It is up to all of us to keep secure.
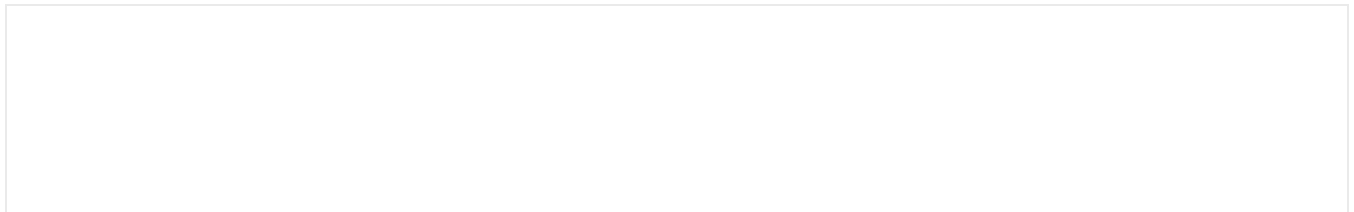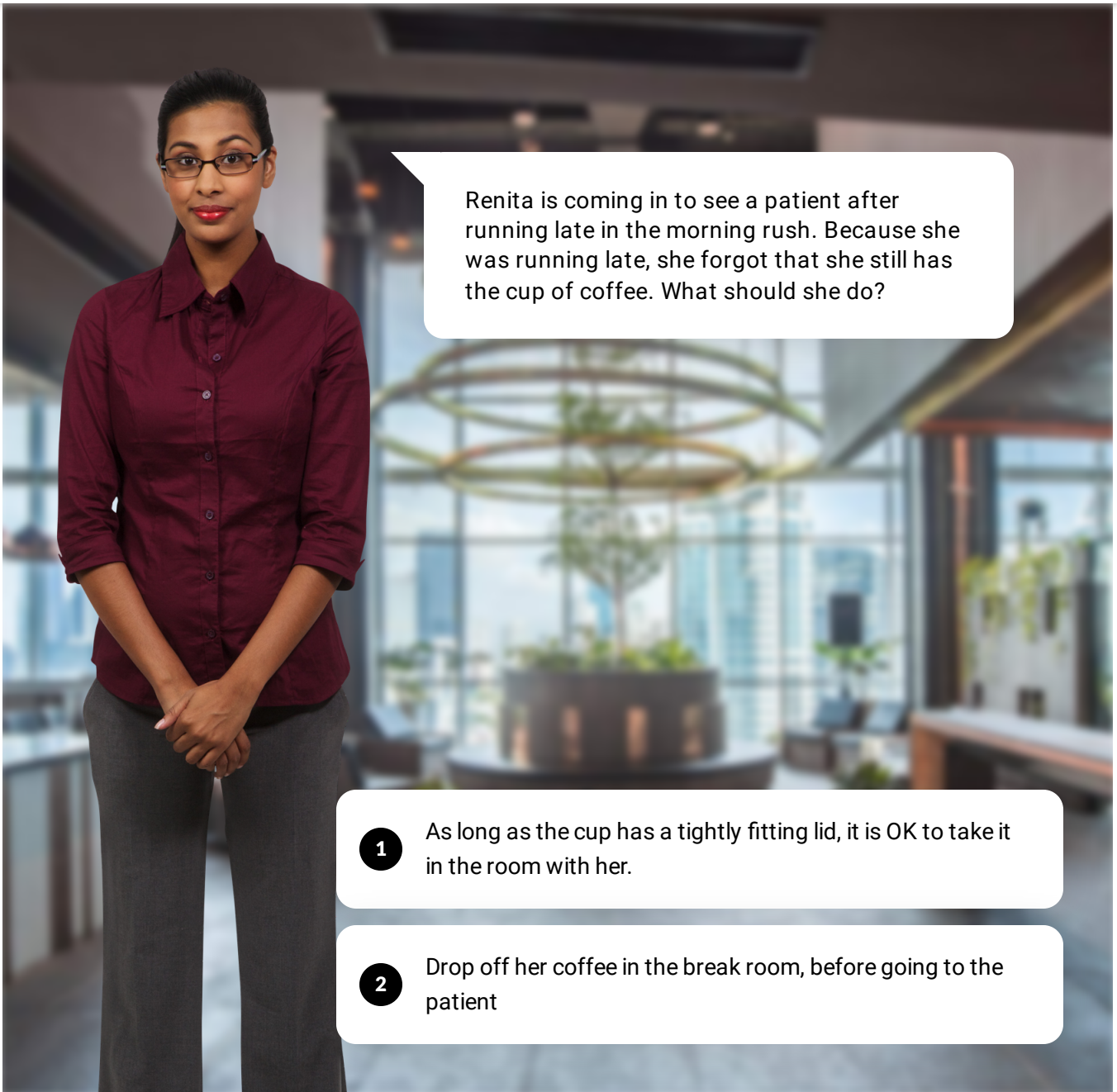
## Food & Drink

