



**College of Nursing and
Health Professions**

2018-19

CNHP Handbook

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Welcome

Welcome to the 2018-2019 CNHP Handbook. This handbook is a compilation of selected policies and guidelines that apply to all students, faculty, and staff in the College of Nursing and Health Profession.

We have attempted to not duplicate university policies by directing you within this handbook to the university website as applicable. This handbook is in addition to the student and faculty handbooks addressing specific programs. The intent of this handbook is not to duplicate policies and guidelines within the program handbooks but provide consistency across CNHP programs on selected USI and CNHP policy statements.

I encourage each of you to review the statements in this handbook.

Ann H. White
Dean, College of Nursing and Health Profession

August 2018

FERPA

The Family Educational Rights and Privacy Act (FERPA) affords students certain rights with respect to their education records. FERPA guidelines may be found at this USI website:

<https://www.usi.edu/registrar/academic-records/privacy/ferpa-guidelines-for-faculty-and-staff>

Faculty and staff should keep these guidelines in mind when dealing with all student information.

Child Protection Policy

The University of Southern Indiana ("University") is committed to taking appropriate measures to ensure the safety and well-being of children [under Indiana law, a child is anyone who is not yet 18 years of age] participating in University-related activities and to report instances of suspected or known child abuse or neglect as required by law.

This Policy applies to: 1) all employees and volunteers of the University or University-affiliated organizations, regardless of the funding source, 2) organizations unrelated to the University that utilize University owned and leased facilities for programs which involve children, and 3) all students, with respect to conduct requirements.

The reporting requirements of this Policy apply to all students who interact with children as part of their academic program or work-related duties, whether on or off University owned or leased property.

The USI Child Protection Policy may be found at this USI website.

<http://www.usi.edu/policies/child-protection-policy>

CNHP Social Media Policy

College of Nursing and Health Professions

Social Media Policy

Approved August 2015

The use of social media has grown exponentially in the last decade and continues to reshape how society communicates and shares information. Social media can have many positive uses in health care; it can be used to establish professional connections, share best practices in providing evidenced based care, and educate professionals and patients. However, communication about professional issues can cross the line and violate patients' privacy and confidentiality, whether done intentionally or not. Health professionals, including students in health profession disciplines, have a legal and ethical obligation to protect the privacy and confidentiality of each patient's health information and privacy. The unauthorized or improper disclosure of this information, in any form, violates state and federal law and may result in civil and criminal penalties. Health professionals, including students in health care profession disciplines, have an obligation to respect and guard each patient's privacy and confidentiality at all times.

Postings on social media sites must never be considered private, regardless of privacy settings. Any social media communication or post has the potential to become accessible to people outside of the intended audience and must be considered public. Once posted, the individual who posted the information has no control over how the information will be used. Students should never assume information is private or will not be shared with an unintended audience. Search engines can find posts, even when deleted, years after the original post. Never assume that deleted information is no longer available.

Policy

- Patients (and their families) and clinical experiences with patients must **never** be discussed on any social media site. A patient's identifying information is only to be discussed with faculty and other health care providers who have a need to know and have a role in the patient's care. Discussion of a patient's case may occur with faculty and peers in a course related assignment in a place where such discussion can't be heard by people who are not involved in the clinical experience. Patients (and their families) are never to be discussed in a negative manner. At no time during course discussions is the patient to be identified by name or any other personally identifying information such as any relationship to the student. Students are prohibited from using any form of social media to discuss patients, their families or any of their patients/ families medical or health care information.
- No photos or videos of clients/patients (and their families) or of any client/patient health records may be taken on any personal electronic devices (such as, but not

limited to, cameras, smartphones and tablets), **even if** the patient gives you permission.

- No photos or videos of patients/clients (and their families) or clinical field work or internships may be taken on personal electronic devices (such as, but not limited to, cameras, smartphones and tablets), unless the video or photo is a specific requirement of the internship experience and is requested in writing by an authorized representative of the clinical site.
- Students may not post messages that: incite imminent lawless action, are a serious expression of intent to inflict bodily harm upon a person, are unlawful harassment, are a violation of any law prohibiting discrimination, are defamatory or are otherwise unlawful.
- Students are prohibited from uploading tests/quizzes, faculty generated presentations, or faculty information to any website.
- Students are prohibited from claiming or even implying that they are speaking on behalf of the University.

Sanctions

- Violations of patient privacy will be subject to the policies outlined in the University's Student Rights and Responsibilities: A Code of Student Behavior Handbook and HIPAA procedures/guidelines and sanctions.
- Students may be subject to disciplinary action if they:
 - violate University policy or HIPAA regulations;
 - share any confidential patient and/or University-related information;
 - make what the University considers to be unprofessional or disparaging comments or posts related to patients (their families), students and employees of third party organizations which provide clinical experiences for University students.

Academic Integrity Policy

Academic integrity is an expected behavior of all students. Academic dishonesty may include, but is not limited to, cheating, plagiarism, fabrication, and knowingly assisting others in an act of academic dishonesty. Students who engage in academic dishonesty in any form, even as a first offense, place themselves in jeopardy of receiving a failing grade for the assignment or course and/or removal from the program.

The university policy on academic integrity is found at

<http://www.usi.edu/media/3379739/Academic-Integrity-Policy-Interim-Fall-2014.pdf>

Overview of Clinical/Fieldwork/Internship Expectations

All CNHP students involved in clinical, fieldwork, and/or internship experiences are required to provide documentation of required immunizations, criminal background check, and drug screening. The CNHP uses CastleBranch as a secure online system for student submission of documentation and faculty monitoring of results.

Each CNHP academic program has specific guidelines as to the required immunizations, criminal background check, and drug screening. These guidelines are found in the student handbook for that program. Each student should verify the expectations of the program of interest. Failure to comply with the CNHP program expectations may jeopardize continuation in the program.

Criminal Background Check and Drug Screen

Approved: January 2016

To ensure that students in professional programs in the College of Nursing and Health Professions uphold the professional standards, integrity, and behavior expectations of their discipline, all students are required to obtain a satisfactory national background check and drug screen.

Criminal Background Check: Prior to professional coursework, clinical/field placement, or internship/practicum, students must undergo a national criminal background check through the College's approved service provider. Information regarding criminal offense or conviction gathered as a result of a background investigation may result in denial of admission, dismissal or other action as determined by the program or College of Nursing and Health Professions. This includes, but is not limited to:

- Any criminal offense or conviction affecting licensing by the Indiana Professional Licensing Agency and similar laws in other states.
- Any criminal offense or conviction affecting practice as determined by national professional standards of the discipline.
- Any criminal offense or conviction which, in the opinion of the College, affects the individual's ability to perform the duties of the profession.
- Any criminal offense or conviction which, in the opinion of the College, would affect internship/practicum assignment or clinical/field placement.
- Any act, offense, or conviction which, in the opinion of the College, would prevent the individual from being entrusted to serve the public in a specific capacity.

Drug Screen: Prior to professional coursework, clinical/field placement, or internship/practicum, students must undergo a drug screen. Drug screens conducted through the College's approved service provider are 10 panel drug screens (Amphetamines, Barbiturate, Cocaine, Cannabinoids, Methaqualone, Opiates, Phencyclidine, Benzodiazepines, Methadone, and Propoxyphene). Drug screens other than those conducted through the College's approved service provider must be a minimum of 7 panel and have been done within 3 months prior to professional coursework, clinical/field placement, or internship. Drug screens with any positive final results will result in the denial of admission, dismissal or other action as determined by the program or College of Nursing and Health Professions. Students with positive drug screen testing are ineligible to apply to any program in the College of Nursing and Health Professions for a period of one year from the date of last application.

Essential Functions

Essential functions are those physical, mental, and psychosocial characteristics that are necessary to meet the clinical/practice/fieldwork expectations for the College of Nursing and Health Professions programs. Becoming a healthcare professional requires the completion of an education program that is both intellectually and physically challenging. The purpose of this statement is to articulate the essential function requirements of the CNHP programs in a way that allows students to compare their own capabilities against these demands.

There are times when reasonable accommodations can be made in order to assist a student with a disability. Reasonable accommodation does not mean that students with disabilities will be exempt from certain tasks; it does mean that we will work with students with disabilities to determine whether there are ways that we can assist the student toward completion of the tasks.

Motor Skills

- Ability to independently manipulate and guide weights up to 50 pounds
- Ability to move about freely and maneuver in small spaces
- Tolerate regular changes of physical position, both stationary and mobile, for extended (8-12 hour shift) periods of time
- Possess skills to independently handle and operate a range of items, devices or equipment
- Maintain a stable physical position
- Agility to respond in an emergency situation

Communication Skills

- Process, comprehend and communicate information effectively, clearly, in a timely manner, in the English language, and with individuals from various social, emotional, cultural, and intellectual backgrounds.

Cognitive/Critical Thinking Skills

- Collect, measure, calculate, analyze, interpret, and apply information
- Exercise good judgment in a variety of settings
- Ability to set priorities and manage time effectively

Interpersonal and Behavioral Skills

- Establish and maintain professional working relationships
- Apply conflict management and problem solving strategies
- Demonstrate professional, ethical, and legal behavior
- Demonstrate appropriate maturity, stability, and empathy to establish effective and harmonious relationships in diverse settings
- Demonstrate flexibility and ability to adapt to change
- Maintain self-control in potentially stressful environments
- Comply with professional standards regardless of circumstance

Sensory Skills

Uses all available senses to collect data regarding patient status and provide patient care



College of Nursing and Health Professions

Infection Control Policy

Academic Year 2018-2019

REVISED May 2014 / October 2015/ May 2016/No revisions for May 2017/Revised May 2018

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Introduction

Protecting health care professions students from exposures to pathogenic microorganisms is a critical component of the clinical education environment. Clinical situations present the possibility for contact with blood, body fluid, or biological agents which pose infectious disease risk, particularly risk associated with the hepatitis B virus, hepatitis C virus, the human immunodeficiency virus, and tuberculosis.

Medical histories and examinations cannot identify all clients infected with pathogens. Therefore, the concept of **STANDARD PRECAUTIONS** is to be practiced with all clients during treatment and post-treatment procedures. Standard precautions encompass the standard of care designed to protect health care providers and clients from pathogens that may be spread by blood or any other body fluid, excretion, or secretion. Clients must be protected from disease transmission which can occur via contaminated hands, instruments, and other items. Use of appropriate infection control procedures will minimize this risk of transmission.

Guidelines for reducing risk of disease transmission have been issued by many health related organizations. The *Bloodborne Pathogens Standard* issued through the Federal Occupational Safety and Health Administration along with recommendations from the Centers for Disease Control and Prevention, (CDC), provide the basis for the University of Southern Indiana College of Nursing and Health Professions *Infection Control Policy* developed by the College of Nursing and Health Professions Infection Control and HIPAA Committee.

The policies and procedures contained in the *Infection Control Policy* are designed to prevent transmission of pathogens and must be adhered to by all students and faculty in the College of Nursing and Health Professions when participating in clinical education experiences where the potential for contact with blood or other potentially infectious materials (OPIM) exists. These experiences include clinical practice on peers. The goal of the *Infection Control Policy* is to provide procedures and guidelines to be used by students to prevent transmission of infectious diseases while participating in clinical/laboratory activities while enrolled as a student in the College of Nursing and Health Professions.

Exposure to infectious diseases is an integral part of practicing as a health care professional (HCP). All students must recognize and accept this risk in order to complete their education and participate fully in their chosen career. Students may not refuse to care for a client solely because the client has an infectious disease or is at risk of contracting an infectious disease such as HIV, AIDS, HBV, HCV, or TB. **PROFESSIONAL STANDARDS OF INDIVIDUAL DISCIPLINES MAY NECESSITATE EXCEPTIONS TO THE PRECEDING STATEMENT.**

All information regarding a client's medical status is considered confidential and shall be used for treatment purposes only. No information about the client's medical status will be disclosed or reported without the client's express written consent, except in those cases as stipulated by law.

The curriculum of each program in the College of Nursing and Health Professions includes information regarding the etiology, symptoms, and transmission of infectious diseases, as well as specific methods of preventing disease transmission to be utilized in various clinical sites. This information will be provided to the student prior to initiation of clinical experiences.

Information contained in the *Infection Control Policy* will be reviewed with students on an annual basis or more often if changes in content occur.

The College of Nursing and Health Professions Infection Control and HIPAA Committee will review the *Infection Control Policy* annually and will make revisions as additional information becomes available that impacts content. The Committee will also evaluate exposure incidents to determine the need for modification of the *Infection Control Policy* policies/procedures.

Medical Evaluation, Immunizations, and Record Keeping

All students admitted to a clinical program in the College of Nursing and Health Professions are required to undergo comprehensive medical evaluation prior to enrolling in professional courses.

Vaccines Recommendations

Adapted from Immunization Coalition www.immunize.org

Vaccine	Recommendations in brief
Hepatitis B	Give 3-dose series (dose #1 now, #2 in 1 month. #3 approximately 5 months after #2). Give IM. Obtain anti-HBs serologic testing 1-2 months after dose #3.
Influenza	Give 1 dose of influenza vaccine annually. Give inactivated injectable influenza vaccine intramuscularly or live attenuated influenza vaccine (LAIV) intranasally.
MMR	For healthcare personnel (HCP) born in 1957 or later without serologic evidence of immunity or prior vaccination, give 2 doses of MMR, 4 weeks apart. For HCP born prior to 1957, see below. Give SC.
Varicella (chickenpox)	For HCP who have no serologic proof of immunity, prior vaccination, or history of varicella disease, give 2 doses of varicella vaccine, 4 weeks apart. Give SC.
Tetanus, diphtheria, pertussis	Give a one-time dose of Tdap as soon as feasible to all HCP who have not received Tdap previously. Give Td boosters every 10 years thereafter. Give IM.
Meningococcal	Give 1 dose to microbiologists who are routinely exposed to isolates of <i>N. meningitidis</i> . Give IM or SC.

