

DEPARTMENT OF VETERANS AFFAIRS  
NEW YORK HARBOR HEALTHCARE SYSTEM

**MANDATORY  
TRAINING MANUAL**

*January 2003*

***Fire Safety, Infection Control &  
Sexual Harassment***

# *MISSION, VISION AND VALUES*

## **OUR MISSION**

The Veterans Affairs New York Harbor Healthcare System is dedicated to providing quality health care to veterans using the abilities of all employees supported by our commitment to education and research.

## **OUR VISION**

America's Veterans - the men and women who have defended our freedom are one of our country's greatest sources of pride. These patriots have earned the health care provided by a grateful nation.

We seek to be the provider of choice of veterans and the community by offering an efficient, integrated quality healthcare system capable of providing a full range of primary, specialty and chronic health care services in a system that is readily accessible and responsive to change.

## **OUR VALUES**

Trust \* Respect \* Compassion \* Commitment \* Excellence \* Teamwork \* Communication \* Diversity

## **PATIENTS**

Our first responsibility is to the patients we serve. We are committed to provide the highest quality care possible.

## **EDUCATION**

We are responsible to provide a learning atmosphere and experience to our patients, staff and students.

## **RESEARCH**

We will encourage the exploration of research and the translation of results to the betterment of patient care.

## **EMPLOYEES**

Our employees are our most valuable assets. They make us what we are. We have a responsibility to treat each employee with respect and dignity.

## **PERFORMANCE**

We will improve our performance by continuing to search for ways to operate more compassionately, efficiently and effectively. We are dedicated to providing timely and courteous service at all times under all conditions in a pleasant and caring atmosphere.

# *INFECTION CONTROL*

## **Why Do We Have an Infection Control Program?**

Disease in a healthcare workplace can spread to employees and patients alike. Controlling the spread of germs may be as simple as washing your hands, or it may involve the use of personal protective equipment and knowing how to dispose of infectious wastes and sharp instruments, needles, scalpels, etc., in sharps containers.

What is the single most important means of preventing the spread of infections?

### **HANDWASHING!!!**

You must wash your hands:

Before and after patient contact,  
After removing gloves,  
After using the restroom, and  
Before and after eating.

This is only the minimum - handwashing is usually needed more frequently.

## **Who Is Responsible for the Management of the Infection Control Program?**

Debbie Hirsch-Temple (Harbor-wide) (212) 686-7500, ext. 3623, Beeper (877) 655-4429  
Ruth Abrams (NY) (212) 686-7500, ext. 3974  
Joanne Flannery (NY) (212) 951-3412  
Elizabeth Maccario (Brooklyn) (718) 836-6600, ext. 3623, Beeper (917) 989-9683  
Merigene White (St. Albans) (718) 526-1000, ext. 2282, Beeper 7-203

## **What Are Standard (Universal) Precautions?**

Standard (or Universal) Precautions is the term for all care practices designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infections and should be used in the care of all patients. Standard Precautions recommended by the Center for Disease Control points out the need to consider ALL blood and body fluids as potentially infectious, regardless of the patient's diagnosis. In order to follow these recommendations you need to use barriers that focus on the care of the patient provider's INTERACTION with the patient at the time, rather than on the DIAGNOSIS of the patient which is the cornerstone of the traditional isolation systems.

### **PROCEDURES**

#### **1. HANDWASHING**

Washing the hands before and after contact with each patient is the single most important means of preventing the spread of infection. The principle of handwashing is primarily that of mechanical removal of dirt and microorganisms by sudsing, friction, flushing with running water flowing from the wrist to the fingertips, and the use of soap.

Hands must be washed before and after patient contact even when gloves are used. Additionally, when caring for a single patient, all personnel must wash their hands after any contact with the patient's excretions and secretions before touching the patient again. An adequate supply of soap and paper towels should be maintained.

- Wet hands.
- Apply soap (about 5 cc when using antimicrobial solution).
- Wash hands vigorously for at least 10 seconds, paying special attention to areas between the fingers, about the knuckles and wrists, and under fingernails.
- Thoroughly rinse hands under a stream of water, keeping hands down when washing.
- Dry hands thoroughly.

## **2. PROTECTIVE BARRIERS**

Include: gloves, gowns, masks and eye protection. All barriers are not necessary at all times (see chart below).

Gloves – Wear gloves when direct contact with body fluids from any patient is anticipated.

Gowns – Protect clothing with a gown or lab coat when soilage of clothing by these body fluids is anticipated.

Masks and Protective Eye Wear – Wear masks and/or eye protection when splattering of body fluids into the mouth, nose or eyes is likely (e.g., when suctioning a patient with copious secretions).

Cleaning of Blood Spills – Spilled blood should be cleaned up promptly with EPA approved germicide.

Unanticipated Contact with Body Fluids – If unanticipated contact with body fluids occurs wash as soon as possible. (Hand washing, face washing, etc., as appropriate). Notify your supervisor.

