



Internship Handbook

HI 410

Guidelines for Students and Preceptors
for

Health Informatics and Information Management Internships

College of Nursing and Health Professions

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HI 410 Internship Checklist

Date _____

This checklist will guide you through your internship. Steps are explained in the handbook.

- _____ Complete all Castle Branch requirements before applying for an internship – see Appendix 1 for codes to place an order and information about all the requirements.
- _____ File an internship application with the Health Informatics and Information Management Department (for Fall Interns – by April 15; for Spring Interns – by September 15; for Summer Interns – by February 15).
- _____ Receive an "Approved for an internship" email.
- _____ Schedule a meeting with the internship Career Services Liaison.
- _____ Have an on-site internship interview with your potential Preceptor.
- _____ Accept an internship offer and notify the Internship Program Instructor and Career Services Liaison.
- _____ Complete and submit the following forms to the Health Informatics and Information Management Department:
 - _____ HI 410 Internship Work Agreement – see Appendix 2
 - _____ HI 410 Preceptor Contact Information – see Appendix 2
 - _____ HI 410 Health Informatics Requirements Contract – see Appendix 2
- _____ Receive Notice to Register – you will be emailed the CRN# and how to register.
- _____ Register for the internship course (HI 410).
- _____ Post schedule to Blackboard Course site.
- _____ Begin internship.
- _____ By the end of your 1st week, submit your HI 410 Internship Learning Goals form - see Appendix 2.
- _____ Before your mid-term review, submit your HI 410 Job Description for Internship form - see Appendix 2.
- _____ 3 weeks before the midterm, submit possible dates for the review to the Career Services Liaison.
- _____ Mid-term review.
 - _____ Post on Blackboard all HI 410 Weekly Tracking Forms to the Career Services Liaison - see Appendix 2.
- _____ Notify the Career Services Liaison upon completion of your internship.
 - _____ The Career Services Liaison will email your Preceptor an evaluation form.
 - _____ Complete all In-Class Requirements and Castle Branch requirements.
- _____ Receive a grade following course's grading scale outlined in the course syllabus.
- _____ Send your Preceptor a "Thank You" note.

1. Introduction

This handbook outlines much of the information you will need to progress through the preparation and participation in an internship. **It is your responsibility to be familiar with this information and act on the instructions without being prompted.** For a quick reference of the steps, turn to pg. 3 of the handbook to the Checklist. Detailed explanations are found in the body of the handbook.

The Health Informatics and Information Management program provides the critical interface between academia and industry for the rapidly changing field of Health Informatics and Information Management. Students have a unique opportunity to help guide the future of health informatics education and to collaborate with healthcare organizations to improve the quality of care and reduce costs. Internships may require students to implement and assess new software, decision support methods, or analyze quality and patient outcomes data.

The Health Informatics and Information Management Internship courses (i.e two HI 410 courses, 150 hours each) are mandatory courses in the Health Informatics and Information Management (HIIM) program. These courses require students to think critically about real-world informatics issues and apply acquired knowledge and competencies to these issues.

2. Planning for the Internship Experience

a. Early Planning (Freshman/Sophomore)

- **Review and consider financial viability when considering the timing of the internship**
- **Schedule courses to complete pre-requisite course requirements prior to the application period. A course in Microsoft Office is strongly recommended.**
- Consider your career goals and what type of internship experience might best help you prepare for your desired position after graduation.
- Note which courses in the HIIM program interest you the most, and which health care settings you prefer.
- Talk to other students about their internship experiences.
- Join Health Informatics and Information Management Student Organization and discuss options with student members.
- Discuss ideas with your academic advisor and/or instructors.
- Attend an orientation session and look at Castle Branch requirements.

b. Later Planning/Applying (Junior/Senior)

- File an internship application (before the stated deadlines) with the Health Informatics and Information Management Department.
 - Health Informatics and Information Management applications are available online at <https://www.usi.edu/media/5611188/hiim-internship-application.pdf> or in the Health Informatics and Information Management office (Room HP 3001).
- Once your application has been approved, schedule a meeting with Elizabeth Buchanan, Internship Career Services Liaison (464-1865), at least **two months PRIOR** to the desired start date (See time table in 3c). Come to this meeting prepared:
 - Know the information included in this document.
 - Bring your updated resume to the meeting

- Identify your areas of interest and be prepared to discuss them with the Career Services Liaison.
- Bring ideas of possible internship sites or contacts.

3. Overview of the Internship Experience

a. Purpose/Goals

The major purpose of an internship is to provide you with professional experience outside of the classroom that is consistent with your career goals. It provides you the opportunity to integrate and apply what you have learned in your coursework to enhance your academic and professional development.

The internship learning outcomes are:

- Acquire competency in applying healthcare informatics and information management or technical knowledge and skills to a real-world setting.
- Develop the ability to work on a real project with other healthcare professionals using sound communication skills and good work ethics.
- Be able to apply project management skills to achieve the goals of each project.
- Develop the ability to complement classroom learning with field experience to advance personal knowledge of the discipline.
- Understand the needs of healthcare informatics and information management and start to formulate a personal career plan for the future.
- Demonstrate the ability to work independently and interprofessionally.

b. Eligibility

The first internship should be completed near the end of the academic program so that students can apply the knowledge gained from the coursework. Eligibility for placement in an internship is as follows:

- Completed internship application.
- Successful completion of HP 475 and HI 405 with C or above grade.
- Completed cybersecurity training and CastleBranch profile.

Health Informatics and Information Management internships are to be completed near the end of your academic program so that you can apply knowledge gained from your coursework. Eligibility for participation in an internship is as follows:

Fall Internship Applicant Requirements:

- Apply no later than **April 15**
- 75 hours completed
- Completed Background Profile and Health Requirements

Spring Internship Applicant Requirements:

- Apply no later than **Sept. 15**
- 75 hours completed
- Completed Background Profile and Health Requirements

Summer Internship Applicant Requirements:

- Apply no later than **Feb. 15**
- 75 hours completed
- Completed Background Profile and Health Requirements

See Pre-requisites below:

*Admittance into the Health Informatics and Information Management Program - 2.75 GPA required – see specific application online at <https://www.usi.edu/media/5611188/hiim-internship-application.pdf>

*Successful completion (C or above) of HP 475 and HI 405

*Completion of the following courses:

Course Number	HP 475	CIS 151	HI 301	HI 302	HP 302	IPH 356	HI 405
Grade Requirement	2.75 GPA for Each Course						

c. Health Informatics Application, Approval, and Referral Process

You should plan your class schedule and finances in order to accommodate distance learning experiences. Some internship sites may be an hour or more drive from the USI campus. Summer internships may be located in a student’s home area and in some cases, students may apply for and be awarded opportunities in specific disciplines and locations throughout the region and tri-state area.

STEP 1:

You must complete a Health Informatics and Information Management Internship Application to be considered for an internship no later than the dates listed below. **Those applying for the second internship must also follow these steps. A separate application must be filled out for each semester.**

- **April 15** for the Fall Semester
- **September 15** for the Spring Semester
- **February 15** for the Summer Semester

These deadlines are fixed in order for the Career Services Liaison to have enough time to assist you in scheduling interviews and setting up internship sites throughout the Evansville area and other communities as needed. It may sometimes take several months for the University to put Affiliation Agreements into place, so time is of the essence in completing and submitting an application for your internship.

Note that failure to meet these deadlines may delay your graduation date.

Students applying for internships in a Health Informatics and Information Management setting need to be aware that they will be expected to complete the Castle Branch Profile including physical exam, verification of immunizations and/or titers, TB test, flu shot, Background check, Drug Screen and other clinical requirements. **This will be at the student’s expense.**

Step 2:

After submission of the application, you will be notified via e-mail of a decision by the Health Informatics and Information Management Department.

Step 3:

After receiving approval of your application, you should arrange an appointment with Elizabeth Buchanan, Career Services Liaison to discuss the internship as one of the final steps in preparing for a job in healthcare.

Appointments with the Career Services Liaison (phone number:812-464-1865), must be scheduled on the following time table:

- Before or during the month of **March** for the Summer semester
- Before or during the month of **May** for the Fall semester
- Before or during the month of **October** for the Spring Semester

Failure to meet this deadline may mean that your internship will be postponed to the next semester due to the inability to arrange placement on time.