Hepatitis A, typhoid, and polio vaccines are not routinely recommended for HCP who may have on-the-job exposure to fecal material

Hepatitis B

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6210a1.htm>

Vaccination

All HCP whose work-, training-, and volunteer-related activities involve reasonably anticipated risk for exposure to blood or body fluids should be vaccinated with a complete, ≥3-dose HepB vaccine series. OSHA mandates that vaccination be available for employees within 10 days of initial assignment. HCP trainees should complete the series before the potential for exposure

with blood or body fluids, when possible, as higher risk has been reported during professional training (e.g., residency training).

Incompletely vaccinated HCP should receive additional dose(s) to complete the vaccine series. The vaccine series does not need to be restarted for HCP with an incomplete series; however, minimum dosing intervals should be heeded. Minimum dosing intervals are 4 weeks between the first and second dose, 8 weeks between the second and third dose, and 16 weeks between the first and third dose.

HCP lacking documentation of HepB vaccination should be considered unvaccinated (when documentation for HepB vaccine doses is lacking) or incompletely vaccinated (when documentation for some HepB vaccine doses is lacking) and should receive additional doses to complete a documented HepB series. Health-care institutions are encouraged to seek documentation of "missing" HepB doses in IIS, when feasible, to avoid unnecessary vaccination.

Postvaccination Serologic Testing

HCP who have written documentation of a complete, ≥ 3 -dose HepB vaccine series and subsequent postvaccination anti-HBs ≥ 10 mIU/mL are considered hepatitis B immune. Immunocompetent persons have long-term protection against HBV and do not need further periodic testing to assess anti-HBs levels.

All HCP recently vaccinated or recently completing HepB vaccination who are at risk for occupational blood or body fluid exposure should undergo anti-HBs testing. Anti-HBs testing should be performed 1–2 months after administration of the last dose of the vaccine series when possible. HCP with documentation of a complete ≥ 3 -dose HepB vaccine series but no documentation of anti-HBs ≥ 10 mIU/mL who are at risk for occupational blood or body fluid exposure might undergo anti-HBs testing upon hire or matriculation. Testing should use a quantitative method that allows detection of the protective concentration of anti-HBs (≥ 10 mIU/mL) (e.g., enzyme-linked immunosorbent assay [ELISA]).

- Completely vaccinated HCP with anti-HBs ≥ 10 mIU/mL are considered hepatitis B immune. Immunocompetent persons have long-term protection and do not need further periodic testing to assess anti-HBs levels.
- Completely vaccinated HCP with anti-HBs < 10 mIU/mL should receive an additional dose of HepB vaccine, followed by anti-HBs testing 1–2 months later. HCP whose anti-HBs remains < 10 mIU/mL should receive 2 additional vaccine doses (usually 6 doses total), followed by repeat anti-HBs testing 1–2 months after the last dose. Alternatively, it might be more practical for very recently vaccinated HCP with anti-HBs < 10 mIU/mL to receive 3 consecutive additional doses of HepB vaccine (usually 6 doses total), followed by anti-HBs testing 1–2 months after the last dose.

Vaccine Nonresponders

Vaccinated HCP whose anti-HBs remains < 10 mIU/mL after revaccination (i.e., after receiving a total of 6 doses) should be tested for HBsAg and anti-HBc to determine infection status. Those determined not to be HBV infected (vaccine nonresponders) should be considered susceptible to HBV infection. No specific work restrictions are recommended for vaccine nonresponders

College of Nursing and Health Profession students should complete the Hepatitis B Nonresponder Acknowledgement Form in CastleBranch.

For non-responders: HCP who are non-responders should be considered susceptible to HBV and should be counseled regarding precautions to prevent HBV infection and the need to obtain HBIG prophylaxis for any known or probable parenteral exposure to hepatitis B surface antigen (HBsAg)-positive blood.¹ It is also possible that non-responders are persons who are HBsAg positive. Testing should be considered. HCP found to be HBsAg positive should be counseled and medically evaluated.

Note: Anti-HBs testing is not recommended routinely for previously vaccinated HCP who were not tested 1–2 months after their original vaccine series. These HCP should be tested for anti-HBs when they have an exposure to blood or body fluids. If found to be anti-HBs negative, the HCP should be treated as if susceptible.¹

Influenza

All students admitted to clinical programs and completing internships will receive annual vaccination against influenza. All HCP students participating in volunteer assignments should follow the guidelines of the facility. Live attenuated influenza vaccine (LAIV) may only be given to non-pregnant healthy HCP age 49 years and younger. Inactivated injectable influenza vaccine (TIV) is preferred over LAIV for HCP who are in close contact with severely immunosuppressed persons (e.g., stem cell transplant patients) when patients require protective isolation.

Measles, Mumps, Rubella (MMR)

<http://www.cdc.gov/measles/hcp/index.html>

HCP who work in medical facilities should be immune to measles, mumps, and rubella.

For healthcare personnel (HCP) born in 1957 or later without serologic evidence of immunity or prior vaccination, give 2 doses of MMR, 4 weeks apart. For HCP born prior to 1957, see below. Give subcutaneously.

- HCP born in 1957 or later can be considered immune to measles, mumps, or rubella only if they have documentation of (a) laboratory confirmation of disease or immunity or (b) appropriate vaccination against measles, mumps, and rubella (i.e., 2 doses of live measles and mumps vaccines given on or after the first birthday and separated by 28 days or more, and at least 1 dose of live rubella vaccine). HCP with 2 documented doses of MMR are not recommended to be serologically tested for immunity; but if they are tested and results are negative or equivocal for measles, mumps, and/or rubella, these HCP should be considered to have presumptive evidence of immunity to measles, mumps, and/or rubella and are not in need of additional MMR doses.

Although birth before 1957 generally is considered acceptable evidence of measles, mumps, and rubella immunity, 2 doses of MMR vaccine should be considered for unvaccinated HCP born before 1957 who do not have laboratory evidence of disease or immunity to measles and/or mumps. One dose of MMR vaccine should be considered for HCP with no laboratory evidence of disease or immunity to rubella. For these same HCP who do not have

evidence of immunity, 2 doses of MMR vaccine are recommended during an outbreak of measles or mumps and 1 dose during an outbreak of rubella.

Varicella

<http://www.cdc.gov/chickenpox/hcp/index.html>

It is recommended that all HCP be immune to varicella. Evidence of immunity in HCP includes documentation of 2 doses of varicella vaccine given at least 28 days apart, history of varicella or herpes zoster based on physician diagnosis and signature, laboratory evidence of immunity, or laboratory confirmation of disease.

Tetanus/Diphtheria/Pertussis (Td/Tdap)

<http://www.cdc.gov/vaccines/vpd-vac/tetanus/default.htm>

All adults who have completed a primary series of a tetanus/diphtheria-containing product (DTP, DTaP, DT, Td) should receive Td boosters every 10 years. HCP of all ages with direct patient contact should be given a 1-time dose of Tdap, with priority given to those having contact with infants younger than age 12 months.

References

www.vaccineinformation.org

<http://www.cdc.gov>

All students and faculty who have client contact are required to be immunized or provide documentation of laboratory confirmation of disease or immunity against varicella, mumps, measles, and rubella. All students and faculty who have client contact are required to be immunized against tetanus, pertussis and diphtheria, and to receive annual influenza immunization.

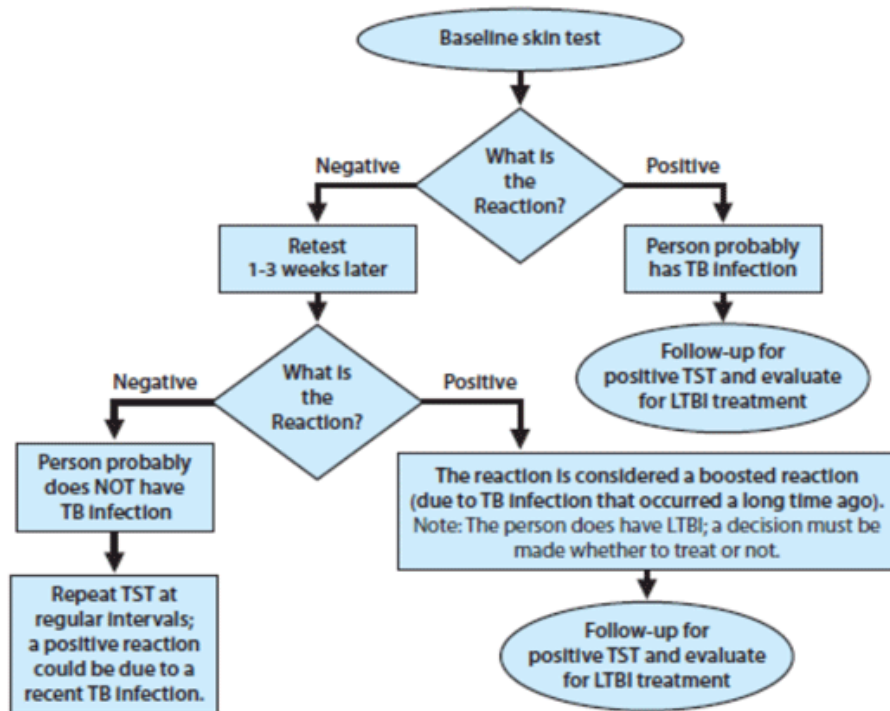
All students admitted to a clinical program in the College of Nursing and Health Professions will receive baseline TB screening within 12 months prior to admission, using two-step TST, a single BAMT to test for infection with *M. tuberculosis*, *t-Spot*, or quantiFERON Blood Gold Test.

Tuberculosis Exposure/Conversion

<http://www.cdc.gov/tb/topic/testing/healthcareworkers.htm>

A student or faculty who is exposed to tuberculosis or whose negative PPD test converts to positive, will be referred to the Vanderburgh County Public Health Department for evaluation.

Two-Step TST Testing



After baseline testing for infection with *M. tuberculosis*, HCPs should receive TB screening annually (i.e., symptom screen for all HCWs and testing for infection with *M. tuberculosis* for HCPs with baseline negative test results).

HCPs with a baseline positive or newly positive test result for *M. tuberculosis* infection or documentation of previous treatment for Latent Tuberculosis Infection (LTBI) or TB disease should receive one chest radiograph result to exclude TB disease. Instead of participating in serial testing, HCPs should receive a symptom screen annually. This screen should be accomplished by educating the HCP about symptoms of TB disease and instructing the HCP to report any such symptoms immediately to the occupational health unit. Treatment for LTBI should be considered in accordance with CDC guidelines.

Record Keeping

1. All records related to a student's medical status and program required documents will be maintained by CertifiedBackground.com also known as CastleBranch. Reports related to medical records and other documents will be available to program administrators.
2. The records will be maintained separately from all other student records.
3. The records will be maintained in a secured and confidential manner and will not be disclosed or reported without the student's express written consent.
4. Student workers will not have access to student or faculty medical records.

HIV Positive, HBV, or HCV Chronic Carrier Students and Faculty

- A. Students and faculty are encouraged to know their HIV, HbsAG, and anti-HCV status and report positive status to the Dean and the Infection Control and HIPAA Committee of the College of Nursing and Health Professions. Such individuals should consult with their health care provider to assess the risks of clinical practice to their health and to others. The health care provider should make written recommendations related to the student's education experience.
- B. All information regarding a student's medical status will be considered confidential and will not be disclosed or reported without the student's express written consent.
- C. A student's HIV, HBV and/or HCV status will not determine a student's opportunity to be admitted or progress in a program. The HIV, HBV, and/or HCV status will be considered only as it relates to: (1) the student's ability to safely carry out the normal assignments associated with the course of study and (2) the student's long term health.

Exposure Potential

- A. All HCP participating in clinical activities have the potential for skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials (contained in the following list) and will adhere to policies and procedures contained in the *Infection Control Policy*. Adherence is required without regard to the use of personal protective equipment.
- B. Other Potentially Infectious Materials (OPIM)
 - semen
 - vaginal secretions
 - cerebrospinal fluid
 - synovial fluid
 - pleural fluid
 - pericardial fluid
 - peritoneal fluid
 - amniotic fluid
 - breast milk
 - saliva/sputum
 - airborne infections
 - body fluids visibly contaminated with blood
 - any unfixed tissue or organ (other than intact skin) from a human (living or dead)
 - HIV containing cells or tissues cultures
 - HIV, HBV, or HCV containing culture medium or other solutions
 - blood, organs, or other tissues from experimental animals infected with HIV, HBV, or HCV

Percutaneous/Mucous Membrane Exposure to Blood or Other Potentially Infectious Materials (Exposure Incident)

- A. An exposure that might place HCP at risk for HIV infection is defined as a percutaneous injury (eg, a needlestick or cut with a sharp object) or contact of mucous membrane or non-intact skin (eg, exposed skin that is chapped, abraded, or afflicted with dermatitis) with blood, tissue, or other body fluids that are potentially infectious. In addition to blood and visibly bloody body fluids, semen and vaginal secretions are also considered potentially infectious. Although semen and vaginal secretions have been implicated in the sexual transmission of HIV, they have not been implicated in occupational transmission from patients to HCP. The following fluids are also considered potentially infectious: cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, and amniotic fluid.

