

HANOVER PARK FIRE DEPARTMENT

ASSIGNMENT OF BENEFITS AUTHORIZATION

Responsibility for Payment and Acknowledgement
Of Receipt of Notice of Privacy Practices

EMERGENCIES ONLY

AMBULANCE CREW AND FACILITY REPRESENTATIVE SIGNATURES

Complete this only for emergency ambulance transports if patient was physically or mentally incapable of signing and no authorized representative was available or willing to sign on behalf of the patient at the time of service.

Patient Name: _____

Transport Date: _____ Incident Number: _____

A. Ambulance Crew Member Statement
(Must be completed by crew member at time of transport)

My signature below indicates that, at the time of service, the patient named above was physically or mentally incapable of signing, and that no authorized representatives were available or willing to sign on the patient's behalf.

Reason patient was incapable of signing: _____

Name and Location of Receiving Facility: _____

Time of arrival at Receiving Facility: _____

X _____
Signature of Crewmember Printed Name of Crewmember

B. Receiving Facility Representative Signature
The above named patient was received by this facility at the date and time indicated above.

X _____
Signature of Receiving Facility Representative Printed Name and Title

C. Secondary Documentation
If no facility representative signature is obtained, the ambulance crew should attempt to obtain one or more of the following forms of documentation from the receiving facility that indicates that the patient was transported to that facility by ambulance on the date and time indicated above. The release of this information by the hospital to the ambulance service is expressly permitted by § 164.506 (c) of HIPPA.

- | | |
|---|--|
| <input type="checkbox"/> Patient Care Report | <input type="checkbox"/> Facility Face Sheet/Admissions Record |
| <input type="checkbox"/> Patient Medical Record | <input type="checkbox"/> Hospital Log of Other Similar Facility Record |

Hanover Park Fire Department

Acknowledgment of Receipt of Notice of Privacy Practices

[NOTE: YOU NEED ONLY HAVE THE PATIENT SIGN EITHER THE LOG SHEET, THE SEPARATE NOTICE, OR THE ASSIGNMENT OF BENEFITS FORM WHICH CONTAINS THE ACKNOWLEDGEMENT.]

I hereby acknowledge that I have been provided with a copy of Hanover Park Fire Department's Notice of Privacy Practices on this date.

Date

Signature

PRINT NAME OF PATIENT

Street Address

City, State and Zip Code

Hanover Park Fire Department

Assignment of Benefits Authorization, Responsibility for Payment and Acknowledgement of Receipt of Notice of Privacy Practices

BILLING AUTHORIZATION, RESPONSIBILITY FOR PAYMENT AND RECEIPT OF NOTICE OF PRIVACY RIGHTS

I understand that I am financially responsible for the services provided to me by the Hanover Park Fire Department (“HPFD”) regardless of insurance coverage. I request that payment of authorized Medicare or other insurance benefits be made on my behalf to the Village of Hanover Park for any services provided to me by HPFD. I authorize and direct any holder of medical information or documentation about me to release to the Centers for Medicare and Medicaid Services and its carriers and agents, as well as to the HPFD and its billing agents and any other payers of insurers, any information or documentation needed to determine these benefits or benefits payable for any services provided to me by HPFD, now or in the future. I agree to immediately remit to the Village of Hanover Park any payments that I receive directly from any source for the services provided to me and I assign all rights to such payments to the Village of Hanover Park.

I also acknowledge that I have received a copy of the Hanover Park Fire Department Notice of Privacy Practices. A copy of this form is as valid as the original.

Patient Signature

Date: _____

Patient Representative’s Signature

Relationship to Patient

Patient unable to sign because:

**VILLAGE OF HANOVER PARK
FIRE DEPARTMENT**

**Assignment of Benefits Authorization,
Responsibility for Payment and Acknowledgement
of Receipt of Notice of Privacy Practices**

I understand that I am financially responsible for the services provided to me by the Hanover Park Fire Department ("HPFD") regardless of insurance coverage. I request that payment of authorized Medicare or other insurance benefits be made on my behalf to the Village of Hanover Park for any services provided to me by HPFD. I authorize and direct any holder of medical information or documentation about me to release to the Centers for Medicare and Medicaid Services and its carriers and agents, as well as to the HPFD and its billing agents and any other payers of insurers, any information or documentation needed to determine these benefits or benefits payable for any services provided to me by HPFD, now or in the future. I agree to immediately remit to the Village of Hanover Park any payments that I receive directly from any source for the services provided to me and I assign all rights to such payments to the Village of Hanover Park.

I also acknowledge that I have received a copy of the Hanover Park Fire Department Notice of Privacy Practices. A copy of this form is as valid as the original.

DATE: _____

RUN NUMBER: _____

NAME OF PATIENT (PLEASE PRINT) _____

SIGNATURE OF PATIENT OR PATIENT'S REPRESENTATIVE _____

RELATIONSHIP TO PATIENT _____

STREET ADDRESS _____

CITY STATE ZIP

PATIENT UNABLE TO SIGN BECAUSE: _____

Patients unable to sign Form 801 **MUST be filled out.

Right to an Accounting of Disclosures You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you for purposes other than treatment, payment and health care operations. To obtain this list, you must submit your request in writing to the Hanover Park Fire Department Privacy Officer]. It must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). We may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for it, like a family member or friend.

We are Not Required to Agree to Your Request If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you may complete and submit the *Request For Restriction On Use/Disclosure Of Medical Information* to the Hanover Park Fire Department Privacy Officer.

Right to Request Confidential Communications You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you may complete and submit the *Request For Restriction On Use/Disclosure Of Medical Information And/Or Confidential Communication* to the Hanover Park Fire Department Privacy Officer]. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

CHANGES TO THIS NOTICE

We reserve the right to change this notice, and to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a summary of the current notice in the office of the Village Clerk with its effective date in the top right hand corner. You are entitled to a copy of the notice currently in effect.

QUESTIONS OR COMPLAINTS

If you have any questions about this notice or if you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office or ask a question, contact the office of the Privacy Officer of the Hanover Park Fire Department at 630-736-6800, 6850 Barrington Road, Hanover Park, Illinois 60133. You will not be penalized for filing a complaint

NOTICE OF PRIVACY PRACTICES



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

PLEASE REVIEW IT CAREFULLY

WHO WILL FOLLOW THIS NOTICE

This notice describes the information privacy practices followed by Fire Department personnel.

FOR COPIES OF AMBULANCE REPORTS

The Hanover Park Fire Department is not the custodian of ambulance reports. These reports are records of the Department's resource hospital. Requests for those records should be directed to:

Sherman Hospital
Medical Records
934 Center Street
Elgin, IL 60120
847-429-8737

YOUR HEALTH INFORMATION

This notice applies to the information and records we have about your health, health status, and the health care and services you receive at this office.

We are required by law to give you this notice. It will tell you about the ways in which we may use and disclose health information about you and describes your rights and our obligations regarding the use and disclosure of that information.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

For Treatment We may use health information about you to provide you with medical treatment or services. We may disclose health information about you to doctors, nurses, technicians, office staff or other personnel who are involved in taking care of you and your health. For example, This includes such things as verbal and written information that we obtain about you and use pertaining to your medical condition and treatment provided to you by us and other medical personnel (including doctors and nurses who give orders to allow us to provide treatment to you). It also includes information we give to other health care personnel to whom we transfer your care and treatment, and includes transfer of PHI via radio or telephone to the hospital or dispatch center as well as providing the hospital with a copy of the written record we create in the course of providing you with treatment and transport.

Different personnel in our Department may share information about you and disclose information to people who do not work in our Department in order to coordinate your care. Family members and other health care providers may be part of your medical care outside this office and may require information about you that we have.

For Payment We may use and disclose health information about you so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about a service you received from us so your health plan will pay us or reimburse you for the service.

For Health Care Operations We may use and disclose health information about you in order to make sure that you and our other patients receive quality care. For example, we may use your health information to evaluate the performance of our staff in caring for you. We may also use health information about all or many of our patients to help us decide what additional services we should offer, how we can become more efficient, or whether certain new treatments are effective.

