DEPARTMENT OF VETERANS AFFAIRS

VA GREATER LOS ANGELES

HEALTHCARE SYSTEM

VA GREATER LOS ANGELES
HEALTHCARE SYSTEM

A Division of VA Desert Pacific Healthcare Network

VA HEALTH CARE | Defining EXCELLENCE in the 21st Century

VOLUNTARY SERVICE HANDBOOK

New volunteer,

On behalf of the entire Voluntary Service Staff, I would like to welcome you to the VA Greater Los Angeles Healthcare System.

As a volunteer you will use new skills and gain a sense of pride and accomplishment. Your "on the job" training and supervision will be conducted in the service area to which you are assigned. However, you are also required to receive basic information about the Department of Veterans Affairs and the Volunteer Process in an orientation for all volunteers.

You are now part of the entire Healthcare team, a highly professional and polished organization whose mission is to serve the healthcare needs of America's veterans with dignity and compassion.

Volunteers are the core of this organization. Your compassion and thoughtfulness are to be commended. Again, welcome, and remember "Volunteers Make It Happen".

Sincerely,

Sadie Stewart

Sadie Stewart
Chief, Voluntary Services

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PHILOSOPHY – MISSION - VISION

GLA is the largest, most complex healthcare system within the Department of Veterans Affairs. It is one component of the VA Desert Pacific Healthcare Network (VISN22) offering services to veterans residing in Southern California and Southern Nevada. GLA consists of 3 ambulatory care centers, a tertiary care facility and 10 community based outpatient clinics. GLA serves veterans residing throughout five counties: Los Angeles, Ventura, Kern, Santa Barbara, and San Luis Obispo. There are 1.4 million veterans in the GLA service area. GLA is affiliated with both UCLA School of Medicine and USC School of Medicine, as well as more than 45 colleges, universities and vocational schools in 17 different medical, nursing, paramedical and administrative programs.

MISSION:

To serve the healthcare needs of America's veterans with dignity and compassion. To honor Americas veterans by providing exceptional care that improves their health and well being.

VISION:

To be the preferred healthcare provider for veterans by exceeding their expectations, and being recognized for quality care, innovation and value. An organization where employees want to come and work, achieve partnership in the community and provide a backup in case of national emergencies.

VALUES:

"We value trust, respect, excellence, commitment and compassion."

GOALS:

Goal 1: Enhance Clinical Quality Outcomes/Patient Safety
Goal 2: Improve Coordination of Care/Integrated Healthcare System
Goal 3: Maximize Employee Potential and Team Synergy
Goal 4: Increase/Enhance Market Share/Users

ACCOMPLISHMENTS:

GLA has a rich history in innovation that includes the conceptual design of the CT scan by Dr. William Oldendorf a former Senior Medical Investigator at Brentwood. VA Wadsworth is known for the establishment of the first Dialysis unit in Southern California and the second chronic dialysis unit West of the Mississippi by Dr. Milton Rubini. Another first attributed to research history was made by Dr. Jack Coburn who was the first to delineate a clinical test to determine aluminum-related bone disease in dialysis patients which is used world-wide to identify this clinical problem. Dr. George Sachs was instrumental in the design and basic cell biological testing of the now widely used proton pump blockers for peptic ulcer disease. Dr. Sydney Finegold is a world-renowned authority on the biology and taxonomy of anaerobic

bacteria and has contributed significantly to the knowledge of these disease-producing organisms. To date, GLA has had three recipients of the Middleton Award, which is the highest award in the VA recognizing outstanding research contributions: Dr. George Sachs, Dr. Jack Coburn, and Dr. Sydney Finegold.

Currently, ongoing research at the WLA site encompasses investigations of newer therapies for schizophrenia and substance abuse disorders, investigations of the pathogenesis and therapy for cancers such as lung, prostate and gastrointestinal tract, AIDS, and aging disorders. The Sepulveda site has concentrated on the study and treatment of epilepsy, sleep disorders, the molecular mechanisms of blood pressure regulation, memory disorders such as Alzheimer's disease and health delivery, access and provider behavior studies.

VOLUNTEER ORIENTATION INFORMATION

1. PURPOSE:

The purpose of orientation by Voluntary Service (VAVS) is to inform the volunteer of the VA rules and regulations pertaining to all volunteers in the VA system and to provide an understanding of their role in our healthcare system.

2. ASSIGNMENT OF VOLUNTEERS:

The assignment of volunteers is for the purpose of supplementing, not replacing staff members. Before an assignment is made, there must be a defined need.

3. BASIC COMPETENCIES OF THE BEST VOLUNTEERS:

a. A Sincere interest in rendering service.
b. A business-like approach to work.
c. Willingness to accept healthcare standards of orientations, conduct and supervision.
d. Be properly groomed, clean and neat in appearance.
e. Have a sense of humor.
f. Be responsible and dependable.
g. Use tact, congeniality, patience and kindness
h. Physical ability to perform work.
i. A sense of pride in your work.
j. Never accept nor give gifts, money or enter into financial transactions with patients.

