2017 Annual Update
For Program/Field Staff and Volunteers
Welcome Back!

Company-wide, VITAS Healthcare conducts an Annual Update to provide all VITAS employees with the opportunity to learn about new developments in compliance, HIPAA and OSHA. The content of this training will enhance your understanding of your role and responsibilities within the company.

Concentration Areas:

**Compliance:**
- VITAS’ Culture of Compliance
  - Our Commitment to Compliance
  - Professional Integrity
- VITAS’ Compliance Program
  - Purpose, Structure and Oversight
  - Hospice Compliance Risk Areas
    - Affordable Care Act
    - OIG Work Plan
    - VITAS Election Statements
- VITAS Documentation
  - Do the Right Thing—And Document It!
  - Civil Monetary Penalties Compliance Violations.
  - VITAS Standard—Responding to Abuse, Neglect and Exploitation
- VITAS’ Internal Employee Communication
  - VITAS Social Media

**HIPAA:**
- HIPAA and the Omnibus Rule
  - HIPAA Guidelines
    - Secure E-mail Encryption Required
- VITAS’ HIPAA Report
- VITAS’ Policies and Standards of Practice
  - VITAS’ BREACH Notification Obligation
  - VITAS’ Management Standard—Protecting Patient Privacy
  - Emergency Preparedness
- Patients’ Rights
  - Policy—Notice of Privacy Practices
- VITAS’ Internal Employee Communication
  - VITAS Cyber Defense Expert
- HIPAA Hotline Process
  - Sanctions for Violations & Corrective Action Process
  - Location of HIPAA Policies

**OSHA:**
- VITAS’ Exposure Control Plan (ECP)
- Airborne Infectious Diseases
  - VITAS Tuberculosis Infection Control Plan
  - Prevention Strategies and Exposure & Reporting Procedures
- Bloodborne Infectious Diseases
  - Hepatitis B (HBV)
  - Hepatitis C (HCV)
  - Human Immunodeficiency Virus (HIV)
  - Ebola Virus
    - Staff Guidelines
    - Patient/Family Communication Sheets
    - Infection Control Surveillance Form
  - Prevention Strategies and Exposure & Reporting Procedures
- Company Nurse Injury Hotline
- Exposure Control Plan’s Universal/Standard Precautions
  - VITAS Standard—Hand Hygiene
  - Process for Regulated Waste
  - Medical Device Act
  - Hazardous Communication—Safety Data Sheets (SDS)
Compliance

Our Commitment to Compliance

In September 1995, years before the Office of Inspector General (OIG) published compliance guidelines for hospices, VITAS adopted a compliance policy and code of conduct. Today this policy affirms “VITAS employees and agents must know that hospice services will only be reimbursed if ordered, certified, covered, provided and reasonable and necessary for the patient, given his or her clinical condition. VITAS will only seek reimbursement for services it has reason to believe are reasonable and necessary for the palliative care and management of the terminal illness and that were ordered by a physician or other appropriately licensed individual.”

To this day, there remains no clearer statement articulating our collective commitment to both our patients’ best interests and our regulatory obligations. At VITAS, the foundation of our longstanding practice of not only meeting, but often exceeding regulatory compliance thresholds, is not limited to policy and procedure written on a piece of paper.

Professional Integrity

Every VITAS employee makes this statement during their orientation: “I have received a copy of the VITAS Healthcare Corporation Employee Handbook, which includes the Prohibition Against Harassment, Equal Employment Opportunity, VITAS Compliance Policy and Code of Ethical and Legal Conduct. I have read the handbook, understand it and agree to follow it during my employment with the Company.”

This kind of personal responsibility is at the core of VITAS’ commitment to compliance. It is not just that the company sets out a compliance policy, or that the principles behind that policy have been translated into a code of conduct. It’s not just that as healthcare practitioners most of our employees are obligated by professional statutes and regulations to behave in a manner consistent with honesty, integrity, and best practice. It’s not just that procedural checks and balances have been built into VITAS practices to build a culture of compliance within the organization.

Every VITAS employee takes personal responsibility for ethical and legal conduct. Through a simple act of attestation – signing one’s name – every VITAS employee willingly obligates themselves to the highest standards with respect to their conduct every day of their employment.

(Source: http://www.vitas.com/culture-of-compliance/our-commitment-to-compliance)

VITAS Compliance Program

What Is Its Purpose?
The goal of the VITAS Compliance Program is to identify, correct and prevent illegal and inappropriate conduct and to promote honest, ethical behavior in the operations of our organization.

What Is Its Structure?
VITAS has constructed a compliance framework defined by our policies. Policies provide guidance about regulations and practices; they support program staff who provide quality care at the patient’s bedside. All of us must take the time to understand the regulations and policies, know how our actions affect compliance, and have the desire to do the right things for our patients and co-workers.

What Is Its Oversight?
Compliance Officer Bob Miller oversees the Compliance Program and works with the Compliance Committee and Executive Leadership to support VITAS’ commitment to our patients’ best interests and our regulatory obligations.
Here are some key components of the VITAS Compliance Program:

1. **The VITAS’ Code of Ethical and Legal Conduct** - Known as the “Code,” this is the foundation for the VITAS Compliance Program. The Code describes VITAS’ standards of ethical and legal conduct and promotes a culture based on ethical leadership and a company-wide commitment to high ethical standards. It instructs employees on reporting compliance issues to management, the compliance officer and the VITAS Compliance Hotline. The Code must be observed and practiced by all VITAS employees. Anyone failing to comply with the Code is subject to disciplinary action, up to and including termination of employment.

2. **VITAS Compliance Hotline**—The Compliance hotline (800.638.4827) gives the employee an avenue to report potential compliance concerns if the employee does not feel comfortable speaking to his/her manager/supervisor or someone else in a leadership role in the program. Reporting through the hotline may also be done anonymously. VITAS policies prohibit retaliation against anyone who in good faith reports a legal or compliance concern.

Check around your office to see that posters like the image to the right should be in a visible location. If not, please notify your manager!

3. **VITAS Compliance Policies** were created to ensure employees understand the importance of complying with all aspects of VITAS operations, federal, state and local requirements.

VITAS Policies are located on the i-net under: Home Page → More Quick Links → HIPAA/Compliance → Compliance. Also see the VITAS Employee Handbook and/or Compliance Hotline posters at various locations.

### Hospice Compliance Risk Areas

In 1999 the Office of Inspector General (OIG) issued specific guidance containing potential risk areas relevant to hospices. These risk areas are Eligibility, Billing Practices, Hospice Services in Nursing Facilities, Clinical Risks and Marketing Practices. These areas remain relevant today and are listed below along with specific examples of issues under each heading. Included under each heading are brief statements of how VITAS addresses these risks in our practice.

1. **Eligibility**

Clinical documentation must support eligibility for hospice. We must continually work to ensure that documentation reflects the patient’s condition, as this helps support the physician’s determination that the patient has a prognosis of six months or less.

**Admission Risks:**
- **Informed Consent**—Failure to disclose the palliative nature of hospice and other information regarding hospice services to the patient or his/her legal representative
- **Eligibility**—Admitting patients who are not terminally ill and do not meet other eligibility criteria
- **Initial Certification and Recertification**—False, untimely or forged physician certifications or re-certifications
**Discharge/Revocation Risks:**

- Failing to monitor a patient’s continued eligibility for hospice care and to discharge a patient if he or she is no longer eligible; the decision to discharge a patient belongs to the hospice team.
- Pressuring a patient who is eligible for and desires hospice care to revoke his or her Medicare Hospice Benefit because the care is too expensive is a serious compliance violation risk; the decision to revoke a Medicare Hospice Benefit election belongs to the patient or his/her legal representative, **NOT** to the hospice.

**Document Discharge Reasons Accurately**

Describe the situation in all phases of discharge planning and on the discharge summary:

- Reason the patient/family is choosing revocation (seeking aggressive treatment, no longer desiring a palliative treatment plan, unmet needs that might be addressed in another setting of care or via another provider, etc.)
- Reason for live discharge (no longer meets eligibility criteria, moved from service area, non-contract facility, and unresolved safety issues.)