Note: Those applying for a continuation of the second internship with the same facility must apply and notify Career Services, in addition to the Health Informatics and Information Management Department, and complete a second agreement as well as forming new internship goals.

The Career Services Liaison will help you augment your academic training with an appropriate internship by:

- Assessing academic preparation, interests, strengths and weaknesses
- Clarifying the intern's objectives and establishing realistic expectations for the internship experience.
- Designing a meaningful, goal-directed internship by aligning the needs and skills of each intern with an appropriate healthcare organization.
- Agreeing on the time commitment, beginning and ending dates.
- Reviewing internship logistics such as work requirements, dress code, hours, office space, and other related issues as needed.
- Clarifying agency requirements such as immunizations, fingerprinting, etc.
- Some agencies/facilities may require a lengthy orientation prior to the beginning of the internship. The student must plan to accommodate these requirements.

d. Health Informatics Internship Requirements and Activities

For the Health Informatics and Information Management internship course, your course instructor will utilize a variety of methods to reinforce class teachings, including on-site activities, various technologies as required/recommended, recommended and supplemental readings, final report preparation and student presentations. Additionally, the instructor could employ up to five typical project activities as methods of evaluation. These include a written job description with a project plan and goals, a weekly activity log and/or activity journal, a work portfolio of deliverables, a final project report and/or internship reflection, and a project presentation.

Note: There are additional fees involved in the internship process. The College of Nursing and Health Professions has adopted the Castle Branch Profile as the standard for verification of pre-

placement documents. Fees include but are not limited to the costs for the Castle Branch Check, CPR training (which will be offered within the class time setting), the Dinner View Experience, and any other requirements set forth by the student's community placement site.

The cost of coverage under the University's Professional Liability Plan is attached to tuition for the HI 410 course.

e. Health Informatics Contact Hours/Credit Hours

Health Informatics and Information Management students are required to complete a total of 6 credits and 300 hours of internship experience over two semesters. Health Informatics and Information Management students may not complete their internship in one semester. **Any second experience requires a second set of HI 410 Work Agreement, HI 410 Contact Information and HI 410 Health Requirements Contract forms.**

"Contact hours" (150-300 hrs.) must be completed **on-site** at the agency and/or under the supervision of a qualified Preceptor. Internship-related work performed at home (such as class assignments) does not count as "contact hours."

Class time requirements are not counted as "contact hours."

4. Internship Site Selection

Both USI and the healthcare organization hosting an intern would have specific responsibilities in support of the internship. The following describes those key responsibilities:

University of Southern Indiana

- Guide student in the selection of an appropriate internship site.
- Work with the preceptor before the start of the Internship to identify project options and consult with him/her on student's progress during the experience.
- Provide an orientation to the Internship experience before the student starts at the organization. This would include expectations, role responsibilities, course requirements, etc.
- Monitor student progress through student completed documentation and meetings at the University campus.

Preceptor

- Provides a learning experience for the student that supports his/her interests and learning needs.
- Responsible for the student's learning during the internship experience.
- Models leadership behavior for the students to observe and routinely advises students.
- Consults with faculty on student's progress.
- Completes a student evaluation form at the end of the practicum experience.

a. Identifying an Appropriate Internship Site

You play an important role in identifying an appropriate site. You are encouraged to discuss preliminary ideas with your advisor and Career Services. Bring your ideas to your meeting with the Career Services Liaison, who will assist with aligning your interests with participating sites.

b. Using Your Place of Employment as the Internship Site

You may **only** use your current place of employment as your internship site if you can document that:

- The internship assignment is distinct from your employment responsibilities and will be completed in a department or division distinct from your regular position
- The hours devoted to the internship are distinct from your hours of employment
- There is a qualified Preceptor, other than your immediate supervisor, who can supervise your work
- The above criteria are reviewed by your employer and your supervisor is willing to submit a written statement that the criteria are acceptable and that each will be met. The feedback on using one's place of employment as an internship site is mixed. Two of the major disadvantages reported are role confusion and job-related interruptions. The major advantage reported is convenience.

c. Paid Internships

Paid internships are rare; however, these opportunities are acceptable if the facility offers compensation for the experience.

5. On-site Internship Interview

a. Purpose of the Interview

You must have a face-to-face interview with your potential Preceptor. The Preceptor will assess your interests and whether you are a good fit for their organization. You **must** be able to articulate your interests during this interview.

b. Preparation for the Interview

Employers tell us that they are seeking interns who demonstrate professional behavior and appearance, a positive attitude toward learning, dependability, flexibility, initiative, quality work, and the ability to collaborate and work well in teams in a diverse environment. **It is essential that you demonstrate these qualities during your interview. An interview does not guarantee that you will be accepted!**

You should **research the organization** before the interview so you are familiar with their services, department and specialties. This will allow you to ask informed questions and help articulate why you are interested in working with them. **Preceptors will ask you what you are interested in learning, please be prepared for this question!**

c. Information to obtain during your interview:

- Will I have assigned project and related activities?
- Will I have opportunities to attend meetings/conferences within and outside of the program or agency?
- Will I receive supervision by my Preceptor on a regular basis?
- Will my Preceptor give me feedback on my performance during my internship?
- Will I have the resources required to complete my assignments (e.g. office space, phone, fax, photocopier, computer, etc.)?
- Will I be expected to work independently or as part of a team?
- Will I be working with other interns?
- What is the procedure for requesting a change in schedule or for reporting an absence?
- When I complete my assignments can I request additional projects?
- Will I report to an additional person other than my Preceptor?
- In the event that my Preceptor is unavailable, who will be authorized to assign activities to me?
- How will my schedule be arranged?

d. Accepting an Offer

Once you accept an internship offer, please notify (via email is acceptable) the Internship Program Instructor and the Career Services Liaison. Once an **HP 480 Internship Work Agreement** form is signed, it is expected that you will honor your commitment.

6. Internship Pre-placement Documentation

The HI 410 Internship Work Agreement, HI 410 Internship Site Contact Information form, and HI 410 Health Services Requirements Contract must be returned to the Health Informatics and Information Management Department in Room 3001 (see Forms, Appendix II).

- It is desirable to be onsite at least twice per week. This provides you with adequate exposure to the agency so that you can become acquainted with the organization personnel and to maximize your learning opportunities.

- a. HI 410 Internship Work Agreement Form (see Forms, Appendix II)
HI 410 Internship Site Contact Information Form
HI 410 Health Informatics and Information Management Requirements Contract

The Purpose of these forms is to promote a clear understanding of the focus and substance of the internship. These forms protect all parties and can be referenced if questions arise relative to any aspect of the experience.

These forms must all be signed by both the student intern and the site preceptor and returned to the Health Informatics and Information Management Department in HP3001.

b. Project Plan & Goals

The **Project Plan & Goals** should be completed and uploaded to the Course Blackboard site. This form delineates the internship responsibilities and expected skill set.

- If the Internship includes a project, then it should be described briefly on the project/job description form.

Goals are learning points that the student and Preceptor create together. The student must have an idea of what they want to learn. Goals should be aligned with the student's specialty and should be measurable. The **Internship Learning Goals** form should be completed and uploaded to the Course Blackboard site.

c. Internship Start & End Dates

Internships generally begin at the start of the term, but cannot be started until the requirements for the **Castle Branch Profile** have been met, successful completion of HP 475 and enrollment in HI 410 is complete. These dates should be reflected on your **HI 410 Internship Work Agreement** Form. Unforeseen circumstances may arise that may interfere with the timeline of the experience. It is imperative that communication be made with all parties involved to adjust the timeline if necessary. Tracking entries are required for all hours if you want them counted toward the total hour requirement. **Internships (which include your Castle Branch Profile) not completed by the end of the term will receive an "Incomplete" grade until all requirements are met.**

Note: **POST YOUR SCHEDULE!** Once your internship schedule is established, it is imperative that you provide the internship coordinator (i.e. HI 410 instructor and/or career services liaison) with your planned schedule – there is an area on the Course Blackboard site for this information to be uploaded. In the event that your schedule changes over the course of the internship, you must **UPDATE.**

d. Registering for the Internship Course

Upon completion of all pre-registration requirements, the Health Informatics and Information Management Department will clear the student to register online for the appropriate section(s) of the course.

e. Expectations to be Shared with Preceptor (see Appendix III)

Please share with your Preceptor, the documents found in Appendix III. They will be valuable in guiding both your preceptor and you to a successful internship experience.

