EMPLOYEE ORIENTATION PACKET

Identification Information

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: ( ) _____

Cell Phone: ( ) _____

Work Phone: ( ) _____

E Mail: _____

Social Security Number: _____

Date of Birth: _____

Emergency Contact Information

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: ( ) _____

Cell Phone: ( ) _____

Work Phone: ( ) _____

Relationship: _____

Personal

Last Name	First	Middle Initial	Social Security #

Other Name(s) Used	Home Telephone #

Address	Cell Phone Number #

Position Applied For	Referred By	Salary Desired

Have you ever interviewed with the Company or its affiliates before? □ Yes □ No	If Yes, list date(s), job title(s), & location(s)
Have you ever been employed with the Company or its affiliates before? □ Yes □ No	If Yes, list date(s), job title(s), & location(s)
Do you have any relatives employed by the Company or its affiliates? □ Yes □ No	If Yes, list date(s), job title(s), & location(s)

Education

Circle Highest Grade Completed:

High School	9	10	11	12
College, Trade, or Business	1	2	3	4
Graduate Studies				

School	Address	Major Studies	Degree, Diploma License or Certificate
High School			
College, University			
Vocation, Business, Other			
List Any Professional Designations			
Other Special Knowledge, Skills, or Qualifications			

Employment History

List all employments for the past 10 years, starting with the most recent position. All information **must** be completed. You may attach a resume, but not in place of completing the required information.

Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until / /	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties and Responsibilities			

Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until / /	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties and Responsibilities			

Employed From / /	Employer Name	Supervisor Name	Starting Salary
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Job Title		Reason for Leaving	
Duties and Responsibilities			

Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until / /	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties and Responsibilities			

General

Yes	No	
□	□	May we contact your current employer for references?
□	□	If hired, will you be able to work overtime?
□	□	Will you be able to perform essential job functions for the position you are applying for with or without reasonable accommodations?
□	□	Have you ever been convicted of a crime, excluding misdemeanors and summary offenses, which has not been annulled, expunged or seals by court? (A “Yes” response does not automatically disqualify your application)

Certification & Authorization

The above information is true and correct. I understand that, in the event of my employment by ANS Infusion, I shall be subject to dismissal if any information that I have given in this application is false or misleading or if I have failed to give any information here in requested, regardless of the time elapsed after discovery.

I authorize ANS Infusion to inquire into my education, professional, and past employment history references as needed to research my qualifications for this position. I hereby give my consent to any former employer to provide employment-related information about me to ANS Infusion and will hold ANS Infusion and my former employer harmless form any claim made on the basis that such information about me was provided or that any employment decisions was made on the basis of such information. I further authorize ANS Infusion to obtain any credit and consumer check.

I understand that nothing in this employment application, the granting of an interview, or my subsequent employment with ANS is intended to create an employment contract between myself and ANS Infusion under which my employment could be terminated only for cause. On the contrary, I understand and agree that, if hired; my employment will be terminable at will and may be terminated by me or ANS Infusion at any time and for any reason. I understand that no person has any authority to enter into any agreement contrary to the foregoing.

If employed, I will be required to provide original documents which verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCS) of 1986. The document(s) provided will be used for completion of FORM I-9.

I hereby acknowledge that I have read and agree to the above statements.

_____ _____

Signature Date

I,_____, hereby acknowledge the receipt of ANS Infusion's Orientation Guide / Policy and Procedure Manual. I agree to read this information in its entirety and to request additional explanation if necessary. In addition, I agree to abide by the guidelines set forth within the manual.

_____ _____

Signature **Date**

41 Byberry Road – Suite 10 – Hatboro PA 19040

The State Board of Nurse Examiners
The State Capitol
P.O. Box 2649
Harrisburg, Pa 17105-2649

Dear Sir or Madam:

Please confirm the professional license and status of the license for the following person:

Name _____

License Number _____

Status _____

I hereby grant permission for ANS Infusion, Inc. to obtain information regarding my professional license form the Pennsylvania State Board of Licensure.

_____
Signature

The above named person does have a current Pennsylvania license.

_____ _____
Signature Date

Comments:

I, _____, authorize the physician name below to release to ANS Infusion, Inc. any information acquired in my medical examination that is relevant to my contract.

_____ _____
Signature Date

The above named person ahs been examined by me and found to be in good physical and mental health, free of communicable diseases, and able to function as a health care professional without restrictions.

_____ _____
Physician's Name License #

_____ _____
Signature Date

_____ _____
Address Telephone #

PPD/Skin Test: Date: _____ Results:_____
Chest X-Ray (Only if + PPD) Date: _____ Results:_____

Urine Drug Screen 10 Panel Date: _____ Results: **Positive / Negative**

RUBELLA TITER: Date: _____ Results: _____ Immunity: **Yes / No**
Immunization Dates: Dose #1: _____ Dose #2: _____

RUEBEOLA TITER: Date: _____ Results: _____ Immunity: **Yes / No**
Immunization Dates: Dose #1: _____ Dose #2: _____

VARICELLA TITER: Date: _____ Results: _____ Immunity: **Yes / No**
Immunization Dates: Dose #1: _____ Dose #2: _____

MMR VACCINE: Dose #1: _____ Dose #2: _____

HEPATITIS VACCINEL Dose #1: _____ Dose #2: _____

HEPATITIS B TITER: Date: _____ Results: _____ Immunity: **Yes / No**

I acknowledge that I am at risk of exposure to Hepatitis B as a result of my occupation and
_____ have already received Hepatitis vaccine.
_____ refuse the Hepatitis vaccine and hold ANS harmless.

_____ _____
Signature Date

**** PLEASE ATTACH OFFICIAL LAB RESULTS TO THIS FORM PRIOR TO SUBMISSION****

RE: OSHA Standard on Blood-borne Pathogens

All contracting institutions are currently mandated under the OSHA standard on blood-borne pathogens to offers the Hepatitis B vaccine to all health care professionals who could be reasonably anticipated to face contact with blood and other potentially infectious materials in the performance of the job duties.

Please complete the form below acknowledging the same.

_____ _____

Signature Date

I HAVE: _____ I HAVE NOT RECEIVED THE HEPATITIS B VACCINE: _____

If you have received the Hepatitis B vaccine, indicate the dates of doses received:

Dose #1 _____ Dose #2 _____ Dose #3 _____

I would not be interested in receiving the Hepatitis B vaccine. _____

I understand that due to my occupational exposure to blood or other potentially infectious materials that may be at risk of acquiring Hepatitis B Virus (HBV) infection.

_____ _____

Signature Date

41 Byberry Road
Suite 10
Hatboro PA 19040
Phone: (215)-375-6862
Fax: (215)-689-0317

Statement of Criminal Record and Criminal Record Check

It has been explained to me clearly and I understand that in accordance with the passage of Act 169 of 1996 and my status as a healthcare provider, my background must be investigated for the following crimes.