Food should be kept in designated areas, away from patient care areas, patient waiting area, and in any area that presents a reasonable likelihood of occupational exposure to bloodborne pathogens.

Renita is coming in to see a patient after running late in the morning rush. Because she was running late, she forgot that she still has the cup of coffee. What should she do?

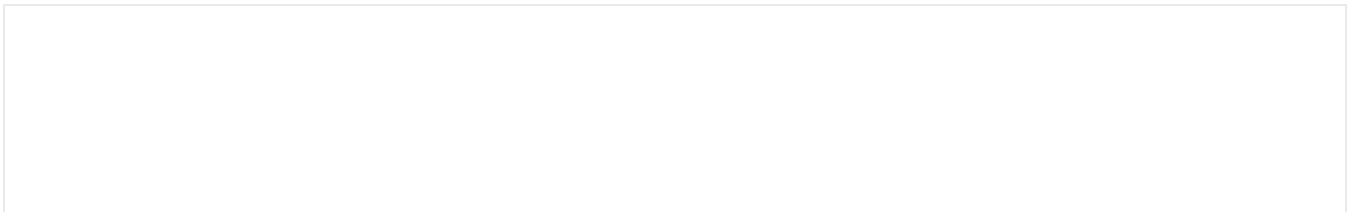1. As long as the cup has a tightly fitting lid, it is OK to take it in the room with her.
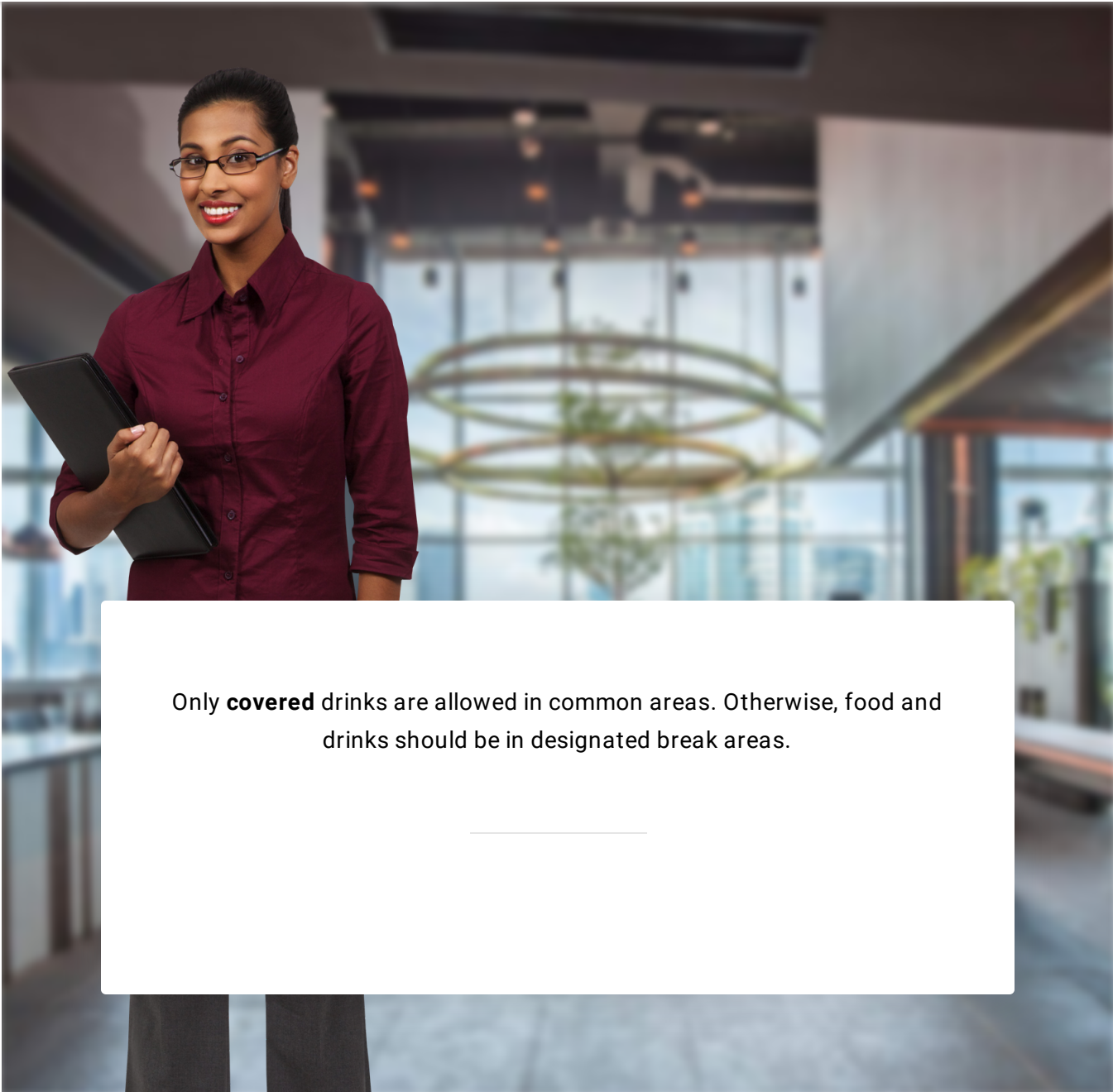
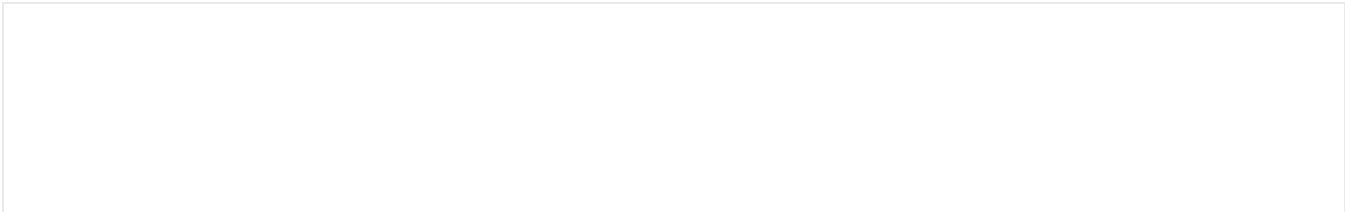2. Drop off her coffee in the break room, before going to the patient