7. Professional Conduct

a. Code of Conduct

Conducting yourself in a professional manner with the highest standards of personal ethics is an absolute requirement. Violations of professional conduct and/or generally accepted standards of ethical behavior will be grounds for termination from the internship with the assignment of a Failed grade.

As an intern, you will be expected to behave in a professional and ethical manner. Your conduct should be honorable, productive and represent the University in a manner such that hosts will want more USI students to follow.

The College of Nursing and Health Professions (CNHP) has adopted a **Social Media Policy**. It is expected that all interns abide by this policy. Failure to do so will mean an administrative withdrawal from the internship experience and subsequent course. (See the Social Media Policy as a part of your Castle Branch Profile Information). You will read and sign the **Social Media Policy** as a part of the Castle Branch Profile.

The following is expected of you as you participate in your internship and represent USI in the community.

- Assert yourself and your ideas in an appropriate and tactful manner
- Be fair, considerate, honest, trustworthy and cooperative when dealing with coworkers. DO NOT gossip.
- Communicate- keep people informed in a useful succinct way, listen and ask questions
- Do not conduct personal business during work hours (This is the use of any emails, cell phone, internet or appointments)
- Be observant- watch how people organize their thoughts, share them and how they respond to communications both positive and negative.
- Remain drug and alcohol-free.
- Maintain confidentiality of work-related projects and personnel.
- Familiarize yourself with and adhere to, relevant organizational arrangements, procedures and functions – this includes OSHA and HIPAA requirements.
- Understand what constitutes a permissible work absence, and who to notify if absent, be prompt with being on time to work and with assignments. Always give your best effort!
- Changes in your work schedule, supervision or problems at your site must be reported to the internship coordinator.
- IF you feel victimized by a work-related incident, contact the USI Internship program Instructor or Career Services Liaison.
- Dress appropriately for the work setting
- Follow through on commitments
- Be positive and look for opportunities to lend a hand or contribute.
- Keep an open mind. Practice developing a Global Perspective by being an informed participant.
- Seek feedback from your supervisors, accept suggestions for corrective changes in behaviors and broaden your perspectives. Continuously strive to improve performance.

8. Required Internship Components

a. Internship Weekly Activity Tracking Form (see Appendix II)

The internship tracking form is a detailed account of your daily activities: a record of your internship dates, hours and significant learning exercises, noting gaps between what you are learning and what you expected to learn.

- Entries may briefly summarize your day's events including points of interest or difficulties encountered
- Your entries may include a description of meetings attended, data compiled, or materials read. It is the means by which you can track your own progress and provides necessary information for the integrative internship research paper.
- You and your Preceptor must sign and date weekly.
 - Forms will be submitted to the course Blackboard site.

b. On-Campus Meetings & Midterm Review

On-campus meetings might be scheduled by the Internship Program Instructor and Career Services Liaison which are the on-campus, instructional component of the internship. These sessions provide an opportunity to exchange ideas and experiences, provide support, engage in problem-solving, explore internship and work-related issues with other interns, and other professional development skills. Such exchanges also provide a chance to refine goals and objectives and evaluate internship progress.

- **Attendance is mandatory** (please notify your Preceptor of upcoming scheduled meetings so you may be excused from your scheduled internship hours if needed - meeting time does not count towards your required contact hours). You will discuss strategies so you can get the most benefit from your internship experience.
- On-campus meetings scheduling will vary and be determined each semester.
- You are responsible for coordinating a time with your Preceptor and Career Services Liaison for a midterm review of your goals and progress 3 weeks before the midterm. Please call career services for possible dates for the midterm review. The meeting can be by phone or face-to-face and will last about an hour. You should plan several weeks before to schedule the meeting date. **This is a mandatory requirement for the successful completion of the Internship.**

c. Professional Development

- A pre-requisite for HI 410 is the successful completion (C or above) of HP 475 as well as HI 405.

d. Project Materials

You are expected to complete at least one project for the agency. The project will be decided in consultation with your Preceptor. Your Preceptor will familiarize you with the overall functions/activities of your site and help you identify appropriate projects. A summary of the experience will be presented to the class at the end of the semester.

e. Final Project/Project Presentation (see Appendix IV)

Please see the syllabus for details.

f. Evaluation

This evaluation will have several components that may include, but not limited to:

- Students will be asked to complete a brief survey at the beginning and end of each internship to assess progression toward Health Informatics and Information Management degree completion.
- Midterm review with student and preceptor.
- Online preceptor pre-internship and post-internship evaluation.

g. Receiving a Grade for the Internship

A grade will be recorded upon completion of the internship hours and all requirements. See the Course Syllabus for further details.

9. Unanticipated Situations Can Arise

a. Activities not specified on the Internship Agreement Form

As it is impossible to anticipate every internship activity, you may be asked to perform a function that you did not anticipate, but that is within the generally expected duties of an internship. Certain tasks are common practice for most internship placements including photocopying, answering telephones, data management, letter-writing, delivery of documents, and on occasion, stuffing envelopes. However, as important as these activities are to the operation and success of any agency or program, they should not constitute the substance of your internship.

If you feel that you are being asked to perform duties, not in line with your goals, please contact either the Career Services Liaison or Program Instructor.

b. Activities that compromise your personal or professional values or beliefs

In the unlikely situation, that you are asked compromise your personal or professional values or beliefs, please contact either the Career Services Liaison or Program Instructor for further direction.

c. Discrimination/Harassment

You should not feel that you are being harassed or discriminated against in any way. If such situation should occur, please contact either the Career Services Liaison or Program Instructor for further direction.

10. Glossary

Affiliation Agreement: A formal Affiliation Agreement established between USI and your internship site – is only required by some agencies. It describes issues related to liability, the scope of responsibility among other issues. If required, this inter-institutional agreement must be in place prior to the internship start date.

Career Services: The professional currently employed by USI's Career Services Department and Internships who has been assigned the responsibility of managing the relationship between USI and the community healthcare site. This person also ensures that the National Association of Colleges and Employers (NACE) guidelines are met.

Health Informatics Students: Students enrolled in USI's Bachelor's Degree in Health Informatics and Information Management 4-year program.

HIPAA: Health Information Portability and Accountability Act (<http://www.hhs.gov/ocr/privacy/>)

This Act guarantees the privacy of a patient's/client's health information. HIPAA Training can be found on the Health Services website at <http://www.usi.edu/health/faculty-staff-resources/osha-and-hipaa-training>

Internship: The Educational experience of a Health Informatics and Information Management. A total of six (6) credit hours must be earned to complete the bachelor's degree in Health Informatics and Information Management. This should be done in two semesters and two separate placements or both with the same organization (**using two separate applications**) of 150 hours (3 credits) each.

Internship Program Instructor: A faculty member in the Department of Health Informatics and Information Management, who serves as the instructor for the Internship in Health Informatics and who is responsible for supervising/teaching the internship experience (HI 410).

Memorandum of Understanding (MOU): The official agreement between the University and external Health Care Agencies and Facilities, generally referring to clinical settings such as hospitals. It is this legal agreement that will allow students to be a part of the agency/facility in a student intern capacity, and to ensure that appropriate liability insurance coverage is in place or any other requirements as established in the agreement.

NACE: The National Association of Colleges and Employers, organization that connects employers and career services professionals to provide best practices, trends, research, professional development, and conferences (<http://www.nacweb.org/home.aspx>).

OSHA: Occupational Safety and Health Administration (<https://www.osha.gov/>) assures a safe workplace and that all workers comply with standards that keep workers safe on the job. Training is found at <http://www.usi.edu/health/faculty-staff-resources/osha-and-hipaa-training>

Preceptor: An appropriately credentialed and experienced health practitioner, who is employed full-time by a health agency and who serves as your on-site Internship Preceptor and mentor. Ideally, your Preceptor should possess a (graduate degree) with specialized training and experience in his/her chosen field. Other individuals who possess extensive experience, but without advanced degrees may also be approved as a Preceptor. The Preceptor is responsible for supervising your projects, duties and performance, completion of your evaluation, notifying Internship Program Instructor if problems are encountered during the internship period.