SPECIAL SITUATIONS

We may use or disclose health information about you without your permission for the following purposes, subject to all applicable legal requirements and limitations:

To Avert a Serious Threat to Health or Safety We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

Required By Law We will disclose health information about you when required to do so by federal, state or local law.

Research We may use and disclose health information about you for research projects that are subject to a special approval process.

Organ and Tissue Donation If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate such donation and transplantation.

Military, Veterans, National Security and Intelligence If you are or were a member of the armed forces, or part of the national security or intelligence communities, we may be required by military command or other government authorities to release health information about you. We may also release information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks We may disclose health information about you for public health reasons in order to prevent or control disease, injury or disability; or report births, deaths, suspected abuse or neglect, non-accidental physical injuries, reactions to medications or problems with products.

Health Oversight Activities We may disclose health information to a health oversight agency for audits, investigations, inspections, or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. Subject to all applicable legal requirements, we may also disclose health information about you in response to a subpoena.

Law Enforcement We may release health information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process, subject to all applicable legal requirements.

Coroners, Medical Examiners and Funeral Directors We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.

Information Not Personally Identifiable We may use or disclose health information about you in a way that does not personally identify you or reveal who you are.

Family and Friends We may disclose health information about you to your family members or friends if we obtain your verbal agreement to do so or if we give you an opportunity to object to such a disclosure

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and you do not raise an objection. We may also disclose health information to your family or friends if we can infer from the circumstances, based on our professional judgment that you would not object. In situations where you are not capable of giving consent (because you are not present or due to your incapacity or medical emergency), we may, using our professional judgment, determine that a disclosure to your family member or friend is in your best interest. In that situation, we will disclose only health information relevant to the person's involvement in your care. If we have HIV or substance abuse

information about you, we cannot release that information without a special signed, written authorization (different than the *Authorization* and *Consent* mentioned above) from you. In order to disclose these types of records for purposes of treatment, payment or health care operations, we will have to have both your signed *Consent* and a special written *Authorization* that complies with the law governing HIV or substance abuse records.

OTHER USES AND DISCLOSURES OF HEALTH INFORMATION

We will not use or disclose your health information for any purpose other than those identified in the previous sections without your specific, written *Authorization*. We must obtain your *Authorization* separate from any *Consent* we may have obtained from you. If you give us *Authorization* to use or disclose health information about you, you may revoke that *Authorization*, in writing, at any time. If you revoke your *Authorization*, we will no longer use or disclose information about you for the reasons covered by your written *Authorization*, but we cannot take back any uses or disclosures already made with your permission.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

You have the following rights regarding health information we maintain about you:

Right to Inspect and Copy You have the right to inspect and copy your health information, such as medical and billing records, that we use to make decisions about your care. You must submit a written request to the Hanover Park Fire Department's Privacy Officer in order to inspect and/or copy your health information. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other associated supplies. We may deny your request to inspect and/or copy in certain limited circumstances. If you are denied access to your health information, you may ask that the denial be reviewed. If such a review is required by law, we will select a licensed health care professional to review your request and our denial. The person conducting the review will not be the person who denied your request, and we will comply with the outcome of the review.

Right to Amend If you believe health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as the information is kept by this Department.

To request an amendment, complete and submit a Medical Record Amendment/Correction Form to the Hanover Park Fire Department Privacy Officer. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- a) We did not create, unless the person or entity that created the information is no longer available to make the amendment.
- b) Is not part of the health information that we keep.
- c) You would not be permitted to inspect and copy.
- d) Is accurate and complete.

BUSINESS ASSOCIATE AGREEMENT FOR FIRE DISTRICTS

This Agreement is entered into by and between the Hanover Park Fire Department and ("Business Associate") to set forth the terms and conditions under which "protected health information", as defined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and Regulations enacted thereunder, created or received by ("Business Associate") on behalf of the Hanover Park Fire Department may be used or disclosed.

This Agreement shall commence on (Date) and the obligations herein shall continue in effect so long as ("Business Associate") uses, discloses, creates or otherwise possesses any protected health information created or received on behalf of the Hanover Park Fire Department and until all protected health information created or received by ("Business Associate") on behalf of the Hanover Park Fire Department is destroyed or returned to the Hanover Park Fire Department pursuant to Paragraph 15 herein.

- 1) The Hanover Park Fire Department and ("Business Associate") hereby agree that ("Business Associate") shall be permitted to use and/or disclose protected health information created or received on behalf of the Hanover Park Fire Department for the following purpose(s):
 - a. The preparation of invoices to patients, carriers, insurers and others responsible for payment or reimbursement of the services provided by the Hanover Park Fire Department to its patients;
 - b. Preparation of reminder notices and documents pertaining to collections of overdue accounts;
 - c. The submission of supporting documentation to carriers, insurers and other payers to substantiate the health care services provided by the Hanover Park Fire Department to its patients or to appeal denials of payment for same.
 - d. Uses required for the proper management of the BILLING COMPANY as a business associate.
 - e. Other uses or disclosures of PHI as permitted by HIPAA privacy rule.

- 2.) ("Business Associate") may use and disclose protected health information created or received by ("Business Associate") on behalf of the Hanover Park Fire Department if necessary for the proper management and administration of ("Business Associate") or to carry out ("Business Associate")'s legal responsibilities, provided that any disclosure is:
 - a) Required by law, or
 - b) ("Business Associate") obtains reasonable assurances from the person to whom the protected health information is disclosed that (i) the protected health information will be held confidentially and used or further disclosed only as required by law or for the purpose for which it was disclosed to the person; and (ii) the ("Business Associate") will be notified of any instances of which the person is aware in which the confidentiality of the information is breached.

- 3.) ("Business Associate") hereby agrees to maintain the security and privacy of all protected health information in a manner consistent with ("Your State") and federal laws and regulations, including the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and Regulations thereunder, and all other applicable law.
- 4.) ("Business Associate") further agrees not to use or disclose protected health information except as expressly permitted by this Agreement, applicable law, or for the purpose of managing ("Business Associate")'s own internal business processes consistent with Paragraph 2 herein.
- 5.) ("Business Associate") shall not disclose protected health information to any member of its workforce unless ("Business Associate") has advised such person of ("Business Associate")'s privacy and security obligations under this Agreement, including the consequences for violation of such obligations. ("Business Associate") shall take appropriate disciplinary action against any member of its workforce who uses or discloses protected health information in violations of this Agreement and applicable law.
- 6.) ("Business Associate") shall not disclose protected health information created or received by ("Business Associate") on behalf of the Hanover Park Fire Department to a person, including any agent or subcontractor of ("Business Associate") but not including a member of ("Business Associate")'s own workforce, until such person agrees in writing to be bound by the provisions of this Agreement and applicable Illinois or Federal law.
- 7.) ("Business Associate") agrees to use appropriate safeguards to prevent use or disclosure of protected health information not permitted by this Agreement or applicable law.
- 8.) ("Business Associate") agrees to maintain a record of all disclosures of protected health information, including disclosures not made for the purposes of this Agreement. Such record shall include the date of the disclosure, the name and, if known, the address of the recipient of the protected health information, the name of the individual who is the subject of the protected health information, a brief description of the protected health information disclosed, and the purpose of the disclosure. ("Business Associate") shall make such record available to an individual who is the subject of such information or the Hanover Park Fire Department within five (5) days of a request and shall include disclosures made on or after the date which is six (6) years prior to the request or April 14, 2003, whichever is later.
- 9.) ("Business Associate") agrees to report to the Hanover Park Fire Department any unauthorized use or disclosure of protected health information by ("Business Associate") or its workforce or subcontractors and the remedial action taken or proposed to be taken with respect to such use or disclosure.
- 10.) ("Business Associate") agrees to make its internal practices, books, and records relating to the use and disclosure of protected health information received from the Hanover Park Fire Department, or created or received by ("Business Associate") on behalf of the Hanover Park Fire Department, available to the Secretary of the United States Department of Health and Human Services, for purposes of determining the Covered Entity's compliance with HIPAA.