Needles, Syringes and Other Sharps – Place needle/syringe and other sharps in designated containers. DO NOT RECAP NEEDLES unless it can be accomplished through the use of needle capping device or using one-handed technique. The use of safety devices is required.

The Medical Center will provide appropriate types of protective equipment, i.e. gloves, eye protection, masks, gowns, point of use needle disposal, etc. They are available on each unit.

Each physician, nurse and other direct care provider is responsible for evaluating their own interaction with the patient and using barriers as appropriate, based on anticipated contact with body substances.

## **3. LABORATORY SPECIMENS**

Place each lab specimen in an appropriate leak-proof container.

Secure lids tightly to prevent leakage.

Place the specimens into a plastic bag with a biohazard label.

Seal the bag before transporting it to the lab.

## **4. LINEN HANDLING**

All soiled linen is handled in the same manner regardless of the patient's specific diagnosis. Place linen into a leak resistant laundry bag.

If linen is soaking wet with blood, place wet linen in plastic garbage bag and then into laundry bag to prevent leakage.

## **5. REGULATED MEDICAL WASTE**

Regulated Waste includes but not limited to:

All chest drainage devices: Pleuravacs or other water-seal devices

All wound suction devices: Hemo-Vacs, Porto-Vacs or Jackson Pratt tubes

Any fluid filled container with visible blood.

Regulated Medical Waste must be separated from regular trash. Red Medical Waste containers are located on all Nursing Units.

Refer to Orange Manual – Exposure Control Plan for complete listing of Regulated Medical Waste.

**STANDARD PRECAUTIONS**

PROCEDURES	HANDWASHING	GLOVES	GOWN	MASK	GOGGLES
Talking to patient	No precautions needed				
Adjusting IV fluid rate or non-invasive equipment					
Examining patient without touching blood, body fluid, mucous membranes	✓				
Examining patient including contact with blood, body fluid, mucous membrane	✓	✓			
Drawing blood	✓	✓			
Starting an IV	✓	✓			
Suctioning—oral, tracheal, wound	✓	✓	Use gown, mask, goggles if splash of blood or body fluids possible		
Handling soiled linen, trash, or equipment	✓	✓	Use gown, mask, goggles if splash of blood or body fluids possible		
Handling specimens	✓	✓	Use gown, mask, goggles if splash of blood or body fluids possible		
Catheter insertion	✓	✓	Use gown, mask, goggles if splash of blood or body fluids possible		
Intubation	✓	✓	✓	✓	✓
Inserting arterial access	✓	✓	✓	✓	✓
Operative and other procedures which produce extensive splattering of blood or body fluids	✓	✓	✓	✓	✓
Bronchoscopy	✓	✓	✓	✓	✓
Endoscopy	✓	✓	✓	✓	✓
Dental procedures	✓	✓	✓	✓	✓

References:

U.S. Department of Health and Human Services. MMWR, August 21, Vol. 36, No. 25

OSHA. Updated Enforcement. Procedures for Occupational Exposures to Hepatitis B Virus (HBV) and Human Immunodeficiency Virus. April 9, 1990. Vol. 14, No. 7a

**IF EXPOSURE SHOULD OCCUR:**

**PROTOCOL FOR OCCUPATIONAL EXPOSURE TO BLOOD AND/OR BODY FLUIDS**

PERCUTANEOUS EXPOSURE (SKIN PUNCTURE OR LACERATION)  
WASH WOUND WITH SOAP AND WATER  
FIRST AID AS APPROPRIATE

MUCOCUS MEMBRANE, CUTANEOUS EXPOSURE (SPLASH)  
SKIN: WASH AREA WITH SOAP AND WATER TAKING NOTE OF AREAS EXPOSED.  
MUCOCUS MEMBRANE: EYE, FLUSH WITH COPIOUS AMOUNTS OF WATER.

**DAYTIME PROTOCOL**

1. ALERT SUPERVISOR. GO TO EMPLOYEE HEALTH SERVICE **IMMEDIATELY** BETWEEN THE HOURS OF 8:30-11:00 AM AND 1:30-4:00 PM. ALL OTHER TIMES REPORT TO THE EMERGENCY ROOM.
2. EMPLOYEE HEALTH SERVICE WILL:
  - A. DETERMINE SOURCE RISK FACTORS FOR HIV, HEPATITIS B AND HEPATITIS C.
  - B. EMPLOYEE HEALTH SERVICE WILL DETERMINE IF INJURY IS HIGH OR LOW RISK.

**WHEN HOURS PROTOCOL**  
**(Weekends, Holidays, Evenings and Nights)**

1. ALERT SUPERVISOR. GO TO THE EMERGENCY ROOM (ER) **IMMEDIATELY!**
2. EMERGENCY ROOM ATTENDING PHYSICIAN WILL PHONE HOUSE OFFICER ON WARD TO DETERMINE SOURCE RISK FACTOR FOR HIV, HEPATITIS B AND HEPATITIS C.
3. ER ATTENDING PHYSICIAN WILL DETERMINE IF INJURY IS HIGH OR LOW RISK.
4. ST. ALBANS EMPLOYEES ARE REFERRED TO BK CAMPUS ER.

