2024 UVA Health Annual Retraining

Click **Start Course** or **Resume** to begin.

BEGIN

≡ **Begin**

ALL TEAM MEMBER CONTENT

≡ **All Team Member Content**

≡ **Hand Hygiene**

≡ **Team Member Injury: Heavy Lifting**

≡ **Hazardous Material Spill/Accident Notification**

≡ **Securing the Environment**

≡ **Stroke Recognition**

≡ **Emergencies and Your Role**

Gender Health - Delivering Compassionate Care to LGBTQ+ (SOGI)

Reporting Concerns

Corp Compliance and Privacy

Information Security

CHOOSE YOUR ROLE

Choose Your Role

DIRECT PATIENT CARE

All Patient Care

Advance Care Planning and Advance Directives for Patient Care

Suspected Abuse

Bariatric Sensitivity for Patient Care

Language Services for Patient Care

Clinical Alarms

Food and Drink in Patient Areas

Hand Hygiene and PPE for Patient Care

Bloodborne Pathogens for Patient Care

Team Member Injury Prevention: Sharps

Team Member Injury Prevention: Patient Handling

Pain Management

Equipment Stickers

Managing Interruptions - Epic Downtime Patient Care

Suicide Prevention

Workplace Violence - SAVE

LVAD Aware

Organ and Tissue Donation for Patient Care

DIRECT PATIENT CARE ROLE SECTIONS

Direct Patient Care Choose Your Role

INPATIENT CARE

Inpatient Care

CLABSI

CAUTI

Instrument Care and Handling

HAPI Prevention: Standard Work

Fall Prevention

911, Security, and BERT?

Restraints

Infection Control Risk Assessment (ICRA)

Diet Manual Resources

Medical Emergency Team (MET Team)

End of Life

CHOOSE ROLE INPATIENT CARE

Choose Your Role Inpatient Care

Inpatient CNA and PCT

Inpatient RN

Inpatient LIP

Respiratory Therapists

OUTPATIENT CARE

Outpatient Care

Fall Prevention

Choose Your Role Outpatient Care

Outpatient LIP

Outpatient RN

Outpatient LPN, MA, PCT

OTHER PATIENT CARE ROLES

Emergency Medical Services (EMS)

Perfusionist

Rad Tech

PATIENT CONTACT, NOT CARE

Patient Contact Content

Language Services for Patient Contact

Advance Care Planning and Advance Directives for Patient Contact

Food and Drink in Patient Areas for Patient Contact

Suspected Abuse

Signage

PPE for Isolation Patients

Hand Hygiene for Patient Contact

Workplace Violence - SAVE for Patient Contact

Managing Interruptions - Epic Downtime Patient Contact

Pain Management for Patient Contact

Bariatric Sensitivity for Patient Contact

Organ and Tissue Donation for Patient Contact

Patient Contact, Choose Your Role

Social Worker

Pharmacy

Patient Contact (HUC, Patient Access, Other Pt Services)

Security

SPECIMEN CONTACT

Specimen Contact

Bloodborne Pathogens for Specimen Contact

PHYSICAL PLANT

Physical Plant

FINISH

Content for Your Role Complete

Finish

Begin

Why Do I Have to Take This Course?

Many regulatory requirements (laws, policies, and regulations) are in place to help keep our Team Members and Patients as safe as possible. This course helps reinforce requirements for over 55 policies, laws, and guidelines. Your role may have additional requirements in other courses, but in an effort to respect your time we have created a single course to cover as many topics as possible.

Introduction

For this retraining, you will be asked to respond to questions about things that happen at work. Although the topic may be required for your role, the example may not match with your everyday work area. When you answer the question, consider how it applies to your work.

The course will take about 20 minutes if you don't provide patient care. You can expect up to 70 minutes if you provide patient care.

- You will start with content for all Team Members, followed by content that is specific to your role.

- Clicking on links will open the page in a new window. If you close only the window that was opened, you will return to the course. If you close the browser, it will close Workday, and you will need to start again.

- For any questions regarding the appropriate role to complete or the reasons for its requirement, please reach out to your manager.

Continue to the Course

Click Continue to move to the next section.

CONTINUE

All Team Member Content

This content is for all Team Members. Each scenario may look different in your work area, but it is required for you to complete. If your work environment is different than what is explained, think about how it would happen where you work.

It will take about 20 - 25 minutes to complete this section.

Continue to the Next Section

Click Continue to move to the next section.

CONTINUE

Hand Hygiene

Hand Hygiene (i.e. Cleaning Your Hands)

Healthcare-associated infections are a major factor contributing to morbidity and mortality. Hand hygiene is considered the most important measure for preventing health-care associated infections and the spread of antimicrobial resistant pathogens.

- 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.

WASH YOUR HANDS

WITH SOAP & WATER

Wet your hands with water

Apply a sufficient amount of soap on all hand surfaces

Rub hands vigorously (rubbing all surfaces of hands) for 20 seconds

Rinse hands with water

Use a single-use towel to dry your hands properly

Turn off the faucet using a towel

In most situations alcohol sanitizer is the preferred method of hand hygiene because it is generally more effective.

Continue to the Next Section

Click Continue to move to the next section.

CONTINUE

Team Member Injury: Heavy Lifting

Injuries Can Be Prevented

Lifting heavy items by yourself can cause injuries that can be avoided. When you need to lift more than 35 pounds, get help.

By asking for help and using lifting devices, you can avoid serious injuries related to lifting. If you provide patient care, refer to the Employee Health Intranet for resources on standard work around safety.

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.
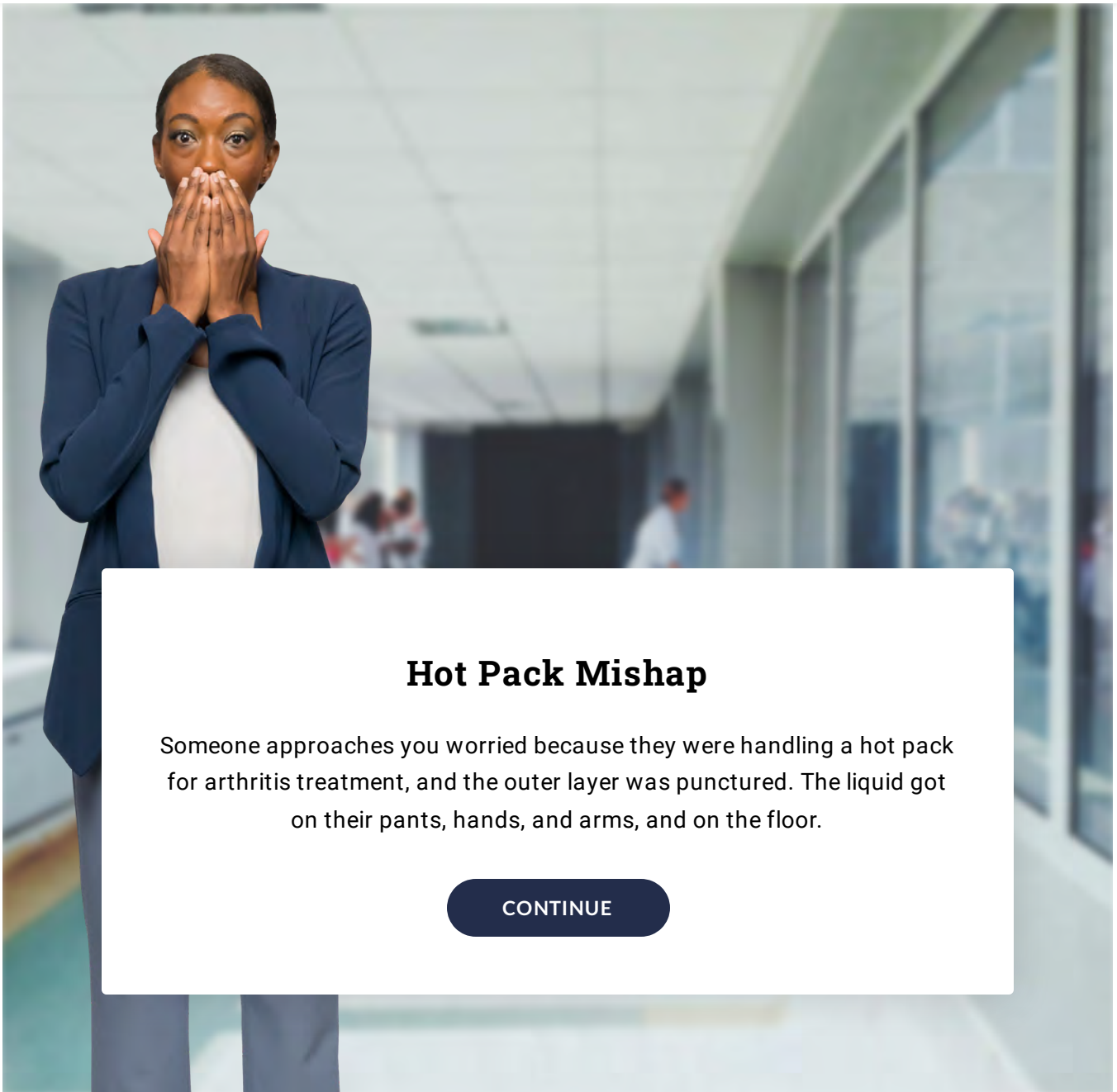
Continue to the Next Section

Click Continue to move to the next section.

CONTINUE

Hazardous Material Spill/Accident Notification

Addressing and Communicating a Spill

Click through the scenario below to learn what to do in the event of a hazardous material spill.
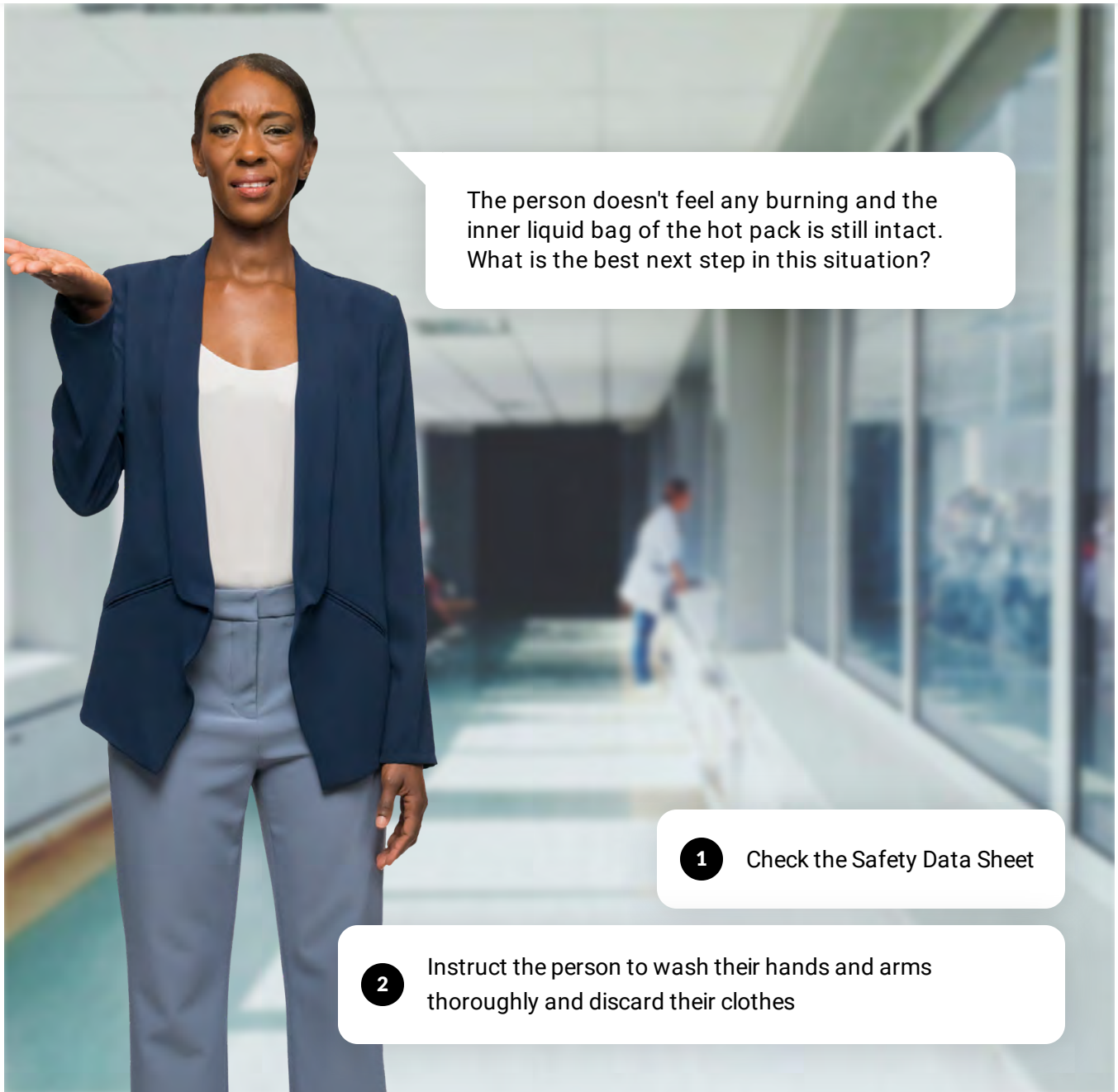
Hot Pack Mishap

Someone approaches you worried because they were handling a hot pack for arthritis treatment, and the outer layer was punctured. The liquid got on their pants, hands, and arms, and on the floor.

CONTINUE

Scene 1 Slide 1

Continue → Next Slide

Scene 1 Slide 2

0 → Next Slide

1 → Next Slide

Next Steps

In addition to following any immediate care protocols per the SDS, you should also contact a supervisor and submit a Be Safe for awareness.

START OVER

↺

Scene 1 Slide 3

Continue → End of Scenario

The Safety Data Sheet (SDS)

You can locate the Safety Data Sheet for products by clicking on the link located on the UVA Health Desktop.

The Safety Data sheet includes the following information for hazardous chemicals:

- **Health risks**

- **Safety precautions**

- **Required personal protective equipment (PPE)**

- **Emergency response procedures**

Continue to the Next Section

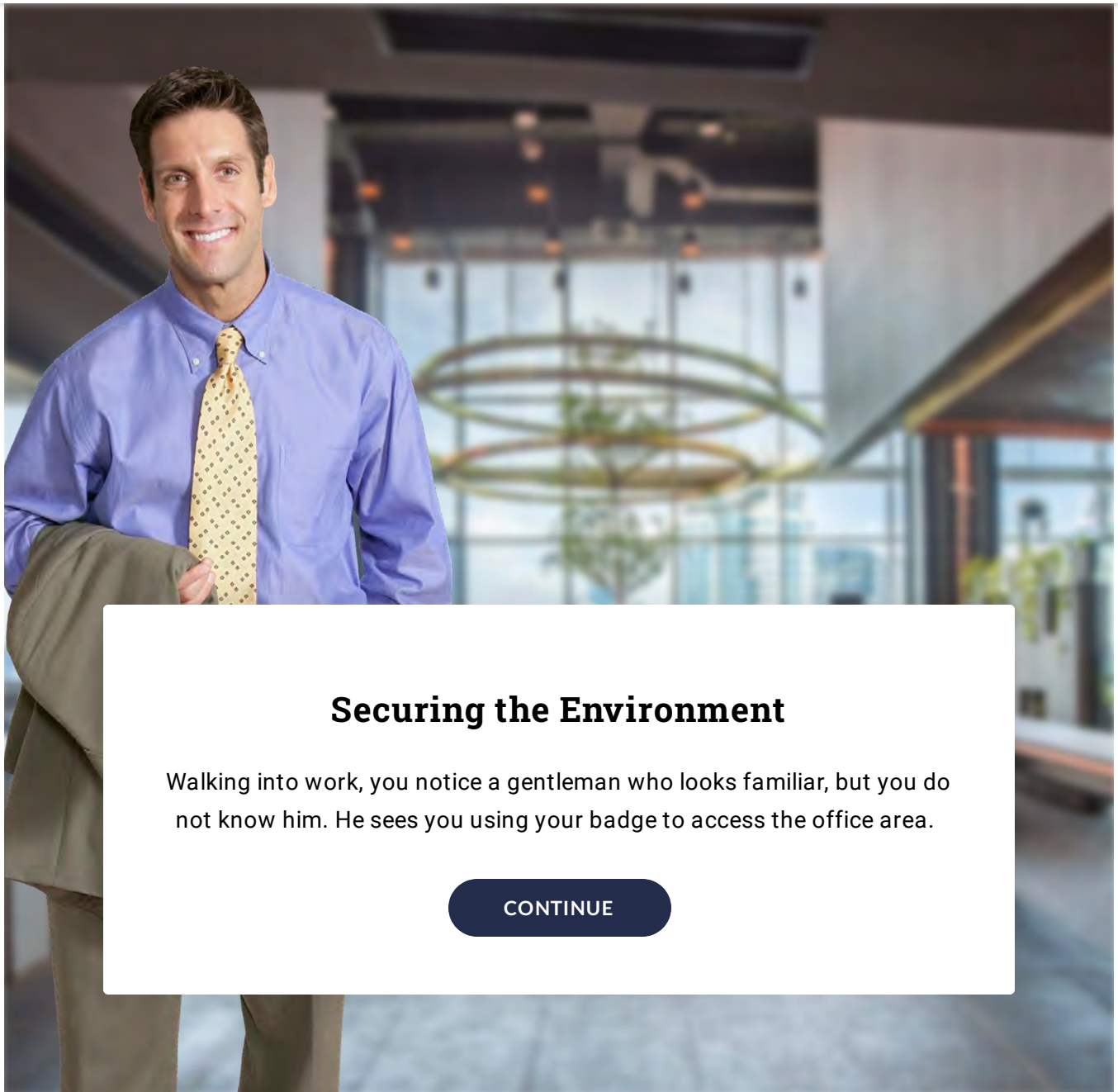**Click Continue to move to the next section.**

CONTINUE

Securing the Environment

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 using your badge to access the office area.