- 11.) Within thirty (30) days of a written request by the Hanover Park Fire Department, ("Business Associate") shall allow a person who is the subject of protected health information, such person's legal representative, or the Hanover Park Fire Department to have access to and to copy such person's protected health information maintained by ("Business Associate"). ("Business Associate") shall provide protected health information in the format requested by such person, legal representative, or practitioner unless it is not readily producible in such format, in which case it shall be produced in standard hard copy format.
- 12.) ("Business Associate") agrees to amend, pursuant to a request by the Hanover Park Fire Department, protected health information maintained and created or received by ("Business Associate") on behalf of Practitioner. ("Business Associate") further agrees to complete such amendment within thirty (30) days of a written request by the Hanover Park Fire Department, and to make such amendment as directed by the Hanover Park Fire Department.
- 13.) In the event ("Business Associate") fails to perform the obligations under this Agreement, the Hanover Park Fire Department may, at its option:
 - a) Require ("Business Associate") to submit to a plan of compliance, including monitoring by the Hanover Park Fire Department and reporting by ("Business Associate"), as the Hanover Park Fire Department, in its sole discretion, determines necessary to maintain compliance with this Agreement and applicable law. Such plan shall be incorporated into this Agreement by amendment hereto; and
 - b) Require ("Business Associate") to mitigate any loss occasioned by the unauthorized disclosure or use of protected health information.
 - c) Immediately discontinue providing protected health information to ("Business Associate") with or without written notice to ("Business Associate").
- 14.) The Hanover Park Fire Department may immediately terminate this Agreement and related agreements if the Hanover Park Fire Department determines that the ("Business Associate") has breached a material term of this Agreement. Alternatively, the Hanover Park Fire Department may choose to: (i) provide ("Business Associate") with ten (10) days written notice of the existence of an alleged material breach; and (ii) afford the ("Business Associate") an opportunity to cure said alleged material breach to the satisfaction of the Hanover Park Fire Department within ten (10) days. The ("Business Associate")'s failure to cure shall be grounds for immediate determination of this Agreement. the Hanover Park Fire Department's remedies under this Agreement are cumulative, and the exercise of any remedy shall not preclude the exercise of any other.
- 15.) Upon termination of this Agreement, ("Business Associate") shall return or destroy all protected health information received from the Hanover Park Fire Department, or created or received by ("Business Associate") on behalf of the Hanover Park Fire Department and that ("Business Associate") maintains in any form, and shall retain no copies of such information. If the parties mutually agree that return or destruction of protected health information is not feasible, ("Business Associate") shall continue to maintain the security and privacy of such protected health information in a manner

consistent with the obligations of this Agreement and as required by applicable law, and shall limit further use of the information to those purposes that make the return or destruction of the information infeasible. The duties hereunder to maintain the security and privacy of protected health information shall survive the discontinuance of this Agreement.

- 16.) The Hanover Park Fire Department may amend this Agreement by providing ten (10) days prior written notice to ("Business Associate") in order to maintain compliance with Illinois or Federal law. Such amendment shall be binding upon ("Business Associate") at the end of the ten (10) day period and shall not require the consent of ("Business Associate"). ("Business Associate") may elect to discontinue the Agreement within the ten (10) day period, but ("Business Associate")'s duties hereunder to maintain the security and privacy of PROTECTED HEALTH INFORMATION shall survive such discontinuance. the Hanover Park Fire Department and ("Business Associate") may otherwise amend this Agreement by mutual written agreement.
- 17.) ("Business Associate") shall, to the fullest extent permitted by law, protect, defend, indemnify and hold harmless the Hanover Park Fire Department and his/her respective employees, directors, and agents ("Indemnitees") from and against any and all losses, costs, claims, penalties, fines, demands, liabilities, legal actions, judgments, and expenses of every kind (including reasonable attorneys fees, including at trial and on appeal) asserted or imposed against any Indemnitees arising out of the acts or omissions of ("Business Associate") or any subcontractor of or consultant of ("Business Associate") or any of ("Business Associate")'s employees, directors, or agents related to the performance or nonperformance of this Agreement.

Hanover Park Fire Department

Date

("Business Associate")

Date

BUSINESS ASSOCIATE AGREEMENT FOR FIRE DISTRICTS

This Agreement is entered into by and between ("**Fire District**") and ("**Business Associate**") to set forth the terms and conditions under which "protected health information", as defined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and Regulations enacted thereunder, created or received by ("**Business Associate**") on behalf of ("**Fire District**") may be used or disclosed.

This Agreement shall commence on (**Date**) and the obligations herein shall continue in effect so long as ("**Business Associate**") uses, discloses, creates or otherwise possesses any protected health information created or received on behalf of ("**Fire District**") and until all protected health information created or received by ("**Business Associate**") on behalf of ("**Fire District**") is destroyed or returned to ("**Fire District**") pursuant to Paragraph 15 herein.

1) ("**Fire District**") and ("**Business Associate**") hereby agree that ("**Business Associate**") shall be permitted to use and/or disclose protected health information created or received on behalf of ("**Fire District**") for the following purpose(s):

- a. The review of patient care information in providing legal advise to ABC FIRE DISTRICT concerning a particular Fire District incident;
- b. The review of patient care information and other medical records and the submission of that information to carriers, insurers and other payers with respect to LAW FIRM assisting ABC FIRE DISTRICT in an insurance or Medicare audit or other similar action;
- c. The review of patient care information with respect to providing ABC FIRE DISTRICT with legal advise generally;
- d. The review of patient care information in the course of LAW FIRM conducting compliance assessment activities;
- e. The review of PHI and other information necessary to assist ABC FIRE DISTRICT in developing its HIPAA compliance program;
- f. Other uses or disclosures of PHI as permitted by the HIPAA privacy rule.

2.) ("**Business Associate**") may use and disclose protected health information created or received by ("**Business Associate**") on behalf of ("**Fire District**") if necessary for the proper management and administration of ("**Business Associate**") or to carry out ("**Business Associate**")'s legal responsibilities, provided that any disclosure is:

- a) Required by law, or
- b) ("**Business Associate**") obtains reasonable assurances from the person to whom the protected health information is disclosed that (i) the protected health information will be held confidentially and used or further disclosed only as required by law or for the purpose for which it was disclosed to the person; and (ii) the ("**Business Associate**") will be notified of any instances of which the person is aware in which the confidentiality of the information is breached.

3.) ("**Business Associate**") hereby agrees to maintain the security and privacy of all protected health information in a manner consistent with ("**Your State**") and federal laws and regulations, including the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and Regulations thereunder, and all other applicable law.

4.) ("**Business Associate**") further agrees not to use or disclose protected health information except as expressly permitted by this Agreement, applicable law, or for the purpose of managing ("**Business Associate**")'s own internal business processes consistent with Paragraph 2 herein.

5.) ("**Business Associate**") shall not disclose protected health information to any member of its workforce unless ("**Business Associate**") has advised such person of ("**Business Associate**")'s privacy and security obligations under this Agreement, including the consequences for violation of such obligations. ("**Business Associate**") shall take appropriate disciplinary action against any member of its workforce who uses or discloses protected health information in violations of this Agreement and applicable law.

6.) ("**Business Associate**") shall not disclose protected health information created or received by ("**Business Associate**") on behalf of ("**Fire District**") to a person, including any agent or subcontractor of ("**Business Associate**") but not including a member of ("**Business Associate**")'s own workforce, until such person agrees in writing to be bound by the provisions of this Agreement and applicable Illinois or Federal law.

7.) ("**Business Associate**") agrees to use appropriate safeguards to prevent use or disclosure of protected health information not permitted by this Agreement or applicable law.

8.) ("**Business Associate**") agrees to maintain a record of all disclosures of protected health information, including disclosures not made for the purposes of this Agreement. Such record shall include the date of the disclosure, the name and, if known, the address of the recipient of the protected health information, the name of the individual who is the subject of the protected health information, a brief description of the protected health information disclosed, and the purpose of the disclosure. ("**Business Associate**") shall make such record available to an individual who is the subject of such information or ("**Fire District**") within five (5) days of a request and shall include disclosures made on or after the date which is six (6) years prior to the request or April 14, 2003, whichever is later.