Even if you are not typically in patient areas, you need to be aware that Food and Drink are NOT allowed in patient areas due to risk of bloodborne pathogens.

Only **covered** drinks are allowed in common areas. Otherwise, food and drinks should be in designated break areas.

# Signage

## Signs on Patient Doors

In order to keep patients and team members safe, various signs may be displayed.  All signs posted inside and outside of patient rooms should be read and followed.

Questions about the signs should be directed to the nurse.  Examples of signs may include:

- Fall Risk

- Isolation Precautions

- Name Alert

# Hand Hygiene for Patient Contact

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## Hand Hygiene

### Save a Life With a Scrub

Hand hygiene (e.g., cleaning your hands) is accepted as the single most important practice to reduce the transmission of healthcare-acquired infections (HAIs). Clean hands save lives!

There are many hand hygiene opportunities to prevent HAIs. Hand hygiene monitoring program collects observation data on two of those opportunities.

Cleaning your hands is required upon entering and exiting a patient's room/space or treatment area.

Practicing consistent hand hygiene also helps prevent the spread of illnesses at home and in the work place.

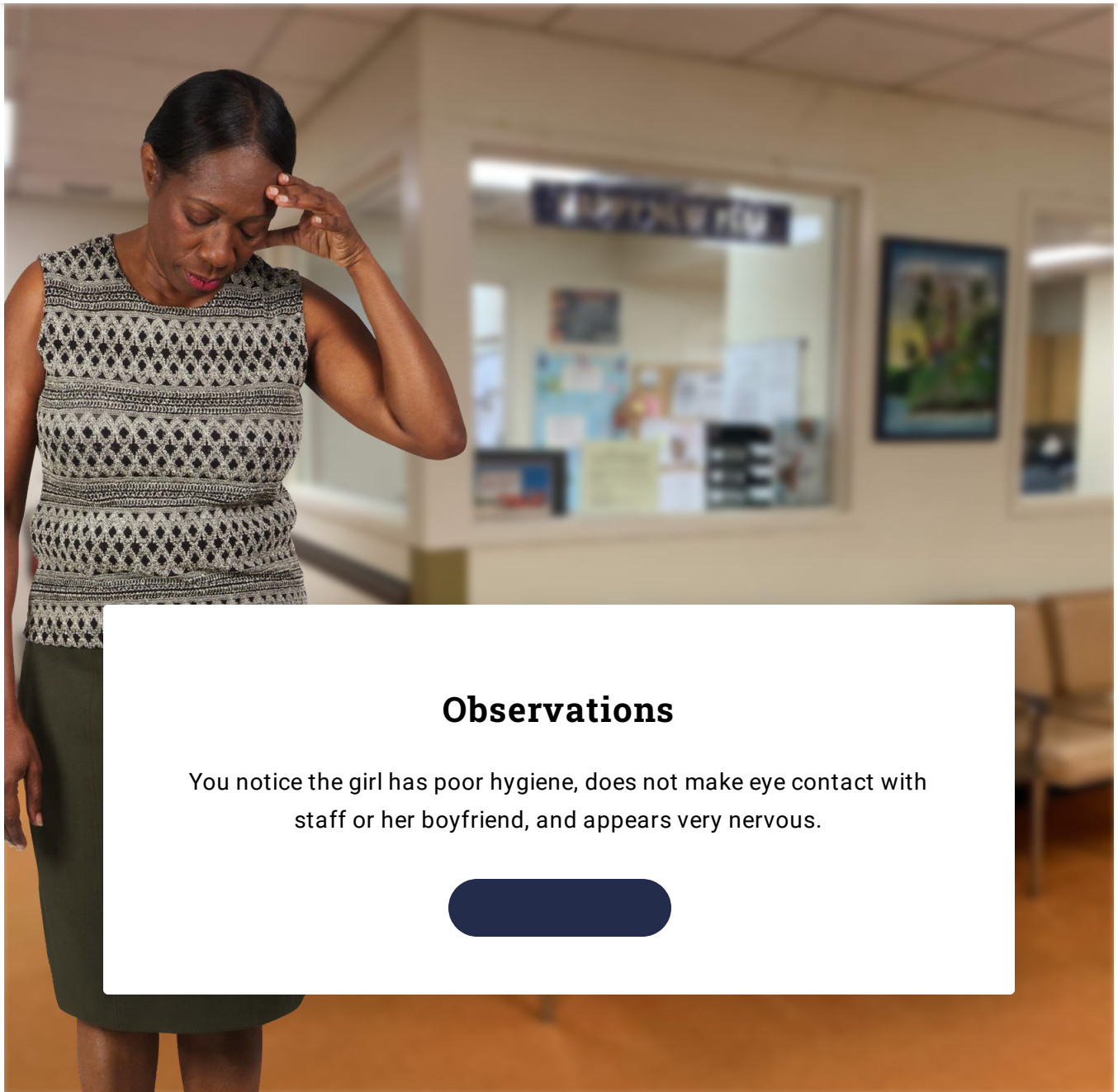## Gloves Are NOT a Substitute For Hand Hygiene