**PROCEDURE:**

- A. SEROLOGICAL TESTING FOR HIV, HEPATITIS B: CORE ANTIBODY, SURFACE ANTIBODY & SURFACE ANTIGEN, HEPATITIS C AND SYPHILLIS WILL BE OFFERED.
- B. IF EMPLOYEE HAS HAD PRIOR HBV VACCINE, DOCUMENT SEROLOGICAL IMMUNITY.
- C. IF EMPLOYEE HAS NEVER RECEIVED VACCINE, OBTAIN HBV SEROLOGICAL STUDIES, INITIATE HEPATITIS B VACCINATION AND OFFER H BIG.
- D. IF EMPLOYEE IS KNOWN TO BE SUSCEPTIBLE, INITIATE HEPATITIS B VACCINATION AND OFFER H BIG.

For more information on Post Exposure, see YELLOW pages in Section 3.0

## TRANSMISSION-BASED PRECAUTIONS

In addition to Standard Precautions, use Transmission-based Precautions for patients documented or suspected to be infected with highly transmissible or epidemiologically important pathogens.

The VA NY HHS will use two (2) types of Transmission-based Precautions:

1. Respiratory Precautions
2. Contact Precautions

\*\*\*\*Please note that certain infections require more than one type of precaution.

## RESPIRATORY PRECAUTIONS

***Use in addition to standard precautions for pathogens transmitted by the Airborne and Droplet route.***

### **Airborne Transmission**

Airborne transmission occurs by the spread of either airborne droplet nuclei or dust particles containing the infectious agent. Microorganisms can be widely dispersed by air currents and may be inhaled by or deposited on a susceptible host in the same room or over a longer distance from the source patient.

Examples include:

- Measles (Rubeola)
- Varicella- (Chicken pox) (including disseminated zoster)\*
- Tuberculosis

### **Droplet Transmission**

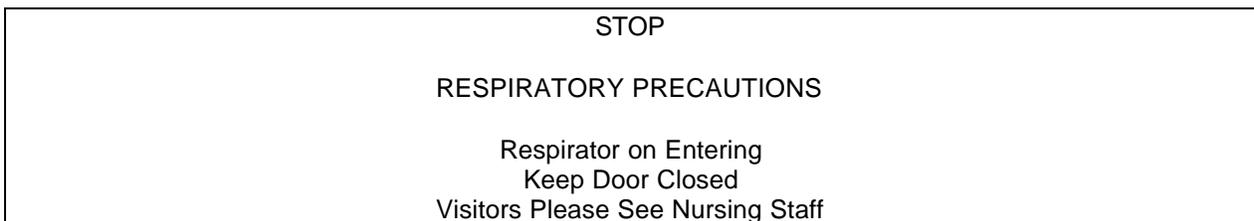
Droplet transmission involves contact of the conjunctivae or the mucous membranes of the nose or mouth of susceptible persons with large-particle droplets containing microorganisms generated from a person who has a clinical disease or is a carrier of the microorganism. Droplets are generated from the source person primarily during coughing, sneezing, or talking and during the performance of certain procedures such as suctioning and bronchoscopy. Transmission requires close contact between source and recipient, since droplets do not remain suspended in the air and generally travel only short distances, usually 3 feet or less, through the air.

Examples include:

- Haemophilus influenzae type B disease - meningitis, pneumonia, epiglottitis and sepsis
- Neisseria meningitidis disease - meningitis, pneumonia and sepsis
- Other serious bacterial respiratory infections
- Diphtheria
- Mycoplasma pneumonia

A. Patients requiring Respiratory Precautions must be placed in one of the designated respiratory precaution rooms.

B. A sign stating the following must be placed outside the patient's room, adjacent to the door:



- C. The following respiratory protection devices are required:
- Health Care Workers - wear a NIOSH-approved respirator on entering the room. On leaving the room, the respirator should be placed in a ziploc biohazard bag (if it's not wet on the outside) and stored for future use.
  - Visitors - wear a NIOSH-approved respirator upon entering the room. On leaving the room, the respirator should be stored as noted above.
  - Patients - wear a molded surgical mask at all times when it is necessary to leave the room, i.e., to go to x-ray. Patients should be asked to remain in their rooms at all times.

## CONTACT PRECAUTIONS

In addition to Standard Precautions, use Contact Precautions for patients known or suspected to be infected or colonized with epidemiologically important microorganisms that can be transmitted by direct contact with the patient (hand or skin-to-skin contact that occurs when performing patient-care activities that require touching the patient's dry skin) or indirect contact (touching) with environmental surfaces or patient-care items in the patient's environment.

