2020-2021

CNHP Handbook

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Welcome

Welcome to the 2020-2021 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 2020

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
HIPAA Policy
Academic Year 2020-2021

Revised May 2020

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Previous reviews/revisions: May 2014 / October2015/ May 2016/No revisions for May 2017/Revised May 2018/ April 2019 / HIPAA updated January 2021

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*.

Documentation

1. All records related to a student's medical status and program required documents will be maintained by 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.

Medical Evaluation

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. Students should refer to their program (major) for Medical Evaluation forms that must be completed.

Required Immunizations

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 OR two doses of MMR vaccine and varicella vaccine.
- Completed hepatitis B vaccine series, and evidence of post-vaccination serologic testing for anti-HBs is required.
- One dose of tetanus, pertussis and diphtheria vaccine (Tdap); documentation of booster Td every 10 years
- Annual influenza immunization.

All required vaccines must be complete by the time frame indicated by the student's major.

Influenza vaccine must be received annually.

Vaccine Recommendations in Brief

http://www.immunize.org/catg.d/p2017.pdf

Hepatitis B – If previously unvaccinated, give a 2-dose (Heplisav-B) or 3-dose (Engerix-B or Recombivax HB) series. Give intramuscularly (IM). For HCP who perform tasks that may involve exposure to blood or body fluids, obtain anti-HBs serologic testing 1–2 months after dose #2 (for Heplisav-B) or dose #3 (for Engerix-B or Recombivax HB).

Influenza – Give 1 dose of influenza vaccine annually. Inactivated injectable vaccine is given IM, except when using the intradermal influenza vaccine. Live attenuated influenza vaccine (LAIV) is given 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 subcutaneously.
Varicella (chickenpox) – For HCP who have no serologic proof of immunity, prior vaccination, or diagnosis or verification of a history of varicella or herpes zoster (shingles) by a healthcare provider, give 2 doses of varicella vaccine, 4 weeks apart.
Tetanus, diphtheria, pertussis – Give 1 dose of Tdap as soon as feasible to all HCP who have not received Tdap previously and to pregnant HCP with each pregnancy (see below). Give Td or Tdap boosters every 10 years thereafter. Give IM.
Meningococcal – Give both MenACWY and MenB to microbiologists who are routinely exposed to isolates of Neisseria meningitidis. Every 5 years boost with MenACWY if risk continues. Give MenACWY and MenB IM.

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

Influenza

All students admitted to clinical programs and completing internships must receive annual vaccination against influenza. All clinical faculty must receive annual vaccination against influenza. Students and faculty will follow current influenza recommendations from ACIP for the year in which immunization is administered. All HCP students participating in volunteer assignments should follow the guidelines of the facility.

Measles, Mumps, Rubella (MMR)

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

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.

