I. BLOODBORNE PATHOGENS PROTECTION

A. Purpose

1. To control the exposure of infectious products to all Fire Department personnel.

2. The Department is committed to a program that will reduce the exposure of all hazards to a minimum and will take whatever measures are feasible to protect the health of its employees.

B. Scope

1. The document to be known as "The City of Conover Fire Department Exposure Control Program" will be followed by all employees and will be made available in all work places.

C. General

1. In an effort to control the exposure of employees to all types of bloodborne or other infectious diseases, all Fire Department employees will become familiar with the Department Exposure Control Program as it is written.

2. In addition all employees will be familiar with those requirements found in Federal Department of Labor, OSHA Regulation 1910:1030.

3. The following information is designed as an outline of the Department Exposure Control Program.

4. It is not an inclusive listing of all of those items contained in the program but is only designed to highlight those areas of regular concern to the employee.

5. The Department will designate an Exposure Control Liaison who will have as one of their duties the responsibility of conducting on-scene and station inspections to ensure compliance with the Department Exposure policy.

D. City of Conover Safety Officer

1. As with all other Department activities, the personnel have the most important role in this bloodborne pathogens compliance program, for the ultimate execution of much of this Exposure Control program rests in their hands.

2. Because of this, all personnel are asked to consider their own personnel hygiene habits.
3. The program calls for a number of methods of compliance, several of these are:

a) The establishment of appropriate engineering and work practice controls.

b) The implementation of good housekeeping procedures.

c) After each patient contact, the department member will wash their hands at the earliest possible convenience.

d) For on-scene hand washing, use department provided hospital grade, EPA registered cleaner will be used in conjunction with clean cloth / paper towels and / or antiseptic towelettes.

e) Once in the Station, apply 60 seconds of vigorous hand washing using warm water and soap must be done.

f) A bathroom sink or kitchen sink will not be used for hand washing.

   (1) Only those designated biohazard cleaning and decontamination areas will be used for biohazard clean up, including hand washing after patient care.

g) All non-disposable personal protective equipment will be decontaminated immediately after use.

h) Departmental issued firefighting gear will be washed in the commercial gear washer located at Station 1.

i) Cleaning or disinfecting of contaminated protective clothing, station work uniforms, or other clothing will take place in the area(s) designated.

j) Department provided washers and dryers are to be used for this purpose.

k) At no time will contaminated clothing / work uniforms be taken home for cleaning in home washers and dryers.

E. Housekeeping Controls:

1. Housekeeping controls are necessary to ensure that employees are not unwittingly exposed to blood or other infectious materials remaining on
environmental surfaces or equipment.

2. Equipment cleaning and disinfecting will not be conducted in the kitchen, living, sleeping, or personal hygiene areas.

3. Work surfaces will be cleaned with a 10% bleach solution after contact with blood or other potentially infectious materials and after completion of equipment cleaning and disinfecting procedures.

4. When clothing becomes contaminated, the employee will change their uniform as soon as possible.

5. If medical equipment is cleaned by the firefighter, it will take place in the designated areas and appropriate protective infection control garments and equipment will be available.

6. Decontaminate apparatus if passenger compartment was used for transport.

7. After any transport, decontaminate apparatus by washing the interior down twice, once with 10% household bleach solution, and then use a light soapy solution.

8. When spot cleaning uniforms, a liquid detergent along with oxygenated bleach should be used.

9. Do not use chlorine bleach on turnout gear clothing, uniforms

F. Information and Training

1. New members, during their orientation process, will receive training of the Exposure Control Program and associated process.

G. Bloodborne Pathogens Protection

1. All members will receive training at least annually concerning the transmission of disease by bloodborne pathogens.

2. Certain member(s) who may be exposed to bloodborne pathogens will be provided special clothing and shields for use.

3. This clothing will be used when the possibility of exposure exists.

4. This clothing includes gloves, gowns, and facemasks with eye shields.

5. After use, all materials must be placed into a special marked bag and disposed of properly.
6. Members should dispose of contaminated disposable PPE on County EMS units whenever possible.