CONTINUE

Scene 1 Slide 1

Continue → Next Slide

Scene 1 Slide 2

0 → Next Slide

1 → Next Slide
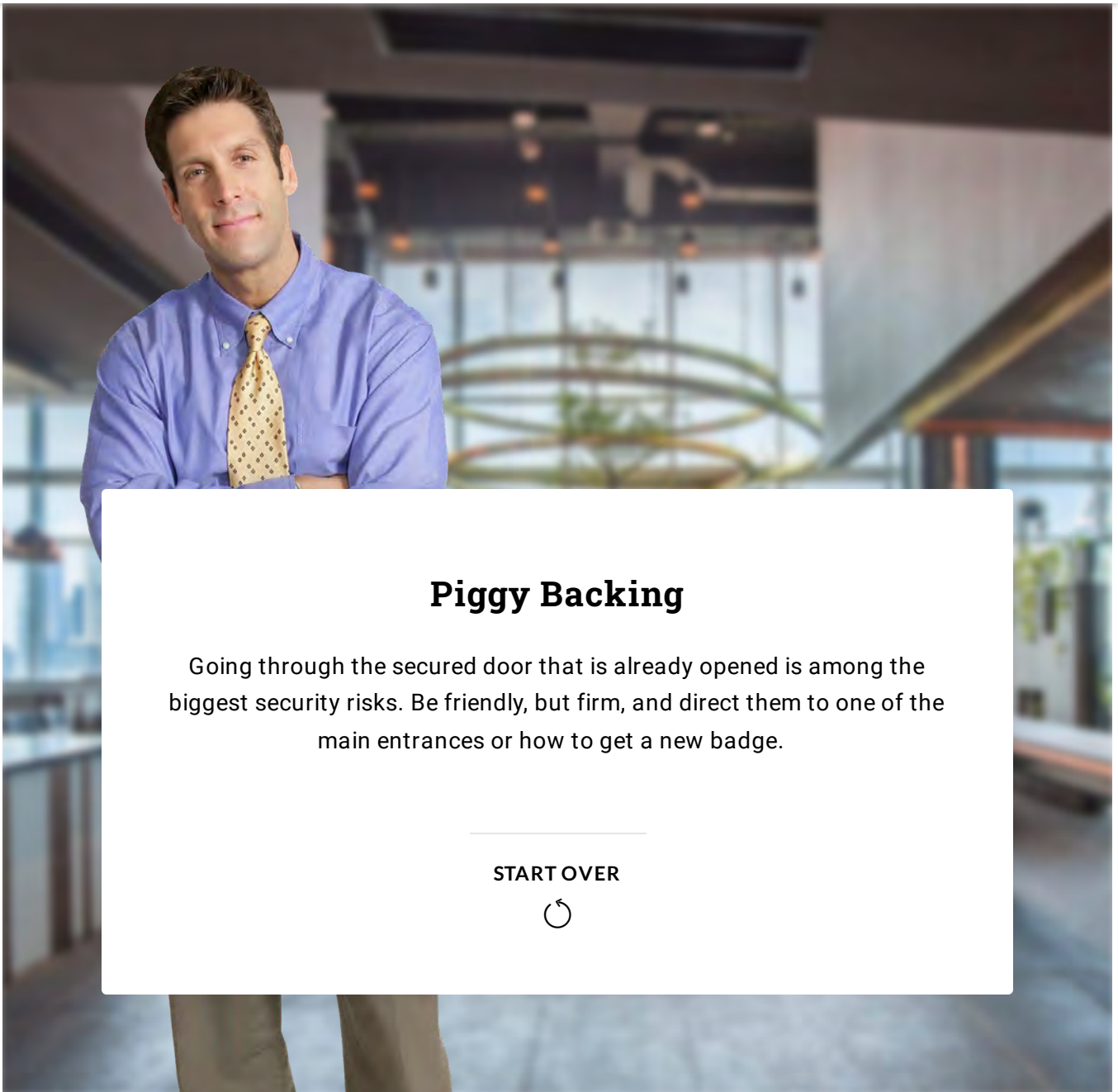
Piggy Backing

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.

START OVER

↺

Scene 1 Slide 3

Continue → End of Scenario
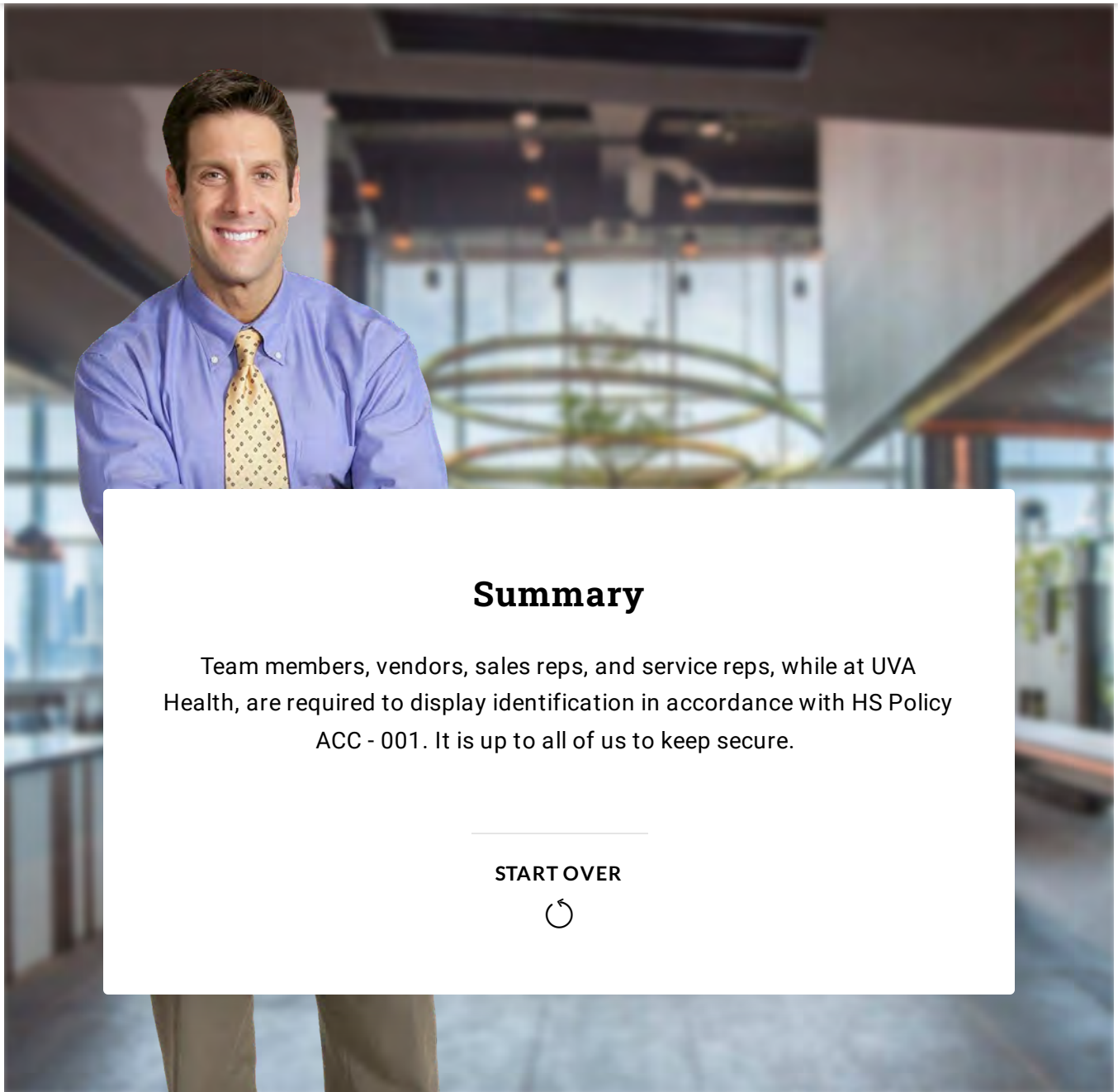
Summary

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

START OVER

↺

Scene 1 Slide 4

Continue → End of Scenario

🔒   Complete the content above before moving on.

Continue to the Next Section

Click Continue to move to the next section.

CONTINUE

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 the Medical Center, **call 4-2012**** and **activate a stroke alert**. Include patient's name (or MRN, if known), last time known well, and location.

- If you are outside the Medical Center, **call 911**** and let the operator know you suspect stroke.

**Always refer to your unit's Red Book to be familiar with and verify emergency numbers for your location.

What should you do?

Click the cards below to find out how this scenario should be handled.

In line at Higher Grounds 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.

Continue to the Next Section

Click Continue to move to the next section.

CONTINUE

Emergencies and Your Role

Everyone has a role in keeping everyone safe. In addition to being familiar with your Red Book for your area, consider these things.

Violence in the Workplace

Call Police / Security

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 security immediately**.

Review the **Red Book** to learn who to contact for your work area. Don't handle this on your own.

Fire Safety

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

Rescue

If it is safe to do so, **rescue** any people from immediate danger.

Alarm

If the fire **alarm** is not active or heard, activate the closest **alarm** pull-station and call 434-924-2012 or 911.

Contain

Contain the fire by closing doors and windows, as well as **clearing corridors** of obstructions.

Extinguish / Evacuate

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.

Summary

Be prepared for an emergency.

Review your area's Red Book for your fire prevention and response plan. For assistance with your Red Book, contact HealthSystemEM@virginia.edu.

Continue to the Next Section

Click Continue to move to the next section.

CONTINUE

Gender Health - Delivering Compassionate Care to LGBTQ+ (SOGI)

Delivering Compassionate Care to LGBTQ+ Patients

The Department of Health and Human Services, the Institute of Medicine, and The Joint Commission all recommend SOGI data collection as a way to learn about which populations are being served and to measure quality of care provided to LGBTQ + people. UVA is proud to be a community of health, compassion, inclusion, and respect for all. We ask patients to provide Sexual Orientation & Gender Identity (SOGI) data to:

- Help provide high quality, affirming, patient-centered care
- Learn about populations we serve
- Help LGBTQ+ patients feel more comfortable
- Give providers important clinical information
- Help tailor care to unique needs of transgender & non-binary patients

By including this data, we are creating a welcoming and affirming environment by:

- Using the preferred names and pronouns that our patients use, especially (but not exclusively) for transgender and gender non-conforming patients.

- Asking all patients for their preferred names and pronouns, if undocumented.

- Adding patients' preferred names and pronouns to Epic by following directions found in the Epic Learning Library (search Patient Pronouns and Preferred Name).

- Being inclusive and clear in all verbal and written communication.

Visitation

Ginnie came in with their wife. While talking to them, you notice that their name says Virginia and there are no pronouns listed. What should you do?

1. Ask if there is a different preferred name or pronoun when you interact with them.

2. Ignore it. If they wanted the information to be there, they should know to provide it.
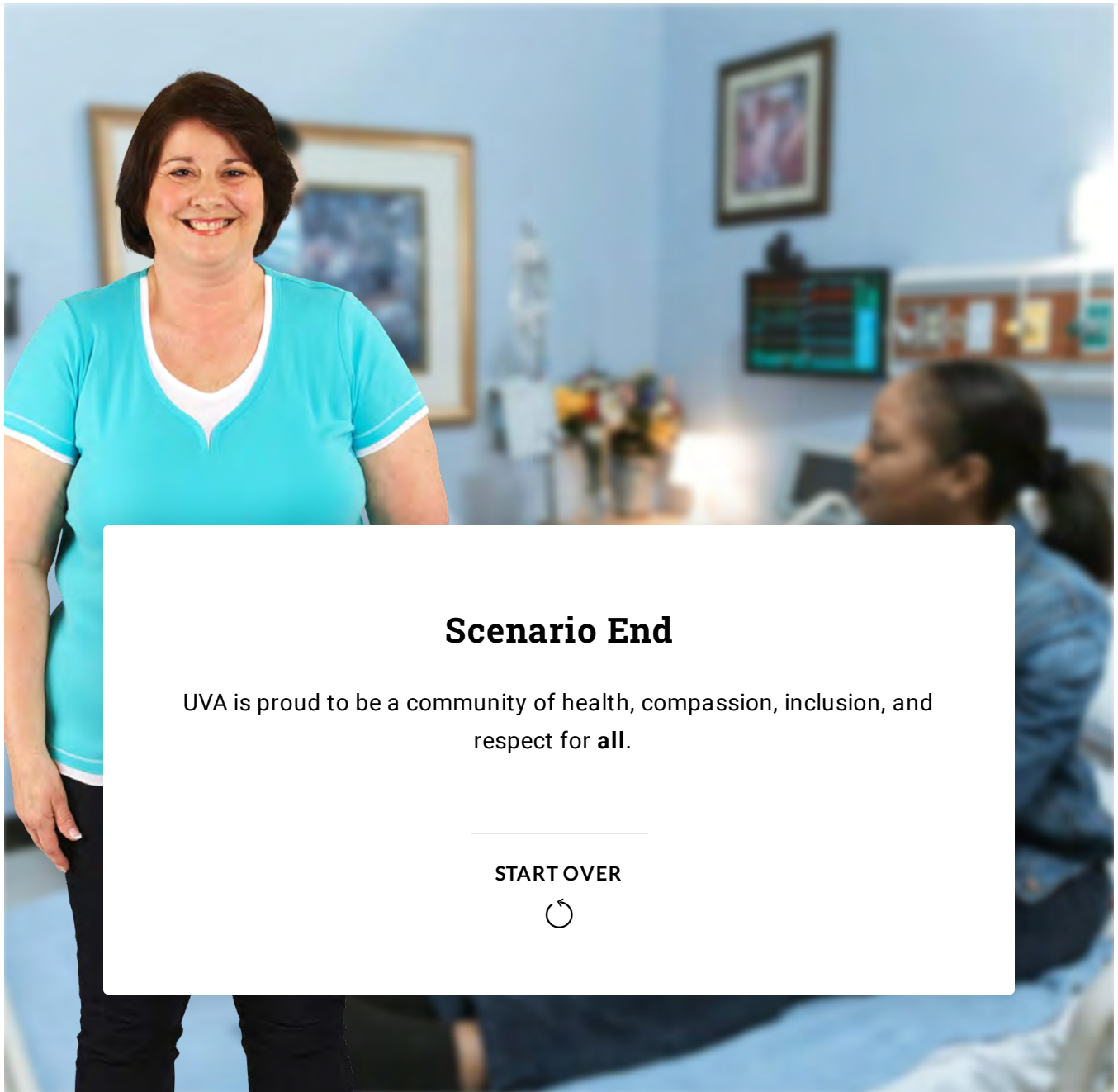
Scene 1 Slide 1

0 → Next Slide

1 → Next Slide

In addition to care for their wife, Ginnie will also enjoy the same visitation privilege as any other spouse, without discrimination based on their Sexual Orientation/Gender Identity (SOGI) status.

Scene 1 Slide 2

Scenario End

UVA is proud to be a community of health, compassion, inclusion, and respect for **all**.

START OVER

Scene 1 Slide 3

Continue → End of Scenario

CONTINUE

Continue to the Next Section

Continue to the next section

CONTINUE

Reporting Concerns

UVA 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 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 Health or your leadership for reporting your concerns.

