



Test Your Bloodborne Pathogens Knowledge

Directions: Complete each of the following statements using the word bank below. Write your answers on the lines.

Word Bank

Sexual contact Bloodborne pathogens Damaged Red Medical examination
Blood Bodily fluids Blood test Hep B Universal Precautions
Exposure control plan Decontamination and cleaning schedule

1. _____ are microorganisms carried by the blood, such as the hepatitis virus (HBV and HCV) and the human immunodeficiency virus (HIV).
2. Your employer has established a written _____ that follows regulations set up by the federal Occupational Safety and Health Administration.
3. To protect yourself against HIV and Hepatitis, avoid direct exposure to _____ and _____ the prime transmitters of HIV and hepatitis.
4. HIV and hepatitis can be transmitted through _____, shared drug needles, needle stick injuries, and direct contact between broken or chafed skin and infected body fluids.
5. _____ means you treat all blood and other potentially infectious body fluids as if they are infected.
6. Before you put on protective clothing, make sure it is in good condition. Do not wear anything that is _____.
7. Your employer's written _____ helps keep your workplace free of infection.
8. To make sure you know what you are handling, OSHA requires containers of potentially infectious materials to be _____, or labeled clearly in orange or orange-red with the biohazard symbol or both.
9. If you are directly exposed to bloodborne pathogens, your employer will offer you a confidential _____ and _____.
10. There is a vaccine that helps protect against _____, and OSHA requires employers to provide it free to employees at risk of exposure.

Name: _____ Date: _____ Grade: _____

BLOODBORNE PATHOGENS AT A GLANCE

	Hepatitis B Virus (HBV)	Hepatitis C Virus (HBV)	Hepatitis D Virus (HDV)	Human Immunodeficiency Virus (HIV)	Syphilis
Epidemiology	300,000 new U.S. cases and 15,000-20,000 new carrier annually. Most common Bloodborne pathogen with risk to healthcare workers (HCW) (6-30% risk for infection for needle stick injury with infected source blood).	170,000 new U.S. cases annually. 4-8% of cases are HCW who acquired disease occupationally	Causes infection only together with HBV.	Worldwide 18 million adults and 1.5 million children are infected (90% of cases are in developing countries). New U.S. cases 40,000-80,000 annually. Risk of HCW infection from needle stick injury with infected source blood is estimated to be 0.32%	Widespread. Approximately 30% of exposures result in infection.
Modes of Transmission	Blood-to-blood contact; sexual contact; perinatal transmission; contact with contaminated objects (40% unknown; thought to be person-to-person contact with mucous membrane or non-intact skin)	Blood-to-blood contact; sexual contact; contact with contaminated objects	Believed to be similar to HBV	Sexual contact; prenatal transmission; blood-to-blood contact; contact with contaminated objects (e.g., needles).	Sexual contact; contact with infectious exudates, body fluids and secretions; congenital transmission; blood-to-blood contact; contacts with contaminated objects.
Infectious Agent	Hepatitis B Virus	Hepatitis C Virus	Hepatitis D Virus	Human Immunodeficiency Virus	Treponema pallidum, a spirochete
Period of Communicability	Begins before symptoms appear and persist throughout course of disease and during chronic carrier state.	Begins before symptoms appear and persist throughout course of disease and during chronic carrier state.	Blood is potentially infectious during all phases of infection	Presumed to be early in infection and extend throughout life	Variable and indefinite. Adequate penicillin therapy ends inactivity in 24-48 hrs
Incubation Period	30-180 days	14-180 days	Not firmly established in humans	Variable; time from infection to development of AIDS ranges from 2 mo. To 10 yrs. Or longer	10 days-3 months

Signs and Symptoms	Anorexia, abdominal discomfort, nausea and vomiting. Prodromal rash and arthritis (5-10%). Often progress to jaundice. Fever absent or mild.	Anorexia, abdominal discomfort, nausea and vomiting. Progress to jaundice less often than hepatitis B	Similar to HBV	Self-limited mononucleosis-like illness within several weeks to several months after infection. Onset of clinical illness characterized by lymphadenopathy, anorexia, chronic diarrhea, weight loss, fever and fatigue. Opportunistic infection several cancers define AIDS	An acute and chronic disease characterized by a primary skin lesion (chancere), secondary eruptions of skin and mucous membranes, long latency periods, and late lesions of skin, bone internal organs, nervous system and cardiovascular system.
Post exposure Management	If unvaccinated, HBV vaccine and immune globulin. If vaccinated, recommendations depend on response to vaccine	Immune globulin of unproven value	Prevention of HBV	Consider antiretroviral therapy based on nature of exposure	Penicillin treatment or alternatively, treatment with doxycycline or tetracycline
Complications and Prognosis	Usually mild disease with full recovery; development of chronic carrier state may occur fatal in about 0.1% cases. Risk factor for liver cancer	High rate of chronic carriers (50-80%); generally a full recovery in others	Infection with HBV and HDV increases risk of serious illness or death	No recovered cases conclusively documented; degree of immunity unknown.	Treatable with antibiotics. Untreated diseases may result in serious disability or death.
Prevention	HBV vaccine for all infants, HCW, and other risk. Avoid exposure by screening donated blood; condom use; work practice and engineering controls to minimize risk to HCW; personal protective equipment for HCW	No vaccine available. Avoid exposure (see measures outline for HBV); screening donated blood	Same as HBV	No vaccine available. Avoid exposure (see measures outline for HBV); screening donated blood	STD control measures. Avoid exposure

Print name

Signature

Date



Fraud, Waste and Abuse Quiz

Name _____ Date _____ Grade _____

Please choose either True or False.