7. Members should also wash themselves with a bacterial killing solution, followed by a vigorous washing with soap and water.

8. All exposures and possible exposures will be reported to the officer in charge immediately so that they may be documented.

9. The Officer in Charge will present the report to the Deputy Fire Chief and/or Fire Chief after the exposure is documented.

10. All possible exposures will be reported to the officer in charge of the scene immediately so that they may be documented.

II. EXPOSURE CONTROL PLAN

A. Post – Exposure Evaluation and Follow-up
1. Any person, who has an exposure incident, must report the incident to the immediate supervisor and initiate an Injury/Exposure Report.

2. The exposure report must be completed within 24 hours of the incident and forwarded to the Safety Coordinator with a copy to the Personnel Department.

3. If not life threatening, encourage cuts or needle sticks to bleed freely. Flush exposures to mucous membranes with water.

4. If medical attention is necessary, contact Hart Industrial, Conover Family Practice or Catawba Memorial Emergency Room.

5. Document the circumstances under which the exposure occurred.
   a) Document the route(s) of exposure (i.e., needle stick, splash to eyes, etc.)

6. Upon injury from a suspected exposure source, the employee will attempt to determine the nature of the exposure and any bio-hazardous material associated with it.

7. The employee will also attempt to carefully retain the exposure source and any bio-hazardous materials, which may have constituted an exposure.
   a) If necessary, first aid should be administered immediately for any cuts or punctures and any exposed skin should be washed with soap and water. The employee should report the injury to their supervisor within one hour.

8. The supervisor will assess the situation and determine if the incident constitutes of "occupational exposure" to a "bio-hazardous material". The supervisor will then locate and complete any necessary accident forms and refer the employee to the approved healthcare service.

9. The employee will present at the approved healthcare service as soon as possible, report that they have received an occupational injury of a potentially infectious nature, and provide them with any exposure source samples and accident forms which their supervisor issued to them.

10. The City of Conover, through forms sent with the employee, will provide the healthcare service with incident details, such as:
    a) The type of injury the employee received
b) The type and samples of any bio-hazardous material the employee was exposed to

c) The type and samples of any exposure sources the employee was exposed to

d) Circumstances under which the exposure occurred

e) The hepatitis immunization status of the employee

11. Through the approved healthcare service, the City of Conover will provide the employee with a confidential medical evaluation by a trained healthcare professional and follow-up of the incident which conforms with the recommendations of the U.S. Public Health Service and includes:

a) Evaluation of the exposure risk of the incident based on the exposure source

b) Providing the employee with a written list of recommended options for testing and preventative treatment

c) Explaining to the employee the rationale and benefits of these tests and treatments

12. Testing options include HBA and HIV Ab testing of any samples of bio-hazardous material to which the employee was exposed, and base line testing of an employee blood sample for Hepatitis Panel and HIV Ab for determination of pre-exposure HBV and HIV status.

13. Preventative treatment options include H-BIG for short-term protection and Recombivax for long-term protection against hepatitis B. For the preventative treatments to be most effective, the H-BIG must be given within 72 hours of exposure and Recombivax must be given within seven days of exposure. At present, there is no federally approved preventative treatment for HIV.

14. Employee acceptance of these tests/treatments will be on a completely voluntary basis and services will be provided at no cost to them.

15. If the employee consents to collection of a baseline blood sample, but does not give consent at that time for HIV serologic testing, the sample will be preserved for at least 90 days. If within 90 days of the exposure incident the employee elects to have the baseline sample tested, such testing will be provided by the City of Conover as soon as is feasible.
16. The healthcare service will provide the City of Conover with a written opinion, within 7 days of the exposure incident. The opinion report will detail:

a) That the employee has been informed of the results of the evaluation and has been told about any medical conditions resulting from exposure to blood or other bio-hazardous materials which require further evaluation and treatment

b) Whether HBIG or Recombivax was indicated for the employee, and if the employee has received such treatment

c) All other findings or diagnoses will remain confidential and will not be included in the report

17. The City of Conover will provide the employee a copy of the healthcare service report within 15 days of the exposure incident. A copy of the report will be included in the employee's permanent medical records with the City of Conover.