4. WORKER WITHOUT COMPENSATION (WOC):

As a volunteer, you have the same status as an employee, but without compensation. You have liability coverage and the benefits of workman's compensation.

5. ACCIDENTS:

Report any accident immediately to your supervisor. If you have suffered an injury while on duty, follow the same procedures as that of a paid employee. Medical attention will be given by the on duty personnel or physician.

6. EMERGENCY TELEPHONE:

Emergency hours are 8:00 AM to 4:30 PM, Monday through Friday. **Please review all emergency numbers for your campus in the Site Information section of this handbook.**

7. ID BADGE:

VA Identification badges must be worn at all times while on the premises and returned to Voluntary Service when your service is over and you no longer wish to volunteer.

8. IDENTIFICATION INSIGNIA AND UNIFORMS:

Uniforms are available but not mandatory. See Voluntary Service staff if necessary.

9. DRESS CODE:

The Veterans Hospital is a place of business, and volunteers must dress accordingly. Shorts, sandals, dangling jewelry, tank tops or halter tops are not considered appropriate while on duty. Comfortable shoes are recommended (i.e. tennis shoes, closed toe rubber bottom shoes, slip-on , basic pumps and or loafers). Sandals, flip-flops and open toed shoes should not be worn, as they can cause slips and falls in tiled floors.

10. MEALS

Meals are provided by the Department of Veterans Affairs to those volunteers who work a minimum of four (4) hours or more over the lunch period. Volunteers obtain a meal ticket when they sign-in at any designated computer terminal throughout the medical center. Meal tickets have a set value. Any cost over this amount will be born by the volunteer. The meal tickets are not transferrable and should be obtained between the hours of 11:00 AM and 2:00 PM in Building 500, room 1630 or Building 258, room 124. The tickets are valid only on the Date of issuance.

11. TIME CARDS

All regularly scheduled (RS) volunteers are responsible for recording the number of hours they work each day. Volunteer are responsible for signing into the computerized timekeeper system. This is an honor system and each volunteer is responsible for entering his or her hours honestly and accurately. The computer log-in program will only accept whole hours.

12. PARKING

Volunteers are to park in designated parking areas. The VA Facility Police will issue volunteers working on a regularly scheduled basis a parking decal. Your automobile registration and proof of insurance are required

13. SMOKING

This is a Non-Smoking facility. Smoking is permissible in outside designated areas. Smoking regulations, which apply to personnel, are also applicable to volunteers and are posted throughout the health care facility.

14. AWARDS IN RECOGNITION OF VOLUNTARY SERVICE

Certificates or other established awards will be presented to volunteers or individuals or organizations in recognition of voluntary service rendered to patients through voluntary service. These National Awards will be presented to volunteers who have served the required number of hours. These awards are given out once each year for the following amount of accumulated hours.

50 Hours (Student), 100, 150 (student), 300, 500, 750, 1,000, 1,750, 2,500, 3,750, 5,000, 6,250, 7,500, 8,750, 10,000, 12,500,15,000, 17,500 20,000, 22,500, 25,000, 27,500, 30,000, 32,000, 35,000, 37,000, 40,000, 42,500, 45,000, 47,500, 50,000

(b) Certificates. VA Form 10-7031 d, Voluntary Service Award for Hours and Years of Service, is presented to volunteers who have previously earned the 1000 hour pin and who have served at least 100 hours during the date range selected by the Voluntary Service Program Manager. This award is not to be given during the years in which the volunteer qualifies for another award.

NOTE: *VA pins denoting equivalent hours of service will be awarded in conjunction with the preceding items listed.*

RIGHTS AND RESPONSIBILITIES

BILL OF RIGHTS FOR VOLUNTEERS

Every Volunteer has

THE RIGHT TO BE TREATED AS A CO-WORKER Not just
free help
Not as a prima donna

THE RIGHT TO A SUITABLE ASSIGNMENT
With consideration for personal preference, temperament, life experience, education and employment background

THE RIGHT TO KNOW AS MUCH ABOUT THE HEALTHCARE FACILITY AS POSSIBLE
Policies
People
Programs

THE RIGHT TO BE TRAINED FOR THE JOB
Thoughtfully planned and effectively presented training.

THE RIGHT TO CONTINUING EDUCATION ON THE JOB
As follow-up to initial training
Information about new developments
Training for greater responsibility
Basic Life Saving Training/CPR
Computer training

THE RIGHT TO SOUND GUIDANCE AND DIRECTION
by someone who is experienced, well informed and thoughtful

THE RIGHT TO A PLACE TO WORK
An orderly, designated place that is conducive to work and worthy of the job to be done

THE RIGHT TO PROMOTION AND VARIETY OF EXPERIENCES
Through advancements to assignments of more responsibility Through transfer from one activity to another, if desired Through special assignments

THE RIGHT TO BE HEARD
To report out organizational difficulties To have a part in planning
To feel free to make suggestions
To have respect shown for an honest opinion

THE RIGHT TO RECOGNITION
In the form of recognition and awards, through day to day expressions of appreciation, and by being treated as a bona fide co-worker

CODE OF CONDUCT & CUSTOMER SERVICE

CONDUCT OF VOLUNTEERS

Volunteers hold as absolutely confidential all information which may be obtained directly concerning patients, doctors or personnel and not seek confidential information in regards to a patient.