1. True False - CMS is the part of the federal government that oversees the Medicare and Medicaid programs.
2. True False - Medicare/ Medicaid will not pay a provider who has been excluded by the OIG from participation in a federal health care program.
3. True False - Fraud is: An intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some authorized benefit to himself or some other person.
4. True False - If I identify, or I am made aware of potential misconduct or a suspected fraud, waste or abuse situation, I should keep this information to myself and not tell anyone else.
5. True False - The effort to prevent and detect fraud is a cooperative effort involving CMS, Medicare/ Medicaid providers, and health plans.
6. True False - The FBI has the authority to exclude (sanction) providers or suppliers who have been convicted of health care related offenses.
7. True False - Whistleblower protection provides you with the right to report suspected fraud, waste or abuse but only with a chance of retaliation.
8. True False - Waste is a practice that results in unnecessary costs.
9. True False - The following are all examples of fraud, waste and abuse: Medical identity theft, billing for unnecessary services or items, billing for services or items not rendered, up coding, unbundling, billing for non-covered services or items, kickbacks and beneficiary fraud.
10. True False - Providers play an important role in preventing fraud, waste and abuse.



Name _____ Date _____

Fraud, Waste and Abuse Training Information

CMS (Center for Medicare and Medicaid Services) is part of the federal government that oversees the Medicare and Medicaid programs.

Abuse is defined in the CMS rules as: Provider practices that are inconsistent with sound fiscal, business, or medical practices, and result in an unnecessary cost to the Medicare/Medicaid program, or reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care. Abuse includes: Excessive or improper use of resource, intentional destruction, diversion, manipulation, misapplication, or misuse of resources, and extravagant or excessive use as to abuse one's position or authority. It also includes beneficiary practices that result in unnecessary cost to the Medicare/Medicaid programs. A provider can abuse the Medicare/Medicaid program even if there is no intent to deceive.

Fraud is different and involves intent. Waste is a practice that results in unnecessary costs.

Providers, beneficiaries, corporate officials and others can commit health care fraud. The rules governing Medicaid define fraud as: An intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some authorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable Federal or State law.

Health care fraud is defined in Title 18, US Code 1347 as knowingly and willfully executing, or attempting to execute, a scheme or artifice to defraud any health care benefit program or to obtain (by means of false or fraudulent pretenses, representations, or promises) any of the money or property owned by, or under the custody or control of, any health care benefit program.

The Federal False Claims Act (FFCA) protects the Federal Government from being overcharged or sold substandard goods or services. The FFCA imposes civil liability on any person who knowingly submits, or causes the submission of a false or fraudulent claim to the Federal Government. The terms “knowing” and “knowingly” mean a person has actual knowledge of the information or acts in deliberate ignorance or reckless disregard of the truth or falsity of the information related to the claim. No proof or specific intent to defraud is required to violate the civil FFCA. There is also a criminal FFCA statute by which individuals or entities that submit false claims may face fines, imprisonment, or both.

Fraud, waste and abuse in the Medicaid program may occur in many different ways including: Medical identity theft, billing for unnecessary services or items, billing for services or items not rendered, up coding, unbundling, billing for non-covered services or items, kickbacks and beneficiary fraud.

If an entity is convicted of Medicare/ Medicaid fraud the OIG (Office of Inspector General) has the authority to exclude individuals and entities from federally funded health care programs.

Everyone has the right and responsibility to report possible fraud, waste and abuse. Whistleblower protection provides you with the right to report suspected fraud, waste or abuse without retaliation. Please report any concerns to the Chief Compliance Officer @ 703-506-0123. Providers play an important role in preserving the solvency of the Medicaid program, protecting beneficiaries from harm, and preventing fraud, waste and abuse.