APPENDIX I:
Castle Branch Profile Instructions, Policy & Procedures

Please go the website indicated below to order your Castle Branch Profile and choose your code:

To place your order go to:

<https://portal.castlebranch.com/UE96>

Step 1: Click on "Place Order"

Step 2: Click on "Please Select" drop down

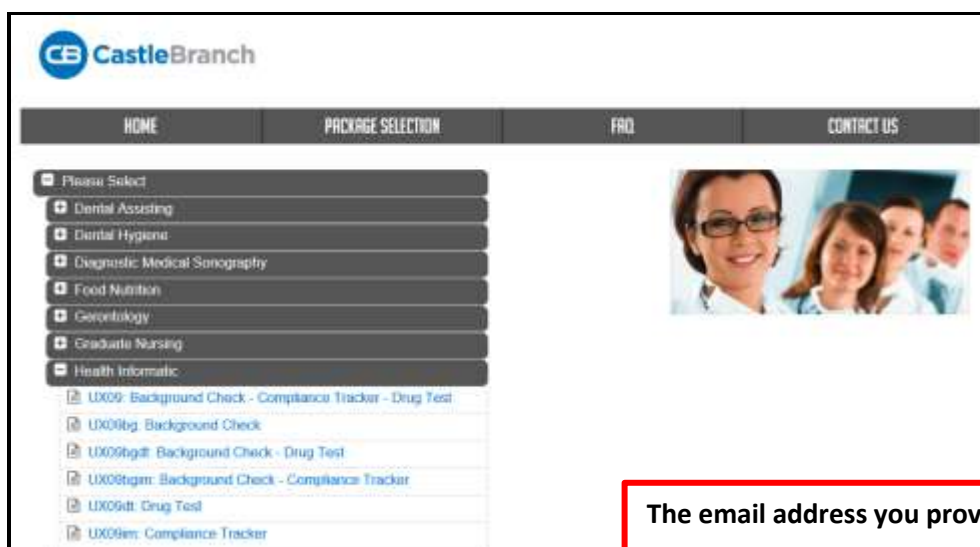
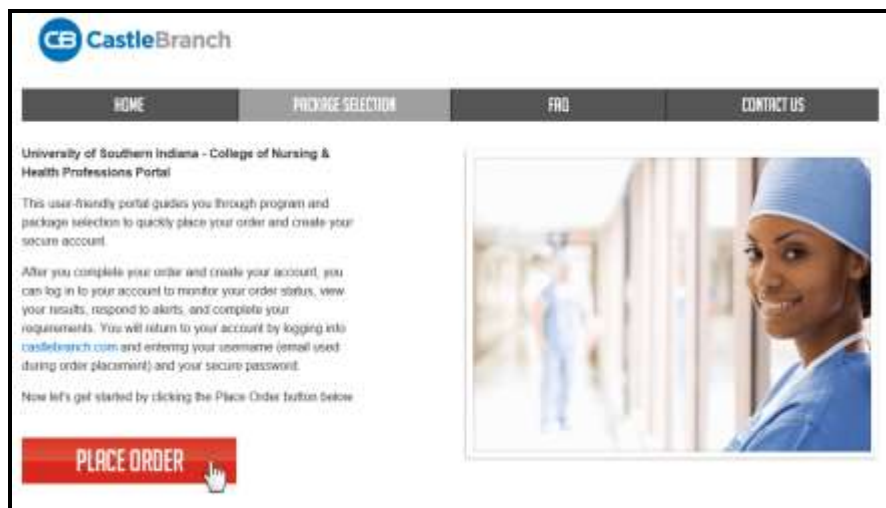
Step 3: Click on: **Health Informatics**

Step 4: Click on: **UX09** package code

Step 5: Follow instructions on the screen

UX09 – Background Check, Drug Test & Medical Document Manager

(drug tests are from LabCorp – 1200 Professional Blvd. Evansville, IN – price for drug test is included in the package)



The email address you provide will become your username.

Contact us: 888.914.7279 or servicedesk.cu@castlebranch.com

Medical Document Manager Requirements

Measles, Mumps & Rubella (MMR)

One of the following is required:

- 2 vaccinations OR
- Positive antibody titer for (lab report OR physician verification of titer results required) for all 3 components.

Varicella (Chicken Pox)

One of the following is required:

- 2 vaccinations OR
- Positive antibody titer (lab report OR physician verification of titer results required) OR
- Medically documented history of the disease that has been verified by a physician or nurse practitioner and contains their signature.

Hepatitis B

One of the following is required:

- 3 vaccinations AND a positive antibody titer (lab report OR physician verification of results required) OR
- Positive antibody titer (lab report OR physician verification of results required)

Tuberculosis (TB)

One of the following is required: 2 step TB skin test (2 separate TB Skin Tests within 1-3 weeks apart within the past 12 months), OR QuantiFERON Gold blood test within the past 12 months (negative laboratory report OR physician verification of negative results required), OR T-Spot TB blood test within the past 12 months (negative laboratory report or physician verification of negative results required), OR If positive results, provide a clear Chest X-Ray dated any time after the positive result (lab report OR physician verification of results required).

A TB 101 module and successful completion of TB 101 quiz will satisfy the TB renewal requirement upon expiration of the initial test. To view the module and take the quiz, visit <https://www.usi.edu/health/about-the-college/tuberculosis-module/>.

Tetanus, Diphtheria & Pertussis (Tdap)

Documentation of a Tdap booster within the past 10 years.

Influenza

One of the following is required:

- Documentation of a flu vaccination administered by 12/01 the current flu season OR/
- Declination of flu vaccine along with a statement from Healthcare provider

Physical Examination

Download, print and complete the one-page Report of Physical Examination and upload to this requirement. Must be signed by a medical professional.

Medical History

Download, print & complete the 2-page Report of Medical History form and upload to this requirement.

CPR Certification

One of the following is required:

- American Heart Association Healthcare Provider course, OR
American Red Cross CPR/AED for Professional Rescuers and Health Care Professionals OR
- American Red Cross Basic Life Support for Healthcare Providers
Students should submit proof of an approved American Heart Association or American Red Cross card, e-card, or certification of completion. Renewal date will be based on the expiration date.

HIPAA Score

CNHP website <https://www.usi.edu/health/faculty-staff-resources/osha-and-hipaa-training/>

Take the HIPAA test and print your HIPAA score and upload the document to this requirement.

Confidentiality Statement

Upload proof of your signed Confidentiality Statement to fulfill this requirement.

Workforce Member Review of HIPAA policies

Upload your signed Workforce Member Review of HIPAA policies document to fulfill this requirement.

OSHA Score

CNHP website <https://www.usi.edu/health/faculty-staff-resources/osha-and-hipaa-training/>

Take the OSHA test and print your OSHA score and upload the document to this requirement.

Social Media Policy

Download, print & complete the 2 page Social Media Policy form and upload to this requirement.

Cyber Security Training

- Log into your myUSI account, click on the navy blue icon that says "Training" then click on "Begin Training"
- The training does not need to be completed in one sitting, however, it must be completed within 30 days
- When you are done with the training, please **print the certificate, scan, and upload** it into Castlebranch in the appropriate area

Document Manager Requirements

Drug Test

Submit documentation of a drug screen (minimum of 10 panel) administered within the past 3 months with lab report. If results are negative, you will be cleared for placement into your program. If results are positive, you must provide documentation from your physician validating you had a prescription(s) for the drugs in question, prior to being cleared for placement into your program. If your results are positive and you provide no documentation from your physician validating you had a prescription for the drug in question, this requirement will be rejected and you will need to contact your program administrator.

**This is what your profile will look like once you have purchased it.
Upload your documents into each required section.**



[Need Help?](#)

- MESSAGES (0)
- TO-DO LISTS**
- DOCUMENT CENTER ▾
- RESOURCE CENTER ▾

To-Do Lists

Click the blue plus signs below to expand your requirements.

Clinical Requirements UF02: Spring 2015 Interns 14 Requirements OVERDUE !
 Due Date - 12/01/2014

CertifiedProfile Specialists are available to assist you with all aspects of your To Do Lists, including understanding your clinical requirements, guiding you through the upload process and providing clarification on rejected requirements. Our hours are Monday-Friday: 8am-8pm EDT and on Sundays 10am-6:30pm EDT. Reach us by chat from within your CertifiedProfile, email (cpservice@certifiedprofile.com) or by phone (888) 914-7279.