Examples include:

Infectious diarrhea

Multi-drug resistant infections or colonization (Vancomycin resistant enterococcus, Methicillin resistant staphylococcal wound infections)

Skin infections that are highly contagious

Viral/hemorrhagic conjunctivitis

- A. Patients requiring Contact Precautions must be placed in a private room until their cultures are returned negative or the treating physician writes an order to discontinue Contact Precautions.
- B. When a private room is not available, place the patient in a room with a patient who has active infection with the same organism, but with no other infection. When a private room is not available and cohorting is not achievable, contact Infection Control or Infectious Diseases.
- C. A sign stating the following must be placed outside the patient's room adjacent to the door:

<p>CONTACT PRECAUTIONS</p> <p>Private Room/Cohort</p> <p>Gloves and Gowns Required</p> <p>Handwashing with Clorhexidine</p>
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- D. The following personal protection devices are required:
- Health Care Workers - always wear gloves when entering the patient's room. Wear a gown if you anticipate substantial contact with the patient, environmental surfaces or items in the patient's room, or if the patient is incontinent or has diarrhea, an ileostomy, colostomy or wound drainage.
  - Visitors - always wear gloves when entering the patient's room. If substantial contact with the patient or environmental surfaces is anticipated, in addition to gloves, wear a gown when entering the room. On leaving the room, remove gown and gloves and wash hands with an antimicrobial agent. Avoid further contact with the patient or surfaces and items in the patient's room.
  - Patients - ensure precautions are maintained if it is necessary to leave the room. Frequent hand washing is required.

- A designated contact protection cart should be available outside the patient's room. This cart should contain clean gowns and gloves.
- Gloves and Hand Washing - Wear gloves when entering the room. Change gloves after having contact with infective material that may contain high concentrations (fecal and wound drainage). Remove gloves before leaving the patient's room and wash hands immediately with an antimicrobial agent. Do not touch potentially contaminated environmental surfaces or items in the patient's room after glove removal and hand washing.
- Hands must be washed thoroughly after gown and gloves are removed and before leaving the patient's room. Wet hands/wrists under running water.
- Limit the movement and transport of the patient from the room to essential purposes only. Ensure precautions are maintained if the patient is transported out of the room. The receiving area should be ready to accept the patient without delay. Notify personnel in the receiving area about the patient's precaution status so that immune staff are available and the necessary precautions are taken.
- Dedicate the use of non-critical patient-care equipment to a single patient or cohort of patients infected or colonized with the pathogen requiring precautions. If dedicated equipment is not possible, then adequately clean and disinfect equipment before use on another patient.
- Equipment – Single Use devices should be discarded after use in the appropriate receptacle. Reusable devices should be cleaned and disinfected according to established protocols.
- Linen and Laundry -- Gowns should be removed in the patient's room and placed in a covered linen basket within the patient's room. Soiled linen should be handled according to Standard Precaution procedures.
- Routine and Terminal Cleaning -- EMS should clean patient rooms and patient care equipment in a consistent manner following accepted protocols.

E. Patients on Contact Precautions should be escorted to and from all appointments to ensure precautions are maintained.

## HEPATITIS B

Hepatitis is an inflammation of the liver. It can be caused by a wide variety of agents including medications, alcohol, toxic or poisonous substances and infectious agents such as viruses.

### Signs and Symptoms of Hepatitis:

- Fever
- Jaundice
- Hepatomegaly
- Malaise
- Dark colored urine
- Joint pains

Hepatitis B is a blood borne pathogen. It can be transmitted after a needlestick or sharp injury; a splash or spray of blood or body fluids to the eyes, nose, or mouth; unprotected sex with an infected partner and from an infected mother to her baby. A patient may have Hepatitis B and not have signs or symptoms of the disease or not know that he/she has Hepatitis. Following Standard Precautions, proper handling and disposal of sharps, and the Hepatitis B vaccination can protect you from contracting Hepatitis B. If an exposure occurs, please follow the Exposure Control Plan found in this manual.

Reference: VA New York Harbor Healthcare System Infection Control Manual (August 2000)

# ***FIRE SAFETY, HAZARD COMMUNICATION & EMERGENCY PREPAREDNESS***

In the event that any of the emergencies listed below should occur, you should:

1. Alert hospital personnel.
2. If this is not possible, dial the appropriate extension listed below.

## **EMERGENCY TELEPHONE EXTENSIONS**

**In case of FIRE:            Pull Alarm        DIAL – Ext. 7000**

**For CARDIAC ARREST AND MEDICAL EMERGENCIES:        DIAL – Ext. 4000**

**For CRISIS:        DIAL – Ext. 2000**

The Telephone Operator will answer all emergency calls and will contact the appropriate EMERGENCY TEAM.

It is **IMPORTANT** that you provide the Telephone Operator with:

1. Location of the emergency
2. Pertinent Information requested by the operator regarding the type of emergency

## **EMERGENCY ALERT CODES**

The Fire Alarm system will announce  
Disaster Plan is in Effect  
REFER TO THE RED MANUAL  
For your specific role

## FIRE SAFETY TRAINING

The term CODE 7000 is used to call for a fire situation in order to avoid panic and confusion.

