

Department of Veterans Affairs
NY Harbor Healthcare System

VOLUNTEER TRAINING



General Safety

Objectives:

To increase your knowledge of:

- procedures for reporting safety problems
- proper lifting and body mechanics
- work related injuries
- smoking policy

General Safety

If you see a safety problem:

- First, inform your Supervisor.
- Then, if additional assistance is needed, contact the NYHHS Safety Manager at the following numbers:

718-836-6600 x4049 (BK Campus)

or

212-686-7500 x6366 (NY Campus)

- Do not take for granted that someone else has already reported the condition.
- Take the time to call the safety office immediately.
- Safety is a team effort!

General Safety

The most common cause of injury among health care workers is **Lifting Improperly**.

Seven key points to prevent back injuries:

- Good Posture
- Rest
- Good Body mechanics
- Proper lifting
- Proper exercise
- Ask for assistance as appropriate
- Use lifting equipment (e.g. patient lifts)

General Safety

What is good body mechanics?

- Maintain the three natural curves of the back (cervical, thoracic and lumbar) by keeping shoulders, hips, ears, knees and ankles lined up.
- Maintain wide base of support with feet shoulder width apart.

Make plans before moving/lifting:

- Look over the object to be lifted.
- Inspect the path of travel.
- Plan for distance, space and load.
- Are there any hazards?

General Safety

Basic steps to prevent injuries:

- Get help
- Wear safety equipment if needed
- Get a good grip
- Stand close to the object
- Tighten abdominal muscles
- Lift gradually

Hospital Smoking Policy

- No smoking inside any building or near entrances or exits.

An individual should not have to pass through second hand smoke to enter or exit a building.

This means you cannot stand in front of an exit and smoke.

Fire Prevention

Objectives:

To increase your knowledge of:

- Fire Emergency phone number
- Steps to take in a fire
- Use of fire alarms and fire extinguishers
- Evacuation procedures
- Determining the location of a fire

Fire Prevention

To report a Fire or Smoke condition:

For NY, BK and SA:

- Call x7000

For the CBOCs:

- Call 911 first, then call x7000.

Additional emergency phone numbers can be found on stickers on all phones.

Fire Alarm System:

- All campuses and CBOCs are protected by an automatic fire alarm protection system.
- These systems include:
 - Smoke detectors
 - Pull stations
 - Sprinkler systems

Fire Prevention

Fire Alarm System (continued):

- When the system is activated:
 - BK and SA: You will hear an alarm tone and automated voice message.
 - NY: You will see strobe lights and hear an alarm sound with an operator announcement.
- Be aware of fire zones that are separated by smoke barrier doors in your area.

Your Response to a Fire Emergency:

- In Patient Care Areas, the PCTC/Nurse Manager or Charge Nurse is the person in charge.
- In Non-Patient Care Areas, follow the directions of your supervisor.

Fire Prevention

RACE - Steps to take in a fire:

- **Rescue**
- **Alarm**
- **Contain**
- **Extinguish or Evacuate**

Fire Prevention

Rescue:

- Any patient, visitor or staff that is in immediate danger.

Alarm:

- Pull the fire alarm box.
- Call x7000.
- Notify your co-workers using Code 7000.

Contain:

- Close all possible doors and windows to delay the fire from spreading.

Extinguish:

- Only if you have the proper type of extinguisher and are familiar with it's operation.

REMEMBER: Make sure the alarm has been pulled first before attempting to put out the fire!

Fire Prevention

Classes of Fire

- **A - Ordinary combustibles**
Wood, paper, plastics, clothing, etc.
- **B - Flammable liquids/grease**
Greases, oils, gasoline, turpentine, paints, etc.
- **C - Electrical Equipment**
Any electrical appliance that is plugged in should be treated as energized.

Fire Prevention

Extinguishers

- There are various types and kinds of extinguishers for each class of fire
- ABC Extinguishers, good for most fires, are the most common at our facilities.
- They are only for small fires.
- They are inspected monthly by Engineering Service or a service vendor.
- Know the location of extinguishers in your work area.

NY Harbor Healthcare System

Fire Prevention

Extinguisher Use

P.A.S.S. Method

- **P**ull pin
- **A**im at bottom of fire
- **S**queeze the trigger
- **S**weep side to side

Fire Prevention

Evacuation

- If you must leave the area, move to the next **horizontal** smoke compartment.
- You should know where the exits are and where the smoke compartment doors are in your area.

Fire Prevention

Evacuation

- If further evacuation is ordered, move **vertically** to another floor below the area of the fire.
- Remember, the elevators are not to be used unless directed by the Fire Department.
- If there are no smoke barriers in your area, **leave the building**.

Hazardous Materials

Objectives

After completing this module, you will increase your knowledge of:

- classification of hazardous materials (health hazards and physical hazards)
- sources of information on hazardous materials labeling and the Material Safety Data Sheet (MSDS)
- personal protective equipment
- chemical spill procedures
- disposal of hazardous chemical waste

Hazardous Materials

Classification of Chemical Hazards

- Health Hazards
- Physical Hazards

Health Hazards

Can cause damage to your health if you are exposed to them.