**2. Billing Practices**

The second area of focus is proper billing practices. **Risks** include:

- Billing for a higher level of care than necessary
- Untimely and/or forged physician certifications
- Billing for hospice care provided by unqualified or unlicensed personnel

**Ensure Critical Billing Documents are Correct and Complete!**

Accuracy and timeliness of critical billing documents affect every part of VITAS’ business. Critical billing documents are:

- Election of the Hospice Benefit—documenting patient’s choice of hospice care
- Physician Certifications—documenting patient’s need for hospice care
- Re-Certifications—documenting patient’s ongoing need for hospice care
- Face-to-Face Encounters (as applicable)

**The False Claims Act** prohibits the submission of false or fraudulent claims to the government. It takes everyone’s effort for critical billing documents to be quickly, properly and accurately processed as outlined below.

- **Admissions Staff**—Elections, initial certifications and re-certifications must be legible, accurate and timely for each patient.
- **Financial Records Specialist (FRS)**—The scanning of critical documents into the Patient Document Viewer (PDV) is a critical step. Once the key billing data has been entered into Vx, scanning the document into the PDV allows for retention of the document and allows for another layer of oversight. The National Patient Care Administrator assigned to each program can serve as a resource for VITAS standards and for any unusual situations.
- **Team/Review Process**—Another key step is the review of the billing document by a manager or supervisor to assure that the key billing data entered into Vx by the FRS reflects the paper document accurately. This clears the billing hold placed on every record by removing the “dash-0” and allowing the record to be billed.
Information Technology (IT) Department and Finance Staff—VITAS’ systems have checks and balances built in to help assure that no billing occurs until the data from all these documents is entered into Vx and the dash-0s have been cleared. IT and Finance staff support this process and create tools that help the programs stay on top of this process.

The CMS Final Rule on Reporting and Returning Overpayments went into effect on March 14, 2016. The Final Rule gives more detail around the requirement under the Affordable Care Act that all overpayments be reported and returned to the government within 60 days of being identified. Some highlights of the Final Rule include:

- Overpayments must be reported and returned 60 days after the overpayment is "identified". The provider must exercise reasonable diligence to determine if they have received an overpayment and quantify the amount of the overpayment.
- When a provider receives credible information regarding a potential overpayment, the provider must exercise reasonable diligence to determine whether an overpayment exists, and, if so, the amount of the overpayment. Reasonable diligence is interpreted as a six-month period unless there are extraordinary circumstances.
- Providers must go back six years when identifying overpayments.
- Providers may use claims adjustment, credit balance, self-reported refund or other appropriate processes to satisfy the report and return obligations.

This new Final Rule underscores the importance for all Vitas employees to be vigilant regarding billing issues or other situations that could lead to overpayments, and to report such situations up the appropriate chain of command.

3. Hospice in the Nursing Facility

A third area of focus is hospice care provided in nursing facilities. Attention should be paid to:

- Hospice incentives to actual or potential referral sources (e.g. physicians, nursing homes, hospitals, patients, etc.) that may violate the Anti-Kickback Statute (see below) or other similar federal or state statutes, including improper arrangement with nursing homes (see below).
- Overlap in services that a nursing home provides, which results in insufficient care provided by a hospice to a nursing home resident.
- Providing hospice services in a nursing home before a written agreement has been finalized and the other provider has been properly screened.

Federal Anti-Kickback Statute (AKS) and Violations

Anti-Kickback Statute—Prohibits asking for or receiving anything of value to induce or reward referrals to hospice. Penalties include fines, prison time and exclusion from Medicare or other federal healthcare programs. VITAS’ Compliance Policy and Code of Ethical and Legal Conduct (the Code) prohibits any conduct that could be viewed to be an illegal kickback. It is against VITAS policy for any employee, agent, officer or director to give or receive, offer or solicit any remuneration in exchange for or to induce the referral of patients to VITAS. Remuneration refers to cash, free services, certain discounts and more. Improper remuneration includes the giving of anything of value, not just money. Paying a person or entity to recommend or arrange for referrals of patients to a health provider is also prohibited by VITAS.

VITAS Policy 1:04B

- Kickbacks are not always obvious—the payment for services, equipment or space in excess of fair market value suggests that the excess value is for referrals
- The Anti-Kickback Statute imposes monetary fines and/or imprisonment for any individual who offers or receives gifts, free services or other incentives for the purpose of inducing referrals
- VITAS’ Legal Department must review and approve all changes to agreements through the contract-review process
Examples of Improper Arrangements with Nursing Facilities:
The following practices may constitute kickbacks and/or improper arrangements with nursing homes:
- Offering free/below-market-value goods to induce a nursing home to refer patients to us.
- Paying room and board to the nursing home in excess of what the nursing home would have received directly from Medicaid had the patient not been enrolled in hospice.
- Paying above fair market value for additional non-core services not included in Medicaid’s room and board.
- Providing free or below-market-value care to nursing home patients receiving payment under the Medicare Skilled Nursing Facility benefit with the expectation that the patient will receive hospice services once skilled days’ end.
- Providing hospice staff/care to the nursing home to perform duties that otherwise would be performed by the nursing home.
- Improper relinquishment of core services and professional management responsibilities to nursing homes.

4. Clinical Risks
Examples of clinical risk areas:
- Providing inadequate utilization of services for the purpose of curbing expenses.
- Inadequate management and oversight of subcontracted services.
- Deficient coordination of volunteers.
- Falsified medical records/care plans or back-dating.
- Failure to adhere to hospice requirements and Medicare Conditions of Participation.
- Non-response to late hospice referrals by physicians.

- IDG review of patients in team meetings assures that the plan of care is meeting patient/family needs
- Orientation and ongoing coaching is provided to employees regarding VITAS service expectations and responding to concerns about service with caring and effective problem solving skills
- Regular documentation review is conducted by managers to assure that VITAS standards are being followed

5. Marketing Practices
The marketing information offered by VITAS employees and representatives shall be clear, correct, non-deceptive and fully informative, and the policy states:
- A hospice should not engage in high-pressure marketing of hospice care to ineligible beneficiaries.
- A hospice should not engage in improper patient solicitation activities, such as “patient trolling.” It is improper to go through the patients’ charts on a hospital floor or facility looking for patients who might be appropriate. It is not improper to ask the physician if he/she has patients who may be appropriate.
- A hospice should not use incomplete, misleading or deceptive marketing materials.
- Sales commissions must be structured appropriately and must not be based on improper factors.
- Marketing materials should not create the perception that the initial terminal prognosis is of limited importance and that the hospice benefit may be provided for an indefinite period of time.

- VITAS adheres to OIG Special Advisory Guidance with respect to marketing practices
- VITAS markets hospice services in a manner that is appropriate and within the scope of all applicable laws and regulations

VITAS Policy 1:04C
Affordable Care Act §1557

This rule requires healthcare providers to notify patients about services available to those with limited English proficiency and to provide guidance about how to file a discrimination-related grievance. For any “significant communication” that is intended for the public or for patients, covered entities must provide this notification along with a specified number of “tag lines” written in the non-English languages most common in one’s service areas. A longer notice is required for larger print documents, such as one’s admission packets, and for one’s website. A shorter (one sentence) notice can be used with shorter consumer-oriented print material such as brochures and the like.

The vitas.com website has been updated to include the required notification language, and a one-page notification has been added to admission packets. Flyers have been posted in our IPUs as the law requires posters in places where public interaction is likely. Direct-to-consumer marketing pieces which have a significant (i.e., larger) print run, are being updated to include the notice.

OIG Work Plan

The Office of Inspector General (OIG) announces its work plan each fall. The FY 2017 Work Plan has three hospice-specific areas of focus. None of these three areas were part of previous work plans.

