

Volunteer Handbook



**Department of Veteran Affairs
VA Boston Healthcare System**

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VA BOSTON HEALTHCARE SYSTEM

"Putting Veterans First"

MISSION/VISION

The VAMC, Boston is part of a comprehensive, integral system of health care, providing specialized referral programs consistent with our role as a tertiary referral hospital for veterans in the Northeast. At the same time, we offer an extensive primary care program and support significant teaching and research programs.

INTRODUCTION

VA Volunteers bring to patients a part of the outside world and a feeling of belonging - of not being isolated because of hospitalization. This friendly interest and personal contact are very important for the patients' well being. Your presence and your service are key factors in maintaining a positive atmosphere of hope and cheer. The patients and staff of VA Boston Healthcare System thank you for your friendly interest and your faithful service.

RALPH MARCHE

Chief, Voluntary Service

Dated: 1994

Revised: 10/08/2010

What is VAVS?

"VAVS" stands for the US Department of Veterans Affairs Voluntary Service, or VA Voluntary Service. VAVS is a plan for community participation in the VA's program for providing health care and treatment to our nation's veterans. Through this plan, community volunteer efforts are brought together and made a meaningful part of the program for patients in VA health care facilities. The Chief of Voluntary Service plans with management and staff for the appropriate placement of individuals, groups, gifts, and resources so as to meet hospital-wide patient needs.

Five basic aspects of VA Voluntary Service need to be clearly understood if volunteer participation is to be successful:

VAVS is VA Directed

The VA coordinates and integrates community volunteer participation in its medical care programs. VA Voluntary Service is an official, authorized part of the medical center program; it is responsible for the volunteer participation of individuals from the community in any and all aspects of the program.

VAVS is Jointly Planned

The VAVS plan has been developed in collaboration with the VA Voluntary Service National Advisory Committee. Representatives of our county's outstanding voluntary groups continually advise and counsel with the VA so as to plan and develop our program of community volunteer assistance.

VAVS Provides Supplemental Assistance

Volunteer workers supplement and extend the service of paid staff; VA volunteers do not replace paid staff. Emphasis in VAVS is on service; gifts and donations, while important, are incidental to service.

VAVS Allows Volunteers to Serve in Many Areas

Volunteers play vital roles in most services within the Medical Center such as Medical Administration, Rehabilitative Medicine, Recreation, Nursing, Pharmacy, Chaplain and other services. Again, assignments range from direct patient care to a variety of clerical support functions.

VAVS Provides a Two-Fold Service

Volunteers provide a direct service to this Medical Center by participating in programs designed for patient welfare under VA supervision. They provide an equally important indirect service to the Medical Center by acting as public relations ambassadors to our community. They inform their friends and neighbors about the Medical Center's medical care and treatment programs and the role of the community in assisting these programs.

VAVS Organization

VA Management Team for Voluntary Service

Director Healthcare System

Associate Director Healthcare System

Chief of Staff

Chief, Voluntary Service

The management team has the responsibility for developing and maintaining the proper climate for a volunteer program within the Medical Center that is purposeful and worthwhile for patients, staff, volunteer organizations and volunteers.

VAVS Staff Advisory Committee

This committee will advise and actively assist the Chief, Voluntary Service, in the planning and operation of the station's VAVS program.

VAVS Advisory Committee

A VA Voluntary Service Advisory Committee has been established with the following membership:

1. Associate Director Healthcare System, Chairman
2. Chief, Voluntary Service, Deputy Chairman
3. Officially certified representatives of national organizations which are identified with the VAVS program on the national and Medical Center level.
4. Appointed representatives of other organizations as deemed advisable by the chairman of the local committee.

The VAVS Advisory Committee will assist the Chairman and the Deputy Chairman in an advisory capacity in the planning and execution of a variety of Voluntary Service activities.

Qualifications of a Volunteer

Qualifications

1. Sincere interest in rendering service.
2. Businesslike approach to work.
3. Willingness to accept hospital standards.
4. Sense of humor.
5. Sense of responsibility and dependability in accomplishment of purpose.
6. Ability to work with groups, as well as with individuals.
7. Tact, congeniality, patience, warmth, and kindness.
8. Physical ability to perform hospital work.
9. Sense of pride in the work.

Special Qualifications

Include the necessary tact, talent, previous experience, training, interests and hobbies adequate to meet the needs of a specific assignment.

Age Requirements

The minimum age for volunteers is 14.

Volunteer Classifications

Regularly Scheduled (RS) volunteers participate in established, scheduled assignments with suppression. Occasional volunteers come in for special events. They also help with regularly sponsored programs of VAWS organizations on an occasional basis. All volunteers, both RS and Occasional, must complete a volunteer registration with the Voluntary Service Office.

You and the Medical Center Staff

This relationship will be based on mutual respect for the job each is trying to accomplish. You will find that the Medical Center staff will:

1. Give you the respect due a fellow member and worker on the Medical Center team.
2. Assign you to a needed task.
3. Give you helpful on-the-job instruction,
4. Discuss with you any matters concerning your volunteer assignment.

YOU AS A MEMBER OF THE MEDICAL CENTER TEAM

You will gain the respect of your fellow team members by:

1. Knowing and observing the hospital rules and regulations.
2. Being dependable and faithful in your assignments.
3. Reporting on time and staying until assignment is completed.
4. Following the instructions of the staff member to whom you are assigned.
5. Being kind and friendly to all patients.
6. Avoiding involvement, emotionally or personally, in patient's problems.
7. Remembering that all personal information, which you learn from or about a patient, is confidential.
8. Conducting yourself with the dignity and assurance of a qualified member of the team performing a needed service in a pleasant and efficient manner.

HIPAA/PRIVACY

In 1996, Congress passed the Health Insurance Portability and Accountability Act (HIPAA). On December 28, 2000, the Department of Health and Human Services published the final rule for Standards for the Privacy of Individually Identifiable Health Information-known as the HIPAA Privacy Rule. This new ruling required that every member of the Veterans Health Administration workforce receive training on the new VHA privacy policies by the implementation date of April 13, 2003. This includes volunteers, students, medical residents, contractors and all other employees whether or not that staff member has direct patient contact. The Privacy Policies include information on patients and employees.

VA Boston Healthcare System has outstanding professional and caring staff. Our staff works hard to always treat our patients with respect.

VHA Employees must use or access information only as legally permissible under applicable confidentiality and privacy laws, regulations and policies.

All VHA employees can use information contained in VHA records in the official performance of their duties for treatment, payment and healthcare operational purposes.

Common violations of HIPAA are:

- Staff discussing patients in elevators and hallways, whether or not names are used
- Patients being discussed during rounds where other patients or visitors may hear.
- Staff discussing the patients status with the patient and family in hallways or waiting rooms
- Medical record left unattended in hallways, on counter tops or in unlocked rooms
- Computer screens with patient information visible to patients or visitors or left unattended
- Privacy curtains or doors not fully closed in exam rooms or on a ward
- Patient information on “status boards” which is visible to other patients or visitors
- Office doors open during the discussion with or about patients

Remember: Respecting and providing for patients privacy is EVERYONES responsibility.

For more information on the Health Insurance Portability and Privacy Act as related to the Veterans Health Administration please visit <http://vaww.va.gov/hipaa>

General Information

Supervision

All volunteers work under the supervision of a staff member. You will be introduced to your supervisor when you begin your assignment. If you have any questions concerning the performance of your assignment, discuss them with your supervisor.

Assignment Guide

There is a printed guide for every volunteer assignment. Know your permitted duties and adhere to them.

Change of Assignment

Assignments are based on the volunteer's interests and the Medical Center's needs. If you are not satisfied with your assignment or would like an additional assignment you may discuss it with the Chief of Voluntary Service.

Attendance/Vacation/Termination

Dependability is important for all volunteers. However, if you cannot report for your assignment, please call your supervisor directly. YOUR ASSIGNED SUPERVISOR will then be aware of your situation and reschedule your volunteer hours as needed. The Voluntary Service office at each campus can be contacted if we can be of assistance. We would like to know in advance if you plan to be away or on vacation. At the termination of your volunteer assignment please clear through the Voluntary Service office to ensure continuity of service to our veterans.

Recording of Time

Volunteers are required to record the hours they are working each day on the volunteer computer in the medical center and outpatient clinic. PLEASE SIGN IN EVERY DAY YOU ARE WORKING!

If you are unable to log in your hours, please contact the volunteer service office immediately. Some sites may require calling in or e-mailing hours to the voluntary service office.

Meals

Lunches are furnished without charge to regularly scheduled volunteers through the VCS Cafeteria provided that the scheduled assignment extends over a meal period and is at least four hours in length. Meal tickets must be obtained through the volunteer computerized time keeping system. Volunteer ID BADGES ARE REQUIRED TO USE MEAL TICKETS. In Brockton meals are provided through the Canteen and Nutrition and Food Service kitchen, this is also true in the case of off hours meals at West Roxbury. A sign in sheet is provided in the kitchen for you to sign for your meal. Again, your volunteer assignment must extend through a meal period and be a minimum of four hours in order to qualify for it.

Parking

Daytime parking at the medical centers and the outpatient clinic in Boston is limited. Volunteers are encouraged to use public transportation. Volunteers may use the lots in West Roxbury and Brockton but must obey local postings for lot regulations. Volunteers who must drive need to register their vehicle with the VA Police Service. Volunteers will be issued a parking decal and can park in the patient or employee parking areas.

Library

Regularly scheduled volunteers have the same privileges as employees in using the services of the Reading Room. The Reading Room is located on the third floor and has a wide selection of popular fiction, non-fiction and periodicals in JP and the AG dayroom building 2 in WR.

Identification and Uniform

Uniforms are not required; however, all volunteers in accordance with hospital policy must wear an ID badge which will be provided by the VA. Affiliated volunteers are governed by the uniform of their organization. It is recommended that volunteers, especially those having patient contact, wear some type of attire with pockets to carry money and personal items. Good grooming, conservative dress and comfortable walking shoes are essential for duty in a hospital.

Confidential Information

As a member of the Medical Center team, you may learn confidential information. The patients may confide in you, their families may share information and you may overhear staff conversations. Remember that this is not to be repeated to unauthorized individuals. If you believe the information will help the patient in his/her treatment, discuss the matter with your supervisor.

Medical Treatment

Volunteers must report all accidents, injuries or incidents to their work supervisor. If you incur an injury while on duty, report it to your immediate supervisor at once. Employee Health Services will provide emergency medical treatment to the volunteer. Volunteers are treated as employees for purposes of accidents and injury occurring during official, regularly scheduled volunteer duties. After you receive first aid, your immediate supervisor is responsible for completing the proper accident and/or injury reports with you.

Visiting

If you wish to visit a friend who is a patient, do so after you have completed your assignment. Visiting hours are from 1:00 PM to 8:00 PM daily.

Proper Conduct

The Department of Veterans Affairs is committed to providing a proper work environment for its patients, employees and volunteers. Sexual harassment, patient abuse (verbal and physical) and discriminatory remarks and actions will not be tolerated. If as a volunteer, you feel you have been the object of such behavior or have witnessed such events contact the Chief of Voluntary Service immediately.

Donations

We welcome donations for the comfort and well being of patients and the Chief of Voluntary Service is the point of contact for all such donations. We encourage all potential donors to contact our Voluntary Service office prior to making any donation.

RISK

What is “Risk”?

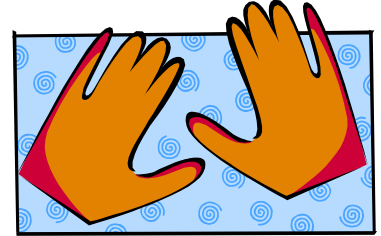
Risk is anything that creates a hazard to yourself or others.

What are some common risks found in a hospital setting?

Risk of Infection:

Poor hand hygiene (not cleaning your hands properly with either soap and water or an alcohol based hand rub) can spread germs.

Poor Respiratory Etiquette (not covering your mouth and nose when coughing or sneezing, not disposing of used tissues properly) can lead to the spread of respiratory infections.



Risk of Injury to self and others:

Not disposing of trash/sharps in the appropriate containers can contribute to injuries.

Not keeping your work area clean and free of leftover food and dirty eating utensils can invite insects and rodents.

Not cleaning up spills can lead to falls.

Not reporting a potential hazard can lead to injuries.



How can we prevent Risks?

Be aware of safety goals and infection control policies that pertain to you as a student, volunteer, contract, WOC, temporary or permanent employee:

- Improve the accuracy of patient identification
- Improve the effectiveness of communication with veterans, families, co-workers and others
- Reduce the risk of healthcare acquired infections by using good hand hygiene, good respiratory etiquette, proper trash disposal, and keeping your work area clean
- Reduce the risk of influenza and pneumococcal disease in older adults by staying home if you are running a fever or have uncontrolled coughing, by using tissues to cover your mouth and nose if you are coughing or sneezing and then disposing of the tissues properly and by frequent hand washing.
- Reduce the risk of injury by using Personal Protective Equipment appropriately
- Reduce the risk of theft by securing personal belongings at all times
- Reduce the risk of patient harm from falls by keeping corridors and walkways clear
- Learn to recognize warning signs of violent behavior to prevent risk to yourself and others
- Know the location of all fire equipment and how to use it
- Utilize verification process to prevent wrong site surgery/invasive procedures
- Prevent errors from medications that look alike/sound alike
- Insure use of free-flow protection on IV infusion pumps
- Use only approved abbreviations in the medical record



Life Safety – Fire Safety

Fire Code – “Code Red” Emergency number: Boston/West Roxbury/Brockton dial “33333”
Boston OPC (Causeway) dial “1333”
Lowell OPC dial “51”
Worcester OPC dial “22 # 7”
Wait for chimes to end and then dial 00

POLICE EMERGENCY NUMBER – “55911”

Fire Alarm Boxes- located at Stairwells, Exits and Nurses’ stations

To activate a fire alarm – pull down and release the lever at firebox.

Fire pull station alerts entire complex and local fire department.

Some pull stations are activated with a standard key – have this on your person (if applicable)

Fire Alarm: Bells, Horns, Chimes –announce a fire code

Fire Strobe Lights - visually indicate a fire code

Overhead Page –announces fire location

R.A.C.E. stands for **Rescue – Alarm – Confine –Extinguish** (If small and manageable)

(Evacuate upon order of Fire Department)

Defend in Place - Close all doors, clear corridors, evacuate area, await Fire Department.

P.A.S.S. stands for **Pull – Aim – Squeeze - Sweep**

Smoke barrier doors – close to contain smoke in one area – do not breach.

Location of fire extinguishers: Wall closets with doors marked fire equipment.

Fully sprinklered buildings in patient care areas – smoke damage will be most likely to occur and cause need for evacuation of immediate area.

Same building, non-fire area – closes all doors, clear corridors, await instructions.

Fire Alarm, False Alarm, Fire Drill — treated as a real “Fire Scenario”

Keep all patients behind closed doors.

Keep all individuals/visitors from entering alarmed area until “**ALL CLEAR**” is announced. This applies to the entire building.

Elements of a Fire: **Fuel – Oxygen – Heat**, take away any element and you disrupt the chain reaction.

Evacuation: Horizontally and vertically – per instructions of Fire Department

Elevators shall not be used

Medical Gas shut offs – within 25 feet of nurses’ station

Fire Drills – Quarterly - each shift in a patient care area

Annually - in non- patient care buildings

Fire Safety Plans - located in the Environment of Care Manual

Safety is everyone’s business – practice it daily

OSHA created in 1970 to protect individuals in the workplace.

Common prohibited items – toaster ovens, extension cords, door stops/wedges.

Doors with closures are installed to keep door closed at all times.

Common problematic practices:

- Obstructed fire extinguishers
- Obstructed pull stations
- Toasters-microwaves left unattended
- Obstructed smoke doors
- Obstructed exits



VA Boston Emergency Management Program

Emergency Management is defined as the science of managing complex systems and multidisciplinary personnel to address emergencies and disasters, across all hazards, and through the phases of mitigation, preparedness, response, and recovery. This involves organized analysis, planning, decision making, and assignment of available resources to mitigate (lessen the effect of or prevent) prepare for, respond to, and recover from the effects of all hazards.

An Emergency Management Program implements the organization's mission, vision, management framework and strategic goals and objectives related to emergencies and disasters. The "program" applies to all departments and organizational units within the organization that have roles in responding to an emergency.

The goal of emergency management is to save lives, prevent injuries, and protect property and the environment if an emergency occurs. The goals of the VA Boston Emergency Management Program are to:

- Take care of people (patients & staff)
- Take care of operations (sustain functions and resources)
- Take care of the community (provide regional assistance to the public)

For more information on VA Boston Emergency Management please contact:

Christopher Roberts, VABHS Emergency Manager at 774-826-1150 Cell Phone #- 617-799-3317
or E-Mail at: Christopher.roberts3@va.gov

For information from the Emergency Operations Plan (EOP) see your supervisor or use the link below:
<http://VA Boston HCS - EOP>

Additional information may be found at the following websites:

- ◆ Federal Emergency Management Agency @ www.fema.gov
- ◆ Are You Ready? Free course from FEMA [IS-22 Are You Ready? An In-depth Guide to Citizen Preparedness](#)
- ◆ U.S Department of Homeland Security @ www.ready.gov

Responsibilities:

The following persons have specific responsibilities, which are defined in the plan.

- . Director, Boston Healthcare System
- . Chief of Staff
- . Safety Officer
- . Emergency Management Committee
- . All Service Chiefs
- . All Employees

Emergency Codes

AT ALL DIVISIONS/CAMPUSES AND OUTPATIENT CLINICS:

- Code **Gray** ----- **Disaster**
- Code **Blue** ----- **Medical**
- Code **Red** ----- **Fire**
- Code **Green** ----- **Psychiatric**
- Code **Yellow**----- **Missing Persons**

Emergency Management Resources Staff

Safety Officer	Leroy Eppley	61161	Cell Phone: 617-799-1132
Safety Manager	Richard Ward	61177	Cell Phone: 617-799-1234 Pager: 617-705-1667
Industrial Hygienist	Salo Birman	45460	Cell Phone: 617-799-1509

Life and Fire Safety Specialists

Brockton	Richard Ward	61177	Cell Phone: 617-799-1234 Pager: 617-705-1667
	Kathy Luciani	61157	Cell Phone: 617-799-1237
Jamaica Plain	Joseph Sinkiewicz	63123	Cell Phone: 617-799-1150
West Roxbury	Joseph Collins	36690	Cell Phone: 617-799-1131 Pager: 617-705-7827

Safety Administrative Assistant Cindy Dion 61158

HAZARDOUS MATERIALS FACT SHEET

WORK SAFE – KNOW THE CHEMICAL HAZARDS

- Know and understand the chemical hazards in your work area
- Read the hazard warnings on container's label
- Refer to the Material Safety Data Sheet (MSDS) for additional information
- Utilize the Chemical Inventories of your service to know what chemicals are being used
- Properly store your chemicals (by chemical compatibility and in a manner to avoid spillage)
- **DO NOT** dispose of chemicals in sink drains or in trash barrels
- Contact the Safety Office for chemical disposal (**extension 61158**)
- Recognize and report any unsafe conditions or malfunctioning equipment to your supervisor

EMERGENCY TELEPHONE NUMBERS AND RESOURCES:

**FOR CHEMICAL SPILLS AND/OR LEAKS:
DIAL EXTENSION 33333**

PROVIDE THE FOLLOWING INFORMATION:

- IDENTIFY THE LOCATION
- DESCRIBE THE TYPE OF INCIDENT

RESOURCE PERSON: Salo Birman, CPC, FAIC
Industrial Hygienist/Chemical Hygiene Officer
Direct Tel. #: 857-364-5460
Emergency: Cell #: 617-799-1509

OCCUPATIONAL HEALTH SERVICES

FACT SHEET

Occupational Injury: Employees who become injured while performing their assigned duties are covered under the Federal Employees Compensation Act. Employees sustaining work related injuries are to report to the Occupational Health Clinic as soon as possible.

Occupational Illness: Defined as the acquisition of a disease through exposure in the work environment.

Duty Status Determinations: Employees on restricted duty or who have been unable to report to duty due to a non-occupational injury or serious illness of greater than 3 days duration will report to Occupational Health with appropriate medical documentation before resuming regular duties.

Non-Occupational Injury: Employees who sustain non-work related injuries are not authorized to receive care through Occupational Health. Employees should seek care from their primary care provider or local emergency department as appropriate.

Non-Occupational Illness: Employees who have an illness of three days or less and wish to remain at work may be evaluated by Occupational Health. Employees who have been ill for more than three days will not be evaluated for their illness in Occupational Health. They should contact their primary care provider for evaluation and treatment.

Work Safety: A supervisor may escort an employee to Occupational Health for evaluation if the supervisor feels the employee is under the influence of alcohol or drugs or is otherwise physically or mentally impaired.

Fitness for Duty Evaluations: Fitness for Duty Evaluations are specific medical evaluations authorized by OPM regulations. The purpose of the evaluation is to determine if an employee is physically or mentally capable of performing the essential functions of their job. These evaluations must be requested by the Service Care Line Chief through the Chief of Human Resource Management.

Immunization and Well Visits: Visits for blood pressure check, record reviews, health form completion, etc, must be previously scheduled and will be screened to determine appropriateness.

CONTACT INFORMATION

Denni Woodmansee, PA-C
Director, Occupational Health Services
774-826-2035 (62035)

Nancy Gendreau, N.P.
Brockton
774-826-2305 (62305)

Sandra Bock, PA-C, M.Ed.
West Roxbury
857-203-6127 (36127)

Laura Connolly
Jamaica Plain
857-364-5353 (45353)

Top 10 Things You Can Do To Avoid the Risks of Compromising Information Security



No matter what job you do to serve veterans, the security of their information depends on you. These days, the ability to get the job done depends upon our computers and the networks that connect them. Without them and the data they manage for us, we're simply out of business. Staying in business is the hard-edged practical side of security. There's another, more human side. If you think about it, our veterans did their part to preserve our right to privacy. It's only right that we do our part to preserve theirs.

HERE'S WHAT YOU CAN DO:

1. Log-Off the computer when you walk away from it.



Avoid the risk of another individual using your password. You should log off the computer when you are finished. If you don't, it is the same as sharing your password.

2. Know your Information Security Officer (ISO).

Frank Penacho (ISO) Brockton Campus 63639
Eileen Robillard (AISO) Jamaica Plain Campus 45639
Allen Wiegner (AISO) West Roxbury Campus 36900



3. Be careful with the information you use to do your job.

As a VA Boston Healthcare System employee, you are responsible for the security of the information and computers you work with. For example, you must make sure that your actions don't make information available to people who are not entitled to have it or read it, including information on a computer screen and paper copies you print. Be careful talking about patients and other sensitive matters in public places. These responsibilities do not end when you leave.

4. Be sure all software is "legal" and approved for your system.

Don't risk infecting the VA computer system; if in doubt contact your ISO.



5. Talk to your ISO to determine what must be done to secure the information you send through electronic mail.

Make sure that the information you send in e-mail is sent securely. Without considering the risks involved, we sometimes e-mail medical records, financial data, or other sensitive information that needs protection.

6. Understand that you are responsible for your work when using VA computers and information.

Remember that in a computerized workplace, what you do may have an effect across the VA Boston Healthcare System, VISN 1, or even across the entire VA.

7. Don't open e-mail messages or their attachments that came from people you don't know.



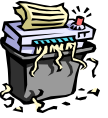
Be careful with e-mail messages from people you don't know, especially if they're not work-related. These sometimes contain computer viruses and worms, and opening them can cause the virus to spread in the VA and slow down our work. Don't forward chain letters. They take time away from our jobs and clog our network. Also, be careful when responding to messages; you may be responding to more people than you think. These unintended messages bog down our computers.

8. Choose a good password.

A good password is hard to guess. That means it does not contain a word that others know is important to you, like your spouse's name. That means it contains at least eight characters. That means it contains upper case letters, lower case letters, numbers, and "special characters", like #, &, and %. (Note: you only need three of those four types of characters).

9. Change your password when you think it has been compromised.

Minimize the risk that somebody might guess your password. Some computers will tell you when your password was last used. Be suspicious! If the last sign-on was not really yours, inform your ISO and change your password. It means somebody is doing something on the computer and making you responsible!



10. Don't share your password.

Quite simply, if you share your password you become responsible for other's actions! Think of the mischief someone can do with veterans' information, your e-mail, or with your leave requests. Keeping your password in a public place is just like sharing it. If you must write it down, keep it in a safe place.

You and Your password

Your passwords are very important security controls. This information tells you why and helps you to manage your password. It's all part of keeping our veterans' information secure and our computers safe. It's also about protecting your personal reputation.



Why are passwords important?

Passwords identify you to a computer system. They inform the computer that you are trusted to work with VA information. They specify the information you should see. Different jobs have different access requirements. Your password ensures that you don't see what you don't need. That way, you are protected from accusations of privacy violations or entering inaccurate data. Your password ensures that you and only you are accountable for your work. When used properly, your password ensures you cannot be blamed for the actions of others on the computer.

What if I have questions about my password?

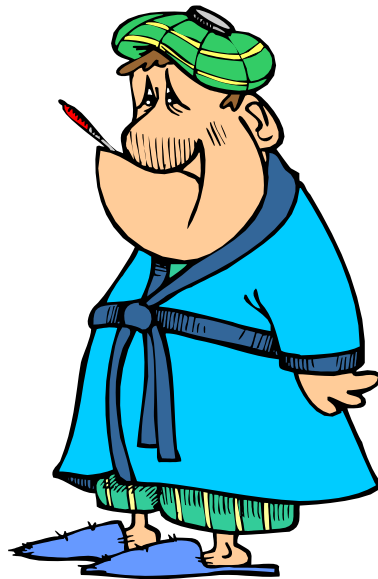
Assignment of passwords is often the responsibility of computer system managers. However, your ISO is responsible for managing your facility information security program and can advise you about secure password selection and use.



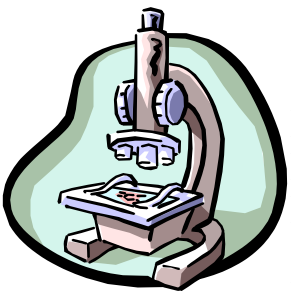
This information has given you some things you should do...and not do...to help maintain the security of the VA Boston Healthcare System information and computers. Your ISO is there to answer your questions and help you do your part.

REMEMBER: YOU ARE THE MOST IMPORTANT PART OF INFORMATION SECURITY AT THE VA BOSTON HEALTHCARE SYSTEM

Identifying the Risks Associated with Infection Control Issues



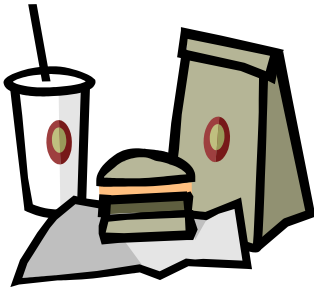
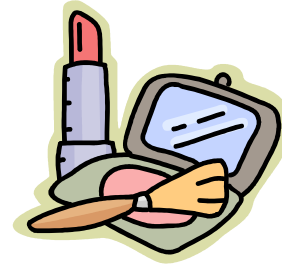
General Practices to Reduce the Risk of Hospital Associated Infections



- Specimens must be placed in plastic bag for transport
- Lab slip must be placed in pouch outside bag or attached to outside of bag
- Needles must be removed from specimens sent in syringes and syringes must be capped
- If outside of bag is contaminated, place in second leak-proof container
- Safety sharp devices are to be used at all times
- Needles are not to be recapped



Eating, drinking, smoking, applying cosmetics/ lip balm, handling contact lenses is prohibited in areas where there is a likelihood of exposure to blood/body fluids.



Food and drink shall not be kept in refrigerators, freezers, counter-tops, shelves where blood/body fluids may be present.

All patient care equipment must be decontaminated between patient use and when soiled with blood/body fluids.



- *Nurses are required to wipe down frequently touched surfaces **daily**. Examples are: bedrails, overbed table, call bells, tv control, phones*
- **Disinfectant wipes are to be used for this purpose**
- **Gloves are to be worn when cleaning.**



Eliminating/Minimizing the Risk of Spreading Infections to Yourself & Patients Through the Practice of ***Hand Hygiene***



- Use **ALCOHOL BASED HAND RUB** for routine hand hygiene before & after patient contacts.
- Patient contact also includes contact with items in patient's immediate environment (ex: bedrails, linens, patient belongings, medical equipment, over bed table, etc).
 - Apply a dime-sized amount on palm of hand
 - Rub hands together until dry
 - No soap or water required
- **Not** to be used for patients on "Special Contact Precautions"



- Wash with **SOAP & WATER** when hands are visibly soiled, contaminated, or dirty, after ~ 10 applications of the alcohol based hand rub, and for patients on "Special Contact Isolation".
 - Wet hands with water, apply soap, and rub hands together, covering all surfaces for ~ 15 seconds.
 - Rinse & dry with disposable towel
 - Use towel to turn off faucet



- **GLOVES** are to be worn when:
 - Soiling of hands is likely
 - In contact with open wounds, non-intact skin, or mucous membranes
 - Performing vascular access procedures
 - As warranted by certain isolation categories
- Gloves must be changed between patient contact & when heavily soiled.
- Wash hands after glove removal.



Each year two million people become ill because of a hospital-acquired infection, contributing to the death of ~ 90,000 patients.

Proper hand hygiene is critical to the prevention of these infections!



Eliminating/Minimizing the Risks Associated with Artificial Nails or Nails that are Too Long

- **NO** Artificial nails/extenders/wraps are to be worn by any employees who have or may have contact with patients.



- **Fingernail polish if worn, must not be chipped or cracked**



- **Natural fingernails kept at <math><1/4</math> inch in length**

ALL EMPLOYEES ARE EXPECTED TO KEEP FINGERNAILS CLEAN AND NEAT

EMPLOYEES WITH DAMAGED FINGERNAILS OR WHO HAVE SPECIAL CIRCUMSTANCES MUST SEE OCCUPATIONAL HEALTH

Eliminating/Minimizing the Risks of Spreading Germs through The Use of Proper Isolation Precautions

Isolation	Procedures	Used for
Standard Precautions	<ul style="list-style-type: none"> • Gloves for contact with blood/body fluid, mucous membranes, open wounds, non-intact skin • Gown when soiling of clothing with blood/body fluids is likely • Face shield or goggles & mask if splattering of blood/body fluids is anticipated, and when suctioning 	<ul style="list-style-type: none"> • <i>Applies to all patients, regardless of diagnosis</i>
Contact Precautions	<ul style="list-style-type: none"> • Gloves for any patient contact • Gown with close patient contact • May require private room/commode • Private room or cohort same disease/pathogens • In Long Term Care & Psychiatry, follow Infection Control guidelines for room-mate selection if cohorting is not possible 	<ul style="list-style-type: none"> • MRSA, VRE • Pediculosis/Scabies • Viral/hemorrhagic conjunctivitis • Very resistant gram negative rods (infection control discretion)
Special Contact Precautions	<ul style="list-style-type: none"> • Gloves & Gown for all patient contact • Dedicated commode, BP cuff, stethoscope, thermometer, etc. • May cohort with other symptomatic patients with c difficile • Hand hygiene with soap & water (alcohol not as effective) • Patient to wear red wrist bracelet while symptomatic 	<ul style="list-style-type: none"> • C. Difficile (suspected or confirmed) • Undiagnosed diarrhea/loose stools
Droplet Precautions	<ul style="list-style-type: none"> • Private room preferred • Staff must wear surgical face mask w/face shield or goggles when within 3 feet of the patient • Gloves for patient contact • Patient must wear surgical face mask if leaving room 	<ul style="list-style-type: none"> • Invasive meningococcal disease • Pertussis, Diphtheria (pharyngeal) • Viral infections including influenza, parvovirus, rubella, adenovirus
Respiratory Precautions	<ul style="list-style-type: none"> • Negative pressure room with door closed • N95 respirator mask required for staff entering room • Patient must wear surgical face mask if leaving room • Limit visitors, explain use of surgical mask to visitors 	<ul style="list-style-type: none"> • Pulmonary or laryngeal TB, infected skin lesions • Measles • Varicella (disseminated zoster/zoster in immunocompromised host) • SARS & Smallpox (contact isol also)
Neutropenic Precautions	<ul style="list-style-type: none"> • Private Room • Persons with illness should not enter room, or must wear mask • No patient contact with animals, plants, or flowers • No fresh fruit/vegetables unless peeled or adequately washed 	<ul style="list-style-type: none"> • Patients with neutrophil count of \leq 500

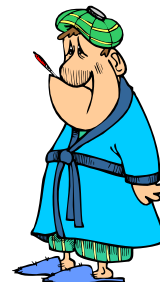
Eliminating/Minimizing the Risk of the Spread of a Respiratory Infection through the use of Respiratory Etiquette



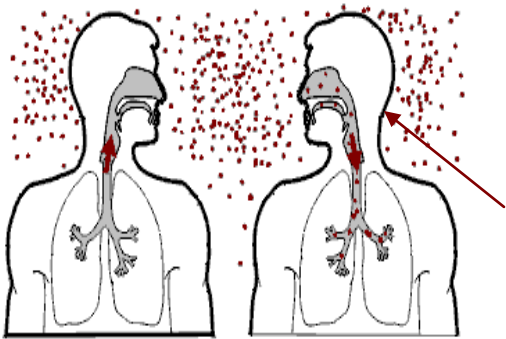
- **Cover your mouth and nose with a tissue when coughing or sneezing.**



- **Properly dispose of tissues in trash receptacles.**
- **Wash your hands often to help protect yourself from germs & from spreading germs to others. The alcohol-based hand rubs are very effective, or soap & water can be used.**
- **Avoid touching your eyes, nose, or mouth. Germs can be spread by touching something that is contaminated with germs and then touching your eyes, nose, or mouth.**
- **Use appropriate masks when caring for patients with specific respiratory illnesses**
- **Do not come to work if you have a fever and/or uncontrolled coughing.**
- **Encourage patients and visitors to practice Respiratory Etiquette**



Eliminating/Minimizing the Risk of Exposure & Spread of Tuberculosis



Tuberculosis is spread from person to person via the airborne route of transmission.

Coughing, sneezing, talking, or singing can result in spread of the TB germ

The dots represent the TB germs suspended in the air & how someone can breathe them into their lungs & get infected.

Prevention & Control Measures

- ✓ Patients with suspected or documented pulmonary or laryngeal TB must be transferred immediately to a negative pressure room, and placed on “Respiratory Precautions”. Negative pressure rooms are available on 4N, 2S, MICU, CCU, PCU, PACU & in the ER at the West Roxbury Campus. The Urgent Care units at the Brockton and Jamaica Plain campuses each have a negative pressure room.

Requirements for Respiratory Precautions:

- ✓ Private room with negative pressure
- ✓ Infection Control notification is necessary.
- ✓ **Door must remain closed at all times** to maintain negative pressure.
- ✓ Affix “Respiratory Precautions” sign to patient room door.
- ✓ **N95 respirators or PAPRs** are required for all persons entering the room. Personnel must have these masks fit tested prior to initial use.
- ✓ Access to rooms of patients on “Respiratory Precautions” is restricted only to essential hospital employees.
- ✓ Visitors are to wear a standard surgical face mask when entering room.
- ✓ Patients are restricted to room unless absolutely necessary to leave for diagnostic studies (e.g. CT scan, Nuclear Medicine, etc.). If the patient must leave the room, a standard surgical face mask is worn.
- ✓ The patient should cover his/her mouth and nose with tissue when coughing or sneezing.
- ✓ The patient should wash hands after coughing or sneezing.
- ✓ Isolation discontinued only with Infection Control or Infectious Disease approval.
- ✓ The patient’s room is to be considered contaminated for one (1) hour after the patient leaves the room. During this time, the door to the room must remain closed and all entering room must wear a N95 respirator or PAPR.



**N95
Respirator**



PAPR

Yearly TB Testing to Eliminate/Minimize the Risk of the Spread of Tuberculosis by Employees

Every employee must have a TB test yearly if they have had no history of testing positive regardless of having received the BCG vaccination in the past.



If your test is newly positive, you will be evaluated by Occupational Health for active disease and for preventive therapy.

Symptoms of active disease may include:

- Chronic productive cough**
- Coughing up**
- Unexplained Weight loss**
- Low grade fever**
- Night sweats**



A chest x-ray will be ordered by Occupational Health for an employee who has newly converted to positive to make sure there is no evidence of active disease. Follow-up chest x-rays are not indicated unless person is symptomatic.



If PPD is positive but you have no symptoms, and your chest x-ray is clear, you are considered **INFECTED** but **NOT INFECTIOUS**. This means there is a chance of developing active TB in the future, but less likely to occur if preventive therapy has been initiated.

ELIMINATING/MINIMIZING THE RISK OF EXPOSURE TO BLOOD RELATED DISEASES BY PROPER HANDLING OF BLOOD SPILLS



Blood spills must be cleaned immediately to prevent potential exposures.

Follow Principles of Standard Precautions:

- Wear gloves
- Wear gown if soiling of clothing is likely
- If glass or sharps were associated with spill, ensure you take appropriate precautions to prevent personal injury & do not use hands to clean spill or pick up sharps



Cleaning Blood Spills:

- Contact Housekeeping, when available to clean large spills.
- If Housekeeping not available, use bucket and mop from housekeeping closet to clean. Place mop head in red bag after use & notify housekeeping when available that mop head was used.
- Small blood spills can be cleaned using paper towels with a hospital-approved disinfectant (i.e., Coverage HB) ---or---Using the Emergency Response Blood spill kits.
- Dispose of paper towels as regular trash unless saturated with blood or body fluids.
- If paper towel is saturated, place in red bio-hazard bag.
- Dispose of sharps in the large sharps disposal boxes.



WASH HANDS WHEN DONE

Management of Employee Exposure to Blood and Body Fluids to Reduce the Risk of Acquiring Hepatitis B and C and HIV



NEEDLE STICK INJURIES

SHARPS INJURIES



Splash to Eyes/ Nose/ Mouth with Blood or Other potentially Infectious Material

Contact of Blood or Other Potentially Infectious Material with Non-Intact Skin

WHAT TO DO IF YOU GET AN EXPOSURE

WASH AREA WITH SOAP AND WATER



USE EYE WASH FOR SPLASHES TO EYE



GO IMMEDIATELY TO OCCUPATIONAL HEALTH OR THE EMERGENCY ROOM FOR EVALUATION

Comparison Chart for Hepatitis B, Hepatitis C, and HIV

	Hepatitis B	Hepatitis C	HIV
Signs & Symptoms	Only 30-50% of adult's w/acute HBV infection have icteric disease. Onset usually insidious, with anorexia, vague abdominal discomfort, nausea & vomiting, sometimes with rash progressing to jaundice.	Onset is usually insidious, with anorexia, vague abdominal discomfort, nausea & vomiting, sometimes with rash progressing to jaundice. Between 50-80% will develop chronic infection, and half of those develop cirrhosis or liver cancer.	Human Immunodeficiency Virus (HIV) is the pathogen that causes AIDS. Infected persons may be free from clinical symptoms for months or years. The severity of HIV related opportunistic infections or cancers are correlated with the degree of immune system dysfunction.
Prevention	<ul style="list-style-type: none"> ▪ Hepatitis B vaccine – available through Occupational Health ▪ Risk behavior modification 	<ul style="list-style-type: none"> ▪ Blood donor screening ▪ Risk behavior modification 	<ul style="list-style-type: none"> ▪ Blood donor screening ▪ Risk behavior modification
Post-exposure prophylaxis for occupational exposures	<ul style="list-style-type: none"> ▪ For non-vaccinated or undetected antibodies: Hepatitis B vaccine & HBIG ▪ Vaccinated: none may be need 	None currently available	<ul style="list-style-type: none"> ▪ 4-week regimen of anti-retroviral agents can greatly reduce potential for infection --- optimal to give within first hours after exposure.
Risk of infection after a needle stick	6 – 30%	4%	0.4%
Transmission	<ul style="list-style-type: none"> ▪ Percutaneous (needle stick injuries) or mucous exposure to infective body fluids. ▪ Sexual ▪ Perinatal (infected pregnant mother to unborn child) 	<ul style="list-style-type: none"> ▪ Primary route is percutaneous ▪ Sexual transmission has been documented 	<ul style="list-style-type: none"> ▪ Percutaneous (needle stick injuries) or mucous exposure to infective body fluids. ▪ Sexual ▪ Perinatal (infected pregnant mother to unborn child)
Period of Communicability	All person HbsAg positive are potentially infectious	Not well defined—may be 1-2 weeks before symptoms, may persist indefinitely	Unknown; presumed to begin early after onset of HIV infection and last through lifetime
Infective body fluids	Blood, saliva, CSF, peritoneal, pleural, pericardia, and synovial fluid, amniotic fluid, semen and vaginal secretions; and unfixed tissues & organs	Blood, and blood products	Blood, saliva in dental procedures, CSF, peritoneal, pleural, pericardia, and synovial fluid, amniotic fluid, semen and vaginal secretions; and unfixed tissues & organs
Incubation period	Usually 45 – 180 days, average 60 – 90 days	Ranges from 2 weeks to 6 months; commonly 6-9 weeks. Chronic infection may persist up to 20 years before onset of cirrhosis or hepatoma.	Variable. Usual time from infection to development of antibodies is 1-3 months. The time from HIV infection to diagnosis of AIDS has been observed at < 1 year to > 15 years.
Precautions	Standard	Standard	Standard

Eliminating or minimizing the potential for attraction of pests through proper storage & disposal of food items

Don't give pests a reason to be here!



Some basic practices can help prevent attraction of pests.....



Do Not Collect Empty Soda Cans in the Medical Center



Keep Food & Fruits in Closed Containers

Discard Food Immediately After Use



Don't leave food out for extended periods of time. Eat & clean!



Wash Dishes After Use & Keep Work Area Clean!



Notify g.pest via DHCP with any pest problems

Eliminating/Minimizing the Risks of Contamination or Injury by Proper Disposal of Trash

INFECTIOUS WASTE

- * Blood
- * Items heavily soiled with blood
 - Blood transfusion bags
 - IV tubing with blood
 - Dressings soaked with blood
 - Laboratory Personnel to follow disposal policies and procedures specific to your department



REGULAR WASTE

- * Paper
- * Food Debris
- * Wrappers
- * Chux
- * Items soiled with urine, feces, or sputum (unless heavily soiled with blood)



SHARPS

- * Needles
- * Syringes
- * Slide covers
- * Broken glass
- * Lancets
- * Scalpels
- * Suture Needles
- * Used or unused sharps



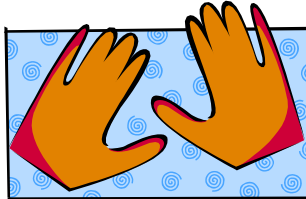
ALL SHARP ITEMS MUST BE DISPOSED OF IN DESIGNATED SHARPS DISPOSAL BOXES

Clostridium Difficile (C-Difficile) Fact Sheet

Clostridium Difficile (C. Difficile) is a contagious disease that can cause severe diarrhea and, rarely, death.



It is transmitted by picking up the germ on your hands and then transferring the germs to your mouth such as when you eat or touch your mouth. Sometimes the germ stays in the gastrointestinal tract without causing illness, but persons at high risk (see below), often become sick. The germ multiplies and then produces toxins that irritate the bowel-causing diarrhea. The stool contains the germs.



The germs can also be present on clothes, bed linens, and objects in a patient's room.

The germs can be spread to other people and objects.

Persons at increased risk for c. diff are:

- Prolonged hospitalized patients
- Elderly persons
- Immune-compromised persons
- Persons on antibiotics
- Gastrointestinal surgery

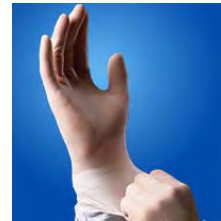


Preventing/Minimizing the Risk of Transmission of C. Difficile

Special Contact Precautions



- Private room or with another confirmed patient with active c. Difficile
- All people must wear gloves and gowns to enter the room (visitors, too)



- Patient to wear a red wrist bracelet or, it may be taped to the head of the patient's bed until precautions are discontinued. Bracelet is taped to the foot of the bed when the bed is ready to be cleaned.



- ◆ Consider the patient and everything in the room as potentially contagious
- ◆ Dedicate equipment to this patient only (BP cuff, stethoscope, thermometer, etc.)
- ◆ Do not share commode with any other patient
- ◆ Nursing staff to wash frequently touched surfaces daily with disinfectant wipes

Thoroughly wash hands with **SOAP & WATER** after removal of gloves



Alcohol gel does not kill this germ. You need to physically remove the germs from your hands with rigorous rubbing of hands with hand washing. The gown protects your clothes. No mask is needed.

Contact Information for Infection Control Issues

During Normal Working Hours

Bob Shannon Extension 36987 Beeper 617-705-5755

Alice Skolnik Extension 36939 Beeper 617-705-6209

Ellen Ciambriello (PSA) Extension 36940

Dr. Judith Strymish Extension 36881 Beeper 617-705-0361



At Brockton

Dennis Drapiza Extension 62076 Beeper 617-705-8683



After Normal Working Hours

Page the ID fellow on call

Refer to the Infection Control Manual on line

Write an e-mail to g.bug on DHCP.

Liability, Injury, and Damage Protection for VA Volunteers

Issue

Update of VHA policy on Liability, Injury, and Damage Protection for VA Volunteers

Discussion

The purpose of this document is to ensure that VA volunteers are informed that they have the same protections from personal liability as paid Federal employees.

Federal law provides immunity to all Federal employees (including VA volunteers) from claims or suits for personal injuries or death, or for property damage so long as the employees' actions are part of their Federal duties.

If a claim is made or suit is filed against a volunteer or other VA employee, VA does a quick investigation to determine if the employee's actions were part of his or her official Federal duties and not, for example, the personal business of the employee. VA then recommends to the Department of Justice that any suit, if filed in a State court, be removed to a Federal Court and the Federal Government takes the place of the employee in the suit. If the Department of Justice agrees, that is exactly what happens, and the employee is no longer a party to the claim or suit.

The Government does not pay fines imposed on employees for parking or traffic offenses committed while driving for VA. If a claim or suit involves an accident where the volunteer or other employee received a traffic ticket, VA conducts the usual investigation to determine if the employee's actions were part of his or her official duties.

VAVS Requirement

To ensure that volunteers will be considered to be Federal employees and to protect them otherwise, VA Voluntary Service (VAVS) has a number of requirements, including

- VA acceptance of VAVS volunteers as Without Compensation (WOC) employees,
- Job orientation for the VA supervisory staff and volunteer orientation for the Voluntary Service staff,
- Overall supervision of volunteers by paid VA employee(s), and
- Volunteer drivers furnishing proof of a safe driving record and insurance.

Then It's Up To You

Where these requirements are met, volunteers will be found to be Federal employees. It is then up to you, the volunteer, to make sure your actions are taken as part of your Federal duties.

The precautions you should take include:

- Making sure you have been expressly authorized to use a Government vehicle or to conduct Government business using your private vehicle,
- Taking the most direct routes when driving as a volunteer. Side trips to do personal errands for yourself or another, for example, are not part of your Federal duties;
- Not picking up unauthorized passengers;

What if you are in an accident?

If you are involved in an accident while driving as a volunteer, you should first, of course, summon any medical assistance necessary. Then call the police and follow their instructions. Do not make any statements at the scene of the accident about whose fault the accident was or any other statement except to identify you as a VA volunteer and to furnish any information required by law. As soon as possible, you should fill out a Standard Form 91, "Operator's Report of Motor Vehicle Accident, and give it to the Disabled American Veterans (DAV) Hospital Service Coordinator (HSC) of the Chief of Voluntary Service. If you are contacted later by an insurance investigator, a non-VA attorney, or other interested party you should refer them to the DAV HSC, the Chief of Voluntary Service, or the VA District Counsel.

What if you are sued?

If you are served with suit papers from an accident you were in while driving as a VA volunteer, you should, as soon as possible, furnish the papers to the DAV HSC or Chief of Voluntary Service, and tell them how you received the suit papers. The DAV HSC or Chief of Voluntary Service, will alert the VA District Counsel, who will see that any additional investigation is completed before contacting the United States Attorney so that you may be dismissed from the suit. You may also be contacted by the VA District Counsel during an administrative claims investigation of an accident before any suit is filed. You should give the District Counsel your full cooperation so that your interests and those of the Government will be protected.

What if you are injured on the job?

If you are injured while rendering services to VA on your volunteer job, you should promptly notify your VA supervisory staff, obtain a form for filling a claim, and notify your Voluntary Service office. VA will forward your claim to the Office of Workers' Compensation Programs at the Department of Labor. That office will determine your benefits which may include medical care and hospitalization, compensation for any loss of wages or disability, and survivor's benefits and burial expenses in the case of death.

What if your property is lost or damaged on the job?

Under the Military Personnel and Civilian Employees Claims Act, VA employees (including volunteers) may file claims on VA Form 2-760 for damaged or lost personal property with the local personnel office within two years of the damage or loss. VA may pay if your property was lost or damaged "incident to" your service and your possession of the property was reasonable, useful, or proper under the circumstances. VA cannot pay if the loss or damage was intentional or due to your negligence. Also, if you have a right to recover for the loss or damage of your personal property from an insurance company, you must file a claim with your insurance first.

Welcome to the Volunteer Auto Log In System

Here are some tips!

What the computer says is written in plain type (Courier). What you need to do is written in **BOLD**.

Good Evening. Welcome to the Boston VA Voluntary Service Timekeeping Program.

Press any key to log in.

PRESS ANY KEY ON THE KEYBOARD

Enter volunteer code as supplied to you by your Voluntary Service office.

PRESS ENTER OR CLICK ON SUBMIT

The computer will welcome you and list your combinations. These are your volunteer assignments such as working in recreation for the DAV. Some volunteers have more than one assignment.

SELECT THE ASSIGNMENT NUMBER YOU WILL BE WORKING, TODAY.

CLICK ON SUBMIT

The computer asks:

How many hours will you be working today (1-9)?

TYPE THE NUMBER OF HOURS YOU ARE WORKING TODAY OR USE THE MOUSE TO SELECT

CLICK ON SUBMIT

If you log on in the morning, Monday through Friday, and are working 4 or more hours, the computer will ask; will you be eating lunch today?

SELECT YES OR NO BY CLICKING THE MOUSE.

A printer box will appear and you will have to click on the command box which says, "PRINT".

The computer says that the log in is complete AND A LUNCH SLIP WILL PRINT OUT WITH YOUR NAME, DATE AND AMOUNT OF \$5.25 WHICH CAN USED IN ANY VETERANS CANTEEN FOOD STATION.

If you are not able to log in, please contact your local Voluntary Service Office Monday through Friday from 8:00 AM to 4:30 PM.

**VA BOSTON HEALTHCARE SYSTEM
VOLUNTARY SERVICE STAFF & PHONE NUMBERS**

RALPH MARCHE 857-364-5069
Chief, Voluntary Service

JAMACIA PLAIN CAMPUS (617) 232-9500 ext 45071
RHONDA GRAYSON 857-364-4112
Voluntary Service Specialist

MARY PEAK 857-364-5071
Program Assistant

FAX 857-364-4482

WEST ROXBURY CAMPUS (617) 323-7700 ext 35135
MICHAELLE STGERMAIN 857-203-5135
Program Assistant

FAX 857-203-5727

BROCKTON CAMPUS (508) 583-4500 ext 61135
RICHARD LEEMAN 774-826-1957
Assistant Chief

BRIAN KIERNAN 774-826-1135
Program Assistant

BETTE HUGHES 774-826-3149
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FAX 774-826-2048