- Be Punctual and conscientious.
- Willingly follow the instructions of your supervisor.
- Be responsible for fulfilling your commitment.
- Take any problems, criticisms or suggestions to the Voluntary Service office if unable to resolve with your supervisor.
- Endeavor to make all work professional in quality.
- Uphold the philosophy and standards of the healthcare facility and interpret them to the community at large.

TERMINATION

All new volunteers will be on a 3 month probationary period. Voluntary Service reserves the right to terminate a volunteer for:

- Failure to comply with healthcare facility policies, rules, regulations or conduct
- Continuous absences without prior notification
- Unsatisfactory attitude, work or appearance
- Breach of confidentiality
- Dishonesty
- Sexual Harassment

SEXUAL HARASSMENT IS AGAINST THE LAW

Sexual Harassment is illegal and will not be tolerated! It is a demeaning form of behavior that is totally unacceptable. Immediate disciplinary or adverse action will be taken against anyone found to have sexually harassed another person.

If you observe and/or are subjected to what you feel is sexual harassment, report this immediately to your supervisor, Voluntary Program staff and Voluntary Program Chief.

Sexual harassment is defined as “deliberate or repeated unsolicited verbal comments, gestures, or physical conduct of a sexual nature which are unwelcome”.

It can be:

Physical — such as touching, holding, grabbing, hugging, kissing, pinching, touching oneself, brushing the body, cornering, "accidental" collisions, other unwanted physical contact, and in the worst cases, physical assault and rape.

Verbal - such as offensive humor/jokes about sex or gender-specific traits, suggestive remarks, sexual innuendoes, sexual propositions, insults, offensive language, treats, comments, or suggestions of a sexual nature.

Non-verbal - such as suggestive or insulting sounds, leering or ogling, whistling, obscene gestures, staring at a person's body, leaning over someone at a desk, offensive gestures or motions, obscene/graphic materials, circulating letters or cartoons, and other sexually oriented behavior.

If you think you are being sexually harassed

TELL THE HARASSER TO STOP!

Tell someone of the incident(s) as soon as possible.

COMMON QUESTIONS

This information has been assembled to provide you with answers to questions you may be asked by the JCAHO surveyors who will be visiting our facility. Please read everything carefully, and be sure to ask questions. If you are questioned by a member of the survey team you may refer to these materials. If you do not know the answers to any questions you are asked, please tell the surveyor that you are to check with your immediate supervisor, the staff in the volunteer office or, after hours, the Administrative Officer (AOD) on duty for any questions you may have. In addition to the attached materials, here are some questions and answers which should be helpful.

1. **Have you attended a safety class?**
   Yes. During my annual orientation. I was also recently tested on safety and infection control procedures. Volunteers must take refresher training annually.
2. **Do you know the location of your nearest fire extinguisher?**
   Be sure to locate if you do not know.
3. **What number do you dial for an emergency?**
   Please check the site specific information pages of this handbook for telephone numbers you should know.
4. **Where is your Safety, Security and Disaster manual located?**
   In the Volunteer Office.
5. **Does the health care facility have a Mission and Philosophy Statement?**
   Yes. I received a copy at my annual orientation.
6. **Are you familiar with Confidentiality?**
   Yes. We are instructed during orientation, and I have signed a Confidentiality Statement, which is in my file in the Volunteer Office. I know I cannot, at any time, talk about information and people I see and learn about while on duty at the facility.

7. **Do you practice Infection Control?**
   Yes. I have protective gloves available for when I deliver specimens, etc. I also wash my hands whenever they become soiled, before and after every patient contact, after handling patients' belongings, after personal use of the toilet, and before and after eating. I also carefully check for signs on patients' rooms before entering.
8. **What is meant by Universal Precautions?**
   Treating all patients with the same precaution regarding Infection Control policies.
9. **Are you familiar with the rights of patients while they are hospitalized?"** Yes. A copy of the list of Patient Rights is posted, in various places throughout the health care facility.
10. **What do you do in case of an accident while on duty?**
    Report directly to my supervisor. An "Accident Form" must be completed, and then I am taken to either the Employee Health Office or Urgent Care will see me.
11. **Can you use the elevators during a fire or emergency?**
    No. We must stay off elevators during a fire (code RED) and wait until "Code Red cleared" has been announced. We must stay off elevators for 5 minutes during a Code Blue.
12. **Does your department have an Infection Control handbook?**
    Yes, it is located in the Policies and Procedures manual in the Volunteer Office.
13. **Are you required to have an annual physical exam?**
    No. Volunteers are required to have a skin test for tuberculosis as part of the orientation and sign up ptocess.
14. **Do you have a Job Description?**
    Yes. My job description is located in my personal volunteer files.
15. **How do you learn about changes, new information and/or updates?**
    We receive memos, annual orientation, and we have meetings once or four times a year. Also, notices are frequently posted in the Volunteer Office near the sign-in sheet. We can also attend the Directors Dialogue Sessions.
16. **If you need information or question certain things about your job or the health care facility, what do you do?**
    I can talk to my immediate supervisor or the staff in the Volunteer Office.