Hand Hygiene Quiz

Name: _____ Date: _____

1. When hands are visibly soiled or dirty, you should perform hand hygiene using:
 - Soap and water
 - Alcohol based hand rub
 - Water only
2. If your hands are not visibly contaminated, you may use an alcohol based hand rub for performing hand hygiene.
 - True
 - False
3. Infectious agents such as bacteria, viruses, fungi, and parasites can be transferred to your hands by touching a contaminated object such as a doorknob.
 - True
 - False
4. Which of the following is correct regarding glove usage?
 - You don't need to wash your hands after you remove your gloves
 - It is acceptable to use the same pair of gloves for more than one patient
 - You should wear gloves when you suspect you will contact body fluids
 - Gloves don't help to protect against infection
5. You should perform hand hygiene after you:
 - Change a diaper
 - Use the restroom
 - Clean spilled formula off of the floor
 - All of the above



6. Why should artificial nails not be worn by people providing patient care?
 - They are hard to clean
 - They can tear gloves
 - They can harbor more bacteria than natural, short nails
 - All of the above

7. How are infectious agents most frequently spread from one patient to another?
 - Patients eating in hospital cafeterias
 - Poor environmental maintenance
 - From one patient to another by the contaminated hands of clinical staff
 - Airborne spread from patients sneezing

8. Hand hygiene is the most important way to prevent the spread of germs.
 - True
 - False

9. If you are going to use gloves when caring for your patient, you don't need to perform hand hygiene.
 - True
 - False

10. The primary purpose of hand hygiene is?
 - To keep hands clean
 - To keep nails clean
 - To reduce the amount of microorganisms on hands
 - To make hands smell nice



The CDC Guideline for Hand Hygiene in Healthcare Settings

Indications for Hand Washing and Hand Antisepsis:

- A. When hands are visibly dirty or contaminated with proteinaceous material or are visibly soiled with blood or other body fluids, wash hands with either a non-antimicrobial soap and water or an antimicrobial soap and water
- B. If hands are not visibly soiled, use an alcohol-based hand rub for routinely decontaminating hands in all other clinical situations described in items C-J. Alternatively, wash hands with an antimicrobial soap and water in all clinical situations described in items C-J
- C. Decontaminate hands before having direct contact with patients
- D. Decontaminate hands before donning sterile gloves when inserting a central intravascular catheter
- E. Decontaminate hands before inserting indwelling urinary catheters, peripheral vascular catheters, or other invasive devices that do not require a surgical procedure
- F. Decontaminate hands after contact with a patient's intact skin (e.g., when taking a pulse or blood pressure, and lifting a patient)
- G. Decontaminate hands after contact with body fluids or excretions, mucous membranes, nonintact skin and wound dressings if hands are not visibly soiled
- H. Decontaminate hands if moving from a contaminated-body site to a clean-body site during patient care
- I. Decontaminate hands after contact with inanimate objects (including medical equipment) in the immediate vicinity of the patient
- J. Decontaminate hands after removing gloves
- K. Before eating and after using a restroom, wash hands with a non-antimicrobial soap and water or with an antimicrobial soap and water
- L. Antimicrobial-impregnated wipes (i.e., towelettes) may be considered as an alternative to washing hands with non-antimicrobial soap and water. Because they are not as effective as alcohol-based hand rubs or washing hands with an antimicrobial soap and water for reducing bacterial counts on the hands of HCWs, they are not a substitute for using an alcohol-based hand rub or antimicrobial soap
- M. Wash hands with non-antimicrobial soap and water or with antimicrobial soap and water if exposure to *Bacillus anthracis* is suspected or proven. The physical action of washing and rinsing hands under such circumstances is recommended because alcohols, chlorhexidine, iodophors, and other antiseptic agents have poor activity against spores
- N. No recommendation can be made regarding the routine use of nonalcohol-based hand rubs for hand hygiene in health-care settings. Unresolved issue.

Hand Washing Procedure with Liquid or Foam Soap:

1. Wet hands first with water.
2. Apply enough soap sufficient to cover all surfaces of hands and wrists.
3. Rub hands for a minimum of 15 seconds vigorously to generate friction.
4. Lather every surface well; especially around the nails.
5. Rinse well with running water.
6. Dry thoroughly with paper towel.
7. Use paper towel to turn off faucet.
8. Avoid using hot water as repeated exposure to hot water may increase risk of dermatitis.

*Liquid, bar, leaflet or powdered forms of plain soap are acceptable when washing hands with a nonantimicrobial soap and water. When bar soap is used, soap racks that facilitate drainage and small bars of soap should be used.



**In the absence of water, use alternative agents like detergent containing towelettes (for removal of light soil) and alcohol based hand rubs (for reduction of microbial flora). Do not use hand rubs if hands are soiled.

Decontamination Procedure with Alcohol-Based Hand Rubs:

1. Apply product to palm of one hand and rub hands together, covering all surfaces of hands and fingers, until hands are dry.
2. Follow the manufacturer's recommendations regarding the volume of product to use.

Other Aspects of Hand Hygiene:

- A. Do not wear artificial fingernails or extenders when having direct contact with patients at high risk (e.g., those in intensive-care units or operating rooms).
- B. Keep natural nails tips less than 1/4 –inch long.
- C. Wear gloves when contact with blood or other potentially infectious materials, mucous membranes and nonintact skin could occur.
- D. Remove gloves after caring for a patient. Do not wear the same pair of gloves for the care of more than one patient, and do not wash gloves between uses with different patients.
- E. Change gloves during patient care if moving from a contaminated body site to a clean body site.
- F. No recommendation can be made regarding wearing rings in healthcare setting. Unresolved issue.