18. If the employee eventually becomes ill or seroconverts as a direct result of occupational exposure to a bloodborne pathogen, the healthcare service will file a complete report with the City of Conover Personnel Office. The report will be confidential and will be sent to NO other party within the City of Conover.

19. If the exposure source sample is positive or not available and the employee is negative for HBA and HIV Ab, follow-up testing will be made available to them at 6 weeks, 12 weeks, and 6 months. If, at the end of 6 months, the employee has not seroconverted, they are at minimal risk of infection from the occupational exposure.

20. If occupational exposure of the employee to a bloodborne pathogen is confirmed, the City of Conover will provide, through the healthcare service, confidential counseling and evaluation of any consequent illness, which the employee reports for a period of 12 months.

B. Required Healthcare Service Procedures for Post-Exposure Counseling and Prophylaxis

1. If the exposure source sample tests negative for HBA and HIV Ab and the employee tests negative for both of these parameters on their base-line, the employee may still elect to receive preventative treatment against Hepatitis B, although no counseling or follow-up testing is necessary.
2. If the exposure source sample tests negative for HBA and HIV Ab and the employee tests positive for one or both of these parameters on their baseline, the employee will be counseled by a trained healthcare professional regarding the following points:
   a) The status of their disease
   b) The symptomatology of early stages of HBV/HIV infection
   c) Behavioral precautions to prevent the spread of disease
   d) State worker's compensation policy for such situations
   e) Employee confidentiality rights
   f) To seek medical attention through their family physician

3. If the exposure source sample tests positive for HBA or HIV Ab and the employee tests negative to both of these parameters on their baseline, the employee will be counseled by a trained healthcare professional regarding the following points:

4. a) The relative risk of infection based on their exposure
   b) The benefits of immediate preventative treatment for HBV if the sample was positive for this virus
   c) The symptomatology of early stages of HBV/HIV infection
   d) Behavioral precautions to prevent the spread of disease
   e) State worker's compensation policy for such situations
   f) Employee confidentiality rights

5. If the exposure source sample tests positive for HBA or HIV Ab and the employee tests positive for one or both of these parameters on their baseline, the employee will be counseled by a trained healthcare professional regarding the following points:
   a) The status of their disease
   b) The symptomatology of early stages of HBV and HIV infection
   c) Behavioral precautions to prevent the spread of disease
d) The City of Conover worker's compensation policy for such situations

e) The employee's confidentiality rights

f) To seek medical attention through their family physician

g) The employee may elect to receive HBV preventative treatment if they did not test positive for HBV on their baseline

6. If the exposure source sample is not available and the employee tests negative for both HBA and HIV Ab on their base-line, the employee will be counseled by a trained healthcare professional regarding the following points:

   a) The relative risk of infection based on the material or object they were exposed to

   b) The benefits of HBV preventative treatment if they have not been previously immunized

7. If the exposure source sample is not available and the employee tests positive for HBA or HIV Ab on their base-line, the employee will be counseled by a trained healthcare professional regarding the following points:

   a) The status of their disease

   b) The symptomatology of early stages of HBV and HIV infection

   c) Behavioral precautions to prevent the spread of disease.

   d) The State worker's compensation policy for such situations

   e) The employee's confidentiality rights

   f) To seek medical attention through their family physician

   g) The employee may elect to receive HBV preventative treatment if they did not test positive for HBV on their baseline

C. Accepted Guidelines


DECLINATION STATEMENT

I understand that due to my occupational exposure risk to blood or other potentially infectious material(s). I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the
opportunity to be vaccinated with the Hepatitis B vaccine, at no charge to me. However, I decline the Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future, I continue to have an occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with the Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

______________________________________________________________
Employee Signature                                      Date

______________________________________________________________
Printed Name of Employee                                    Witness Signature

NOTE: This statement is required by Title 29 Code of Federal Regulations (CFR) Part 1910.1030(e)(2)(iv)

BLOODBORNE PATHOGEN TRAINING ACKNOWLEDGEMENT

I hereby acknowledge that I have read or had read to me the Bloodborne Pathogen Program. I understand and agree to follow all safety guidelines given to me, to include the Exposure Control
Plan. I have had the Hepatitis B vaccine offered to me, free of charge, and I understand the seriousness of the disease. Should I elect to not receive the Hepatitis B vaccine, I agree to sign a Statement of Declination. I further understand that a Statement of Declination is not a waiver, and that I may request the Hepatitis B vaccine at anytime. I agree to immediately report any exposure incident to my supervisor and my employer.