SAFETY

ATTITUDES:

GOOD SAFETY ATTITUDES:

Attention to safety training and safety talks
EAGER to understand workplace procedures and asking questions about anything not understood
ALERT for anything that does not feel right and anything that could go wrong- before a job is started
CAREFUL, taking precautions, and wearing protective clothing and equipment

FOCUSED on the job
TEAM-ORIENTED and using the buddy system for hazardous tasks
SERIOUS about safety-never fooling around on the job

BAD SAFETY ATTITUDE:
COMPLACENT - on "automatic pilot" because a job has been done so often
TIRED - worn out from too little sleep or to many hours on the job
RECKLESS - thinks that safety rules aren't important or don't apply to me
SELFISH - thinks that no one else is affected by my actions
CARELESS - eats or smokes in areas with hazardous materials or combustibles

A Bad Attitude sets you up for a painful accident!

FIRE – R A C E & P A S S

We follow the **RACE** and **PASS** procedures when there is a fire.

RACE stands for:

Rescue anyone in immediate danger of the fire.

Activate the nearest fire alarm pull station (in buildings not equipped with interior fire alarm, give vocal warnings to occupants) and call 6-FIRE on campus phone (312-996-FIRE on outside phone).

Confine the fire by closing doors (do not lock) and windows.

Evacuate to an area of refuge.

You should know:
The location of alarm boxes and the nearest emergency exit.
The location of fire extinguishers and their use.
The name and number of the building you are in.

Here's how you work a portable fire extinguishe r:

PASS stands for:

Pull the pin, release a lock latch, or press a puncture lever.

Aim the extinguisher nozzle, horn, or hose at the base of the fire.

Squeeze or press the handle

Sweep from side to side

TYPES OF FIRE EXTINGUISHERS

Fire extinguishers are divided into four categories, based on different types of fires. Each fire extinguisher also has a numerical rating that serves as a guide for the amount of fire the extinguisher can handle. The higher the number, the more fire-fighting power. The following is a quick guide to help choose the right type of extinguisher.

Class A extinguishers are for ordinary combustible materials such as paper, wood, cardboard, and most plastics. The numerical rating on these types of extinguishers indicates the amount of water it holds and the amount of fire it can extinguish.

Class B fires involve flammable or combustible liquids such as gasoline, kerosene, grease and oil. The numerical rating for class B extinguishers indicates the approximate number of square feet of fire it can extinguish.

Class C fires involve electrical equipment, such as appliances, wiring, circuit breakers and outlets. Never use water to extinguish class C fires - the risk of electrical shock is far too great! Class C extinguishers do not have a numerical rating. The C classification means the extinguishing agent is non-conductive.

Class D fire extinguishers are commonly found in a chemical laboratory. They are for fires that involve combustible metals, such as magnesium, titanium, potassium and sodium. These types of extinguishers also have no numerical rating, nor are they given a multi-purpose rating - they are designed for class D fires only.

Some fires may involve a combination of these classifications. Your fire extinguishers should have ABC ratings on them.

Here are the **most common types of fire extinguishers:**

BC - This is the regular type of dry chemical extinguisher. It is filled with sodium bicarbonate or potassium bicarbonate. The BC variety leaves a mildly corrosive residue which must be cleaned immediately to prevent any damage to materials.

ABC - This is the multipurpose dry chemical extinguisher. The ABC type is **Water extinguishers** or APW extinguishers (air-pressurized water) are suitable for **class A fires only**. Never use a water extinguisher on grease fires electrical fires or class D fires - the flames will spread and make the fire bigger! Water extinguishers are filled with water and are typically pressurized with air. Again - water extinguishers can be very dangerous in the wrong type of situation. Only fight the fire if you're certain it contains ordinary combustible materials only.

Dry chemical extinguishers come in a variety of types and are suitable for a combination of **class A, B and C fires**. These are filled with foam or powder and pressurized with nitrogen.

BC - This is the regular type of dry chemical extinguisher. It is filled with sodium bicarbonate or potassium bicarbonate. The BC variety leaves a mildly corrosive residue which must be cleaned immediately to prevent any damage to materials.

ABC - This is the multipurpose dry chemical extinguisher. The ABC type is filled with monoammonium phosphate, a yellow powder that leaves a sticky residue that may be damaging to electrical appliances such as a computer

Dry chemical extinguishers have an advantage over CO2 extinguishers since they leave a non-flammable substance on the extinguished material, reducing the likelihood of re-ignition.