1. **A “portfolio” (or summary) of vulnerabilities in the Medicare Hospice Benefit, based on previously published evaluations, audits and investigative work.**

2. **A review of hospice medical records to determine compliance with Medicare regulations**

   This second area of review will be based on medical records (documentation which will need to be requested from the hospices). The description says "We will review hospice medical records and billing documentation to determine whether Medicare payments for hospice services were made in accordance with Medicare requirements."

3. **An evaluation of the frequency of on-site nursing visits to assess the quality of care and services.**

   The description of this area of focus states “Medicare regulations require that a registered nurse make an on-site visit to the patient’s home at least once every 14 days to assess the quality of care and services provided by the hospice aide and to ensure that services ordered by the hospice interdisciplinary group meet the patient’s needs.” Although the OIG usually focuses on eligibility issues, it would appear that the focus of this review will be the quality of nursing supervision of hospice aides.

As can be seen in the descriptions above, these are general areas of focus, and they remind us that the government remains focused on quality of care at the bedside. Also, it should be noted that previous work plans have carried over from one year to the other, so there is no guarantee that these three areas of review will be completed in 2017.

VITAS Election Statements and Certifications

In 2016 the OIG published a report on Hospice Elections and Certifications. An analysis of our existing Medicare Hospice Benefit Election statement shows that it meets all the existing Medicare requirements discussed in this review (see below). CMS agreed to instruct surveyors to strengthen their review of election statements and certifications, so we should expect to see local surveyors take greater interest in these documents than in the past.
Here is the top half of VITAS’ Medicare Hospice Benefit Election Statement, highlighted to show how it meets the Medicare requirement areas on which the OIG focused its review.

**VITAS**

**MEDICARE HOSPICE BENEFIT ELECTION**

I request that the Medicare Hospice Benefit be made available to me through VITAS. If I am not currently a Medicare Part A beneficiary, I request this be made available to me when I am determined eligible.

I understand that:

- The Hospice services provided to me are fully covered by Medicare.
- While this election is in force, Medicare will make payments for care related to the illness for which I am being admitted only to VITAS and to my designated attending physician.
- Other physicians and other health care providers (hospitals, home health agencies, nursing homes, or any other company or agency, including another hospice) will not be reimbursed by Medicare for services related to this illness unless specifically authorized in advance by VITAS.
- Services I may receive to treat a condition not related to this illness will continue to be covered by Medicare along with hospice benefits.
- I may revoke this election of hospice benefits at any time; this will restore my usual Medicare benefits.
- Hospice care is palliative, not curative, as it relates to the illness for which I am being admitted.

I acknowledge that on this date, I have been given ample opportunity to ask any and all questions I have about hospice care and that my questions have been answered to my satisfaction. I acknowledge I have read, understand, and agree to the Medicare hospice benefit election statement printed above.

My choice of Attending Physician: ________________________________  PHYSICIAN’S NAME

☐ I have No Choice of Attending Physician

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**VITAS Documentation**

Documentation is vital to program integrity, patient safety and provider protection. Accurate and legible documentation must occur.

**If you cannot read it, it is worthless!**

**Do the Right Thing—And Document It!**

*Compliance — VITAS.com*

It seems like every day we are hearing more and more about audits, lawsuits and allegations of fraud in hospice care. You might be asking yourself why this is the case, especially since the people drawn to work in hospice care—people like you, our VITAS employees—are motivated by the kind of principles reflected in our VITAS Values.

Our first value “**Patients and Families Come First**” is one that resonates with virtually every hospice professional. At VITAS, these principles are not just nice words on a page that no one ever reads. They are being lived out today in challenging patient situations as you and your colleagues seek to do the right thing for patients and families. We hope the excellent care you and your colleagues provide to people during more than five million visits per year makes you as proud as it makes us.

One reason we are seeing more scrutiny of hospice is that end of life care is maturing as a sector within healthcare and Medicare. Hospice is a relative newcomer on the healthcare scene, having only been established in the late 1970s. As VITAS and other premier hospice providers champion access to the best end-of-life care medical science and caring clinicians can offer, utilization of hospice and associated expenditures for hospice have increased. So it stands to reason that, like more established sectors of medicine, we will continue to see a spotlight shined on every aspect of the care we provide and which is reimbursed by a Medicare budget challenged to become more efficient and effective.
If the kind of care you and your colleagues provide every day is to continue as hospice and the Medicare rules evolve, the responsibility is on each of us – every day – to think critically, offer alternatives, document thoroughly, and assure that patients and families get the appropriate care that addresses their needs (and document it). In short, each of us needs to do the right thing. This is one aspect we don’t often think about with respect to VITAS’ second value. “We take care of each other” means that each of us – every day – upholds our responsibility to provide the best possible care for our patients and families (and document it) so that patients and families get what they need and no one else has to do our work for us.

Taking care of each other includes helping each other to do the right thing. Know your scope of practice, know compliance issues, speak up when someone may be contemplating taking a short cut, bring your co-worker back to ‘doing the right thing’ every day with every patient in every situation…don’t look the other way. Teach, remind, seek guidance, review new policies and new standards, ask questions, keep each other compliant knowing that VITAS standards and protocols are in place to help us meet rules and requirements while ultimately putting patients and families first, and in the end delivering care of the highest quality.

Doing Our Best Today

We realize this is nothing new to those of you who have worked at VITAS for any time. We have always been focused on these important matters. It is also true that doing the right thing (and documenting it) is our single best defense against audits, edits, lawsuits, and allegations of fraud and abuse. Remember that this “code of conduct” is really just our attempt to put into clear and direct step-by-step guidelines what it means to do the right thing. A robust compliance program like the one at VITAS has several key components. These include:

- Training – like what we provide every employee upon orientation and with our Annual Update in April
- Enforcement of compliance guidelines through coaching and accountability
- Creating a culture of compliance and encouraging employees to raise concerns.

Civil Monetary Penalties (CMP) Compliance for Violations

OIG may seek civil monetary penalties and sometimes exclusion from participation for a wide variety of conduct and is authorized to seek different amounts of penalties and assessments based on the type of violation. Penalties range from $21,563 and close to $73,568 (in 2016) per violation. Examples of CMP violations include:

- Presenting a false claim
- Violating the Anti-Kickback Statute
- Violating the Medicare Physician Agreement
- Making false statements on applications to participate in a federal healthcare program


The Importance of Reporting

Employees are encouraged to bring compliance concerns and issues to the attention of their supervisors, the Hotline or the compliance officer. Depending on the issue, an investigation may be conducted with the assistance of the legal department or outside counsel.

Concerns addressing routine workplace matters may be referred to the human resource department. If an investigation confirms the existence of a compliance issue, appropriate personnel will work closely with corporate and program managers to resolve the issue, take necessary corrective actions and ensure appropriate disciplinary actions.

If you identify a potential compliance issue or violation, use this chain of command:

- Speak to your immediate supervisor or manager first.
- If circumstances exist that prevent you from doing so (for example, if your concern is with your immediate supervisor, or your immediate supervisor is unavailable), then contact the next level of management.
- If serious concerns remain, call the Compliance Officer and/or call the VITAS Compliance Hotline, which provides the opportunity for anonymity.
Reporting Abuse, Neglect and Exploitation

Another area of compliance that we need to ensure gets reported is that of abuse, neglect and exploitation. Victims of abuse, neglect and exploitation can be the elderly, children, the mentally or physically handicapped or dependent adults.

- **Abuse** is defined as an act, or failure to act, on the part of a caretaker or another individual that results in death or serious physical or emotional harm. Types of abuse: physical, emotional, sexual.
- **Neglect** is defined as a passive form of abuse in which a perpetrator is responsible for but fails to provide adequate care to a victim who is unable to care for him- or herself.
- **Financial abuse** (exploitation) is defined as the illegal or unauthorized use of a person’s property, money, pension book or other valuables followed by deprivation of money or other property.

Know the reporting requirements in your state, including: mandated reporting laws and time frames for verbal and written reporting. **ALWAYS involve the team manager, PCA and GM.** Modify the plan of care to ensure the protection, safety and quality care of the patient and family.