Exposures are to be reported ***immediately***, (within 2 hours of the incident), by the student to the clinical instructor so that appropriate post-exposure procedures can be initiated. An exposure is considered an urgent medical concern. A delay in reporting/treatment of the incident may render recommended HIV post-exposure prophylaxis, (PEP), ineffective. If a delay occurs, (defined as later than 24-36 hours after the incident), it is advised that expert consultation for HIV/PEP be sought. **The clinical instructor will complete the agency incident report, the University Injury or Illness Report, and the College of Nursing and Health Professions Student Exposure Incident Report, and Acknowledgement of Refusal if applicable.** The completed college report and the university report will be submitted to the College of Nursing and Health Professions Infection Control and HIPAA Committee for review. The University report will be forwarded by the College of Nursing and Health Professions Infection Control and HIPAA Committee to appropriate University personnel. The clinical instructor will also notify the course coordinator and program administrator of the exposure incident.

- B. After a percutaneous or mucous membrane exposure to blood or body fluids, the student is to follow USPHS and clinical site policy for immediate post-exposure wound cleansing/infection prophylaxis such as cleansing the affected area with antimicrobial soap, irrigation of the eyes or mouth with large amounts of tap water or saline.
- C. The source client, if known, should be tested serologically for evidence of HIV, HbsAg and anti-HCV. HIV consent must be obtained from the source client prior to testing. Testing should be within 2 hours if at all possible.
- D. The exposed HCP will be referred for medical attention and counseling by a physician immediately.

Most current recommendations include:

- If source is unknown, the use of Post Exposure Prophylaxis (PEP) is to be decided on a case by case basis taking into consideration of exposure.
- If the source patient from whom the practitioner was exposed has a reasonable suspicion of HIV infection or is HIV positive and the practitioner anticipates that

hours or day may be required, antiretroviral medications should be started immediately.

- Severity of the exposure to determine the number of drugs to be offered should no longer be used.
- PEP should be stopped if source patient is determined HIV negative.
- The HCP should receive base-line testing for the HIV virus.
- Follow-up counseling should be within 72 hours of exposure with additional follow up in 6 and 12 weeks and again at 6 months.
- The full article: *Updated US Public Health Service Guidelines for the management of Occupational Exposures to Human Immunodeficiency Virus and Recommendations for Post-exposure Prophylaxis* can be read at:

<http://www.jstor.org/stable/10.1086/672271>

Hepatitis B Post Exposure Procedure

http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5516a3.htm?s_cid=rr5516a3_e

The following chart outlines the CDC recommendations for hepatitis B post-exposure prophylaxis following percutaneous exposure.

TABLE 4. Recommended postexposure prophylaxis for percutaneous or permucosal exposure to hepatitis B virus --- Advisory Committee on Immunization Practices, United States (2016)

Vaccination and antibody response status of exposed person	Source HBsAg-positive	Source HBsAg-negative	Source not tested or status unknown
Unvaccinated	HBIG x 1; initiate HB vaccine series	Initiate HB vaccine series	Initiate HB vaccine series
Previously vaccinated			
Known responder	No treatment	No treatment	No treatment
Known nonresponder			
After 3 doses	HBIG x 1 and initiate revaccination	No treatment	If known high-risk source, treat as if source were HBsAg-positive
After 6 doses	HBIG x 2 (separated by 1 month)	No treatment	If known high-risk source, treat as if source were HBsAg-positive
Antibody response unknown	Test exposed person for anti-HBs	No treatment	Test exposed person for anti-HBs

	If adequate, * no treatment If inadequate,* HBIG x 1 and vaccine booster		If adequate, * no treatment If inadequate,* initiate revaccination
--	---	--	---

Abbreviations: HBsAg = Hepatitis B surface antigen; HBIG = hepatitis B immune globulin; anti-HBs = antibody to hepatitis B surface antigen; HB = hepatitis B.

Source: Adapted from [CDC. A comprehensive immunization strategy to eliminate transmission of hepatitis B virus infection in the United States: recommendations of the Advisory Committee on Immunization Practices \(ACIP\). Part II: immunization of adults. MMWR 2006;55\(No. RR-16\).](#)

* A seroprotective (adequate) level of anti-HBs after completion of a vaccination series is defined as anti-HBs ≥ 10 mIU/mL; a response < 10 mIU/mL is inadequate and is not a reliable indicator of protection.

Hepatitis C Procedure

The following chart outlines the CDC recommendations for hepatitis C post-exposure prophylaxis following percutaneous exposure.

Exposed Individual	Source Client
Perform baseline testing for anti-HCV and alanine aminotransferase (ALT) activity	Perform testing for anti-HCV
Perform follow-up testing at 4-6 months for anti-HCV and ALT activity	

Additional Information

For additional information related to management of exposure incidents refer to:

http://www.cdc.gov/oralhealth/InfectionControl/faq/bloodborne_exposures.htm

National Clinicians' Post-exposure Prophylaxis Hotline:

<http://nccc.ucsf.edu/clinician-consultation/pep-post-exposure-prophylaxis/>

Needlestick Reference:

<http://www.cdc.gov/niosh/topics/bbp/emergnedl.html>

Immunization Action Coalition:

<http://immunize.org/>

<http://www.cdc.gov/vaccines/>

Morbidity and Mortality Weekly Report:

<http://www.cdc.gov/mmwr/index.html>

Methods of Reducing Potential for Exposure to Pathogens

Standard Precautions

Standard precautions refer to the prevention of contact with blood, all body fluids, secretions, and excretions except sweat, and must be used with every client. Exposure of non-intact skin and mucous membranes to these fluids must be avoided. All body fluids shall be considered potentially infectious materials.

Engineering and Work Practice Controls

Engineering and work practice controls shall be used to eliminate or minimize exposure to blood or OPIM. An example of an engineering control would include the use of safer medical devices, such as sharps with engineered sharps injury protection and needleless systems. Where potential exposure remains after institution of these controls, personal protective equipment shall also be used. The following engineering controls will be utilized:

1. Hand washing is a significant infection control measure which protects both the student and the client. Students will wash their hands before donning gloves and immediately or as soon as feasible after removal of gloves or other personal protective equipment. Students will wash hands and any other skin with soap and water or flush mucous membranes with water immediately or as soon as feasible following contact with blood or OPIM. No nail polish or artificial fingernails are allowed during clinical activities. Jewelry has the potential to harbor microorganisms. Refer to individual program handbooks for specific guidelines regarding wearing jewelry during clinical activities.
 - Alcohol-based hand sanitizers are the most effective products for reducing the number of germs on the hands of healthcare providers. Antiseptic soaps and detergents are the next most effective and non-antimicrobial soaps are the least effective.
 - When hands are not visibly dirty, alcohol-based hand sanitizers are the preferred method for cleaning your hands in the healthcare setting.
 - Soap and water are recommended for cleaning visibly dirty hands

During Routine Patient Care:

Wash with soap and water	Use an Alcohol-Based Hand Sanitizer
<ul style="list-style-type: none">• When hands are visibly dirty• After known or suspected exposure to <i>Clostridium difficile</i> if your facility is experiencing an outbreak or higher endemic rates• After known or suspected exposure to patients with infectious diarrhea during <i>norovirus</i> outbreaks• If exposure to <i>Bacillus anthracis</i> is suspected or proven• Before eating• After using a restroom	<ul style="list-style-type: none">• For everything else

<http://www.cdc.gov/handhygiene/index.html>

2. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in treatment areas or any other area where there is a reasonable likelihood of exposure to blood or OPIM.
3. Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on counter tops or bench tops where blood or OPIM are present.
4. All procedures involving blood or OPIM shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.
5. Mouth pipetting/suctioning of blood or OPIM is prohibited.
6. Sharps Management

Sharps are items that can penetrate skin and include injection needles, scalpel blades, suture needles, irrigation cannulas, instruments, and broken glass. It is recommended that the clinician select the safest medical device and/or technique available to help reduce needlesticks and other sharps injuries. The use of needles should be avoided where safe and effective alternatives are available.

 - All disposable contaminated sharps shall be disposed of immediately or as soon as feasible in closable, puncture resistant, leak proof on sides and bottom, and labeled containers. The container must be maintained in an upright position and must not be overfilled.
 - Sharps disposal containers must be readily accessible and located in reasonable proximity to the use of sharps.
 - Containers containing disposable contaminated sharps are not to be opened, emptied, or cleaned manually or in any other manner which could create a risk of percutaneous injury.
 - Contaminated needles and other contaminated sharps shall not be bent, sheared, recapped or removed unless no alternative is feasible or is required by a specific procedure. If recapping is necessary, a one handed technique or mechanical recapping device must be used.
 - Reusable contaminated sharps shall be placed in leak proof, puncture resistant, labeled containers while waiting to be processed.
 - Sharps containers must be closed before they are moved.
 - HCP are not to reach by hand into containers of contaminated sharps.
 - Contaminated broken glass should be picked up using mechanical means such as a brush and dust pan, tongs, or forceps.
 - Whenever possible, sharps with engineered sharps injury protection or needleless systems should be used.
7. Specimens of blood or OPIM shall be placed in a container which prevents leakage during collection, handling, processing, storage, transport, or shipping. The container must be closed before being stored, transported, or shipped. If outside contamination of the primary container occurs, or if the specimen could puncture the primary container, the primary container shall be placed within a secondary container which prevents

leakage, and/or resists puncture during handling, processing, storage, transport, or shipping.

8. Equipment Sterilization
 - a. Reusable heat stable instruments are to be sterilized by acceptable methods.
 - b. Heat sterilization equipment will be monitored for effectiveness and records will be maintained.
9. Equipment which may be contaminated with blood or OPIM shall be examined prior to servicing or shipping and shall be decontaminated as necessary. Equipment which has not been fully decontaminated must have a label attached with information about which parts remain contaminated.

Personal Protective Equipment

1. Personal protective equipment including gloves, gowns, laboratory coats, face masks, eye protection or face shields, resuscitation bags, pocket masks or other ventilation devices shall be used whenever there is the potential for exposure to blood or OPIM.
2. Personal protective equipment must not permit blood or OPIM to pass through to or reach the student's clothes, skin, eyes, mouth, or other mucous membranes.
3. All personal protective equipment must be removed prior to leaving the treatment area. When personal protective equipment is removed it shall be placed in an appropriately designated area or container for storage, washing, decontamination, or disposal.

Gloves

Gloves shall be worn in the following situations:

- when it can be reasonably anticipated that hands may contact blood, OPIM, mucous membranes, or non-intact skin.
- when performing vascular access.
- when handling or touching contaminated items or surfaces.

Disposable gloves

- shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.
- shall be replaced if excessive moisture develops beneath the glove.
- shall not be washed or decontaminated for re-use.
- if contaminated, must be covered by over gloves when handling non-contaminated items (e.g. client charts)

Utility gloves

- may be decontaminated for re-use if the integrity of the glove is not compromised.
- must be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

Masks

- Masks shall be changed between clients.
- Masks shall be changed when excessive moisture develops beneath the surface.

Eye Protection

- goggles or glasses with solid side shields, or chin length face shields, shall be worn whenever splashes, spray, spatter, aerosols, or droplets of blood or OPIM may be generated and eye, nose or mouth contamination can be reasonably anticipated.

Protective Body Clothing

- Appropriate protective clothing such as gowns, aprons, lab coats, clinic jackets, or similar outer garments shall be worn in potential exposure situations.
- Surgical caps or hoods and/or shoe covers or boots shall be worn in instances when gross contamination can reasonably be anticipated.
- Protective body clothing must be changed when visibly contaminated with blood or OPIM or if they become torn or punctured.

Housekeeping

Equipment and Environmental and Working Surfaces

- Contaminated work surfaces shall be decontaminated after completion of procedures using a tuberculocidal chemical disinfectant having an Environmental Protection Agency (EPA) registration number. Decontamination must occur between clients, immediately or as soon as feasible when surfaces are contaminated, or after any spill of blood or OPIM.
- Protective coverings, such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper used to cover equipment and surfaces are to be removed and replaced as soon as feasible when they become contaminated. Protective coverings do not replace decontamination with tuberculocidal chemical disinfectant.
- Reusable bins, pails, cans, and similar receptacles are to be regularly inspected for contamination with blood or OPIM and decontaminated as needed.

Infectious Waste Management

1. Infectious waste is defined as:
 - contaminated disposable sharps or contaminated objects that could potentially become contaminated sharps
 - infectious biological cultures, infectious associated biologicals, and infectious agent stock
 - pathological waste
 - blood and blood products in liquid and semi-liquid form
 - carcasses, body parts, blood and body fluids in liquid and semi-liquid form, and bedding of laboratory animals
 - other waste that has been intermingled with infectious waste

2. Infectious waste must be placed in labeled containers which are closable, constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping.
3. Containers must be closed prior to moving/removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping. If the outside of the container becomes contaminated it is to be placed in a second container which must have the same characteristics as the primary container.

Definitions of Terms/Abbreviations

AIDS

- Acquired Immune Deficiency Syndrome
- A disabling or life threatening illness caused by HIV (human immunodeficiency virus). It is the last stage on the long continuum of HIV infection and is characterized by opportunistic infections and/or cancers.

Anti-HBs - Hepatitis B Surface Antibody

- The presence of anti-HBs (hepatitis B surface antibodies) in an individual's blood indicates immunity to hepatitis B disease. This is the test used to indicate that a person has had a serologic response to hepatitis B immunization and has developed antibodies to the infection.

Anti-HCV – Hepatitis C antibody virus

- Indicates past or present infection with hepatitis C

CDC

- Centers for Disease Control and Prevention
- The branch of the U.S. Public Health Service whose primary responsibility is to propose, coordinate and evaluate changes in the surveillance of disease in the United States.

Delayed Report

- Not reporting an exposure incident until 24 hours or more hours following the exposure.

Exposure Incident

- A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

HBIG Hepatitis B Immune Globulin

- A type of vaccine administered in the event of an exposure to hepatitis B disease. The administration of this preparation confers a temporary (passive) immunity or raises the person's resistance to hepatitis B disease.