Continue to the Next Section

Click Continue to move to the next section.

CONTINUE

Corp Compliance and Privacy

Start

Corporate Compliance and Privacy are critical components of our work at UVA Health. In this section of the module, you will review the following aspects that are required for all Team Members.

START

Review UVA Health Code of Conduct

UVA Health Compliance Code of Conduct:
Click here to read the code of conduct.
You may be prompted to login.

CODE OF CONDUCT

I have read, and agree to abide by, UVA Health Compliance Code of Conduct.

Yes, I have read, and agree to abide by UVA Health Code of

Conduct.

○   No, I did not read, and agree to abide by the UVA Health Code of Conduct.

SUBMIT

🔒   Complete the content above before moving on.

Fraud, Waste, and Abuse Defined

Click each box to see examples

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

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

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

CONTINUE

Some Relevant Federal Fraud, Waste, and Abuse Laws

All Team Members at UVA 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 PENALTIES LAW

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 PENALTIES LAW

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 PENALTIES LAW

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 PENALTIES LAW

Definition:

- The beneficiary inducement law prohibits giving patients something of value in an attempt to influence their choice of provider

Violation Examples:

- A provider offers to waive copayments for Medicare patients.

- A hospital offers free hotel stays to potential out-of-town patients.

Excluded Individuals and Entities

The Health and Human Services Office of the Inspector General ("OIG"), has the authority to **exclude** individuals and entities from participating in **Federal health care programs** like Medicare and Medicaid.

Exclusion means that items and services furnished, ordered, or prescribed by the excluded individual or entity are not reimbursable under Federal health care programs. This includes any costs of employing excluded people. **It's effectively a ban on employing or contracting with excluded people.**

That is why we must check all employees, health care providers, Board members, and vendors against the government's List of Excluded Individuals/Entities ("LEIE") and System for Award Management ("SAM").

If we discover we have an excluded individual working for us, we have to immediately terminate the employee and self-disclose it to the government. We also have to refund any payment we received relating to services they performed or ordered.

CONTINUE

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.

Four Requirements for Appropriate Transfer

A patient with an emergency medical condition may only be transferred after screening and the

provision of stabilizing treatment. Four requirements must be met:

1. The transferring hospital minimizes the medical risks (and in the case of a woman in labor, the medical risks of the fetus as well).

2. The receiving medical facility has available space and qualified personnel for the treatment and agrees to accept the transfer.

3. The transferring hospital sends all medical records related to the emergency condition that are available at the time of the transfer and any other records not yet available as soon as practicable.

4. The patient is transferred using appropriate personnel and transportation, including the use of necessary and medically appropriate life support measures during the transfer.

CONTINUE

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 Portability & Accountability Act (HIPAA) and associated privacy rules address 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.

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.

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.

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

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 as outlined in the "Where does all the garbage go?" document.

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 the 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.

Summary

Additional resources are available on the [Corporate Compliance intranet page](#).

Any questions can be directed to the Compliance & Privacy Department: 434-924-2938 or email [Compliance and Privacy (Medical Center)](#).

If you wish to report a compliance concern or issue please notify your manager or directly contact the Compliance & Privacy Department.

You can also report an issue to the Compliance Help Line, anonymously if desired, 24 hours a day/7 days a week: 1-800-235-8700 or you can submit through this [web intake form](#).

CONTINUE

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.

UPG Employees

For **UPG employees** taking this course, please report any Compliance issues to the **CONFIDENTIAL Compliance Helpline:** 1-800-235-8700 or report using the choices above.

Policies related to violations of the Code of Conduct are the same between the Medical Center and UPG.

CONTINUE

UVA Health Corporate Compliance

This scenario is made for all Team Members at UVA Health. Although the situation may not reflect your work environment, consider the information and how it does apply to your work.

This section has audio on some slides. Closed captioning and a transcript is available for every slide where there is sound. You can click play / pause and adjust the volume as needed.

Epic Access

Sarah works at UVA Health. Her work ultimately supports the hospital, but she does not provide patient care.

One day, she overhears her coworker, Jeremy, bugging one of their coworkers with access to Epic to PLEASE check on his ex-wife's test results. He is sure she was cheating on him and thinks the test results will prove it. The coworker says no because it is a big violation of privacy. He is frustrated and tells her that he will find someone else to do it.

CONTINUE

Conclusion

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

Continue to Next Section

Click Continue to move to the next section.

CONTINUE

Information Security

Internet Use at UVA Health

Much of the work done at UVA 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 the Electronic Information and Systems Use Health System Policy.

Acceptable Internet Usage Includes:

- Email Communications

- Research MC forums, blogs, and news groups

- Software approved for use by the MC

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

Unacceptable Internet Usage Includes:

- Business or commercial activity not related to MC 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 MC data when not authorized

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

Reporting

The Computer Security Incident Report form is used to report all potential electronic information (computer) security incidents including, but not limited to, misuse by authorized users, unauthorized access, computer viruses, worms, hacking, information system failure, and theft. If you know someone that is violating the Electronic Information and Systems Use Health System Policy, it is your responsibility to report it. You can either:

- Write down exactly what occurred and contact the Health IT Helpdesk at 434-924-5334

or

- Complete a Computer Security Incident Report (Search KnowledgeLink for **Computer Security Report**)

If you are involved in an incident:

- Respond to requests for information promptly
- Keep written records
- Maintain confidentiality
- Notify your manager

CONTINUE

Passwords protect the organization from hacking and individuals with malintent.

Securing UVA Health Accounts and Credentials

The Electronic Information and Systems Use UVA Health System Policy outlines the appropriate use of UVA Health workstations, accounts, and credentials.

Click through the cards below to review a few of these security concepts.

Never share passwords

Password sharing is a violation of HS policy.

Electronic signature

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

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 or logout of 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.

Report suspicious emails

Report suspicious messages using the "Report Suspicious Email" button within Outlook.

CONTINUE

Phishing

Phishing is a form of social engineering and scam where attackers trick you into revealing sensitive information or downloading malware.

Actions to Take:

- Check for Red Flags (generic greetings, unexpected attachments, artificial sense of urgency, suspicious links)

- Do Not Click on Links or Download Attachments. Clicking on any links or downloading attachments included in a suspicious message is extremely risky. These actions could lead to an attacker gaining access to your credentials or even installing malicious software on your workstation."

- Report the message to the UVA Health Information Technology team using the **"Report Suspicious Email" button in your Microsoft Outlook email client**.

Vishing is when scammers use phone calls or voicemails to deceive victims. For example: You get a call claiming to be from your bank asking for account details.

Actions to Take:

- Verify the Caller: Ask for the caller's name and contact information. Be cautious if they refuse to provide this information.

- **Do Not Share Personal Information**: Never share sensitive details like your Social Security number, bank account numbers, or passwords.

- Hang Up: If you suspect a vishing attempt, end the call immediately. Don't engage in further conversation.

- Report the Incident: Inform your bank or financial institution about the call that you received. They can verify if it was legitimate or a scam.

| PHISHING | VISHING (VOICE PHISHING) | SMISHING (SMS PHISHING) | SPEAR PHISHING |

Smishing is when scammers use text messages to deceive victims. For example: you get a text message claiming that you won a prize, asking for personal information, or requesting that you click on a link.
Actions to Take:

- Verify the Source: Check the sender's phone number or the organization claiming to contact you - legitimate institutions rarely ask for sensitive information via text messages.

- **Do Not Share Personal Information**: Never share sensitive details like your Social Security number, bank account numbers, or passwords.

- Do Not Tap Links: Tapping on any links or downloading attachments from suspicious messages is risky. These could lead to malware installation or phishing websites.

- Do Not Respond or Share Personal Information: If you respond, the engagement alone provides the scammer some information.

PHISHING	VISHING (VOICE PHISHING)	SMISHING (SMS PHISHING)	SPEAR PHISHING

Spear phishing is a highly targeted (specific individuals or organizations) cyberattack method. Unlike generic phishing, spear phishing involves personalized research and often impersonates someone the victim trusts.
Actions to Take:
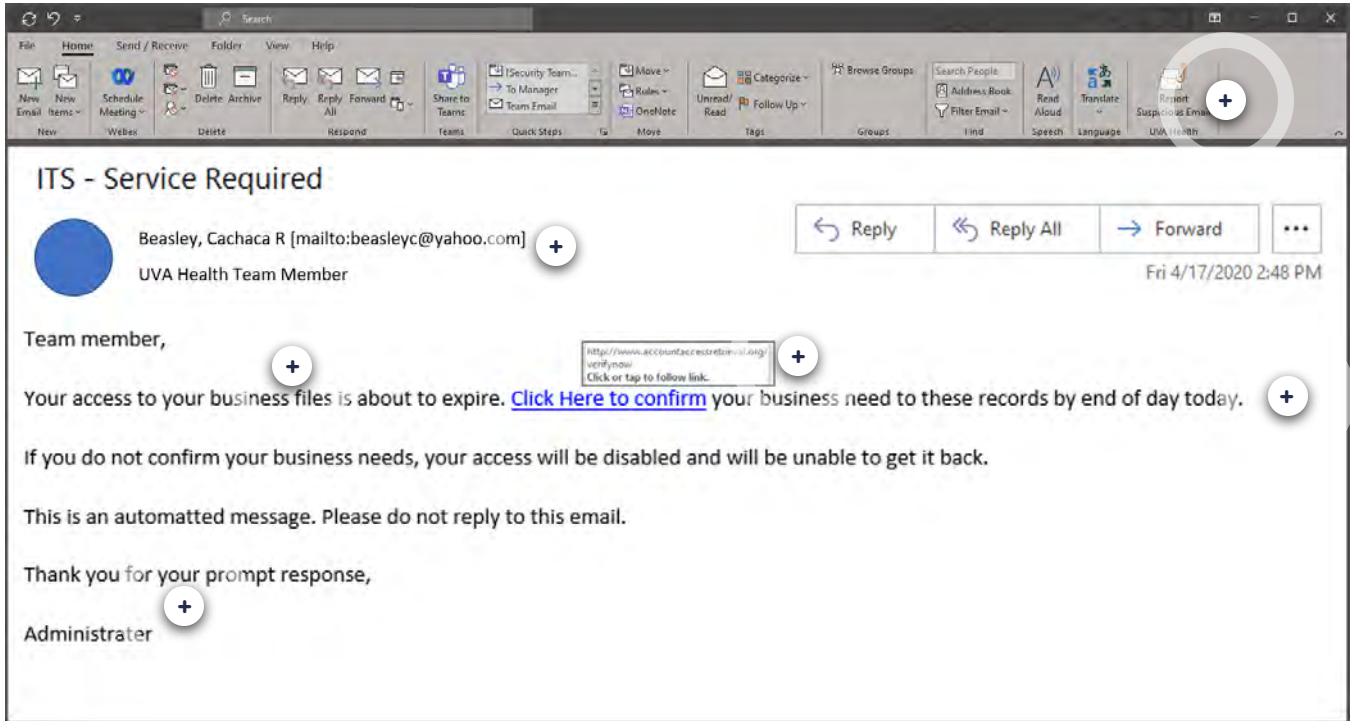
- **Use Another Communication Channel:** If you receive a suspicious email, verify its legitimacy through another communication channel (e.g., phone call). Do not reply directly to the email.

- Keep Personal Information Secure: Never share financial details, passwords, or sensitive data over phone, chat, or email.

- Stay Suspicious: Be aware of signs of spear phishing, such as urgent requests, unexpected attachments, or unusual sender behavior.

- Know How To React: If you suspect that you have received a suspicious email, report it to the UVA Health Information Technology team using the "Report Suspicious Email" button in your Office mail client.

Example

Review the email below to see common clues to identify phishing scams.

Click the (+) icons below to learn more. Then click Continue.

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

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.

Report Suspicious Email

Report the suspicious email using the "Report Suspicious Email" button within Outlook.

False Sense of Urgency

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. **DO NOT CLICK THE LINK.**

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.

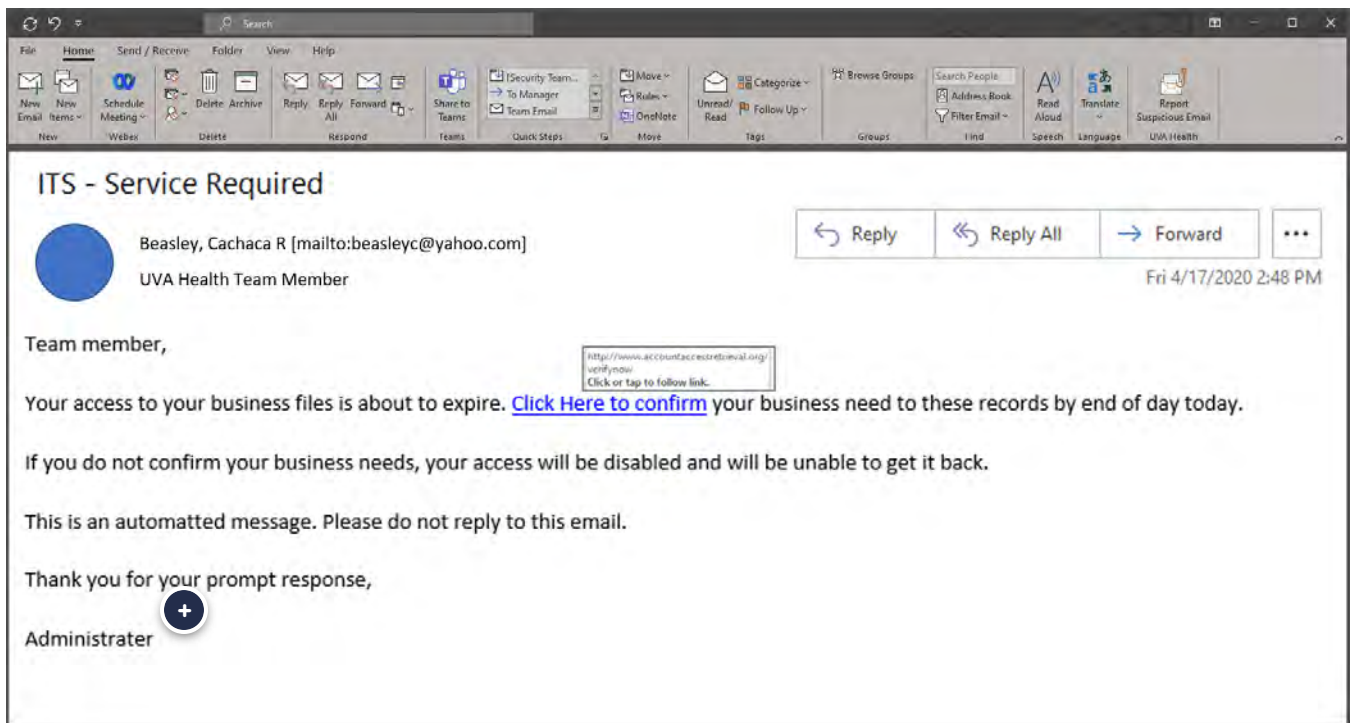This is an automatted message. Please do not reply to this email.

Thank you for your prompt response,

Administrater

Grammatical Mistakes

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

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

Signature

The signature is vague, misspelled, and does not include a name, department, or contact information for Health IT.