### VITAS Standard

**Responding to Abuse, Neglect and Exploitation**

**What it covers:**
Processes to utilize when …
1. There is indication during a visit of abuse, neglect, exploitation
2. There is imminent risk of abuse, neglect, exploitation during a visit, phone visit
3. There is a known history of abuse, neglect, exploitation
4. The potential, actual or suspected abuse happens in the long term care facility

*Also see VITAS Policy 2:11*

### Civil Monetary Penalties for Failure to Report

Failure to meet these reporting obligations may result in a civil monetary penalty of up to $300,000 being assessed against the individual who fails to report, and possible exclusion from participation in any federal healthcare program.

**Note:** Talk to your supervisor if you have a concern. Abuse should always be reported; whether it rises to the level of a crime would depend on the specific situation. The severity of the suspected crime will determine the time limit in which reporting must be done.
As a reminder, our company implemented a policy about social media in order to protect itself from unauthorized disclosures of confidential company business information. All employees should be cautious about using social media/networking sites, as no one should have an expectation of privacy. Here are few items that we need to keep in mind:

- Employees are not authorized to speak on behalf of the company
- Employees may not publically discuss or disseminate any company business information using any form of social media.
- Employees are not to use the company’s equipment to conduct personal blogging or social networking activities
- Employees may not state that the views expressed by them are the views of VITAS or any of its partners
- Employees may not post any identifying information about patients or families on social media sites.

These are just a few guidelines that will help our company be safe from any possible risks which can jeopardize the company’s compliance with standard business practices.

It is important to remember that violations of the policy may result in corrective action, up to an immediate termination.

VITAS Policy 8:96
HIPAA
Health Insurance Portability and Accountability Act

The Office for Civil Rights enforces the HIPAA/HITECH Rules. Healthcare providers, known as “covered entities” under HIPAA, are required to comply with the following:

- **Privacy Rule** protects the privacy of individually identifiable health information.
- **Security Rule** sets national standards for the security of electronic protected health information.
- **Breach Notification Rule** requires covered entities and business associates to provide notification following a breach of unsecured protected health information.

**Designated Responsibility for HIPAA Compliance**

- Privacy Rule-  Bob Miller, SVP, Compliance Officer and Privacy Officer
- Security Rule-  Richard La Bella, Chief Information Security Officer

**Be a Patient Advocate!**

As healthcare professionals, we are obligated to protect patient health information. Under HIPAA, patient information is referred to as Protected Health Information or PHI. We care for individuals at the most vulnerable moments of their lives, and as patient advocates we want to do all we can to eliminate the potential for inadvertent disclosure of PHI or any information that might lead to identity theft.

It is every employee’s responsibility to protect the confidentiality of our patients’ medical information and privacy.

Protecting patient information goes well beyond how we store and retrieve patient information. Printed face sheets, schedules and visit notes contain patient information. Patient information, whether in electronic or print format, needs to be in the hands of clinicians in order for them to effectively do their jobs. These resources also impose a special responsibility on us—the responsibility to protect our patients’ rights to privacy.

In our programs this includes:

- Any paper visit documentation
- Case sheets
- Cell/smart phones: calls and texting
- Computers, laptops, tablets:
  - Information in Vx
  - Salesforce.com laptops
Guidelines to keep in mind are:

- Do not remove PHI from the Vitas office or IPU unless necessary to provide care in the field.
- When PHI is removed from a Vitas office or IPU, you should only take the minimum amount of PHI necessary to provide care.
- The PHI must be kept in a secure envelope, folder or binder and in a place where it may not be read by unauthorized persons.
- Never leave paper PHI or an electronic device containing PHI in the car overnight or for any other significant length of time. If you absolutely must leave PHI or an electronic device containing PHI in a vehicle, the vehicle must be locked and the materials kept out of sight (e.g., in the trunk if possible).
- Copies of records containing PHI shall be shredded or placed in a secure shred bin when they are no longer needed to provide care for the patient.
- Never remove electronic PHI from the office (such as a laptop containing PHI or a USB “flash” drive) unless the PHI stored on such device is encrypted.
- If you must take PHI to your home, the PHI should be kept in a secure place at all times and not left accessible to unauthorized individuals.

HIPAA Omnibus Rule

The HIPAA Omnibus Rule enacted in 2013 made changes to the Privacy, Security, and Breach Notification Rules that included enhancing a patient’s HIPAA privacy protections, providing individuals expanded rights to their Protected Health Information (PHI), and strengthening the government’s ability to enforce the law in the following ways:

- **Individual Rights to PHI**: Patients can ask for a copy of their electronic medical record in an electronic form and the provider must respond to such request.  
  
  *HIPAA Policy 11:07*

- **Marketing**: Sets limits on how information is used and disclosed for marketing and fundraising purposes and prohibits the sale of an individuals’ health information without their permission.
  
  *HIPAA Policy 11:17*

- **PHI of Deceased Individuals**: The HIPAA Privacy Rule protects the individually identifiable health information about a decedent for 50 years following the date of death of the individual.
  
  *HIPAA Policy 11:10*
  
  - PHI may be disclosed to a family member, relative, close friend or other individual previously designated by a deceased patient if the information is directly relevant to that person’s involvement with the deceased patient’s healthcare or payment UNLESS VITAS is aware that the patient had expressed a preference that such information not be disclosed.

- **Business Associates (BA)**: Any VITAS business associate/contractor will now be independently responsible for complying with the HIPAA Security Rule and must enter into Security-Rule–compliant BA agreements with any direct subcontractors.
  
  *HIPAA Policy 11:26*

- **Penalties for Breach of PHI**: Penalties for noncompliance based on the level of negligence, with a maximum penalty of $1.5 million per violation. Because civil penalties will not be assessed for violations that are corrected within 30 days, it is very important that VITAS employees act quickly to notify their managers of any suspected breach of PHI.
  
  *HIPAA Policy 11:25*

- **Breach Analysis**: The determination of whether a reportable breach of PHI has occurred requires a four-factor assessment. **All suspected breaches should immediately be reported to VITAS management** so that this analysis can be performed as soon as possible.
  
  *HIPAA Policy 11:15*
Secure E-mail Encryption Required

YOU MUST USE THIS EMAIL ENCRYPTION PROCEDURE WHEN SENDING PHI OR SENSITIVE DATA TO NON VITAS/EXTERNAL/3RD PARTY.

1. Open a new e-mail message in Outlook, and enter the appropriate recipients as usual.

2. In the **Subject** line, type the following:

   **Encrypt:**

3. Leave **at least one space** after the colon and before you type the relevant subject descriptor, for example:

   **Encrypt: Request for Medical Records**

   Your message header will look similar to this:

   ![Message Header Example]

4. Enter the information for the body of the email, as usual and click the [Send] button to send.

IT Tip Sheet

**There is a Tip Sheet available for additional information.** See E-mail Encryption Tip Sheet under VITAS i-Net > Home > Announcements

For more information regarding VITAS' practices to protect PHI, you may refer to the VITAS Healthcare Corporation Policy "HIPAA Policy: Administrative, Technical, and Physical Safeguards to Protect PHI, No. 11:14"

**HIPAA Policy 11:14**

VITAS Policies and Standards of Practice

**VITAS’ BREACH Notification Obligation**

*What to do if you think a breach has occurred:* As required by the Department of Health and Human Services (HHS) you should inform your supervisor immediately if you believe there has been a breach of Personal Information. When a breach of Personal Information occurs, the provider must notify the affected individuals promptly. Additional notification obligations may apply if the breach affects more than 500 individuals.

VITAS Policy 11:15, VITAS’ breach notification procedure, complies with the new HIPAA Omnibus requirements.