9.) ("**Business Associate**") agrees to report to ("**Fire District**") any unauthorized use or disclosure of protected health information by ("**Business Associate**") or its workforce or subcontractors and the remedial action taken or proposed to be taken with respect to such use or disclosure.

10.) ("**Business Associate**") agrees to make its internal practices, books, and records relating to the use and disclosure of protected health information received from ("**Fire District**"), or created or received by ("**Business Associate**") on behalf of ("**Fire District**"), available to the Secretary of the United States Department of Health and Human Services, for purposes of determining the Covered Entity's compliance with HIPAA.

11.) Within thirty (30) days of a written request by ("**Fire District**"), ("**Business Associate**") shall allow a person who is the subject of protected health information, such person's legal representative, or ("**Fire District**") to have access to and to copy such person's protected health information maintained by ("**Business Associate**"). ("**Business Associate**") shall provide protected health information in the format requested by such person, legal representative, or practitioner unless it is not readily producible in such format, in which case it shall be produced in standard hard copy format.

12.) ("**Business Associate**") agrees to amend, pursuant to a request by ("**Fire District**"), protected health information maintained and created or received by ("**Business Associate**") on behalf of Practitioner. ("**Business Associate**") further agrees to complete such amendment within thirty (30) days of a written request by ("**Fire District**"), and to make such amendment as directed by ("**Fire District**").

13.) In the event ("**Business Associate**") fails to perform the obligations under this Agreement, ("**Fire District**") may, at its option:

- a) Require ("**Business Associate**") to submit to a plan of compliance, including monitoring by ("**Fire District**") and reporting by ("**Business Associate**"), as ("**Fire District**"), in its sole discretion, determines necessary to maintain compliance with this Agreement and applicable law. Such plan shall be incorporated into this Agreement by amendment hereto; and
- b) Require ("**Business Associate**") to mitigate any loss occasioned by the unauthorized disclosure or use of protected health information.
- c) Immediately discontinue providing protected health information to ("**Business Associate**") with or without written notice to ("**Business Associate**").

14.) ("**Fire District**") may immediately terminate this Agreement and related agreements if ("**Fire District**") determines that the ("**Business Associate**") has breached a material term of this Agreement. Alternatively, ("**Fire District**") may choose to: (i) provide ("**Business Associate**") with ten (10) days written notice of the existence of an alleged material breach; and (ii) afford the ("**Business Associate**") an opportunity to cure said alleged material breach to the satisfaction of ("**Fire District**") within ten (10) days. The ("**Business Associate**")'s failure to cure shall be grounds for immediate determination of this Agreement. ("**Fire District**")'s remedies under this Agreement are cumulative, and the exercise of any remedy shall not preclude the exercise of any other.

15.) Upon termination of this Agreement, ("**Business Associate**") shall return or destroy all protected health information received from ("**Fire District**"), or created or received by ("**Business Associate**") on behalf of ("**Fire District**") and that ("**Business Associate**") maintains in any form, and shall retain no copies of such information. If the parties mutually agree that return or destruction of protected health information is not feasible, ("**Business Associate**") shall continue to maintain the security and privacy of such protected health information in a manner consistent with the obligations of this Agreement and as required by applicable law, and shall limit further use of the information to those purposes that make the return or destruction of the information infeasible. The duties hereunder to maintain the security and privacy of protected health information shall survive the discontinuance of this Agreement.

16.) ("**Fire District**") may amend this Agreement by providing ten (10) days prior written notice to ("**Business Associate**") in order to maintain compliance with Illinois or Federal law. Such amendment shall be binding upon ("**Business Associate**") at the end of the ten (10) day period and shall not require the consent of ("**Business Associate**"). ("**Business Associate**") may elect to discontinue the Agreement within the ten (10) day period, but ("**Business Associate**")'s duties hereunder to maintain the security and privacy of PROTECTED HEALTH INFORMATION shall survive such discontinuance. ("**Fire District**") and ("**Business Associate**") may otherwise amend this Agreement by mutual written agreement.

17.) ("**Business Associate**") shall, to the fullest extent permitted by law, protect, defend, indemnify and hold harmless ("**Fire District**") and his/her respective employees, directors, and agents ("**Indemnitees**") from and against any and all losses, costs, claims, penalties, fines, demands, liabilities, legal actions, judgments, and expenses of every kind (including reasonable attorneys fees, including at trial and on appeal) asserted or imposed against any Indemnitees arising out of the acts or omissions of ("**Business Associate**") or any subcontractor of or consultant of ("**Business Associate**") or any of ("**Business Associate**")'s employees, directors, or agents related to the performance or nonperformance of this Agreement.

("Fire District")

Date

("Business Associate")

Date

Complaint Form

Village of Hanover Park
Fire Department
2121 Lake Street
Hanover Park, IL 60133

As required by the Health Information Portability and Accountability Act of 1996 you have a right to complain about our privacy policies, procedures or actions. The Hanover Park Fire Department will not engage in any discriminatory or other retaliatory behavior against you because of this complaint. Please be as thorough and forthright as possible.

Please complete the sections below:

Name: _____

Address: _____

Telephone: _____ E-mail _____

Best way to reach you _____

Best time to reach you _____

Details of your complaint: (Please be as specific as possible with dates, times and the specific policy, procedure or action taken; include the names, if any, of any one in the office with whom you discussed this. Use the other side of this form if you need more room.)

Signature

Date

This section is to be completed by the reviewer:

Date received:	Reviewed by:
Chief Privacy Officer:	Review Date:

Reviewer's Comments:

Fire Department

Hanover Park Fire Department Denial of Request for Access to Protected Health Information

Dear

We have carefully reviewed your request to have access to certain protected health information (PHI) that the Hanover Park Fire Department has in its possession about you. Unfortunately, we are unable to grant your request for access to this information.

The basis for this denial is that:

1. The information you requested was compiled in reasonable anticipation of, or use in, a civil, criminal or administrative action or proceeding;
2. The information you requested was obtained from someone other than a health care provider under a promise of confidentiality and the access requested would be reasonably likely to reveal the source of information.

The denials for reasons #1 and #2 are final and you may not appeal the decision to deny access to the information.

3. A licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to endanger the life or physical safety of the individual or another person;
4. The protected health information makes reference to another person (other than a health care provider) and a licensed health professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to cause substantial harm to that person;
5. The request for access is made by you as a personal representative of the individual about whom you are requesting the information, and a licensed health professional has determined, in the exercise of professional judgment, that access by you is reasonably likely to cause harm to the individual or another person.

Denials for access for reasons #3, #4 or #5 may be reviewed in accordance with the review procedures described below.

Review Procedures

If the denial of your request for access to PHI is for reasons #3, 4, or 5, you may request a review of the denial of access by sending a written request to:

Hanover Park Fire Department
1661 Maple Avenue
Hanover Park, IL 60133

Page 2

Denial of Request for Access to Protected Health Information

We will designate a licensed health professional, who was not directly involved in the denial, to review the decision to deny you access. We will promptly refer your request to this designated review official. The review official will determine within a reasonable period of time whether the denial is appropriate. We will provide you with written notice of the determination of the designated review official.

You may also file a complaint in accordance with our enclosed complaint procedures (available upon request) if you are not satisfied with our determination.

Sincerely,

Privacy Officer
Hanover Park Fire Department

H:\Fire Dept Policies\HIPAA - 300\Denial Letter.doc

Hanover Park Fire Department
Denial of Request for Access to Protected Health Information

Dear

We have carefully reviewed your request to have access to certain protected health information (PHI) that the Hanover Park Fire Department has in its possession about you. Unfortunately, we are unable to grant your request for access to this information.

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Denials for access for reasons #3, #4 or #5 may be reviewed in accordance with the review procedures described below.