In patient care areas, the PCTC is the person in charge during a fire emergency. The PCTC will direct all personnel and all activities during a fire emergency until relieved by the NYC Fire Department.

**R.A.C.E.** - Helps you remember the fire plan:

### **Rescue... Alarm ...Contain...Extinguish or Evacuate**

**Rescue** Rescue all patients, visitors and staff in immediate life threatening danger.  
**Alarm** Sound the alarm by pulling the nearest pull station (located near every stairwell door). Find the pull station on your unit when you first arrive there. DO NOT YELL "FIRE" - it may cause panic among the patients/visitors.

AND

Dial extension 7000 and tell the operator the building, floor and wing of the fire emergency.

**Contain** Contain the fire and smoke by closing all doors and windows in the path of the fire. There are smoke barrier doors that automatically close when an alarm is transmitted. These smoke barrier doors compartmentalize the hospital to reduce the spread of smoke and fire. They should never be blocked open!

**Extinguish and/or Evacuate** Only attempt to extinguish a fire if you have the proper type of extinguisher and are familiar with its operation. Class A extinguishers are unpainted metal and contain water under pressure and are best for trash/mattress fires. Class B/C extinguishers contain CO<sub>2</sub> and are best for chemical, grease or electrical fires. Class ABC contain a dry chemical and can be used for all types of fires. All extinguishers work the same way. Carry the extinguisher about 10 feet from the fire and PASS:

**P**ull out the metal ring

**A**im the nozzle

**S**queeze the handle

**S**weep from side to side at the base of the fire

OR

If the person in charge decides it is necessary to evacuate, you may be directed to help. If evacuation is necessary, move horizontally first to the other side of the building (through 2 sets of smoke doors). Then if needed, move vertically down two floors.

**IMPORTANT:** During an actual fire emergency, ELEVATORS WILL NOT be used unless you are directed to do so.

### **CLASSES OF FIRE**

Class A - Ordinary combustibles (wood, paper, plastic, clothing)

Class B - Flammable liquids and gases (greases, oils, gas, paint)

Class C - Energized electrical equipment

### **SMOKING POLICY**

Employees/students may smoke in the designated smoking areas outside of the building ONLY.

If you have any questions about fire/safety at the Brooklyn or St. Albans Campuses, call ext. 3591, weekdays from 8 am to 4:30 pm.

If you have any questions about fire/safety at the New York Campus, call ext. 7355 or ext. 7256, weekdays from 8 am to 4:30 pm.

## HAZARD COMMUNICATIONS (HAZCOM)

HazCom is designed to help keep you healthy by informing you of safe and appropriate methods of working with the hazardous substances in the workplace. Chemicals are used throughout the New York Harbor Healthcare System. Some are worse than others, but they are all hazardous so we must use care when we use chemicals. Chemicals can injure your lungs, cause eye damage, burn your skin, affect your brain and nervous system or even harm an unborn fetus. Many chemicals are also flammable or will react explosively with other chemicals.

### **Right to Know**

The law guarantees you the right to know about chemicals used in the workplace. All information is in the YELLOW Hazardous Material Manual, the "MSDS book."

### **MSDS (Material Safety Data Sheets)**

All services must maintain Material Safety Data Sheets for the chemicals used in the work area. The MSDS lists the hazards of the chemicals such as physical properties, health effects, special precautions that must be taken when using the chemical such as use of Personal Protective Equipment and first aid procedures.

### **Storage of Chemicals**

All chemical containers must be labeled with information about the hazards of that chemical as well as the identification of the manufacturer and/or importer. All services must maintain an inventory of the chemicals used in the work area. These inventories are updated every year.

### **Personal Protective Equipment (PPE)**

The VA provides the needed Personal Protective Equipment (PPE) to protect you from known risks that cannot be eliminated through other means. PPE includes equipment to protect the eyes, face, head and extremities, protective clothing, respiratory devices and protective shields or barriers.

### **Chemical Spills**

The VA has procedures for cleaning up spills and other releases of chemicals. In case of a spill: Notify the PCTC or designee if a spill occurs. (The PCTC will contact Engineering/Environmental Management Services and take appropriate measures to contain the spill and secure the area.)

## SAFETY POLICIES

The VA New York Harbor Healthcare System maintains written Safety Policies.

### **Safety Policy Manual (GREEN BOOK)**

Hospital-wide and Service - specific safety policies are located in the Safety Policy Manual.

### **Hazardous Materials Manual (YELLOW BOOK)**

A list of hazardous materials for each Service is maintained in the Hazardous Materials Manual. Material Safety Data Sheets (MSDS) provide information regarding hazards of chemicals such as physical properties, health effects, first aid/emergency procedures, etc.

### **Emergency Preparedness Disaster Plan (RED BOOK)**

Emergency Preparedness Disaster Plans are located in the red book. Employees should be familiar with their role in their Service specific plan during emergency drills as well as actual emergencies.