**HIPAA Policy 11:15**

VITAS Healthcare

2017 Annual Update
Procedure:
1. Report to General Manager (GM) any suspected breaches of PHI.
   a) The GM or department supervisor shall promptly complete the HIPAA Incident Analysis Form.
   b) If suspected breach of PHI involved the loss or theft of a laptop or mobile device, the GM will promptly complete the Lost or Stolen Laptop/Mobile Device Incident Report Form.
2. Breach Risk Analysis
   a) GM/Supervisor shall make a good-faith determination of whether a breach of unsecured PHI has occurred and document on the HIPAA Incident Analysis Form.
   b) The GM/Supervisor shall promptly send a complete copy of the HIPAA Incident Analysis Form to the Privacy Officer.
   c) The GM/Supervisor must consult with the Privacy Officer if the analysis determines that there is a low probability that PHI has been compromised.
3. Breach Notification
   a) If it is determined that a breach has occurred:
      i. A notice must be sent to the affected individuals without reasonable delay and not later than 60 calendar days after discovery of breach.
      ii. If the breach involves more than 500 residents of a state, VITAS must notify media outlets within the state (and within 60 days of breach), as well as Health and Human Services (HHS).
      iii. If the breach involves fewer than 500 individuals, VITAS shall submit the Breach Notification Form to HHS within 60 days after the end of each calendar year.

VITAS Management Standard
Protecting Patient Privacy
i-net, under > Learning Resources > HIPAA

What it covers:
1. Overview of VITAS Process Protecting Patient Privacy
2. Patient Information/HIPAA Incident Analysis
3. Lost or Stolen Laptop/Mobile Device Incident
4. Submitting the incident form(s)

Patients’ Rights

Patient Privacy Rights
VITAS takes very seriously the patient’s rights, for which there are key HIPAA process requirements, such as:

- Notice of Privacy Practices that are provided to patients on admission
- Process in place for release of medical records using appropriate documentation
- Required Accounting of Disclosures Log is completed for all applicable disclosures of PHI
- When required, breach notification to patients or legal representatives within 60 days of discovery (unless state has stricter rules)
  - Certain states have privacy requirements that are more stringent than HIPAA. For example, California, Florida and Texas require more immediate notification of breach to the patient and applicable state agencies. Texas also requires a provider to give a patient a copy of his/her electronic health record within 15 business days of receiving the request, while HIPAA allows for 30 days.

See HIPAA Policy 11:03-11:11, 11:15 and 11:19 and the VMS Patient Privacy
**Note:** The VITAS privacy policies detail the requirements for each of these rights and provide procedures for implementation.

**Protecting Patients’ Privacy in the Digital Age**
It is important to know that smart phones should be **protected with a passcode.** If you need to text in order to relay patient health information throughout the day, follow these guidelines:

When texting use:
- Patient ID numbers
- Patient initials

**Do not use:**
- Patient name
- Patient Social Security number

**Password-Protect VITAS Outlook Email**
Many of us access VITAS Outlook e-mail through our cell phones. VITAS Outlook email via the exchange server is encrypted at all times.

**WHATSOEVER, a breach can occur if you do not have your phone password-protected.**

Cell and smart phone users must limit access to the device by setting a personal identification number (PIN) or password and automatically locking a device after an idle period. PINs/Passwords should not be stored near or written on the back of cell/smart phone.

**Notice of Privacy Practices**
VITAS HIPAA Policy 11:04

The HIPAA Privacy Rule gives individuals a fundamental right to be informed of the privacy practices of their healthcare providers; covered healthcare providers are required to develop and distribute a notice that provides a clear explanation of these rights and practices. VITAS updated its Notice of Privacy Practices in 2013 to comply with the new HIPAA Omnibus requirements. A Notice of Privacy Practices is provided to every patient/caregiver at the time of admission and upon request. It informs patients of their privacy rights with respect to their personal health information. Included in the Notice are the Patient Rights that must be followed.

**Emergency Preparedness**

Starting in November 2017 your program will need to be compliant with a new Medicare Condition of Participation on Emergency Preparedness. You will be hearing a great deal more about these new requirements in the months to come. In the meantime, be aware that your program already has an emergency plan. The best thing you can do to help yourself be prepared for the new rule is to familiarize yourself with your program’s existing emergency plan… and keep posted because changes are- a- coming!
In the 2016 issues of Vital Signs, VITAS' Chief Information Security Officer Richard La Bella offered a series of informative articles that focused on different online security issues that could target the company and its employees. Here are some examples:

**Don’t Take the Bait: Think before You Click!**
Phishing is the act of sending an email to a user or employee, falsely claiming to be an established legitimate enterprise, in an attempt to scam us into surrendering our private or confidential and sensitive information that can be used for identity theft.

Some of the markers of a phishing email include poor spelling and bad grammar, suspicious links, threats and other scare tactics, as well as the illegal use of graphics/logos from legitimate websites.

**The Emerging Threat of Cerber Ransomware**
Cerber Ransomware is the most feared and destructive type of Bitcoin ransomware in circulation. Developers of this ransomware are continually creating versions of data encryption that are difficult to combat.

Most, if not all viruses circumvent security software and compromise personal and business computer systems when disguised as legitimate e-mail messages known as “phishing attacks.” A phishing e-mail message can contain convincing information and malicious attachments and/or web links designed to trick us into clicking them. This action installs the malicious software, providing attackers access onto our network.

**Ransomware: A Real Threat to Healthcare and How We Can Prevent It!**
Ransomware is a type of computer virus that encrypts company data, essentially making it unreadable—therefore, holding the company hostage—until the victim pays a fee or “ransom” to the attacker to release the data and make it available again.

We can protect VITAS from ransomware attacks (and other types of computer viruses) if we STOP ourselves from clicking on a suspicious email, THINK and examine the email carefully and then ACT thoughtfully by either deleting the suspicious email or calling the VITAS Service Desk at 888.467.8482 or 305.350.6001 and asking for help.


**HIPAA Hotline Process**

**Patients’/Caregivers’ Complaint Process**
*Patient Complaint Process for Violations and Investigation Process was created to provide an avenue for individuals to express concerns regarding VITAS’ HIPAA privacy and/or security practices outlined in the Notice of Privacy Practices.*

VITAS HIPAA Policy 11:23

VITAS’ HIPAA Hotline messages are monitored on a daily basis and responded to by the close of next business day unless otherwise specified by the caller. Resolutions of complaints are determined by VITAS’ Privacy Officer (Bob Miller) and/or members of the VITAS Compliance Committee.
Sanctions for Violations & Corrective Action Process

VITAS Process—Sanctions for HIPAA Violations
A VITAS employee who violates VITAS’ HIPAA Policies will be sanctioned accordingly. Based on the nature of the violation, its severity and whether it was negligent or intentional, the employee’s supervisor, Human Resources and/or the Privacy Officer will be able to determine the appropriate sanction.

Examples of negligent violations include but are not limited to:
- Not properly verifying individuals by phone, in person or in writing before releasing PHI
  - Leaving medical records visible and available to other employees who should not have access to such information
  - Faxing information to an incorrect fax number in error

Examples of intentional violations include but are not limited to:
- Accessing or using PHI without having a legitimate need to do so.
- Posting pictures of a patient or patient information on a social networking site

NOTE: Sanctions may include informal counseling, supervisor’s conference, suspension without pay, written warning or termination of employment or volunteer status.

VITAS HIPAA Policy 11:25

Corrective Action Process
As you can see from above, a corrective action is required when a VITAS employee violates any element of the HIPAA Policies or other requirements of the Privacy Rule. VITAS’ corrective action plan is meant to assist employees in recognizing the seriousness of their behavior and encourage their commitment to changing these behaviors.

VITAS HIPAA Policy 11:26

Location of VITAS HIPAA Policies
To locate VITAS HIPAA Policies follow the below path:

Home > Main Menu > Divisions > Office of the Chief Operating Officer > Clinical Development & Bioethics > Policies & Procedures > Administrative, Services and Personnel > Section 11 - HIPAA Policies
This section will focus on employee protection areas such as VITAS’ Exposure Control Plan (ECP) and workplace safety issues, developed to protect our growing workforce. This training ensures compliance with the US Department of Labor, Occupational Safety and Health Administration’s (OSHA) Bloodborne Pathogen Standard (29 CFR 1910.1030).