Carbon Dioxide (CO2) extinguishers are used for **class B and C fires**. CO2 extinguishers contain carbon dioxide, a non-flammable gas, and are highly pressurized. The pressure is so great that it is not uncommon for bits of dry ice to shoot out the nozzle. They don't work very well on class A fires because they may not be able to displace enough oxygen to put the fire out, causing it to re-ignite.

CO2 extinguishers have an advantage over dry chemical extinguishers since they don't leave a harmful residue - a good choice for an electrical fire on a computer or other favorite electronic device such as a stereo or TV.

It is vital to know what type of extinguisher you are using. Using the wrong type of extinguisher for the wrong type of fire can be life-threatening.

CLASSIFICATION OF FIRES

Class A: Fires involving ordinary combustible materials, such as paper, wood, and textile fibers, where a cooling, blanketing, or wetting extinguishing agent is needed.

Class B: Fires involving flammable liquids such as gasoline, thinners, oil-based paints and greases. Extinguishers for this type of fire include carbon dioxide, dry chemical* and halogenated agent types.

Class C: Fires involving energized electrical equipment, where a nonconducting gaseous clean agent or smothering agent is needed. The most common type of extinguisher for this class is a carbon dioxide exinguisher.

Class D: Fires involving combustible metals such as magnesium, sodium, potassium, titanium, and aluminum. Special dry powder* extinguishing agents are required for this class of fire, and must be tailored to the specific hazardous metal.

Class K: Fires involving commercial cooking appliances with vegetable oils, animal oils, or fats at high temperatures. A wet potassium acetate, low pH-based agent is used for this class of fire.

*Please take care not to confuse dry chemical extinguishers with dry powder extinguishers. Dry powder extinguishant will cake and form an exterior crust when heated by the fire. The crust formed will exclude air from the chemical reaction, resulting in extinguishment of the fire, and

dissipating heat. A regular dry chemical extinguisher will simply blanket the burning material, interrupting the chemical reaction at the fuel's surface.

INFECTION CONTROL

HAND WASHING

Under normal conditions we carry a large number of germs on our hands. Many of these germs (bacteria or viruses) can cause a variety of illnesses, like colds, diarrhea, or sometimes more serious illness. When we forget to wash our hands, or wash our hands incorrectly, these germs can be spread to others.

The following activities can help you to stay healthy and prevent spreading of germs.

+ **Effective hand washing**:
  1' Use soap and warm, running water
  1' Wash all parts of your hands from you finger tips to your wrists. Make sure you wash between your fingers and under you fmgernails.
  1' Rub your hands together for at least 10 to 15 seconds
  1' Dry with a disposable paper towel or use air dryers.

+ **Hand washing should be done before:**
  1' Preparing or eating food
  1' Inserting or adjusting contact lenses
  1' Washing or bandaging wounds

+ **Hand washing should be done after:**
  1' Using the bathroom
  1' Handling uncooked meat, poultry or fish
  1' Changing diapers
  1' After coughing, sneezing or blowing your nose
  1' Handling animals
  1' Handling trash
  1' Tending to a sick person

BLOODBORNE PATHOGENS

A needlestick or cut from a contaminated scalpel can lead to infection from Hepatitis B (HBV), HIV (the virus that causes AIDS) or Hepatitis C (HCV).

You can be considered at risk for exposure to these bloodborne pathogens because you are employed in a healthcare setting. Your level of risk will be increased if you are involved in specific healthcare or patient care activities.

HEPATITIS C

Hepatitis B is a virus that can cause inflammation of the liver. Many people infected with HBV never feel sick, while others can experience a mild flu-like illness. Others may get jaundice (yellowing of the eyes and skin) dark urine, nausea, abdominal pain, fatigue, or loss of appetite. These symptoms can last up to six months.

Most infected people completely recover, however a small number of individuals can carry the virus for a long time without symptoms. These chronic carriers are infectious and can potentially spread HBV to others. Carriers are at increased risk for developing liver diseases like cancer and hepatitis.

How it is spread: Through contact (infected needles or sharps, splashes to mouth, eyes, or nose or open skin) with blood, semen, vaginal secretions and saliva (bites) or other infected body fluids (breast milk, tears, urine, synovial fluid)
Risk after exposure: Your chance of infection after an exposure from an infected needle is between 7-30%

Viral survival: Hepatitis is very hardy and can live outside the body for up to 7 days in dried blood, longer in moist blood
Vaccine: Hepatitis B vaccine is available through employee health services

HIV

The Human Immunovirus (HIV) is the virus that causes AIDS. HIV destroys your body's ability to protect itself from a number of diseases and infectious illnesses. A person with HIV infection can have the virus for years without feeling sick. They are not sick, they are infectious and can still spread the infection to others. As of 1996 there were 49 confirmed cases of HIV transmission in healthcare workers as a result of their job. Twenty-two of these people have developed AIDS.