HBsAg - Hepatitis B Surface Antigen

- A surface antigen of the hepatitis B virus. Indicates potential infectivity.

HCP

- Health Care Personnel / Professional

HIV - Human Immunodeficiency Virus

- The organism that causes AIDS.

LTBI

- Latent Tuberculosis Infection

OPIM - Other Potentially Infectious Materials

- Materials other than human blood that carry the potential for transmitting pathogens.

PEP

- Post Exposure Prophylaxis

Standard Precautions

- Treating all clients as if they are infected with a transmissible disease.

Universal Precautions

- Treating all clients as if they are infected with a transmissible bloodborne disease.



College of Nursing and Health Professions

Management of Exposure Incidents

Any percutaneous (needle stick, cut, human bite, splash to non-intact skin, etc.) or mucous membrane (splash to eyes, lips, or mouth) exposure to blood, blood products, other body fluids, or air borne exposures must be reported immediately by the student to the clinical faculty so that appropriate post-exposure procedures can be initiated. The Public Health Services (PHS) recommends that treatment should be recommended to healthcare workers who experience occupational high-risk exposures. Please see the College of Nursing and Health Profession's Infection Control Manual for further information.

Management of Exposure Incidents Checklist

- ☐ For exposures other than air-borne exposures: The affected area was cleansed with antimicrobial soap. Water was run through glove if puncture was suspected. Eyes: The eyes were irrigated for one minute. Mouth: The mouth cleansed with tap water for fifteen minutes.
- ☐ Injury or Illness Report completed.
- ☐ Student Exposure Incident Report completed.
- ☐ Clinical Facility's Incident Report completed.
- ☐ Exposed student provided a copy of the Student Exposure Incident Report and sent by clinical faculty for treatment. (Refer to clinical site policy for exposure incident treatment.) *[For TB exposures, students will receive notice of exposure to suspected or active cases of TB through either the employee health department of the clinical facility where they were exposed or, in cases of active TB, through the county health department. Instructions for follow-up are provided by the notifying department.]*
- ☐ Source Patient Management: The source client, if known, should be serologically tested for evidence of HIV, HbsAg, and anti-HCV. *Please circle one:*

Source patient known and tested Source patient known and refused testing Source patient unknown Not applicable

Clinical Faculty Signature: _____ Date: _____

- ☐ The completed Injury or Illness Report, Student Exposure Incident Report and exposure check list returned to Clinical Coordinator within 24 hours or as soon as possible.

Clinical Coordinator Signature: _____ Date: _____

- ☐ Postexposure management/counseling completed. Students have the right to be counseled about exposure by university faculty if desired. *Please circle one:* Counseling completed Counseling denied

University Faculty Signature: _____ Date: _____



College of Nursing and Health Professions

Acknowledgement of Refusal to Seek Management of Exposure Incident

Any percutaneous (needlestick, cut, human bite, splash to non-intact skin, etc.) or mucous membrane (splash to eye, lips, or mouth) exposure to blood, blood products, body fluids, or airborne pathogens is to be reported immediately by the student to the clinical faculty so that appropriate post-exposure procedures can be initiated. The Public Health Services, (PHS), recommends that treatment should be recommended to healthcare workers who experience occupational high-risk exposures. Please refer to the College of Nursing and Health Professions Infection Control Policy.

I understand that I have been advised to seek prompt management of an exposure incident. At this time, I am refusing referral to a healthcare professional for recommendation regarding the need for evaluation and the need for chemoprophylaxis.

Date of Exposure Incident: _____ Time of Exposure Incident: _____

Institution where incident took place: _____

Summary of incident: _____

Student Name: _____

Student Signature: _____ Date/Time: _____

Advising Faculty: _____ Date: _____



College of Nursing and Health Professions

Student Exposure Incident Report

Exposed Student Information:

Program: _____

Student Name: _____ DOB: _____

Date Incident Occurred: _____ Time Incident Occurred: _____ Time Reported: _____ Does the student have a positive hepatitis B titer? ☐ yes ☐ no

Post-vaccination HBV antibody status, if known: ☐ positive ☐ negative ☐ unknown

Date of Last Tetanus Vaccination: _____ Date of Last Tuberculin Test: _____

Exposure Incident Information:

Agency/site where incident occurred (include specific unit): _____

Type of incident:

- ☐ needle stick
- ☐ instrument puncture
- ☐ bur laceration
- ☐ injury from other sharp object: _____
- ☐ blood/other body fluid splash or spray
- ☐ human bite
- ☐ other _____

Area of body exposed: _____

Type of body fluid/tissue/airborne pathogen exposed to: _____

Describe incident in detail: _____

What barriers were being used by the student when the incident occurred?

☐ gloves ☐ mask ☐ eye wear ☐ gown ☐ other _____

Source Patient Information:

Review of source patient medical history: ☐ yes ☐ no

Verbally questioned regarding:

History of hepatitis B, hepatitis C, or HIV infection ☐ yes ☐ no

High risk history associated with these diseases ☐ yes ☐ no

Patient consents to be tested for HBV, HCV, and HIV ☐ yes ☐ no

Referred to (name of evaluating healthcare professional/facility): _____

Incident report completed by: _____

Student Signature: _____ Date: _____

Post-exposure management/counseling:

Date: _____ Time: _____

Comments: _____

Counselor Signature: _____

University Injury of Illness Report Completed:

Signature: _____ Date: _____

Clinical Instructor Signature: _____ Date: _____

Student Acknowledgment:

I have reviewed and confirm the accuracy of the information contained in this report. I acknowledge that I have been referred for medical evaluation and may need to receive additional medical evaluation as prescribed by the physician. I authorize the release of the information related to this exposure incident for treatment, payment activities, and healthcare operations.

Student Signature: _____ Date: _____

**TO BE COMPLETED BY THE COLLEGE OF NURSING AND HEALTH PROFESSIONS
INFECTION CONTROL COMMITTEE**

Corrective action needed: _____

Has this action been taken? ☐ yes ☐ no

Is further investigation needed? ☐ yes ☐ no

Comments: _____

Signature: _____ Date: _____

Revised July 2005/May 2007/August 2007

Instructions for Completing the Injury or Illness Report

Print off the document below

OR

Proceed to electronic version to complete and print for your USI Department Chair

<http://www.usi.edu/riskmanagement/forms/accidentinjury-forms>

1. Completion of Forms

- a. Employee and Student Worker injury or illness will be completed by security and or student health services if first aid or medical treatment is needed. If first aid or additional medical treatment is not needed, this form is completed by the department head or supervisor and forwarded to human resources. The form should be completed and returned to Human Resources within 24 hours of occurrence.
- b. Student and Visitor (non-employee) injury or illness reports will always be completed by security and or Student Health Services.
- c. Acknowledgement of refusal to seek management of exposure incident must be completed if the person in question refuses to seek management of exposure incident.

2. Timeliness of Reporting

Any accidents or injuries which are reported late, i.e., not within a few hours of the occurrence, should be reported directly to the department head or supervisor, whom will then be responsible for completing the entire injury or illness report. The form should then be sent to Human Resources within 24 hours of the occurrence.

3. Distribution of Field Injury or Illness Reports

- a. Employee and Student Worker reports with sections A and B completed are to be sent (in whole) to Human Resources. Human Resources will then distribute copies to Security, Purchasing, Student Health Services, the Department Head or Supervisor, and the Vice President for business Affairs, while retaining a copy in Human Resources.

After the Department Head/ Supervisor receives the report from Human Resources with sections A and B completed, the Department Head/Supervisor should review the injury/accident situation, complete section C on the report, and return it to human resources.

- b. Student and Visitor reports retained in Student Health Services (if not Originating in this department, the report should be sent there.) Copies are distributed by Student Health Services to the Security and Purchasing departments.



ACCIDENT / INJURY INVESTIGATION REPORT

UNIVERSITY OF SOUTHERN INDIANA



Form revised 5/1/15

MUST BE COMPLETED AND RETURNED WITHIN 24 HOURS OF ACCIDENT

☐ Employee

☐ Student Worker

☐ Student

☐ Visitor

☐ Volunteer

Date of Report

Time of Report

☐ A.M. ☐ P.M.

INJURED PERSON INFORMATION

Name of Injured

☐ Male ☐ Female

Permanent Address

City

State

Zip

Date of Birth

USI Employee ID #

Telephone: Home
/ Cell

Telephone: Work

Department

Job Title

Number of hours scheduled to work per week

WITNESS INFORMATION

Name(s) of Witness

Telephone: Home
/ Cell

Telephone: Work

STATEMENT OF INJURED PERSON OR WITNESS

Date of Accident

Time of Accident

☐ A.M. ☐ P.M.

Location of Accident

Type of Injury
(e.g., strain, laceration)

Cause of Injury
(e.g., slip/fall, lifting)

Part of Body Affected
(e.g., arm, leg, back)

Description of
Accident

Is Treatment being
sought? If so, where?

I authorize the release of any medical information relating to this injury / illness to the University's relevant insurers for review of this claim.

Signature of Injured Person

Date

SECOND PAGE MUST BE COMPLETED BY SUPERVISOR OR PROGRAM DIRECTOR

1 of 2

TO BE COMPLETED BY THE SUPERVISOR OF THE ACTIVITY OR PROGRAM DIRECTOR
(attach additional information if necessary)

Name of Injured
Person

Time employee's work
day began (if employee)

☐ A.M. ☐ P.M.

Evaluation of how accident
occurred / contributing factors

Possible Preventative Actions
(actions that have been / will be
taken to prevent recurrence)

Work Phone of
Supervisor or Program Director

Date
signed

Signature of
Supervisor or Program Director

Printed Name of
Supervisor or Program Director

FOR HUMAN RESOURCES USE ONLY

Lost Time ☐ Yes ☐ No

Number of Days

Anticipated Release Date

Work Restrictions

Medical Treatment

EMPLOYEE OR STUDENT WORKER:
FILL IN FORM, FORWARD TO SUPERVISOR FOR COMPLETION. SUPERVISOR FORWARD TO HUMAN RESOURCES.

STUDENT, VISITOR OR VOLUNTEER: FILL IN FORM, FORWARD TO SUPERVISOR OR PROGRAM DIRECTOR.
SUPERVISOR OR PROGRAM DIRECTOR PLEASE FORWARD TO THE DEPARTMENT OF RISK MANAGEMENT.

2 of 2

HIPAA Compliance Policy

HEALTH INFORMATION PRIVACY POLICIES & PROCEDURES

Adopted Effective: April 14, 2003, Revised January 2014

These Health Information Privacy Policies and Procedures implement the College of Nursing and Health Professions' obligations to protect the privacy of individually identifiable health information that we create, receive, or maintain.

We implement these Health Information Privacy Policies and Procedures to protect the interests of our clients/patients and workforce; and to fulfill our legal obligations under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), its implementing regulations at 45 CFR Parts 160 and 164 (65 Fed. Reg 82462 (Dec. 28, 2000)) ("Privacy Rules"), as amended (67 Fed. Reg. 53182 [Aug. 14, 2002]), and state law that provides greater protection or rights to individuals than the Privacy Rules.

As a member of our workforce or as our Business Associate, you are obligated to follow these Health Information Privacy Policies and Procedures faithfully. Failure to do so can result in disciplinary action, including termination of employment or dismissal from your educational program. In addition, federal penalties for privacy violations can result in fines up to \$250,000 and prison sentences of up to 10 years. The workforce includes any individual whose work performance at the University Of Southern Indiana College Of Nursing and Health Professions, (College), is under the direct control of the College. The workforce defined as, but is not limited to, all clinical, administrative, and academic full-time, part-time, temporary, and contract employees, as well as volunteers, and students.

These Policies and Procedures address the basics of HIPAA and the Privacy Rules that apply to the College. They do not attempt to cover everything in the Privacy Rules.

The Policies and Procedures of the College utilize the terms "individual" to refer to prospective clients/patients, clients/patients of record, former clients/patients, those whose health information is retained by the College, or the authorized representatives of these identified individuals.

On a yearly basis every member of the College workforce must participate in online HIPAA education and testing which is accessed through the College website, <http://health.usi.edu/>. The HIPAA quiz must be completed with a score of 75% or higher. If a score of 75% or higher is not achieved the quiz must be repeated until a passing score is achieved.

If you have questions or doubts about any use or disclosure of individually identifiable health information or about your obligations under these Health Information Privacy Policies and Procedures, the Privacy Rules or other federal or state law, consult the College of Nursing and Health Professions Infection Control and HIPAA Committee at 812.464.1151 before you act.

1. General Rule: No Use or Disclosure

The College must not use or **disclose protected health information (PHI)**, except as these Privacy Policies and Procedures permit or require.

2. Acknowledgement and Optional Consent

The College will make a good faith effort to obtain a written acknowledgement of receipt of our **Notice of Privacy Practices** from an individual before we use or disclose his or her protected health information (PHI) for treatment, to obtain payment for that treatment, or for our healthcare operations (TPO).

The College's use or disclosure of PHI for payment activities and healthcare operations may be subject to a "need to know" basis.

Consent from an individual will be obtained before use or disclosure of PHI for TPO purposes – in addition to obtaining an Acknowledgement of receipt of our **Notice of Privacy Practices**.

a) Obtaining Consent – Upon the individual's enrollment in a College education program, employment in the College, or first visit as a client/patient (or next visit if already a client/patient), consent for use and disclosure of the individual's PHI for treatment, payment, and healthcare operations will be requested.