CONTINUE

Sending ePHI Through Email

Sending ePHI Through Email

If you need to send an email with sensitive/confidential information and ePHI to a recipient that is not part of UVA Health and does not have a UVAHealth.org email within the firewall, you **must** protect the information in the email by encrypting the message. Follow these steps to send encrypted messages.
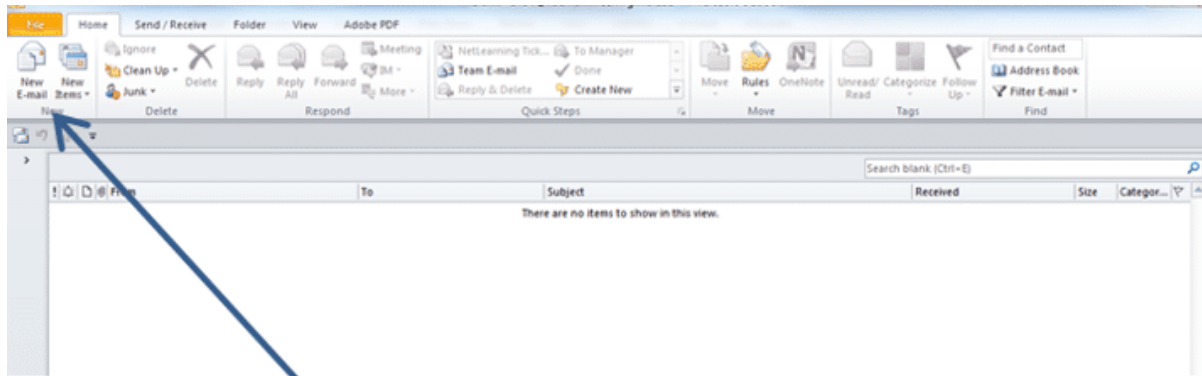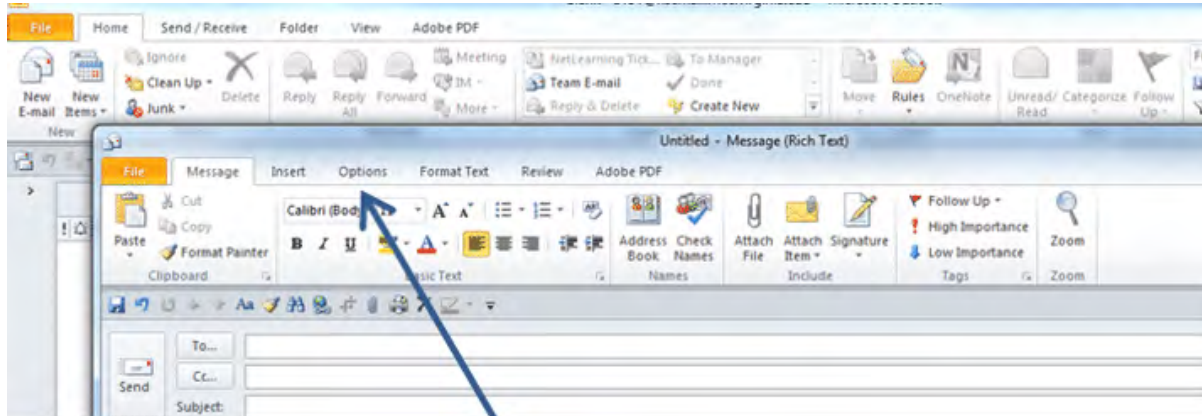
Click on New E-Mail

To encrypt an email going outside the organization:

1. Click on **New E-mail**.

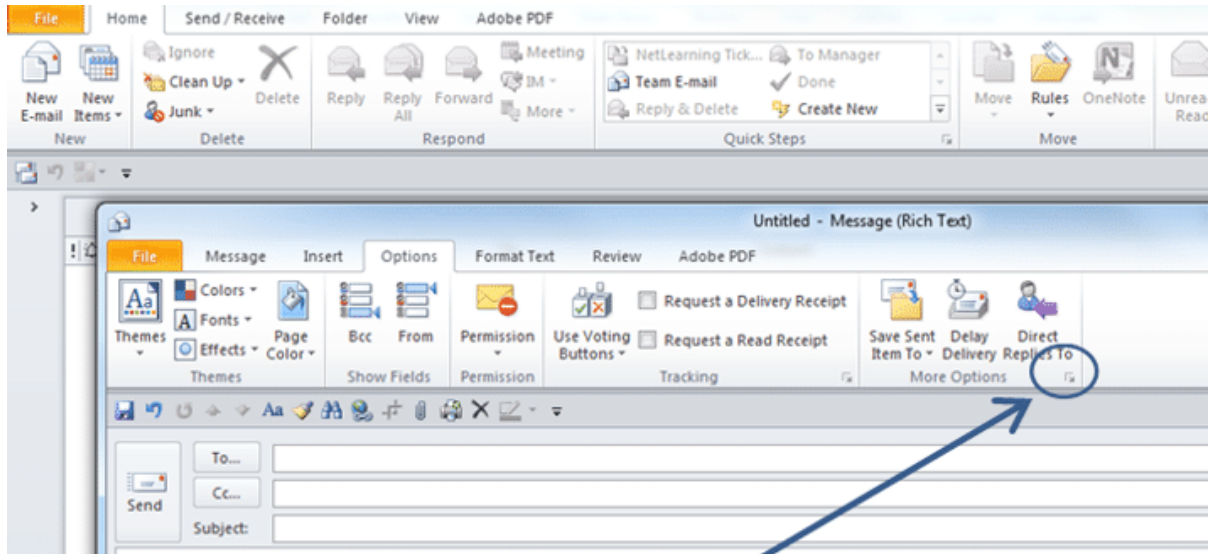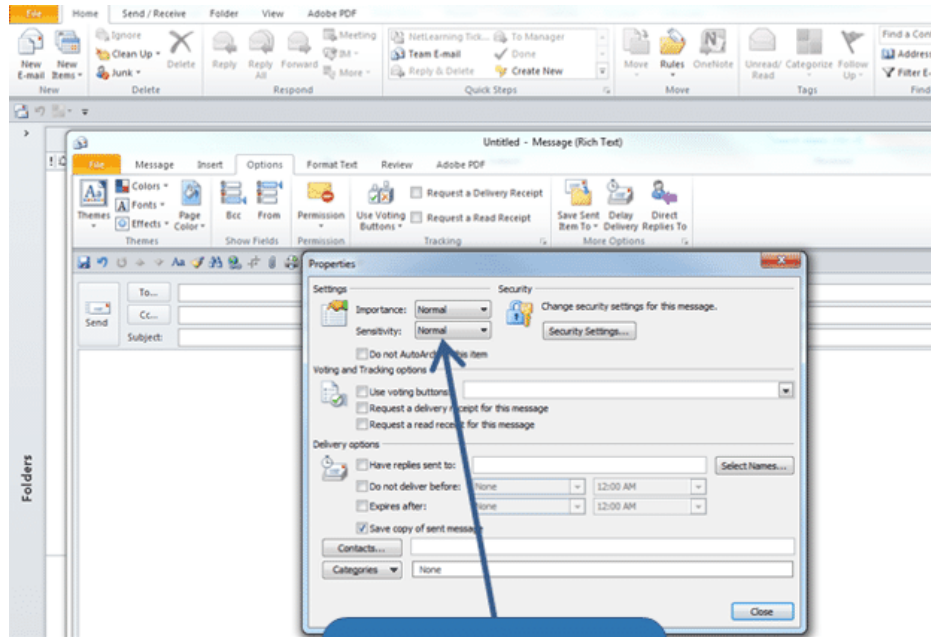## Click Options

2. Click on **Options** in the new email.

Click More Options
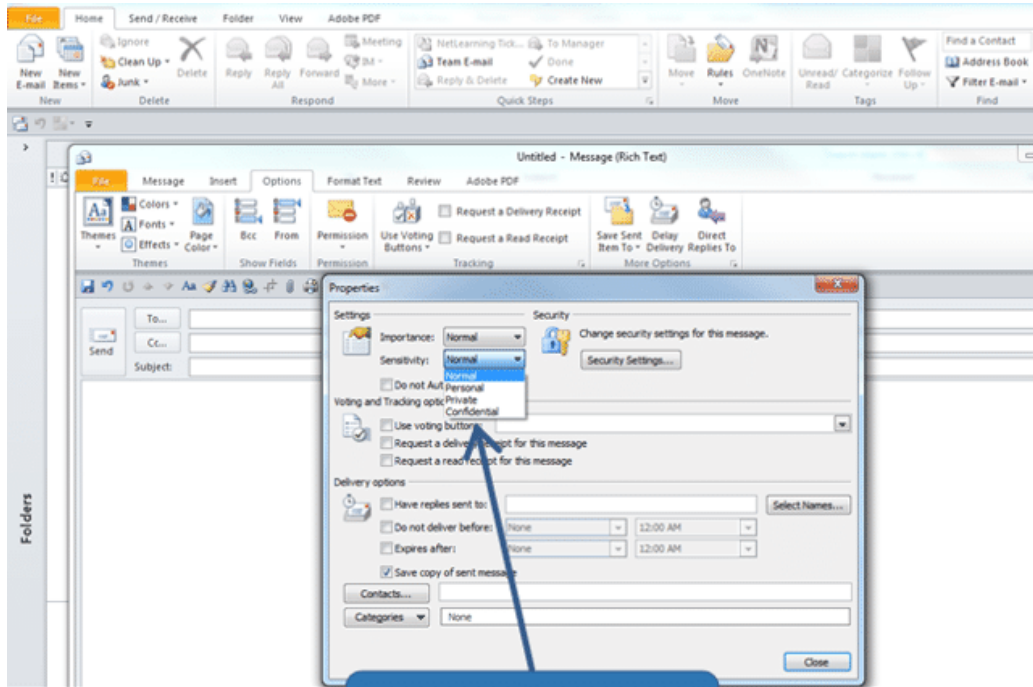

3. Click on this box to bring up **More Options**.

Change Sensitivity
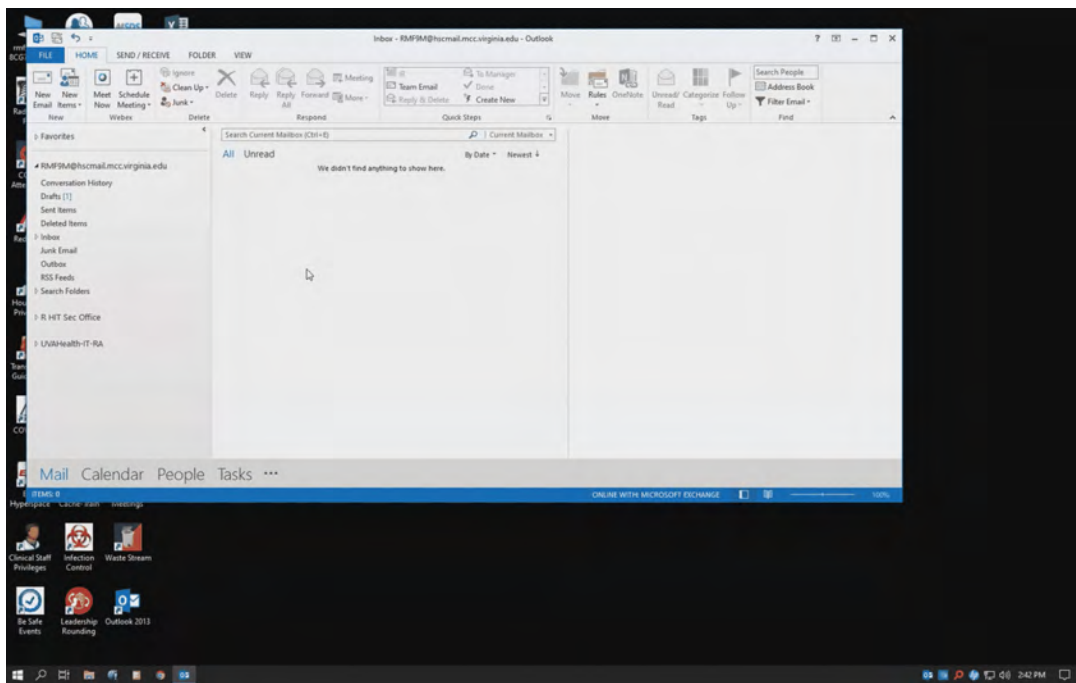

4. Select the drop down next to "Sensitivity".

Change to "Confidential"

Watch a Video of This

Finished

By following these steps, you can encrypt your email to be sent outside the MC Outlook account.

Alternative Method for securing email: Type **[SECURE]** in the subject line. **Be sure to include the brackets.**

You should still **be diligent** about making sure the recipient's address is correct.

Transcript of the Video —

To send an encrypted email to an outside recipient in Outlook, start by creating a new message.
From here, select the options tab on the ribbon bar and look for the button on the right-hand corner of the more options section change the sensitivity to confidential.
Once completed, click close to return to your message and compose as you normally would.
An alternative way to send an encrypted email is to simply create a new email. In the subject line, start it with [Secure] (enclosed in square brackets). From there, compose your email as you normally would and send.

USB Drive Encryption

To encrypt sensitive/confidential information or ePHI on a portable drive:

1. Insert the thumb drive or external storage device into the USB port

2. Follow the prompts to begin the encryption process

3. After installation, create a folder labeled PHI or phi

4. Place ePHI in this folder

    a. Only files placed in the PHI/phi folder will be encrypted

    b. **IMPORTANT: Do not delete the files that are automatically generated. Doing so may corrupt the encrypted files and make recovery impossible.**

Click the < icons to learn what the files are on an encrypted USB Drive.

R90TFE8H › USB Drive (Q:)

Name	Date modified	Type	Size
_EMS_Config_Data_Dir_	5/5/2020 4:07 PM	File folder	
Access Encrypted Files (Mac).dmg <	4/24/2019 9:22 PM	DMG File	9,969 KB
AccessEncryptedFiles.exe	4/23/2019 3:44 PM	Application	393 KB
autorun.inf	4/23/2019 3:16 PM	Setup Information	1 KB
PHI <	5/5/2020 4:09 PM	File folder	

Name	Date modified	Type	Size
_EMS_Config_Data_Dir_	5/5/2020 4:07 PM	File folder	
Access Encrypted Files (Mac).dmg	4/24/2019 9:22 PM	DMG File	9,969 KB
AccessEncryptedFiles.exe	4/23/2019 3:44 PM	Application	393 KB
autorun.inf	4/23/2019 3:16 PM	Setup Information	1 KB
PHI	5/5/2020 4:09 PM	File folder	

PHI Folder

Place ePHI in this folder. Only files placed in the PHI/phi folder will be encrypted.

Name	Date modified	Type	Size
_EMS_Config_Data_Dir_	5/5/2020 4:07 PM	File folder	
Access Encrypted Files (Mac).dmg	4/24/2019 9:22 PM	DMG File	9,969 KB
AccessEncryptedFiles.exe	4/23/2019 3:44 PM	Application	393 KB
autorun.inf	4/23/2019 3:16 PM	Setup Information	1 KB
PHI	5/5/2020 4:09 PM	File folder	

Dell-generated files

Do not modify or delete these files.

CONTINUE

Information Security – Securing Medical Devices and Systems

Protecting medical devices from cyber threats is essential to maintaining patient safety, privacy, and the overall quality of care provided by UVA Health. It is immensely important to prevent attackers from gaining unauthorized access or control over medical devices and the data they generate.

We need your help to keep UVA Health medical devices and systems secure.

Help keep medical devices at UVA Health secure by:

- Only introducing approved medical devices and solutions into the UVA Health environment.

  - All medical devices MUST be **evaluated** and **approved** by UVA Health Clinical Engineering. Search **New Medical Device Request** in KnowledgeLink.

- All medical devices MUST have an HIT Security risk assessment performed on them **before** procurement commences. Search **UVA Health Risk Assessment Process** in KnowledgeLink. There you will find the Guide for Purchasers of IT-Enabled Resources.

- Keeping track of medical devices and ensuring that they are returned to their proper storage locations.

- Immediately reporting lost, misplaced, or stolen medical equipment to the UVA Health Clinical Engineering team.

  - Never plug any unapproved device into medical equipment – **medical devices are NOT places to charge your phone.**

  - Only use medical devices for their intended, official purposes - **NEVER use medical devices to browse the internet or check your email.**

ⓘ **Report misuse of medical devices or systems to Clinical Engineering at 434-924-2391.**

CONTINUE

Continue to the Next Section

Click Continue to move to the next section.

CONTINUE

Choose Your Role

Choose Your Role

To begin the course, choose below on how (or if) you interact with patients.

Provide Direct Patient Care

I provide direct patient care. Including roles such as: Nursing, Credentialed Providers, Techs, Phlebotomist, Therapies, Physicians, Pharmacy, etc..

DIRECT CARE

Interaction With Patients: Do Not Provide Direct Care

I have contact with patients, but do not provide direct care. This includes roles such as: Social Workers, Security, Chaplain, Environmental Services, Food Services, Transporters, Pharmacy, and Patient Access.

PATIENT CONTACT

No Patient Contact, but Contact With Specimens

I do not interact with patients, but I do handle specimens. This includes roles

such as: Lab Specialists and Clinical Research Coordinators.

SPECIMEN CONTACT

Emergency Medical Services
I am part of EMS staff and provide patient care, but my role is only with Emergency Medical Services.

EMS

Physical Plant
I am a part of Facilities Management and/or Health System Physical Plant (HSPP).

PHYSICAL PLANT

No Patient Contact At All
I have no contact with patients nor specimens and am not involved in patient care. This includes roles such as Finance, HIT Support, and Human Resources

NO PATIENT CONTACT

All Patient Care

Instructions

Patient Care Section

This content is required for anyone who has direct patient care. Although the education included here is required for your role, it may not be presented in the same way you see these situations in your work environment. Please reflect on how the information is relevant to your role.

This section will take approximately 20 - 25 minutes to complete.

Don't Provide Direct Care?

Click here to return to choose your role again.