Requirement	Date Due	STATUS
+ 1. Measles, Mumps & Rubella (MMR)	12/01/2014	OD Overdue
+ 2. Varicella (Chicken Pox)	12/01/2014	OD Overdue
+ 3. Hepatitis B	12/01/2014	OD Overdue
+ 4. TB Skin Test	12/01/2014	OD Overdue
+ 5. Tetanus, Diphtheria & Pertussis (Tdap)	12/01/2014	OD Overdue
+ 6. Influenza	12/01/2014	OD Overdue
+ 7. Physical Examination	12/01/2014	OD Overdue
+ 8. Medical History	12/01/2014	OD Overdue
+ 9. CPR Certification	12/01/2014	OD Overdue
+ 10. HIPAA Score	12/01/2014	OD Overdue
+ 11. Confidentiality Statement	12/01/2014	OD Overdue
+ 12. Workforce Member Review of HIPAA policies	12/01/2014	OD Overdue
+ 13. OSHA Results	12/01/2014	OD Overdue
+ 14. Social Media Policy Agreement	12/01/2014	! Incomplete

Click on the (+) to show the drop down instructions for each requirement. This is where you will upload your documents that you have scanned on your computer.



- MESSAGES (0)
- TO-DO LISTS**
- DOCUMENT CENTER
- RESOURCE CENTER

To-Do Lists

Click the blue plus signs below to expand your requirements.

Clinical Requirements UF02: Spring 2015 Interns 14 Requirements **OVERDUE** !
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CertifiedProfile Specialists are available to assist you with all aspects of your To Do Lists, including understanding your clinical requirements, guiding you through the upload process and providing clarification on rejected requirements. Our hours are Monday-Friday: 8am-8pm EDT and on Sundays 10am-6:30pm EDT. Reach us by chat from within your CertifiedProfile, email (cpservicedesk@certifiedprofile.com) or by phone (888) 914-7279.

Requirement	Date Due	STATUS
<div style="border: 1px solid #ccc; padding: 5px;"> <p>1. Measles, Mumps & Rubella (MMR)</p> <p>One of the following is required: 2 vaccinations OR positive antibody titer for all 3 components (lab report OR physician verification of titer results required). If series is in process, submit 1st vaccine and a new alert will be created for you to complete series. If any titer is negative or equivocal, new alerts will be created for you to repeat series.</p> <p>Attach a file from either:</p> <p>CertifiedProfile's My Documents Browse</p> <p>Your computer or flash drive Browse</p> <p>Or download the fax/mail requirement cover page Download</p> </div>	12/01/2014	OD Overdue
2. Varicella (Chicken Pox)	12/01/2014	OD Overdue
3. Hepatitis B	12/01/2014	OD Overdue
4. TB Skin Test	12/01/2014	OD Overdue
5. Tetanus, Diphtheria & Pertussis (Tdap)	12/01/2014	OD Overdue
6. Influenza	12/01/2014	OD Overdue
7. Physical Examination	12/01/2014	OD Overdue



College of Nursing and Health Professions

HEALTH INFORMATION PRIVACY POLICIES & PROCEDURES

Adopted Effective: April 14, 2003, Revised January 2014

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

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

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

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

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

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

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

1. General Rule: No Use or Disclosure

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

2. Acknowledgement and Optional Consent

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

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

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

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

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

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

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

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

3. Oral Agreement

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

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

4. Permitted Without Acknowledgement, Consent Authorization or Oral Agreement

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

a) Verification of Identity the College will always verify the identity and authority of an individual's personal representative, government or law enforcement official, or other people, 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 a photographic identification card, government identification card or badge, and appropriate document on government letterhead. The College will document the request for PHI and how we responded.

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

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

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

5. Required Disclosures

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

6. Minimum Necessary

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

7. Business Associates

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

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

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

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

8. Notice of Privacy Practices

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

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

- b) **Distribution of Our Notice** – The College will provide our **Notice of Privacy Practices** to each individual who submits health information to the College.

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

9. Individual's Rights

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

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

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

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

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

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

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

- c) **Disclosure Accounting** – Clients/patients or workforce members have the right to an accounting of certain disclosures the College made of their PHI within the 6 years prior to their request. Each disclosure we make, that is not for treatment payment or healthcare operations, must be documented showing the date of the disclosure, what was

disclosed, the purpose of the disclosure, and the name and (if known) address of each person or entity to whom the disclosure was made. Documentation must be included in the client’s or workforce member’s record

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

The College will charge a reasonable, cost-based fee for every accounting that is requested more frequently than every 12 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 agreed to restrictions.

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

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

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

a) Staff Training and Management

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

The College will maintain documentation of workforce training.

b.) Violation Levels and Disciplinary /Corrective Actions

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

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

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

	<ul style="list-style-type: none"> • Repeated violations of previous levels 	<p>Faculty: Dean determines disciplinary action/sanction including initiating termination of employment</p>
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b) Complaints – The College will implement procedures for individuals to complain about compliance with our Privacy Policies and Procedures or the Privacy Rules. The College will also implement procedures to investigate and resolve such complaints.

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

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

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

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

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

11. State Law Compliance

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

12. HHS Enforcement

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

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

13. Designated Personnel

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

APPENDIX II:
Career Services Forms/HI 410 Internship Forms

HI 410 HEALTH INFORMATICS AND INFORMATION MANAGEMENT INTERN SITE PRECEPTOR CONTACT INFORMATION

Student Name _____ Student ID# _____

Specialty _____ Class for Internship HI 410 Semester _____

Student email _____

Student phone _____

Site Supervisor Name _____

Supervisor Title/Position _____

Supervisors phone _____

Supervisors mailing address _____

Supervisors email _____

Start date of this Internship _____

Number of site hours needed for this internship _____

Date of midterm visit _____

**This form must be returned to the Health Informatics and Information Management
Department – Room 3001.**

E-mail aldoninger@usi.edu with Health Informatics and Information Management questions.

HI 410 INTERNSHIP WORK AGREEMENT

We, the undersigned, have read the following and agree:

- This contract and any other forms required by the Faculty Supervisor, Field Supervisor, or Internship Coordinator must be completed before the internship begins. Calculation of hours spent in the field begins after the proper contracts have been returned to the University. No credit will be given if this condition is not met, regardless of time spent in the field.
- The intern should honor the ethical standards and professional codes and practices of the field of the internship and of the university.
- The internship should provide varied learning experiences and activities; it should not exploit the intern.
- The intern’s work responsibilities and work schedule, including vacation time, shall be arranged by the intern and the internship field supervisor.
- The number of working hours per internship shall be a minimum of 150 hours per semester.
- The student will maintain a log or portfolio documenting the internship. The faculty internship supervisor may require additional material which will be stated below.
- The student will complete all paperwork provided in the internship packet including a goals statement, two (2) evaluations, and a final paper.
- The legal agreement between the University and the organization shall be effective until formally rescinded by Career Services and the organization.
- The internship field supervisor will provide continual evaluative information to the intern regarding the intern’s work and will submit a minimum of two written evaluations to the University.
- The intern shall schedule periodic conferences with the faculty internship supervisor. The number and nature of these conferences shall be determined by the faculty internship supervisor. Failure to adhere to an agreed upon schedule of these conferences will result in the termination of the internship.
- The internship may also be terminated at any time that (1) one or more of the above conditions is violated; or (2) an agreement to terminate is decided mutually between below signed parties. If termination is due to negative actions of the intern, a failing grade may be assigned.

The following additional requirement(s) shall be met:

INTERN	HOST SUPERVISOR & <u>Company Name</u>
USI FACULTY SUPERVISOR	USI INTERNSHIP COORDINATOR

Semester _____

Date _____

This form must be returned to the Health Informatics and Information Management Department – Room 3042.
 E-mail aldoninger@usi.edu for Health Informatics and Information Management questions.

Please complete this contract with your Internship Preceptor and return it to the Health Informatics and Information Management office in HP 3001 or email a copy to the Internship Program Instructor or Career Services Liaison.

It is the policy of the Health Informatics and Information Management program and the College of Nursing and Health Professions that those students intending to complete HI 410 internships must meet minimum specific training and profile requirements prior to beginning an approved internship.