The consent form will be retained in the individual's file.

b) Exceptions – Consent does not need to be obtained in emergency treatment situations; when treatment is required by law; or when communications barriers prevent consent.

c) Consent Revocation – An individual from whom consent is obtained may revoke it at any time by written notice. The revocation will be included in the individual's file.

d) Applicability – Consent for use or disclosure of PHI should not be confused with informed consent for client/patient treatment.

3. Oral Agreement

The College may use or disclose an individual's PHI with the individual's oral agreement .

The College may use professional judgment and our experience with common practice to make reasonable inferences of the individual's best interest in allowing a person to act on behalf of the individual to pick up health records, dental/medical supplies, radiographs, or other similar forms of PHI.

4. Permitted Without Acknowledgement, Consent Authorization or Oral Agreement

The College may use or disclose an individual's PHI in certain situations, without authorization or oral agreement.

a) Verification of Identity The College will always verify the identity and authority of any individual's personal representative, government or law enforcement official, or other person, unknown to us, who requests PHI before we will disclose the PHI to that person.

The College will obtain appropriate identification and evidence of authority. Examples of appropriate identification include photographic identification card, government identification card or badge, and

appropriate document on government letterhead. The College will document the request for PHI and how we responded.

b) Uses, Disclosures, or Access Permitted under this Section 4 – Except where specifically authorized by the individual or appropriate representative or as required by law, protected individual information may only be used, disclosed, or accessed by:

1. The individual or the individual's personal representative
2. The College workforce members who require access to protected individual information as defined by their job role. Reasons for which protected individual information are generally needed include:
 - a. delivery and continuity of the individual's treatment or care.
 - b. educational or research purposes, or
 - c. College business or operational purposes
3. Non-College health care providers who need such information for the individual's care.
4. Third-party payers or non-College health care providers for payment activities of such entities.
5. Business Associates from whom the College has received written assurance that protected individual information will be appropriately safeguarded.

The College may use or disclose PHI in the following types of situations, provided procedures specified in the Privacy Rules are followed:

1. For public health activities;
2. To health oversight agencies;
3. To coroners, medical examiners, and funeral directors;
4. To employers regarding work-related illness or injury;
5. To the military;
6. To federal officials for lawful intelligence, counterintelligence, and national security activities;
7. To correctional institutions regarding inmates;
8. In response to subpoenas and other lawful judicial processes;
9. To law enforcement officials;
10. To report abuse, neglect, or domestic violence;
11. As required by law;
12. As part of research projects; and
13. As authorized by state worker's compensation laws.

5. Required Disclosures

The College will disclose protected health information (PHI) to an individual (or to the individual's personal representative) to the extent that the individual has a right of access to the PHI); and to the U.S. Department of Health and Human Services (HHS) on request for complaint investigation or compliance review.

The College will document each disclosure made to HHS.

6. Minimum Necessary

All College workforce members must access and use protected individual information on a "need to know" basis as defined by their job role. In addition, when using or disclosing an individual's information the amount of information used or disclosed should be limited to the minimum amount necessary to accomplish the intended purpose. When requesting an individual's information from other health care providers, staff should limit the request to the minimum amount necessary. Minimum necessary expectation does not generally apply to situations involving treatment or clinical evaluation.

7. Business Associates

The College will obtain satisfactory assurance in the form of a written contract that our Business Associates will appropriately safeguard and limit their use and disclosure of the protected health information (PHI) we disclose to them.

These Business Associate requirements are not applicable to our disclosures to a healthcare provider for treatment purposes. The Business Associate Contract Terms document contains the terms that federal law requires be included in each Business Associate Contract.

- a) **Breach by Business Associate** – If the College learns that a Business Associate has materially breached or violated its Business Associate Contract with us, we will take prompt, reasonable steps to see that the breach or violation is corrected.

If the Business Associate does not promptly and effectively correct the breach or violation, we will terminate our contract with the Business Associate, or if contract termination is not feasible, report the Business Associate's breach or violation to the U.S. Department of Health and Human Services (HHS).

8. Notice of Privacy Practices

The College will maintain a **Notice of Privacy Practices** as required by the Privacy Rules.

- a) **Our Notice** – The College will use and disclose PHI only in conformance with the contents of our **Notice of Privacy Practices**. We will promptly revise a **Notice of Privacy Practices** whenever there is a material change to our uses or disclosures of PHI to legal duties, to an individual's rights or to other privacy practices that render the statements in that Notice no longer accurate.
- b) **Distribution of Our Notice** – The College will provide our **Notice of Privacy Practices** to each individual who submits health information to the College.

c) Acknowledgement of Notice – The College will make a good faith effort to document receipt of the **Notice of Privacy Practices**.

9. Individual's Rights

The College workforce will honor the rights of individuals regarding their PHI.

a) Access – The College will permit individuals or workforce members access to their own PHI we or our Business Associates hold.

No PHI will be withheld from an individual unless we confirm that the information may be withheld according to the Privacy Rules. We may offer to provide a summary of the health information. The individual must agree in advance to receive a summary and to any fee we will charge for providing the summary.

b) Amendment – Individuals and workforce members have the right to request to amend their own PHI and other records for as long as the College maintains them.

The College may deny a request to amend PHI or records if: (a) we did not create the information (unless the individual provides us a reasonable basis to believe that the originator is not available to act on a request to amend); (b) we believe the information is accurate and complete; or (c) we do not have the information.

The College will follow all procedures required by the Privacy Rules for denial or approval of amendment requests. We will not, however, physically alter or delete existing notes. We will inform the individual or workforce member when we agree to make an amendment. We will contact any individuals whom the individual or workforce member requests we alert to any amendment to the PHI. We will also contact any individuals or entities of which we are aware that we have sent erroneous or incomplete information and who may have acted on the erroneous or incomplete information to the detriment of the individual or workforce member.

When we deny a request for an amendment, we will mark any future disclosures of the contested information in a way acknowledging the contest.

c) Disclosure Accounting – Clients/patients or workforce members have the right to an accounting of certain disclosures the College made of their PHI within the 6 years prior to their request. Each disclosure we make, that is not for treatment payment or healthcare operations, must be documented showing the date of the disclosure, what was disclosed, the purpose of the disclosure, and the name and (if known) address of each person or entity to whom the disclosure was made. Documentation must be included in the client's or workforce member's record

We are not required to account for disclosures we made: (a) before April 14, 2003; (b) to the individual (or the individual's personal representative); (c) to or for notification of persons involved in an individual's healthcare or payment for healthcare; (d) for treatment, payment, or healthcare operations; (e) for national security or intelligence purposes; (f) to correctional institutions or law enforcement officials regarding inmates; or (g) according to an Authorization

signed by the patient or the patient’s representative; (h) incident to another permitted or required use disclosure.

The College will charge a reasonable, cost-based fee for every accounting that is requested more frequently than every 12 month, provided that the College has informed the individual in advance of the fee and provides the individual with an opportunity to modify or withdraw the request.

d) Restriction on Use or Disclosure – Individuals have the right to request the College to restrict use or disclosure of their PHI, including for treatment, payment, or healthcare operations. The College has no obligation to agree to the request, but if we do, we will comply with our agreement (except in an appropriate dental/medical emergency).

We may terminate an agreement restricting use or disclosure of PHI by a written notice of termination to the individual. We will document any such agreed to restrictions.

e) Alternative Communications – Individuals have the right to request the use of alternative means or alternative locations when communicating PHI to them. The College will accommodate an individual’s request for such alternative communications if the request is reasonable and in writing.

The College will inform the individual of our decision to accommodate or deny such a request.

10. Staff Training and Management, Complaint Procedures, Data Safeguards, Administrative Practices

a) Staff Training and Management

Training – The College will train all members of our workforce in these Privacy Policies & Procedures, as necessary and appropriate for them to carry out their functions. Workforce members will complete privacy training prior to having access to PHI and on a yearly basis thereafter.

The College will maintain documentation of workforce training.

b) Violation Levels and Disciplinary /Corrective Actions

Below are examples of privacy and security violations and the minimum disciplinary / corrective actions that will be taken. **Depending on the nature - Violations at any level may result in more severe action or termination.**

Level of Violation	Examples	Minimum Disciplinary /Corrective Action
Level 1 Carelessness	<ul style="list-style-type: none">Failing to log-off/close or secure a computer with <i>protected health information</i> displayed.	Staff: Verbal warning with documentation by immediate supervisor

	<ul style="list-style-type: none"> Leaving a copy of <i>protected health information</i> (PHI) in a non-secure area. discussing <i>protected health information</i> (PHI) in a non-secure area (lobby, hallway, cafeteria, elevator) 	Students: Verbal warning with documentation by clinical faculty and/or Program Director Faculty: verbal warning with documentation by Program Director or Dean
Level II Undermining Accountability	<ul style="list-style-type: none"> Sharing ID/password with another coworker or encouraging a coworker to share ID/password. Repeated violation of previous level 	Staff: Written performance counseling
		Students: Written performance counseling by clinical faculty and/or Program Director
		Faculty: Written performance counseling by Program Director or Dean
Level III Unauthorized Access	<ul style="list-style-type: none"> Accessing or allowing access to <i>protected health information</i> (PHI) without having a legitimate reason. Repeated violation of previous levels. 	Staff: Final performance improvement counseling
		Students: Written performance counseling and Program Director determines disciplinary action.
		Faculty: Written performance counseling and Program Director or Dean determines disciplinary action.
Level IV Blatant Misuse	<ul style="list-style-type: none"> Accessing or allowing access to <i>protected health information</i> (PHI) without having a legitimate reason and disclosure or abuse of the <i>protected health information</i> (PHI). Using protected patient information (PPI) for personal gain. 	INITIATE TERMINATION
		Staff: Initiate termination of employment Students: Initiate dismissal procedures

	<ul style="list-style-type: none"> • Tampering with or unauthorized destruction of information. • Repeated violations of previous levels 	Faculty: Dean determines disciplinary action/sanction including initiating termination of employment
--	--	---

b) Complaints – The College will implement procedures for individuals to complain about compliance with our Privacy Policies and Procedures or the Privacy Rules. The College will also implement procedures to investigate and resolve such complaints.

The complaint form can be used by the individual to lodge the complaint. Each complaint received must be referred to the College Compliance Committee immediately for investigation and resolution. We will not retaliate against any individual or workforce member who files a complaint in good faith.

c) Data Safeguards – The College will strengthen these Privacy Policies and Procedures with such additional data security policies and procedures as are needed to have reasonable and appropriate administrative, technical, and physical safeguards in place to ensure the integrity and confidentiality of the PHI we maintain.

The College will take reasonable steps to limit incidental uses and disclosures of PHI made according to an otherwise permitted or required use or disclosure.

d) Documentation and Record Retention – The College will maintain in written or electronic form all documentation required by the Privacy Rules for six years from the date of creation or when the document was last in effect, whichever is greater.

e) Privacy Policies & Procedures – The College of Nursing and Health Professions Infection Control and HIPAA Committee will make any needed changes to the Privacy Policies and Procedures.

11. State Law Compliance

The College will comply with state privacy laws that provide greater protections or rights to individuals than the Privacy Rules.

12. HHS Enforcement

The College will give the U.S. Department of Health and Human Services (HHS) access to our facilities, books, records, accounts, and other information sources (including individually identifiable health information without individual authorization or notice) during normal business hours (or at other times without notice if HHS presents appropriate lawful administrative or judicial process).

We will cooperate with any compliance review or complaint investigation by HHS, while preserving the rights of the College.

13. Designated Personnel

The Chairperson of the College of Nursing and Health Professions Infection Control and HIPAA Committee will serve as Privacy Officer and contact person for the College.

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.
THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

OUR LEGAL DUTY

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect April 14, 2003 and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

USES AND DISCLOSURES OF HEALTH INFORMATION

We use and disclose health information about you for treatment, payment, and healthcare operations. For example:

Treatment: We may use or disclose your health information to a physician or other healthcare provider providing treatment to you.

Payment: We may use and disclose your health information to obtain payment for services we provide to you.

Healthcare Operations: We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

Your Authorization: In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

To Your Family and Friends: We must disclose your health information to you, as described in the Client Rights section of this Notice. We may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so.

Persons Involved In Care: We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of health information.

Marketing Health-Related Services: We will not use your health information for marketing communications without your written authorization.

Required by Law: We may use or disclose your health information when we are required to do so by law.

Abuse or Neglect: We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

National Security: We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement official having lawful custody of protected health information of inmate or patient under certain circumstances.

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards, or letters).

CLIENT RIGHTS

Access: **You have the right to look at or get copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. (You must make a request in writing to obtain access to your health information. You may obtain a form to request access by using the contact information listed at the end of this Notice. We will charge you a reasonable cost-based fee for expenses such as copies and staff time. You may also request access by sending us a letter to the address at the end of this Notice. If you request copies, we may charge a cost-based fee to cover the cost of processing. If you request an alternative format, we may charge a cost-based fee for providing your health information in that format. If you prefer, we will prepare a summary or an explanation of your health information for a fee.)**

Disclosure Accounting: You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes, other than treatment, payment, healthcare operations and certain other activities, for the last 6 years, but not before April 14, 2003. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

Restriction: You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

Alternative Communication: You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. **{You must make your request in writing.}** Your request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location you request.

Amendment: You have the right to request that we amend your health information. (Your request must be in writing, and it must explain why the information should be amended.) We may deny your request under certain circumstances.

Electronic Notice: If you receive this Notice on our Web site or by electronic mail (e-mail), you are entitled to receive this Notice in written form.

Notice of Breach: You have the right to be notified following a breach of your unsecured protected health information and we will notify you in accordance with applicable law.

QUESTIONS AND COMPLAINTS

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy contact of your complaint. We will not retaliate against you for filing a complaint.