How it is spread: Through contact (infected needles or sharps, splashes to mouth, eyes, or nose or open skin) with blood, semen, vaginal secretions or other infected body fluids (breast milk, tears, urine, synovial fluid)
Risk after exposure: Your chance of infection after an exposure from an infected needle is between 0.3% (3-5 infections per 1,000 needlesticks)
Viral survival: Several hours after drying
Vaccine: None available, but some promising in research and development

HEPATITIS C

Hepatitis C is a virus that can cause inflammation of the liver. It is the most common cause of non-alcoholic liver disease in the U.S. and Canada. Hepatitis C is responsible for 90% of cases of transfusion-associated Hepatitis. Acute illness with Hepatitis is usually less severe than that with Hepatitis B with 75% of HCV cases having no signs/symptoms.

How spread: Through contact (infected needles or sharps, splashes to mouth, eyes, or nose or open skin) with blood, semen, vaginal secretions or other infected body fluids (breast milk, tears, urine, synovial fluid)

Risk after exposure: Your chance of infection after an exposure from an infected needle is around very slim (3%), but should be tested for if you are exposed

Viral survival: Several days after drying

Vaccine: None available, but some promising in research and development

PREVENTION

The best way to prevent cuts and sticks is to minimize contact with sharps. The GLAVA supports the use of needlesafe products to reduce the possibility of needlestick injuries. All needlesafe devices are to be used wherever available. Follow the Bloodborne Pathogens Exposure Control Plan located in the Infection Control Manual for prevention of exposures to blood and body fluids.

Proper disposal of medical waste is an important responsibility in health care environments. It is also California law. Bulk wet waste body fluids are always to be discarded in red bag infectious waste trash. Place soiled dressings in a wax or foil-lined bag and discard in the regular trash. The **Isolyser LTS** (liquid treatment system) is available to solidify fluid waste and render it non-infectious. Sharps instruments and items are always placed in rigid sharps containers located throughout clinical areas.

ENVIRONMENTAL SURFACES

Clean all environmental surfaces and equipment with an approved germicide immediately when soiled with blood or body fluids. All reusable medical equipment is to be cleaned routinely and covered when not in use.

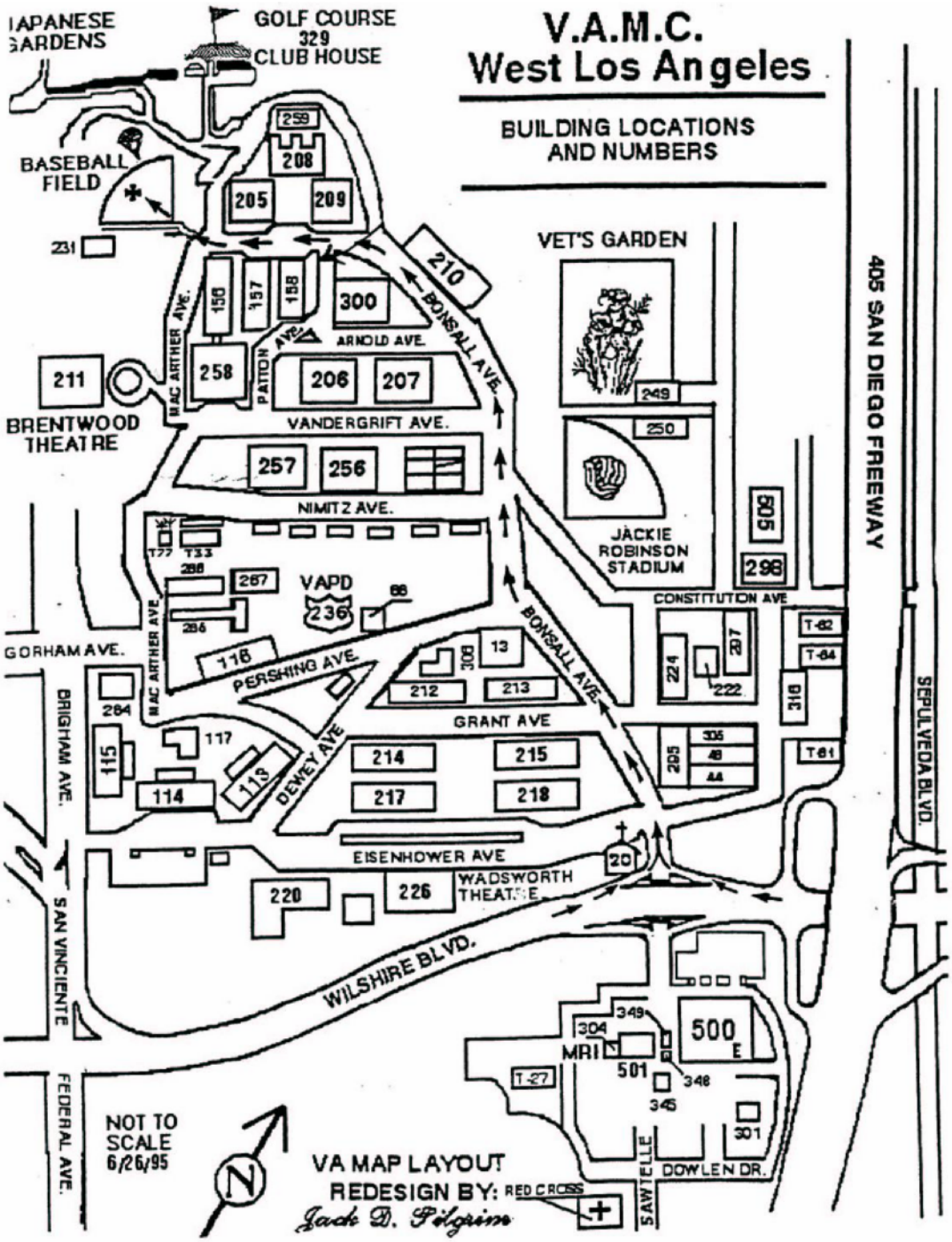
KEY POINTS:

- Treat all blood and body fluids as if they were infectious
- Use Standard Precautions for the care of all patients
- Request vaccination for Hepatitis B
- Do not recap, bend, or shear any needle or improperly disposed of sharp.
- Report all sharps containers that are over 3/4 full to EMS. Containers must have the biohazard emblem. Employees must properly dispose of all sharps.
- Specimens must be transported using a labeled "biohazard" plastic bag
- Personal protective equipment (gowns, gloves, masks, face shields, respirators) are worn at all times where contact with blood or body fluids can be anticipated.
- All blood or body fluids are cleaned up immediately using our approved disinfectant (CAVICIDE). All reusable medical equipment is cleaned between patients or when visible soiling occurs.
- Sharps or glass are never picked up by hand, even if you are wearing gloves.
- Report all blood or body fluid exposures to your supervisor and go immediately to your designated employee health services. Complete all necessary forms.

SPECIFIC SITE INFORMATION

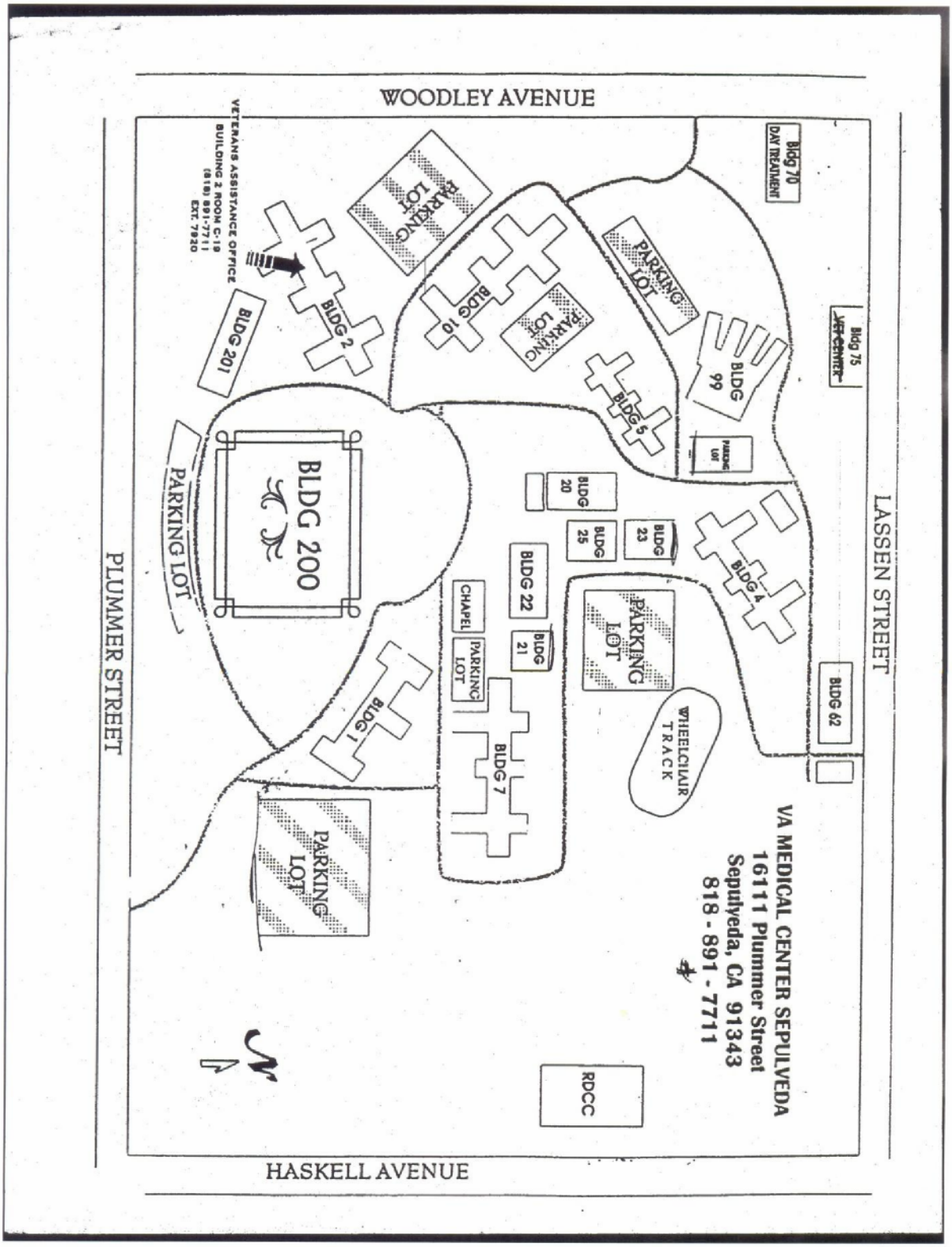
WEST LOS ANGELES

CARDIAC ARREST 3333 - FIRE 12 - POLICE 2804 - CHEMICAL SPILLS 6966
ALL OTHER EMERGENCIES 7000



SEPULVEDA

DUTY HOURS – FIRE, CARDIAC ARREST & POLICE DIAL 3 – Chemical Spill, 9721
Radiation Spill 9334
NON DUTY HOURS – CARDIAC ARREST "8" (for outside line) 911 - BOILER PLANT 936



SATELLITE OUTPATIENT CLINICS

Sepulveda Ambulatory Care Center
16111 Plummer Street
North Hills, CA 91343
(818) 891-7711

Los Angeles Ambulatory Care Center
351 E. Temple Street
Los Angeles, CA 90012
(213) 253-2677

Santa Barbara VA Community Clinic
4440 Calle Real
Santa Barbara, CA 93110
(805) 683-1491

Bakersfield VA Community Clinic
1801 Westwind Drive
Bakersfield, CA 93301
(661) 632-1800

East Los Angeles VA Community Clinic
5426 East Olympic Boulevard
Suite 150
Commerce, CA 90040
(323) 725-7557

Gardena VA Community Clinic
1251 Redondo Beach Boilevard
3rd Floor
Gardena, CA 90247
(310) 851-4705

Lancaster VA Community Center
547 West Lancaster Boulevard
Lancaster, CA 93934
(661) 729-8655

Oxnard VA Community Center
2000 Outlet Drive
Suite 225
Oxnard, CA 93036