1. USI HI 410 Specific Training and Profile Requirements:

The following information provides a review of the specific training and profile requirements for students wishing to complete an internship in HI 410:

Hepatitis B

One of the following is required:

- 3 vaccinations AND a positive antibody titer (lab report OR physician verification of results required) OR
- Positive antibody titer (lab report OR physician verification of results required)

CPR Certification

One of the following is required:

- American Heart Association BLS Provider course, OR
- American Red Cross CPR/AED for Professional Rescuers and Health Care Professionals OR
- American Red Cross Basic Life Support for Healthcare Providers

Students should submit proof of an approved American Heart Association or American Red Cross card, e-card, or certification of completion. Renewal date will be based on the expiration date.

Physical Examination

Download print and complete the one page Report of Physical Examination and upload to this requirement. Must be signed by a medical professional.

Influenza

One of the following is required:

- Documentation of a flu vaccination administered by 12/01 the current flu season, OR/
- Declination of flu vaccine along with statement from Healthcare provider

Tetanus, Diphtheria & Pertussis (Tdap)

Documentation of a Tdap booster within the past 10 years.

Varicella (Chicken Pox)

One of the following is required:

- 2 vaccinations OR
- Positive antibody titer (lab report OR physician verification of titer results required) OR
- Medically documented history of the disease that has been verified by a physician or nurse practitioner and contains their signature.

Measles, Mumps & Rubella (MMR)

One of the following is required:

- 2 vaccinations OR
- Positive antibody titer for (lab report OR physician verification of titer results required) for all 3 components.

Tuberculosis (TB)

One of the following is required: 2 step TB skin test (2 separate TB Skin Tests within 1-3 weeks apart within the past 12 months), OR QuantIFERON Gold blood test within the past 12 months (negative laboratory report OR physician verification of negative results required), OR T-Spot TB blood test within the past 12 months (negative laboratory report or physician verification of negative results required), OR If positive results, provide a clear Chest X-Ray dated any time after the positive result (lab report OR physician verification of results required). A TB 101 module and successful completion of a TB 101 quiz will satisfy the TB renewal requirement upon expiration of the initial test. To view the module and take the quiz, visit <https://www.usi.edu/health/about-the-college/tuberculosis-module/>.

Medical History

Download, print & complete the 2 page Report of Medical History form and upload to this requirement.

OSHA Score

CNHP website <http://www.usi.edu/health/faculty-staff-resources/osha-and-hipaa-training>

Take the OSHA test and print your OSHA score and upload the document to this requirement.

HIPAA Score

CNHP website <http://www.usi.edu/health/faculty-staff-resources/osha-and-hipaa-training>

Take the HIPAA test and print your HIPAA score and upload the document to this requirement.

Confidentiality Statement

Upload proof of your signed Confidentiality Statement to fulfill this requirement.

Workforce Member Review of HIPAA policies

Upload your signed Workforce Member Review of HIPAA policies document to fulfill this requirement.

Social Media Policy

Download, print & complete the 2 page Social Media Policy form and upload to this requirement.

Cyber Security Training

- Log into your myUSI account, click on the navy blue icon that says "Training" then click on "Begin Training"
- The training does not need to be completed in one sitting, however, it must be completed within 30 days
- When you are done with the training, please **print the certificate, scan, and upload** it into Castlebranch in the appropriate area

Drug Test

Submit documentation of a drug screen (minimum of 10 panel) administered within the past 3 months with lab report. If results are negative, you will be cleared for placement into your program. If results are positive, you must provide documentation from your physician validating you had a prescription(s) for the drugs in question, prior to being cleared for placement into your program. If your results are positive and you provide no documentation from your physician validating you had a prescription for the drug in question, this requirement will be rejected and you will need to contact your program administrator.

HI 410 Requirements Contract

The student will incur the cost of these requirements unless otherwise covered by the facility. Please note if any of the above requirements will be completed on site:

Additional Requirements:

Any Additional Comments:

Student Signature _____ Date _____

Supervisor/Preceptor Signature _____ Date _____

Work Site _____ Semester Internship _____

This form must be returned to the Health Informatics and Information Management Department – Room 3001.

E-mail aldoninger@usi.edu with Health Informatics and Information Management questions.

HI 410 INTERNSHIP LEARNING GOALS

Internships are most productive when students articulate and record their learning goals at the beginning of the work experience. First, determine what learning you hope to gain from the internship. Then, discuss with your supervisor to make sure the position will offer you the opportunity of achieving these goals. At mid-term, we will evaluate the progress of your goal achievements.

To be meaningful, goal statements must be:

- Specific
- Measurable
- Verifiable
- Achievable
- Agreed upon

List five goals below which you wish to achieve as a result of participating in this internship experience. ***These learning goals should be discussed in your final paper.***

GOAL STATEMENTS:

1. _____

2. _____

3. _____

4. _____

5. _____

Name _____ Today's Date _____

Host Signature _____ Date _____

Work Site _____ Semester Internship _____

Post to Course Blackboard Site

HI 410 JOB DESCRIPTION SAMPLE FOR INTERNSHIP

Title of Preceptor:

Title of Project:

Skills (needed for this project):

Additional Skills (desired for internship): MS Publisher, music, Excel

Brief Description of Company:

Description of Responsibilities (may include but not limited to):

Project description:

Post to Course Blackboard Site

Course HI 410 Internship Weekly Activity Tracking Form

Please use this form to track the days, hours and activities completed during your internship. You are required to complete 150 hours for this internship. This weekly summary should be submitted to the course BlackBoard site. **Make sure to enter the total hours per week.** The documents should be retained for your records.

DATE	HOURS WORKED	TOTAL HOURS PER DAY	ACTIVITIES FOR THE DAY	WHAT I LEARNED FROM THESE ACTIVITIES
	TOTAL HOURS PER WEEK =			

Printed Name: _____

Student Signature: _____ Date: _____

Site Supervisor Signature: _____ Date: _____

Instructor's initials: _____ Date: _____

APPENDIX III: Expectations for Preceptor

Expectations for Preceptor

HI 410 Internship Work Agreement Form

The student must submit the signed agreement form to the Health Informatics and Information Management department before they can register for the HI 410 course.

Contact Hours/Credit Hours

Students may opt for a 3-credit (150-hour) Internship, as is arranged with you, as Preceptor.

Contact hours (150) must be completed on-site at the agency, and/or under the supervision of the Preceptor. Internship-related work performed at home does not count as “contact hours.” The student is to keep a record of their time and activities on the tracking form. The Preceptor is encouraged to sign and date the form each week.

It is usually best when interns can be onsite at least twice per week. This provides them with substantial exposure to the agency so that they can become acquainted with agency personnel and maximize their learning opportunities.

Preceptor Responsibilities/ Expectations

- Provide a learning experience for the student that supports his/her interests and learning needs.
- Responsible for the student’s learning during the internship experience.
- Models leadership behavior for the students to observe and routinely advises students.
- Consults with faculty on student’s progress.
- Completes a student evaluation form at the end of the practicum experience.
- Develop meaningful and challenging experiences relating to the intern’s academic and career goals as per Goals/Project Form.
- Provide the Intern with the appropriate orientation to the organization, work environment, and organization policies and procedure including expected performance standards; office etiquette and attire; work hours; telephone manners; availability of supplies; confidentiality; and process for resolution of ethical dilemmas.
- Define the role of the intern and communicate this role to the intern and relevant staff.
- If possible, schedule activities that allow the intern to gain broad exposure to the professional field as well as to develop proficiency at more narrow tasks.
- Provide oversight of Intern’s projects, duties, and performance.
- Schedule regular supervisory meetings with the intern to enable the intern to ask questions, resolve problems, report on his/her progress, receive training and instructions and receive advice related to his/her future career plans.
- At the end of the internship, an exit interview should be conducted with the intern to discuss the Preceptor Evaluation Form (link for evaluation form will be emailed at midterm and upon completion of interns contact hours).
- Notify the Internship Instructor or Career Services Liaison immediately of any problems or if you have questions or suggestions.
- If an internship is conducted at the place of employment, Preceptor will assure that internship activities will be different from the Intern’s regular job duties/activities.

Expectations of Intern's Professional Conduct

All interns must conduct themselves in a professional manner (dress, personal hygiene, and minimal use of personal electronic devices). During the winter months, The University of Southern Indiana may designate a snow day. Interns are expected to follow the agencies work calendar (national holidays) not the universities holidays. However, if travel conditions are unsafe, they should notify you that they cannot be present.