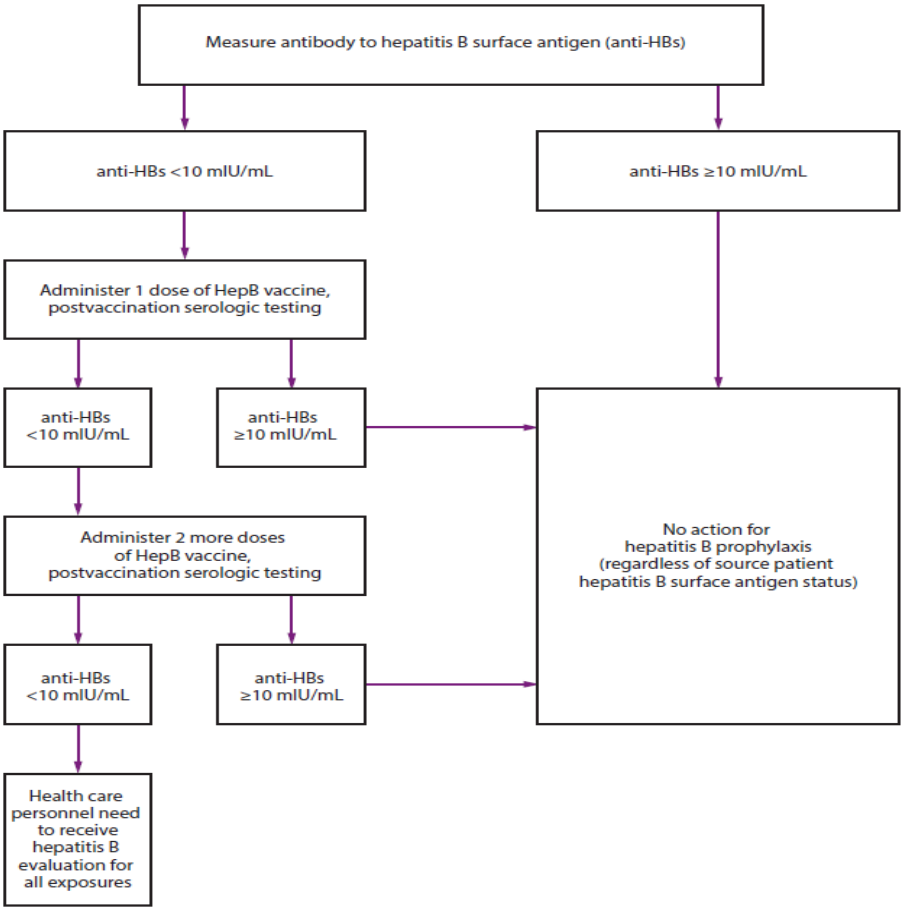
Tetanus/Diphtheria/Pertussis (Td/Tdap)

All adults who have completed a primary series of a tetanus/diphtheria-containing product (DTP, DTaP, DT, Td) should receive a one-time dose of Tdap and then Td or Tdap boosters every 10 years. https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html

Hepatitis B

- Unvaccinated healthcare personnel (HCP) and/ or those who cannot document previous vaccination should receive either a 2-dose series of Heplisav-B at 0 and 1 month or a 3-dose series of either Engerix-B or Recombivax HB at 0, 1, and 6 months.
- HCP who perform tasks that may involve exposure to blood or body fluids should be tested for hepatitis B surface antibody (anti-HBs) 1–2 months after dose #2 of Heplisav-B or dose #3 of Engerix-B or Recombivax HB to document immunity.
- If anti-HBs is at least 10 mIU/mL (positive), the vaccinee is immune. No further serologic testing or vaccination is recommended. • If anti-HBs is less than 10 mIU/mL (negative), the vaccinee is not protected from hepatitis B virus (HBV) infection, and should receive another 2-dose or 3-dose series of Hep B vaccine on the routine schedule, followed by anti-HBs testing 1–2 months later.
- A vaccinee whose anti-HBs remains less than 10 mIU/ mL after 2 complete series is considered a “non-responder.” 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 or blood with unknown HBsAg status.
- It is also possible that non-responders are people who are HBsAg positive. HBsAg testing is recommended. HCP found to be HBsAg positive should be counseled and medically evaluated. For HCP with documentation of a complete 2-dose (Heplisav-B) or 3-dose (Engerix-B or Recombivax HB) vaccine series but no documentation of anti-HBs of at least 10 mIU/mL (e.g., those vaccinated in childhood): HCP who are at risk for occupational blood or body fluid exposure might undergo anti-HBs testing upon hire or matriculation.

Pre-exposure evaluation for health care personnel previously vaccinated with complete, ≥3-dose HepB vaccine series who have not had postvaccination serologic testing*



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). * Should be performed 1–2 months after the last dose of vaccine using a quantitative method that allows detection of the protective concentration of anti-HBs (≥10 mIU/mL) (e.g., enzyme-linked immunosorbent assay [ELISA]).*

Testing anti-HBs for health care prersonnel (HCP) vaccinated in the past:

The issue: An increasing number of HCP have received routine hepatitis B (Hep B) vaccination during childhood. No postvaccination serologic testing is recommended after routine infant or adolescent Hep B vaccination. Because vaccine-induced antibody to hepatitis B surface antigen (anti-HBs) wanes over time, testing HCP for anti-HBs years after vaccination might not distinguish vaccine non-responders from responders.