Review Procedures

If the denial of your request for access to PHI is for reasons #3, 4, or 5, you may request a review of the denial of access by sending a written request to:

Hanover Park Fire Department
1661 Maple
Hanover Park, IL 60103

We will designate a licensed health professional, who was not directly involved in the denial, to review the decision to deny you access. We will promptly refer your request to this designated review official. The review official will determine within a reasonable period of time whether the denial is appropriate. We will provide you with written notice of the determination of the designated review official.

You may also file a complaint in accordance with our enclosed complaint procedures (available upon request) if you are not satisfied with our determination.

Sincerely,

Privacy Officer
Hanover Park Fire Department

EMPLOYEE STATEMENT OF UNDERSTANDING OF PRIVACY POLICIES

I, _____, have been trained and informed about the business and privacy practices in affect at the Hanover Park Fire Department as a result of the Health Insurance Portability and Accountability Act (HIPAA).

I understand that I am responsible for ensuring the security, integrity and confidentiality of patient health information created, obtained and/or maintained by the Hanover Park Fire Department.

I have reviewed, understand, and agree to abide by the following Privacy Policies:

(List your policies. For example:

- General Privacy
- Patient Privacy Rights
- Uses and Disclosures of Protected Health Information
- Minimum Necessary Information
- Administrative, Technical and Physical Safeguards
- Uses and Disclosures for Research Purposes & Waivers
- De-identification of Identifiable Patient Information and Use of Limited Data Sets
- Business Associate Relationships
- Enforcement, Sanctions, and Penalties for Violations of Individual Privacy)

I understand that non-compliance will be cause for disciplinary action up to and including dismissal from the Hanover Park Fire Department, and possible legal actions for violations of applicable regulations and laws.

I agree to promptly report all violations or suspected violations of any of the above policies to the Hanover Park Fire Department's Privacy Officer through the designated reporting channels.

Print Employee Name

Employee Signature

Date

Hanover Park Fire Department

Date

HEPATITIS B VACCINE CONSENT FORM

The Disease

Hepatitis B is a viral infection caused by hepatitis B virus (HBV) which causes death in which some 250 will die each year. Most people with hepatitis B recover completely, but approximately 2% to 10% become chronic carriers of the virus. Most of these people have no symptoms, but can continue to transmit the disease to others. Some may develop chronic active hepatitis and cirrhosis. HBV also appears to be a causative factor in the development of liver cancer (Read handout for more information).

ENRGIX –B

Enerix-B is a non-infectious recombinant DNA hepatitis B vaccine. No substances of human origin are used in its manufacture. Enerix-B is supplied as a sterile suspension for intramuscular administration.

Enerix-B is a non-infectious subunit viral vaccine derived from hepatitis-B surface antigen (HBsAG) produced in yeast cells.

A high percentage of healthy people who receive two doses of vaccine and a booster achieve high levels of surface antibody (anti-HBs) and protection against hepatitis-B. Persons with immune system abnormalities, such as dialysis patients, have less response to the vaccine, but over half of those receiving it do develop antibodies. Full immunization requires three doses of vaccine over a six-month period although some persons may not develop immunity even after three doses. There is no evidence that the vaccine has ever caused hepatitis B. However, persons who have been infected with any HBV prior to receiving the vaccine may go on to develop clinical hepatitis in spite of the immunization. The duration of immunity is unknown at this time.

POSSIBLE VACCINE SIDE EFFECTS

The incidence of side effects is very low. No serious effects have been reported with the vaccine. A few persons experienced tenderness and redness at the site of injection. Low grade fever may occur. Rash, nausea, joint pain and mild fatigue have also been reported. The possibility exists that more serious side effects may be identified with more extensive use.

IF YOU HAVE ANY QUESTIONS ABOUT HEPATITIS B OR THE HEPATITIS B VACCINE, PLEASE ASK.

I have read the above statement and handout about Hepatitis B and the Hepatitis B vaccine. I have had an opportunity to ask questions and understand the benefits and risks of hepatitis B vaccination. I understand that I must have three doses of vaccine to confer immunity. However, as with all medical treatment, there is no guarantee that I will become immune or that I will not experience an adverse side effect from the vaccine. I request that I will be given to me or the person's name below of whom I am the parent or guardian.

I do I do not want the Hepatitis Vaccine Immunizations.

I understand that it is my responsibility to return at the designated time to complete my series of injections and the hepatitis B antibody screen. I am not pregnant or nursing, nor do I have any viral illness at this time.

Signed

Date

Signed

Date

I have read or have had explained to me the information on the prior form about hepatitis B and hepatitis B vaccine. I have had a chance to ask questions which were answered to my satisfaction. I believe I understand the benefits and risks of the hepatitis B vaccine and request that it be given to me or to the person named below for whom I am authorized to make this request.

INFORMATION ABOUT PERSON TO RECEIVE VACCINE (Please Print)					For Clinic Use
Last Name	First	MI	Birthday	Age	Clinic Identity
Address					Date Vaccinated
City	County	State	Zip		Manf. & Lot #
X					Site of Injection
<i>Signature of person to receive vaccine or person authorized to make the request.</i>				Date	

HEPATITIS B VACCINATION RECORD

DEPARTMENT OR AGENCY: _____

NAME OF PERSON TO RECEIVE VACCINE (Please Print Name)

Name and Address of Personal Physician:

ALLERGIES: Food: _____

Drug: _____

NOTE: IF YOU ARE HYPERSENSITIVE TO YEAST, USE OF ENERGIX-B IS NOT RECOMMENDED

VACCINE MANUFACTURER: _____

DOSE #	DATE VACCINATED	LOT #	SITE	ADMINISTERED BY
1				
2				
3				

HEPATITIS B ANTYBODY SCREEN

____/____/____
Date Performed

RESULTS: _____

HIPAA

Compliance Date April 14, 2003

HIPAA – Health Information Portability and Accountability Act of 1996

Applicability of the Privacy Rule

- Applies directly to covered entities (Fire Departments/Districts, Ambulance Companies, Billing Companies, ETC.)
- Regulates protected health information maintained by covered entities.

Protected Health Information – PHI

- Information in any form that identifies or reasonably could be used to identify the patient.
- Relates to the past, present, or future health or condition of a patient, payment for care, or provisions of care, and is created or received by a covered entity, provider or employer.

“PHI” includes:

- Medical, Billing, and Patient Demographic Information
- Information stored electronically.
- Information conveyed on the phone and on paper.

There are numerous items an organization can do to implement HIPAA and become compliant

- **HIPAA Awareness**
 - 1) Understand the rule and educate all department/agency members whom could have contact with patients.
 - 2) All Organization having a WEBSITE must have the Privacy Policy Posted on it.
- **Identify a Privacy Officer**
 - 1) Have a job description for this position
 - 2) To meet the needs of the department – there may be a need for 2 privacy officers
- **Business Associates Agreement** - A business associate is an entity that creates or receives Protected Health Information (PHI) to provide a service or function for or on behalf of a covered entity.
 - 1) Requires covered entities to contractually bind their business associates to some of the requirements of the Privacy Rule.
 - 2) You must enter into a written agreement with your business associates to: limit use and disclosures of PHI, Safeguard PHI, and to ensure certain patient rights (provide a patient with access to PHI).
 - 3) Fire Districts, Fire Department, Ambulance Companies, Billing Companies, will need to have Business Associates Agreements on file.
 - 4) Organization that would probably require a Business Associates Agreement are:
 - Billing Company
 - Transcription service to transcribe notes.
 - Collection Agencies
 - Private Ambulance Companies that would do mutual aid.
 - Dispatching
 - Universities/Colleges that have students as ride-a-longs

- **Educating staff on HIPAA and understanding the Privacy Rules and Policies to include:**

- 1) General Privacy Policy
- 2) Patient Privacy Rights
- 3) Uses and Disclosures of Protected Health Information
- 4) Minimum Necessary Information
- 5) Administrative, Technical and Physical Safeguards
- 6) Uses and Disclosures of Research Purposed and Waivers
- 7) De-identification of Identifiable Patient Information and Use of Limited Data Sets
- 8) Business Associate Relationships
- 9) Enforcement, Sanctions, and Penalties for Violations of Individual Privacy.
- 10) Oral disclosure (talk) talk less and in a controlled environment.