__________________________  _____________________________
Employee Signature               Date

__________________________
Printed Name of Employee

III. HIPAA COMPLIANCE - REGULATIONS

A. Purpose: To provide a policy and procedure on limiting access, disclosure, and use of Protected Health Information (PHI) and to provide policies outlining patient rights and City of Conover Fire Department (CFD) responsibilities in
fulfilling patient requests; and to establish an acceptable format and consistent procedure to enable CFD to become compliant with The Health Insurance Portability and Accountability Act of 1996 (HIPAA). Security of PHI is everyone's responsibility.

B. Scope: This procedure applies to all CFD personnel and Public Safety Personnel working with CFD.

C. Policy and Responsibility:

1. CFD retains strict requirements on the security, access, disclosure and use of PHI.
   
a) When PHI is accessed, disclosed and used, the individuals involved will make every effort, except in patient care situations, to only access, disclose and use PHI to the extent that only the minimum necessary information is used to accomplish the intended purpose.

2. Patients may exercise their rights to access, amend, restrict, and request an accounting, as well as lodge a complaint with either CFD or the North Carolina Secretary of the Department of Health and Human Services.
   
a) If such request or complaint arises, you should provide the patient with the name and contact information of the Privacy Officer, and report such request or complaint to the Privacy Officer.

3. It will be the policy and responsibility of all personnel who may have or had access to PHI to understand and follow all policies and procedures related to HIPAA.

D. Procedure:

1. Do not discuss medical emergency information that could be linked to a patient with anyone outside the “need-to-know chain of command”.
   
a) It is important to note that there is no “blanket” exception for firefighters.

b) Sharing Protected Health Information (PHI) with a fellow firefighter on another shift, another department, etc. is a violation of Health Insurance Portability and Accountability Act of 1996 (HIPAA) unless you can make a persuasive argument that the fellow firefighter is in the need-to-know chain of command.

2. When you record any patient specific information (triage sheet, incident report notes), keep them secure.
3. Do not leave them where someone outside the “need-to-know chain of command” could look at them.

4. If your department keeps hard copies of triage sheets, etc., have a secure place to file those reports so they are not generally or casually accessible.
   a) A locking file cabinet is a good idea.
   b) An open “in” basket or mail slot is not.

5. Now that you have transferred information from your hand-written triage sheet (or your notepad) to your electronic incident report, what do you do with the handwritten notes?

6. If your department policy is not to file those notes, you can buy a shredder or just tear those handwritten notes into pieces and throw them away.

7. The use of PHI in radio or cell phone traffic is okay as long as its use is “reasonably required”.
   a) This means it is communication connected with that emergency event.
      (1) The other side of this would be if it is not reasonably required for the response, do not broadcast it.
      (2) The bottom line for communications centers is that HIPAA does not require encryption or other security measures when PHI use is “reasonably required”.

8. What limits does HIPAA place on giving PHI, either by word of mouth or via a copy of a first-responder report, to:
   a) A family member: A family member needs either a release from the patient, or sufficient ID to satisfy you that he/she is a family member. If you are in doubt, refer the family member to EMS.
   b) A lawyer: A lawyer needs a release from the patient. No exceptions.
   c) A court order: A patient release is not required to provide information containing PHI in response to a court order signed by a judge. A subpoena cannot stand by itself; it must be accompanied by a court order.
d) A police officer: You can disclose PHI to a police officer without a patient release.