# Suspected Abuse
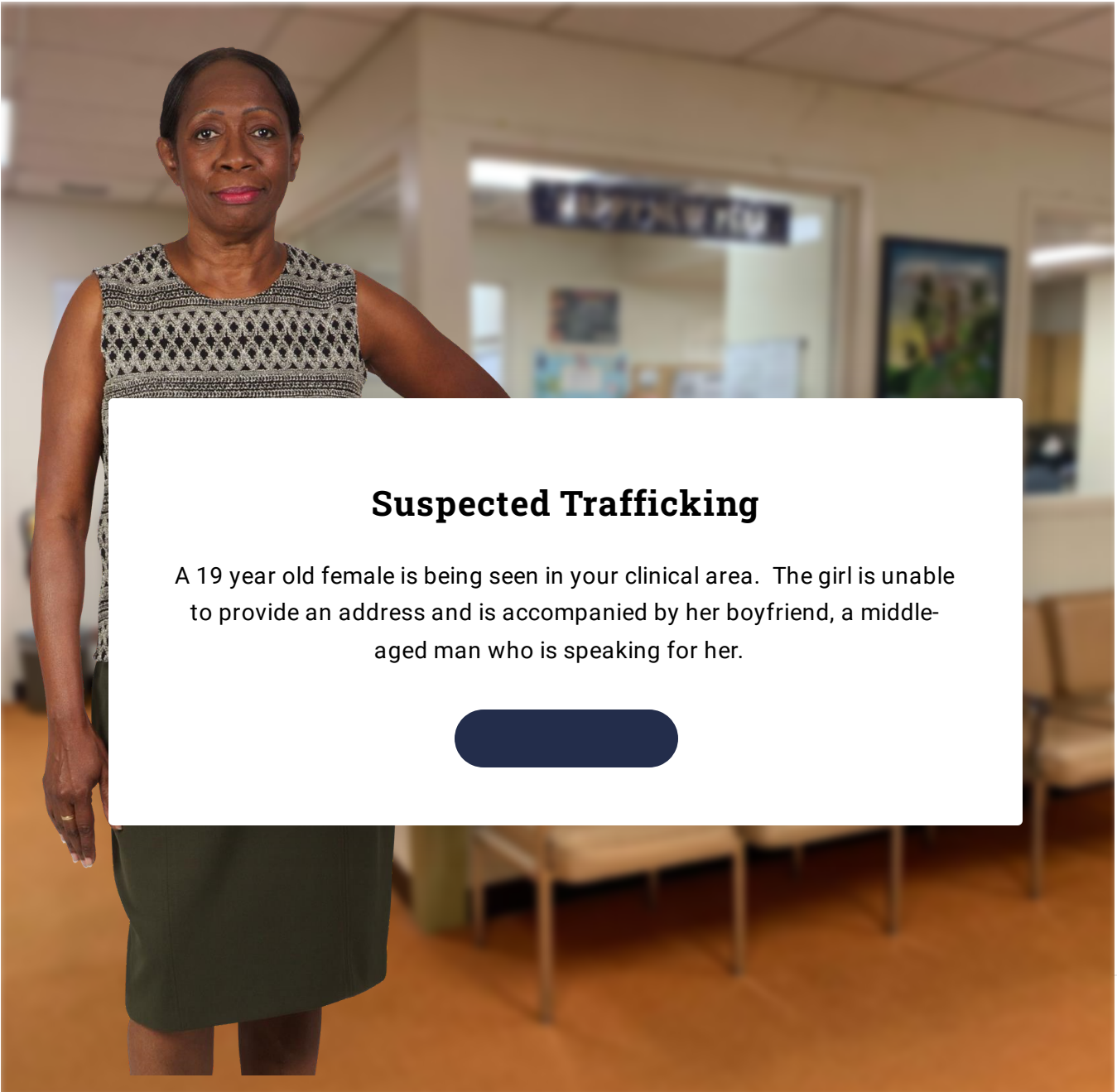
## Suspected Trafficking

A 19 year old female is being seen in your clinical area. The girl is unable to provide an address and is accompanied by her boyfriend, a middle-aged man who is speaking for her.

# Observations

You notice the girl has poor hygiene, does not make eye contact with staff or her boyfriend, and appears very nervous.

The patient tells you that she has to go to work, so is in a hurry to leave. What should you do?