Discrimination/ Harassment

Interns should be provided a copy of the agency's policy on discrimination and harassment.

Termination from the Internship Program

Please contact the Internship Program Instructor or Career Services Liaison immediately in the event of violations of professional conduct and/or generally accepted standards of ethical behavior.

USI STUDENT INTERN PRECEPTOR GUIDE

The faculty and staff of the USI Health Services and Health Informatics and Information Management Departments want to thank you for hosting one of our students. We believe the best way to learn is through experience and we appreciate you sharing your time and talent to make this possible.

We encourage our students to be the contact point and resource for most of your information from the university. This is *their* learning experience. However, at any point, we encourage you to contact Elizabeth Buchanan, Career Coordinator, at 812-464-1865 with any questions or concerns.

We have three points we hope each intern has an opportunity to experience during each 150 hours internship.

- We encourage our students to become involved in a project that requires most of their time. This is a project the two of you agree upon. It should allow the student to gain a deeper understanding of your agency and how it works.
- We believe you and your colleagues are the best teachers to give a student insight into careers within your industry. We hope there is time for the intern to meet with various department personnel to learn their duties, career path and training.
- Students need a wide variety of experiences to help them develop their academic and professional skills.

For many of our students, this is the first experience in their chosen academic field. They will depend on your guidance to introduce them to the functions and responsibilities of your company or department. However, they should demonstrate the initiative to ask questions and offer assistance at any time. Your role is their coach to guide, encourage, redirect and praise whenever it is appropriate.

We sincerely appreciate your partnership in giving USI students an opportunity to experience an actual working environment in their chosen field. We hope this will be as rewarding for you as we know it will be for the student.

Elizabeth Buchanan
Career Services and Internships
University of Southern Indiana
812-464-1865
eabuchanan@usi.edu

APPENDIX IV:
Health Informatics and Information Management Internship
Reflection Report Instructions

Health Informatics and Information Management Internship

Reflection Instructions

The purpose of this paper is for you to describe your internship experience, and discuss how your experience relates to larger issues and challenges facing the health care system. This paper should demonstrate the application of knowledge gained from your coursework to your internship activities and should be included in your professional portfolio!

- I. Overview of the Agency/Organization
 - a. Brief history and mission.
 - b. Overview of services provided.
 - c. Organizational Chart and identification of your internship placement within the organization.
 - d. Company policies that affected your placement
 - e. Required knowledge, skills, and attributes to be successful working in this setting

- II. *The Healthcare Environment*
 - a. What are the major issues facing the current health care environment?
 - b. Discuss how these issues are impacting the organization/agency where you completed your internship.
 - c. How is the organization/agency responding to these challenges?
 - d. In what way was the focus of your internship related to these issues?

- III. *Description of internship activities including procedures and responsibilities*
 - a. Describe the major activities/projects that you completed or contributed to during your internship.
 - b. What types of computer applications were utilized?
 - c. Describe data compiled, materials reviewed, and work produced (where relevant).
 - d. How did your activities/projects contribute to the organization's mission?
 - e. How did the organization benefit from your projects/output?

- IV. *Activities log summary*

Include a written, detailed account of daily/ongoing activities including the number of hours and meetings attended.

 - i. Identify points of interest and/or difficulties experienced
 - j. Describe inconsistencies/consistencies between what you learned in specific classes and what you experienced during your internship.

- V. *Internship Assessment*
 - a. Employment and orientation process to the internship site – was this adequate? What was good/missing?
 - b. Self-evaluation of the internship.
 - c. Supervisor relationships.
 - d. Benefits gained through the internship experience.

- VI. *Assessment of Preparation for Internship*
 - a. Which classes best prepared you for your internship and why?
 - b. Identify coursework or activities you wish you had prior to your internship.
 - c. Suggested changes that would have strengthened your internship experience.

**APPENDIX V:
Infection Control Policy**



College of Nursing and Health Professions

Infection Control Policy

Academic Year 2019-2020

REVISED May 2014 /October 2015/ May 2016/No revisions for May 2017/Revised May 2018/ Revised May 2019

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>

<p>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).</p>
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<p>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.</p>

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 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.

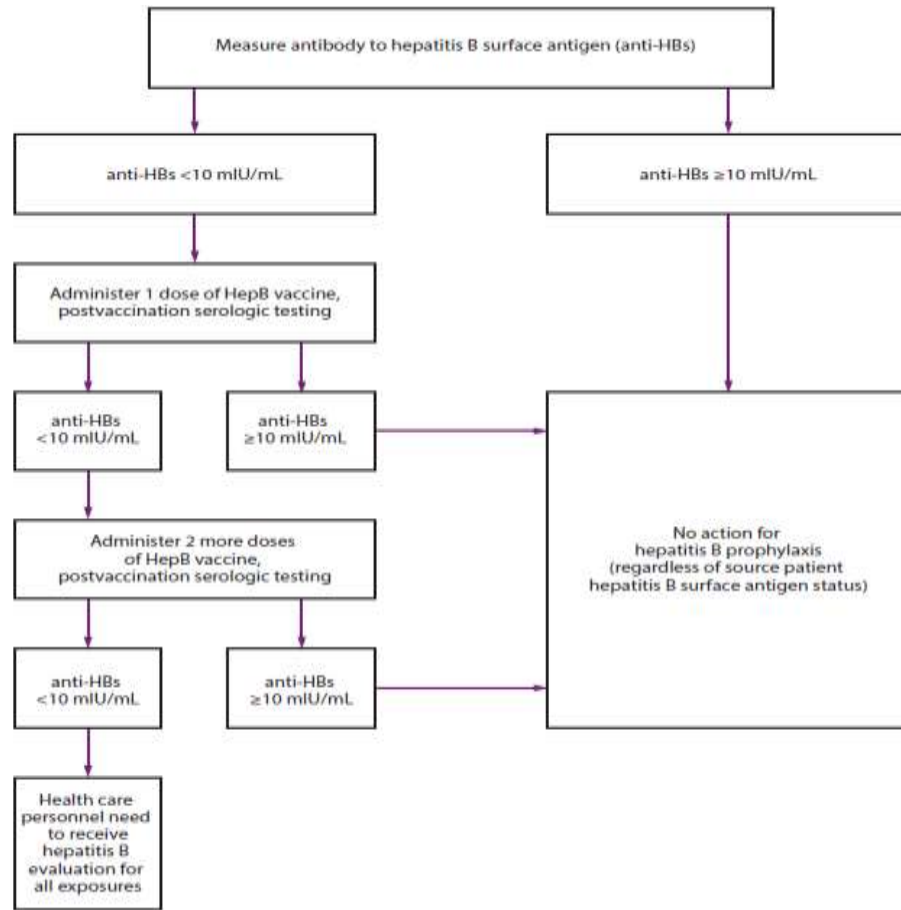
Tetanus/Diphtheria/Pertussis (Td/Tdap)

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 boosters every 10 years.

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 ($\geq 10\text{ mIU/mL}$) (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.

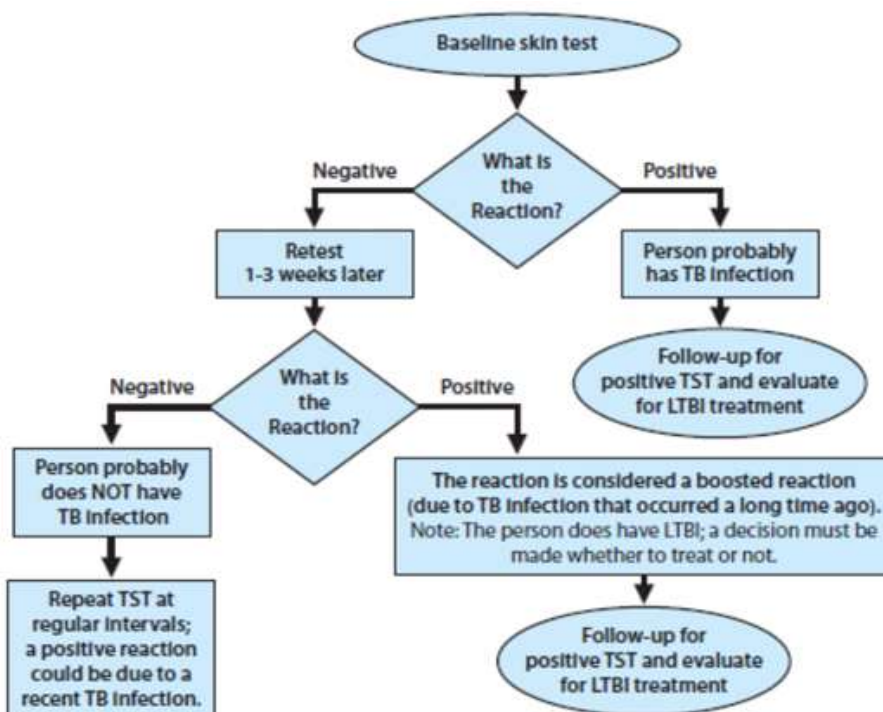
Postexposure screening and testing Symptom evaluation for all HCP when an exposure is recognized. For HCP with a baseline negative TB test and no prior TB disease or LTBI, perform a test (IGRA or TST) when the exposure is identified. If that test is negative, do another test 8–10 weeks after the last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