GO BACK

Pediatrics

The course is created for all of UVA Medical Center. It is recognized that there are nuances in each work environment, but when there are differences in how a pediatric patient situation should be handled, you will see this icon. Click on it to learn about the pediatric situation.

Continue to the Next Section

Click Continue to move to the next section.

CONTINUE

Advance Care Planning and Advance Directives for Patient Care

What is Advance Care Planning?

Advance Care Planning (ACP) is a process of planning for future healthcare decisions. The process includes understanding what decisions may need to be made in the future; reflecting on personal experiences, values, goals, and preferences for care; and communicating these to loved ones and the healthcare team. Ideally, these conversations begin with a focus on surrogate decision making, occur well before a crisis, and lead to the creation of good-quality ACP documents such as advance directives. Good quality ACP documents provide the kind of information that helps guide medical decision-making. Patients have the right for their ACP documents to be honored and incorporated into their plan of care.

Forms and Education are available in KnowledgeLink - search "Advance Care Planning Form".

Advance Directives

The Virginia Health Care Decisions Act permits the creation of and reliance upon an advance directive made by an adult to put their wishes regarding medical care in writing.

It provides for any of the following:

- Appointment of an agent (and successor agent) to make health care decisions for an incapacitated patient;

- The patient's health care preferences;

- Stipulation of an anatomical gift(s), after the patient's death.

The University of Virginia Medical Center informs patients in an inpatient or ambulatory setting of their right to complete an advance directive. The health care team uses the advance directive to plan care for patients that align with their care preferences. A copy of the written advance directive must be scanned into the patient's medical record.

To be valid, the advance directive must be signed by the patient and have signatures from **two (2)** adult witnesses. For questions about ACP documents, contact Health Information Management (HIM) at CLHIMACP@uvahealth.org or 434-924-5136.

Find Advance Care Planning Documentation in Epic

Advance Care Planning (ACP) Documentation is easily located in Epic. Hovering over the ACP line in the storyboard will display and link to essential ACP documentation:

- Legally authorized health care decision maker(s)

- ACP Notes

- ACP Documents

RNs, LIPs, and Social Workers: Information about a patient's legally authorized decision makers should be reviewed at every patient encounter and updated when necessary.

Capacity

Check to see if a capacity assessment form has been completed before asking a surrogate to make decisions. Certification by a capacity reviewer is **not** required if the patient is unconscious or experiencing a profound impairment of consciousness due to trauma, stroke, or other acute physiological condition. If there is no capacity assessment, but there are questions about the patient's ability to make decisions, confer with the patient's medical team.
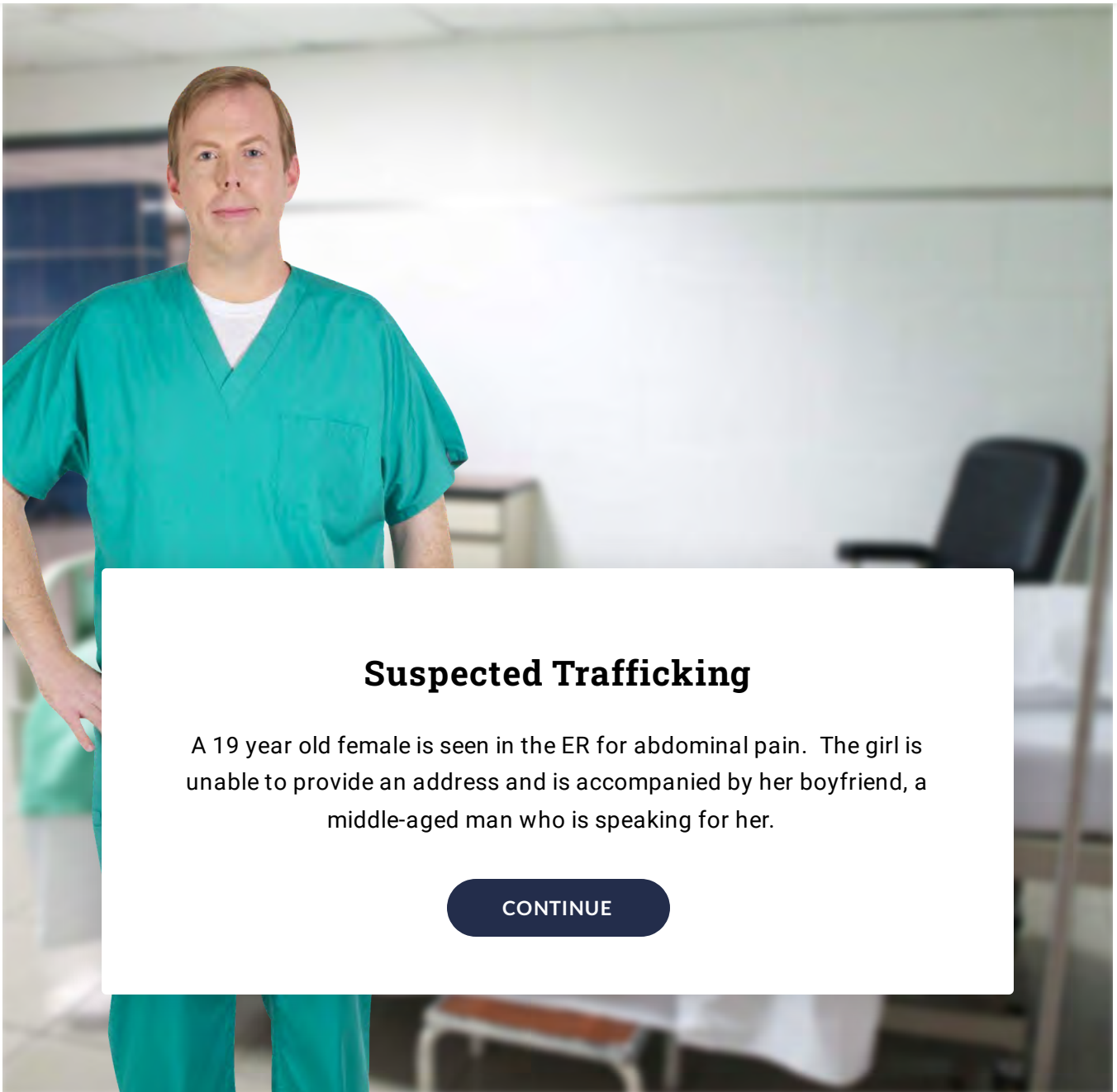
Continue to the Next Section

Click Continue to move to the next section.

CONTINUE

Suspected Abuse
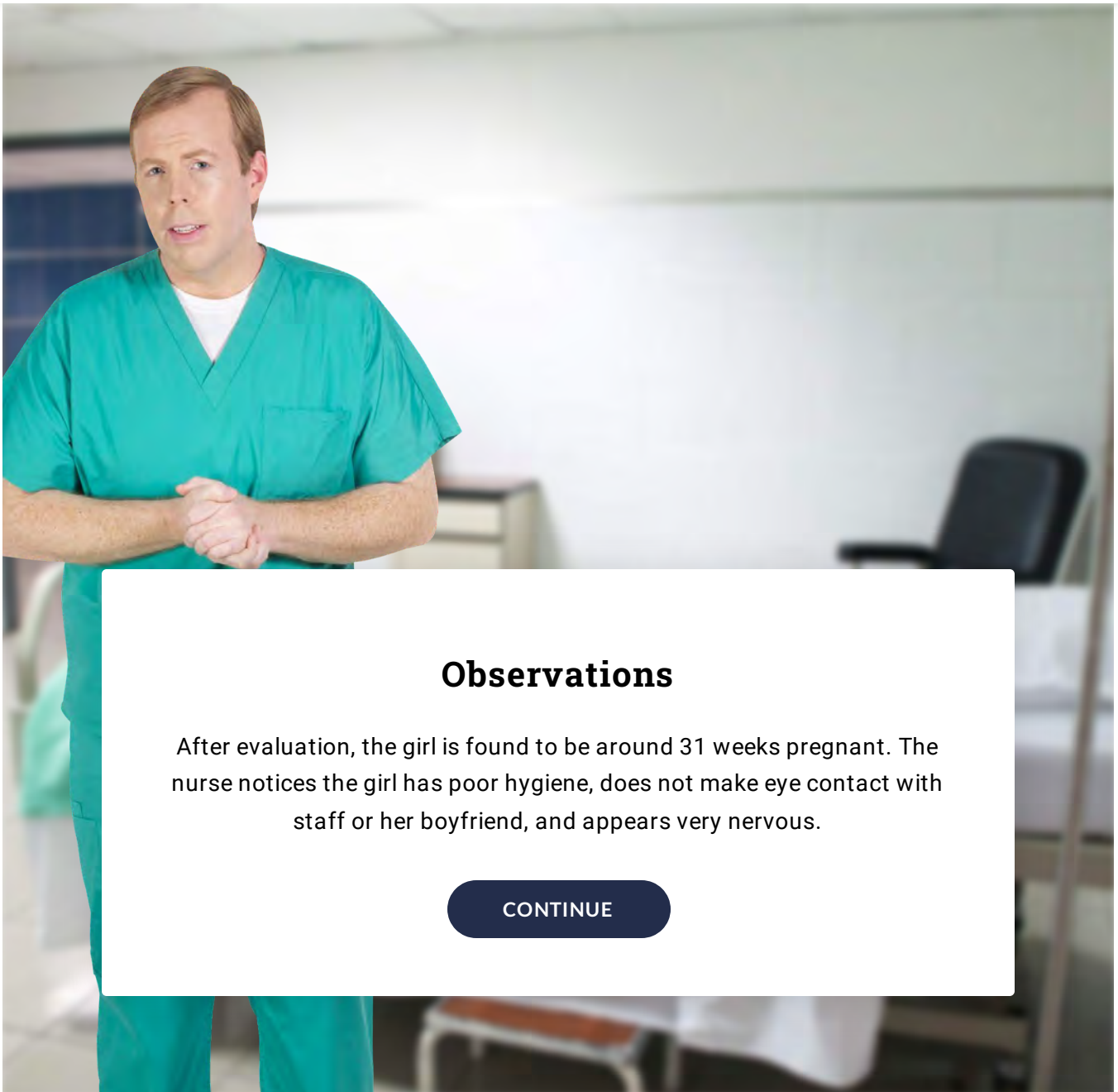

Suspected Abuse of a Patient

Suspected Trafficking

A 19 year old female is seen in the ER for abdominal pain. The girl is unable to provide an address and is accompanied by her boyfriend, a middle-aged man who is speaking for her.

CONTINUE

Scene 1 Slide 1

Continue → Next Slide

Observations

After evaluation, the girl is found to be around 31 weeks pregnant. The nurse notices the girl has poor hygiene, does not make eye contact with staff or her boyfriend, and appears very nervous.

CONTINUE

Scene 1 Slide 2

Continue → Next Slide

Scene 1 Slide 3

0 → Next Slide

1 → Next Slide

2 → Next Slide
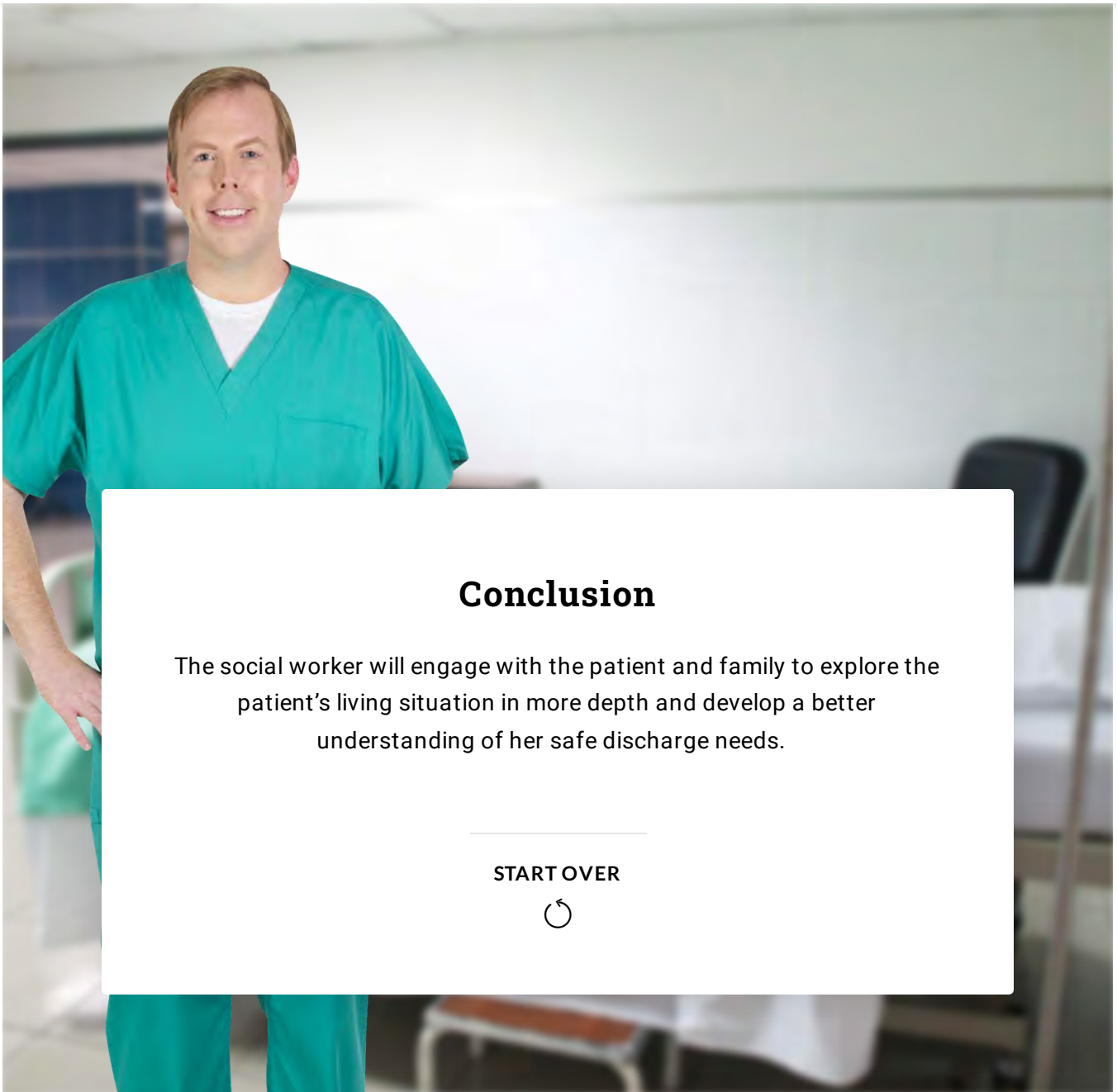
Conclusion

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.

START OVER

↺

Scene 1 Slide 4

Continue → End of Scenario

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 link to enlarge it.

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 have 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.

Continue to the Next Section

Click Continue to move to the next section.

CONTINUE

Bariatric Sensitivity for Patient Care

Respect - Language Matters

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

Using people first language is a way to make patients feel seen and heard in a respectful way.

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.

Continue to the Next Section

Click Continue to move to the next section.

CONTINUE

Language Services for Patient Care

Language Services

UVA Health serves the communities we care for. One of the free services provided to patients and guests requiring communication assistance is the availability of an interpreter.

Consider this scenario.

(Multiple Choice, 10 points, 1 attempt permitted)

Correct	Choice
	Explain to him that there are no translators, and you can write messages between each other.
X	Utilize Globo for Video Remote Interpreting or contact Language Services if further assistance is needed.
	Ask him to bring someone with him who can help him communicate with the medical team.

Feedback when correct:

That's right! You selected the correct response.

Feedback when incorrect:

That is incorrect.

Correct (Slide Layer)

Incorrect (Slide Layer)

1.2 Transfusion Time Out Education

CONTINUE

Continue to the Next Section

Click Continue to move to the next section.

CONTINUE

Clinical Alarms

Clinical Alarms content is required for many. Due to the navigation of the course, you may see this even if you do not have it as part of your role. If you are not involved with equipment with alarms, you can scroll down to skip this section.

Clinical Alarms

According to Clinical Alarm Management Medical Center Policy, all health care providers who are involved with patient care are responsible for addressing clinical alarms.

Appropriate actions include:

- Correcting the condition associated with the alarms

- Communicating with the appropriate direct care provider/shift manager for further investigation

- Resolution of any alarms

A Team Member, who is a part of patient care, is sitting at a work station when she hears a clinical alarm sounding for a patient that is not her own. No one else is currently available.

Who is responsible for responding to the alarm?

○   Only the RN assigned to the patient.

○   All patient care providers involved with patient care.