(1) To alert law enforcement of the commission and nature of a crime,

(2) To alert law enforcement to the location of a crime and/or its victim(s)

(3) To alert law enforcement to the identity, description and/or location of a perpetrator

e) Those are the only exceptions for police officers and when you receive this kind of request, document it and file your documentation.

f) Do not forget that if you suspect abuse, neglect or domestic violence led to the patient’s injuries, North Carolina law requires that you inform law enforcement representative of your suspicion.

9. HIPAA’s “rules of engagement” are fairly complex when it comes to release of information.

a) When in doubt, contact EMS for more information.

10. If there is ever a question as to whether or not to give an individual’s information to someone, then err on the side of patient confidentiality.

a) Do not give out the information if you are not sure until you check with someone.

E. Verbal Security

1. Waiting or Public Areas: If patients are in waiting areas to discuss the service provided to them or to have billing questions answered, make sure that there are no other persons in the waiting area, or if so, bring the patient into a screened area before engaging in discussion.

2. Garage Areas: Staff members should be sensitive to that fact that members of the public and other agencies may be present in the garage and other easily accessible areas.

a) Conversations about patients and their health care should not take place in areas where those without a need to know are present.
3. Other Areas: Staff members should only discuss patient care information with those who are involved in the care of the patient, regardless of your physical location.
   a) You should be sensitive to your level of voice and to the fact that others may be in the area when you are speaking.
   b) This approach is not meant to impede anyone's ability to speak with other health care providers freely when engaged in the care of the patient.
   c) When it comes to treatment of the patient, you should be free to discuss all aspects of the patient's medical condition, treatment provided, and any of their health information you may have in your possession with others involved in the care of the patient.

F. Physical Security

1. Patient Care and Other Patient or Billing Records: Patient care reports should be stored in safe and secure areas.
   a) When any paper records concerning a patient are completed, they should not be left in open bins or on desktops or other surfaces.
   b) Only those with a need to have the information for the completion of their job duties should have access to any paper records.

2. Billing records, including all notes, remittance advisees, charge slips or claim forms should not be left out in the open and should be stored in files or boxes that are secure and in an area with access limited to those who need access to the information for the completion of their job duties.

3. Computers and Entry Devices: Computer access terminals and other remote entry devices such as PDAs and laptops should be kept secure.

4. Access to any computer device should be by password only.

5. Departmental staff members should be sensitive to who may be in viewing range of the monitor screen and take simple steps to shield viewing of the screen by unauthorized persons.

6. All remote devices such as laptops and PDAs should remain in the physical possession of the individual to whom it is assigned at all times.

G. Penalties for Violation
1. CFD takes its responsibility to safeguard patient information very seriously.
   a) There are significant legal penalties against companies and individuals that do not adhere to the laws that protect patient privacy.

2. Staff members who do not follow our policies on patient privacy will be subject to disciplinary action, up to and including verbal and written warnings, suspension and/or termination from the organization.

H. Questions About This Policy or Any Privacy Issues

1. CFD has appointed a Privacy Officer (City of Conover Safety Officer) to oversee our policies and procedures on patient privacy and to monitor compliance.
   a) The Privacy Officer is also available to you for consultation on any issues or concerns you have about how CFD deals with protected health information.
   b) You should feel free to contact the Privacy Officer at any time with your questions or concerns.

2. CFD will not retaliate against any staff member who expresses a good concern or complaint about any policy or practice related to the safeguarding of patient information and CFD legal obligations to protect patient privacy.
   a) If you have any questions about how medical information about you is used and disclosed by CFD, please contact our Privacy Officer.

IV. HIPAA COMPLIANCE - ADMINISTRATION

D. Purpose: To provide a policy and procedure on limiting access, disclosure, and use of Protected Health Information (PHI); to provide policies outlining patient rights and City of Conover Fire Department (CFD) responsibilities in fulfilling patient requests; and to establish an acceptable format and consistent procedure to enable CFD to become compliant with The Health Insurance Portability and Accountability Act of 1996 (HIPAA). Security of PHI is everyone's responsibility.