- MURDER
- RAPE
- STATUTORY SEXUAL ASSAULT
- INDECENT ASSAULT
- INCEST
- INVOULUNTARY DEVIATE SEXUAL INTERCOURSE
- AGGRAVATED INDECENT ASSAULT
- SEXUAL ABUSE OF CHILDREN
- A FELONY UNDER THE CONTROLLED SUBSTANCE, DRUG, DEVICE AND COSMETIC ACT
- AGGRAVATED ASSAULT
- KIDNAPPING
- UNLAWFUL RESTRAINT
- ARSON AND RELATED OFFENSES
- BURGLARY
- ROBBERY
- A FELONY UNDER CHAPTER 39 OF THE PA. CRIMES CODE INVOLVING THEFT AND OTHER RELATED OFFENSES OR TWO OR MORE MISDEMEANORS UNDER CHAPTER 39
- FORGERY
- SECURING EXERTION OF DOCUMENTS BY DECEPTION
- PROSTITUTION
- RETALLIATION AGAINST WITNESSES OR VICTIMS
- INTIMIDATION OF WITNESSSES OR VICTIMS
- RELATING TO THE CORRUPTION OF MINORS

I hereby certify that I have not committed any of the above offenses. I am aware ANS Infusion will be performing a formal Request for Criminal Check with the state police. Your signature will be held as acknowledgment of this Criminal Check. If the Criminal Check indicates a crime has been committed of any of the above listed, ANS Infusion will immediately terminate me.

_____

Signature

ANNUAL CORE COMPETENCIES

ANS Infusion, Inc.
41 Byberry Road
Suite 10
Hatboro PA 19040

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41 Byberry Road
Suite 10
Hatboro PA 19040

Fire Safety

Whenever going on a new unit:

- □ **Learn where fire equipment, fire alarms and oxygen shut-off valves are located**
- □ **Learn where evacuation routes are posted**

If you see smoke or flames, remember the acronym:

Rescue (notify someone else before going in to rescue the patient)
Alarm (activate pull station and use emergency line to notify operator)
Contain the fire by closing the door. Place wet linen along bottom of door
Evacuate other patients in immediate danger. Evacuate a unit only at the direction of administrative personnel

If you are the one reporting a fire, give as much information as possible – the exact location of the fire, the type of material that is burning, the extent of the fire – and any other information requested. Hang up last so you can be sure that the person taking the report has all the information needed.

Fire extinguishers will not extinguish anything but the smallest fire. The contents are enough for only a short period of use, long enough for you to clear a path to safety. If you need to use an extinguisher, remember the acronym:

Pull the pin
Aim the nozzle at the base of the fire
Squeeze the lever
Sweep the nozzle back and forth at the base of the fire as you move through

If a fire alarm sounds or a fire is announce in another area:

- □ **Make sure fire or smoke doors are closed**
- □ **Make sure there is a clear pathway through the corridor**
- □ **Close doors and windows**
- □ **Check your area for signs of smoke or fire**

ANS Infusion, Inc.
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Hatboro PA 19040

Electrical Safety

If you are unfamiliar with a piece of equipment, read the operating instructions or ask for instructions before attempting to use it.

Check the equipment for current inspection stickers.

Do not have metal beds, IV poles, etc. touching other electrical equipment if possible. Do not touch electrical equipment and patient at the same time.

NEVER unplug electrical equipment by pulling on the cord. Grasp the plug and pull straight out. If a cord is frayed or damaged, send the equipment for repair. Do not use it.

If allowed by policy to be brought into the hospital, patients' personal electrical appliances (hair dryers, shavers, etc.) should be checked by Maintenance or Biomedical Engineering prior to use. Discourage use of personal appliances.

Any new or rented equipment brought in should be checked by Biomedical Engineering prior to use.

Replace faulty equipment and take it out of service by tagging it and reporting it.

Any medical devices, electric or not, which cause harm to a patient or could potentially cause harm because of a defect must be reported.

Infection Control

Use of procedures and practices which prevent transmission of infection

- □ **Hand washing is the BEST protection against spread of infection.**
- □ **Standard precautions are used in all aspects of patient care. This means using appropriate barriers to protect against exposure to blood and other body fluids including mucous membranes and non-intact skin. Protective equipment may include: gloves, masks, gowns, and eye protection or face shields.**
- □ **Follow additional isolation precautions ordered for specific patients**
- □ **Contact Precautions: used when infection is transmitted by skin-to-skin contact, contact with a contaminated object, or large amounts of contaminated drainage.**

□ **<u>Droplet Precautions:</u> used when infection is spread by large particle droplets created by coughing, sneezing, or even talking.**

□ **<u>Airborne precautions:</u> used when infection may be spread by dust particles or small particle droplets suspended in the air (like TB). Requires negative pressure ventilation with 100% of room air vented to outside or HEPA filters. (Respirator masks worn for airborne precautions require proper fit)**

<u>Needlesticks and other Bloodborne Pathogen Exposures</u>

Report any stick or other exposure such as a splash of blood or body fluid. Wash the area immediately (if the eye is involved, flush the eye). Let the occupational health or emergency medical personnel determine of the exposure is significant. DO NOT DELAY. If prophylactic treatment is offered and elected, it must be initiated within 2 hours of the exposure.
Follow standard safety rules to prevent exposures:

□ **Wear protective equipment and wash your hands**
□ **Handle sharps carefully. Do not recap needles.**
□ **Get help before attempting to stick an agitated or combative patient.**
□ **Do not overfill sharps containers.**
□ **Use approved disinfectant and wear gloves to clean small spills.**
□ **Call environmental services according to hospital policy for large spills.**

STANDARD PRECAUTIONS combines Universal Precautions and Body Substance Isolation to reduce the risk of transmitting pathogens.
Treat all blood, bodily fluids, secretions, and excretions non-intact skin and mucous membranes as if they are infected with bloodborne or other pathogens.

IN THE EVENT OF A BLOOD SPILL, I MUST DO THE FOLLOWING:

- ***Wear gloves***
- ***Blot blood with absorbent materials***
- ***Discard blood in a biohazard bag***
- ***Use a disinfectant on the area***

DO THE FOLLOWING WITH CONTAMINATED SHARPS AND LINENS:

<u>Sharps</u>
- ***Wear gloves***
- ***Do not recap needles***
- ***Place sharps in needlebox immediately after use***

<u>Linens</u>
- ***Wear gloves***
- ***Handle as little as possible***
- ***Place in a leak-proof bag is soaking is likely***

ANS Infusion, Inc.
41 Byberry Road
Suite 10
Hatboro PA 19040

CORE COMPETENCIES

This letter will serve to verify that _____ is known by our agency to have successfully completed the initial and annual competency requirements for the topics as indicated.

Core Competencies	Completion of Self Learning Packet	Date Completed
Fire Safety		
Electrical Safety		
Infection Control		
Bloodborne Pathogen		
Blood Administration		

_____ _____
Signature **Date**

_____ _____
Witnessing ANS Office Representative **Date**

ANS Infusion, Inc.
41 Byberry Road
Suite 10
Hatboro PA 19040

CORE COMPETENCY KNOWNLEDGE VALIDATION

Name: _____ **Date:** _____

Fire Safety

1. **The acronym 'RACE' stands for _____.**
2. **The acronym 'PASS' stands for _____.**
3. **When using a fire extinguisher, you should do all of the following *except* :**
    a. **Remember the acronym 'PASS'**
    b. **Use it to clear a path**
    c. **Use it for large fires**
    d. **Pull the pin first**

Electrical Safety

4. **Faulty equipment should be:**
    a. **Taken out of service**
    b. **Tagged**
    c. **Reported**
    d. **All of the above**
5. **All electrical equipment should be checked for current inspection stickers prior to use.**
    a. **True**
    b. **False**

Infection Control / Bloodborne Pathogens

6. **If you are exposed to a bloodborne pathogen, you should:**
    a. **Report it to your supervisor. At the end of your shift, go to the ER or to your family doctor.**
    b. **Check the patient's chart for the medical history. If there is no report of hepatitis or HIV, wash the area and don't be concerned.**
    c. **Wash the area thoroughly. Call the supervisor immediately. Go to the ER or the occupational health department ASAP.**
7. **The best protection against the spread of infection is _____.**

8. **Define:**

Contact Precautions:

_____

_____.

Droplet Precautions:

_____

_____.

Airborne Precautions:

_____

_____.

Blood Administration

9. **Blood must be infused within 4 hours of the time it was picked up.**
   a. **True**
   b. **False**
10. **The four types of transfusion reactions which can occur are:**

1) _____ **2)** _____

3) _____ **4)** _____

11. **Before hanging blood what 6 pieces of information need to be verified?**

1) _____ **2)** _____

3) _____ **4)** _____

5) _____ **6)** _____

12. **Before picking blood up from the Blood bank:**
    a. **Make sure patient has adequate access for transfusion**
    b. **Check for physicians order**
    c. **Verify that consent was obtained**
    d. **All of the above**

STAFF DEVELOPMENT

AGE-SPECIFIC COMPETENCE ASSESSMENT TOOL

_____

This letter will serve to verify that _____ is known by our agency to have successfully completed the initial and annual competency requirements for the topic as indicated.