Exposure can occur by:

- Inhalation (breathing in)
- Ingestion (eating)
- Skin contact (including eye contact)
- Skin absorption

Hazardous Materials

Physical Hazards

Types of physical hazards include:

- Flammables
- Combustibles
- Compressed Gases
- Explosives
- Any highly reactive materials, especially if they react with air or water

Labeling

- All hazardous materials must be labeled
- The manufacturer is required to see that all hazardous materials containers are labeled with required information before shipping

Hazardous Materials

MSDS (Material Safety Data Sheet)

Safety fact sheets on hazardous materials provided by the manufacturer.

The MSDS for the chemical that you use in your work area must be available to you during all work hours.

MSDS

- Identification
- Hazardous ingredients
- Physical data
- Fire and explosive data
- Health hazards
- Reactivity data
- Spill procedure measures
- Special procedures

MSDS

The MSDS for the chemicals that you use can be found in the **YELLOW** binder in your work area.

Hazardous Materials

Hazardous Chemical Spills

Procedures for Large Spills/Leaks

Call Engineering Service

- **Brooklyn Campus**
 - Day Shift - 718-836-6600 x3000
 - W.H.E.N. Hours - 718-836-6600 x3597
 - Also call the telephone operator to request that EMS shift supervisor be paged.
- **St. Albans Campus**
 - Day Shift – 718-526-1000 x2355
 - W.H.E.N. Hours - 718-526-1000 x2222
- **New York Campus**
 - Day Shift – 212-686-7500 x5000
 - W.H.E.N. Hours - Pager #53-183

Infection Control

Objectives

To increase your knowledge of:

- Hand hygiene procedures
- Standard precautions
- Transmission-based Isolation Precautions
- Reducing risk to blood borne pathogen exposure
- Tuberculosis

Infection Control

Hand hygiene

- Is the single most important measure to reduce the risk of transmitting microorganisms.
- Use an alcohol hand rub or anti-microbial soap to routinely decontaminate your hands
- Volunteers who have direct contact with patients **must not** wear artificial fingernails

Infection Control

Hand washing

- Wet hands with warm water and then add antimicrobial soap
- Use friction, work up a lather and wash hands for at least fifteen seconds
- Rinse well under a stream of warm water
- Dry hands thoroughly
- Turn off faucet with paper towels

Hands must be washed with antimicrobial soap and water (not with alcohol hand rub):

- When they are visibly soiled or contaminated with blood or body fluids
- After using the restroom
- Before eating

Alcohol based hand rub

- Apply product to palm of one hand
- Rub hands together
- Cover all surfaces of hands and fingers
- Rub until hands are dry
- Do not rinse

Decontaminate hands with alcohol hand rub (preferred) or antimicrobial soap and water:

- Before and after patient contact
- After contact with blood or body fluids
- Before and after using gloves

Infection Control

Standard Precautions

- Standard Precautions treats all blood and body fluids as if they are potentially infectious.
- Standard Precautions are designed to reduce the risk of transmission of germs from both known and unknown sources.

Transmission-based Precautions

Transmission-based Precautions are designed for patients known or suspected of having a contagious respiratory disease or an unusual pathogen.

Infection Control

Transmission-based Isolation Precautions

Respiratory Precautions (**pink sign**)

- Used in addition to Standard Precautions for patients known or suspected of having TB, measles, chicken pox or disseminated zoster, SARS, influenza
- Some of these microorganisms are carried by air currents. Others are spread by droplets that can be generated during coughing, sneezing, talking, or during procedures
- N-95 Respirator
- Negative pressure room
- Hand hygiene

Contact Precautions (**red sign**)

Used in addition to Standard Precautions for a patient known or suspected to be infected or colonized with highly infectious or resistant organisms. These organisms can be transmitted by direct contact (skin to skin) or indirect contact (touching) of items or surfaces in the patient's environment.

- Gloves are required and must be put on before entering the patient's room
- Gowns are to be worn when contact with the patient, the patient's environment, or blood or body fluids is anticipated
- Gloves and gowns should be removed prior to leaving the patient's room
- Strict adherence to hand hygiene is required.

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Infection Control

Standard Precautions, together with Transmission-based Precautions, help reduce the risk of spreading infections to patients, healthcare workers, volunteers and visitors.

Personal Protective Equipment (PPE) protects you from contact with potentially infectious material.

PPE includes:

- Gloves
- Gowns/aprons/lab coats
- Masks/respirators
- Face shields, protective eyewear
- Resuscitation bags or other ventilation devices

Personal Protective Equipment (PPE) is equipment or clothing that protects you from contact with infectious materials. Gloves, respirators and gowns are examples of PPE.

Infection Control

Tuberculosis (TB)

- Patients known or suspected of having TB are to be placed in a negative pressure room (air flows from corridors into the isolation room).
- The windows and doors to the room are to be kept closed to maintain negative pressure.
- As few persons as possible should enter a negative pressure room.