Guidance for health care institutions: Health care institutions may measure anti-HBs upon hire or matriculation for HCP who have documentation of a complete Hep B vaccine series in the past (e.g., as part of routine infant or adolescent vaccination). HCP with anti-HBs <10 mIU/mL should receive one or more additional doses of Hep B vaccine and retesting (Figure 3). Institutions that decide to not measure anti-HBs upon hire or matriculation for HCP who have documentation of a complete Hep B vaccine series in the past should ensure timely assessment and postexposure prophylaxis following an exposure (Table 5).

Considerations: The risk for occupational HBV infection for vaccinated HCP might be low enough in certain settings so that assessment of anti-HBs status and appropriate follow-up should be done at the time of exposure to potentially infectious blood or body fluids. This approach relies on HCP recognizing and reporting blood and body fluid exposures and therefore may be applied on the basis of documented low risk, implementation, and cost considerations. Certain HCP occupations have lower risk for occupational blood and body fluid exposures (e.g., occupations involving counseling versus performing procedures), and non-trainees have lower risks for blood and body fluid exposures than trainees. Some settings also will have a lower prevalence of HBV infection in the patient population served than in other settings, which will influence the risk for HCP exposure to HBsAg-positive blood and body fluids.

Tuberculosis Screening

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.

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.

https://www.cdc.gov/mmwr/volumes/68/wr/mm6819a3.htm?s_cid=mm6819a3_w

TB Screening, Testing and Treatment of Healthcare Personnel (CDC, 2019) summary of recommendations:

Baseline (preplacement) screening and testing TB screening of all HCP, including a symptom evaluation and test (IGRA or TST) for those without documented prior TB disease or LTBI; individual TB risk assessment.

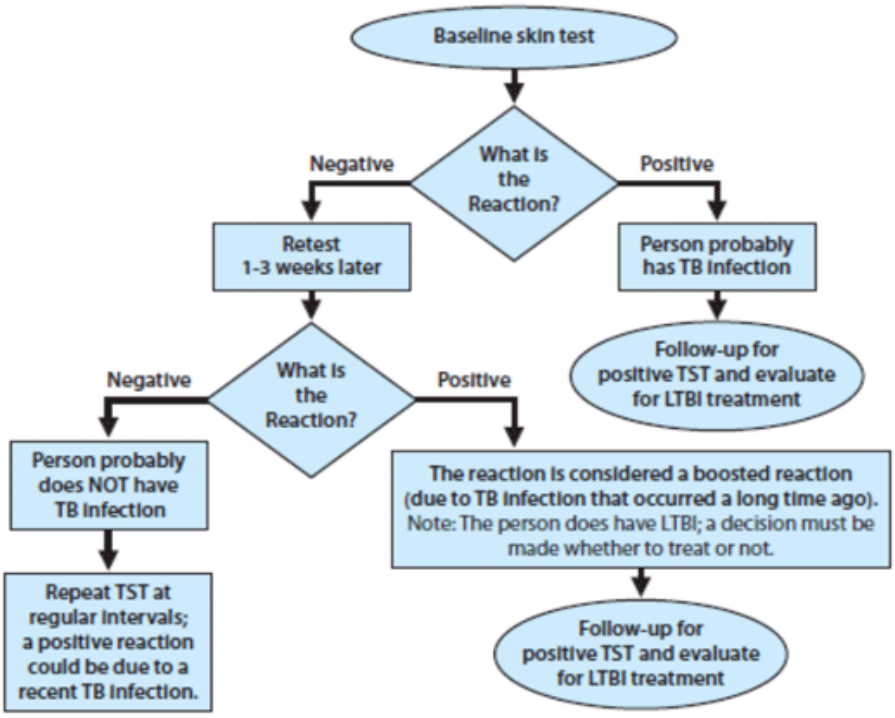
Postexposure screening and testing Symptom evaluation for all HCP when an exposure is recognized. For HCP with a baseline negative TB test and no prior TB disease or LTBI, perform a test (IGRA or TST) when the exposure is identified. If that test is negative, do another test 8–10 weeks after the last exposure.