○   The HUC

○   Environmental Services, who is going to the room in a moment

SUBMIT

Continue to the Next Section

Click Continue to move to the next section.

CONTINUE

Food and Drink in Patient Areas

Food and Drink in Patient Areas

Food and Drink in Patient Areas

Answer these two questions.

CONTINUE

Scene 1 Slide 1

Continue → Next Slide

Paulina is returning with her lunch. When she comes back, she remembers that she needs to send a quick text page from the nurses station before sitting to enjoy her lunch. What should she do?

1 Drop off her lunch in the break room, then go send the text page. After she is finished, she returns to eat her lunch.

2 Take the lunch with her to send the text page. It will just take a minute.

Scene 1 Slide 2

0 → Next Slide

1 → Next Slide

A friend of a patient brought in some takeout food from a local restaurant; however, when the friend came, the patient was asleep. Instead of waking her, the friend asks Paulina to give it later.

1. Paulina takes the food and brings it to the refrigerator in the nutrition room, labeling and dating the food.

2. Paulina thinks the patient would appreciate having the food when she wakes, so she leaves it on the bedside table.

Scene 1 Slide 3

0 → Next Slide

1 → Scene 1 Slide 3

Food Procedures

Food and drink are not allowed in patient areas, and only covered drinks are allowed in common areas. Food brought in for patients must be stored in designated areas and be properly labeled.

START OVER

⟳

Scene 1 Slide 4

Continue → End of Scenario

Continue to the Next Section

Click Continue to move to the next section.

CONTINUE

Hand Hygiene and PPE for Patient Care

Standard Precautions

Standard Precautions are designed to reduce the risk of transmitting microorganisms from sources of infection in healthcare settings. Standard Precautions apply to all patients and in all situations, regardless of diagnosis or presumed infection status.

All patients can carry infectious agents.

To reduce the risk of transmitting disease, it is essential that you adhere to Standard Precautions when caring for ALL patients. The six components of Standard Precautions are:

- Hand hygiene

- Personal protective equipment

- Surface disinfection

- Safe injection practices

- Respiratory hygiene / cough etiquette

- Infection control practices for special lumbar puncture situations

- Infection control practices for aerosol-generating procedures (AGP)

Assess every patient situation to determine when and how to use Standard Precautions.

Principles of Hand Hygiene

The 5 Moments for Hand Hygiene.

1 Before touching a patient.

2 Before a clean / aseptic procedure.

3 After a procedure or body fluid exposure risk.

4 After touching a patient.

5 After touching a patient's surroundings.

- There are many hand hygiene opportunities to prevent HAIs.

- Hand hygiene monitoring program collects observation data on two of those opportunities.

- Hand hygiene is required before entering and upon 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

Glove use does not replace the need for hand hygiene.

Hand cleaning is still necessary before donning and after doffing gloves because:

- When uncleaned hands touch gloves, the outside of the gloves can become contaminated and spread microorganisms to the patient, a device, or the environment.

- Bacteria can multiply rapidly on gloved hands.

- Gloves can have micro tears or become perforated during use.

Gloves are single use

Only wear one pair at a time,
NO double gloving

Do not wear gloves beyond patient room/space.

Use Alcohol Sanitizer: 20 Seconds

- For patient care activity when soap and water is not needed

Use Soap and Water:

- When your hands feel sticky or are soiled

- After removing PPE when caring for a patient with C. difficile, norovirus, adenovirus, or unexplained diarrhea

Hand Skin Integrity Tips:

Skin irritation can be caused by inadequate rinsing: the chemicals and fragrances in soaps can cause reactions if they are allowed to remain on the skin.

Use ONLY the hospital-provided hand lotion several times each day when you can allow it to remain on your hands for at least 30 minutes. The hand care products are formulated to work together.

Principles for Hand Hygiene

Flip through the section to see standard work for hand hygiene in a patient care setting, beyond the 5 Moments of Hand Hygiene from above. Click **Start** to begin.

Hands Full

Perform hand hygiene with alcohol-based hand rub (ABHR) or soap and water: **Immediately after** carrying items into room if hands are full upon entry, or upon exit or after cleaning patient equipment. (Hand hygiene should be performed before gathering items.)

Food and Medication

Perform hand hygiene with alcohol-based hand rub (ABHR) or soap and water: **Before preparing or serving food** or administering medications.

Summary

Improving the hand hygiene of health professionals is one of the most effective ways to prevent HAIs.

CONTINUE

Dress for Success - Personal Protective Equipment (PPE)

- Standard precautions are based on your clinical judgement.

- Remember to use the PPE you need for your patient situation.

- Hospital Epidemiology may order additional PPE based on your patients' specific conditions.

Gloves

Don gloves when anticipating contact with body fluids.

Eye Protection

Wear eye protection if spraying, splashing, or splatter to your face is possible.

Wear a mask if spraying, splashing, or splatter is possible. Certain conditions require special masks. Pay attention to isolation signs for direction.

CONTINUE

Aerosol-Generating Procedures (AGPs)

Aerosol-Generating Procedure (AGP) In Progress

To Enter:

- Staff wear N95 + Eye Protection (or PAPR)

- Visitors and Roommates, wear Standard Mask

TIME PROCEDURE ENDED: [ ]   TIME SIGN TO BE REMOVED*: [ ]

OR

☐ CONTINUOUS AGP: If ☑, leave sign posted until AGP is discontinued plus the time to achieve 99% removal of aerosols

*TIME SIGN TO BE REMOVED = End of the AGP plus number of minutes for 99% aerosol clearance for this room (see back for room/area-specific times). Default is 60 minutes unless otherwise specified.

AGP precautions should be followed for all patients during chest compressions (CPR), intubation, or extubation.

For the procedures listed below, AGP precautions apply to patients with known or suspected respiratory infection/condition due to a respiratory pathogen that requires Airborne OR Droplet Precautions.

- Airway surgeries including tracheostomy

- Autopsy, clinical, surgical (sinopulmonary), and laboratory procedures that may aerosolize pathogens, such as operating bone saws, centrifuges, blenders, and aspiration equipment

- Bronchoscopy

- Cardiopulmonary resuscitation

- Endotracheal intubation and extubation

- Pulmonary Function Test

- Open suctioning of airways

- Sputum induction

Transmission-Based Precautions

The hospital implements transmission-based precautions in response to pathogens that are suspected or identified within UVA Health.

Precautions include:

- Contact

- Airborne

- Droplet

- Contact & N95 Respirator & Eye Protection

- Enteric precautions

CONTACT ISOLATION

CLEAN HANDS
Lávarse las manos

GOWN
Vestido

GLOVES
Guantes

- Visitors must report to the Nurse's Station FIRST

- When entering the room, clean hands, wear a gown, and wear gloves.

- When leaving the room, remove gloves and gown, discard all trash, and clean hands

---

Special Precautions for Lumbar Puncture

Wear a mask when performing a lumbar puncture

Wear a mask that covers the mouth and nose when performing a lumbar puncture.

An investigation conducted by the Centers for Disease Control and Prevention (CDC) of post-myelography meningitis revealed that germs causing disease in patients came from the mouths of the providers who performed their lumbar punctures.
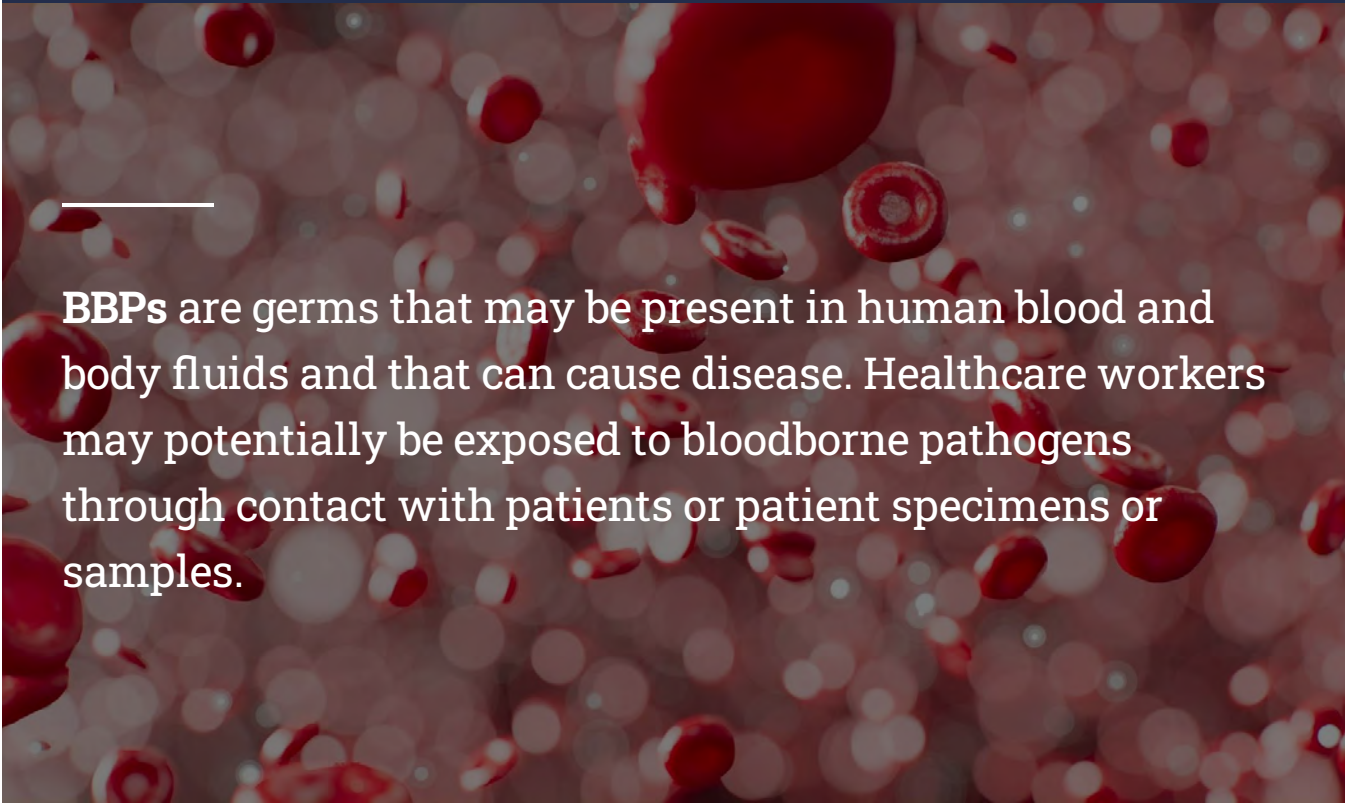
Continue to the Next Section

Click Continue to move to the next section.

CONTINUE

Bloodborne Pathogens for Patient Care

Overview of Bloodborne Pathogens (BBPs)

BBPs are germs that may be present in human blood and body fluids and that can cause disease. Healthcare workers may potentially be exposed to bloodborne pathogens through contact with patients or patient specimens or samples.

Some of the diseases that can be transmitted through blood and body fluids include:

- Human Papillomavirus (HPV)

- Hepatitis C (HCV)

- Human Immunodeficiency Virus (HIV)

At UVA Health, we follow the **OSHA** Bloodborne Pathogens Standard. This set of federal regulations outlines "Standard Precautions" to protect team members from exposures to bloodborne pathogens.

CONTINUE

Bloodborne Pathogen (BBP) Standard

OSHA's **Bloodborne Pathogens Standard (29 CFR 1910.1030)** as amended pursuant to the **2000 Needlestick Safety and Prevention Act**, is a regulation that prescribes safeguards to protect workers against health hazards related to bloodborne pathogens. It has provisions for exposure control plans, engineering and work practice controls, Hepatitis B vaccinations,

hazard communication and training, and recordkeeping. The standard imposes requirements on employers of workers who may be exposed to blood or other potentially infectious materials such as certain tissues and body fluids.

In addition to Standards Precautions and Hand Hygiene mentioned in the previous section, also dispose of medical waste in proper containers and consider receiving the Hep B vaccine series.

BBP Transmission & Exposure

Flip each card below to see the ways in which BBPs can be transmitted.

Skin injury

Through needlesticks, scalpel cuts, etc.

Contact with Infected Fluids

Spray, splash, or splatter into the eyes, nose, mouth, or broken skin

| Perinatally | From an infected mother to child during pregnancy, childbirth, and breastfeeding |
| Sexual Contact | Through unprotected sex and transfer of blood, semen, or vaginal secretions |

High-Volume Blood Contact

Instance of contact with blood covering a large area of skin that seems to be intact

CONTINUE

What to Do

At UVA, we take a comprehensive approach to the prevention of bloodborne pathogen transmission. This includes clear guidelines for infection prevention and control, specific policies and practices that provide protection, and education of our staff to limit exposure and reduce transmission if exposure does occur including:

- Surveillance and analysis of exposures and infections through a comprehensive Team Member Injury Prevention Program

- Evidence-based policies and procedures (Infection Control Manual)

- Education and training of staff in safe practices

- Availability of personal protective equipment

- Use of safer medical devices (including invention and study of safety devices)

- Vaccination of those at risk for hepatitis B

- Rapid and effective response in the event of exposure

- Targeted interventions based on role-specific hazards

CONTINUE

Exposure Follow-up

In Virginia, the deemed consent law is in effect. This means that if a healthcare worker is exposed to a patient's blood or body fluids, the patient's permission is not required to test the patient's blood for bloodborne pathogens and vice-versa. The patient is deemed to have given consent for such testing when admitted. The patient will be notified of the testing and counseled by his or her doctor regarding the results.

Follow-up Protocol

Testing, follow-up, and counseling are provided after an exposure. Based on evaluation of the incident (PIC #1523), treatment may be indicated. Click each BBP below to see related treatment.

HIV —

For maximum effectiveness, antiretroviral medication to prevent infection should be given within the first 2 hours after exposure.

HBV   —

For those who are not immune, Hepatitis B Immune Globulin may be given up to 7 days after exposure, the sooner the better.

HCV   —

If found to have acquired hepatitis C, the team member will be referred for evaluation. Early antiviral therapy has resulted in a higher cure rate.

Preventing BBP Exposures

Each work area has a written **Exposure Control Plan** and it is kept in the Red Book. Review the plan in your work area to learn more about:

- Potential exposure risks and steps to prevent them

- Sharps safety devices available in your work area

- Steps to take in the event of an exposure

Continue to the Next Section

Click Continue to move to the next section.

CONTINUE

Team Member Injury Prevention: Sharps

Sharps content is required for many. Due to the navigation of the course, you may see this even if you do not have it as part of your role. If you are not involved with injections or other sharps, you can scroll down to skip this section.

Sharps: Injury Prevention

Click the arrows to navigate through the major steps presented for Sharps Team Member Injury (TMI) Prevention.

RISK IDENTIFICATION

Treat all sharps as a Hot Needle

Understand safety mechanism prior to use (Vanish Point retractable syringes, Lovenox, others)

Identify potential sharps (needles, lancets, glass / ampules, wires, scissors)

RISK REDUCTION

Set Up/Prep

- Use blunt needle for drawing up medications
- Select retractable devices for subcutaneous insulin and heparin
- Avoid recapping

Giving Injection

- Communicate with patient prior to injection
- Stabilize site with non-dominant hand; Inject using dominant hand
- Keep stabilizing hand on patient until safety is activated
- If retractable safety device, activate while in patient

After Injection

- Do not touch end of device, even after safety is activated
- Clean up and dispose of sharps properly

INVOLVING MORE THAN ONE PERSON

Never pass sharp device

Dispose of your own sharps

Announce sharps

URINE SPECIMEN COLLECTION DEVICES

Do not touch Vacutainer

Dispose in sharps bin

DISPOSAL

Dispose promptly in sharps bin

Exchange sharps bin when 2/3 full

Do not reach into sharps bin or touch flap.

What to Do Following Exposure

ⓘ **If you are in another clinic outside the Medical Center (non-UPG), page PIC 1523 with an exposure / incident.**

WHAT TO DO AFTER EXPOSURE / INCIDENT

Page PIC 1523

besafe

Complete a Be Safe Event

POTENTIAL BLOOD OR BODY FLUID (BBF) EXPOSURE
Feel Something? Say Something!

Immediate Actions

Wash area with soap and water
Rinse eyes/mouth with water or normal saline

Page PIC 1523
to determine exposure and next steps

Continue to the Next Section

Click Continue to move to the next section.

CONTINUE

Team Member Injury Prevention: Patient Handling

Patient Handling TMI Prevention (All Inpatients)

Instructions: Click the right or left arrow to navigate through the major steps presented in the Standard Work for Patient Handling TMI Prevention (All Inpatients) document.