HCP status	Source patient (HBsAg)	Postexposure testing		Postexposure prophylaxis	
		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/bloodborne_exposures.htm

National Clinicians' Post-exposure Prophylaxis Hotline:

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

Needlestick Reference:

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

Immunization Action Coalition:

<http://immunize.org/>

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

Morbidity and Mortality Weekly Report:

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

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: _____



College of Nursing and Health Professions

Student Exposure Incident Report

Exposed Student Information:

Program: _____

Student Name: _____ DOB: _____

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

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

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

Exposure Incident Information:

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

Type of incident:

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

Area of body exposed: _____

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

Describe incident in detail: _____

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

gloves mask eye wear gown other _____

Source Patient Information:

Access to source patient information is known/available yes no

If the answer is **yes**, complete the following information about the source patient:

Review of source patient medical history: yes no

Verbally questioned regarding:

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

High risk history associated with these diseases yes no

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

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

Incident report completed by: _____

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

University of Southern Indiana
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 CLAIMANT/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.

HEALTH INFORMATION PRIVACY POLICIES & PROCEDURES

Adopted Effective: April 14, 2003, Revised January 2014

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

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

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

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

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

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

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

1. General Rule: No Use or Disclosure

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

2. Acknowledgement and Optional Consent

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

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

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

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

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

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

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

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

3. Oral Agreement

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

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

4. Permitted Without Acknowledgement, Consent Authorization or Oral Agreement

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

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

The College will obtain appropriate identification and evidence of authority. Examples of appropriate identification include photographic identification card, government identification card or badge, and appropriate document on government letterhead. The College will document the request for PHI and how we responded.

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

1. The individual or the individual’s personal representative
2. The College workforce members who **require** access to protected individual information as defined by their job role. Reasons for which protected individual information are generally needed include:
 - a. delivery and continuity of the individual’s treatment or care.
 - b. educational or research purposes, or

c. College business or operational purposes

3. Non-College health care providers who need such information for the individual's care.
4. Third-party payers or non-College health care providers for payment activities of such entities.
5. Business Associates from whom the College has received written assurance that protected individual information will be appropriately safeguarded.

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

14. For public health activities;
15. To health oversight agencies;
16. To coroners, medical examiners, and funeral directors;
17. To employers regarding work-related illness or injury;
18. To the military;
19. To federal officials for lawful intelligence, counterintelligence, and national security activities;
20. To correctional institutions regarding inmates;
21. In response to subpoenas and other lawful judicial processes;
22. To law enforcement officials;
23. To report abuse, neglect, or domestic violence;
24. As required by law;
25. As part of research projects; and
26. 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.

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

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

8. Notice of Privacy Practices

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

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

9. Individual’s Rights

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

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

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

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

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

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

who may have acted on the erroneous or incomplete information to the detriment of the individual or workforce member.

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

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

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

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

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

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

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

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

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

b) 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.

c) Violation Levels and Disciplinary /Corrective Actions

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

Level of Violation	Examples	Minimum Disciplinary /Corrective Action
Level 1 Carelessness	<ul style="list-style-type: none"> Failing to log-off/close or secure a computer with <i>protected health information</i> displayed. Leaving a copy of <i>protected health information</i> (PHI) in a non-secure area. discussing <i>protected health information</i> (PHI) in a non-secure area (lobby, hallway, cafeteria, elevator) 	Staff: Verbal warning with documentation by immediate supervisor Students: Verbal warning with documentation by clinical faculty and/or Program Director Faculty: verbal warning with documentation by Program Director or Dean
Level II Undermining Accountability	<ul style="list-style-type: none"> Sharing ID/password with another coworker or encouraging a coworker to share ID/password. Repeated violation of previous level 	Staff: Written performance counseling Students: Written performance counseling by clinical faculty and/or Program Director Faculty: Written performance counseling by Program Director or Dean
Level III Unauthorized Access	<ul style="list-style-type: none"> Accessing or allowing access to <i>protected health information</i> (PHI) without having a legitimate reason. Repeated violation of previous levels. 	Staff: Final performance improvement counseling Students: Written performance counseling and Program Director determines disciplinary action. Faculty: Written performance counseling and Program Director or Dean determines disciplinary action.
Level IV Blatant Misuse	<ul style="list-style-type: none"> Accessing or allowing access to <i>protected health information</i> (PHI) without having a legitimate reason and disclosure or abuse of the <i>protected health information</i> (PHI). Using protected patient information (PPI) for personal gain. Tampering with or unauthorized destruction of information. Repeated violations of previous levels 	INITIATE TERMINATION Staff: Initiate termination of employment Students: Initiate dismissal procedures Faculty: Dean determines disciplinary action/sanction including initiating termination of employment

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

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

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

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

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

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

11. State Law Compliance

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

12. HHS Enforcement

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

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

13. Designated Personnel

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

NOTICE OF PRIVACY PRACTICES

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

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

OUR LEGAL DUTY

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

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

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

USES AND DISCLOSURES OF HEALTH INFORMATION

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

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

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

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

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

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

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

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

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

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

National Security: We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national

security activities. We may disclose to correctional institution or law enforcement official having lawful custody of protected health information of inmate or patient under certain circumstances.

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

CLIENT RIGHTS

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

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

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

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

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

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

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

QUESTIONS AND COMPLAINTS

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

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

Privacy Contact: Ann White, Dean of the College of Nursing and Health Professions

Telephone: 812-465-1151



College of Nursing and Health Professions
Confidentiality Agreement

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

I, _____ understand and agree to the following:

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

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

Signature: _____ Date: _____
Printed Name: _____
Department/Program: _____

Check appropriate box:

- [] student [] faculty [] staff [] student worker [] other _____

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

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

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

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

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

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



College of Nursing and Health Professions

CONSENT FOR USE AND DISCLOSURE OF HEALTH INFORMATION

SECTION A: CLIENT GIVING CONSENT

Name: _____ Social Security Number _____

Address: _____

Telephone: _____ E-mail: _____

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

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

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

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

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

Contact Person: _____

Telephone: _____

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

SIGNATURE

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

Signature: _____ Date: _____

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

Personal Representative's Name: _____

Relationship to Client: _____

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

REVOCAION OF CONSENT

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

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

Signature: _____ Date: _____



College of Nursing and Health Professions

COMPLAINT

To the Client:

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

Contact Office: University of Southern Indiana College of Nursing and Health Professions
Telephone: 812.464.1702

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

SECTION A: CLIENT LODGING COMPLAINT

Name: _____ Social Security Number: _____

Address: _____

Telephone: _____ E-mail: _____

SECTION B: CLIENT'S COMPLAINT

Please give a concise, plain statement of your complaint:

Three horizontal lines for writing the complaint.

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

Three horizontal lines for writing the resolution sought.

CLIENT'S SIGNATURE

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

Signature: _____ Date: _____

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

Personal Representative's Name: _____

Relationship to Client: _____

YOU ARE ENTITLED TO A COPY OF THIS COMPLAINT.



College of Nursing and Health Professions

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

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

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

Client Signature _____

-OR IF SIGNING FOR A MINOR -

Print Name of Minor _____

Parent or guardian of minor signature _____

{Date}

For Office Use Only

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

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



College of Nursing and Health Professions

WORKFORCE MEMBER REVIEW OF HIPAA PRIVACY POLICIES AND PROCEDURES

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

Print Name

Signature

Date