# SEXUAL HARASSMENT

## PREVENTION OF SEXUAL HARASSMENT

The Secretary of the Department of Veterans Affairs mandates that every employee receives two hours of refresher training on the Prevention of Sexual Harassment in the workplace. It is the policy of the New York Harbor Healthcare System to provide a work environment free of sexual harassment. Sexual harassment is unacceptable conduct in the workplace and will not be tolerated. According to the Merit System principles, all employees should be allowed to work in an environment free from sexual harassment.

## DEFINITIONS

Sexual harassment is a form of sex discrimination under Title VII of the Civil Rights Act of 1964. Sexual harassment is deliberate or repeated unsolicited verbal comments, gestures, or physical contact of a sexual nature. Unwelcome sexual advances, request for sexual favors, and other verbal or physical conduct of sexual nature constitute sexual harassment when: (1) submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment, (2) submission to or rejection of such conduct by an individual, or (3) such conduct has the purpose or effect of unreasonable interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment. Sexual harassment is not limited to explicit demands for sexual favors. It also may include such actions as: Sexually oriented verbal kidding, teasing, or jokes; Repeated sexual flirtations, advances or propositions; Continued or repeated verbal abuse of a sexual nature; Graphic or degrading comments about an individual or the individual's appearance; The display of sexually suggestive objects or pictures; Subtle pressure for sexual activity; and Physical contact such as patting, hugging, pinching, or brushing against another's body.

## FORMS OF SEXUAL HARASSMENT

- 1) Quid pro quo sexual harassment occurs when sexual favors are sought in return for job security, benefits, or opportunities. It can be in the form of a threat, such as "perform sexual favors or get fired", or "your job will become intolerable unless sexual favors are granted." Even if a supervisor does not follow through with any action, the threats alone may constitute a hostile work environment. Sexual harassment may also include rewarding an employee in return for sexual favors, such as giving cash awards, higher ratings, or promotions. Quid pro quo sexual harassment involves a manager or supervisor, that is, someone with supervisory authority who can carry out the threat or promise.
- 2) Hostile work environment sexual harassment occurs when sexual comments or conduct unreasonably interfere with an individual's work performance or creates an intimidating, hostile, or offensive work environment. A supervisor or co-worker may be responsible for the type of conduct, or non-employee in certain circumstances. Hostile work environment can be established even if both males and females are subjected to the conduct, if the conduct affecting one gender is more egregious.
- 3) Sexual Favoritism sexual harassment occurs when a supervisor passes over otherwise qualified persons in order to convey employment opportunities or benefits to employees who submit to a supervisor's sexual advances or requests for sexual favors.

If you are a victim of sexual harassment behavior:

- Indicate to the harasser that the behavior is unwelcome; ask co-workers if they observed the behavior or are aware of similar behavior;
- Indicate to your supervisor that the behavior is unwelcome;
- Keep a record of any instances of harassment and follow-up actions; and
- Talk to one of the following individuals: the EEO Program Manager (212-951-3352); Federal Women's Program Manager, or an EEO Counselor in the Office of Resolution Management (ORM 1-888-737-3361) about the behavior.

References: Healthcare System Policy No: 005-4  
VHA Directive 2002-071  
Section 717 of Title VII of the Civil Rights act of 1964, as amended, 42 U.S.C. 2000e-16  
Executive Order 1206 (44 F.R. 1053, January 3, 1979).

**Department of Veterans Affairs  
New York Harbor  
Healthcare System**

**Healthcare System Policy No: 005-4  
Subject: Plans for Prevention of Sexual Harassment  
Date: March 2002**

**PURPOSE**

This document contains plans for the prevention of sexual harassment for all employees and job applicants at the New York Harbor Healthcare System.

**POLICY**

It is the policy of the New York Harbor Healthcare System to provide a work environment free of sexual harassment. Sexual harassment is unacceptable conduct in the workplace and will not be tolerated. Sexual harassment of employees would hinder attainment of the Healthcare System goals and objectives. In cases that so warrant, disciplinary action for sexual harassment will be taken by the appropriate official. All managers, service chiefs and supervisors are to inform their employees and monitor the application of this policy. According to Merit System principles, all employees should be allowed to work in an environment free from sexual harassment.

**COVERAGE**

This plan is applicable where employee misconduct by sexual harassment undermines the integrity of the employment relationship and the Federal Government.

**DEFINITIONS**

Sexual harassment is a form of sex discrimination under Title VII of the Civil Rights Acts of 1964. Sexual harassment is deliberate or repeated unsolicited verbal comments, gestures, or physical contact of a sexual nature. Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment when: (1) submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment, (2) submission to or rejection of such conduct by an individual, or (3) such conduct has the purpose or effect of unreasonable interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment. Sexual harassment is not limited to explicit demands for sexual favors. It also may include such actions as:

- Sexually-oriented verbal kidding, teasing, or jokes;
- Repeated sexual flirtations, advances or propositions;
- Continued or repeated verbal abuse of a sexual nature;
- Graphic or degrading comments about an individual or the individual's appearance;
- The display of sexually-suggestive objects or pictures;
- Subtle pressure for sexual activity; and
- Physical contact such as patting, hugging, pinching, or brushing against another's body.