BEST PRACTICES

American Nurses Association Guidelines recommend lifting less than 35 pounds per person.

Use equipment to mobilize patients to keep staff safe, under 35 pound lift per person

ANA Safe Patient Handling & Mobility

RISK IDENTIFICATION

Mobility assessment every shift or status change

OPTIMIZE RESOURCES

- Adjust bed height to waist level
- Use boost function on bed
- Involve patient in their care, ask patient to assist
- Include right # of team members needed for move
- If not using air device, use 1 person for every 100lbs for log rolling and turning

COMMUNICATE MOVE

Communicate with patient and team members prior to and during move

Do not force agitated patients to move. De-escalate to ensure safety.

PATIENT SAFETY USING DEVICES

Never leave a patient on an inflated AFRD (HoverMatt) unattended

Do not use more than 3 layers

PLAN OF CARE

Document equipment used for patient mobility in EHR

Update patient whiteboard with most current mobility plan

Include patient mobility status in HOC

SPECIALIZED INTERVENTION FOR HIGH RISK PATIENTS

Consult Safe Patient Handling and Mobility (PIC 1568) Team for:

Patients with weight >350lbs

Patients with special mobility needs

Questions not answered in mobility equipment selection tool

CONTINUE

Helping patients with mobility should not cause injury to you. There are tools available for all patients. Review the image below to learn about some of the tools available and when they would be appropriate to use.

Minimal Lift Equipment

Mobility Level — Out of Bed Mobility Tools

MAX ASSIST
Criteria: Unable to sit EOB x 2 min
→ Lift (floor or ceiling):
Ceiling Lift < 800 lbs
Golvo < 440 lbs
Viking < 660 lbs
PIC#
1568 for > 800 lbs

MODERATE ASSIST
Criteria:
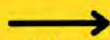→ Powered sit to stand:
Sabina < 440 lbs
Sara+ < 380 lbs
EZ way < 800 lbs
Guldmann (Pediatric)

MINIMAL ASSIST
Criteria:
able to stand > 5sec, not able to march in place
→ Non-powered sit to stand:
Sit to Stand:
Sara Stedy < 400 lbs
EZ way < 800 lbs

AMBULATORY
Criteria:
able to march in place
→ High Fall Risk may need safety net:
Lift Pants, Master Vest, Gait Belt with Chair follow

CONTINUE

Fall Prevention

Team Member Safety During Patient Falls

PREVENT	Use appropriate equipment per mobility status above
ASSIST	*DO NOT CATCH* Patient; ELSA: Ease, Lower, Slow, Assess
RECOVER	*DO NOT LIFT*; Hover Jack for patients unable to stand independently

NEVER try to catch a falling patient, 40% of our team member injuries last year were from team members trying to stop a patient from falling.

Instead of trying to catch them or stop the fall just try to control the descent and slowly lower or assist the patient to the floor and then use the HoverJack for fall recovery. We recommend a fall assist method **ELSA: Ease, Lower, Slow, Assess.**

E - EASE —

Ease the patient back onto your knee and take a step back into a staggered stance if possible. DO NOT attempt to hold them up; it is impossible to stay under ANA guidelines of 35 lbs.

L - LOWER   —

Slowly lower or slide the patient down your leg onto the floor/ground.

S - SLOW —

Bend your knee and keep your back straight while slowing and controlling the descent of the patient supporting their head.

A - ASSESS —

Once the patient is on the floor assess for injuries. (If spine injury is suspected, page MET team - 4-2012; otherwise, proceed with fall recovery using the Hoverjack.)

Questions? Reach out to the Safe Patient Handling and Mobility Team. PIC #1568 or SPHMT@hscmail.mcc.virginia.edu.
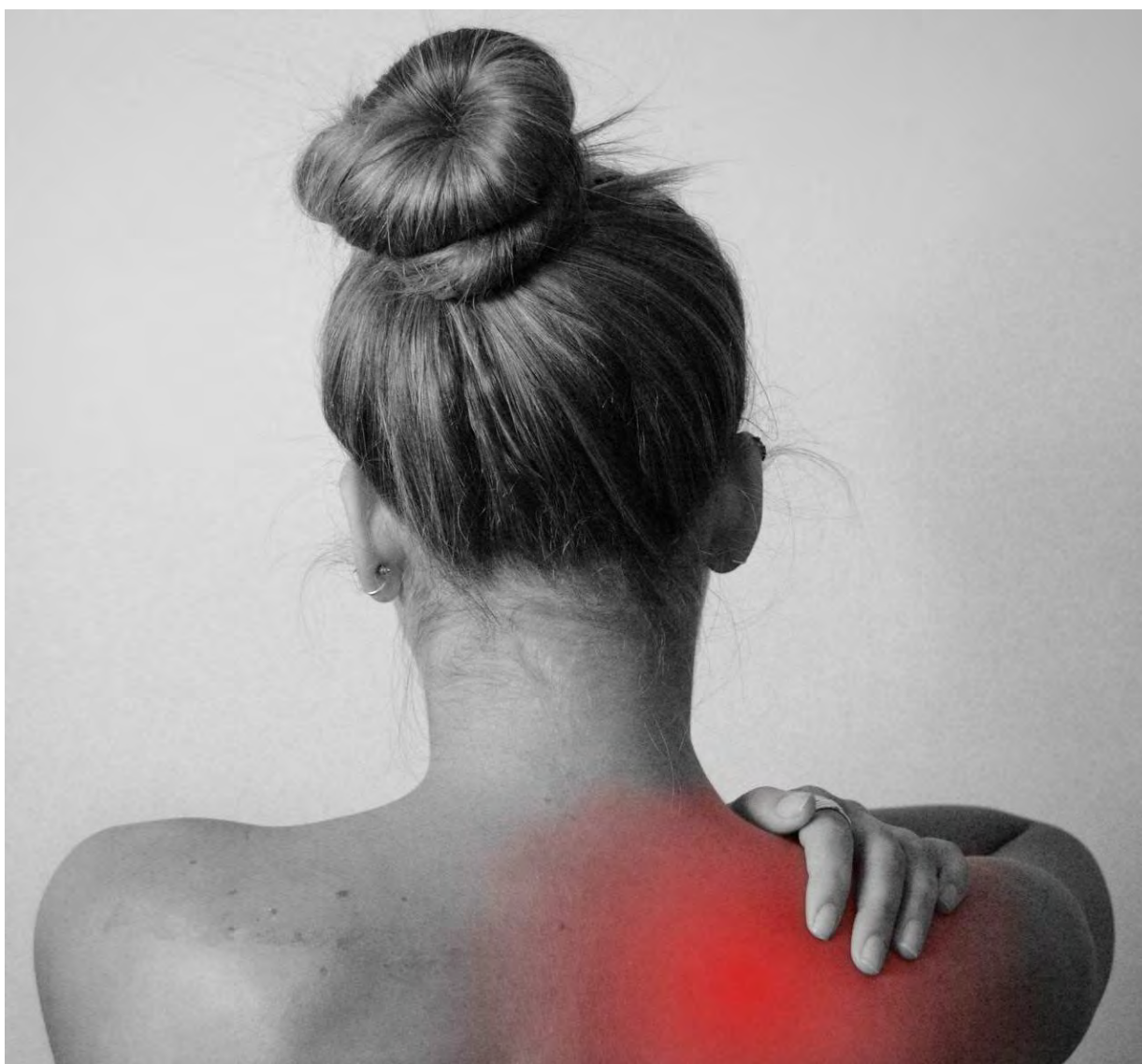
Continue to the Next Section

Click Continue to move to the next section.

CONTINUE

Pain Management

Pain Management

UVA Health is committed to the identification and management of patient pain using non-pharmacologic, pharmacologic, and a combination of those approaches in a manner that optimizes patient comfort, ability to function, and quality of life and minimizes the risks associated with treatment.

Within their scope of practice, the health care team is responsible for screening and assessing for pain, involving patients in their pain management plan, evaluating the effectiveness of the plan, and educating patients on the safety of pain medications.

Continue to the Next Section

Click Continue to move to the next section.

CONTINUE

Equipment Stickers

Clinical Engineering Stickers for Medical Equipment

Management of Medical Devices used in Patient Care Medical Center Policy used in patient care requires that "any Medical Device, whether purchased, contracted, donated, loaned, or for trial or research, that is to be used in the Medical Center for inpatient or outpatient care purposes shall be registered with Clinical Engineering." Clinical Engineering must inspect each device **before** clinical use!

Stickers serve as a visual indication that this registration has taken place and also indicate when the next scheduled maintenance is due. Here are the stickers you may find on medical equipment at UVAHS:

Asset Sticker
All inventoried medical devices purchased after January 2022 are given a unique asset number that also serves as the Clinical Engineering control number. This Asset Sticker thus serves as the CE Sticker or Barcode Sticker. Devices purchased

prior to January 2022 will have this sticker only if their purchase price was greater than or equal to $2000.

CE Sticker or Barcode Sticker
All inventoried medical devices purchased prior to January 2022 should have this sticker which contains the 8-digit control number used to uniquely identify each device (with the exception of a few which use the manufacturer's serial number instead as the control number). Medical devices purchased after January 2022 will use the Asset Sticker in lieu of this sticker.

Green Sticker or Teal Sticker

Not all medical devices require scheduled maintenance. This sticker indicates that the device has been registered with CE and passed its initial safety inspection. No additional inspection is required.

Orange Sticker
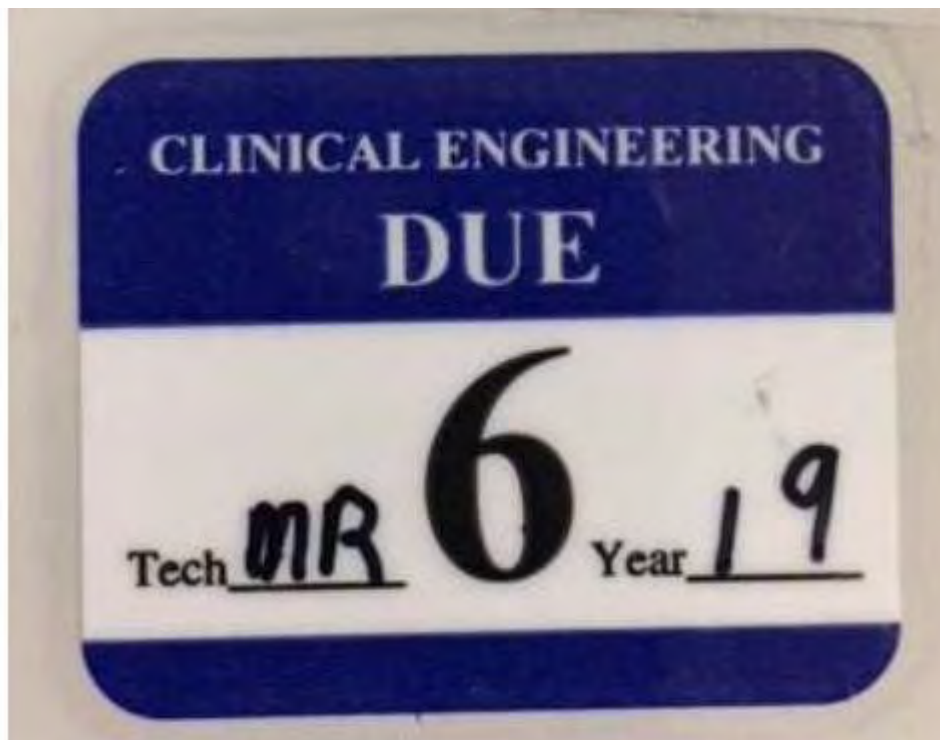Devices that are not owned by UVAHS still need to be registered. This sticker indicates that a demo, loaner, or patient-owned device has been registered with CE and passed its initial safety inspection. If the device remains at UVAHS up to the "date next check" date, it will need to be re-inspected by CE.

PM Sticker or Date Sticker

All medical devices with scheduled maintenance have this sticker which indicates when the next PM is due. Here, the next PM is due by the end of June 2019. Each month has a different color.

If you see a medical device with no sticker on it, immediately call CE 434-924-2391 to arrange registration.

If a medical device has a PM sticker indicating that the PM is due, or an orange sticker with an upcoming "next check" date, notify CE 434-924-2391 to arrange maintenance.

Continue to the Next Section

Click Continue to move to the next section.

CONTINUE

Managing Interruptions - Epic Downtime Patient Care

Managing Interruptions - Epic Downtime

Having an effective response plan is critical for mitigating the impact of downtime. Patient records are critical to providing the best possible care. To ensure you are prepared for downtime, make sure that you:

- Check your required forms weekly to ensure you have a supply in case of down time.

- The team should check the Business Continuity Access (BCA) PC weekly if you have one in your area.

- Validate that the information you need is accessible and test print one record to ensure your printer is set to local and default.
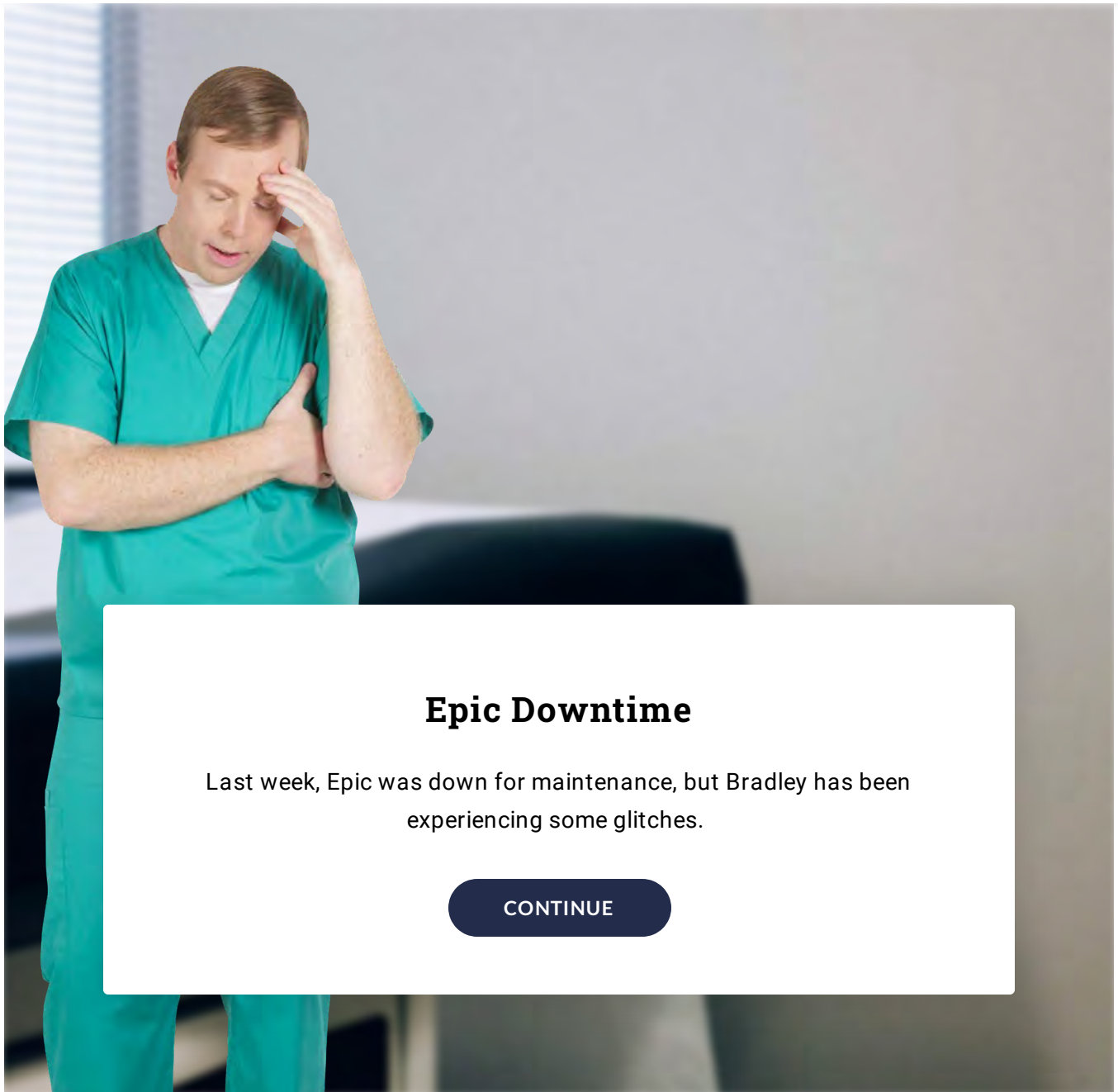
Epic Downtime