This notice was published and becomes effective on or before April 14, 2003/ Revised May 9, 2014

Privacy Contact: Ann White, Dean of the College of Nursing and Health Professions
Telephone: 812-465-1151



**College of Nursing and Health Professions
Confidentiality Agreement**

As a condition of and in consideration of my use, access, and/or disclosure of confidential personal health information,

I, _____ understand and agree to the following:

1. I will access, use, and disclose confidential personal health information only as necessary to perform my job functions. This means, among other things, that:
 - a) I will only access, use, and disclose confidential personal health information which I have authorization to access, use, and disclose which is required to do my job;
 - b) I will not in any way access, use, divulge, copy, release, sell, loan, review, alter, or destroy any confidential personal health information except as properly and clearly authorized within the scope of my job and as in accordance with all applicable University of Southern Indiana and CNHP policies and procedures and with all applicable laws;
 - c) I will report to my supervisor or to the appropriate office any individual's or entity's activities that I suspect may compromise the confidentiality of confidential personal health information.
2. I understand that it is my responsibility to be aware of University of Southern Indiana and CNHP policies that specifically address the handling of confidential information and misconduct that warrants immediate discharge.
3. I understand that any fraudulent application, violation of confidentiality or any violation of the above provisions may result in disciplinary action, including termination of employment or dismissal from my educational program. In addition, federal penalties for privacy violations can result in fines up to \$250,000 and prison sentences of up to 10 years.

My signature below indicates that I have read, accept, and agree to abide by all of the terms and conditions of this Agreement and agree to be bound by it.

Signature: _____ Date: _____

Printed Name: _____

Department/Program: _____

Check appropriate box:

☐ student ☐ faculty ☐ staff ☐ student worker ☐ other _____

UNIVERSITY OF
SOUTHERN INDIANA
College of Nursing and Health Professions
CONFIDENTIALITY POLICY

As a member of the University of Southern Indiana College of Nursing and Health Professions (CNHP) workforce you may have access to “confidential information.” The purpose of this agreement is to help you understand your duty regarding confidential information as described in this policy. Members of the CNHP workforce include but are not limited to faculty, staff, students, and volunteers.

Measures must be taken so that all information received, maintained, or utilized by CNHP and any of its off-site affiliates can only be accessed by authorized users. CNHP has a legal and ethical responsibility to safeguard the privacy and to protect the confidentiality of health information and all other types of confidential information. Health information is confidential information regardless of how it is obtained, stored, utilized, or disclosed.

As a member of the CNHP workforce you are required to conduct yourself in strict conformance to all applicable laws and the University of Southern Indiana and CNHP policies governing confidential information. Your principal obligations in this area are explained below. You are required to read and to abide by these duties. The violation of any of these duties will subject you to disciplinary action, including termination of employment or dismissal from your educational program. In addition, federal penalties for privacy violations can result in fines up to \$250,000 and prison sentences of up to 10 years.

As a member of the CNHP workforce, you will likely have access to and use confidential information in any or all of the following categories:

- Client information (such as charts and other paper and electronic records, demographic information, conversations, admission/discharge dates, names of attending healthcare providers, client financial information, etc.);
- Information pertaining to members of the CNHP workforce (such as health records, salaries, employment records, student records, disciplinary actions, etc.);
- University of Southern Indiana and CNHP information (such as financial and statistical records, strategic plans, internal reports, memos, contracts, peer review information, and communications); and
- Third-party information (such as insurance).



College of Nursing and Health Professions

CONSENT FOR USE AND DISCLOSURE OF HEALTH INFORMATION

SECTION A: CLIENT GIVING CONSENT

Name: _____ Social Security Number _____

Address: _____

Telephone: _____ E-mail: _____

SECTION B: TO THE CLIENT—PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY.

Purpose of Consent: By signing this form, you will consent to our use and disclosure of your protected health information to carry out treatment, payment activities, and healthcare operations.

Notice of Privacy Practices: You have the right to read our Notice of Privacy Practices before you decide whether to sign this Consent. Our Notice provides a description of our treatment, payment activities, and healthcare operations, of the uses and disclosures we may make of your protected health information, and of other important matters about your protected health information. A copy of our Notice accompanies this Consent. We encourage you to read it carefully and completely before signing this Consent.

We reserve the right to change our privacy practices as described in our Notice of Privacy Practices. If we change our privacy practices, we will issue a revised Notice of Privacy Practices, which will contain the changes. Those changes may apply to any of your protected health information that we maintain.

You may obtain a copy of our Notice of Privacy Practices, including any revisions of our Notice, at any time by contacting:

Contact Person: _____

Telephone: _____

Right to Revoke: You will have the right to revoke this Consent at any time by giving us written notice of your revocation submitted to the Contact Person listed above. Please understand that revocation of this Consent will *not* affect any action we took in reliance on this Consent before we received your revocation, and that we may decline to treat you or to continue treating you if you revoke this Consent.

SIGNATURE

I, _____, have had full opportunity to read and consider the contents of this Consent form and your Notice of Privacy Practices. I understand that, by signing this Consent form, I am giving my consent to your use and disclosure of my protected health information to carry out treatment, payment activities and health care operations.

Signature: _____ Date: _____

If this Consent is signed by a personal representative on behalf of the client, complete the following:

Personal Representative's Name: _____

Relationship to Client: _____

YOU ARE ENTITLED TO A COPY OF THIS CONSENT AFTER YOU SIGN IT.
Include completed Consent in the client's chart.

REVOCACTION OF CONSENT

I revoke my Consent for your use and disclosure of my protected health information for treatment, payment activities, and healthcare operations.

I understand that revocation of my Consent will *not* affect any action you took in reliance on my Consent before you received this written Notice of Revocation. I also understand that you may decline to treat or to continue to treat me after I have revoked my Consent.

Signature: _____ Date: _____



College of Nursing and Health Professions

COMPLAINT

To the Client:

You have the right to file a complaint with us about our privacy practices or our compliance with our Notice of Privacy Practices, our Privacy Policies and Procedures, or federal or state privacy rules or law. We will not require you to waive any right you may have under federal or state privacy or other law to file your complaint, nor will filing your complaint adversely affect our treatment of you. To exercise this right, please complete, sign and date Sections A and B below, then submit this complaint to us at:

Contact Office: University of Southern Indiana College of Nursing and Health Professions

Telephone: 812.464.1702

You may, in addition or in the alternative to filing a complaint with us, file a complaint with the United States Department of Health and Human Services. For information on the procedures for doing that, please contact us at the above location.

SECTION A: CLIENT LODGING COMPLAINT

Name: _____ Social Security Number: _____

Address: _____

Telephone: _____ E-mail: _____

SECTION B: CLIENT'S COMPLAINT

Please give a concise, plain statement of your complaint:

Please give a concise, plain statement of the resolution you seek for your complaint:

CLIENT'S SIGNATURE

I certify that the statements made in this complaint are true and correct to the best of my information and belief.

Signature: _____ Date: _____

If this complaint is lodged by a personal representative on behalf of the patient, complete the following:

Personal Representative's Name: _____

Relationship to Client: _____

YOU ARE ENTITLED TO A COPY OF THIS COMPLAINT.



College of Nursing and Health Professions

**ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES**

****You May Refuse to Sign This Acknowledgement****

I, _____, have received a copy of this office's Notice of Privacy Practices.

Client Signature _____

-OR IF SIGNING FOR A MINOR -

Print Name of Minor _____

Parent or guardian of minor signature _____

{Date}

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- ☐ Individual refused to sign
- ☐ Communications barriers prohibited obtaining the acknowledgement
- ☐ An emergency situation prevented us from obtaining acknowledgement
- ☐ Other (Please Specify)



College of Nursing and Health Professions

WORKFORCE MEMBER REVIEW OF HIPAA PRIVACY POLICIES AND PROCEDURES

I, _____, have received and reviewed a copy of the
University of Southern Indiana College of Nursing and Health Profession's health information
privacy policies and procedures.

Print Name

Signature

Date

RAVE Alert

USI Rave Alert gives immediate notification - via email, text message, and voice message - about emergencies, severe weather, and other incidents impacting the University community. Everyone with a USI email address is automatically enrolled in the Rave Alert system, but you must register your mobile phone number(s) to receive text and voice alerts.

<http://www.usi.edu/security/campus-warnings-rave-alerts>

WEATHER/EMERGENCY CLOSING

University functions are rarely canceled due to weather or emergencies. Even in severe weather - heavy snowfall, ice storms, and extreme cold - the university's academic programs, courses, classes, and seminars continue. Administrative offices also remain open.

In the event that classes are canceled, all classes including clinical education will be dismissed until the university officially reopens. If a late opening is declared or a change in the current status, all classes, academic and clinical, will begin at the designated hour. If the late opening occurs during a scheduled class time, the class will meet for the time remaining. If students are at a clinical affiliate when a closing is declared, they will be dismissed, but must report to the clinical instructor before leaving the premises. All classes and clinical education missed during an official closing are not subject to make-up.

Students are requested NOT to call the campus to verify class cancellation or late opening. Information concerning campus closure can be heard on the following local radio stations:

WSWI-AM (820)	WSTO-FM (96.1)	WIKY-FM (104.1)
WBAX-FM (107.5)	WYNG-FM (105.3)	WGBF-FM (103.1)
WJPS-FM (93.5)	WUEV-FM (91.5)	

In addition, information is shared with other media outlets (TV and newspaper) in the area. Please note, in the event of a weather-related emergency or similar situation that would impact the community, local media are relaying and updating closure/cancellation information from multiple agencies throughout the area and their ability to distribute current and correct information may be limited. USI also uses email (USI email accounts), web postings on USI's homepage (www.usi.edu), and text messaging (RAVE text messaging program) to communicate instructions and information related to the decision to close or delay hours of campus operation. Students also have the option to call the USI emergency hotline at 812-465-1085. Students are encouraged when possible to utilize these sources.

In consideration of individual safety traveling to and from classes during inclement weather, although the campus may be officially open, the final decision rests with the student. If a student decides not to attend academic or clinical classes due to weather or other reasons, it is expected that program policies concerning attendance will be followed.

University information on weather related cancellations.

<https://www.usi.edu/emergency/university-delays,-cancellations,-and-emergency-closings>

Emergency Action Plan



Crisis Management & Preparedness

Building Emergency Action Plan

Health Professions Center

8600 University Blvd.

Evansville, IN 47712

Updated August 2016

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CHAIN OF COMMAND



Date: February 20, 2018
To: College of Nursing and Health Professions Faculty and Staff
From: Dr. Ann White, Dean
Subject: Authority in my Absence – Effective Immediately

The following is the order of contact of CNHP officers in the case of an emergency requiring a decision in the absence of the Dean. In my absence, the appropriate individual, following the order below, is authorized to exercise all the authority of the Office of the Dean of the College of Nursing and Health Professions on my behalf.

Assistant Dean – Dr. Julie McCullough

Assistant Dean – Dr. Connie Swenty

Chair, MHA – Dr. Kevin Valadares

Chair, RN-BSN – Dr. Jeri Burger

GENERAL EVACUATION PROCEDURES

1. When an evacuation alarm sounds (for example, a fire alarm) or an immediate evacuation is ordered by USI Office of Public Safety or local emergency response personnel, all faculty, staff, students, student workers, patients, and visitors are to **IMMEDIATELY EVACUATE THE BUILDING**.
2. Follow established evacuation routes or use the quickest exit from the building.
3. See the map located at the end of this General Evacuation procedure showing the evacuation routes and emergency assembly areas. In addition, copies of the map are posted by all exits.
4. Immediately following an emergency evacuation, all personnel and visitors should proceed to their designated Evacuation Assembly Area for head count purposes and to await further instructions.
5. If you are in the Basement or Lower Level of the Health Professions Center, your evacuation route takes you outside through the basement doors and your Evacuation Assembly Area is to the West of the building to the grassy area behind the Science Center.
6. If you are on the 1st, 2nd or 3rd floors, those persons on the East side of the Health Professions Center (the side closest to the University Boulevard) will evacuate through either East side main entrances and proceed to the Health Professions Center Lawn, the grassy area along the University Boulevard which is your Evacuation Assembly Area.
7. If you are on the 1st, 2nd, or 3rd floors, those persons on the West side of the Health Professions Center (the back side of the building closest to the woods) will evacuate through either West side main entrances and proceed to your Evacuation Assembly Area which is to the West of the building to the grassy area behind the Science Center.
8. Designated persons are to sweep their area to make sure everyone is out.

• Director of Advising	=	Advising Center
• LRC Director/Student Worker on Duty	=	LRC/Clinical Simulation Center
• Dental Clinic Admin. Assistant/Adj. Faculty	=	Dental Clinic
• 2 nd Floor Admin. Assistants	=	2 nd Floor
• Faculty teaching classes	=	Classrooms
• Computer Tech	=	Lower Level/Student Health Center
• 3 RD Floor Admin. Assistant	=	3 rd Floor
9. **Do not lock doors.** First responders need free access to all rooms in the building.

10. If you are able, assist the disabled, older adults, and pregnant women to safety on a stairwell landing, and proceed to contact USI Office of Public Safety for further assistance.

11. An evacuation alarm does not necessarily end the work day.

12. **DO NOT RETURN TO AN EVACUATED BUILDING** unless directed to do so by USI Office of Public Safety.

13. Call USI Office of Public Safety

- **7777** from a USI phone
- 812-492-**7777** or 812-464-1845 using a cell phone
- Campus Emergency Phone (**blue**)

A. Campus Emergency Phones (**blue**) are located outside the Health Professions Center.

- To the West, the back side of the building closest to the woods, in the grassy area behind the Science Center
- To the East, the front side of the building and closest to the University Boulevard, in the median at the crosswalk to Parking Lot B
- To operate the Emergency Phones (**blue**) push the button which activates the blue flashing light and connects you with a USI Office of Public Safety dispatcher.