Sexual harassment can take a variety of forms, three distinct categories of such claims are recognized:

**Quid pro quo** sexual harassment occurs when sexual favors are sought in return for job security, benefits, or opportunities. It can be in the form of a threat, such as "perform sexual favors or get fired", or "your job will become intolerable unless sexual favors are granted." Even if a supervisor does not follow through with any action, the threats alone may constitute a hostile work environment. Sexual harassment may also include rewarding an employee in return for sexual favors, such as giving cash awards, higher ratings, or promotions. **Quid pro quo** sexual harassment involves a manager or supervisor, that is, someone with supervisory authority who can carry out the threat or promise.

**Hostile work environment** sexual harassment occurs when sexual comments or conduct unreasonably interfere with an individual's work performance or creates an intimidating, hostile, or offensive work environment. A supervisor or co-worker may be responsible for this type of conduct, or non-employee in certain circumstances. **Hostile work environment** can be established even if others do not find the

conduct offensive. It may also be established even if both males and females are subjected to the conduct, if the conduct affecting one gender is more egregious.

**Sexual Favoritism** sexual harassment occurs when a supervisor passes over otherwise qualified persons in order to convey employment opportunities or benefits to employees who submit to a supervisor's sexual advances or requests for sexual favors.

## PROCEDURES

Members of the New York Harbor Healthcare System staff who will be responsible for implementing the station policy on prevention of sexual harassment in the workforce are as follows:

**Staff Officials and Supervisors** at all levels share the responsibility for implementing a successful Prevention of Sexual Harassment Plan. Management performance will be evaluated in terms of these as well as other station goals. An employer is liable if a supervisor or an agent violates Title VII of the 1964 Civil Rights. Staff officials and supervisors must be able to show that immediate and appropriate corrective action was taken in instance where sexual harassment exists. The Director has ultimate responsibility for the prevention of sexual harassment.

**The Equal Employment Opportunity (EEO) Manager** will provide assistance to the Director. The EEO Manager will assure that all employees are kept informed of pertinent regulations and procedures relative to the Prevention of Sexual Harassment Plan. During new employee orientations, the EEO Manager will provide new employees with a program on the prevention of sexual harassment and the Discrimination Complaint Process. Thereafter, all employees will receive refresher training every two years.

**The EEO Advisory Council** provides assessment of the effectiveness of the Prevention of Sexual Harassment Plan and makes recommendations to the Director for actions to strengthen the program. The Council will monitor complaints to establish whether or not patterns exist.

**The Federal Women's Program (FWP) Manager** will coordinate and participate in special prevention of sexual harassment programs to be held at least on an annual basis. The FWP Manager will monitor sexual harassment complaints and have input as to what corrective action should be taken when complaints are filed.

**Employee Organizations** have been invited to have a permanent union representative on the EEO Advisory Council to assure input in implementing the Prevention of Sexual Harassment Plan.

Additional guidelines on discrimination because of sex published by the Equal Employment Opportunity Commission are included in this policy statement in the Attachment.

If a supervisor or manager becomes aware of questionable behavior and even if there is no complaint, he or she **must**: take immediate and corrective action; document action taken; and communicate action taken to the affected employee, and explain what he or she should do if the problem should occur again.

Persons who believe they are victims of sexual harassment should contact an Equal Employment Opportunity (EEO) Counselor in the Office of Resolution Management (ORM), the Equal Employment Opportunity (EEO) Specialist, or the Federal Women's Program Manager.

If you are a victim of sexual harassing behavior, there are several courses of action available to you:

- Indicate to the harasser that the behavior is unwelcome; ask co-workers if they observed the behavior or are aware of similar behavior;
- Indicate to your supervisor that the behavior is unwelcome;
- Keep a record of any instances of harassment and follow-up actions; and
- Talk to one of the following individuals: the EEO Program Manager, Federal Women's Program Manager, or EEO Counselor in the Office of Resolution Management (ORM) about the behavior.

REFERENCE(S): Section 717 of Title VII of the Civil Rights Act of 1964, as amended, 42 U.S.C. 2000e-16.  
Reorganization Plan Number 1 of 1978, issued pursuant to 5 U.S.C. 901 Et. Seg.  
Executive Order 1206 (44 F.R. 1053, January 3, 1979).

## **ATTACHMENT**

### **PART 1604 – GUIDELINES ON DISCRIMINATION BECAUSE OF SEX**

#### **SECTION 1604.11 Sexual Harassment**

Harassment on the basis of sex is a violation of Sec. 703 of Title VII.\* Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment when (1) submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment, (2) submission to or rejection of such conduct by an individual is used as the basis for employment decisions effecting such individual, or (3) such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive working environment.

In determining whether alleged conduct constitutes sexual harassment, the Commission will look at the record as a whole and at the totality of the circumstances such as the nature of the sexual advances and the context in which the alleged incidents occurred. The determination of the legality of a particular action will be made from the facts, on a case by case basis.

Applying general Title VII, principles, an employer, employment agency, joint apprenticeship committee or labor organization (hereinafter collectively referred to as "employer") is responsible for its acts and those of its agents and supervisory employees with respect to sexual harassment regardless of whether the specific acts complained of were authorized or even forbidden by the employer and regardless of whether the employer knew or the job functions performed by the individual in determining whether an individual acted in either a supervisory or agency capacity.

With respect to conduct between fellow employees, an employer is responsible for acts of sexual harassment in the workplace where the employer (or its agents or supervisory employees) knows or should have known of the conduct, unless it can show that it took immediate and appropriate corrective action.

An employer may also be responsible for the acts of non-employees with respect to sexual harassment of employees in the workplace, where the employer (or its agents or supervisory employees) knows or should have known of the conduct and fails to take immediate and appropriate corrective action. In reviewing these cases, the Commission will consider the extent of the employer's control and any other legal responsibility which the employer may have with respect to the conduct of such non-employee.

Prevention is the best tool for the elimination of sexual harassment. An employer should take all steps necessary to prevent sexual harassment from occurring, such as affirmatively raising the subject, expressing strong disapproval, developing appropriate sanctions, informing employees of their right to raise and how to raise the issue of harassment under Title VII, and developing methods to sensitize all concerned.

Other Related Practices – Where employment opportunities or benefits are granted because of an individual's submission to the employer's sexual advances or requests for sexual favors, the employer may be held liable for unlawful sex discrimination against other persons who were qualified for but denied that employment opportunity or benefits.

\*The principles involved here continue to apply to race, color, religion or national origin.

# **TEST**

Name (Please print):

Service:

Social Security No. (last four digits only):

Date:

## **INFECTION CONTROL**

Circle True or False for each statement.

1. Standard (Universal) Precautions means treating all blood and body fluids as if they were infected with a bloodborne pathogen (germ).	True	False
2. HIV, Hepatitis B and Hepatitis C are bloodborne pathogens (germs).	True	False
3. Do not recap needles unless a needle capping device or one-handed technique is used.	True	False
4. Staff caring for a patient suspected of having viral/hemorrhagic conjunctivitis must follow contact precautions.	True	False
5. After a bloodborne pathogen exposure (needle stick/splash, etc.) wash area immediately, alert supervisor, and report to Employee Health or ER.	True	False
6. Handwashing is considered the most important infection control measure.	True	False
7. TB is an airborne disease.	True	False
8. Patients with infectious TB must be placed in an AFB Respiratory Isolation Room. These rooms have negative pressure.	True	False

## **FIRE SAFETY AND OCCUPATIONAL HEALTH**

Circle True or False for each statement.

1. Smoking is permitted anywhere in this facility.	True	False
2. Fire extinguishers containing water can be used on all types of fires.	True	False
3. A chemical inventory is a list of chemicals used by your service.	True	False
4. The chemical inventory and MSDS are located in the Safety Manual.	True	False
5. All chemicals must have a label on them, even if the container is not original.	True	False
6. Leaving doors and windows open may intensify a fire.	True	False
7. Class ABC extinguishers contain CO2.	True	False

8. PASS stands for:

9. To report a fire from your workstation, what number do you call?
  - a. 911
  - b. 0
  - c. 7000
  - d. 555-FIRE
  
10. PASS is:
  - a. an information sheet with OSHA required chemical information.
  - b. an easy way to remember how to use a fire extinguisher.
  - c. the proper technique for evacuating patient.
  
11. RACE stands for:
  - a. Rescue, Alarm, Contain, Extinguish
  - b. Run And Call Engineering
  - c. Rescue, Apprehend, Cuff, Escape
  - d. Ready, Aim, Count, Extinguish
  
12. Match the classes of fire:

electrical	a. Class A
ordinary combustibles	b. Class B
flammable liquids	c. Class C
  
13. Pick the correct color book for each type of manual:

Emergency Preparedness Manual	a. Green
Hazardous Materials Manual	b. Yellow
Safety Policy Manual	c. Red
  
14. In the event of an evacuation from a patient care area, the first course of action should be:
  - a. move patients outside of the building.
  - b. move patients to the Emergency Room
  - c. move patients horizontally, then to a lower floor, if needed
  - d. move patients to the area of the fire
  
15. Which of the following information can be found on the Material Safety Data Sheet (*check all that apply*):
  - first aid procedures
  - VA fire safety plan
  - spill and leak procedures
  - personal protective equipment needed
  - health effect

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*Complete and return this test to VA NY Harbor Healthcare System by saving as a file and sending in an e-mail message, or by faxing or mailing this page to your contact individual following the instructions accompanying this manual.*

**THANK YOU!**