Definition of Terms:

Alcohol-Based Hand Rub: An alcohol containing preparation designed for application to the hands for reducing the number of viable microorganism on the hands. In the United States, such preparations usually contain 60%-95% ethanol or isopropanol.

Antimicrobial Soap: Soap (i.e., detergent) containing an antiseptic agent.

Antiseptic agent: Antimicrobial substances that are applied to the skin to reduce the number of microbial flora. Examples include alcohols, chlorhexidine, chlorine, hexachlorophene, iodine, chloroxylenol (PCMX), quaternary ammonium compounds, and triclosan.

Antiseptic Hand Wash: Washing hands with water and soap or other detergents containing an antiseptic agent.

Antiseptic Hand Rub: Applying an antiseptic hand-rub product to all surfaces of the hands to reduce the number of microorganism present.

Cumulative Effect: A progressive decrease in the numbers of microorganism recovered after repeated applications of a test material.

Decontaminate Hands: To reduce bacterial counts on hands by performing antiseptic hand rub or antiseptic hand wash.

Detergent: Detergents (i.e., surfactants) are compounds that possess a cleaning action. They are composed of both hydrophilic and lipophilic parts and can be divided into four groups: anionic, cationic, amphoteric, and nonionic detergents. Although products used for hand washing or antiseptic hand wash in health-care settings represent various types of detergents, the term "soap" is used to refer to such detergents in this guideline.

Hand Antisepsis: Refers to either antiseptic hand wash or antiseptic hand rub.

Hand Hygiene: A general term that applies to hand washing, antiseptic hand wash, antiseptic hand rub, or surgical hand antisepsis.

Hand Washing: Washing hands with plain (i.e., non-antimicrobial) soap and water.



Persistent Activity: persistent activity is defined as the prolonged or extended antimicrobial activity that prevents or inhibits the proliferation or survival of microorganism after application of the product. This activity may be demonstrated by sampling a site several minutes or hours after application and demonstrating bacterial antimicrobial effectiveness when compared with a baseline level. This property also has been referred to as “residual activity.” Both substantive and nonsubstantive active ingredients can show a persistent effect if they substantially lower the number of bacteria during the wash period.

Plain Soap: Plain soap refers to detergents that do not contain antimicrobial agents or contain low concentrations of antimicrobial agents that are effective solely as preservatives.

Substantivity: Substantivity is an attribute of certain active ingredients that adhere to the stratum corneum (i.e., remain on the skin after rinsing or drying) to provide an inhibitory effect on the growth of bacteria remaining on the skin.

Surgical Hand Antisepsis: Antiseptic hand wash or antiseptic hand rub performed preoperatively by surgical personnel to eliminate transient and reduce resident hand flora. Antiseptic detergent preparations often have persistent antimicrobial activity.

Visibly Soiled Hands: Hands showing visible dirt or visibly contaminated with proteinaceous material, blood, or other body fluids (e.g., fecal material or urine)

Waterless Antiseptic Agent: An antiseptic agent that does not require use of exogenous water. After applying such an agent, the hands are rubbed together until the agent has dried.

Patient Preoperative Skin Preparation: A fast acting, broad-spectrum, and persistent antiseptic-containing preparation that substantially reduces the number of microorganisms on intact skin.

Antiseptic Hand Wash Or HCW Handwash: An antiseptic containing preparation designed for frequent use; it reduces the number of microorganism on intact skin to an initial baseline level after adequate washing, rinsing, and drying; it is broad-spectrum, fast-acting, and if possible, persistent.

Surgical Hand Scrub: An antiseptic containing preparation that substantially reduces the number of microorganisms on intact skin; it is broad-spectrum, fast acting and persistent.

I have read and understand the above information regarding the importance of hand washing.

Print name

Signature

Date



HIPAA Quiz

Name: _____ Date: _____

1. Which area is not addressed by HIPAA?
 - A. Insurance portability
 - B. Hospital accreditation
 - C. Fraud enforcement
 - D. Administrative simplification

2. What does HIPAA define as “covered entities”?
 - A. Hospitals only
 - B. Hospitals and Payers only
 - C. Most providers, clearinghouses and health plans
 - D. Providers only

3. What are the 2 types of sanctions under HIPAA?
 - A. Security and privacy
 - B. Civil and criminal
 - C. Accidental and Non-accidental
 - D. Serious and non-serious

4. Which organization has been given authority to enforce HIPAA’s privacy regulation?
 - A. JCAHO
 - B. The Office for Civil Rights
 - C. The Department of Public Welfare
 - D. Local Law enforcement agencies

5. What type of personally identifiable health information is protected by HIPAA’s privacy rule?
 - A. Oral
 - B. Written
 - C. Electronic
 - D. All of the above

6. When is the patient’s authorization required to release information?
 - A. In most cases when patient information is going to be shared with anyone for reasons other than treatment, payment or health care operations.
 - B. Upon admission to the hospital.
 - C. When patient information is used for billing a private insurance.
 - D. When information is shared among 2 or more clinicians.