E. Scope: This procedure applies to all City of Conover Fire Department (CFD) personnel and Public Safety Personnel working with CFD.
F. Policy and Responsibility

1. CFD retains strict requirements on the security, access, disclosure and use of PHI.
   a) When PHI is accessed, disclosed and used, the individuals involved will make every effort, except in patient care situations, to only access, disclose and use PHI to the extent that only the minimum necessary information is used to accomplish the intended purpose.

2. Patients may exercise their rights to access, amend, restrict, and request an accounting, as well as lodge a complaint with either CFD or the Secretary of the Department of Health and Human Services.

3. It will be the policy and responsibility of all personnel who may have or had access to PHI to understand and follow all policies and procedures related to HIPAA.

G. Procedure

1. As a health care provider, the group must be compliant with the HIPAA Privacy Rule by April 14, 2003. Therefore, beginning on that date, the following must be adhered to:

H. Administrative Personnel

1. Under HIPAA, individuals have the right to access and to request amendment or restriction on the use of their PHI, and restrictions on its use that is maintained in Designated Record Sets (DRS)

I. Patient Access:

1. Upon presentation to the Privacy Officer or his/her designee, the patient or appropriate representative (a parent of a minor, a person with power of attorney for the patient, a court appointed guardian or family member of a deceased patient) will complete a Request for Access Form.
   a) A valid driver's license or military identification (a Social Security card will not be accepted) will be used to verify the identity of the patient or appropriate representative.

2. The Privacy officer or his/her designee will act upon the request immediately if the records are stored at CFD's office.
3. If the records are stored off site, the request will be made within fourteen (14) working days.

4. The privacy Officer or his/her designee will act upon the request immediately to retrieve stored records from the CFD office, or designated storage area.

J. Amendment to PHI:

1. The patient or appropriate representative may request an amendment to their PHI.

   a) This request will be done through the Privacy Officer or his/her designee.

   b) The patient will do this by completing a Request for Amendment of PHI form provided by the Privacy Officer or his/her designee.

   c) The only PHI that can be amended is; name, address, current medical condition, past medical condition, current medications, allergies or insurance information.

K. Restriction of PHI use:

1. CFD is not required to agree to any restrictions, and given the nature of our operation, we will not agree to a restriction without advice from legal counsel to do so.

L. Incidental Disclosures

1. CFD understands that there will be times when there are incidental disclosures about PHI in the context of caring for a patient.

2. The privacy laws were not intended to impede common health care practices that are essential in providing health care to the individual.

   a) Incidental disclosures are inevitable, but these will typically occur in radio or face-to-face conversation between health care providers, or when patient care information in written or computer form is left out in the open for others to access or see.

3. The fundamental principle is that all staff needs to be sensitive about the importance of maintaining the confidence and security of all material we create or use that contains patient care information.
4. Coworkers and other staff members should not have access to information that is not necessary for the staff member to complete his or her job.

5. For example, it is generally not appropriate for field personnel to have access to billing records of the patient.

6. However, all personnel must be sensitive to avoiding incidental disclosures to other health care providers and others who do not have a need to know the information.

   a) Pay attention to who is within earshot when you make verbal statements about a patient's health information, and follow some of these common sense procedures for avoiding accidental or inadvertent disclosures.

M. Verbal Security

1. Waiting or Public Areas:

   a) If patients are in waiting areas to discuss the service provided to them or to have billing questions answered, make sure that there are no other persons in the waiting area, or if so, bring the patient into a screened area before engaging in discussion.

2. Garage Areas:

   a) Staff members should be sensitive to that fact that members of the public and other agencies may be present in the garage and other easily accessible areas.

   b) Conversations about patients and their health care should not take place in areas where those without a need to know are present.

3. Other Areas:

   a) Staff members should only discuss patient care information with those who are involved in the care of the patient, regardless of your physical location.

   b) You should be sensitive to your level of voice and to the fact that others may be in the area when you are speaking.

   c) This approach is not meant to impede anyone's ability to speak with other health care providers freely when engaged in the care of the patient.
4. When it comes to treatment of the patient, you should be free to discuss all aspects of the patient's medical condition, treatment provided, and any of their health information you may have in your possession with others involved in the care of the patient.