- **Policies and Procedures**

- 1) Policy for storage of Protected Health Information (PHI)
- 2) Policy of Access and Denial of Patient Request for PHI
- 3) Policy for Patient Right to Amend PHI
- 4) Policy for Privacy Complaints
- 5) Policy for Accounting for disclosures

- **Patient Privacy Rights and Acknowledgement of Receipt of Policy**

- 1) All patients that you receive patient information on and or treated need to be given a copy of the Patient Privacy Rights and Acknowledgement of Receipt of Policy.
- 2) This policy should be given at the time of treatment. If not possible to give patient at this time, may ask staff at hospital to give to patient (document whom it was given to and why), the last alternative would be to mail it to the patient as soon as possible. Document the way in which the policy was given to the patient.
- 3) If mailed to patient have them sign and return the acknowledgment of receipt of policy.
- 4) If the patient is a minor, give the policy to the parent, guardian, or responsible party for the patient at that time. Document who it was given to.
- 5) For repetitive patients only needs to be given once. It would be advisable to document on the patient run sheet that it was previously given.
- 6) Keep the signed copies with the patients run information. These records are to be kept in a safe and secure place for 6 years.
- 7) Good faith effort – reason not obtained – patient refused – patient failed to mail back acknowledgement, patient unconscious. Document!

“The Golden Rule”
What You See Here
What You Hear Here
When You Leave Hear
Let It Stay Here

MEDICAL RECORD AMENDMENT/CORRECTION FORM

Patient Name: _____

Phone Number (day): _____ Phone Number (night): _____

Street or PO Box: _____

City: _____ State: _____ Zip: _____

1) Date of Medical Record Entry to be Corrected: _____

2) Medical Record Language to be Amended/Corrected: _____

3) Amendment/Correction: _____

4) Reason for the Amendment/Correction:

5) Identify persons who have received the Information (prior to Amendment/Correction):

Name Organization/AddressPhone Number

6) Do you authorize us to provide the information in Items no. 3 and no. 4 to the persons and organizations listed in Item no. 5?

 Yes No, do not provide the information to: _____

TO OUR PATIENTS: You have the right to submit a Medical Record Amendment/Correction Form to be made a part of your medical record. This right does not permit you to alter or change the original record created by your health care provider or his/her staff. We may deny your request to amend or correct your records.

 Amendment/Correction Accepted Amendment/Correction Denied

Reason for Denial: _____

This Amendment/Correction Sheet Is to Be Made a Part of the Medical Record of:

Patient Name: _____

Date: _____

Signature of Patient: _____

If we have denied your requested amendment/correction, you have the right to submit a written statement disagreeing with the denial and your reason for disagreement. We may reasonably limit the length of your written statement, and we may prepare a rebuttal to your written statement of disagreement (and provide you with a copy).

If we have denied your requested amendment/correction and you do not submit a written statement of disagreement as discussed above, you may request that we include a copy of this document with any future disclosures of the information identified in Items # 1 and # 2 above.

Please make your request in writing, and sign and date the request.

If you believe we have failed to meet our obligations as explained in our "Notice Of Privacy Practices" or our legal obligations under state or federal law, you may contact the Hanover Park Fire Department regarding your complaint. You may also file a complaint with Secretary of the U.S. Department of Health and Human Services within 180 days of the date you know or should know of the act that is the subject of your complaint. Your complaint to the Secretary must be filed in writing, either electronically or on paper.

NOTICE OF PRIVACY PRACTICES



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

PLEASE REVIEW IT CAREFULLY.

If you have any questions about this notice, please contact the Hanover Park Fire Department Privacy Officer of our office at 630-736-6800, 1661 Maple Avenue, Hanover Park, Illinois 60133.

WHO WILL FOLLOW THIS NOTICE

This notice describes the information privacy practices followed by Fire Department personnel.

YOUR HEALTH INFORMATION

This notice applies to the information and records we have about your health, health status, and the health care and services you receive at this office.

We are required by law to give you this notice. It will tell you about the ways in which we may use and disclose health information about you and describes your rights and our obligations regarding the use and disclosure of that information.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

For Treatment We may use health information about you to provide you with medical treatment or services. We may disclose health information about you to doctors, nurses, technicians, office staff or other personnel who are involved in taking care of you and your health.

For example, This includes such things as verbal and written information that we obtain about you and use pertaining to your medical condition and treatment provided to you by us and other medical personnel (including doctors and nurses who give orders to allow us to provide treatment to you). It also includes information we give to other health care personnel to whom we transfer your care and treatment, and includes transfer of PHI via radio or telephone to the hospital or dispatch center as well as providing the hospital with a copy of the written record we create in the course of providing you with treatment and transport.

Different personnel in our Department may share information about you and disclose information to people who do not work in our Department in order to coordinate your care. Family members and other health care providers may be part of your medical care outside this office and may require information about you that we have.

For Payment We may use and disclose health information about you so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about a service you received from us so your health plan will pay us or reimburse you for the service.

For Health Care Operations We may use and disclose health information about you in order to make sure that you and our other patients receive quality care. For example, we may use your health information to evaluate the performance of our staff in caring for you. We may also use health information about all or many of our patients to help us decide what additional services we should offer, how we can become more efficient, or whether certain new treatments are effective.

SPECIAL SITUATIONS

We may use or disclose health information about you without your permission for the following purposes, subject to all applicable legal requirements and limitations:

To Avert a Serious Threat to Health or Safety We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

Required By Law We will disclose health information about you when required to do so by federal, state or local law.

Research We may use and disclose health information about you for research projects that are subject to a special approval process.

Organ and Tissue Donation If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate such donation and transplantation.

Military, Veterans, National Security and Intelligence If you are or were a member of the armed forces, or part of the national security or intelligence communities, we may be required by military command or other government authorities to release health information about you. We may also release information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks We may disclose health information about you for public health reasons in order to prevent or control disease, injury or disability; or report births, deaths, suspected abuse or neglect, non-accidental physical injuries, reactions to medications or problems with products.

Health Oversight Activities We may disclose health information to a health oversight agency for audits, investigations, inspections, or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. Subject to all applicable legal requirements, we may also disclose health information about you in response to a subpoena.

Law Enforcement We may release health information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process, subject to all applicable legal requirements.

Coroners, Medical Examiners and Funeral Directors We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.

Information Not Personally Identifiable We may use or disclose health information about you in a way that does not personally identify you or reveal who you are.

Family and Friends We may disclose health information about you to your family members or friends if we obtain your verbal agreement to do so or if we give you an opportunity to object to such a disclosure and you do not raise an objection. We may also disclose health information to your family or friends if we can infer from the circumstances, based on our professional judgment that you would not object.

In situations where you are not capable of giving consent (because you are not present or due to your incapacity or medical emergency), we may, using our professional judgment, determine that a disclosure to your family member or friend is in your best interest. In that situation, we will disclose only health information relevant to the person's involvement in your care.

OTHER USES AND DISCLOSURES OF HEALTH INFORMATION

We will not use or disclose your health information for any purpose other than those identified in the previous sections without your specific, written *Authorization*. We must obtain your *Authorization* separate from any *Consent* we may have obtained from you. If you give us *Authorization* to use or disclose health information about you, you may revoke that *Authorization*, in writing, at any time. If you revoke your *Authorization*, we will no longer use or disclose information about you for the reasons covered by your written *Authorization*, but we cannot take back any uses or disclosures already made with your permission.