1. The patient insists that she is fine, so it is safe to send her home with her boyfriend.

2. Report your concerns about the patient to the Social Worker on duty.

3. Give the patient information about human trafficking in her follow up instructions and hope she is safe.
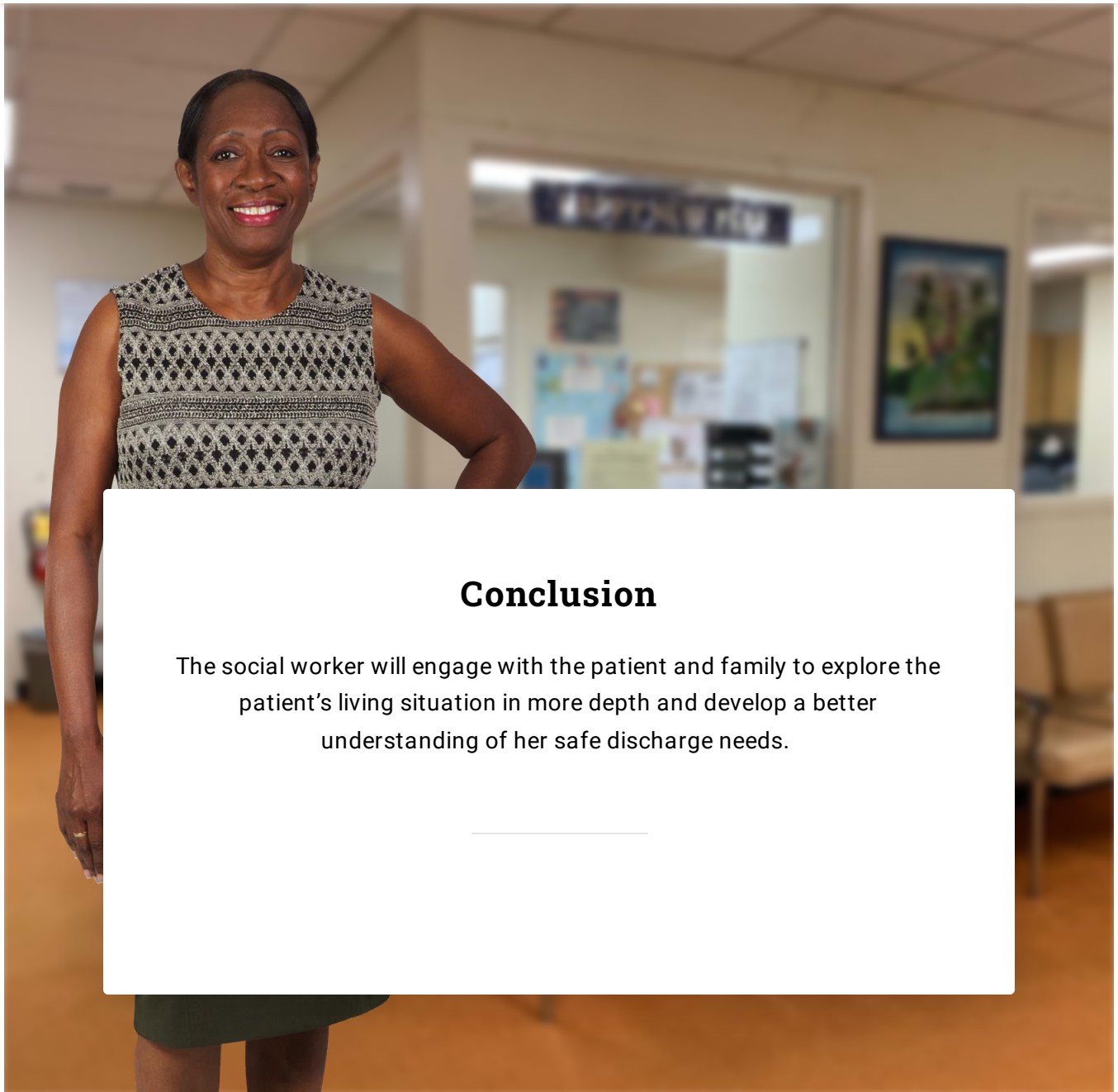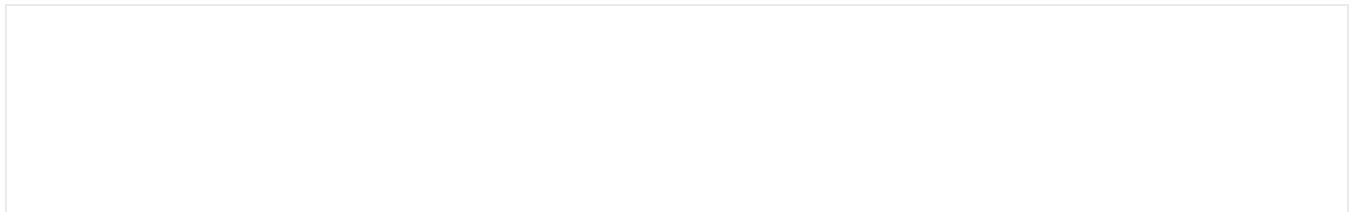
## Conclusion