Respiratory Protection

If you have not been medically cleared and fit tested for a respirator, **you CANNOT go into a negative pressure room [pink sign].**

Infection Control

What is the Tuberculin Skin Test?

- A test to see if your body is carrying the germ that causes tuberculosis (TB)
- A small amount of purified protein derivative (PPD) is injected under the skin of your arm
- A healthcare professional will check the site in 2-3 days for swelling

If your test is positive, it does not mean you have TB or that you are contagious. A positive test means you have been exposed to TB. You may be asked to get a chest x-ray.

Infection Control

TB Infection and TB Disease are Different:

- A person with TB infection has the tubercle bacillus, but is not sick and will not spread TB to others.
- A person with TB disease is sick (has signs of the illness- coughing, with or without blood tinged sputum, weight loss, night sweats, fever, fatigue) and can spread the disease to others.

Security Management

Objectives

To increase your knowledge of:

- Identification badges
- Vehicle registration
- Stolen property
- General information security
- Contraband
- Violent behavior

Security Management

New Volunteers

New volunteers will be finger-printed in HRM/Police & Security using the Identix Touch Scanner. Finger Print Information will be sent directly to OPM.

**New volunteers must be fingerprinted prior to receiving their ID Badge.*

ID Badges

ID badges must be visibly worn by all employees at all times

Lost or Stolen Badges

If you are an existing volunteer and you have lost or had your ID stolen, contact the Voluntary Service to make arrangements for a new ID.

Security Management

Stolen Property

If you discover that a government owned or personally owned item is missing or stolen:

- Report it to your supervisor
- Then report it to the VA Police & Security Service

Information Security

- The Information Security Officer (ISO) is automatically informed via VistA Mailman when you access data on another employee or yourself in computer.
- You should not view data on anyone unless it is job related.

Security Management

Contraband

- Drugs
- Alcohol
- Weapons

It is illegal to bring contraband on campus.

If you see contraband, **report to VA Police & Security!**

Security Management

Violence

If you witness uncontrolled or violent behavior:

- Dial x2000
- CBOC Employees Dial 911

The Code 2000 Psychiatric Intervention team (x2000) is trained to respond to behavioral emergencies.

Protect Yourself

- Be aware of your surroundings
- Have your keys ready when leaving work and approaching your vehicle
- Stay in well lit areas
- Always secure your office and personal items.

Sexual Harassment

- The Department of Veterans Affairs has zero tolerance for Sexual Harassment in the workplace.
- Sexual Harassment is a form of sex discrimination that is a violation of Section 703 of Title VII of the Civil Rights Act of 1964.
- Sexual Harassment is unacceptable employee conduct in the workplace and will not be tolerated. All employees have the right to work in an environment free from Sexual Harassment.
- Sexual Harassment is an offensive abuse of power, it is not necessarily about sex. Both males and females can be victimized by sexual harassment.

Sexual Harassment

Definition of Sexual Harassment

Sexual harassment is unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitutes sexual harassment when submission to or rejection of this conduct is explicitly or implicitly affects an individual's employment, unreasonably interferes with an individual's work performance or creates an intimidating, hostile or offensive work environment. Sexual harassment is not limited to explicit demands for sexual favors. It also may include such actions as:

- sexually-oriented verbal kidding, teasing, or jokes;
- repeated sexual flirtations, advances or propositions;
- physical contact such as patting, hugging, pinching or brushing against another's body.

Sexual Harassment

Defining Sexual Harassment Behaviors

Sexually-oriented behavior has been found to include:

- Letters, telephone calls, magazines, pictures and objects of a sexual nature or content.
- Deliberate touching, brushing, cornering, pinching or leaning over a person.
- Suggestive looks, comments, gestures or whistles.
- Sexual jokes, teasing, remarks, and questions.
- Severe behavior is that which would be found to be objectionable to a “reasonable person” under similar circumstances.

Sexual Harassment

Examples of Sexual Harassment - Non-Verbal

- Suggestive or insulting sounds
- Leering or ogling
- Whistling

Examples of Sexual Harassment - Verbal

- Sexual Innuendoes
- Suggestive remarks
- Humor and jokes about sex or gender-specific traits
- Sexual propositions

Examples of Sexual Harassment - Physical

- Touching others
- Brushing the body
- Actual or attempted rape or assault

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Sexual Harassment

PREVENTING SEXUAL HARASSMENT

Prevention is the best tool for eliminating sexual harassment. An employer should take all steps necessary to prevent sexual harassment from occurring. Managers and Supervisors must watch for the potential for harassment and take all necessary steps to prevent harassment from occurring. However, if it does occur, the supervisors and managers must ensure the harassment is eliminated in a prompt and effective manner, minimizing the effects on the victim to the extent possible.

Sexual Harassment

Volunteer's Responsibilities & Conduct

Clearly inform those engaging in inappropriate sexually-oriented behavior that you find it objectionable, unwelcome and will not continue to tolerate it. Don't expect a supervisor or a co-worker to read your mind. Tell him/her how their conduct offends you.