If we have HIV or substance abuse information about you, we cannot release that information without a special signed, written authorization (different than the *Authorization* and *Consent* mentioned above) from you. In order to disclose these types of records for purposes of treatment, payment or health care operations, we will have to have both your signed *Consent* and a special written *Authorization* that complies with the law governing HIV or substance abuse records.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

You have the following rights regarding health information we maintain about you:

Right to Inspect and Copy You have the right to inspect and copy your health information, such as medical and billing records, that we use to make decisions about your care. You must submit a written request to the Hanover Park Fire Department's Privacy Officer in order to inspect and/or copy your health information. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other associated supplies. We may deny your request to inspect

and/or copy in certain limited circumstances. If you are denied access to your health information, you may ask that the denial be reviewed. If such a review is required by law, we will select a licensed health care professional to review your request and our denial. The person conducting the review will not be the person who denied your request, and we will comply with the outcome of the review.

Right to Amend If you believe health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as the information is kept by this Department.

To request an amendment, complete and submit a Medical Record Amendment/Correction Form to the Hanover Park Fire Department Privacy Officer. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- a) We did not create, unless the person or entity that created the information is no longer available to make the amendment.
- b) Is not part of the health information that we keep.
- c) You would not be permitted to inspect and copy.
- d) Is accurate and complete.

Right to an Accounting of Disclosures You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you for purposes other than treatment, payment and health care operations. To obtain this list, you must submit your request in writing to the Hanover Park Fire Department Privacy Officer]. It must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). We may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for it, like a family member or friend.

We are Not Required to Agree to Your Request If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you may complete and submit *the Request For Restriction On Use/Disclosure Of Medical Information* to the Hanover Park Fire Department Privacy Officer.

Right to Request Confidential Communications You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you may complete and submit the *Request For Restriction On Use/Disclosure Of Medical Information And/Or Confidential Communication* to

the Hanover Park Fire Department Privacy Officer]. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

CHANGES TO THIS NOTICE

We reserve the right to change this notice, and to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a summary of the current notice in the office of the Village Clerk with its effective date in the top right hand corner. You are entitled to a copy of the notice currently in effect.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact the office of the Privacy Officer of the Hanover Park Fire Department at 630-736-6800, 1661 Maple Avenue, Hanover Park, Illinois 60133. You will not be penalized for filing a complaint.

Date: _____

NOTICE: PATIENT PRIVACY

We are committed to preserving the privacy of your personal health information. In fact, we are required by law to protect the privacy of your medical information and to provide you with Notice describing:

HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION.

We may require your written consent before we use or disclose to others your medical information for purposes of providing or arranging for your health care, the payment for or reimbursement of the care that we provide to you, and the related administrative activities supporting your treatment.

We may be required or permitted by certain laws to use and disclose your medical information for other purposes without your consent or authorization.

As our patient, you have important rights relating to inspecting and copying your medical information that we maintain, amending or correcting that information, obtaining an accounting of our disclosures of your medical information, requesting that we communicate with you confidentially, requesting that we restrict certain uses and disclosures of your health information, and complaining if you think your rights have been violated.

We have available a detailed Notice of Privacy Practices which fully explains your rights and our obligations under the law. We may revise our Notice from time to time. The effective date at the top right hand side of this page indicates the date of the most current Notice in effect.

You have the right to receive a copy of our most current Notice in effect. If you have not yet reserved a copy of our current Notice, please ask at the front desk and we will provide you with a copy.

If you have any questions, concerns or complaints about the Notice or your medical information, please contact _____ of our office at (630) 736-6800.

**Village of Hanover Park
Fire Department
Patient Request for Access Form**

Patient: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Social Security No.: _____

Last Date of Service: _____

Patient Rights: As a patient, you have the right to access, copy or inspect your protected health information, or PHI, in accordance with federal law. You may also have the right to request an amendment to your PHI, or request that we restrict the use and disclosure of it. These rights are further described in our Notice of Privacy Practices and in other policies which you may have upon request.

To better allow us to process your request, please indicate the type of request you are making on this form: [check all that apply]

- Access to simply review my health information.
- Access to obtain copies of my health information.
- Access to review and potentially request amendment of my health information.
- Access to review and potentially request and accounting of how my PHI has been used and disclosed to others.
- Access to review and potentially request restrictions on the use and disclosure of my health information.

Signature _____ Request Date _____

Request for Accounting of Disclosures of Protected Health Information

Village of Hanover Park
Fire Department
2121 West Lake Street
Hanover Park, IL 60133

As required by the Health Information Portability and Accountability Act of 1996 you have a right to request an accounting of disclosures of health information that pertains to you.

REQUEST SECTION

I, _____ (Patient name) _____

hereby request an accounting of disclosures of my protected health information that have occurred over the last _____.

(Time Period - Up to 6 years After April 15, 2003)

Signature

Date

REQUEST PROCESSING SECTION - INTERNAL USE ONLY

This section is to be completed by the reviewer:

Date received:	Reviewed by:
Chief Privacy Officer:	Review Date:

The requested disclosure accounting was processed on _____
Date

Request for Inspection of Protected Health Information

Village of Hanover Park
 Fire Department
 2121 W. Lake Street
 Hanover Park, IL 60133

REQUEST SECTION

As required by the Health Information Portability and Accountability Act of 1996 you have a right to request the opportunity to inspect and copy health information that pertains to you. _____ will evaluate your request and will either grant it or explain the reason why the request will not be granted. In the event that your inspection request is not granted you may request that the decision be reviewed by someone other than the person who originally denied the request.

I, **(Patient Name)** _____ hereby request to inspect the following health information pertaining to me maintained at Hanover Park Fire Department:

 Signature of Patient

 Date

REVIEW SECTION INTERNAL USE ONLY

This section is to be completed by the reviewer:

Date received:	Reviewed by:
Chief Privacy Officer:	Review Date:

The inspection request is hereby:

Granted

Denied

If the request is denied, indicate the reason for the denial:

Reviewer's Comments:

Signature

Date

REVIEW SECTION

This section is to be completed by the reviewer:

Date received:	Reviewed by:
Chief Privacy Officer:	Review Date:

Reviewer's Decision:

- Grant the Inspection Request
- Deny the Inspection Request

Reviewer's Comments:

Signature

Date

**REQUEST FOR RESTRICTION ON USE & DISCLOSURE OF
MEDICAL INFORMATION AND/OR CONFIDENTIAL COMMUNICATION**

Patient Name: _____

Phone Number (Day): _____

Phone Number (Evening): _____

Street or PO Box: _____

City: _____

State: _____ **Zip:** _____

1) Medical Information to be Restricted:

2) Nature of Restriction:

3) Medical Information to be Communicated Confidentially:

4) Alternative Location/Address/Telephone Number/E-mail:

TO OUR PATIENTS: You have the right to request that we restrict our use and disclosure of your medical records and information. We do not have to agree to your requested restrictions. If we do agree to the requested restriction, we will abide by the restriction unless a medical emergency requires otherwise. You also have the right to request that we communicate certain medical information to you in confidence. We will accommodate your reasonable written requests to receive communications of medical information by alternative means or at alternative locations only if you (1) specify the alternative location, address, or telephone number and/or the alternative means of contact and (2) agree to be responsible for and explain how payment will be handled for any additional costs associated with the alternative method of communication.

By your signature below, you acknowledge that you understand and agree to the above information.

Signature of Patient: _____

Date: _____

Request for Restriction Accepted

Request for Restriction Denied

Request to Communicate Confidentiality Accepted

Request to Communicate Confidentiality Denied

This Request for Restriction and Confidential Communication Form is to be made a part of the medical record of:

(Patient Name) _____



Craig A. Haigh
Fire Chief

HANOVER PARK FIRE DEPARTMENT

Standard Policy & Procedure

Original ___/___/___

Chapter: 300

Section: 001

Update : 07/ 26/ 2004

Approved By:

C.A. Haigh, Fire Chief

POLICY FOR ENFORCEMENT, SANCTIONS, AND PENALTIES FOR VIOLATIONS OF INDIVIDUAL PRIVACY

Purpose

The purpose of this policy is to provide information for department personnel specifying enforcement, sanction, penalty, and disciplinary actions that may result from violation of policies regarding the privacy and protection of an individual's protected health information (PHI) and to offer guidelines on how to conform to the required standards.