Age Specific Competency	Total Score (Out of 10)	Date Completed

_____ _____

RN Signature **Date**

_____ _____

ANS Office Representative **Date**

Dear RN:

In order to schedule time with ANS Infusion, Inc. your file must be up-to-date. All RN's must complete an Age Specific Training Module. This is your annual competency evaluation.

Enclosed you will find three (3) items. Please sign and mail the Aging Competencies and the completed Age Competency test back to our office as soon as possible. A self addressed stamped envelope is enclosed for your convenience. You may keep the Age Competencies information booklet.

If you have any question please contact the ANS office. Thank you in advance for you timely attention to this matter.

Thank you,
ANS Office

STAFF DEVELOPMENT

AGE-SPECIFIC COMPETENCE ASSESSMENT TOOL

NAME:_____ DATE:_____ UNIT:_____

1. **Considerations in age-specific care include: 1. Communication techniques, 2. Safety of the environment, 3. Size of equipment and supplies**
   a. **1 & 2**
   b. **1 & 3**
   c. **2 & 3**
   d. **1, 2 & 3**

2. **Indicate the appropriate pain assessment tool to be used for each of the following groups:**
   a. **Infants**
   b. **Children**
   c. **Adolescents**
   d. **Intact geriatric patients**
   e. **Cognitively impaired geriatric patients**

   1. 0-10 Pain Scale numeric rating
   2. Faces Pain Rating Scale
   3. CRIES Pain Rating Scale
   4. FLACC Pain Rating Scale

3. **Adults of all ages (young, middle, and elderly) respond to pain in the same manner.**
   a. **True**
   b. **False**

4. **Nutritional needs are greatest during.**
   a. **Older Adult years**
   b. **Middle Adult years**
   c. **Young Adult years**
   d. **Adolescence**
   e. **Childhood**

5. **Which of the following considerations are important in meeting nutritional needs of the geriatric patient?**
   a. **Make sure dentures are clean, well fitting, and being used**
   b. **Assessment of patient's ability to chew and swallow**
   c. **Food preferences**
   d. **Patients glasses are clean and in place**
   e. **All of the above**

6. **Discharge planning and education for children should:**
   a. **Only include the primary caregiver**
   b. **Focus only on needs related to the reason for hospital visit**
   c. **Use age-appropriate techniques to involve both the child and parent**
   d. **Be done only by the physician**

7. **Discharge planning for the geriatric patient should include all of the following EXCEPT:**
    a. **Frequent repetitions of short, simple, clear information**
    b. **Assessment of resources available to the patient (financial, assistance with physical needs, ambulatory aids, etc.)**
    c. **Be done in a large group setting**
    d. **Ensue that patient has his/her glasses and/or hearing aid on if needed**

8. **It is important to remember that when caring for adolescents:**
    a. **To respect their privacy**
    b. **Ask personal information when parents are not present**
    c. **Authoritarian behavior usually alienates them**
    d. **All of the above**

9. **Illness in the elderly is often characterized by:**
    a. **A single specific complaint**
    b. **Fever**
    c. **Multiple non-specific complaints**

10. **Safety measures for the patient with impaired vision may include:**
    a. **Provide adequate non-glaring lighting**
    b. **Using night lights in rooms**
    c. **Providing mechanism for patients to get assistance in a timely manner**
    d. **All of the above**

Age Specific Training Module

Age Specific Training Module

The Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) requires that all members of a health care fax who have patient contact be competent in age specific characteristics and needs. Although JCAHO does not require competency checklists, it does require that all employees be assessed for competency with measurable, specific criteria.

Age Groups Defined

Age Group	Age Span
Infant	Birth to one year
Toddler	One to three years
Preschool child	Three to five years
School age child	Five to twelve years
Adolescent	Twelve to eighteen years
Young Adult	Eighteen to forty-four years
Middle Age Adult	Forty-five to sixty-five years
Old Adult	Over sixty-five

Developmental Needs of the Age Groups

The work of Erik Erikson, a developmental psychologist and author of Childhood and Society has been accepted as the framework for exploring the developmental characteristics and needs of age groups throughout the life span. Erikson has identified and defined eight major stages with accompanying tasks that must be met and resoled in order for the individual to progress through the life span in a complete and fulfilling manner. If for any reason an individual is unable to resolve the tasks associated with her age, she can suffer from incomplete and unresolved issues relating to personal development.

Health Care providers must take into consideration the major developmental challenges facing the patients they are caring for and adjust the care accordingly. For example, adolescents are often coping with the challenges associated with the identity formation. Not only can hospitalization and serious illness affect an adolescent's sense of self it can also separate her from her peer group, a major force at this stage of life for defining who she is and how she acts and reacts.

Age Group	Task	Lack of Resolution
Infant	Development of trust	Mistrust failure and thrive
Toddler	Autonomy, Self Control & will power	Shame & doubt, Low tolerance to frustration
Preschool	Initiative, confident, has purpose and direction	Guilt, fear of punishment
School Age Child	Industry, Self confidence competency	Inferiority, Fears about meeting expectations
Adolescent	Identity formation, Devotion & fidelity, Sense of self	Role confusion, Poor self concept

Age Group	Task	Lack of Resolution
Young Adult	Intimacy, Affiliation & Love	Isolation, Avoidance of relationships
Middle Age Adult	Generativity, Production Concerns about others	Stagnation, Self absorption Lack of concern for others
Old Adult	Ego, Integrity, Wisdom Views life with satisfaction	Despair Life is meaningless

Cognitive/ Learning Development of the Age Groups

Jean Piaget, a developmental psychologist, is considered by many to be the primary source on how humans from birth until age twelve develop in terms of cognitive or learning abilities. Piaget developed his theories after hundreds of hours directly observing children of all ages. His research suggests that children are able to process information and learn according to their age. Cognitive development, according to Piaget, is nearly complete by the age of fifteen when the child is able to think in an abstract manner. Piaget defined several stages of cognitive development – pre-operations, concrete operations and formal operations.

Pre-Operations: During the preoperational stage, the young child is not yet able to use abstract thinking or perform concrete operations like adding and subtracting using marbles or other concrete objects.

Concrete Operations: During the stage of concrete operations the child is still unable to use abstract thinking. For example, he or she is able to add simple numbers using marble or other concrete objects without a thorough understanding of exactly what the numbers represent and what the meaning of addition is. The number five, for example, means that there are five concrete objects that the child is able to hold and manipulate concretely.