Serial screening and testing for HCP without LTBI Not routinely recommended; can consider for selected HCP groups; recommend annual TB education for all HCP, including information about TB exposure risks for all HCP.

Evaluation and treatment of positive test results Treatment is encouraged for all HCP with untreated LTBI, unless medically contraindicated.

Abbreviations: IGRA = interferon-gamma release assay; LTBI = latent tuberculosis infection; TST = tuberculin skin test.

Two-Step TST Testing



Indicators of risk* for tuberculosis (TB) at baseline health care personnel assessment†
Health care personnel should be considered to be at increased risk for TB if they answer "yes" to any of the following statements.

1. Temporary or permanent residence (for ≥1 month) in a country with a high TB rate (i.e., any country other than Australia, Canada, New Zealand, the United States, and those in western or northern Europe)

Or

2. Current or planned immunosuppression, including human immunodeficiency virus infection, receipt of an organ transplant, treatment with a TNF-alpha antagonist (e.g., infliximab, etanercept, or other), chronic steroids (equivalent of prednisone ≥15 mg/day for ≥1 month), or other immunosuppressive medication

Or

3. Close contact with someone who has had infectious TB disease since the last TB test

Abbreviation: TNF = tumor necrosis factor.

* Individual risk assessment information can be useful in interpreting TB test results. (Lewinsohn DM, Leonard MK, LoBue PA, et al. Official American Thoracic Society/Infectious Diseases Society of America/Centers for Disease Control and Prevention clinical practice guidelines: diagnosis of tuberculosis in adults and children. Clin Infec Dis 2017;64:111–5). https://academic.oup.com/cid/article/64/2/111/2811357external icon

† Adapted from a tuberculosis risk assessment form developed by the California Department of Public Health.

Communicable Diseases/Infections and Immunocompromised Status

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 educational experience.

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. **Any expenses that are incurred for medical care are the responsibility of the student.**

   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 Postexposure Prophylaxis

https://www.cdc.gov/mmwr/volumes/67/rr/rr6701a1.htm#T5_down

Vaccinated HCP

- For vaccinated HCP (who have written documentation of a complete HepB vaccine series) with subsequent documented anti-HBs ≥10 mIU/mL, testing the source patient for HBsAg is unnecessary.
- No postexposure prophylaxis for HBV is necessary, regardless of the source patient's HBsAg status (Table 5).
- Postexposure management of health care personnel after occupational percutaneous or mucosal exposure to blood or body fluids, by health care personnel HepB vaccination and response status.
- For vaccinated HCP (who have written documentation of a complete HepB vaccine series) without previous anti-HBs testing, the HCP should be tested for anti-HBs and the source patient (if known) should be tested for HBsAg as soon as possible after the exposure. Anti-HBs testing should be performed using a method that allows detection of the protective concentration of anti-HBs (≥10 mIU/mL).
- Testing the source patient and the HCP should occur simultaneously; testing the source patient should not be delayed while waiting for the HCP anti-HBs test results, and likewise, testing the HCP should not be delayed while waiting for the source patient's HBsAg results (Table 5).
    - If the HCP has anti-HBs <10 mIU/mL and the source patient is HBsAg-positive or has an unknown HBsAg status, the HCP should receive 1 dose of HBIG and be revaccinated as soon as possible after the exposure. HepB vaccine may be administered simultaneously with HBIG at a separate anatomical injection site (e.g., separate limb). The HCP should then receive the second 2 doses of HepB vaccine to complete the second series (likely 6 doses total when accounting for the original series) according to the vaccination schedule. So the HCP's vaccine response status can be documented for future exposures, anti-HBs testing should be performed 1–2 months after the final vaccine dose.
    - If the HCP has anti-HBs <10 mIU/mL and the source patient is HBsAg-negative, the HCP should receive an additional single HepB vaccine dose, followed by repeat anti-HBs testing 1–2 months later. HCP whose anti-HBs remains <10 mIU/mL should undergo revaccination with two more doses (likely 6 doses total when accounting for the original series). So the HCP's vaccine response status can be documented for future exposures, anti-HBs testing should be performed 1–2 months after the final dose of vaccine.
    - If the HCP has anti-HBs ≥10 mIU/mL at the time of the exposure, no postexposure HBV management is necessary, regardless of the source patient's HBsAg status.
- For vaccinated HCP with anti-HBs <10 mIU/mL after two complete HepB vaccine series, the source patient should be tested for HBsAg as soon as possible after the exposure. If the source patient is HBsAg-positive or has unknown HBsAg status, the HCP should receive 2 doses of HBIG (*1*,*10*). The first dose should be administered as soon as possible after the exposure, and the second dose should be administered 1 month later. HepB vaccine is not recommended for the exposed HCP who has previously completed two HepB vaccine series. If the source patient is HBsAg-negative, neither HBIG nor HepB vaccine is necessary (Table 5).