N. Physical Security

1. Patient Care and Other Patient or Billing Records:

   a) Patient care reports should be stored in safe and secure areas.

   b) When any paper records concerning a patient are completed, they should not be left in open bins or on desktops or other surfaces.

   c) Only those with a need to have the information for the completion of their job duties should have access to any paper records.

2. Billing records, including all notes, remittance advice, charge slips or claim forms should not be left out in the open and should be stored in files or boxes that are secure and in an area with access limited to those who need access to the information for the completion of their job duties.

3. Computers and Entry Devices:

   a) Computer access terminals and other remote entry devices such as PDAs and laptops should be kept secure.

   b) Access to any computer device should be by password only.

      (1) Staff members should be sensitive to who may be in viewing range of the monitor screen and take simple steps to shield viewing of the screen by unauthorized persons.

      (2) All remote devices such as laptops and PDAs should remain in the physical possession of the individual to whom it is assigned at all times.

O. Penalties for Violation

1. CFD takes its responsibility to safeguard patient information very seriously.

2. There are significant legal penalties against companies and individuals that do not adhere to the laws that protect patient privacy.
3. Staff members who do not follow our policies on patient privacy will be subject to disciplinary action, up to and including verbal and written warnings, suspension and/or termination from the organization.

   a) CFD will make every effort to provide remedial education and training as to our policies and procedures when there is a first time violation of our policies.

P. Questions About This Policy or Any Privacy Issues

1. The Privacy Officer to oversee our policies and procedures on patient privacy and to monitor compliance.

   a) The Privacy Officer is also available to you for consultation on any issues or concerns you have about how CFD deals with protected health information.

   b) You should feel free to contact the Privacy Officer at any time with your questions or concerns.

2. CFD will not retaliate against any staff member who expresses a good concern or complaint about any policy or practice related to the safeguarding of patient information and CFD's legal obligations to protect patient privacy.

Q. Medical Records of Employees:

1. CFD will, to the extent required by law, protect medical records it receives about employees or other staff in a confidential manner.

2. Generally, only those with a need to know the information will have access to it, and, even then, will only have access to as much information as is minimally necessary for the legitimate use of the medical records.

   a) In accordance with laws concerning disability discrimination, all medical records of staff will be kept in separate files apart from the employee's general employment file.

   b) These records will be secured with limited access by management.

3. Employment records are not considered to be protected health information, or PHI, subject to HIPAA safeguards, including certain medical records of employees that are related to the job.

   a) These employment records not covered under HIPAA include, but are not limited to: information obtained to determine my suitability
to perform the job duties (such as physical examination reports),
drug and alcohol tests obtained in the course of employment,
doctor's excuses provided in accordance with the attendance policy,
work-related injury and occupational exposure reports, and medical
and laboratory reports related to such injuries or exposures,
especially to the extent necessary to determine workers' compensation coverage.

b) Nonetheless, despite the fact that such records are not considered
HIPAA protected, CFD will limit the use and disclosure of these
records to only those with a need to have access to them, such as
certain management staff, CFD designated physician, and state
agencies pursuant to state law.

4. With respect to staff members of CFD, only health information that is
obtained about staff in the course of providing ambulance or other medical
services directly to them is considered PHI under HIPAA.

a) In other words, if CFD provides medical assistance to an employee /
member, the protections typically given to such information of our
ambulance service patients applies to the employee.

b) These protections are subject to HIPAA exceptions, such as in the
situation in which the staff member who used CFD was involved in
a work-related injury while on duty.

c) As another example, if we receive a staff member's medical record
in the course of providing the employee with treatment and/or
transport, it does not matter that CFD happens to be the employer -
that record is PHI.

(1) If, however, the employee submits a doctor's statement to a
supervisor to document an absence or tardiness from work,
CFD does not need to treat that statement as PHI.

5. Any questions regarding application of the foregoing policies and
procedures should be directed to the Privacy Officer, who may consult with
legal counsel regarding the issue(s) if needed.