**VITAS Exposure Control Plan (ECP)**

A section of VITAS’ Infection Control Manual includes our Exposure Control Plan. This was developed to minimize exposure to blood-borne pathogens in the workplace and to ensure employee safety.

From the ECP, we will cover:

- **Airborne Infectious Diseases**
  - VITAS Tuberculosis Infection Control Plan
    - Reduce and Control Transmission
  - Exposure and Reporting Procedures
- **Bloodborne Infectious Diseases**
  - Hepatitis B (HBV)
  - Hepatitis C (HCV)
  - Human Immunodeficiency Virus (HIV)
  - Ebola Virus
  - Exposure and Reporting Procedures
- **Contents of Exposure Control Plan**
  - Universal/Standard Precautions
  - Hand Washing
  - Work Practice Controls E.g. Safer medical devices, e.g. sharps, disposal containers (medical devices)
  - Specimen Dispensing
  - Personal Protective Equipment (PPE)
  - Housekeeping
  - Process for Regulated Waste
  - Communication of Hazards (MSDS)
- **Exposure Control Committee**
- **Medical Device Act (Act 737)**
  - The term – medical device covers any product used in healthcare for the diagnosis, prevention, monitoring or treatment of illness or handicap but excludes drugs.

**Airborne Infectious Diseases**

Airborne diseases can be transmitted to anyone through the air. These diseases will travel on dust particles or be passed through the air by sneezing, coughing or even laughing and talking. Close contact with someone who is sick with an airborne disease or someone who simply carries such a disease can cause contamination. These diseases are so easily spread that the CDC now requires provider/entities to have a pandemic plan in place. (VITAS’ Pandemic Plan is discussed later in this section).

**Airborne precautions** are required to protect against airborne transmission of infectious agents. Preventing airborne transmission requires personal respiratory protection and special ventilation and air handling. Patients in a hospital setting on Airborne Precautions are placed in special negative-pressure rooms to protect the employees, but most of our hospice care takes place in the home setting without special pressurized rooms. Therefore, hospice care may require you to be in contact with patients on Airborne Precaution isolation. Our patients may be on Airborne Precautions, even in patient homes.
Diseases requiring Airborne Precautions include:

- H1N1 (Swine) Flu
- Tuberculosis (TB)
- Chicken pox
- Measles
- Mumps
- Meningitis
- Anthrax
- Severe Acute Respiratory Syndrome (SARS)
- Smallpox
- Monkeypox
- Hantavirus

Next we will go into detail about TB, one of the most common airborne diseases requiring Airborne Precautions. We will discuss the mode of transmission, signs and symptoms and how to reduce and control transmission.

**VITAS Tuberculosis Infection Control Plan**

**Transmission**

TB is an infectious disease that is caused by a bacterium called *Mycobacterium tuberculosis*. It is passed from person to person when an infected person coughs, speaks, sneezes or sings. TB usually affects the lungs, but it can also affect other parts of the body, such as the brain, the kidneys or the spine. A person with TB can die if he/she does not get treatment.

**Signs and Symptoms**

The most noticeable symptom of tuberculosis is cough, which worsens as the disease progress. The cough may produce sputum that can contain blood or pus and may be accompanied by tightness or dull, aching pain in the chest. Other symptoms are fever, chills, muscle aches, “cold sweats”, weight loss, difficulty breathing or shortness of breath and fatigue.

**Identifying the “Suspect” Patient**

All programs must enforce procedures for the early detection, isolation and follow-up with patients with infectious tuberculosis.

- Initial nursing assessment includes a check for TB symptoms and proper documentation.
- All patients with weakened immune systems should be evaluated.
- All patients are susceptible to developing TB, as they could be immunocompromised due to numerous hospitalizations and disease progression.
- When an employee observes a patient showing any signs or symptom suggestive of TB, he/she will notify his/her supervisor and physician immediately.
- Airborne precautions will be implemented immediately and only discontinued with a physician order.
- The employee or supervisor will complete an Infection Control Surveillance Form and submit to the program Performance Improvement Specialist (PIS).
- The Tuberculin Skin Test (TST) is the preferred method of skin testing for non-HIV-positive people.

**Reduce and Control Transmission**

- Once suspected or diagnosed, the patient is reported to the team manager; all team members including volunteers and their supervisors will be notified.
- The patient’s chart will be flagged, as per program procedure, to show airborne precaution isolation (formerly known as respiratory isolation).
- All persons who enter the room/home of such patients will use appropriate universal/standard precautions and wear approved masks/respiratory protective devices (N-95) and document PPE usage in ID notes.
- In the inpatient setting, the suspected or known active TB patient will be placed on airborne precautions and placed in negative pressure if available. (Negative pressure rooms are not available in many of the IPUs), transferred to a local hospital with a negative pressure room, or transferred home dependent upon patient status/needs.
• All persons diagnosed positive for TB will be reported to the health department as mandated by applicable law.
  o It is the responsibility of the diagnosing physician to report the disease to the county/state health department.
• Patients, families, visitors and caregivers will receive appropriate education in the control of transmission.

**Prevention Strategies – Airborne Infectious Diseases**

**Patients on Airborne Precautions Require the Use of N-95 Respirators**

An N-95 respirator should be worn around all suspect and confirmed **airborne precaution** patients. The patient will be placed on airborne isolation precautions until a physician order is received to discontinue isolation precautions.

**Per OSHA Respiratory Protection Standard (29 CRF 1910.134) and VITAS procedures:**

• N-95 respirators are **required** for all staff sharing air space with a patient on airborne precautions.
• They should be donned prior to entry to the patient’s room.
• **ALL** employees must be fit tested prior to utilizing N-95 respirators.
• A core group of staff, identified by the GM/PCA, should be fit tested.
  1. Admission nurses
  2. Physicians
  3. Nurses, hospice aides, chaplains, social workers
  4. Weekend/runner staff
• Fit testing ensures optimal protection against airborne diseases and must be conducted:
  1. Initially and prior to use of respirator
  2. When a different respirator face piece (size, style, model or make) is used
  3. At least annually
  4. When changes in the employee’s physical condition could affect respirator fit
• Prior to fit test, all staff must complete a medical evaluation. The medical evaluation is required by OSHA to determine an employee’s ability to use a respirator.
• N-95 Respirator storage and disposal process:
  1. Maintain in a cool, dry location
  2. Dispose of used respirator in regular trash
  3. Dispose of respirator:
     o After a maximum of 8 hours of use
     o When contaminated or damaged
     o When irritation occurs

  For more details, see **VITAS Respiratory Protection Program**
  See **VMS Influenza Infection Control**

**VITAS’ Pandemic Plan:**

• Pandemic airborne infectious diseases can be monitored by the program.
• Requires a Communication Plan, which requires the program PCA to appoint a pandemic advisor, who will monitor federal, state and local health department guidance and advisories.
• Ensures all personnel understand control measures: hand hygiene, cough etiquette, flu symptoms, don’t report to work sick.
• Fit tests core group of patient care employees.
• Includes patient/family education such as pandemic influenza.

  See **WINK H1N1 & CDC handouts.**
• Ensures employees are familiar with VITAS’ infection control plan.
• Ensures employees are familiar with VITAS’ occupational health plan.
• Pregnant employees will not care for confirmed or suspected airborne infectious cases.
• Employees with pre-existing conditions may need anti-viral med if exposed.

- Ensures surge capacity during a pandemic—include HME, pharmacy and contract staff.
- Strongly recommends all staff be vaccinated. VITAS does not provide the vaccine on site, but note VITAS health insurance covers this 100% as part of preventive treatment.