Unvaccinated HCP

- For unvaccinated or incompletely vaccinated HCP, the source patient should be tested for HBsAg as soon as possible after the exposure. Testing unvaccinated or incompletely vaccinated HCP for anti-HBs is not necessary and is potentially misleading, because anti-HBs ≥10 mIU/mL as a correlate of vaccine-induced protection has only been determined for persons who have completed an approved vaccination series (Table 5).
- If the source patient is HBsAg-positive or has an unknown HBsAg status, the HCP should receive 1 dose of HBIG and 1 dose of HepB vaccine administered as soon as possible after the exposure. HepB vaccine may be administered simultaneously with HBIG at a separate anatomical injection site (e.g., separate limb). The HCP should complete the HepB vaccine series according to the vaccination schedule. To document the HCP's vaccine response status for future exposures, anti-HBs testing should be performed approximately 1–2 months after the final vaccine dose. Anti-HBs testing should be performed using a method that allows detection of the protective concentration of anti-HBs (≥10 mIU/mL). Because anti-HBs testing of HCP who received HBIG should be performed after anti-HBs from HBIG is no longer detectable (6 months after administration), it might be necessary to defer anti-HBs testing for a period longer than 1–2 months after the last vaccine dose in these situations (Table 5).
    - HCP with anti-HBs ≥10 mIU/mL after receipt of the primary vaccine series are considered immune. Immunocompetent persons have long-term protection and do not need further periodic testing to assess anti-HBs levels.
    - HCP with anti-HBs <10 mIU/mL after receipt of the primary series should be revaccinated. For these HCP, administration of a second complete series on an appropriate schedule, followed by anti-HBs testing 1–2 months after the final dose, is usually more practical than conducting serologic testing after each additional dose of vaccine. So the HCP's vaccine response status can be documented for future exposures, anti-HBs testing should be performed 1–2 months after the final vaccine dose.
- If the source patient is HBsAg-negative, the HCP should complete the HepB vaccine series according to the vaccination schedule. So the HCP's vaccine response status can be documented for future exposures, anti-HBs testing should be performed approximately 1–2 months after the final vaccine dose (Table 5).
    - HCP with anti-HBs ≥10 mIU/mL after receipt of the primary vaccine series are considered immune. Immunocompetent persons have long-term protection and do not need further periodic testing to assess anti-HBs levels.
    - HCP with anti-HBs <10 mIU/mL after receipt of the primary series should be revaccinated. For these HCP, administration of a second complete series on an appropriate schedule, followed by anti-HBs testing 1–2 months after the final dose, is usually more practical than conducting serologic testing after each additional dose of vaccine. So the HCP's vaccine response status can be documented for future exposures, anti-HBs testing should be performed 1–2 months after the final vaccine dose.