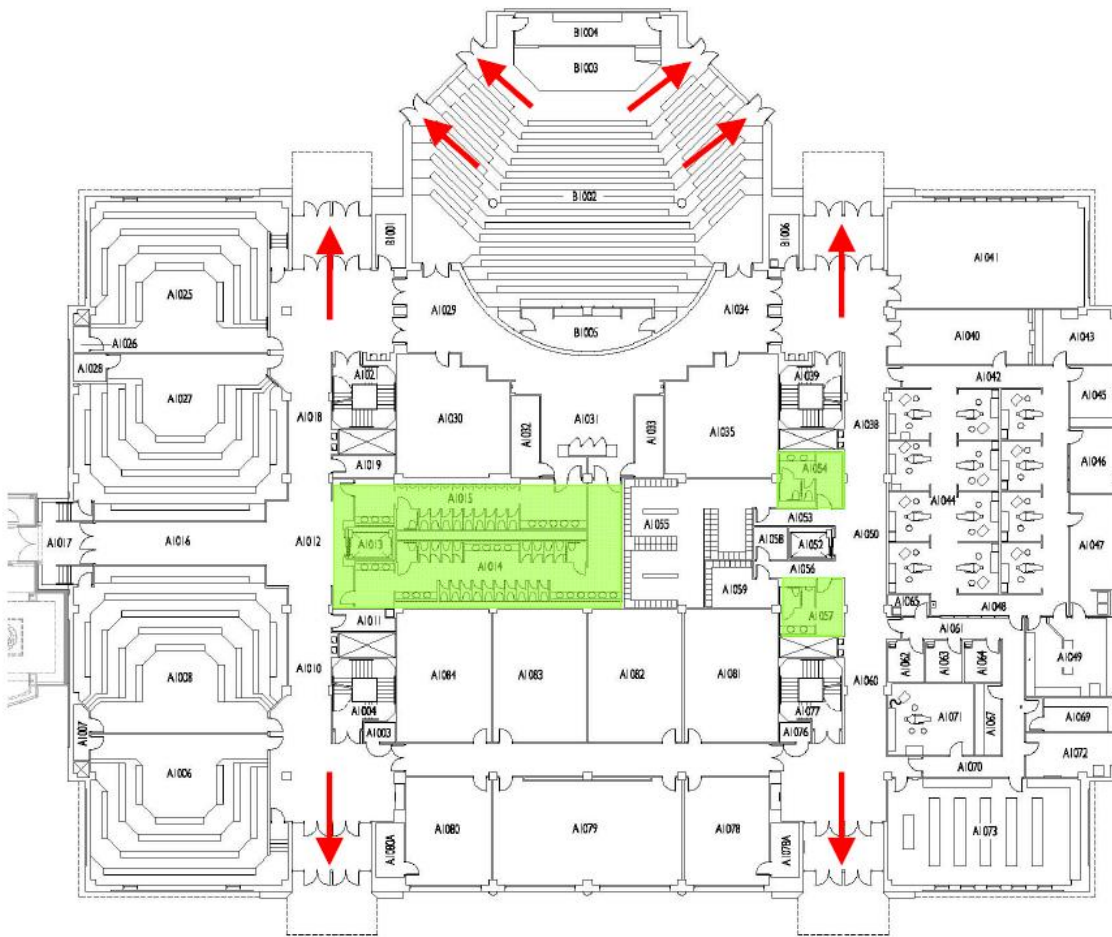


University of
Southern Indiana

Health Professions Center Lower Level




-  Primary Exit
-  Evacuation Area
-  Severe Weather Gathering Area

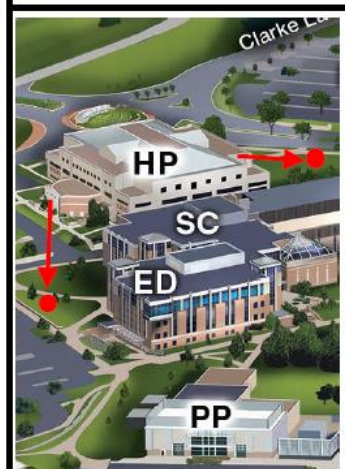




University of
Southern Indiana

Health Professions Center First Level

-  Primary Exit
-  Evacuation Area
-  Severe Weather Gathering Area



IN THE EVENT OF IMMEDIATE SEVERE WEATHER, PROCEED TO THE DESIGNATED "SEVERE WEATHER GATHERING AREA." IF TIME PERMITS, PROCEED TO THE LOWER LEVEL OF THE





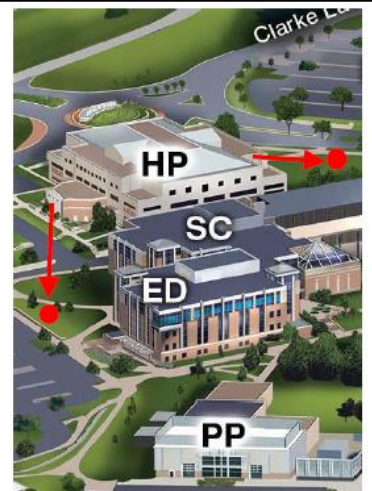
University of
Southern Indiana

Health Professions Center Second Level

-  Primary Exit
-  Evacuation Area
-  Severe Weather Gathering Area






IN THE EVENT OF SEVERE WEATHER, PROCEED TO THE DESIGNATED "SEVERE WEATHER GATHERING AREA" IN THE LOWER LEVEL OF THE HEALTH PROFESSIONS CENTER.





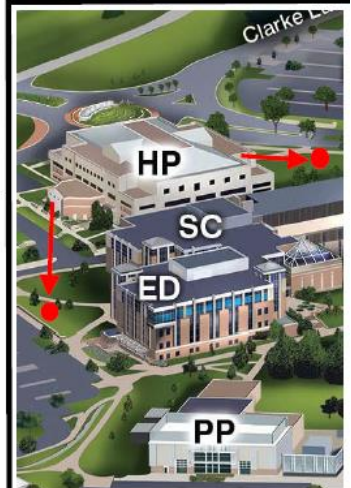
University of
Southern Indiana

Health Professions Center Third Level

-  Primary Exit
-  Evacuation Area
-  Severe Weather Gathering Area



**IN THE EVENT OF IMMEDIATE SEVERE WEATHER, PROCEED TO THE DESIGNATED
"SEVERE WEATHER GATHERING AREA" IN THE LOWER LEVEL OF THE HEALTH
PROFESSIONS CENTER.**



BOMB THREAT

1. Phone Call

- Try to get as much information as possible from the caller. Ask the caller:
 - Where is the bomb located?
 - When is the bomb going to explode?
 - What kind of bomb is it?
 - What does it look like?
 - Why did you place the bomb?
- Keep talking to the caller as long as possible and make note of the following:
 - Time of call
 - Phone number originating call, if displayed on phone
 - Age and sex of caller
 - Speech patterns, accent, choice of vocabulary
 - Evaluate caller's voice: Calm? Angry? Excited? Slow? Rapid? Soft? Loud? Laughing? Crying? Normal? Distinct? Slurred? Nasal? Stutter? Lisp? Raspy? Deep? High? Clearing? Crackling? Disguised? Familiar?
 - Does the Caller appear familiar with the facility and the University?
- If possible, signal to other employees in the area and have someone call USI Office of Public Safety at 812-492-**7777** right away. If not possible to signal other employees, contact USI Office of Public Safety as soon as possible.
 - Call USI Office of Public Safety
 - **7777** from a USI phone
 - 812-492-**7777** or 812-464-1845 using a cell phone
 - Campus Emergency Phone ([blue](#))
- **DO NOT HANDLE ANY SUSPICIOUS OBJECTS.** USI Office of Public Safety will oversee a detailed bomb search. Employees should follow instructions by the USI Office of Public Safety team and may be requested to assist in a cursory inspection of their area for suspicious objects.
- If necessary or if directed to do so by USI Office of Public Safety, activate the building alarm. **THE ALARM ALSO SOUNDS IN THE PHYSICAL PLANT CONTROL ROOM.** The dispatcher in the Physical Plant will immediately call the fire department and USI Office of Public Safety.
- **Follow CNHP General Evacuation Procedures on page 4.**

2. Suspicious Object(s)

If you observe a suspicious object or potential bomb on campus, **DO NOT HANDLE ANY OBJECTS.** Contact USI Office of Public Safety at 812-492-**7777**. Refer to the above steps for further instructions.

Call USI Office of Public Safety

- **7777** from a USI phone
- 812-492-**7777** or 812-464-1845 using a cell phone
- Campus Emergency Phone ([blue](#))

CHEMICAL OR HAZARDOUS MATERIAL SPILL(S)

1. Any spillage of a hazardous chemical or radioactive material is to be reported **IMMEDIATELY** to USI Office of Public Safety
 - **7777** from a USI phone
 - 812-492-**7777** or 812-464-1845 using a cell phone
 - Campus Emergency Phone (**blue**)
2. When reporting the incident, be specific about the nature of the involved material and the exact location. USI Office of Public Safety will contact the Perry Township Volunteer Department or local authorities.
3. Key personnel on site should evacuate the affected area **AT ONCE** and close all doors and windows to prevent contamination of other area.
4. Anyone who may be contaminated by the spill is to avoid contact with others as much as possible.
 - Proceed to the nearest water source.
 - All witnesses are to remain in the vicinity and provide names and information to USI Office of Public Safety.
 - Required first aid and clean up by specialized authorities should be started at once.
5. Follow CNHP General Evacuation Procedures on page 4 when instructed.

EARTHQUAKE

1. Respond immediately to an earthquake event by taking the following actions:
 - Take cover under a solid piece of furniture such as a table or desk; move away from surfaces that contain chemicals or other hazardous materials.
 - Kneel in a corner of an interior wall with head and face covered.
 - Stand in a doorway while bracing hands and feet against each side.
 - Move away from glass windows, doors, bookcases, wall hangings.
2. Actions after the earthquake/shaking stops:
 - Do not leave the building until the shaking stops in order to avoid injury from falling debris.
 - Quickly gather belongings, including a flashlight if available.
 - Do not use elevators.
 - Direct others to leave the building safely through the closest available exit.
 - Assist disabled, elderly and pregnant individuals to the nearest exit or stairwell landing and seek assistance from emergency personnel to help in transporting them from the building.
3. **Follow CNHP General Evacuation Procedures on page 4.**
4. Avoid downed electrical power lines.
5. **DO NOT RE-ENTER THE BUILDING!** Emergency personnel will be instructed to search for missing persons.
6. Aftershocks:
 - Smaller events or aftershocks can occur for several hours or days following the initial earthquake. All events must be taken seriously and immediate action is necessary.
 - Follow the same actions taken after the initial event. Move to a safe location until the aftershock subsides.
 - Gather belongings and safely exit the building.
 - Do not use elevators.
 - Direct others to the nearest available exit.
 - **Follow CNHP General Evacuation Procedures on page 4.**
 - Aftershocks can cause further structural damage. **DO NOT RETURN TO AN EVACUATED BUILDING** unless directed to do so by USI Office of Public Safety.

EXPLOSION, AIRCRAFT CRASH OR SIMILAR SITUATION

1. Stay Calm
2. Take cover under table, desks, or the like to avoid being hit by debris.
3. Follow the CNHP General Evacuation Procedures on page 4.

FIRE

1. In case of Fire - Follow the CNHP General Evacuation Procedure on page 4.
2. Even for a minor fire that appears controllable, IMMEDIATELY contact USI Office of Public Safety at 812-492-7777/or dial 911 and pull the fire emergency alarm to evacuate the building.
 - The alarms are located near each exit doorway/stairwells
 - Fire Extinguishers are located on each floor near the stairwells.
 - There are also fire extinguishers located in the Student Interaction Room on the lower level as well as one in HP 0054.
3. Walk quickly to the nearest exit. **DO NOT USE ELEVATORS DURING A FIRE.**
4. Close doors behind you but **DO NOT** lock them.
5. Smoke is the greatest danger in a fire, so stay near the floor where the air is more breathable if the floor you are on is smoke-filled or you are trapped. Shout at regular intervals to alert emergency personnel of your location.

HOSTAGE SITUATION

1. Observation of a Hostage Situation:

- If you observe someone being taken hostage,
Call USI Office of Public Safety
 - 7777 from a USI phone
 - 812-492-7777 or 812-464-1845 using a cell phone
 - Campus Emergency Phone ([blue](#))
- Whenever possible, take note of the characteristics of the abductors, their habits, speech, mannerisms, and anything that might help authorities with identification.
- Give authorities complete information about which employees or students might be in the area.
- Follow all instructions from USI Office of Public Safety or local authorities.

2. Conduct While Being Held Hostage:

In any hostage situation, attempt to stay calm and be alert to situations that you can use to your advantage. Remember that the primary objective of law enforcement officials will be to secure your safe return as quickly as possible.

- Do not attempt to fight back or struggle physically. No matter how “reasonable” your captors may appear on the surface, they cannot be trusted to behave normally and their actions may be unpredictable.
- Comply with the instructions of your abductors as closely as you can.
- Do not discuss what actions(s) may be taken by your family, friends, or employer.
- Whenever possible, take note of the characteristics of your abductors, their habits, speech, mannerisms, and what contacts they make.
- If your abductors remove you from the workplace, make a mental note of all movements, including times in transit, direction, distances, speed, landmarks, and special odors and smells like transportation, bells, construction, etc. If at all possible, try not to be removed from the workplace.
- Generally, you cannot expect to have a good opportunity to escape. Any attempt to escape should not be made unless your life is in imminent danger. Your life is more likely to be in danger if the abductors remove you from the workplace. Carefully calculate the best possible odds for success.
- Avoid making provocative remarks to your abductors. They may be unstable individuals who react abusively and are likely to be violent and abusive.
- Try to establish some kind of rapport with your abductors. At the same time, remember the abductors are never on your side, no matter how “reasonable” they appear.