**Exposure and Reporting Procedures**

**Reporting TB Exposure (Example)**

All reports of employee/volunteer exposures to TB will be handled confidentially. Post-exposure evaluation and follow-up for employees/volunteers will be provided by VITAS. Should an exposure occur, the employee/volunteer must proceed as follows:

1. **Report to a supervisor immediately if tuberculosis is suspected or has been diagnosed.**
2. Record exposures on the TB Exposure Log. Enter any information related to employee’s exposure, including any information needed by local health department.
3. Employee documents the exposure on the Non-Injury Employee Incident Report within 24 hours of the incident and submits to manager.
4. Company Nurse Injury Hotline is notified only if employee is confirmed to have latent or active TB.
5. Only exposures that lead to active TB infection are to be reported on the Employee Infection Surveillance Control Form. This needs to be completed within 24 hours and submitted to the program Performance Improvement Specialist (PIS).

   *See Infection Control Surveillance Form*

6. Senior management to notify corporate risk management department of TB exposure within 3 business days.
7. Local and/or state health departments will determine if a contact investigation will be conducted. Depending on the amount of time the employee/volunteer had direct contact with the patient, he/she may participate in a contact investigation.
8. Exposed employees/volunteer will receive a TST test as soon as possible (except those who are known positive reactors).
   a. If the initial test is negative, a second test should be administered 12 weeks after initial test.
9. Exposed persons with TST conversions or with symptoms suggestive of TB should be promptly evaluated, clinically and with chest radiographs.
10. Persons with latent TB infection who cannot take or do not accept or complete a full course of preventive therapy do not need to be excluded from work, but they should receive counseling about risk of developing active TB and should be instructed to seek evaluation promptly if symptoms develop that may resemble TB.
11. Persons with a previously known positive TST who have been exposed to an infectious patient do not require a repeat TST or chest x-ray unless they have symptoms suggestive of TB or have not had their TB status updated within the past 12 months.
12. Employees/volunteers with active tuberculosis may pose a risk to others while they are infectious; work restrictions are necessary.
   a. These persons will be excluded from work until adequate treatment is underway, cough is resolved and sputum is clear on three consecutive smears.
13. If pulmonary TB has been ruled out, individuals with other forms of active TB will not need to be excluded from work. The exception is if it is extra pulmonary disease that included an open abscess or lesion in which the concentration of organisms is high.
14. Persons with active pulmonary TB who discontinue treatment before the recommended course of therapy has been completed will not be allowed to work until treatment is resumed and sputum is clear on consecutive smears.
Bloodborne Pathogens Infectious Diseases

A pathogen is something that spreads disease. Germs that live in human blood and can cause disease in humans are called bloodborne pathogens. The most common and dangerous germs that spread through the blood are Hepatitis B, Hepatitis C and HIV. In 2014 a communication was released to reinforce our Infection Control Manual and to provide facts concerning the Ebola Virus. Let’s review the facts about these diseases:

Hepatitis B

Hepatitis B is a small DNA virus that affects the liver and is preventable through a vaccine. At VITAS, the HBV vaccine is offered to all direct-patient-care employees upon hire. An employee may refuse the vaccine but must sign a declination statement. Signing the statement does not preclude the employee from receiving the vaccination at a later time.

Hepatitis B Transmission

In the healthcare setting, Hepatitis B is most commonly transmitted through contact with infected blood or body fluids via needle-sticks or other direct penetrations of the skin with contaminated objects. Other forms of transmission can be from unprotected sex, unsterile needles, perinatal (from mother to child at birth) and sharing sharp instruments such as razors, toothbrushes or earrings. **Always Use Universal/Standards Precautions!**

**Signs and symptoms** may include:
- Jaundice—yellowing of the skin or eyes
- Darker urine
- Clay-colored stool
- Anorexia (loss of appetite)
- Nausea and vomiting
- Fever
- Lethargy—extreme tiredness or fatigue
- Abdominal and/or joint pain
- Myalgia (muscle pain)
- Irritability
- Flu-like symptoms
- Feel very ill and be unable to work for weeks or even months
- Have no symptoms and infect others without knowing it

Hepatitis C

Hepatitis C is a virus infection is the most com-mon chronic bloodborne infection in the United States, affecting approximately 4 million people.

Hepatitis C Transmission

Primarily through large or repeated percutaneous (i.e., passage through the skin) exposures to infectious blood, such as:
- Injection drug use (currently the most common means of HCV transmission in the United States)
- Receipt of donated blood, blood products, and organs (once a common means of transmission but now rare in the United States since blood screening became available in 1992)
- Needlestick injuries in health care settings
- Birth to an HCV-infected mother
  
  HCV can also be spread infrequently through
- Sex with an HCV-infected person (an inefficient means of transmission)
- Sharing personal items contaminated with infectious blood, such as razors or toothbrushes (also inefficient vectors of transmission)
- Other health care procedures that involve invasive procedures, such as injections (usually recognized in the context of outbreaks)
Signs and Symptoms

Persons with newly acquired HCV infection usually are asymptomatic or have mild symptoms that are unlikely to prompt a visit to a health care professional. When symptoms occur, they can include:

- Fever
- Fatigue
- Dark urine
- Clay-colored stool
- Abdominal pain
- Loss of appetite
- Nausea
- Vomiting
- Joint pain
- Jaundice

Human Immunodeficiency Virus (HIV)

The Human Immunodeficiency Virus (HIV), the virus that can lead to acquired immune deficiency syndrome (AIDS), destroys blood cells called CD4+ T-cells, which are crucial to helping the body fight disease. This results in a weakened immune system, making persons with HIV or AIDS at risk for many different types of infections.

HIV Transmission

According to the CDC, although HIV transmission is possible in healthcare settings, it is extremely rare. Medical experts emphasize that the careful practice of infection control procedures, including universal/standard precautions (i.e., using protective practices and personal protective equipment to prevent transmission of HIV and other bloodborne infections), protects patients as well as healthcare providers from possible HIV transmission in medical and dental settings.

Healthcare personnel are at risk for occupational exposure to bloodborne pathogens, including HIV. Important factors that influence the overall risk for occupational exposures to bloodborne pathogens include the number of infected individuals in the patient population and the type and number of blood contacts.

HIV Signs and symptoms

May include:

- Rapid weight loss
- Dry cough
- Recurring fever or profuse night sweats
- Profound and unexplained fatigue
- Swollen lymph glands in the armpits, groin or neck
- Diarrhea that lasts for more than a week
- Thrush—white spots or unusual blemishes on the tongue, in the mouth or in the throat
- Pneumonia
- Myalgia (muscle aches)
- Red, brown, pink, purplish blotches on or under the skin or inside the mouth, nose or eyelids
- Memory loss, depression and other neurological disorders
Ebola Virus
The Ebola virus is a very serious illness that can be fatal if untreated. This virus can multiply within the body before symptoms develop. Individuals become contagious when symptoms appear. These symptoms are similar to other viral illnesses. The Ebola virus is not spread through casual contact, air, water and/or food grown or legally purchased in the US. The VITAS Infection Control Manual reflects the Universal Standard Precaution guidance the US Centers for Disease Control (CDC) has continued to emphasize to protect healthcare workers from inadvertent exposure to the virus.

Ebola Transmission
The Ebola virus is transmitted by direct contact with body fluids of a person who is sick with or has died from Ebola, objects contaminated with the virus and/or through infected animals.

Signs and Symptoms
Early symptoms can appear from 2 to 21 days after exposure.
- Fever
- Headache
- Diarrhea
- Vomiting
- Stomach pain
- Unexplained bleeding or bruising
- Muscle pain

For more details about Ebola facts, see Clinical Staff Communication and Patient/Family Communication

Prevention Strategies – Bloodborne Infectious Diseases

Prevention Strategies for Bloodborne Infectious Diseases
To prevent transmission of bloodborne diseases to healthcare workers in the workplace, CDC offers the following recommendations. Healthcare workers should assume that the blood and other body fluids from all patients are potentially infectious.

Therefore, follow infection control precautions at all times:
- Routinely use barriers (such as gloves and/or goggles) when anticipating contact with blood or body fluids.
- Immediately wash hands and other skin surfaces after contact with blood or body fluids.
- Carefully handle and dispose of sharp instruments during and after use.
  - Percutaneous injuries, such as needle-sticks and cuts, are related to sharps disposal.