Seek assistance promptly if you are the target of or observe severe or repeated instances of behavior that you believe qualifies as sexual harassment.

Document instances of alleged sexual harassment, date and time of the act, any persons present when the alleged incident occurred and a description of the action involved or the comments made.

Sexual Harassment

Warning Signs of Sexual Harassment

The display of sexually-oriented pictures, objects or written materials in office areas and on computers, both as search materials and screen savers.

- * Frequent jokes or statements in the workplace of a sexual nature.
- * Open use of sexual innuendo or pressure for dates.
- * Routine occurrences of sexually-oriented profanity.

Sexual Harassment

Potential Victims of Sexual Harassment

- Your co-worker or supervisor asks you out on a date. Although you refuse, the co-worker or supervisor continues to ask.
- Your co-worker starts each day with a sexual remark or a dirty joke. Your co-worker insists these are innocent comments but you find them objectionable.
- Your manager or supervisor told you it would be good for your career if you went out with him or her.
- In the place where you work, there are nude pictures or partially dressed models displayed and these pictures offend you.
- Your co-worker gives you sexually suggestive looks or makes gestures of sexual nature.
- Your co-worker asks you to have sex with him or her. You refuse. You have now found out that your co-worker is spreading rumors and gossip about you.
- While at work, your co-worker frequently massages your shoulders, grabs your waist and places an arm around you.

Diversity In The Workplace

Objectives

At the end of this module the learner will be able to:

- Define the term “diversity.”
- Identify the uniqueness of each person and the ways that people differ.
- Relate the challenges and opportunities of diversity.
- Have insight and increased awareness regarding the significance of diversity in today’s workplace.

Diversity In The Workplace

What is Diversity?

- Recognizing diversity: the rich tapestry of human experience in the many physical and socio-cultural contexts of the world;
- Growing in respect and tolerance of difference: where contact with otherness is enriching, challenging and stimulating;
- Acknowledging values in open debate and with a commitment to keep the dialogue going;
- Modeling values of respect and dignity which sustains and builds human capacity in all aspects of development

Source: The United Nations Educational, Scientific and Cultural Organization (UNESCO) founded on 16 November 1945.

Today

Today's American workforce is more like a tossed salad -- a variety of flavors, textures, colors and shapes. Voluntary Service has the distinction of being very diverse.

Diversity In The Workplace

Many things make each of us an individual.

These include:

- Appearance (gender, body size, skin color, hairstyle, clothing, etc.)
- Ethnicity and culture (customs, traditions, language, etc.)
- Age Differences
- Family life (values, family size, etc.)
- Religious, spiritual or philosophical beliefs
- Income or social status

What Makes Each Person Unique?

- Sexual preference
- Physical and mental abilities
- Life experiences
- Educational background

Diversity In The Workplace

People Differ in Many Ways.

For example, cultural background (including ethnicity) can influence the way people communicate through:

- Body language
- Listening
- Speaking
- Expressing opinions
- Working style

Diversity In The Workplace

Diversity: Challenges

- Getting used to differences
- Coordinating work styles
- Learning to communicate
- Developing flexibility
- Adapting to change
- Understanding disabilities

Diversity In The Workplace

Celebrate Diversity!

- Take pride in your own uniqueness.
- Welcome others as individuals with special qualities.
- Enjoy your similarities -- and your differences.

Compliance

What is Compliance?

Compliance is defined as an “ongoing effort to adhere to federal, state, and the healthcare system’s regulations. It is designed to detect, prevent, and correct any violations of the law or medical center policy, as well as to minimize organizational risk. “In simpler words, compliance is about **doing the right thing!**

Compliance

- **Key to Success**

The key to a successful compliance program, in which all employees play a role, is ongoing adherence to the highest standards of conduct and the development of a workable system in which employees are educated about compliance and participate in ongoing performance improvement.
- **What Must I Report?**

As an employee of the VA New York Harbor Health Care System, you are obligated to promptly report any conduct that you in good faith believe is illegal, unethical or abusive. You will not be penalized for raising a concern or issue when you do so in good faith. Potential issues or areas of concern include, but not limited to:
- **Vendor and Supplier Relationships**
 - Operational Business and Financial Integrity
 - Soliciting, Receiving, Providing or Offering Illegal Compensation
 - Conflicts of Interest, Duty of Loyalty, and Duty of Care
 - False Statements, Claims, and Representation
 - Research and Scientific Integrity
 - Coding and Billing Practices
 - Confidentiality of Medical Records

Compliance

How Do I Report A Compliance Issue?

- If you become aware of conduct that you believe is reportable under the Compliance and Business Integrity Program, or if you have a question regarding any past, present, or future conduct, several resources are available to you:
- Communicate with an immediate supervisor or manager
- Contact the Office of Compliance and Business Integrity Compliance Officer as follows:
 - **Kathy Gaine - BK Campus**
718-836-6600 x3566
 - **Maria Doyle - NY Campus**
212-686-7500 x3589
 - **Johanna Rubin - SA Campus**
718-298-8351
 - **Contact the VHA National CBI Helpline at**
1-866-842-4357

You may remain anonymous when reporting a compliance issue and a non-retaliation rule is honored. Compliance questions, inquiries and investigations are maintained in a central resource known as Compliance Inquiry Reporting and Tracking System (CITRS) which protects anonymity and confidentiality.