7. Authorization is required to release psychotherapy notes for any reason including treatment.

True False



8. In which case is it acceptable for a hospital to release information without a patient's permission?
 - A. When the patient is under 21.
 - B. When the person requesting the information is a spouse.
 - C. When a nurse suspects child abuse and state laws require providers to report suspected abuse.
 - D. When the patient does not live within the state in which they are being treated.

9. Which of the following is considered individually identifiable health information?
 - A. Social Security number
 - B. Telephone number
 - C. Date of Birth
 - D. All of the above

10. What should you do if you suspect that someone is violating the organization's privacy policy?
 - A. Nothing
 - B. Report the individual to the local police department
 - C. Take pictures of the offense
 - D. Report your suspicions to the organization's privacy or compliant officer



HIPAA TRAINING INFORMATION

What is HIPAA?

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a multifaceted piece of legislation covering 3 components:

1. Insurance Portability
2. Fraud enforcement (accountability)
3. Administrative simplification (reduction in health care costs)

Portability insures that individuals moving from one health care plan to another will have continuity of coverage and will not be denied coverage because of pre-existing conditions.

Accountability significantly increases the federal government's fraud enforcement authority.

Administrative Simplification is the most significant part of the legislation and has the greatest impact on our home health agency and our clinical staff, collectively referred to as "covered entities".

Two of the rules from this component, privacy and security, require health care organizations to design their policies in order to protect their patients' privacy and the confidentiality of protected health information (PHI). Until this legislation, there was not any federal framework to protect patient information from being exploited for personal gain.

HIPAA has strengthened the laws protecting privacy and confidentiality in response to instances of private medical information getting into the wrong hands. Patient's expectations of privacy and confidentiality are important to any organization. It is HIPAA's intent that the educated patient will be able to trust their providers and the organization in which they are working with.

PRIVACY REGULATIONS

The privacy component of HIPAA protects individually identifiable health information that is transmitted or maintained in any form by our home care agency. Individually identifiable health information is any information that can identify an individual. This information includes but is not limited to:

1. Names
2. Address
3. Employers
4. Relatives' names
5. Telephone numbers, fax numbers and e-mail address
6. Dates of birth
7. Social Security numbers
8. Member or account numbers
9. Voiceprints or fingerprints
10. Photos
11. Any other characteristics which may identify an individual

This information is not limited to health information maintained or transmitted electronically, but also covers information that is written or spoken. Releasing any of this information for uses other than permissible purposes is a violation of HIPAA privacy regulations. When using or disclosing PHI, reasonable efforts must be made to limit the information released to the minimum necessary amount to accomplish the purpose of the use, disclosure or request.



As a result of the American Recovery and Reinvestment Act of 2010, covered entities must notify individuals of security breaches. A security breach occurs when unsecured (unencrypted) PHI is exposed through accidental exposure or theft. Notification must be in the form of mail or email depending on the preferences of the individual. The Department of Health and Human Services (HHS) must also be notified.

WAYS TO PROTECT PATIENT CONFIDENTIALITY AND PRIVACY

Health care workers must make a reasonable effort to disclose or use only the minimum necessary amount of protected health care information to do their job. Providers must weigh the need to protect patient privacy against their reasonable ability to limit the information that is disclosed and deliver quality care.

There are no minimum necessary requirements when it comes to treatment. Clinical staff is allowed to review their patient's entire medical record and share information freely with other clinicians directly caring for the patient.

Here are some practical ways nurses and clinicians can protect patient privacy and confidentiality:

1. Do not discuss the patient with anyone who is not involved in the treatment or care of the patient.
2. Avoid discussions about patients in elevators, halls or public areas where you can be overheard.
3. Close patient room doors when discussing treatments and administering procedures.
4. Before looking at a patient's chart-ask yourself "Do I need to know this to do my job?"
5. Do not leave charts lying around in unsecured areas.

Maintaining records

When patient information is in your possession, you are responsible for safeguarding it. Do not leave it in an unattended area or remove it from its designated area. When you are finished with the paper information, return it to its appropriate location. When discarding paper patient information, make sure it is shredded or locked in a secure bin to be destroyed at a later date. Merely putting this paper in the trashcan could lead to a breach of privacy. The wastebasket could get knock over or fall off the recycle truck and get blown down the street.

Protecting electronic equipment

Computers:

1. Use screen savers to block patient information displayed on an unattended computer monitor.
2. Log off the system before you walk away.
3. Point the computer monitor so that visitors or unauthorized people cannot view the information.
4. Do not keep your password written down and change your password according to your facility's policy.
5. Never share your password with anyone.
6. Patient information sent to the printer or copied on a copy machine should be retrieved immediately.



Fax machines:

1. Make sure you are faxing patient information to a dedicated fax machine in a secure location.
2. Inform the person receiving the fax that you are sending patient information and to notify you if they do not receive it.
3. If you know you will be receiving a fax that contains patient information, tell the person to receive it.
4. Do not let faxed patient information lie around a fax machine unattended.