Exposure and Reporting Procedures

Reporting Post-Exposure Procedures for Bloodborne Pathogens
In the event of an occupational exposure (e.g. bloodborne pathogen) incident while on the job, VITAS will immediately make available to the employee a confidential post-exposure medical evaluation and follow-up. This will be available at a reasonable time and place, at no cost to the employee and performed by or under the supervision of a licensed physician or another licensed healthcare professional.

Use procedures IF an exposure occurs and what to do AFTER an exposure occurs:

IF an Exposure to Blood or Body Fluids Occurs:
- First of all, do not panic.
- Wash affected area directly with soap and water.
- Report incident to supervisor immediately.
- Identify individuals involved with the exposure incident.
- Report to facility immediately for post-exposure testing, training, counseling and treatment.
- A Source Consent form will be obtained by manager from the source individual.
- Consent is voluntary and will be obtained without duress or coercion and shall be in writing.
Note: If an employee has traveled outside the continental US and has been infected by Ebola, the Infection Control Surveillance Form must be completed in order for PCA/Designee to contact CDC for guidance.

**AFTER an Exposure Occurs:**
- Exposed employees will be re-tested at 30 days, 3 months, 6 months and 12 months. Test results will not be given over the phone.
- Any reported illnesses by employee will be evaluated for 12 months following exposure.
- All employees will complete post-exposure training.
- All employee exposure incidents will be handled with strict confidentiality.

**Company Nurse Injury Hotline**

**Report All Incidents Immediately**
VITAS requires reporting of ALL bloodborne pathogen exposure incidents. The procedure is as follows:
- Report to your supervisor immediately.
- All incidents will be reported to the *Company Nurse Injury Hotline*.
- *Company Nurse* will complete an Injury Alert form, which takes the place of our Employee Incident Report.

See Policy and Procedures 8:48, 8:71 and 10:01

**Exposure Control Plan’s Universal/Standard Precautions**

VITAS’ Exposure Control Plan (ECP) policies and procedures cover other components that will serve as a refresher in order to protect yourself and others:

**Universal/Standard Precautions**
In order to reduce and/or prevent contact with body fluids/substances, consider all body fluids to be potentially infectious. Therefore, Universal/Standard Precautions must be observed— and the most important thing to remember is easy: *Wash your hands often!*

**Hand Washing**
Washing your hands is SO important that a VITAS Standard on Hand Hygiene was created. Hand hygiene is the single most effective method of prevention of cross-contaminations and healthcare-associated infections. Employees should keep their bag stocked with or carry a supply of alcohol-based antiseptic hand cleanser and paper towels.

**VITAS Standard—Hand Hygiene**

**What it covers:**
1. Indications for hand antisepsis or hand-washing.
2. Procedure hand hygiene with water.
3. Procedure hand hygiene without water.
4. Provide patient and family education regarding hand hygiene.
Work Practice Controls
Eating, drinking, smoking, applying cosmetics or lip balms and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of exposure to bloodborne pathogens. Remember, eyes, mouths and mucus membranes communicate diseases. Do not keep food and drinks in refrigerators, freezers, shelves, cabinets or on countertops or bench tops where blood or other potential infectious materials are present.

Specimen Dispensing
To store, transport or ship any specimen of blood or other potentially infectious material, place in an appropriate leak-proof container coded with a fluorescent orange/red biohazard label. If contamination of the primary container occurs, place within a second leak-proof container.

Personal Protective Equipment (PPE)
Personal Protective Equipment includes gloves, goggles, gowns, masks and any protective gear worn during procedures that are likely to generate droplets of blood or other body fluids. If a potential for an occupational exposure exists, documentation noting the requirement must be in the care plan of that patient. Each program must identify where PPE will be located within the office and inpatient units. When removing your PPE, place it in a designated area or container for storage, washing, decontamination or disposal. Contaminated laundry will be placed and transported in bags or containers labeled or color-coded with a fluorescent orange or red-orange label with biohazard lettering and symbols in a contrasting color.

Housekeeping
Each program will determine and implement an appropriate written schedule for cleaning and a method of decontamination. Inpatient units residing in a hospital or other facility will follow the policies of the host facility.

Process for Regulated Waste
All employees must take every precaution to prevent injuries that may be caused by needles, sharps or other sharp instruments during or after a procedure. To prevent needle-stick injuries, do not recap, bend, break, manipulate or dispose of syringes or needles by hand. If recapping a needle is the only alternative, it must be performed using a one-handed "scoop" technique or by using the assistance of a mechanical device.

All sharps (disposable syringes, needles, scalpels, blades and broken glass) must be disposed of in a sharps container that is closeable, puncture resistant, leak-proof and labeled with a biohazard sticker. Sharps containers should be maintained upright and should never be more than 3/4 full. Never empty the contents of one sharps container into another sharps container. Never use your hands to pick up used sharps or broken glass.

When transporting regulated waste, if sharps are used, the manager must arrange for a pickup of a ¾ full container as needed. If the nurse must transport contaminated sharps back to the office for pick-up by a waste management company, infection control protocol must be followed. All transported contaminated sharps must be labeled with a biohazard sticker.

State Specific: California
California employees may not transport any medical waste.

State Specific: Florida
A mandatory Biomedical Waste Training is now required, upon hire and annually thereafter, to comply with the State of Florida Department of Health, Bureau of Community Environmental Health, Chapter 64E-16, and the Florida Administrate Code. The purpose is to protect healthcare workers, environmental-service staff, waste haulers and the general public from risks associated with potentially infectious biomedical waste. The training discusses:

- Definitions (Chapter 64E-16.002 FAC)
- Segregation and Handling (Chapter 64E-16.004 FAC)
- Procedure for Containment (Chapter 64E-16004(2) FAC)
- Co-Mixing (Chapter 64E-16.003(1) FAC)
- Labeling (Chapter 64E-16.005 FAC)
- Storage of Biomedical Waste (Chapter 64E-16004 FAC)
- Glass Breakage with Blood Clean-Up Technique
- Spill Kit Procedure

See VITAS Management Standard Biomedical Waste
Exposure Control Committee

VITAS will solicit input from non-managerial employees responsible for direct patient care who are potentially exposed to injuries from contaminated sharps in the identification, evaluation and selection of effective engineering and work practice controls. Each program will assemble an Exposure Control Committee to meet annually. The facilitator will document on the Exposure Control Committee Evaluation Form any potential exposure risks identified, evaluation of any current engineering and work practice controls in place (i.e. Needleless System) and selection of effective or new engineering and work practice controls to be implemented.

See VITAS Infection Control Manual

Hazardous Communication and Safety Data Sheets (SDS).

All VITAS employees need to be aware of the VITAS Standard on Hazardous Communication—Safety Data Sheets. This standard was developed to ensure that safety data sheets (SDS) be readily accessible to provide employees with information regarding spill response procedures and first-aid treatment for exposure to hazardous chemicals.

See VITAS Standard Hazardous Communication – Safety Data Sheets (SDS)

Medical Device Act

Medical Device Act Incidents in which a medical device has or may have contributed to the death or serious injury of any patient regardless of cause must be immediately reported to a supervisor to ensure the adverse event is reported in accordance with all standards, applicable laws, regulations and federal guidelines.

See Safe Medical Device Act Training Sheet

This concludes the 2017 Annual Update for Compliance, HIPAA and OSHA. Please read and accept the attestation statements.

Should you have any questions or concerns see your manager or immediate supervisor.

Thank you for your time and attention to these very important subjects.
References


CDC Handouts. Retrieved from: Inet > Home > Main Menu > Learning Resources > Program Management Training and Resources > Infection Control

Clinical Staff Communication (2014). Retrieved from: Inet > Home > Main Menu > Learning Resources > Program Management Training and Resources > Infection Control > Ebola Fact Sheets


HIPAA Incident Analysis Form (2014). Retrieved from: Inet > Home > Main Menu > Learning Resources > Program Management Training and Resources > HIPAA > 02 TEMPLATE - HIPAA Incident Form