VA NY HARBOR HEALTHCARE SYSTEM ORIENTATION TEST

NAME: _____

DATE: _____

1. What number must be dialed to report a fire at the New York, Brooklyn and St. Albans Campuses?
 - a. 4000
 - b. 7000
 - c. 2000
 - d. 911

2. R.A.C.E. stands for
 - a. Run And Call Engineering or EMS
 - b. Rescue, Alarm, Contain, Extinguish or Evacuate
 - c. Rescue, Apprehend, Cuff, Escape

3. P.A.S.S. stands for
 - a. Pull, Arch, Stand, Stretch
 - b. Pull, Aim, Squeeze, Sweep
 - c. Pull, A, Short Stick

4. Who is responsible for safety?
 - a. Chief, Engineering Service
 - b. Safety Manager
 - c. Everyone
 - d. Associate Director

5. If you see a Safety Hazard you should:
 - a. First report it to your supervisor
 - b. Ignore it and assume someone else will report it
 - c. Report it to the Director
 - d. All of the above

VA NY HARBOR HEALTHCARE SYSTEM ORIENTATION TEST

NAME: _____

DATE: _____

6. In what color binder will you find the MSDS for your work area:
 - a. Green
 - b. Purple
 - c. Blue
 - d. Yellow

7. The single most important measure to reduce the transmission of microorganisms (germs) is:
 - a. Standard Precautions/Transmission -Based Isolation Precautions
 - b. Hepatitis B Vaccine
 - c. The use of appropriate PPE
 - d. Hand hygiene

8. Standard Precautions treats all blood and body fluids as if they are potentially infectious
 - a. True
 - b. False

9. Personal Protective Equipment (PPE)-gloves, gowns, masks, etc is equipment or clothing that protects you from contact with potentially infectious organisms.
 - a. True
 - b. False

10. This must be worn at all times and identifies you as a volunteer:
 - a. Clothes
 - b. ID Badges
 - c. Personal Protective Equipment
 - d. None of the above

VA NY HARBOR HEALTHCARE SYSTEM ORIENTATION TEST

NAME: _____

DATE: _____

11. Thefts of personal or government property should be reported to:
 - a. Do not report
 - b. Supervisor
 - c. Police & Security Service
 - d. Both b & c

12. It is alright to look up information about my medical record in the computer?
 - a. True
 - b. False

13. Which one of the following is considered Sexual Harassment?
 - a. Suggestive remarks
 - b. Sexual propositions
 - c. Leering
 - d. All of the above

14. If you are being sexually harassed ignore it.
 - a. True
 - b. False

15. Diversity has a positive influence on the organizations we work for and the customers we serve.
 - a. True
 - b. False

VHA Privacy Policy Training

Applicable Confidentiality Statutes and Regulations

- The following legal provisions govern the collection, use, maintenance, and disclosure of information from VHA records.
 - The Freedom of Information Act (FOIA) (5 U.S.C. 552)
 - The Privacy Act (5 U.S.C.552a)
 - 38 U.S.C 5701 - The VA Claims Confidentiality Statute
 - 38 U.S.C 7332 - Confidentiality of Drug Abuse, Alcoholism and Alcohol Abuse, Infection with the Human Immunodeficiency Virus, and Sickle Cell Anemia Medical Records
 - 38 U.S.C. 5705 - Confidentiality of Healthcare Quality Assurance Review Records
 - The HIPAA Privacy Rule, 45 C.F.R. Parts 160 and 164

Freedom of Information Act (FOIA)

- FOIA requires VHA to disclose VHA records, or portions of VHA records, to any person upon written request which describes the records that are sought. However, VHA may withhold records under one or more of the nine exemptions outlined in the Freedom of Information Act. Generally, VHA is not required to release individually-identifiable veteran information under FOIA.
- Contact your facility FOIA Officer if you receive, or have questions regarding, a FOIA request.

Privacy Act of 1974

- Provides for the confidentiality of personal information about an individual and is retrieved by the individual's name or other unique identifier, such as the SSN.
- Such information is contained in a system of records (SOR) and must be protected.
- Prohibits disclosure of any record contained in a SOR unless specifically authorized such as Routine Use or authorization.
- Provides rights to the individuals to whom the personal information pertains.
- Contact your facility Privacy Officer with questions regarding the Privacy Act and systems of records.

38 U.S.C 5701 (VA Claims Confidentiality Statute)

- Provides for the confidentiality of all VHA patient claimant information, with special protection for their names and home addresses.
- Provides for the same for information about their dependents.
- Prohibits disclosure of these names and addresses except as authorized by the Privacy Act.
- Does not apply to employee information

38 U.S.C 7332

Protected Information

- Provides for the confidentiality of Drug Abuse, Alcoholism and Alcohol Abuse, Infection with the Human Immunodeficiency Virus, and Sickle Cell Anemia medical records and health information.
- Prohibits use or disclosure with a few exceptions.
- Must have specific written authorization in order to disclose in most cases, including for treatment by non-VA provider.

38 U.S.C 5705

- Provides for the confidentiality of Healthcare Quality Assurance (QA) Review Records.
- Records created by VHA as part of a designated medical quality-assurance program are confidential and privileged.
- VHA Directive 2008-077 Quality Management and Patient Safety Activities That Can Generate Confidential Documents.
- Contact your facility Privacy Officer or Quality Manager for additional information.

Health Insurance Portability and Accountability Act (HIPAA)

VHA is the only covered entity

- Health Plans- individual and group plans that provide or pay the cost of medical care (VHA is a health plan)
- Health Care Clearinghouses- entities that process nonstandard information they receive from another entity into a standard format or data content (billing service)
- Health Care Providers- every health care provider, regardless of size, that conducts electronic health care transactions (e.g., billing, benefit inquiries, referral requests, etc. VHA is a health care provider)

Payment

- An activity undertaken by a health plan (like VHA's) to obtain premiums, to determine its responsibility for coverage, or to provide reimbursement for health care
- This could include pre-certification, utilization review or release of PHI to a third party insurance carrier for reimbursement.

Treatment

- The coordination or management of health care or related services by one or more health care providers
- This includes the coordination of health care by a health care provider with a third party, consultation between providers relating to a patient and the referral of a patient for health care from one health care provider to another

Health Care Operations

- Those activities which are deemed essential to the effective operation of a medical center
- These include conducting quality assessment and improvement activities, case management, reviewing competence or qualification of health care professionals, evaluating practitioner performance, legal services, business management, auditing and customer service evaluations

Relationship Between the Laws

- When conflicts arise between the laws and regulations:
 - The more stringent law or regulation applies for uses and disclosures
 - The one that affords the greatest rights to the individual applies for privacy rights
 - VHA Handbook takes into consideration all of the Privacy regulations and incorporates them into the VHA Handbook 1605.1
- In VHA we use VHA Directive 1605 VHA Privacy Program and VHA Handbook 1605.1, Privacy and Release of Information for policy guidance

Compliance with Privacy Policies

- All employees must conduct themselves in accordance with the rules of conduct concerning the disclosure or use of information.
- All employees and some contractors must sign the Rules of Behavior.
- VHA privacy policy is contained in VHA Directive 1605 and VHA Handbook 1605.1, Privacy and Release of Information.
- Failure to comply with privacy policies could lead to significant civil penalties for the agency and disciplinary or other adverse action or criminal penalties for the employee.

What is a Use?

- VHA employees must use or access information only as legally permissible (changes under HIPAA Privacy Rule)
- Use is defined as the sharing, employment, application, utilization, examination, or analysis of information within VHA

Fact Sheet: Use and/or Access of PHI and III by VHA Employees [January 2009, Vol. 09., No.1]

Use of Information

- VHA employees must comply with all six statutes and regulations, where applicable, when using, accessing or disclosing information.
- VHA employees may access information in order to perform their official duties related to the treatment of veterans, the payment for care provided by VHA and/or the health care operations of VHA.

What is a Disclosure?

- Privacy Act Definition: Disclosure is the release of information contained in a system of records to any person, or to another agency, by any means of communication to any person, or to another agency. This includes to employees of the agency.
- VA Definition: Disclosure is the release, transfer, provision of access to or divulging in any other manner information outside VA.

Incidental Disclosures

- Privacy policy allows for the following of incidental uses and disclosures of individually identifiable health information:
 - Posting patient names outside rooms
 - Pharmacy Bingo Boards (with limited information)
 - Patient sign-in sheets (no SSN or diagnoses)
 - Calling only the patient's name in a waiting area
 - Ward "white boards" (with limited information)
 - Curtains dividing treatment areas in emergency areas instead of separate rooms

Disclosures of Information

- VHA generally is not obligated to release information
- The general rule is that the use or disclosure of protected health information is prohibited unless authorized by all applicable confidentiality statutes and rules. Commonly permitted disclosures include:
 - For treatment, payment or health care operations
 - Authorized by the patient, or
 - Required for public health and/or certain law enforcement purposes, or
 - Where required by law, including pursuant to a qualifying court order.

What can be Disclosed?

- Under some circumstances, it is necessary for non-ROI staff to release information. Written requests must be obtained from the requestor so that these can be accounted for in the ROI software.
- Clinicians may provide information directly to a patient for purposes of patient education without obtaining a written request

Authorization Requirements

- Any authorization for release of medical information must be in writing and contain all required elements. Verbal authorizations are unacceptable under applicable Federal law.
- Most requests for records should be processed by the Release of Information (ROI) Unit.
- VA Form 10-5345 Request for and Authorization to Release Medical Records or Health Information meets the authorization requirements.
- VA Form 10-5345a Individuals Request for a Copy of their Health Information meets the written request requirement when veterans request copies of their own health information.

Exception for the Need of an Authorization

- There are situations where a disclosure may be made without an authorization. For example, Public Health Reporting.
 - Disclosure to Public Health Authorities charged with protection of the public may be done only with a standing written request or other applicable legal authority.
- Contact your facility Privacy Officer for additional information on situations where an authorization is not required.

Types of VA Research

- Non-human research: almost always NOT sensitive (*some rare exceptions*)
 - Animal data
 - Laboratory data without human identifiers
- Human subjects data:
 - Primary data (individual subjects) is usually sensitive, with varying degrees of risk
 - *Aggregate data is NOT sensitive*
- Manuscripts and Grants/Protocols:
 - Not considered sensitive from the organization's perspective

Various Research Committees

- Research & Development Committee (R&D)
 - Advises Medical Center Director whether research should be conducted
- Institutional Review Board (IRB) Committee
 - Review all research involving human subjects both initial and continuing reviews (at least annually)
- Data Monitoring Committee (DMC)
 - Advises the sponsor regarding the continuing safety of the research project's subjects and validity and scientific merit of the project

Research

- VA Research requests must have approval from the Research & Development Committee and an Institutional Review Board (IRB).
- Because the privacy requirements to use health information for research are complex, the facility Privacy Officer or Research Compliance Officer should be contacted for assistance.
- For further information review VHA Handbook 1605.1 Privacy and Release of Information, paragraph 13.

Minimum Necessary Standard

- Requests for, and disclosures of, health information must be limited to only the minimum amount necessary to accomplish the needed purpose.
- Healthcare providers must be given what is needed for treatment of the individual which includes continuity of care.
- For other than treatment purposes, VHA employees are authorized access to protected health information (PHI) to perform their official VHA duties, however they may only have access to the minimum necessary PHI to perform their VHA duties
- Contact your facility Privacy Office for more information.

Functional Categories

- **All VHA personnel must be classified into at least one functional category based on the duties and responsibilities of the individual.**
 - VHA Handbook 1605.2, Minimum Necessary Standard for Protected Health Information, Appendix A contains Functional Categories

Facility Directory Opt Out

- Except in limited circumstances, a VHA facility will ask a patient upon admission whether s/he wishes to be in the Patient Facility Directory.
- If the patient does not object, the facility may tell anyone who asks for the patient by name the patient's name, location and general medical condition.
- If the patient objects to inclusion in the Directory, the facility identifies the patient by “!” on Gains and Losses report and in VistA Patient Inquiry, and cannot release any information whatsoever to anyone who asks for the patient— say, “I am sorry but I have no information that I can give you whether Mr. X is a patient.”
- Patients may change their mind about being in the Directory at any time during their admission.

Facility Directory Opt Out

- Individuals may request exclusion from the Facility Directory during each inpatient admission, in accordance with CBO Procedure Guide 1601B.02, Inpatient Care (Chapter 2, Section E.4)
- The facility Directory Opt-Out provision does not apply to Emergency Rooms unless the patient is going to be admitted to an inpatient setting. The facility Directory Opt-Out provision does not apply to outpatient clinics.

Veteran's Privacy Rights

- VA patients have several Privacy Rights in their VHA patient records, including the right to:
 - Receive a notice of VHA's privacy practices,
 - Request access to his/her VHA medical records,
 - Request restrictions on VHA's use and disclosure of the records,
 - Request that VHA amend the medical records,
 - Request an accounting of VHA's disclosures of the records,
 - Ask VHA to communicate with the patient about his medical care in certain agreed methods, and
 - File a complaint about any VHA conduct with the patient's PHI that the patient believes violates the HIPAA Privacy and Security Rules.

Notice of Privacy Practices: VHA must notify veterans in writing how they may use or disclose their health information, how they may exercise their privacy rights and how they may submit privacy complaints. (HIPAA Privacy Rule) VHA completed the revised mail out of the Notice of Privacy Practices in June 2009.

Veterans' Right to Request Restrictions

- Restrictions: Veterans have the RIGHT to request restrictions on the use and disclosure of their protected health information
- The request must be in writing and signed by the veteran; however, VHA is not required to grant restriction requests. You are to follow the procedure in VHA for processing requests for restrictions. In most cases, such requests will be denied. If granted, disclosure can occur only for purposes of treating the individual in a medical emergency.
- Restriction request denials do not receive appeal rights to the Office of General Counsel.