(800) 310-5001

Pasadena VA Community Clinic
420 West Las Tunas Drive
San Gabriel, CA 91776
(626) 289-5973

San Luis Obispo Community Clinic
1288 Morro Street
Suite 200
San Luis Obispo, CA 93401
(805) 543-1233

Santa Maria VA Community Clinic
1550 East Main Street
Santa Maria, CA 93454
(805) 354-6000

SERVICE ORGANIZATIONS

4H Club
52 Association
Air Force Association
Alcoholics Anonymous
American Gold Star Mothers
American Vets Committee
American Ex-Prisoners of War
American legion
American Legion Auxiliary
American Red Cross
American War Dads
American War Dads Aux.
Am Vets
Am Vets Auxiliary
Archdiocese for the Military Svc.
B'Nai B'Rith
B'Nai B'Rith Women
Bell Telephone Company
Ben & Prot Order of Elks
Blinded Vets Association
Blue Star Mothers of America
Boy Scouts of America
Bugles Across America
Camp Fire Girls
Catholic War Veterans
Disabled American Veterans
Disabled American Veterans Aux.
Elks DOES (BPOE DOES)
Emblem Clubs
Forty & Eight
Girl Scouts of America
Gold Star Wives of America Inc.
Help Hospitalized Veterans
BPOE Elks of the World Inc.
Improved BPOE Elks Aux.
Improved Order of Red Men
Knights of Columbus
Korean War Veterans Association
Korean War Veterans Aux.
Marine Corps League Aux.
Marine Corps League
Masonic Service Assn. of N.A.
Masons
Military Order Purple Heart
Military Order of the Louse
Military Order of the Cootie Aux.
Military Order of the Cootie
National Council of Negro Women
Nat. Soc. Daughters of Am Rev.
Order of Eastern Star
Paralyzed Vets of America
Pet Therapy
Quilts of Valor
Retired Senior Volunteer Pgrm.
Rolling Thunder, Inc.
Soldiers Angels
Sons of the American Legion
The Bowlers Victory League, Inc.
The Holiday Project
The Salvation Army
Twilight Brigade
USO
Under 30 Volunteer Project
United Students for Vets Health
United Voluntary Service
UTD Daughters, Confed.
VA Central Office
VA Employees
Veterans Association
Veterans Club
Veterans of Foreign Wars
Vets Foreign Wars, Ladies Aux.
Vets Foreign Wars, Mens Aux
Veterans Service League
Veterans Service Organ
VHR & Guild
Vietnam Vets of America
WAC-Veterans Association
Waves National
Women Veterans of America
Wounded Warrior Project
Youth Volunteers

NOTES: