Sentara

**Mission:**
We Improve Health Every Day

**Values:**
People, Quality, Patient Safety, Service and Integrity

**Vision:**
To be the healthcare choice of the communities we serve
Welcome

• We want to welcome you to the family of Sentara Healthcare providers

Sentara Healthcare, based in Norfolk, VA, celebrates a 125+ year history of innovation, compassion and community benefit. Sentara is a not-for-profit family of 12 hospitals in Virginia and North Carolina, the Optima Health Plan, an array of integrated services and a team 28,000 strong on a mission to improve health every day. This mandate is pursued through a disciplined strategy to achieve Top 10% performance in key clinical measures through shared best practices, transformation of primary care and strategic growth that adds tangible value to the communities we serve.

Sentara is a tobacco free organization with a strict no-smoking policy on any Sentara grounds.
Welcome

• We want to welcome you to the family of Sentara Healthcare providers

The Sentara family includes Optima Health, an award-winning health plan with more than 450,000 members, the Sentara College of Health Sciences, four foundations and a Level I trauma center at Sentara Norfolk General Hospital served by Nightingale, the region’s only hospital-based helicopter ambulance. The Sentara Quality Care Network is a physician-led clinically integrated network of 2,500 providers committed to quality care, chronic disease management and reducing hospital readmissions. The Sentara Cancer Network is accredited by the American College of Surgeons’ Commission on Cancer. Sentara is an equity partner in MDLive™, a virtual 24-hour physician practice and NuScriptRX, an innovative pharmacy management service in long term care. Sentara eCare® is an industry-leading electronic medical record. Healthcare Performance Improvement is a Sentara consultancy helping hospitals nationwide accelerate patient safety improvements.

Sentara is a tobacco free organization with a strict no-smoking policy on any Sentara grounds.
Your Orientation

This self study packet is designed to inform you of information that is important for you to know as you enter our system to provide support and/or care to Sentara patients and their families.

You are responsible for reading all of the information herein, asking questions if you are uncertain of any of the contents, and ensuring at all times you meet these standards, and all current and future Sentara Policies and Procedures.

Failure to complete any of the items listed herein and/or failure to comply with the information provided will result in your inability to provide patient care or patient services associated with any Sentara Hospital.
Accessing Documents

• Much of the following content is in summary format

• Any Sentara employee can assist you with accessing policies/procedures/forms through Wavenet
Patient Rights

All patients have a right to:

- Be treated with respect and dignity
- Receive information on advance care planning (advance directive) and have their wishes honored
- Access spiritual support
- Participate in decisions regarding their healthcare
- Know if their Physician has a financial or other conflict of interest as it relates to their healthcare treatment
- Refuse to participate in medical research studies
- Be free of pain
- Be safe
- Privacy and confidentiality of their medical information
- Continued care upon discharge
- Request and receive information regarding financial assistance or free care
- Voice their concerns or suggestions

See attached brochure for more information
Sentara Healthcare is committed to providing you with the highest quality care and service. We want to partner with you to make sure that your experience here is excellent, comfortable, safe, and respectful.

The law guarantees you certain rights as a patient. This brochure summarizes the law and Sentara Healthcare’s commitment to our patients. If you have any questions about your rights and responsibilities as a patient, or want to share a concern or a compliment, please call our Sentara Promise Line at 1-800-SENTARA or (757) 388-4357.

Voice Your Concerns or Suggestions
You have the right...

- To know about hospital resources within Sentara, such as the Patient Advocate, Sentara Promise Line, and the Ethics Committee, which are here to help you resolve problems and to answer questions about your hospital stay and treatment.
  - Call the Hospital Operator or ask your Nurse to contact the Patient Advocate or Ethics Consultant.

- To know how to file a complaint or grievance:
  To file a complaint or grievance with the hospital, please contact the Patient Advocate, the Hospital Administration or call the Sentara Promise Line at 1-800-SENTARA OR (757) 388-4357 and a written response will be mailed to you within 7 days of receipt.

OR
To file a grievance with the Virginia Department of Health, please contact the Virginia Department of Health Offices of Licensure and Certification at 1-800-955-1818, FAX 1-804-527-4503 or by mail at 9000 Mayland Drive, Suite 401, Richmond, VA 23235-1483

Let’s TALK about...
Patient Rights and Responsibilities

What you should know about your Rights and Responsibilities
Communication and Decision Making

You have the right...
- To know the name, role, and specialty of all people who are providing your care.
- To confidentiality of your medical information and records.
- To have your medical care and treatments explained to you clearly.
- To participate in informed decisions about your plan of care.
- To be treated with respect and dignity.
- To appoint a Healthcare Agent.
- To read your medical record and request a copy of your record be provided in a timely manner.
- To express concerns about your care or safety and receive a prompt response.
- To interpreter services and/or special devices if you are limited in English speaking, deaf, or hard of hearing and/or visually impaired, at no cost to you.
- To review your whiteboard and daily goals of care.
- To have your Primary Care Physician and your representative of choice notified of your admission.

Personal Matters

You have the right...
- To have visitors of your choosing without regard to race, color, national origin, religion, sex, sexual orientation, gender identity or disability.
- To have visitors of your choosing, but not limited to, a spouse, or domestic partner (including same-sex domestic partner) another family member, or a friend, 24 hours a day 7 days a week with some limitations.
- To tell us how, if at all, you would like your family to participate in your care and decision making.
- To access spiritual support while you are in the hospital.

Treatment and Care

You have the right...
- To have your Advance Care Plan (Advance Directive) honored, and to receive information on Advance Care Plans if you do not have one and request more information.
- To be kept safe at all times, and free from abuse or harassment.
- To personal privacy at all times within the capacity of the facility.
- To have your pain addressed promptly by your medical team.
- To refuse to be examined, observed, or treated by students or hospital staff without jeopardizing your access to care.
- To receive complete information regarding your plan of care and treatments that are medically appropriate, and to request and/or refuse treatment, but not the provision of treatment or services deemed medically unnecessary or inappropriate.
- To prompt life-saving treatment in an emergency, regardless of your economic status or source of payment.
- To receive the highest medical care that meets the standards of Sentara Healthcare regardless of race, culture, color, religion, marital status, age, sex, sexual orientation, gender identity, national origin or any disability or handicap or source of payment for your care.
- To notice of non-coverage and to appeal if you think your discharge is premature.
- To refuse to participate in medical research studies.

Financial Matters

You have the right...
- To know if your doctor has a financial or other conflict of interest as it relates to your care.
- To request and receive information regarding financial assistance or no cost treatment.
- To request and receive an itemized bill and an explanation of the bill.

Your Responsibilities

As a patient, healthcare agent, or guardian, we ask that you...
- Provide us with a copy of your Advance Care Plan (Advance Directive).
- Provide complete and accurate information about your medical history.
- Tell a doctor or nurse when you feel better or worse, especially if there is a sudden change in how you feel.
- Work collaboratively with your medical team.
- Speak up if you have a concern about your safety as a patient.
- Be considerate of other patients. This includes helping to control noise.
- Follow the rules of the hospital which are designed to keep you, other patients, and visitors safe and comfortable.
- Not smoke or use tobacco products in our hospitals or on the grounds of the hospital. We are a tobacco-free campus.
- Provide accurate information about your insurance or lack of insurance.
- To make arrangements for payment of your bill to the extent that you can.
Sentara’s Commitments To Our Patients and Customers

• *Always* keep you safe
• *Always* treat you with dignity, respect, and compassion
• *Always* listen and respond to you
• *Always* keep you informed and involved
• *Always* work together as a team to provide you quality healthcare
Your Role Is To Help Sentara and Its Representatives To

Always
Meet These Commitments
Safety Behaviors

- What are Safety Behaviors (previously called BBEs)?
  - Expectations in direct correlation to Sentara’s 1st Commitment to our patients and customers

Always Keep You Safe

- The next page will give you tools to assist you in utilizing the Safety Behaviors
#1 Pay Attention to Detail
Self Check using STAR to focus attention and think before acting...

Stop: Pause for 1 to 2 seconds to focus attention on the task at hand
Think: Visualize the act and think about what is to be done
Act: Concentrate and perform the task
Review: Check for the desired result

#2 Communicate Clearly
Repeat Back: 3-way communication technique:
① Sender initiates communication
② Receiver repeats back
③ Sender acknowledges accuracy
“That’s Correct!”
Read Back - Same as above, but Receiver WRITES down & READS back
Ask 1 to 2 Clarifying Questions
…When in high-risk situations
…When information is incomplete or unclear
Phonetic & Numeric Clarifications
SBAR Briefing Format:
Situation
Background
Assessment
Recommendation / Request

#3 Have a Questioning Attitude
Validate & Verify:
Think again… Does this make sense to me?
Check it with an expert source

Intelligent Compliance with Expectations:
• Policies, procedures, and job aids
• Red Rules

STOP when unsure and check with expert source

Did you say, “amputate” or ambulate?”
#4 Handoff Effectively

“I own it until I hand it off effectively to the appropriate person.”

Use the 5P technique...

Patient/Project: What is to be handed off
Plan: What is to happen next - the main effort
Purpose: The desired end state
Problems: What is known to be different or unusual about this patient or project
Precautions: What could be expected to be different or unusual about patient or project

#5 Never Leave Your Wingman

Peer Checking
- Check others when working together
- Point out problems in a constructive manner

Be willing to check others... AND to have others check YOU!

Peer Coaching

Encourage safe and productive behaviors
Discourage unsafe and unproductive behaviors

Use 5:1 Positive to Negative
Speak Up for Safety: ARCC

A measured way to voice safety concerns to help our team prevent a safety event

Use the lightest touch possible…

Ask a Question
Make a Request
Voice a Concern
If no success…
Use Chain of Command

Safety Phrase – “I have a Concern…”
HIPAA
PROTECTED HEALTH INFORMATION (PHI)

Protected health information (PHI) is any information in the medical record or designated record set that can be used to identify an individual and that was created, used, or disclosed in the course of providing a health care service such as diagnosis or treatment. Below are examples of what is protected:

- Name
- Address: Street, City, County, Zip Code
- Dates: Birth, Admit, Death and Discharge Dates and all ages over 89
- Telephone Numbers to include home, business, fax, cell
- E-mail addresses
- Social Security Number (SSN)
- Medical Record Number (MRN)
- Health Plan Beneficiary Number
- Account Numbers
- Certificates/Licenses
- Vehicle identifiers and serial numbers, including license plate numbers
- Device identifier and serial numbers
- Biometric Identifiers including finger and voice prints
- Photographic Images
- Computer IP addresses
- Web Universal Resource Locators (URLs)
Sentara Expectations - HIPAA

• “Each individual may only access, use or disclose the minimum information necessary to perform his or her designated role regardless of the extent of access provided to him or her.”

• All HIPAA concerns should be reported to the Sentara Privacy Department

• Notice of privacy available on Sentara.com

• Privacy policies are located on Compliance 360
  – Privacy of Protected Health Information
  – Authorization to Disclose PHI
  – Minimum Necessary Standard for PHI
  – Notice of Privacy Practices
  – Patient Request to Access PHI
  – Patient Request to Amend PHI
  – Patient Request to Restrict PHI
  – Accounting of Disclosures
  – Use of PHI in Research

Note: Failure to adhere to these policies will result in disciplinary action up to and including termination.
Conduct Expectations

All individuals who provide services within Sentara Healthcare are expected to adhere to the highest levels of professionalism and integrity. Behavior that is not considered to be appropriate will not be tolerated, and will result in disciplinary action that could result in the termination of the relationship between the individual and Sentara.

Conduct policy follows
Policy: Conduct Expectations

Division: Sentara Hospitals
Department: Interdepartmental
Category: Administrative

Location(s): SNGH, SLH, SPAH, SVBH, SOH, SWRM, SMG, SCH, SNVHC

Original Date: April 2009
Review/Revision Date: June 2012
Approved By: Division Presidents
Owner: Administration
System-Wide P&P Committee

Policy Statement:
All individuals who provide services within Sentara Healthcare are expected to adhere to the highest levels of professionalism and integrity. Behavior that is not considered to be appropriate will not be tolerated, and will result in disciplinary action that could result in the termination of the relationship between the individual and Sentara.

Definition of Appropriate Behavior
A. Collaboration, communication, and collegiality are essential for the provision of safe and competent patient care.
B. All members of the team, including staff, leadership, volunteers, vendors, or any other individual providing services within a Sentara facility must treat others with respect, courtesy and dignity, and conduct themselves in a professional and cooperative manner, behaving in a manner that encourages clear communication and respecting patient rights. Appropriate behavior is defined as treating others in such a way that a culture of safety is supported.
C. Inappropriate and disruptive behavior is defined as any conduct that fails to support a collegial and safe environment. Examples include, but are not limited to, the use of threatening or abusive language, profanity or similarly offensive language, inappropriate physical contact with another individual, inappropriate medical record entry, refusal to abide by the requirements of one’s position within the organization, insubordination, and sexual harassment.

Monitoring:

Outcomes Monitoring – Administration of each division shall be responsible for monitoring compliance with this policy, and any necessary enforcement.

Document Management – Administration of each division shall be responsible for developing, communicating and maintaining this policy and related procedures and job aids necessary for the implementation and continuance of the policy. This policy shall be reviewed at least every 3 years for repeal or amendment as appropriate.

Related Documents:

Procedures
Regulatory References
**Procedure:** Conduct Expectations  
**Division:** Sentara Hospitals  
**Department:** Interdepartmental  
**Category:** Administrative  
**Original Date:** June 2012  
**Review/Revision Date:**  
**Approved By:** Division Presidents  
**System-Wide P&P Committee**  
**Owner:** Administration

<table>
<thead>
<tr>
<th>Revision Date</th>
<th>Revision Description</th>
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**Purpose:** Acceptable standards of conduct will be established for all individuals who provide services within Sentara.

**Definitions:** None

**Procedure:**

<table>
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<tr>
<th>Required Action Steps</th>
<th>Performed By</th>
<th>Supplemental Guidance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The alleged infraction will be investigated and results documented.</td>
<td>Management</td>
<td>☐ If found to be valid, the incident will be documented and the appropriate disciplinary action will be taken up to and including termination of the relationship between Sentara and the individual.</td>
</tr>
<tr>
<td>2. Appropriate action will be taken.</td>
<td>Management</td>
<td>Regular full or part time employees will be subject to the disciplinary process defined in HR Policy 301a</td>
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<tr>
<td>3.</td>
<td></td>
<td>Introductory or flexpool/temporary employees will have the incident documented with appropriate action up to termination of employment.</td>
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<tr>
<td>4.</td>
<td>Management</td>
<td>Management employee will have the incident documented with appropriate action up to termination of employment.</td>
</tr>
<tr>
<td>5.</td>
<td>Members of the medical staff will have the incident documented with appropriate action which may be handled through peer review processes or up to termination of employment.</td>
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<tr>
<td>6.</td>
<td>☐ Individuals not employed by Sentara, such as volunteers and vendors, will have the incident documented with appropriate action up to termination of the relationship with Sentara.</td>
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</tbody>
</table>
Policy: Dress Code and Grooming Policy

Division: Sentara Hospitals

Department: Interdepartmental

Category: Administrative; General

Location(s): SBH, SCH, SLH, SNGH, SOH, SVBGH, SPA

Original Date: 09/98

Review/Revision Date: 1/2012

Approved By: Site Administrators

Owner: Administration

Previous Review/Revision Dates: 9/03, 10/03, 3/04

Policy Statement:
To promote a professional image and to promote security through proper identification of staff in the health care work environment, meet safety and regulatory requirements, as well as cleanliness and neatness factors.

Policy:

A. All employees are expected to exercise good judgment in their apparel and grooming habits, consistent with their position. Clothing shall be clean, in good repair, and non-revealing (no excessively tight fitting or low cut clothing).

B. Designated uniforms for the department and/or scrubs, if applicable, shall be worn and maintained by the employee. All uniforms shall be clean, in good repair, and color coordinated.

C. Shoes shall be clean and appropriate to the uniform in the area.
   - Per OSHA regulations, for safety and employee protection purposes, open toed shoes/sandals are prohibited in any patient care/clinical area.
   - Footwear worn by clinical staff shall be professional/hospital/clinical grade, solid surface made of non-absorbent and non-perforated materials (i.e. no perforated CROC style clogs, or shoes constructed of nylon or canvas materials). If clogs are loose fitting, the heel strap shall be worn. (To be rolled out by September 2008)
   - Open toed shoes may be worn in non-patient/non-clinical areas.
D. The following types of pants are not appropriate:
   - Denim pants or jeans of any color
   - Leggings
   - Shorts (including walking shorts)
   - Sweat pants
   - Capris (can only be worn in the summer months in non-patient care areas and shall be no higher than 3” below the knee)

E. Skirts and dresses shall be of a modest length, no more than 3” above the knee and appropriate for performing the respective position.

F. The following styles of shirts, blouses, and dresses are inappropriate:
   - Sleeveless or tank tops
   - Backless, halters or those revealing the midriff
   - Souvenir T-shirts, sweatshirts, or T-shirts with writing and logos other than those with the Sentara Healthcare logo

G. Hair shall be clean, well groomed, controlled and appropriate to the job. Extremes in hairstyles and color are not acceptable.

H. Moustaches and beards shall be neat and groomed. Facial hair may not inhibit N95 respirator for those positions requiring fit testing.
I. An official hospital picture ID shall be worn at all times by all hospital employees.
   a. Badges shall be worn above the waist with the picture visible.
   b. Badges shall not be defaced by stickers or pins.

J. Jewelry shall be conservative, non-offensive, and worn in moderation. Visible body piercing is strictly limited to pierced ears (no more than 2 per ear).

K. All cosmetic products, particularly perfumes and colognes shall be worn in moderation and not offensive.

L. Fingernails shall be trimmed, clean and at a conservative length.
   a. Employees in patient care areas (those dealing with patients, patient equipment, food, medication, and support services departments such as lab, radiology, and food services) shall maintain their nail length at no more than one-quarter inch past the tip of the finger and no artificial nails or nail jewelry of any kind is permitted.
   b. Nail polish shall be conservative in color and not chipped.

M. Tattoos shall be covered.

Off Duty Guidelines

A. Clothing worn by employees prior to changing into hospital provided scrubs, or returning to work (but not involved in direct patient care) may include walking shorts, or jeans that are clean and in good condition.

B. Walking shorts shall be no shorter than three inches above the knee-cap, non-spandex, neat, and clean.

C. Clothing worn for classes and unit social functions at the hospital shall adhere to this Dress Code and Grooming Policy, may be casual wear but no sweat pants, jogging pants or jeans.

Procedure:

A. Department Directors/Managers are responsible for the consistent enforcement of the dress code for their particular areas.

B. Employees who arrive at work inappropriately dressed shall be asked to clock out and go home and change their attire.

C. Disciplinary action shall be taken up to and including termination for failure to adhere to the dress code.

D. Department Directors/Managers can write additional department requirements with approval from Human Resources.

Related Documents:

<table>
<thead>
<tr>
<th>Procedures</th>
<th>Employee Conduct Policy</th>
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Regulatory References
Safety Information

In the attached sheets you will find orientation materials on the following subjects:

– Fall Safety
– Code Definitions
– How to Report Emergencies
– Cell Phone Usage
– Occupational Health
– Child/Elder/Domestic Abuse
– Infection Prevention & Control
– Medical Response Team
– Preventing Workplace Violence
Non-Employed Staff – Fall Safety

As guests in our Hospital, please realize that safety is our top priority. Some of our patients and visitors can be at high risk for falling or injuring themselves, so, please keep in mind the following tips in order to help us keep everyone safe:

• Our high risk to fall patients are indicated with a yellow armband and a yellow placard near the door (see the pictures below)
• Please notify staff if you happen to see a patient with these items attempting to get up without assistance
• When working in an area, please be sure that any equipment and/or tools are kept near you and are not creating a trip hazard
Non-Employed Staff – Fall Safety

• If working in a hallway or passageway, be sure that you leave enough room for safe passage of staff, patients, and visitors.

• Do not leave tools or equipment unattended.

• Upon completion of your work, ensure that the area is left clean, dry, and free of clutter. If patient equipment needs to be moved back into the area, notify a staff member if you are unsure about handling the equipment.

• If you notice a safety hazard (i.e. a spill on the floor), please take the time to notify staff so that we may take the appropriate measures to address the issue.
Non-Employed Staff – Fall Safety

- All of our inpatient units use bed/chair alarm devices to alert staff of high risk to fall patients attempting to get up. If you are on an inpatient unit and you hear the bed/chair alarm sound, notify a staff member immediately.
Emergency Codes

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<th>Code Definition</th>
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<td>Medical Emergency / Cardiac Arrest</td>
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<td>Code Red</td>
<td>Fire</td>
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<tr>
<td>Condition Orange</td>
<td>Fire Alarm Testing</td>
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<td>Code Yellow</td>
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<td>Code Gold Radiation Emergency</td>
<td>Radiation Emergency</td>
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<td>Code Brown</td>
<td>Bomb Threat</td>
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<td>Code Maroon</td>
<td>Active Shooter</td>
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<tr>
<td>Code Black - Evacuation Full or Partial (Location)</td>
<td>Evacuation Full or Partial (Location)</td>
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<tr>
<td>Code Purple</td>
<td>Hostage Situation</td>
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<tr>
<td>Code White Readiness Alert</td>
<td>Readiness Alert</td>
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<tr>
<td>Code Gray Utility Failure (Type)</td>
<td>Utility Failure (Type)</td>
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<tr>
<td>Code Green Mass Casualty Incident (Level I or II)</td>
<td>Mass Casualty Incident</td>
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<tr>
<td></td>
<td>Level I – ED self-contained</td>
</tr>
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<td></td>
<td>Level II – hospital assistance</td>
</tr>
<tr>
<td>Code Silver</td>
<td>Potentially Violent Situation</td>
</tr>
<tr>
<td></td>
<td>Level I – Not involving a weapon</td>
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<tr>
<td></td>
<td>Level II – Involving a weapon</td>
</tr>
<tr>
<td>Code Rainbow</td>
<td>Abduction – infant/child</td>
</tr>
</tbody>
</table>

**HOW TO REPORT EMERGENCIES**

**Hospital:**
Dial “12”  This establishes connection with Telecommunications.
All code announcements except “Condition Orange” will be preceded by an audible tone.

**SMG Ambulatory Practices and Non-Hospital Sites:**
Dial 911  This establishes connection with Emergency Services within the community.
**CODE BLUE - MEDICAL EMERGENCY / CARDIAC ARREST**

**Hospital:**
1. Dial "12"
2. State Code Blue, hospital name and exact location of patient.
3. Start CPR

**SMG Ambulatory Practices and Non-Hospital Sites:**
1. Dial 911
2. State practice name/location and exact location of patient
3. Start CPR

**CODE RED - FIRE**

R **Rescue**, Remove patient from danger.
A **Alarm**, Dial "12" (Dial 911 for SMG and Non-Hospital Sites) and state the hospital name and the exact location of the fire.
C **Confine**, Confine the fire. Close all fire doors and windows.
E **Extinguish and/or Evacuate**, Extinguish and/or Evacuate the area immediately.

**CODE RED - FIRE NOT IN YOUR AREA**
1. Remain at your present location.
2. Close all doors and windows.
3. Stand by for instructions.
4. Keep telephone lines clear for emergency use. Evacuate as necessary (horizontally first if possible).
How To Use a Fire Extinguisher

P Pull, Pull the pin on the extinguisher.
A Aim, Aim the extinguisher at the base of the fire.
S Squeeze, Squeeze the handle (trigger).
S Sweep, Sweep the extinguisher from side to side.

CODE GRAY UTILITY FAILURE), CODE GREEN MASS CASUALTY INCIDENT (LEVEL I OR II), CODE GOLD RADIATION EMERGENCY

1. Follow Hospital Emergency Operations Plan.

CODE YELLOW - HAZARDOUS MATERIAL INCIDENT

1. Contain the spill. Evacuate the area. Close doors.
2. Contact the operator at “12” (Dial 911 for SMG and Non-Hospital Sites) and inform them of a hazardous material incident.
3. Report the name of the hospital and the type of hazardous material spilled.
4. Refer to the area’s Safety Data Sheets for the type of material involved and appropriate clean up procedures and precautions.
5. Information on the safe handling of hazardous materials and waste can be located on Compliance 360 for policies and procedures under the Physical Environment of Care category - Hazardous Materials and Waste Management.

CODE BROWN - BOMB THREAT

If received over telephone:

1. Remain calm. Treat threats as if authentic. Record all information.
2. Ask questions: When? Where? Why? Who are you? Who are you trying to hurt?
3. Note background sounds, type of voice and speech.
4. Immediately notify Telecommunications - Dial “12.” (Dial 911 for SMG and Non-Hospital Sites)
5. Report to Safety & Security at 388-3510 (SNGH), 261-6920 (SLH), 507-1120 (SPA), 984-7872 (SWRMC); 736-0015 (SCH); 934-4945 (SOH); 395-8145 (SVBGH), 703-670-1308 (SNVMC)
CELL PHONES
Licensed Independent Practitioners (LIPs) are allowed to use cell phones in any Sentara hospital for clinical and emergent situations. Phones should be set on vibrate mode at all times, and the camera functions should not be used without prior documented consent and in those cases only in support of patient care. No other staff should use their cell phones in the hospital for anything other than Sentara business and never in a patient care area.

OCCUPATIONAL HEALTH
If you are exposed to any infectious disease or sustain an injury involving blood and/or body fluids, follow the following “Instructions to Employee Experiencing a Needlestick, Laceration or Mucous Membrane Exposure to Blood” slides.

HEALTH CARE PROVIDER RESPONSIBILITIES RELATED TO FAMILY VIOLENCE
Virginia law requires all physicians, nurses, social workers and mental health care professionals to report the following:

1. All cases of suspected child abuse/neglect to Child Protective Services; and
2. All cases of suspected elder and disabled adult abuse and neglect to Adult Protective Services.

If you suspect abuse, please contact the Case Manager for that unit. He or she may be reached through the Patient Care Coordinator.

PATIENT SAFETY
PATIENT ID – use 2 identifiers (example, patient’s name and date of birth) when giving any treatment, medication, or blood product.

PREVENT MISTAKES IN SURGERY – utilize Universal Protocol to ensure the right surgery is done on the right patient and in the correct location by marking on the body and doing a “time-out” before the surgery.

PREVENT INFECTIONS – follow hand washing guidelines from CDC. Use the guidelines to prevent catheter-associated UTI’s, and central line and post-surgery infections.

MEDICATION SAFETY – label medications before a procedure. Record and pass along information about a patient’s medications, taking extra care with those on blood-thinning medications.

TEST RESULTS – get test results to the right caregiver promptly.
INSTRUCTIONS TO EMPLOYEE EXPERIENCING A NEEDLESTICK, LACERATION, OR MUCOUS MEMBRANE EXPOSURE TO BLOOD

1. PERFORM necessary first aid.

   Needlesticks / Lacerations - Flush with soap and water.

   Mucosal or Eye Exposures - Flush exposed area with water or normal saline for 10 - 15 minutes.

2. IDENTIFY THE SOURCE patient OR the source of the exposure. DO NOT LET THE SOURCE PATIENT LEAVE THE FACILITY UNTIL THE SOURCE PATIENT LABS HAVE BEEN DRAWN. IF THE SOURCE PATIENT IS A NEWBORN, DRAW SOURCE PATIENT LABS ON THE MOTHER OF THE NEWBORN AND DO NOT DRAW THE NEWBORN.

3. IMMEDIATELY CONTACT or report directly to OCCUPATIONAL HEALTH SERVICES (closest site); Monday – Friday (except holidays) during your facilities Occupational Health’s regular business hours. Prompt reporting is essential because, in some cases, HIV post-exposure treatment may be recommended. Treatment should be started as soon as possible, preferably within 2 hours.

   **Occupational Health Services**
   - Sentara Norfolk General Hospital
     - Phone: 388-3080
     - 7AM-4PM
   - Sentara Virginia Beach General Hospital
     - Phone: 395-6318
     - 7AM-4:30PM
   - Sentara Northern Virginia Medical Center
     - Phone: 703-523-1390
     - 7:30AM-4PM

   **Occupational Health Services**
   - Sentara Leigh Hospital
     - Phone: 261-6752
     - 7AM-4:30PM
   - Sentara CarePlex Hospital
     - Phone: 827-2153
     - 7:30AM-4PM
   - Sentara Princess Anne Hospital
     - Phone: 507-0746
     - 7AM-3:30PM

   **Occupational Health Services**
   - Sentara Williamsburg Regional Medical Center
     - Phone: 984-7440
     - 7AM-3:30PM M, T, W, F
   - Sentara Obici Hospital
     - Phone 934-4523
     - 7:30AM-4PM
WHEN OCCUPATIONAL HEALTH SERVICES IS CLOSED:

SENTARA HOSPITAL PERSONNEL AND STAFF PHYSICIANS: CONTACT the hospital nursing supervisor or at Sentara Potomac Hospital (SPH) the Administrative Nursing Coordinator (ANC)

SENTARA NON HOSPITAL PERSONNEL (Life Care, Enterprises, SMG, etc.):

a) Notify your Supervisor (Office Manager/Charge Nurse/Nursing Director) that you have had an exposure incident. Your Supervisor will help facilitate getting blood drawn on the source patient and direct you for treatment.

b) DO NOT LET THE SOURCE PATIENT LEAVE THE FACILITY UNTIL A BLOOD SPECIMEN IS COLLECTED. (Use enclosed lab slips).

4. COMPLETE the “Employee” portion of the BLOODBORNE EXPOSURE SUMMARY form enclosed in this packet.

5. COMPLETE an EMPLOYEE OCCURRENCE REPORT (EOR).

6. Report any exposure incident to Occupational Health Services. If the office is closed, leave a voice message by phone indicating that you have had an exposure incident. Leave a phone number where you can be reached. If you do not hear from the Occupational Health staff by 9 AM on the next business day, please call again.

7. Come to Occupational Health on the next business day to complete lab studies and follow-up. Bring all enclosed forms with you to the Occupational Health Services visit.

IF THE POST EXPOSURE MEDICATION HAS BEEN PRESCRIBED FOR YOU, FOLLOW ALL OF THE INSTRUCTIONS BELOW:

1. The physician evaluating this exposure has recommended that you start a prophylactic drug regimen:
   a) take the medications as prescribed.
   b) read and follow all information provided with the medication.

2. An infectious disease physician will evaluate your potential exposure status on the next business day following your exposure (1-3 days). At that time the physician will evaluate the source patient’s lab tests and determine if you need to continue the medication or if it may be discontinued. Contact OCCUPATIONAL HEALTH during your facility’s Occupational Health’s regular business hours Monday – Friday (except holidays), to ensure that you have been scheduled for the evaluation.

3. If the infectious disease physician advises that you remain on the medication, immediately contact OCCUPATIONAL HEALTH for directions to get your prescription filled without cost to you.

Revised 4/16/12
INFECTION PREVENTION & CONTROL

1. Please review the descriptive information on “Standard Precautions” and "Transmission Based Isolation Techniques."

2. Review Infection Prevention & Control policies for the unit/departments in which you will practice.

3. For your safety and the safety of your patients and fellow healthcare providers, please know your status with the following:
   - Annual PPD/TST results
   - Hepatitis B Vaccine
   - Varicella Titer
   - MMR Titer
   - TB Respirator Fit Testing (if applicable)
   - Influenza Vaccine

4. Infection Prevention & Control is available to assist at your request. Infection Prevention & Control Offices are staffed at each Sentara Facility to assist with any Infection Prevention & Control issues or concerns.
   - Sentara Princess Anne Hospital 507-1475
   - Sentara Leigh Hospital 261-6936
   - Sentara Norfolk General Hospital 388-3949
   - Sentara CarePlex Hospital 827-2138
   - Sentara Obici Hospital 934-4719
   - Sentara Virginia Beach General Hospital 395-8658
   - Sentara Williamsburg Regional Medical Center 984-7933
   - Sentara Northern Virginia Medical Center 703-523-0983

5. Please remember – DO NOT COME TO WORK IF YOU FEEL ILL! Call Occupational Health or Infection Prevention & Control if you need assistance.
ISOLATION PRECAUTIONS CATEGORIES

1. Standard Precautions (replaces Universal Precautions)
2. Airborne Precautions
3. Contact Precautions
4. Contact Enteric Precautions
5. Droplet Precautions
6. Airborne/Contact Combination

Periodically CDC will publish new or temporary specific guidelines addressing focused diseases or conditions. On these occasions Infection Prevention & Control will ensure implementation and education of Sentara employees, LIPs, Volunteers, Visitors and patients on such guidelines.

Sentara Hospitals - Standard Precautions

Standard Precautions apply to blood, all body fluids, secretions, and excretions except sweat; regardless of whether or not they contain visible blood; non-intact skin, and mucous membranes. Standard Precautions replaces Universal Precautions and applies to all patients receiving care in hospitals, regardless of their diagnosis or presumed infection status. Standard Precautions are designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection in hospitals.

Regulatory agencies such as the Occupational Safety and Health Administration (OSHA), promote the use of Standard Precautions. Standard Precautions include, but are not limited to, the following precautions:

1. **Hands** should always be washed between patients and after gloves are removed. Unprotected skin contact with blood, body fluids, or human tissue should be immediately followed by washing with soap and water. Healthcare workers who have exudative lesions or weeping dermatitis are restricted from all direct patient care and from handling patient care equipment and devices used in performing invasive procedures until the condition resolves and return to work is approved by Occupational Health.

2. **Gloves** should be worn when it can be reasonably anticipated that the employee may have hand contact with blood, body fluids, or contact with contaminated surfaces or equipment.
3. **Gowns or plastic aprons** are indicated if soilage of clothing is likely. 
4. **Masks, protective eyewear or face shields** should be worn if aerosolization or splattering with blood or body fluids in the facial mucous membranes is likely to occur, such as with dental and surgical procedures, wound irrigations, post mortem examinations, vaginal deliveries, intubations, and bronchoscopies. 
5. **Resuscitation devices** should be strategically placed in areas where the need for resuscitation is predictable, to minimize the need for mouth-to-mouth resuscitation. 
6. Disposable **sharps containers** should be placed in all clinical areas including patient rooms to facilitate immediate and appropriate disposal. Used needles should not be bent, broken, reinserted into their sheaths by hand or unnecessarily manipulated. Sharps safety devices are to be used per manufacturers’ guidelines. Any sharps device requiring activation, must be activated IMMEDIATELY after use. Sharps should be handled in a manner to prevent accidental cuts or punctures. All needle stick accidents, punctures, mucosal splashes and contamination of open wounds with blood or body fluids should be immediately medically evaluated. Optimum post-exposure management to HIV-1 or HBV positive patients includes the earliest possible intervention. 
7. **Spills** of blood or body fluids should be cleaned up promptly and the area disinfected with an appropriate disinfectant solution. 
8. **Blood specimens** from all patients should be considered biohazardous. 
9. **Reusable instruments, devices and equipment** must be properly cleaned, disinfected and/or sterilized before reuse. 

Healthcare providers should utilize **Standard Precautions** in caring for their patients to minimize the risk of exposure to blood and body fluids, prevent transmission of blood-borne diseases, as well as, reduce risk of transmission of microorganisms from both recognized and unrecognized sources of infection in the healthcare setting.
**Transmission Based Precautions** (Airborne Precautions, Droplet Precautions, Contact Precautions & Contact Enteric Precautions) are designed for patients documented or suspected to be infected or colonized with highly transmissible or epidemiologically important pathogens for which additional precautions beyond **Standard Precautions** are needed to interrupt transmission in healthcare settings. They may be combined for diseases that have multiple routes of transmission. *When used either singularly or in combination, Transmission Based Precautions are to be used in addition to Standard Precautions.*

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**Sentara Hospitals - Isolation Procedures**

Transmission Based Precautions (Isolation) are additional protective work practices beyond Standard Precautions that are used for patients with documented or suspected infections that are highly transmissible or epidemiologically important. There are four separate categories (Airborne, Droplet, Contact and Contact Enteric Precautions) of Transmission Based Precautions (Isolation) and one combined isolation category (Airborne & Contact Precautions) in place within Sentara Healthcare:

**Droplet Precautions**

Designed to prevent transmission of infectious large-particle droplets that travel short distances through the air. Large-particle droplets are created by certain medical procedures, such as suctioning, or by coughing, talking or sneezing. Infection is spread when these droplets make contact with the conjunctivae, nasal mucosa, or mouth. (i.e., Meningococcemia, Mumps, Rubella, Pertussis). A **private room** is required. An **isolation mask** must be worn when entering the isolation room.
**Airborne Precautions**

Designed to reduce the risk of airborne transmission of infectious agents that are attached to either droplet nuclei of evaporated droplets or dust particles. These small particles may remain suspended in the air for long periods of time and can be dispersed widely by air currents and may be inhaled by or deposited on a susceptible person. Special air handling and ventilation are required to prevent airborne transmission. (i.e. Tuberculosis, Measles, Chickenpox)

**“Special Ventilated Isolation Room is required”**

An N95 or HEPA filter Respirator must be worn by the healthcare provider in the room if the patient is isolated for suspected or diagnosed Tuberculosis. An isolation mask must be worn to enter the room if the patient has Measles or Varicella (Chickenpox). Patients should never wear and N95 or HEPA filter respirator; they should wear a regular isolation mask if travel outside of the designated patient isolation room is needed for emergency procedures.

**Contact Precautions**

Designed to reduce the risk of transmission of epidemiologically important microorganisms (infection or colonization) by direct (skin-to-skin) or indirect (skin to contaminated object) contact (i.e.; Hepatitis A, Shigella, RotaVirus in incontinent or diapered patients, RSV, Major non-contained wound infections, Pediculosis, Scabies, Multi-Drug Resistant Organisms – MDROs – infection or colonization such as MRSA, VRE, CRE etc). Maintain dedicated use of non-critical medical equipment in the patient room. Private room is required unless cohorting with another patient who has infection with same microorganism. Gown and gloves are required when entering room! Mask is required when there is a risk of splashing or aerosolization of body fluids.

**Contact Enteric Precautions**

Designed to reduce the risk of transmission of epidemiologically important microorganisms spread by direct (skin-to-skin) or indirect (skin to contaminated object) contact: Clostridium difficile (C. diff.); NoroVirus; and Diarrhea of unknown etiology. Maintain dedicated use of non-critical medical equipment in the patient room. Private room is required unless cohorting with another patient who has infection with same micro-organism. Gown and gloves are required when entering room! Mask is required when there is a risk of splashing or aerosolization of body fluids such as with vomiting.
Protective/Neutropenic Precautions
Although not an official Infection Prevention & Control Isolation Category, this precaution is for the greatly immunocompromised and/or transplant patient. The patient’s physician will direct specific precautions. Protective/Neutropenic Precautions sign will be displayed on the patient’s door with precaution measures ordered by the physician, checked.

Infection Prevention & Control Quality Improvement Indicators:
The SPAH, SCH, SLH, SNGH, SOH, SVBGH, SNVMC and SWRMC Critical Care Units all perform National Healthcare Safety Network Surveillance (NHSN, formerly know as NNIS) for their total patient population, concentrating on the reduction of Ventilator Associated Event (VAE/VAP), Central Line Associated Bloodstream Infection (CLA-BSI), and Catheter Associated Urinary Tract Infection (CA-UTI). The NHSN System has been the leading comparison database system nationwide and is one system that all regulatory agencies continue to stress as an example of compliance. Other quality measures include Mandatory Reporting of Central Line Associated Bloodstream Infections, Hand Hygiene Compliance, Surgical Site Infections, Surgical Care Improvement Processes and, Total House Device Associated Infections.

What is your primary strategy for the prevention of transmission of microorganisms/disease?

Practice Good Hand Hygiene!!!
**Hepatitis B**

*Hepatitis B* is a serious disease that affects the liver. It is spread through contact with blood or other body fluids.

**Vaccination:** The best way to prevent Hepatitis B is by getting the Hepatitis B vaccine. The Hepatitis B vaccine is safe and effective and is usually given as 3-4 shots over a 6-month period.

The Hepatitis B vaccine series is a sequence of shots that stimulate a person’s natural immune system to protect against HBV. After the vaccine is given, the body makes antibodies that protect a person against the virus. An antibody is a substance found in the blood that is produced in response to a virus invading the body. These antibodies are then stored in the body and will fight off the infection if a person is exposed to the Hepatitis B virus in the future.

Contact your employer or annual health requirement provider for information on obtaining this vaccine.
**HIV (Human Immunodeficiency Virus)**

*HIV* is the virus that can lead to acquired immune deficiency syndrome, or AIDS.

Vaccination: There is no vaccine to prevent HIV at this time.

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**Report blood and body fluid exposures** to your Occupational Health Department Immediately. Prompt reporting is essential because, in some cases, postexposure treatment may be recommended and should be started as soon as possible.

Discuss the possible risks of acquiring HBV (Hepatitis B Virus), HCV (Hepatitis C Virus), and HIV (Human Immunodeficiency Virus) and the need for postexposure treatment with the provider managing your exposure.

Additional printable fact information on HIV, Hepatitis B, and Hepatitis C may be obtained from the [CDC.Gov Website](https://www.cdc.gov).
GOALS
1. To support optimal patient outcomes through timely intervention and treatment.
2. To prevent cardiopulmonary arrests outside the Intensive Care Unit
3. To reduce the number of unexpected transfers into the Intensive Care Unit and ICU readmissions within 24 hours.
4. To support the staff by acting as a resource for off service patients and for all unexpected events.

CRITERIA TO CALL MRT
- Staff Member is worried about the patient
- "Something is not right."
- Acute change in heart rate <40 or >130 beats per minute
- Acute change in systolic blood pressure to <90 mmHg or 20% change from baseline
- Acute change in respiratory rate <8 or >30 breaths/minute or pulse oximetry saturation <90% for > 10 minutes.
- Change in breathing pattern or threatened airway
- Acute allergic reaction with persistent mild, moderate or severe symptoms
- Acute change in urine output to <50 ml in 4 hours
- Unfamiliar treatments and/or care of off service patients or failure to respond to treatments
- Acute change in level of consciousness
- New, repeated or prolonged seizures
- New onset chest pain, chest pain unrelieved by interventions, and/or dysrhythmias
- More than one STAT page for physician to come to unit

MEDICAL RESPONSE TEAM
Improving Patient Care

Dial “12” and tell operator the hospital and unit/location you are calling from.

Dial “12” and tell operator the hospital
Staff Nurse and Medical Response Team Partnership & Expectations

The MRT member can expect the Staff Nurse to:

- Initiate call to MRT when patient’s condition meets one of the stated criteria.
- Be available throughout the assessment, treatment and (if needed) transfer of the patient.
- Provide a brief overview of the patient’s situation including:
  - History & admitting diagnosis
  - Code status
  - Events leading up to current situation
  - Any attempted interventions
  - Laboratory abnormalities
  - Recent vital signs, I & O’s, & pulse oximetry readings
- Communicate change in patient condition to physician as soon as possible, with assistance from the MRT.
- Develop the plan for patient stabilization in collaboration with MRT guidance.
- Collaborate with the MRT and PCS to provide safe, competent care if an advanced therapy needs to be initiated prior to transfer to a higher level of care (e.g. dopamine, etc).
- Document the events leading up to the call and patient condition and disposition after the call.

The Staff member can expect the MRT to:

- Assess the urgency of the clinical situation and utilize protocols when appropriate to provide immediate stabilization of the patient.
- Initiate interventions outlined in the procedure, which may include airway management, placement of mask ventilation, O2, suctioning, medication, fluid administration, etc.
- Assist in assessing the patient and organizing information for the staff nurse to present to the physician so he/she can make treatment decisions.
- MRT documents assessments, interventions and outcome of the event on the MRT form, a copy of which will remain in the patient record.
- Write all treatments and procedures performed during the call as an order in the medical record as “per MRT procedure”.

NOTE: Therapy initiated prior to the availability of a transfer to a higher level of care will be maintained by the most qualified nurse based on competency. The MRT should not assume total care of the patient while still located outside the critical care setting.

The MRT is composed of a Critical Care RN and a Respiratory Therapist.
Preventing Workplace Violence

- Sentara Healthcare has a zero tolerance policy in place for workplace violence
  - Annual mandatory online education module
  - Each division has an established Threat Assessment Team
    - Hazard Assessments
    - ID any additional training and education
    - Incident Reporting, investigation, follow-up and evaluation

- Report any issues to your department supervisor, Human Resources or Security
Adverse Event Reporting

- Immediately report any adverse event to the charge person or manager of the department in which you are providing services

- Deviations from the standard of care, unexpected harm or unexpected adverse outcomes should be reported - Leadership will decide if further investigation is needed
Impaired Licensed Independent Practitioners

• Practitioners who are suffering from an impairment are encouraged to voluntarily bring the issue to the Peer Review Committee so that appropriate steps can be taken to protect patients and to help the physician to practice safely and competently.

• Virginia Code §54.1-25.5 defines “Impairment” as a physical or mental disability, including, but not limited to, substance abuse that substantially alters the ability of a practitioner to practice his profession with safety to his patients and the public.
Impaired Licensed Independent Practitioners

• Any individual who is concerned that a member of the Medical Staff is impaired shall submit a written report to the President of the Medical Staff or the Vice President of Medical Affairs factually describing the incident(s) that led to the concern

• If, after discussing the incident(s) with the individual who filed the report, the President of the Medical Staff or the Vice President of Medical Affairs believes there is enough information to warrant a review, the matter shall be referred to the Peer Review Committee
Reporting Quality Concerns

Currently there are several resources to assist with any concerns regarding HIPAA, safety or the quality of patient care:

– Managers/Leaders of Sentara
– Administration - See site phone listing
– Human Resources - See site phone listing
– Compliance, Ethics & Privacy Hotline - 800-981-6667
– Risk Management - See site phone listing
Compliance and Integrity

The Compliance Department promotes an organizational culture of corporate responsibility and ethical behavior, raises awareness of legal and regulatory requirements, provides a framework to identify and address potential compliance issues, and measures effectiveness of actions taken.

– Anyone associated with Sentara is responsible and accountable to ensure that their job responsibilities are performed in accordance with all laws, regulations, established Sentara policies and procedures and the Sentara Compliance and Ethics Standards

– If you are unsure about the legality of an action or proposed action, you are responsible for contacting your supervisor, manager, director, human resource representative, the legal department, or the compliance department, until you are satisfied as to the legality of the action or proposed action

– If someone asks you to do something in performing your job that is believed to be illegal, unethical, or a violation of Sentara policies and procedures or the Sentara Compliance and Ethics Standards, or you observe someone doing something you feel is improper, you have an obligation to report such matters in accordance with Sentara policy

– If you would like to report such matters anonymously and confidentially, you may call the Sentara Compliance, Ethics and Privacy Hot Line at 1-800-981-6667
Cultural Diversity

- Cultural Diversity refers to the differences between people based on shared ideology and a valued set of beliefs, norms, customs, and meanings evidenced in a way of life.

- Diversity includes but is not limited to race, social class, ethnicity, gender, language, ability or disability, religion, geographic region, nationality and sexuality.

- Our patients’ needs vary based on our communities diversity.

- When communicating with a patient, or their family, that is Deaf or Hard of Hearing or has Limited English Proficiency you must communicate using their preferred method of communication. If you are in doubt how to proceed, check with the patient’s nurse for further instructions before proceeding with attempts to communicate with the patient or their family.

- Seek additional information on the specifics regarding your patients from our Chaplaincy Department.

- In addition, you can direct patients and their families to a helpful Sentara webpage [http://www.sentara.com/PatientVisitorInfo/InternationalPatients/Pages/InternationalPatients.aspx](http://www.sentara.com/PatientVisitorInfo/InternationalPatients/Pages/InternationalPatients.aspx) which houses information on a number of resources.
Hazardous Materials

• Safety Data Sheets (SDS) can be requested from any Sentara employee who can access the SDS sheets on Wavenet
• If no Sentara employee is available, call 12 to reach the operator and ask them to call a Code Yellow to your location. (SMG Call 911)
• The SDS sheet will give you a lot of information including what PPE should be worn when working with a hazardous material
• Wash your hands after working with hazardous substances and stay below the time and quantity exposure limits for hazardous materials
Finalizing Your Orientation

- This packet is a simple overview of information
- You are required to complete the appropriate mandatory education and testing at the following website http://www.sentara.com/Employment/Pages/RequiredCourses.aspx
- To finalize this orientation and before you can start in your position at any Sentara Hospital where you will provide patient care or patient services:
  - You must complete each of the tests at the web link above **and print the final test for each with a score of 80 or above**
  - Complete the Enclosed Forms: Orientation Documentation Form, Sentara Healthcare Commitments Form, Statement of Responsibility & Confidentiality, and Code of Business Conduct (vendors/contractors only)
  - **Failure to complete any of these items will result in your inability to provide patient care or patient services in any Sentara Hospital**
  - **Allied Health Professionals’ applications will not be forwarded to the relevant hospital until all of the above is received**
Annual Requirements

- Complete the same documents and testing listed on the previous slide

- Complete annual health screening with Sentara or your organization as appropriate which must include current immunizations required

- Failure to complete any of these items will result in your inability to provide patient care or patient services associated with any Sentara Hospital
Welcome To The Sentara Healthcare Team