Formal Operations: During the stage of formal operations the child has fully developed, complex, logical abstract thought and is able to manipulate abstract concept.

From birth until about the age of 2, young children learn how to separate themselves from the environment. They begin to manipulate concrete objects and to understand some of the meaning behind symbols. During the Proportional Stage starting around age 2, preschool children begin to use and develop language and vocabulary and are better able to converse with others. They learn to count and begin to understand the concepts underlying numbers. They test and try things with trial and error. They learn well with discovery, trial and error. They ask a lot of "why" questions and are very inquisitive. They also begin to be able to draw conclusions, particularly when they are given materials and aids such as concrete objects to manipulate and use.

Young preschool children also think about the results of their actions and begin to manipulate objects. After this stage, about age 7, children move into the Concrete Operation Stage and begin to perform mental operations and logical reasoning. Intellectual development is usually completed between the ages of 12 and 15, a time period referred to by Paige as the Abstraction Stage. During this time the child learns to think in an abstract way and no longer needs concrete items to manipulate. At this point, Piaget believes that children have completed the development of their cognitive processes.

Safety Throughout the Life Span

The need for safety, one of our most basic of human needs, is of paramount importance to healthcare providers for all age groups of patients. During all phases of growth and development for the child and during the late years, safety needs are the greatest. For example, because infants are in the oral phase of development they tend to place small and inappropriate objects in their mouths. Within the home and within the health care facility attention to safety I important in order to prevent choking and accidental poisoning.

Other childhood characteristic that makes safety a primary concern include lack of impulse control, lack of good judgment, intense curiosity, inability to recognize dangers and the need to develop autonomy. For the aging adult, sensory loss and cognitive impairment are among the degenerative losses that place older adults in danger of accidents. Confusion, loss of hearing and vision, poor judgment and the inability to recognize dangers are some of the reasons why healthcare providers must maintain a safe environment for the elderly.

Pharmacology Throughout the Life Span

Pharmacology dosage and route considerations vary according to the characteristics of virtually all age groups except for the young and middle aged adult. For the infant, toddler, preschool and school age child dosage is determined according to the weight of the child in kilograms. By the time the child reaches adolescence most adult dosages are appropriate. As is the case with all medication administration, nurses must be acknowledged about the medications they are administering and should question or clarify any medication orders that are unclear or possibly inappropriate.

For children, the oral route of administration is preferred. Obviously, young infants unable to swallow solids must be given liquid forms of medication by mouth. Pharmacological implications for the infant, toddler and sometimes even the preschool child involve close monitoring of the effects of medication. In these age groups absorption and metabolic rates may be unpredictable.

For the aging adult there are special pharmacological considerations based on some of the distinguishing characteristics of this age group. Muscle atrophy, decreased bone density, diminished blood flow, decreased tissue elasticity, decreased peristalsis, and slowing of the basal metabolic rate leads to changes in physical functioning. As with young children, aging adults may have unpredictable absorption of medication and require close monitoring. A general rule to follow with the elderly is to start low (dose) and go slow.

If a swallowing disorder is present the method of delivery of medications must be modified. There are two common practices for patients with a swallowing disorder; crushing the medication and the use of a liquid form of the medication. There is, however, some medication that should not be crushed. Time release or extended release capsules, enterio-coated tablets, sublingual medications, effervescent tablets and foul tasting medications should not be crushed. If crushing a tablet or capsule is contraindicated it is a good idea to consult with a pharmacist to determine whether an oral, liquid form is available.

Nutrition and Hydration Throughout the Life Span

Nutritional needs and considerations vary somewhat throughout the life span. Caloric requirements are greatest during infancy and adolescence and for young adults or adolescents who are pregnant or lactating. Infants require iron supplements and fat from whole milk. Infants should be introduced to solid foods at about 4 to 6 months of age starting with cereal. New foods should be added slowly so that any intolerance can be determined.

Toddlers enjoy finger foods and will begin to use utensils and cups instead of bottles or caregiver feeding. Preschool children will begin to develop food preferences and will also begin to develop the manual dexterity and skill necessary to use utensils. School age children prefer fast foods and dining with friends. Adolescents, despite their increased need for calories, protein, and calcium, iron, iodine, and B complex vitamins demonstrate irregular eating patterns, a preference for fast food and snacks. It is also during adolescent years that eating disorders (bulimia and anorexia nervosa) and trendy diets may emerge.

In the absence of pregnancy or lactation, the nutritional needs of the young and middle aged adult are relatively constant except for diminishing need for calorie due to the slowing of metabolic rate seen in the late portion of the middle years. For the aging adult, fewer calories are required as appetite and digestive processes diminish. Other factors that must be considered for this age group include the financial ability to maintain adequate nutrition, dentition, physical limitations, and the ability to get to and from the grocery store.

Age Related Implications for Health Care Providers

There are many other aspects of care that must be modified based on age characteristics including patient/ family education, discharge planning, motivational techniques, ability to participate with care, communication techniques, and impact of illness or hospitalization on the patient. For example, an infant is cognitively unable to learn or question, therefore, the focus of family teaching is the caregiver. Toddlers, on the other hand, have an ability to learn and ask questions. Since they have a short attention span and are concrete thinkers, any teaching with the toddler should consist of short, concrete explanations at their level of understanding. Very often dolls and puppets are useful teaching aides for the toddler.

Discharge planning is also impacted by age specific characteristics and needs. Community resources are often age related. For example, resources such as Alcoholics Anonymous have different groups for teens and adults. Reporting mechanisms and agencies for age related abuse also vary. Elder abuse/ neglect and child abuse/ neglect are assessed and addressed by different agencies.

As we attempt to motivate our patients for a learning activity our choice of technique should also be appropriate for the age of the client. For example, a school age child may enjoy reading a book at the appropriate reading level while an adolescent may enjoy group learning with peers, particularly if they have common illness or health care concern. A patient's level of involvement and participation in care is also influenced by age. For example, although the school age and preschool child may have an opinion decision making is legally placed with the caregiver. At the other end of the continuum of life, the aging adult may be limited physically and/or cognitively and unable to be involved in any physical and/or decision making aspects of their care.

The meaning of illness and the impact of hospitalization upon the patient varies according to the age of the patient. For the infant, illness and hospitalization means separation from

the peer group. For the young adult an illness may jeopardize a job. For the older adult, illness may bring up issues relating to mortality and physical decline.

Age Specific Competencies

Infant (birth to one year)

Physical gains: Weight doubles by 6 months, poor temperature control, and sensitive to fluid losses, immature immune system, and nasal breather
Senses week early: Responds to light and sounds
Senses later: Responds to familiar faces and voices
Mid year: Can raise head, roll over and bring hand to mouth
End of year: Reflexes diminish and intentional actions begin. Can crawl, stand and even walk alone or with help.
Pulse: 100-160/min
Respiration: 30-60/min
BP: 50-100/25-70

Psychosocial and Developmental Tasks

The infant is dependent on other for total care and will quickly begin to develop feeling of trust for the caregiver and the environment The infant will begin to communicate with and have emotional relationships with others. The infant who has trouble with trust may demonstrate this mistrust by a failure to thrive.

Cognitive/ Learning

The infant is dependent on others for total care and will quickly begin to develop feelings of trust for the caregiver and the environment. The infant will begin to communicate with and have emotional relationships with others. The infant who has trouble with trust may demonstrate this mistrust by a failure to thrive.

Safety Needs

Infants are unable to recognize dangers and should not be left unattended unless in a crib with the rails up. Avoid the use of pillows and keep medications, small objects and other unsafe items out of reach. Prevent heat loss with the use of blankets and be aware that the infant may choke on objects placed in the mouth. An appropriate infant car seat must be used.

Nutrition

Breastfeeding or iron fortified formula is recommended. Avoid nonfat or low fat milks. Caloric balance must be maintained and iron and fluoride supplements may be needed. Monitor food tolerance – strained foods begin 4-6 months with 1 new food added each week. Infant cereal is usually the first food given – remember that aspiration is a risk at this age. Dental caries may result from the prolonged contact of milk, formula and juice on dental surfaces.

Patient Education

All teaching should be directed to the primary caregiver with emphasis on preventative care, immunizations, nutrition, bonding and safety. All caregivers time to ask questions and return demonstrative procedures. Encourage caregivers to participate in care to decrease separation anxiety. Provide emotional support to the family. Provide tactile stimulation and motor skill development with age appropriate and safe toys of large size and without small pieces.

Pharmacology
Monitor the infant closely for effects, since absorption and metabolism are not predictable. Remember that oral routes of administration are preferred and dosages are based on kilograms of body weight. Make sure medications are kept out of reach of the infant.

Other Considerations
It is important to promptly meet the needs of the infant by promoting close contact and allowing the infant to bond with the caregiver. Always use infant sized-objects for care such as BP cuffs, electrodes, catheters and other routine and emergency equipment and supplies. Be careful to support the neck when holding and handling. Provide a safe and "baby proof" environment and protect the infant from infections. Remember that suspected child abuse or neglect must be reported.

Toddler (one to three years)
Physical gains: 4-6 lbs/year has 4-16 teeth, eats 3 meals a day, teething may continue
Stools: 1-2 times a day
Physical skills: Walks, runs and climbs, initially with an awkward, wide stand. Throws and drops toys. Able to stack blocks, scribble and enjoy age appropriate toys.
Senses: Responds to verbal stimuli.

Psychosocial and Developmental Tasks

Cognitive/ Learning (Operational)

Safety Needs
The toddler must be closely monitored due to an exploratory, uninhibited and energetic nature. Medication, small objects and other unsafe items, such as chemicals and cleansers must be kept out of reach. Choking on objects is a threat and accidents and injuries may occur as autonomy increases. Car seats must be used.

Nutrition
The toddler has increased tolerance for a wider variety of foods and enjoys finger foods. He or she may continue to use a bottle or be breastfed but can begin to use a cup and spoon or fork for eating. The toddler requires less calories and more protein and is at increased risk for dental caries. Whole milk should be used until after 2 years of age.

Patient Education
Most teaching is directed to the primary caregivers with emphasis on preventative care, immunizations, nutrition, parenting and safety. Allow the caregiver time to ask questions and return demonstrative procedures. Encourage the caregiver to participate in the toddler's care to decrease separation anxiety. Provide emotional support to the family and the toddler.
Toddler's benefited from simple, short and concrete explanations and instruction consistent with their vocabulary. The use of puppets, dolls and storybooks can facilitate learning and decrease anxiety.

Pharmacology
Monitor medications closely for effects, since absorption and metabolism are unpredictable in toddlers. Oral routes of administration of mediations are preferred and dosages are usually based on kilograms of body weight. Keep medications out of reach of the toddler.

Other Considerations
Promote close contact between the caregiver and toddler and encourage the caregiver to participate in the care of the toddler. Use appropriate sized objects for care such as BP cuffs, electrodes and other routine and emergency equipment.

Preschool Child (three to five years)
Physical gains: Gains 5-6 lbs/year, has full set of 20 teeth, eats 3 meals a day
Stools: 1-2 times a day
Voids: 4-6 times a day, bowel and bladder training complete
Physical skills: Fine motor function and coordination increased. Can walk on tip toes, stand on one foot and hop. Able to feed and dress self.

Psychosocial and Developmental Tasks
The preschool child will be concerned with issues of initiative vs. guilt. Guilt may manifest with a fear of punishment and the lack or purposeful direction. The preschool child demonstrates curiosity about sexual differences – exploration and masturbation may occur. At this stage, the child increasingly tolerates brief separation from caregiver and begins to socialize and play with groups and peers. There is an increased awareness of self vs. others.
Language and communication abilities increase and there is less dependence on the caregiver. The preschool child begins to develop better impulse control but limits must still be maintained. The most significant people in the life of the preschool child are the child's family. The greatest fears are the unknown, the dark, being alone, nightmares, mutilation and fear of bodily injury.

Cognitive/Learning (Preoperational)
During the preschool years speech becomes more intelligible and the child will begin to speak in 4-6 word sentences. Vocabulary will increase by about 1,000 words. At this stage the child begins to reason logically, use abstract thought and differentiation right from wrong. Attention span increases.
The preschool child will learn his or her name, address and phone number and begin to differentiate familiar people from others. The child remains somewhat egocentric and unable to recognize dangers. He or she learns from and tells stories buy also learns through exploration, discovery and seeking answers to questions the "Why Phase". At this stage imagination increases.

Safety Needs
The preschool child still needs constant supervision and accidents and injuries remain as threats. Car seats must still be used.

Nutrition
The preschool child will begin to develop food preferences and dislikes. He or she will begin to use utensils with a higher degree of skill. Whole milk or low fat milk can be used.

Patient Education
A sense of independence and control can be enhanced with increasingly more detailed information, as level of cognition increases. The preschool child is capable of most self care and ADLs but caregiver education remains important.
Emphasis continues on preventative care, immunizations, nutrition, parenting and safety. The use of puppets, dolls and storybooks can remain useful educational resources. Allow caregiver and the child time to ask question and return demonstrative procedure. Provide emotional support to the family and the child, particularly in addressing fears about mutilation and pain.

Pharmacology
An oral route of administration is preferred. Dosages are usually based on kilogram of body weight. Keep medications and medical equipment out of reach of child.

School Age Child (five to twelve years)
Physical gain: 5-6 lbs/year, baby teeth are replaced with permanent teeth, bowel and bladder patterns established
Physical skills: Neuromuscular skills refined, balance improved, greater muscular strength.
Pubescence: Despite wide variation early signs may appear. Females gain about 20-25 lbs. and grow 6 inches. Males gain 15-20 lbs. and grow 5 inches. Some clumsiness may occur as a result of growth spurts.

Psychosocial and Developmental Tasks
During the school age years, a child must deal with issues of industry and inferiority. Inferiority manifests with feelings of inadequacy and dears about not meeting expectations of others while industry is marked by competency, achievement and confidence in self. The school aged child will begin to assume responsibilities for household chores and school work and begin to develop moral and ethical behavior. During this stage of development children must seek independence from parental omniscience and authority and begin to depend on themselves. He or she learns gender appropriate behavior, attitudes and roles, forms lasting relationships with peers and strives to be accepted by the peer group. Peer groups are preferred over the family by the school aged child and there is a fear of loss of control and failure to meet expectations.

Cognitive/Learning
The school aged child is preoperational in early school age years and then moves to operational, logical thought. Logic and deductive reasoning replace concrete, literal and specific thinking. The child begins to move from attention to the present of an understanding of the meaning of past and the future.
School aged children learn about a large variety of subjects from school teachers but may be reluctant to ask questions. They are able to articulate discomforts to some degree and have an increasing understanding of death and its finality. Finally, the school aged child begins to develop a limited understanding of anatomy, bodily functions and illness.

Safety Needs
Peer pressure may drive the school aged child to act with poor judgment and as a result accidents remain a threat. Seat belts replace car seats.

Nutrition
The same as for a preschool child.

Patient Education
The school aged child has a sense of greater control and independence that can be enhanced with increasingly more detailed information as the level of cognition increases. The healthcare professional should provide the child with opportunities for decision making and self care and encourage questions and verbalization of feelings.

Pharmacology
Oral routes of administration are preferred. Dosages based on kilogram of weight are replaced with adult dosage based on body weight. Keep mediations and medical equipment out of reach of children.

Adolescent (twelve to eighteen years)
Physical gain: Adult weight achieved, eruption of permanent teeth, greater muscular strength
Physical changes: Rapid and marked changes, particularly in terms of height and primary/ secondary sexual characteristics.
Dietary patter: Variable appetite, food fads frequent
Lab values reached except: Hematocrit level are higher in males, Platelet and sedimentation rates are increased in Girls. White blood cells are lower in both sexes.

Psychosocial and Developmental Tasks
The adolescent will struggle with identity formation vs. role confusion. Identity is demonstrated by devotion, fidelity and sense of self while role confusion may manifest with a poor sexual and/or self concept. Hospitalization may threaten self identity. Wide mood swings, anger and outbursts may occur. Separation from peers causes concerns. The adolescent is often critical and confused about appearance and body changes and concerned about self image and being accepted. Relationships with the opposite sex take on a new meaning, There may be conflicts with authority and rules and a longing for independence but also a desire for dependence.
The most significant people in the world of an adolescent are peers and the greatest fear is appearance, acceptance and school performance.

Cognitive/ Learning (Operational)
The adolescent has fully developed cognitive abilities with logical thought and ability for abstract, deductive and analytical reasoning. Adolescents are able to understand hypothetical situations and form independent opinions. There is the beginning of occupational identity and learning, "I want to be." The adolescent may be reluctant to admit that he or she does not understand something and has a limited understand of body structures and functions.

Safety Needs
Peer pressure may drive the adolescent to act with less than good judgment, therefore accidents remain a threat. Suicide rates and depression among adolescents are high. There may be experimentation and use of cigarettes, drugs and/or alcohol.

Nutrition
Eating patterns are irregular and snacks comprise of about 25% of a teenagers diet. There is still a need for more: protein, calcium, iron, iodine, and B complex.

Patient Education
A sense of greater control independence can be enhanced with increasingly more detailed information. The healthcare professional should provide opportunities for decision making and self care. Encourage questions and verbalization of feelings.

Pharmacology
Usually adult dosage/ routes.

Young Adult (eighteen to forty-four)
Physical gains: All areas of physical and motor development complete, adult lab values are reached, gradual slowing of physiological functions, tissues have less capacity to regenerate, degenerative changes such as arthritis, loss of skin elasticity, atrophy of reproductive systems begins.

Psychosocial and Developmental Tasks
The young adult is concerned with issues of intimacy vs. isolation. Intimacy is demonstrated by the capacity to develop and maintain intimate friendships and intimate love relationships while isolation may manifest with poor self esteem and withdrawal. Major stressors include finding a career, establishing a family, balancing numerous roles and responsibilities at home, work, school and in the community. The most significant people in the young adult's life are the spouse, children and coworkers.

Cognitive/ Learning (Operational)
The young adult forms his or her own opinion and makes independent decisions. Life experiences proved learning.

Safety Needs
Major causes of death result from stressors of this age group and the impact of unhealthy lifestyles adopted in earlier years.

Nutrition
Vitamin A, B, folic acid, vitamins C and D needs increase

Pharmacology
Adult dosages/ routes

Middle Aged Adult
Physical: Continued slowing of physiological functions; continued inability for tissues to regenerate; lower basal metabolic rate; degenerative changes continue; loss of skin elasticity and moisture continues, decalcification and re absorption of bone, diminished bone density and osteoporosis, farsightedness, beginning of loss of hearing, taste, balance and coordination; atrophy of reproductive system; menopause which may be associated with depression.

Psychosocial and Developmental Tasks
The middle aged adult is concerned with generatively vs. stagnation. Generatively is demonstrated by tasks that nourish and nurture such as managing a household, rearing children and caring about the next generation. Stagnation can be demonstrated by self absorption. Stressors include career, family, balancing roles and responsibilities at home, work school and in the community. Mid-life crisis and empty nest syndrome may add additional stress.

Nutrition
Obesity may occur due to slowing of the BMR.

Pharmacology
Adult dosage/ routes

Old Adult (over sixty five)
Physical: Diminished strength
Muscular: Muscle atrophy, diminished strength
Skeletal: Bones brittle and subject to breaking; joints are painful and stiff; decreased mobility
Cardiovascular: Less cardio force, arteries less elastic and narrower; less blood flow; reduced blood flow to the brain.
Respiratory: Respiratory muscles weaken; lung tissue less elastic.
Urinary: Kidney function decreases; urine more concentrated
Gastrointestinal: Diminished appetite, peristalsis and digestive juices.
Integumentery: Skinless elastic; dry skin; graying/ thinning hair, thick and tough nails.

Nervous: Decreased hearing, vision, taste, smell, touch, balance, forgetful, short term memory, confusion, loss of brain cells

Psychosocial and Developmental Tasks

The old adult is concerned with issues of ego integrity vs. despair. Integrity manifests with wisdom and feelings of satisfaction with one's life while despair arises from remorse about what could have been. The presence of despair causes life to be viewed as meaningless. Stressors include loss of friends, spouse, loss of mental and physical health, and preparing for one's own death.

Cognitive/ Learning (Operational)

The older adult may be faced with diminished memory and learning disabilities and a limited ability to communicate.

Safety Needs

There is a significant increase in safety risk due to sensory and cognitive impairments. The older adult may be unable to recognize dangers and may be at increased risk for falls. The healthcare provider should assess for confusion and/or agitation.

Nutrition

The older adult has a decreased metabolic rate and requires fewer calories than the young adult.

Patient Education

The older adult may have a limited ability to understand. Include significant other in education and decision making and allow the patient to verbalize fears and concerns. Present material in a slow and understandable manner in short sessions and avoid distractions.

Pharmacology

The older adult should receive adult dosages and routes but keep in mind that age affects absorption, metabolism and excretion. There may be idiosyncratic and untoward effects.

ANS Infusion, Inc.

Health Insurance Portability & Accountability Act

(HIPAA)

Education

ANS Infusion, Inc.
Health Insurance Portability & Accountability Act (HIPAA)
Education

Introduction

This education document covers general information regarding Federal HIPAA Privacy regulations (effective 4/14/2003). This is part of mandatory education for all ANS Infusion, Inc. (ANS) associates/ employees.

Please review the materials and complete the short quiz at the end of the packet. The answer key is included so that you can check to be sure you understood the material and answered the questions correctly. Please include your name and pertinent information on the quiz and then return to ANS.

If you have any additional questions or concerns, please contact Paul Robinson at (215) 394-8058.

ANS Infusion, Inc.
Health Insurance Portability & Accountability Act (HIPAA)
Education

Glossary of Terms

To assist you, the following terms used within the HIPAA Privacy Training Module are defined here:

Business Associate – A person or entity that performs certain functions or activities that involve the use or disclosure of protected health information on behalf of, or provides services to a covered entity

Covered Entity – A healthcare providers, health plan, or health care clearinghouse that transmits any health information electronically in connections with certain transactions.

Health Care Provider – Any person or organization who furnishes, bills, or is paid for health care in the normal course of business.

HIPAA – An acronym for Health Insurance Portability and Accountability Act, a bill passed by Congress in 1996 that mandates the adoption of standards for the exchange of electronic health information in an effort to encourage overall administrative simplification.

Incidental Use or Disclosure – A secondary use or disclosure that cannot reasonably be prevented, is limited in nature, and that occurs as a result of another use or disclosure that is permitted by the rule.

Minimum Necessary – Policies and procedures that limit how much protected health information is used, disclosed, and requested for certain purposes, These minimum necessary policies and procedure also reasonably must limit who within the entity has access to protected health information, and under what conditions, based on job responsibilities and the nature of the business.

Notice of Privacy Practice – Health plans and covered health care providers are required to develop and distribute a notice that provides clear explanation of the privacy practices and to be informed of their privacy rights with respect to their personal health information. The notice is intended top focus individuals on privacy issues and concerns, and to prompt them to have discussion with their health plans and health care providers and exercise their rights.

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PHI – An acronym for Protected Health Information. PHI refers to individually identifiable health information that is transmitted by electronic media, maintained as 'electronic media', or transmitted or maintained in any other form or medium. This includes both medical information (such as ICD-9-CM codes) and information that could be used to identify a patient (such as their home address0>

Privacy Rule – One of the HIPAA regulations (others include Security and Electronic Transactions) that focuses on the standards for privacy of individually identifiable health information.

Treatment, Payment and Healthcare Operations – "Treatment" generally means the provision, coordination, or management of health care and related services among health care providers or by a health care providers with a third party, consultation between health care providers regarding a patient, or the referral of a patient from one health care providers to another. "Payment" encompasses the various activities of health care providers to obtain payment or be reimbursed for their services and of a health plan to obtain premiums, to fulfill their coverage responsibilities and provide benefites under the plan, and to obtain or provide reimbursement for the provision of health care. "Health care operations" are certain administrative, financial, legal, and quality improvement activities of a covered entity that are necessary to run its business and to support the core function of treatment and payment.

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Health Insurance Portability & Accountability Act (HIPAA)
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General Overview

In 1996 the United States Congress passed the Health Insurance Portability and Accountability Act (HIPAA). The original goals of the legislation were to:

- **Improve efficiency and effectiveness of the health care system by standardizing the electronic exchange of administrative and financial data.**
- **Help people obtain and maintain their health insurance benefits when they changed jobs.**

There are multiple parts of the law focusing on different rules of compliance that have different compliance dates. This training module focuses on the Privacy Rule, which is effective on April 14, 2003.

The Privacy Rule for the first time creates national standards to protect individuals' medical records and other personal health information.

Covered entities (such as Lourdes Health System) must:

- **Notify patients of their privacy rights and how information can be used**
- **Adopt and implement privacy procedure**
- **Train employees so that they understand the privacy procedures**
- **Designate an individual responsible to ensure privacy procedures are adopted and followed**
- **Secure patient records containing Protected Health Information (PHI) so that patient information is not available to those who do not need access to it.**

If existing state regulation is more stringent than the HIPAA regulations, the state regulation must be followed.

The purpose of HIPAA is to improve the overall effectiveness and efficiency of the healthcare industry.

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Lack of compliance can result in prison sentences and/or fines.

For knowingly obtaining or disclosing identifiable health information the following penalties may apply.

Violation	Penaltv
Knowingly obtaining or disclosing identifiable health information except on a 'need to know' basis in support of Treatment, Payment, or Healthcare Operations.	**Up to $50,000 fine and one year imprisonment.**
The violation above committed under false pretenses.	**Up to $100,000 fine and five years imprisonment.**
The violation above committed with intent to sell, transfer, or use for commercial advantage, personal gain, or malicious harm.	**Up to $250,000 fine and ten years imprisonment.**

Notice of Privacy Practices

Covered entities must develop and provide individuals with notice of their privacy practices; the notice should state how a covered entity may use and disclose PHI about the individual, as well as his or her right and the covered entity's obligations with respect to that information. Covered entities must give notice not later than the first service delivery and make a good faith effort to obtain the individual's written acknowledgement of the notice.

Most Health Systems have developed a Notice of Privacy Practice. This notice will be given to patients when registering at any of the points of entry throughout the Health System (including inpatient and outpatient services, emergency room, Dialysis and all satellite care provision sites) or given to the patient in the patient information booklet by nursing at time of admission.

The notice:

- **Describes how the Health System may use and disclose PHI for treatment, payment, and healthcare operations (this is permitted by the Privacy Rule).**
- **Describes how the patient can file a formal complaint if they believe their rights have been violated.**

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Through the notice, the patient has the following rights:

- **To request a limitation on his or her PHI that can be disclosed to someone involved in the patients care or payment for patients care, such as a family member or friend.**
- **To inspect or copy their PHI.**
- **To amend what they believe is incorrect or incomplete information in their record.**
- **To receive communications from the Health System on a confidential basis by receiving the information at an alternative address.**

The Health System must make a good faith effort to obtain the patient's written acknowledgement of receipt of the notice.

The notice will also be posted at appropriate locations throughout the Health System and will be posted on the Health System website.

In an emergency situation, it is permitted to treat the patient without giving the patient the privacy notice, if obtaining the notice interferes with the ability to provide necessary medical attention. The Rule states that the patient receives the notice when 'practical' in such a situation.

In addition, under state or other applicable law, an authorized person may act on behalf of the individual in making health care related decisions as the individual's 'personal representative'. The representative must be treated as the individual for purposes of the Rule, where applicable.

Incidental Uses and Disclosures / Minimum Necessary

The Rule permits certain incidental uses and disclosures of PHI to occur when the covered entity has in place reasonable safeguards and minimum necessary policies and procedures to protect an individual's privacy.

An incidental use is defined as: 'a secondary use or disclosure that cannot reasonably be prevented is limited in nature, and that occurs as a result of another use or disclosure that is permitted by the Rule.'

For example, a hospital visitor overhearing a provider's confidential conversation with a patient is NOT a violation, if the provider has made a reasonable effort to safeguard the conversation (e.g., speaking in low tones and conversing in an appropriate area). An audible discussion about a patient's condition including PHI in a public are, such as the cafeteria or elevators, is a violation of the Privacy Rule and JCAHO standards.

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The minimum necessary standard required covered entities to evaluate their practices and enhance safeguards as needed to limit unnecessary or inappropriate disclosure of PHI.

This section allows:

- **Nurses or other health care professionals to discuss a patient's condition over the phone with the patient, a provider, or a family member. (Please note – a patient has the right to 'opt out' and not have their information released, or not be released to certain individuals and this must be verified before discussing their condition. Also an effort must be made to verify the IDENTITY of the individual making the request.)**
- **A physician to discuss a patient's condition or treatment regimen in the patient's semi-private room.**
- **Healthcare professionals to discuss a patient's condition during training rounds in an academic or training institution.**

In many cases, the Privacy Rule builds upon safeguards already in place, such as individual computer passwords for staff to access PHI; or isolating/ locking file cabinets or records rooms. This section, in particular, stresses common sense that calls for an approach consistent with the best practices and guidelines already used by many providers and plans today to limit the unnecessary sharing of medical information.

These are examples of <u>NOT</u> following the minimum necessary guidelines:

- **Use of sign in sheets that contain medical information about the patient (sign in sheets without medical information are permitted).**
- **Allowing full access to medical records information to employees (except where employees need full access to provide treatment to the patient).**
- **Leaving the patient chart in an unsupervised are with no regard to protecting the chart.**

The hospital directly is permitted to contain the patient name, general condition (using the phrases; under evaluating good, fair, serious or critical), and location within the hospital. The hospital can also disclose the religious affiliation of the patient to clergy where appropriate. A member of the clergy could ask for all patients of their particular faith, but not all patients, and not patients who have chosen not to have this information published in the directory.