The social worker will engage with the patient and family to explore the patient's living situation in more depth and develop a better understanding of her safe discharge needs.

# What Is Human Trafficking?

## Are you a victim of human trafficking?

Human trafficking is modern-day slavery and involves someone trying to trick, threaten or force you to do work or have sex for money or something of value.

*You may not know you are a victim.*

Has anyone:

- Ever convinced you to have sex for money or something of value?
- Forced you to work to pay off money you owe?
- Lied about the work you would be doing?
- Threatened you or your family?

This is **illegal** — no matter your immigration status.

**You can get help.** There are laws in the United States and Virginia to keep you safe from human trafficking.

If you or someone you know is being scared or forced into any activity (sex for money, housework, farm work or any other activity) and cannot leave, **help** is available.

### National Human Trafficking Hotline

**Call** 1.888.373.7888
**Text** *INFO* or *HELP* to:
**BEFREE (233-733)**
*You may also speak to your healthcare provider.*

### The Hotline is:

- 24/7 Toll-Free
- Anonymous
- Confidential
- Available to non-English speakers
- Able to provide help and referral to services, training and general information

**UVAHealth**

## ¿Es usted víctima de tráfico de personas?

La trata o el tráfico de personas es una forma moderna de esclavitud en la que alguien lo(a) trata de engañar, amenazar o forzar para que trabaje o tenga relaciones sexuales a cambio de dinero o de algo de valor.

*Tal vez usted no sepa que es una víctima.*

Alguna vez alguien:

- ¿Lo(a) convenció de que tuviera relaciones sexuales a cambio de dinero o algo de valor?
- ¿Lo(a) forzó a trabajar para pagar una deuda?
- ¿Lo(a) engañó con respecto al trabajo que le dijo que usted iba a hacer?
- ¿Amenazó a usted o a su familia?

Esto es **ilegal**, sea cual sea su situación de inmigración.

**Usted puede conseguir ayuda.** En los Estados Unidos y en Virginia hay leyes que lo(a) protegen contra el tráfico de personas.

Si usted o alguien que conoce está siendo intimidado o forzado a hacer cualquier actividad (por ejemplo, sexo por dinero, labores domésticas o trabajo de granja) y usted no se puede escapar, hay **ayuda** disponible.

### Línea Nacional Contra la Trata de Personas

**Llame al** 1.888.373.7888
**Mensaje de texto** *INFO* o
**HELP** a:
**BEFREE** (233-733)

*También puede hablar con su profesional de la salud.*

### La línea directa:

- Funciona 24/7 y es gratuita
- Es anónima
- Es confidencial
- Atiende en muchos idiomas
- Puede ofrecerle ayuda y recomendarle servicios, capacitación e información general

You will see the above Human Trafficking signs throughout UVA Health. You may click on the image to enlarge it.

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According to one study, 87.8% of trafficking victims encounter a healthcare professional while captive, and few, if any, of these encounters result in the victim being freed because of lack of training to recognize victims of human trafficking. Visit the Human Trafficking Hotline webpage to see the signs and warnings of possible human trafficking.

If you see these signs, are not sure, or just a hunch, contact the social worker. The social worker will engage with the patient and family to explore the patient's living situation in more depth and develop a better understanding of her safe discharge needs.

# Bariatric Sensitivity for Patient Contact

## Respect

Individuals with obesity often report that some healthcare professionals can view the patient with obesity as lacking self-control, lazy, and non-compliant.

This makes it difficult for those who struggle with obesity to access treatments and services that can help them manage their health.

Caring, without judgement, and being sensitive to situations that can be embarrassing, such as taking their weight can improve the patient experience for the patient with obesity.