Email:

1. Never send confidential patient information in an unsecured email.
2. Always double check the address line of the email for accuracy prior to sending an email.
3. Do not let printed emails lie around unattended.
4. If you are sending a mass email, please use either Constant Contact or Blind CC (BCC), as appropriate, to assure all email addresses are not visible.

Answering machines:

1. Messages may be left on a patient, or Power of Attorney's, answering machine as long as the amount of information disclosed on the machine is limited.

PATIENT RIGHTS UNDER HIPAA

Patients have the following rights under HIPAA regulations:

- The right to request access and receive a copy of all paperwork containing PHI, including electronic copies of Electronic Health Records.
- The right to request amendments to PHI received that is incorrect.
- The right to request restricted usage of PHI.
- The right to request alternative means of communication (i.e. no phone calls, PO Box usage, etc).

AUTHORIZATION

Authorization is required for the use and disclosure of health information for purposes other than treatment, payment or health care operations (TPO). In the event electronic health records are disclosed for TPO, patients have a right to an accounting of these disclosures. Patients also have the right to revoke their authorization at any time or ask providers to restrict how their medical information is used.

Psychotherapy notes are protected in a slightly different way. Because of their potential for greater damage if they fell into the wrong hands, HIPAA requires individual authorization for the release of psychotherapy notes-even for the use of treatment, payment or health care operations.

RELEASE OF PHI TO BUSINESS ASSOCIATES

A Business Associate is defined as a "person or entity that performs certain functions or activities that involve the disclosure of protected health information on behalf of, or provides services to, a covered entity". Business Associate services are legal, actuarial, accounting, consulting, data aggregation, management, accreditation, and financial. Examples include a lawyer, a billing company, and a home health agency. A provider may disclose protected health information to a Business Associate if the provider obtains assurances that the associate will use the information only for the purposes for which it was engaged by the provider, will safeguard the information from misuse, and will help the provider with its duties as related to the Privacy Policy. These assurances must be obtained from the associate in writing either in the form of a contract or agreement.



EXCEPTIONS TO THE RULE

There are exceptions in which providers are required to release patient information regardless of whether the patient agrees-and the law allows that. The following are circumstances in which an organization may release information:

1. Some states require physicians, nurses and other caregivers to report to the authorities if they suspect child abuse or domestic violence.
2. Police have the right to request certain information about patients when conducting a criminal investigation.
3. The FDA requires providers to report certain information about medical devices that break down or malfunction.
4. There are laws that require providers to report certain communicable diseases to state health agencies.
5. Providers must report cases of suspicious deaths or certain injuries, such as gunshot wounds.
6. Providers must report information about patients' deaths to coroners and funeral directors.

Patients are usually informed when their health information is reported to police or to others outside the facility, but they do not have the right to control their information in these cases. Check with your supervisor when you have questions about whether a report is necessary.

REPORTING NON-COMPLIANCE

If a patient, employee or member of the public suspects that our organization is not complying with HIPAA, he may file a complaint with the Office for Civil Rights (OCR) in the U.S. Department of Health and Human Services. The complaint must be filed in writing 180 days of the date the complainant knew about the violation of privacy. The OCR has the authority to audit an organizations privacy act for HIPAA. All organizations must also designate an individual who handles these complaints. That individual for Continuum is Kelly Quarto, Corporate Compliance Officer. You should feel free to contact her if you think there are privacy violations occurring regularly in your organization.

ENFORCEMENT

HIPAA's privacy and security regulations punish individuals or organizations that fail to keep patient information confidential. HIPAA states that covered entities must comply with its regulations or they are subject to punishment from the Office of Civil Rights, in the Department of Health and Human Services. These "covered entities" include most providers, health plans and clearing houses.

Anyone who breaks HIPAA's privacy or security rules can be subject civil or criminal sanctions:

- Civil penalties can have fines of up to \$ 1000 for each violation of a requirement per individual with a cap of \$100,000.
- Criminal sanctions can include not only large fines, but also jail time. The penalties can be as high as \$1,500,000 or prison sentences up to 10 years.

Communication with or about patients involving patient health information should be private and limited to those who need the information for treatment, payment or health care operations. (Care operations are activities such as medical record reviews, staff performances evaluations, etc). Only those individuals with an authorized need to know will have access to the protected information.



I, _____ acknowledge receipt of HIPAA Training materials. I further acknowledge that I have reviewed and understand the material provided to me, and agree to comply with the regulations set forth.

Signature

Date



The Safe Medical Device Act Training Information

The Safe Medical Device Act (SMDA) is a law that was passed in 1990 and amended in 1992. It is regulated by the U.S. Food and Drug Administration (FDA). The SMDA requires home care agencies and other health care institutions to report to the FDA any incidents involving medical devices that are reasonably believed to have caused or contributed to the serious injury or death of a patient or employee. The intent of the law is to identify any medical device problems that pose a threat to public health and safety. Since serious injuries and deaths have occurred when a medical device has failed, has malfunctioned, was labeled incorrectly, and/or was used improperly, the SMDA seeks to identify 'bad' equipment in order that the public be protected from further harm.