Veterans' Amendment Right

- Amendments: The veteran has the RIGHT to request an amendment to any information in his/her record
- The request must be in writing and adequately describe the specific information the veteran believes to be inaccurate, incomplete, irrelevant or untimely, as well as the reason for this belief. The request must be signed.
- Individuals have the right to request amendment of their records under the:
 - Privacy Act when the records are not accurate, timely, complete and/or relevant; and
 - HIPAA Privacy Rule when the records are not accurate or complete
- Privacy Act affords the individual more rights, so it is used to determine when to grant an amendment
- Veteran has right to appeal an agency denial decision in full or in part to the Office of General Counsel

Right of Access

- Each agency that maintains a system of records shall; upon request by any individual to gain access to his record or to any information pertaining to him which is contained in the system, permit him to review the record and have a copy made of all or any portion thereof in a form comprehensible to him. [5 U.S.C. 552a(d)(1)]

Veterans' Accounting of Disclosure Right

- Accounting of Disclosures: A veteran may request a list of all disclosures of information, both written and oral, from records pertaining to the individual
- The facility is required to keep an accurate accounting for each disclosure of a record to any person or to another agency
- Accountings are not required when the information being requested is for performance of official VA employee duties
- Access log requests are not considered an accounting of disclosure. However, an accounting of disclosure is required if an access log is requested and disclosed.

Veterans' Request for Confidential Communications

- Confidential Communications: An individual has the RIGHT to request and receive communications confidentially by an alternative means (in person) or at an alternative location (address other than the individual's permanent address)
- It is not appropriate to honor a request to receive communications via e-mail
- Written request is not required
- New VHA Directive 2009-013 – Confidential Communications

Veterans' Right to File a Complaint

- Right to File a Complaint:
Patients may file a written complaint with the facility Privacy Officer, the Office of Inspector General, the VHA Privacy Office or with the Department of Health and Human Services, Office of Civil Rights
- The facility must respond in writing to the complainant and put the information into the Privacy Violation Tracking System (PVTs)

**Department of Health and Human
Services (HHS)
Office for Civil Rights (OCR)**

- If a VHA facility receives a complaint directly from the Department of Health and Human Services (HHS) Office for Civil Rights, contact the facility Privacy Officer immediately.
- The facility Privacy Officer will contact the VHA Privacy Office.
- The VHA Privacy Office will coordinate all responses to a HHS OCR complaint.

Training

- All VHA personnel including employees, volunteers, and students must be trained, at least annually, on privacy policies to include the requirements of Federal privacy and information laws, regulations, and VHA policy
- New personnel must be trained within 30 days of employment unless facility has implemented a more stringent policy (i.e. training prior to CPRS access)
- VA health care facilities must track completion of privacy training and be prepared to report privacy training completion figures to the VHA Privacy Office
- All training must be completed by the LMS anniversary date

Penalties

- Civil penalties: \$100 per violation, up to \$25,000 per person, per year for all violations of a requirement.
- Criminal penalties for knowing violations include:
 - Up to \$50,000 and one year in federal prison.
 - Under “false pretenses” – up to \$100,000 and up to five years in federal prison.
 - “Intent to sell, transfer or use” – up to \$250,000 and up to 10 years in federal prison.
- In addition to the penalties listed above

who violate any of the applicable legal provisions.

Operational Privacy Issues

- Faxes: Information may only be faxed when:
 - No other means exists to provide the requested information in a reasonable manner or time frame;
 - The fax machine is in a secure location; and
 - Reasonable steps have been taken to ensure the fax transmission is sent to the appropriate destination.
- Email: No protected health information (PHI) should be sent unencrypted via Outlook. PHI should be encrypted prior to transmission by using VHA-approved means. Refer to VA Handbook 6500 for additional guidance.

Reasonable Safeguards

- Computer security:
 - Log off or lock work station when away from desk or office
 - Turn computer screen/monitor so it is not visible by people passing by
 - Secure passwords
- Office Security:
 - Protect information that is on your desk
 - Lock doors to rooms containing medical records
 - Lock file cabinets containing health information or other individually identifiable information (employee or veteran)
- Document Shredding: NO protected health information should be discarded in regular wastebaskets. All confidential information should be shredded to ensure patient privacy.
- Open Discussions: Absolutely NO health information should be the topic of discussion outside the clinical setting. This includes in places such as the hallway, the canteen, elevators or the parking lot.

Additional Guidance

- Organ Procurement Organizations (OPO)
 - New legislative and regulatory authority in Federal Register/Vol. 73, No. 213/Monday, November 3, 2008, and effective this same date
 - Provides specific authority under 38 USC §5701(k) and 38 USC §7332(b)(2)(E) to release the name and address along with any protected 38 USC §7332 protected health information
 - For additional guidance see the facility Privacy Officer

Accessing Employee Health Information

An employee cannot access another employee's health information without an authorization unless the information is needed to perform their official duties and it is for payment, treatment or health care operations.

Office of General Counsel Advisory (OGC) Advisory 80-90

There is NO authority under the HIPAA Privacy Rule for the disclosure of a VA employee's medical record to management or personnel officials for disciplinary investigation purposes without prior written authorization.

Accessing Patient Health Information (PHI)

- Employees are not permitted to use their VA access to provide veteran patient health information (PHI) to an outside attorney in support of an employee's personnel grievance.
- It is also not permitted to share veteran's PHI with the Union or the EEOC in support of a personnel grievance as this becomes a privacy violation.
- If EEOC requires a Veteran's PHI, they will contact the facility Privacy Officer or the ROI Department.

Course Completion

I _____ certify that I
have read this document in full.

Date _____