Clinical Management of Exposed HCP

- HCP who have anti-HBs <10 mIU/mL (or who are unvaccinated or incompletely vaccinated) and sustain an exposure to a source patient who is HBsAg-positive or has an unknown HBsAg status should undergo baseline testing for HBV infection as soon as possible after the exposure, and follow-up testing approximately 6 months later. Testing immediately after the exposure should consist of total anti-HBc, and follow-up testing approximately 6 months later should consist of HBsAg and total anti-HBc (Table 5).
- HCP exposed to a source patient who is HBsAg-positive or has an unknown HBsAg status do not need to take special precautions to prevent secondary transmission during the follow-up period; however, they should refrain from donating blood, plasma, organs, tissue, or semen (*10*). The exposed HCP does not need to modify sexual practices or refrain from becoming pregnant (*10*). If an exposed HCP is breastfeeding, she does not need to discontinue (*7,10*). No modifications to an exposed HCP's patient-care responsibilities are necessary to prevent transmission to patients based solely on exposure to a source patient who is HBsAg-positive or has an unknown HBsAg status.

Previously Vaccinated HCP

- Providers should only accept written, dated records as evidence of HepB vaccination (*151*).
- An increasing number of HCP have received routine HepB vaccination during childhood. No postvaccination serologic testing is recommended after routine infant or adolescent HepB vaccination. Because vaccine-induced anti-HBs wanes over time, testing HCP for anti-HBs years after vaccination might not distinguish vaccine nonresponders from responders. Pre-exposure assessment of current or past anti-HBs results upon hire or matriculation, followed by one or more additional doses of HepB vaccine for HCP with anti-HBs <10 mIU/mL and retesting anti-HBs, if necessary, helps to ensure that HCP will be protected if they have an exposure to HBV-containing blood or body fluids (Box 5; Figure 3).
    - HCP who cannot provide documentation of 3 doses of HepB vaccine should be considered unvaccinated and should complete the vaccine series. Postvaccination serologic testing for anti-HBs is recommended 1–2 months after the third vaccine dose. HCP who are inadvertently tested before receiving 3 documented doses of HepB vaccine and have anti-HBs ≥10 mIU/mL should not be considered immune because anti-HBs ≥10 mIU/mL is a known correlate of protection only when testing follows a documented 3-dose series. Health care facilities are encouraged to try to locate vaccine records for HCP and to enter all vaccine doses in their state immunization information system.

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

Postexposure management of health care personnel after occupational percutaneous or mucosal exposure to blood or body fluids, by health care personnel Hep B vaccination and response status

		Postexposure testing		Postexposure prophylaxis	
HCP status	**Source patient (HBsAg)**	**HCP testing (anti-HBs)**	**HBIG**	**Vaccination**	**Postvaccination Serologic testing**

Documented responder after complete series			No action needed		
Documented nonresponder after two complete series	Positive/unknown	__*	HBIG x2 separated by 1 month	--	N/A
	Negative		No action needed		
Response unknown after complete series	Positive/unknown	<10 mIU/mL	HBIG x1	Initiate revaccination	Yes
	Negative	<10 mIU/mL	None	Initiate revaccination	Yes
	Any result	≥10 mIU/mL	No action needed		
Unvaccinated/incompletely vaccinated or vaccine refusers	Positive/unknown	--	HBIG x1	Complete vaccination	Yes
	Negative	--	None	Complete vaccination	yes

Abbreviations: anti HBs = antibody to hepatitis B surface antigen; HBIG = hepatitis B immune globulin; HBsAg = hepatitis B surface antigen; HCP = health care personnel; N/A = not applicable.

* Not indicated.

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:
https://www.cdc.gov/oralhealth/infectioncontrol/summary-infection-prevention-practices/personal-safety-program-evaluation.html

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:
https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6007a1.htm

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 (Other Potentially Infectious Materials). 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: https://www.cdc.gov/handhygiene/providers/index.html

Wash with soap and water	**Use an Alcohol-Based Hand Sanitizer**
• When hands are visibly dirty • After known or suspected exposure to *Clostridium difficile* if your facility is experiencing an outbreak or higher endemic rates • After known or suspected exposure to patients with infectious diarrhea during *norovirus* outbreaks • If exposure to *Bacillus anthracis* is suspected or proven • Before eating • After using a restroom	• For everything else

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.