A 'medical device' is any instrument, apparatus, machine, accessory to a machine, or similar related article that is used or intended for use in prevention, diagnosis, cure or treatment of a disease in man or animal or is used to affect the structure or function of the body of man or animals.

Some Medical devices used in home care may include:

- A. Hospital beds
- B. Wheelchairs
- C. Oxygen Equipment
- D. Ventilators
- E. Walkers
- F. Canes
- G. Suction Equipment
- H. Wound Vacs
- I. Air Mattresses
- J. Hoyer Lifts

Insulin pumps and infusion ports are considered medical devices, however the medication used in these devices is not covered under the act.

A 'serious injury' is one that:

- A. Is life threatening
- B. Results in permanent impairment or damage to a body structure or function
- C. Necessitates medical or surgical intervention to prevent permanent impairment or damage



Staff Responsibilities regarding Medical Devices:

- A. Agency staff should inspect the assistive equipment or medical devices that their patients are using on each visit.
- B. Patients should be instructed not to use broken equipment until it is repaired or replaced. It is wise to place a tag or label on the piece of equipment that says "DEFECTIVE-DO NOT USE"
- C. Equipment that is broken or not working properly should be reported to the medical equipment company so that it can be repaired or replaced.
- D. Report your actions to your supervisor; document on your notes that you instructed the patient, tagged the equipment, called the equipment company, and notified your supervisor.
- E. If you feel or learn that a medical device or piece of equipment has caused, or may have caused the death or serious injury of a patient, the following information must be reported to the office immediately so the FDA can be notified:
 - The patients name, address, etc.
 - A description of what happened to the patient
 - The manufacturer of the equipment and the identification of the device you believed caused the problem. Retrieve and report any model or product identification numbers that are visible on the device. Put aside and save, if you are able, the device, any packaging, and all required parts.
- F. The Administrator will report to the FDA any event where a medical device is suspected as the cause of death in a patient.
- G. An incident report will be completed.

Continuum's responsibility regarding the Safe Medical Device Act:

- A. To report any event to the FDA where a medical device is suspected as a cause of patient death.
- B. To keep detailed records according to the Agency's Safe Medical Device Act Policy.
- C. To educate the staff annually regarding the requirements of the Safe Medical Device Act.

I, _____ **acknowledge receipt of Medical Device Training materials. I further acknowledge that I have reviewed and understand the material provided to me, and agree to comply with the regulations set forth.**

Signature

Date



SAFE MEDICAL DEVICE ACT INSERVICE QUIZ

NAME: _____ DATE: _____

Select ALL correct answers.

1. Medical Device problems are tracked and monitored by:
 - a. The Social Security Administration
 - b. The FDA
 - c. Medicare

2. The Safe Medical Device Act is intended to:
 - a. Find ALL broken devices
 - b. Track how many manufacturers are selling defective medical devices
 - c. Identify any medical device that poses a threat to public health and safety

3. A Hoyer lift is a medical device.
 - a. True
 - b. False

4. A Wound Vac is a medical device.
 - a. True
 - b. False

5. Insulin is classified as a medical device.
 - a. True
 - b. False

6. A serious injury is NOT life threatening.
 - a. True
 - b. False

7. A serious injury causes permanent damage or injury.
 - a. True
 - b. False

8. If I find broken equipment patient's home, I should:
 - a. Call the FDA
 - b. Instruct the patient not use the defective equipment
 - c. Call the office to report the broken equipment to the supervisor

9. An incident report must be made out if a patient is injured from defective equipment.
 - a. True
 - b. False

10. Employee education on the Safe Medical Device Act must occur:
 - a. Every 5 years
 - b. Bi-annually
 - c. Annually



STANDARD PRECAUTIONS INFORMATION SHEET

Standard Precautions

What are Standard Precautions?

Standard precautions are a set of basic infection prevention practices intended to prevent transmission of infectious diseases from one person to another. Because we do not always know if a person has an infectious disease, standard precautions are applied to *every person every time* to assure that transmission of disease does not occur. These precautions were formerly known as “universal precautions.

Standard Precautions are the minimum infection prevention practices that apply to all patient care, regardless of suspected or confirmed infection status of the patient, in any setting where healthcare is delivered. These practices are designed to both protect HCP and prevent HCP from spreading infections among patients. Standard Precautions include: 1) hand hygiene, 2) use of personal protective equipment (e.g., gloves, gowns, masks), 3) safe injection practices, 4) safe handling of potentially contaminated equipment or surfaces in the patient environment, and 5) respiratory hygiene/cough etiquette.

Standard Precautions apply to 1) blood; 2) all body fluids, secretions, and excretions, *except sweat*, regardless of whether or not they contain visible blood; 3) non-intact skin; and 4) mucous membranes. Standard precautions are designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection in hospitals.