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A patient has the right to ask that their information not be available on the hospital directory, or that their information be kept confidential from certain individuals.

With the clergy exception noted above, a person must specifically ask for a patient by name to obtain the general condition and location. No other information may be released about a patient unless expressly consented to by the patient (or the patients legal representative where applicable).

Other important information:

Paper documents that contain PHI CANNOT be thrown in the trash, where it could be picked up and read. There will be containers where this information can be placed; this already occurs at most Health Care facilities. These containers will be stored in a secure location and then disposed of in an appropriate manner (such as shredding, burning).

In certain locations (such as a satellite office), it is permissible to shred the information on site, and then dispose of the shredded material.

Faxing of PHI:

When you don't know the requester, you must make a reasonable effort to determine that the protected health information is being sent to an entity authorized to receive it as follows:

- **Ask for the telephone number of the office where the fax machine resides.**
- **Call the office number; ask the person who answers to verify that the fax number is correct and that the office is that of the individual requesting the fax.**
- **If the number DO NOT MATCH, please report this to your supervisor for further instructions; DO NOT send the fax if there is any doubt about the receiver's identity.**
- **If the numbers match, send the fax with the approved Health Care facility cover sheet, which includes the confidentiality statement.**

If you know the requestor and have previously validated the fax number, send the fax with the approved Health Care facility cover sheet, which includes the confidentiality statement.

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For computer automated faxing systems, the department Leader must establish an annual schedule for verification of the fax numbers within the system and document completion of the verification. All existing automated faxing systems should be verified by sending a 'HIPAA fax test' to all numbers in the system and requesting the receiver call to verify that the fax number is correct. Any faxes sent that are not responded to should be called manually to verify that the fax number is correct.

No one may send individually identifiable health information outside of the Health Care facility electronically via internet e-mail or an other electronic data transmission (including file transport protocol – ftp). If there are circumstances where you believe it is imperative for you to do so, please have your department leader contact the Information Services Help Desk and a representative from IS will guide you in the proper protocol.

Business Associates

The Health Care agency may disclose PHI to a third party who acts as a business associate only to help the health system carry out its health care functions. A business associate is a person or entity that performs certain functions or activities that involves use or disclosure of protected health information on behalf of, or provides services to, a covered entity.

Business Associates must sign a business associate agreement that assures they will safeguard the information, states the permitted uses and disclosure, and require the company to report non-permitted uses and disclosures to the Health Care facility. The minimum necessary rule applies, and only necessary information can be released to business associates.

All business associate contracts signed or renewed (non automatically) after October 15, 2002 must have a business associate agreement in effect April 14, 2003. All other contracts need a BAA by April 14, 2004; or by their renewal date, whichever occurs first.

A software vendor who needs access to the application for support and maintenance purposes and is exposed to PHI while troubleshooting would need a BAA; a housekeeping service who has incidental exposure or a software vendor who does not access a system with PHI do not need a BAA.

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Uses and Disclosure for Treatment, Payment and Health Care Operations

The Health Care facility may, *without* the individuals consent, use or disclose PHI for its own treatment, payment and health care operation activities. An authorization is needed to disclose data for other purposes, including disclosure of PHI to a third party specified by the individual.

PHI can be de-identified, and used for other purposes such as research, public health and health care operations, however, the data must be certified as de-identified by a statistician, or must be stripped of certain identifiers (including name, address, city, zip code, and social security numbers). For the complete list of elements and guidance, please reference the Health Care facility intranet site.

Marketing

With limited exceptions, the Rule requires an individual's written authorization before a use or disclosure of his or her PHI can be made for marketing.

Disclosures for Public Health Activities

The Rule permits covered entities to disclose PHI without authorization for specified public health purposes.

Research

Covered entities are permitted to use and disclose PHI for research *with* individual authorization, and *without* individual authorization under limited circumstances.

Workers Compensation Laws

The Rule permits disclosures of health information for workers compensation purposes *without* authorization covered under state or other laws related to workers compensation, or to obtain payment for health care provided to the worker, and *with* authorization when obtained from the individual.

Government Access

Covered entities must cooperate with efforts by the Department of Health and Human Services Office for Civil Rights to investigate complaints or otherwise ensure compliance.

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HIPAA Privacy Quiz

1. **If state law is more restrictive than federal HIPAA law, which of the following is true:**
    a. **State Law must be followed because it is more restrictive**
    b. **Federal Law must be followed because federal laws are more important than state laws**

2. **Which of the following things must a covered entity NOT do under HIPAA regulations:**
    a. **Notify patients of their privacy right and how information can be used**
    b. **Secure patient records containing health information so that they are not available to those who do not need access to them**
    c. **Refuse to treat a patient if they cannot sign the Notice of Privacy Practice upon admission**

3. **True or False – Knowingly obtaining or disclosing identifiable health information relating to an individual in violation of the Rule nay result in prison sentence and/or fines.**
    a. **True**
    b. **False**

4. **Which of the following is not considered as a patient right under HIPAA?**
    a. **Request a limitation on their PHI that can be disclosed to someone involved in their care or payment for their care.**
    b. **A ten percent or copy their PHI**
    c. **To inspect or copy their PHI**
    d. **To receive communication form the Health Care facility by receiving information at an alternative address**

5. **True or False – If a patient cannot be given a privacy notice in an emergency situation, we are not obligated to give them a copy at a later date.**
    a. **True**
    b. **False**

6. **True or False – A normal, audible discussion about a patient's condition in a public area, such as a cafeteria or elevator, is a violation of the Privacy Rule.**
    a. **True**
    b. **False**

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7. **True or False – Clinicians can discuss any healthcare information with anyone who calls inquiring about a patient.**
    a. **True**
    b. **False**

8. **True or False – When the requester is not known, an employee should call to verify the recipient of the information prior to faxing.**
    a. **True**
    b. **False**

9. **True or False – Appropriate security measures such as computer password protected systems or locking paper records when unused should be followed to protect PHI.**
    a. **True**
    b. **False**

10. **True or False – Protected Health Information is allowed to be sent electronically outside the institution through e-mail, web browsers, or FTP without seeking guidance from the Information Services Department.**
    a. **True**
    b. **False**

11. **True or False – Only individuals directly involved in patient care need worry about the HIPAA Privacy Rule.**
    a. **True**
    b. **False**

<u>Please complete the following and return the two-page quiz to ANS when you have finished:</u>

Position: _____

Employee Name: _____

Employee Signature: _____

Date: _____

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Answer Key

1. **a) More restrictive law applies**

2. **c) A patient cannot be denied admission if they refuse to sign the Notice of Privacy Practice**

3. **a) True**

4. **b) False**

5. **b) False – The patient should receive the notice when 'practical' in an emergency situation**

6. **a) True – Appropriate safeguards, such as having conversations in non-public areas and speaking in low tones where conversations can be overheard, are required**

7. **b) False – Unless a patient asks that no information be released in the directory, we can only disclose a patient's general condition and their location. A patient's condition *may* be discuss in more detail, but only with patient consent, and only when an attempt has been made to identify the individual making the inquiry.**

8. **a) True**

9. **a) True**

10. **b) False**

11. **b) False – Protecting patient's privacy is *everyone's* responsibility**