☐ Accident/ Injury Investigation 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 for treatment as recommended by primary HCP. (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 clinical facility's employee health department 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 Accident/Injury Investigation Report, Student Exposure Incident Report and Management of 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:_____

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: _____

Post-exposure management/counseling (to be completed by evaluating health care provider):

Date: _____ Time: _____

Comments: _____

_____

_____

_____

Counselor Signature: _____

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, *at my own expense*. 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 CHAIR

Corrective action needed: _____

_____

Has this action been taken? [ ] yes [ ] no

Is further investigation needed? [ ] yes [ ] no

Comments: _____

_____

_____

Signature: _____Date _____

Updated April 2019

ACCIDENT / INJURY INVESTIGATION REPORT INSTRUCTIONS

The attached form must be completed for injuries to employees, students, visitors or volunteers that occur on the job or during USI activities/events on or off campus.

Form should be completed within 24 hours of an incident.

CLAIMANT/INJURED (Employee, Student Worker, Student, Visitor, or Volunteer)

1. Complete entire 1st page, sign and date form.
2. Give both pages of Accident/Injury form to your supervisor or program director for completion.

SUPERVISOR OR PROGRAM DIRECTOR OF CLAIMAINT/INJURED

1. Complete top section of page 2, sign and date form.
2. Return completed Accident/Injury Investigation Form to:
   - Human Resources – for injured employee or student worker.
   - Department of Risk Management – for injured student, visitor, or volunteer.

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; January 2021

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 a third-party person or entity providing us services ("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 (the "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 very member of the College workforce must participate in online HIPAA education and testing which is accessed through the College website, https://www.usi.edu/health/. 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 CNHP 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 their 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:
    - delivery and continuity of the individual's treatment or care,
    - educational or research purposes, or
    - 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. As necessary to receive payment for any health care provided;
3. To health oversight agencies;
4. To coroners, medical examiners, and funeral directors;

5. To employers regarding work-related illness or injury;
6. To the military;
7. To federal officials for lawful intelligence, counterintelligence, and national security activities;
8. To correctional institutions regarding inmates;
9. In response to subpoenas and other lawful judicial processes;
10. To law enforcement officials;
11. To report abuse, neglect, or domestic violence;
12. As required by law;
13. As part of research projects; and
14. 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 and reasonable steps to ensure 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 due 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 maintain. 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 maintainthe 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 ofthe 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** - Individuals 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 individual's or workforce member' s record

The College is 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 months, 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 agreedto 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 in writing and deemed reasonable by the College. 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	• Failing to log-off/close or secure a computer with *protected health information* displayed • Leaving a copy of *protected health information* in a non-secure area • Discussing *protected health information* in a non-secure area (lobby, hallway, elevator)	• Staff: verbal warning with documentation by immediate supervisor • Students: verbal warning with documentation by clinical faculty and/or program chair • Faculty: verbal warning with documentation by program chair or Dean
Level II: Undermining Accountability	• Sharing ID/password with another coworker or encouraging a coworker to share ID/password • Repeated violation of previous level	• Staff: written performance counseling by immediate supervisor • Students: written performance counseling by clinical faculty and/or program chair • Faculty: written performance counseling by program chair or Dean
Level III: Unauthorized Access	• Accessing or allowing access to *protected health information* without a legitimate reason • Repeated violation of previous level	• Staff: final performance counseling by immediate supervisor • Students: final performance counseling and program chair determines outcome • Faculty: final performance counseling program chair or Dean determines outcome
Level IV: Blatant Misuse	• Accessing or allowing access to *protected health information* without a legitimate reason and disclosure or abuse of the *protected health information* • Using protected patient information for personal gain. • Tampering with/or unauthorized destruction of information • Repeated violation of previous level	• Staff: initiate termination of employment • Students: initiate dismissal from educational program in line with College procedures • Faculty: initiate termination from employment in line with College procedures

c) 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.

d) 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.

e) 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.

f) 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 Dean of the College of Nursing and Health Professions 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, developing clinical guidelines, 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 or as described in the Person Involved in Care section.