MEDICAL EMERGENCY & FIRST AID

1. Check the scene for safety.
2. Call USI Office of Public Safety.
 - 7777 from a USI phone.
 - 812-492-7777 or 812-464-1845 using a cell phone.
 - Campus Emergency Phone ([blue](#)).
 - When reporting the emergency provide the following information:
 - Type of Emergency including nature and severity
 - Give your name
 - Location of victim (Health Professions Center Basement, 1st, 2nd or 3rd floor)
 - Condition of victim
 - Any dangerous conditions
3. Campus Emergency Phones ([blue](#)) are located outside the Health Professions Center.
 - To the West, the back side of the building closest to the woods, in the grassy area behind the Science Center
 - To the East, the front side of the building and closest to the University Boulevard, in the median at the crosswalk to Parking Lot B
 - To operate the Emergency Phones ([blue](#)) push the button which activates the blue flashing light and connects you with a USI Office of Public Safety dispatcher.
4. Provide comfort care but **DO NOT MOVE THE VICTIM.**
5. Enlist the help of someone nearby to standby outside the building on the boulevard side to “flag down” EMS/USI Office of Public Safety when they reach the vicinity of the building.
6. If you are a trained First Responder or certified in CPR or First Aid begin basic care. USI Office of Public Safety can render First Aid and CPR.
7. Emergency Medical Supplies including First Aid Kits are located:
 - 3rd Floor: Copy Room – top shelf, 3rd cabinet
 - 2nd Floor: Cabinet above sink in hallway (HP2080) outside Dean’s Office
 - 2nd Floor: Clinical Simulation Center (HP2036) – Oxygen, Suction, Basic emergency medical supplies and equipment
 - 2nd Floor: OT/OTA Lab (HP2111)
 - 1st Floor: Dental Clinic (HP1040) – Fully equipped emergency cart, First Aid Kit, Oxygen, Suction, AED
 - Lower Level: Exercise Science Lab (HP0054) on wall shelves to the left of the room
 - Lower Level: Food Lab (HP0063) on wall shelves in back of the room
 - Lower Level: Student Health Center (HP0091)

8. First Aid Instructions – In All Cases Notify USI Office of Public Safety at 812-492-7777
- **Mouth-to-Mouth Resuscitation**
 - If you have been trained do rescue breathing and CPR, proceed as trained.
 - If you have not been trained, seek someone who is trained.
 - **Fainting, Unconsciousness, and Shock**
 - All victims of any illness or injury will need to be treated for shock.
 - Have victim lie down.
 - Keep victim warm and calm.
 - **Burns, Thermal, and Chemical**
 - Remove clothing over the burned areas if not adhered to skin.
 - Remove all jewelry from injured areas.
 - Flood chemical burns with cool water.
 - Cover burns with dry, sterile bandage.
 - Keep victim comfortable and quiet.
 - Apply cool compress to thermal burns.
 - **Severe Bleeding and Wounds**
 - Use a clean cloth and apply direct pressure over wound.
 - Elevate body part.
 - If severe bleeding continues, use pressure over blood vessel (pressure point) nearest the wound.
 - Add more cloth if blood soaks through. Do not remove soaked compress.
 - **Choking**
 - If the victim cannot talk and is having difficulty breathing, apply the chest/ abdominal thrust.
 - **Seizures**
 - Protect the victim by clearing the area of dangerous objects.
 - Turn victim on their side.
 - **DO NOT** put anything in their mouth.
 - **Fracture and Sprains**
 - Keep victim still.
 - Keep injured area immobile.
9. Once the victim has been cared for and transported, normal student/employee injury reporting procedures should be followed.

POWER OUTAGE

1. In the event of a power outage that results in a loss of lighting in the building, the following actions should be followed:
 - Emergency lighting should activate immediately.
 - If you are not in an area with emergency lighting
 - Direct everyone with you to stay calm.
 - Find a flashlight if available, or use a cell phone for light.
2. Follow CNHP General Evacuation Procedures on page 4.
3. Avoid downed power lines.

SHELTER IN PLACE

1. A Shelter In Place announcement means that conditions warrant you to stay where you currently are – Do NOT MOVE to move to another site.
2. Stay in your rooms/offices/classrooms.
 - Notify those around you, and encourage others to remain in your room/office/classroom rather than try and leave the building.
 - Shut and lock the door(s).
 - Close the window shades, blinds, or curtains.
 - Write down the names of everyone in the room. If possible, contact your emergency contact person/USI Department of Public Safety and let them know who is with you and where you are.
 - Check your email, college website, or TV if available (**with the volume off**) to keep informed.
 - Only come out when the Office of Public Safety notifies you it is safe to do so.
 - **Follow CNHP General Evacuation Procedures on page 4.**

TORNADO

1. Tornado Watch

- A tornado watch means weather conditions may cause tornadoes to develop in an area. A watch does not mean that a tornado has been sighted. The watch may cover time periods of up to 8 hours. Be prepared for a possible tornado.
- Occupants in the Health Professions Center will take the following actions in the event of a tornado watch:
 - Open weather app on a cell phone or a local weather website on the computer in order to monitor weather conditions.
 - Ask other faculty and/or staff to assist in monitoring weather conditions and to notify faculty, staff, and students in classrooms if conditions worsen.

2. Tornado Warning

- **A tornado warning means that persons in the expected path of the storm should take shelter immediately.**
- Tornado warnings are issued by local weather bureau offices when a tornado funnel has actually been sighted or indicated by radar. The warning covers a short period of time and specific small areas. The warning will indicate where the tornado was detected and the area through which it is expected to move.
- **Occupants of the Children's Center will move to the basement of the Health Professions building, room 0070.**
- Occupants in the Health Professions Center will respond immediately to a tornado warning by taking the following actions immediately:
 - Move to the basement of the building if possible, using stairs only.
 - Take cover under a solid piece of furniture such as a table or desk; move away from surfaces that contain chemicals or hazardous materials.
 - Kneel in a corner of an interior wall with head and face covered.
 - Move away from glass windows, doors, bookcases, and wall hangings.
 - Do not leave the building until the tornado event stops in order to avoid injury from falling debris.
 - When the event stops, quickly gather belongings including a flashlight if available.
 - Do not use elevators.
 - Assist the disabled, older adults, and pregnant women to the nearest exit or stairwell landing & seek assistance from emergency personnel to help in transporting them from the building.

3. After Tornado - Follow CNHP General Evacuation Procedures on page 4.

4. Avoid downed power lines.

WORKPLACE VIOLENCE

1. Gunfire

- If you become aware of gunfire occurring in the building, take refuge in a room that can be locked, or block the door with office furniture, etc. The best refuge should also provide limited visibility to anyone that is outside of it.
- Secure the door, turn off lights, and hide under a desk, in a closet, or in a corner hidden from the door.
- If possible, contact USI Office of Public Safety at 812-492-**7777**. If calling USI Office of Public Safety might jeopardize your safety by alerting a shooter to your presence, do not make a sound. People in safer areas will contact Office of Public Safety.
- Remain calm, quiet, and still.
- Do not unlock the door for anyone. Once the situation has been resolved, a USI Office of Public Safety officer or other local authority will unlock the door and provide you with instructions.

2. Immediate Threatening Behavior

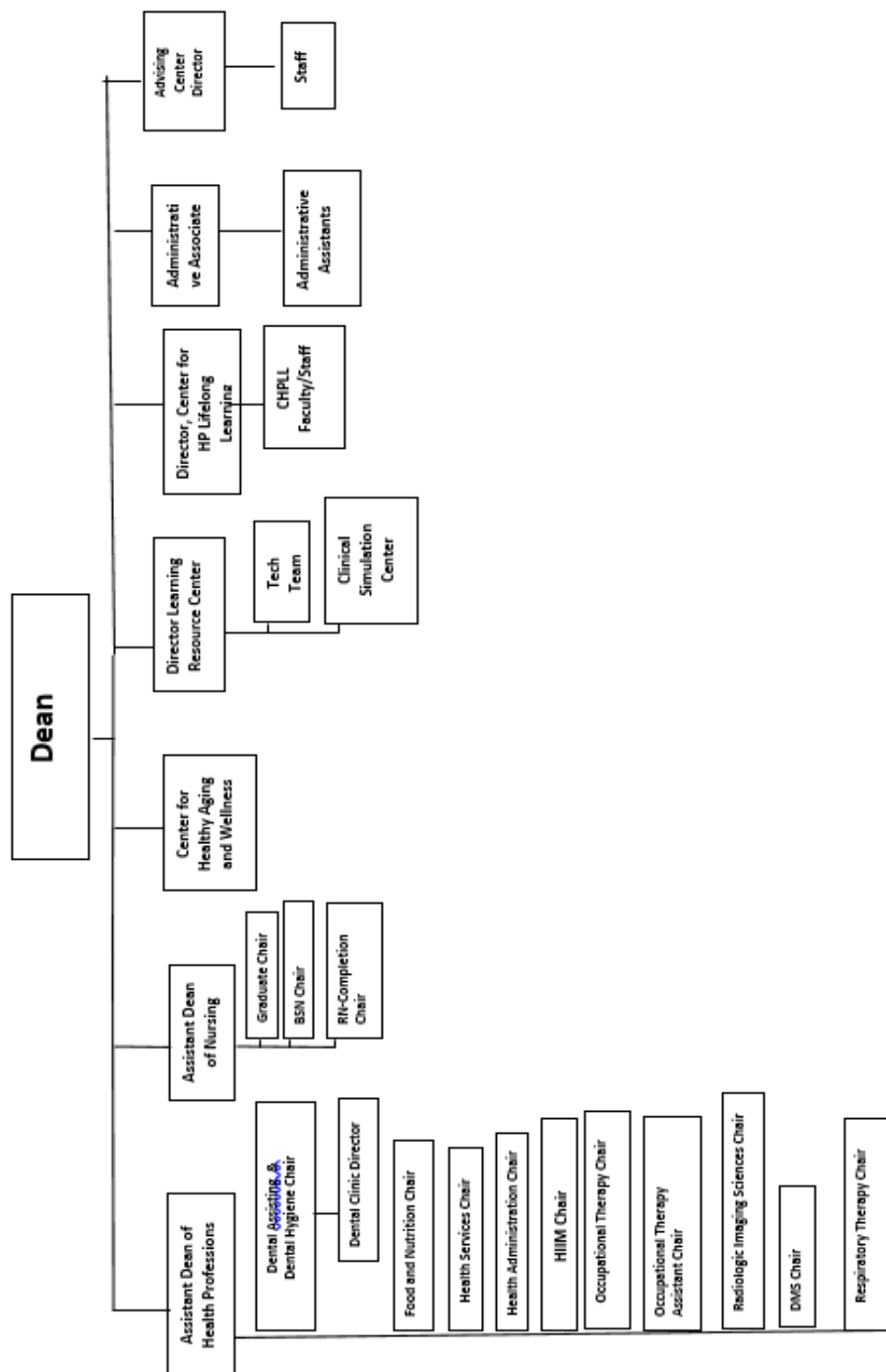
- If someone's actions make you worried about an immediate threat, try to remain calm and establish some kind of rapport with the threatening person. Appease the person if possible. Avoid any escalation of emotion or behavior if possible. Realize that a threatening person may be irrational and unpredictable; you may not be able to change their behavior.
- Employees in the vicinity who are not involved with the threatening person should discreetly contact USI Office of Public Safety at 812-492-**7777**. Do not let the threatening person know that USI Office of Public Safety is being contacted, because it may escalate the behavior.
- Whenever possible, everyone involved should take note of the characteristics of the threatening person: habits, speech, mannerisms, and anything that might help authorities.
- If you are isolated with the threatening person, try to move to a public area by telling the person you will consult with someone in authority to deal with their complaints.
 - If possible, leave the person behind and go inform others about the behavior and contact USI Office of Public Safety at 812-492-**7777**.
 - If the person insists on accompanying you, bring the person to a common area where someone will be able to discreetly contact USI Office of Public Safety at 812-492-**7777**.
- When USI Office of Public Safety arrives, the officer will assess the threat level. Follow all instructions given by the Office of Public Safety officer or other local authority.

3. Non-Immediate Threatening Behavior

- If you are worried about potential violence because of a student's behavior but you feel there is no immediate threat, get as much information as you can about the student and contact the USI Office of Public Safety at 812-492-**7777**.
- Remember that the presence of one or more risk factors does not always mean a student is a threat. If you notice a combination of risk factors from a student, it is always worthwhile to alert the USI Office of Public Safety so the university can perform a threat assessment. Some risk factors include:
 - Person communicates a threat to a person, place, or system.
 - Person possesses plans, tools, weapons, or materials for an attack.

- Person has a plan and a timeframe for an attack.
- Person glorifies and revels in publicized violence; uses weapons for emotional release; venerates destruction.
- Person is fixated and focused on a target for an attack.
- Person carries deep grudges and resentments.
- Person describes target negatively in writing or art.
- Person seems driven to an attack with little choice or with a feeling of predestination.
- Person has suicidal ideations.
- Person feels persecuted.
- Person is preparing “last acts” or how s/he will be remembered.
- Person has a weapon or training in weapons.
- Person has a history of erratic, impulsive, risk-taking behaviors.
- Person shows drastic, unexplained behavioral changes.

Emergency Notification Chart



Note: Faculty and Administrative Assistants/Associates report to chair of designated programs.

**Phone tree notification system will be implemented by Deans, Chairs, and Administrative Associate.