Standard precautions includes the use of: hand washing, appropriate personal protective equipment such as gloves, gowns, masks, whenever touching or exposure to patients' body fluids is anticipated.

AIDS

What is AIDS?

AIDS is a Bloodborne and sexually transmitted disease caused by a virus. The letters AIDS stand for Acquired Immune Deficiency Syndrome. When a person is infected with the Human Immunodeficiency Virus (HIV), the immune system is damaged. Without the body's natural defenses against disease, the person with AIDS is vulnerable to other infectious agents and can develop life-threatening illnesses such as pneumonia, cancer and meningitis.

How is AIDS transmitted?

AIDS is spread from one person to another during sexual contact, sharing of IV needles, and from an infected female to her unborn child. Contaminated blood products can also transmit the virus. HIV is spread through body fluids, primarily blood and semen.

Hepatitis B

What is Hepatitis B?

Hepatitis is an inflammation of the liver. Hepatitis B virus (HBV) presents a great risk to health care workers. Severe infections with HBV can be fatal. Chronic carriers of HBV may progress to liver cirrhosis, cancer, or death.

How is Hepatitis B transmitted?

Hepatitis B is spread from one person to another during sexual contact, sharing of IV needles, and from an infected female to her unborn child. Contaminated blood products can also transmit the virus.



DO'S AND DON'TS OF STANDARD PRECAUTIONS

- 1. DO** wash your hands with soap, running water, and friction prior to patient contact, immediately following patient contact, between patients, and after removing gloves. Wash hands immediately after contact with any body fluids to which standard precaution apply. If hands are not visibly soiled, use of an alcohol-based hand rub may be used.
- 2. DO** wear gloves when coming in contact with body fluids.
- 3. DO** wear gloves when handling contaminated articles: lab specimens, dressings, linen, etc.
- 4. DO** protect yourself from potentially infected materials by wearing gloves if you have any minor cuts, scratches, or dermatitis of the hands
- 5. DO** wear masks, gowns, and/or goggles in addition to gloves, to protect yourself during procedures, which may involve the splashing body fluids.
- 6. DO** prevent injuries from needles, scalpels, and other sharp instruments:
DON'T recap used needles
DON'T bend or break used needles
DO place used disposable syringes, needles, and sharp items into a puncture-resistant container.
- 7. DON'T** disregard an accidental needle stick or other exposure such as a splash to the eyes or mouth.
DO cleanse the site thoroughly with soap and water, contact the nursing supervisor (if you are in the hospital or other facility) and notify the Director of Nursing immediately.
- 8. DO** clean all blood and body fluids spills promptly. Use detergent and water followed by a disinfecting solution of 1 part household bleach to 10 parts water.
- 9. DO** dispose of articles (used gloves, dressings, bandages, etc.) contaminated with blood or body fluids into a plastic bag. Close the bag tightly, place into a second plastic bag, and discard into a plastic lined trashcan.
- 10. DO** treat all linen clothing soiled with blood or body fluids (to which standard precautions apply) as infectious.
DO wear gloves and gown when removing such linen or clothing
DO place the soiled articles into a plastic bag and later wash the articles in hot (160 degrees Fahrenheit) with detergent for 25 minutes.



Standard Precautions Quiz

Name: _____ Date: _____

1. AIDS is spread by sexual contact, sharing of needles, through infected blood and blood products, and from an infected female to her unborn child.
 - A. True
 - B. False

2. Health care workers are at risk for exposure to:
 - A. Hepatitis B virus
 - B. AIDS-Human Immunodeficiency virus
 - C. A and B

3. Standard Precautions apply to:
 - A. Blood
 - B. Non-intact skin
 - C. Mucous membranes
 - D. All body fluids, secretions and excretions, except sweat, regardless of whether or not they contain visible blood
 - E. All of the above

4. Standard Precautions include the use of: hand washing, appropriate personal protective equipment such as gloves, gowns, masks, whenever touching or exposure to patients' body fluids if anticipated.
 - A. True
 - B. False

5. Gloves should be worn when contact with the following is expected:
 - A. Mucous membranes
 - B. Blood
 - C. Non-intact skin or open wound
 - D. All of the above

6. Gowns should be worn whenever patient care activities might result in the health care provider's clothing coming in contact with blood, body fluids, or other contaminated articles.
 - A. True
 - B. False

7. Hand washing should be done:
 - A. Prior to patient contact
 - B. Immediately after you accidentally have contact with blood and/or body substances
 - C. Immediately following patient contact and between patients
 - D. All of the above

8. The major risk of drawing blood or starting IVs is:
 - A. Blood Spills
 - B. Needle Stick Injury

9. To protect against needle stick injury:
 - A. Don't bend or break used needles
 - B. Don't recap used needles
 - C. Place all used needles and sharps in a puncture resistant container
 - D. All of the above

10. Gloves need not be changed before caring for the next patient.
 - A. True
 - B. False