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 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 January 11, 2021

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 termination or dismissal.

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_____

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 personal health information. The purpose of this agreement is to help you understand your duty regarding confidential personal health 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 personal health 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).

As a member of the CNHP workforce you shall only access, use, or disclose confidential personal health information as necessary to perform your job functions.

As a member of the CNHP workforce you shall only access, use, and disclose confidential personal health information which you have authorization to access, use, and disclose as necessary to do your job.

As a member of the CNHP workforce you shall 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 your job and as in accordance with all applicable University of Southern Indiana and CNHP policies and procedures and with all applicable laws.

As a member of the CNHP workforce you shall report to your supervisor and to the appropriate office any individual's or entity's activities that you suspect may compromise the confidentiality of confidential personal health information.

UNIVERSITY OF SOUTHERN INDIANA

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 heath 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: _____

CLIENT IS ENTITLED TO A COPY OF THIS CONSENT AFTER SIGNING.
Include completed Consent in the client's chart.

REVOCATION 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: awhite@usi.edu.

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)

-Workforce Member Unable to Obtain Client Acknowledgment -

Print Name_____

Signature_____

Date_____

_____

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

UNIVERSITY DELAYS, CANCELLATIONS AND EMERGENCY CLOSINGS

Classes and special events at the University of Southern Indiana are rarely cancelled or delayed, and seldom are University offices closed. When conditions warrant, USI may delay classes and/or opening the University, cancel classes (but University offices remain open) or close the University.

When the main campus is closed, all events (including those sponsored by off-campus organizations) are cancelled. Announcements about individual department or program activities will not be made.

Announcement of Delays, Cancellations or Closings
Information on class delays, cancellations or University closings is announced and conveyed in several ways. USI employees and students are encouraged to be familiar with the following ways to receive information.

- A RAVEAlert (email, text message and voice message options) email is automatically sent to employees and students via their USI account. However, preferred email addresses, phone and mobile phone numbers to receive voice alerts and text messages may be added. RAVEAlert accounts can be managed and tested by logging on to myUSI and clicking the RAVEAlert icon. ***Highly recommended.***

- Information is posted to the USI homepage at USI.edu. This will be a primary source for announcements. ***Highly recommended.*** As available, additional information about facility hours, food service, Rice Library, Recreational Fitness and Wellness Center, transportation and other resources will be posted at USI.edu/emergency.

- Dial 812-464-8600 to reach USI's main switchboard. An emergency message may be recorded when there are no operators available.

- Radio and television stations and local newspapers receive delay, cancellation or closing announcements.

- Social media sites, including Facebook and Twitter will carry updates.

Preparedness initiatives offer simple steps to plan for emergencies. They include prepare, make a plan, and be informed. Make a plan today of how you will connect with announcements about cancellations, delayed openings and closings, manage your RAVEAlert options (if you have not already done so), check the emergency preparedness webpage at USI.edu/emergency for more details, be familiar with campus snow routes and keep this information handy.

Information for Faculty and Staff
When classes are cancelled or delayed but the University remains open, employees are expected to report to work as usual.

In the event of delayed opening or campus closure, non-essential personnel should not report to work without the approval of their supervisor. Supervisors/managers of employees who still

report to work have the authority to tell the employee to return home. If you are unsure of your status as either essential or non-essential, check with your supervisor/manager.

Essential personnel are required to report to work in the event of any cancellation, delayed opening or campus closing. Essential personnel are those vital to the operation of the facility, whose absence from duty could endanger the safety and well-being of the campus population and/or physical plant. Essential personnel are determined by their department heads based upon the incident, job function and level of operations to be sustained.

At the beginning of each semester, faculty and students should discuss plans for communicating class status related to University closing, class cancellation or delayed opening.

For information about leave or compensation, contact Human Resources at 812-464-1815.

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