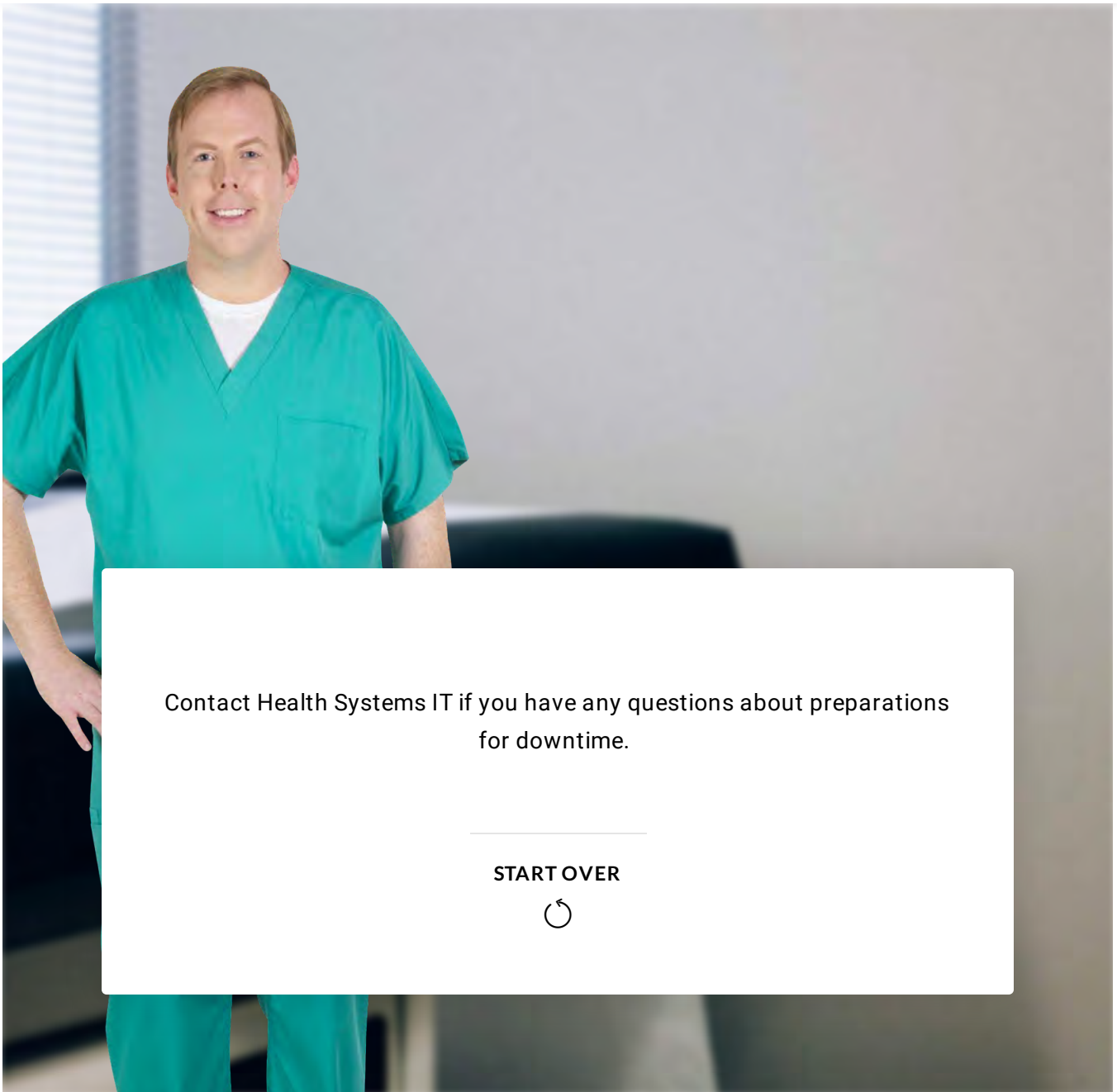Last week, Epic was down for maintenance, but Bradley has been experiencing some glitches.

CONTINUE

Scene 1 Slide 1

Continue → Next Slide

While Health System IT is working on this he wants to make sure his unit is prepared for downtime. What should he do to prepare?

1 Check the required forms, the Business Continuity Access (BCA), and validate that the information needed is accessible, printing a test.

2 All he has to do is call Health Systems IT, and give all the relevant information about what is happening with the glitches.

Scene 1 Slide 2

0 → Next Slide

1 → Next Slide

Contact Health Systems IT if you have any questions about preparations for downtime.

START OVER

↺

Scene 1 Slide 3

Continue → End of Scenario

🔒   Complete the content above before moving on.

Continue to the Next Section

Click Continue to move to the next section.

CONTINUE

Suicide Prevention

Suicide Prevention

The Joint Commission (TJC) requires healthcare organizations to identify individuals at risk for suicide using evidence-based screening for patients aged 12 years or older.

- Patients with suicidal ideation can be identified in a variety of settings including emergency departments, outpatient clinics, or during admission using standardized screenings:
    - Inpatient/ED utilizes the Columbia Suicide Severity Rating Scale (CSSR-S)
    - Ambulatory uses the Ask Suicide-Screening Questions (ASQ)

Refer to Suicide Risk Assessment and Prevention Medical Center Policy.

Screening Criteria

- Suicidal ideation

- Injuries from a suicide attempt

- Physical or behavioral indications warranting further screening

- Annually for patients in a behavioral or psychiatric clinic with a primary psychiatric or behavioral diagnosis or complaint

- 12 – 17 years of age with a history of depression (inpatient)

Note: If the patient's risk stratification changes based on the rescreening, the LIP shall be notified and the patient's Suicide Precautions order modified accordingly.

Safety

Staff members once trained may be responsible for constant 1:1 visual observation of patients on suicide precautions which includes:

- Establish a secure environment to ensure safety.
- Removing harmful objects and equipment:

- Regularly assess and secure patient surroundings.

- Promptly remove any items that may pose a threat.

- Minimize risks by having patients remove personal clothing and shoes, and wear paper scrubs or a green gown with no ties (inpatient).

- Checking Visitor Belongings and Gifts:

  - Screen belongings and gifts to prevent harmful items from entering.

Documentation

Documentation is required by all team members caring for a patient on suicide precautions.

Based on your role and scope of practice:

- Screenings

- Observation

- Risk Stratification & Assessment (LIP)

- Care Planning

- Discharge

- Safety Planning (LIP/Social Work)

> **Note:** To find out more type Suicide into Policy Tech.

Continue to the Next Section

Click Continue to move to the next section.

CONTINUE

Workplace Violence - SAVE

Workplace Violence - SAVE

UVA 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.

The purpose of the SAVE Program is to provide oversight and guidelines to team members to prevent injury associated with violent events within the UVA Health.

The workplace violence prevention program, titled SAVE, stands for:

- Situational

- Awareness

- Violent

- Events

Resources can be found in the SAVE desktop icon, pictured here. This desktop icon is available on any shared Health System computer desktop.

All episodes of workplace violence (including verbal, physical, & sexually inappropriate behaviors) are to be reported in **Be Safe**, under the **Workplace Violence** tile.

Do Not Wait

Reach out if you need help!

If you can see an escalation coming get help. Don't wait and then say 'I knew that would happen.'

Consider putting safety measures in place, such as flags in epic, security assessments, or any other tools available in the save icon.

- Contact Lauren Mathes (LEM9R@UVAHealth.org) or Janine Smith (JMS4CF@UVAHealth.org) for assistance.

Continue to the Next Section

Click Continue to move to the next section.

CONTINUE

LVAD Aware

LVAD (Left Ventricular Assist Device) Aware

An LVAD is a surgically implanted pump used to partially or completely replace the function of the failing left ventricle.

The LVAD pump is designed to continuously push blood into the circulation so this results in making it hard to feel a pulse.

LVADs require constant power from electricity or rechargeable batteries- never disconnect a patient's power.

These are examples of equipment you will see to help you identify LVAD patients.

What To Do For A LVAD Patient In Trouble

Emergency Situations and Contacts:

- Perform usual emergency care to a LVAD patient.

- Remember it may be hard to feel a LVAD patient's pulse even when they are in their usual good health.

- **DO NOT disconnect any batteries or LVAD equipment from patient.**

Contact emergency help in accordance with your Unit Red Book.. If you are in an inpatient area, contact RN staff **then** contact the UVA Health Call Center, a.k.a. Operator to Page:

- Heart Failure Cardiologist On-Call: 9489

- LVAD Coordinator On-Call: 9823

- Perfusionists: 1286

Continue to the Next Section

Click Continue to move to the next section.

CONTINUE

Organic and Tissue Donation for Patient Care

Organ and Tissue Donation

Families of potential Organ and Tissue donors are grieving. Because it is typically a hard time, it is important to be particularly sensitive to their beliefs, circumstances, and wishes.

The University of Virginia Medical Center maintains a well-coordinated, compassionate, and respectful approach to organ, tissue, and eye donation that complies with state and federal laws and regulations. The Medical Center coordinates with the contracted Organ Procurement Organization, LifeNet Health, to facilitate a systematic process for notifying the OPO of potential donors, evaluating potential donors, seeking consent for donation in a respectful and sensitive manner, and recovering donated organs.

Contact LifeNet (**1-866-LIFENET** or via the electronic link in Epic) within 60 minutes when any of the following criteria are met:

- When a patient dies in the hospital.

- When a ventilated patient has a GCS of 4T or less (including sedated patients, but excluding patients who are in the anesthetic/sedation recovery period after a procedure).

- When a goals of care discussion that may include withdrawal of life-sustaining treatment is planned.

- When brain death testing is anticipated.

- When donation is mentioned by the family/surrogate.

An electronic referral link is (or will be) available in Epic to facilitate LifeNet notification and decrease phone calls. This will continue to be expanded to all inpatient areas. The electronic referral is accessible as indicated below. After clicking the link, follow the on-screen instructions to submit the referral.

RNs: Use RN Navigator to select "LifeNet Referral" from "Checklists" or from "Post-Mortem" under Discharge tab.	APPs, MDs, others: Select "LifeNet Referral" from Post-Mortem navigator.
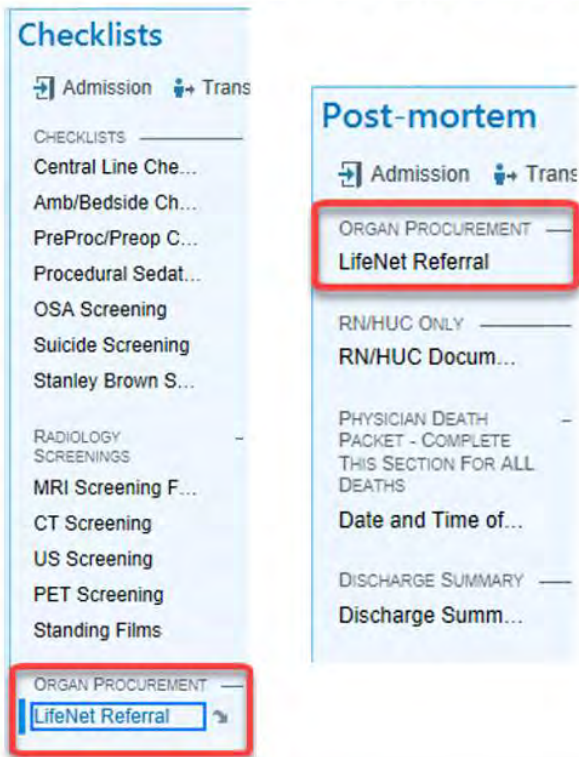
Checklists

- Admission · Trans

CHECKLISTS
- Central Line Che...
- Amb/Bedside Ch...
- PreProc/Preop C...
- Procedural Sedat...
- OSA Screening
- Suicide Screening
- Stanley Brown S...

RADIOLOGY SCREENINGS
- MRI Screening F...
- CT Screening
- US Screening
- PET Screening
- Standing Films

ORGAN PROCUREMENT
- LifeNet Referral

Post-mortem

- Admission · Trans

ORGAN PROCUREMENT
- LifeNet Referral

RN/HUC ONLY
- RN/HUC Docum...

PHYSICIAN DEATH PACKET - COMPLETE THIS SECTION FOR ALL DEATHS
- Date and Time of...

DISCHARGE SUMMARY
- Discharge Summ...

Post-mortem

- Admission · Read

ORGAN PROCUREMENT
- LifeNet Referral

PHYSICIAN DEATH PACKET - COMPLETE THIS SECTION FOR ALL DEATHS
- Date and Time of...
- Death Rpt Questi...
- Death Report Note

PHYSICIAN - COMPLETE ONLY IF AN AUTOPSY IS REQUESTED
- Autopsy Questions
- Autopsy Consent

DISCHARGE SUMMARY
- Discharge Summ...

ⓘ According to HRSA, 90% of US adults support organ donation. For a patient to be eligible for organ donation, the patient **must be ventilated**. Please ensure you preserve this opportunity for donation by working closely with LifeNet Health and ensure the **patient remains ventilated** until a determination of eligibility can be made.

For more information, refer to Organ, Tissue, and Eye Donation Medical Center Policy.

Continue to the Next Section

Click Continue to move to the next section.

CONTINUE

Direct Patient Care Choose Your Role

The next section of this course will provide you with information that is required for you based on your role. In some instances, the information is required for your role, but may not match your work environment. In those cases, consider how the topic would relate to your role.

Choose Your Role

Inpatient and Emergency Department RN, LIP, PA, CNA, PCT, or Surg Tech

Nurses, Physician Assistants, CNA's, PCT's, Physicians, Nurse Practitioners, Surg Techs, EMTs (in the Emergency Department). Care provided in the hospital setting or procedure area (even if the space is sometimes considered "out patient").

CONTINUE

Outpatient RN, LIP, LPN, MA, PCT

Nurses, Physician Assistants, Physicians, Nurse Practitioners, CNA's, or PCT's. Care provided **only outside** the inpatient or procedure area.

CONTINUE

Emergency Medical Services

CONTINUE

Respiratory Therapist

CONTINUE

Perfusionist

CONTINUE

Radiation Tech

CONTINUE

Pharmacy

CONTINUE

I Do Not Provide Direct Care

If you do not provide direct care to patients, click here to **return to the beginning** and choose your role.

RETURN

I provide direct patient care, but my role is not listed.

Perfusionist

Introduction

The topics included are required for your role, although the scenario may not match your work environment. Please review each section and reflect how the topic may be relevant in your work.

This section will take approximately 3 minutes to complete.

It may take a moment for the following scenarios to load. Complete these questions before moving on.

Transfusion Time-Out

1.1 Transfusion Time Out

(Multiple Response, 10 points, 1 attempt permitted)

Correct	Choice
X	Patient information on Transfusion Tag to patient's ID armband and Typenex armband
X	Patient's identity by having the Patient state full name and DOB
X	Patient's full name and MRN# on patient ID armband matches name and MRN# on Transfusion Tag
X	Blood group on Transfusion Tag matches Blood group on Blood bag
X	Unit # on Transfusion Tag matches Unit # on Blood bag
X	Component information on Transfusion Tag matches Component information on Blood bag
X	Expiration date on Transfusion Tag matches Expiration date on Blood bag

Incorrect (Slide Layer)

Correct (Slide Layer)

1.2 Transfusion Time Out Education

Transfusion Time-Out

Stacy is a 10 year old patient getting a transfusion. Before starting the transfusion, the nurse calls a verifier to perform the time-out.

What are you verifying?

Check all that apply.

- ✓ Patient information on Transfusion Tag to patient's ID armband and Typenex armband
- ✓ Patient's identity by having the Patient state full name and DOB
- ✓ Patient's full name and MRN# on patient ID armband matches name and MRN# on Transfusion Tag
- ✓ Blood group on Transfusion Tag matches Blood group on Blood bag
- ✓ Unit # on Transfusion Tag matches Unit # on Blood bag
- ✓ Component information on Transfusion Tag matches Component information on Blood bag
- ✓ Expiration date on Transfusion Tag matches Expiration date on Blood bag

Submit

🔒 Complete the content above before moving on.

Continue to the Next Section

You have completed content related to your role.

Click Continue to complete the course.

Content for Your Role Complete

Finish

Thank you for taking the time to complete the course. This year, there is no additional content for your role.

In order to mark the course as complete in Workday Learning, you must continue to the next page.

Click here to reach the final page of the course.

CONTINUE TO END

Finish

Click the Button Below to Complete the Course

It may take a moment for the button to load.

Thank you for completing 2024 Annual Retraining.

After clicking below, the course will be marked as complete in Workday Learning.

Click Here to Complete the Course

1.1 Start

Notes:

Untitled Layer 1 (Slide Layer)