1. Policy

1.1. General

- 1.1.1. All department personnel must guard against improper uses or disclosures of Hanover Park Fire Department patient information.
- 1.1.2. Hanover Park Fire Department personnel who are uncertain if a disclosure is permitted are advised to consult with the department's Privacy Officer. The department's Privacy Officer is the responsible resource for any department employee who cannot resolve a disclosure question, and may be consulted in accordance with all privacy policies of the Department.
- 1.1.3. All personnel are required to be aware of their responsibilities under the department's privacy policies.
- 1.1.4. Hanover Park Fire Department personnel will be expected to sign an "*Employee Statement of Understanding of Privacy Policies*", indicating that they have been informed of Hanover Park Fire Department business and privacy practices as they relate to Privacy, and that they understand their responsibilities to ensure the privacy of protected health information of the department's patients. Fire administration and supervisors are responsible for assuring that employees who have access to confidential information, whether it be electronic, hard copy, or orally, are informed of their responsibilities.
- 1.1.5. Hanover Park Fire Department personnel who violate the department's policies and procedures regarding the safeguarding of an individual's information are subject to disciplinary action by the department up to and including immediate dismissal, and legal action by the individual.
- 1.1.6. Hanover Park Fire Department personnel who knowingly and willfully violate state or federal law for improper use or disclosure of an individual's information are subject to criminal investigation and prosecution or civil monetary penalties.

2. Retaliation Prohibited

- 2.1. Neither the department as an entity nor any of the department's employees will intimidate, threaten, coerce, discriminate against, or take any other form of retaliatory action against:
 - 2.1.1. Any individual for exercising any right established under the department's policy, or for participating in any process established under the department's policy, including the filing of a complaint with the department or with DHHS.



Craig A. Haigh
Fire Chief

HANOVER PARK FIRE DEPARTMENT

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2.1.2. Any individual or other person for:

- 2.1.2.1. Filing of a complaint with the department or with DHHS as provided in the department's privacy policies;
- 2.1.2.2. Testifying, assisting, or participating in an investigation, compliance review, proceeding, or hearing relating to the department's policy and procedures; or
- 2.1.2.3. Opposing any unlawful act or practice, provided that:
- 2.1.2.4. The individual or other person (including the department's staff and workforce member) has a good faith belief that the act or practice being opposed is unlawful; and
- 2.1.2.5. The manner of such opposition is reasonable and does not involve a use or disclosure of an individual's protected health information in violation of the department's policy.

3. Disclosures by Whistleblowers and Workforce Crime Victims

3.1.1. The department's staff, workforce member, or business associate may disclose an individual's protected client information if:

- 3.1.1.1. The Department's staff, workforce member, or business associate believes, in good faith, that the department has engaged in conduct that is unlawful or that otherwise violates professional standards or the department's policy, or that the care, services, or conditions provided by the department could endanger the department's staff, workforce members, patients, or the public; and
- 3.1.1.2. The disclosure is to:
 - 3.1.1.2.1. An oversight agency or public authority authorized by law to investigate or otherwise oversee the relevant conduct or conditions of the department;
 - 3.1.1.2.2. An appropriate health care accreditation organization for the purpose of reporting the allegation of failure to meet professional standards or of misconduct by the department; or
 - 3.1.1.2.3. An attorney retained by or on behalf of the Department's staff, workforce member, or business associate for the purpose of determining the legal options of the Department's staff, workforce member, or business associate with regard to this policy.

3.1.2. Hanover Park Fire Department staff and workforce members may disclose limited protected information about an individual to a law enforcement official if the staff or workforce member is the victim of a criminal act and the disclosure is:

- 3.1.2.1. About only the suspected perpetrator of the criminal act; and
- 3.1.2.2. Limited to the following information about the suspected perpetrator:



Craig A. Haigh
Fire Chief

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- 3.1.2.2.1. Name and address;
- 3.1.2.2.2. Date and place of birth;
- 3.1.2.2.3. Social security number;
- 3.1.2.2.4. ABO blood type and rh factor;
- 3.1.2.2.5. Type of any injury;
- 3.1.2.2.6. Date and time of any treatment; and
- 3.1.2.2.7. Date and time of death, if applicable.

4. Enforcement

- 4.1. Hanover Park Fire Department personnel who violate the department's policies and procedures regarding the safeguarding of an individual's information are subject to:
 - 4.1.1. Appropriate disciplinary action by the department, up to and including immediate dismissal from employment.
 - 4.1.2. Legal action by the individual who may also want to pursue a tort claim against the department.
- 4.2. Hanover Park Fire Department personnel who knowing and willfully violate state or federal law for improper invasions of personal privacy may be subject to:
 - 4.2.1. Criminal investigation and prosecution, both by the state and by the federal government, depending on the nature of the violation. Federal and state law provides substantial fines and prison sentences upon conviction, depending on the nature and severity of the violation.
 - 4.2.2. Civil monetary penalties that the federal Department of Health and Human Services (DHHS) may impose.
- 4.3. Hanover Park Fire Department office manager and supervisors are responsible for enforcing this policy. Individuals who violate this policy are subject to disciplinary action, up to and including termination or dismissal.



HANOVER PARK FIRE DEPARTMENT

Standard Operating Guideline

Approved By:
C.A. Haigh, Fire Chief

Craig A. Haigh
Fire Chief

Original ___/___/___

Chapter: 300

Section: 002

Update 07/ 29/ 2004

POLICY FOR DE-IDENTIFICATION OF PROTECTED HEALTH INFORMATION (PHI)

Purpose

The purpose of this policy is to provide information for department personnel under which patient or client information can be used and disclosed if information that can identify a person has been removed or restricted to a limited data set.

1. Definitions

- 1.1.1. Institutional Review Board (IRB): A committee group comprised of the Fire Chief, Privacy Officer and Village Attorney
- 1.1.2. Authorized User: An individual that is granted access to PHI for patients through an authorization, IRB waiver or who is performing an activity related to health care operations.
- 1.1.3. Health Care Operations: Activities related to the department functions as a health care provider, including general administrative and business functions necessary for the department to remain a viable health care provider.
- 1.1.4. Protected Health Information (PHI): Individually identifiable health information transmitted or maintained in any form or medium, including oral, written, and electronic communications. Individually identifiable health information relates to an individual's health status or condition, furnishing health services to an individual or paying or administering health care benefits to an individual. Information is considered PHI where there is a reasonable basis to believe the information can be used to identify an individual.

2. Policy

- 2.1.1. Hanover Park Fire Department has a duty to protect the confidentiality and integrity of PHI as required by law, professional ethics, and accreditation requirements. Whenever possible, de-identified PHI should be used. De-identified PHI is rendered anonymous when identifying characteristics are completely removed. PHI must be de-identified prior to disclosure to non-authorized users. This policy defines the guidelines and procedures that must be followed for the de-identification of PHI.
- 2.1.2. All department personnel must strictly observe the following standards relating to the de-identification of PHI:
- 2.1.3. De-identification requires the elimination not only of primary or obvious identifiers, such as the patient's name, address, date of birth (DOB), and treating physician, but also of secondary identifiers through which a user could deduce the patient's identity. For information to be de-identified the following identifiers of the individual (or of relatives, employers, or household member of the individual) must be removed:

- 2.1.3.1.1. Names



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- 2.1.3.2. Address information smaller than a state, including street address, city, county, zip code
 - 2.1.3.3. (except if by combining all zip codes with the same initial three digits, there are more than 20,000 people)
 - 2.1.3.4. Names of relatives and employers
 - 2.1.3.5. All element of dates (except year), including DOB, admission date, discharge date, date of death; and all ages over 89 and all elements of dates including year indicative of such age except that such ages and elements may be aggregated into a single category of age 90 or older;
 - 2.1.3.6. Telephone numbers
 - 2.1.3.7. Fax numbers
 - 2.1.3.8. Email addresses
 - 2.1.3.9. Social Security Number (SSN)
 - 2.1.3.10. Medical record number
 - 2.1.3.11. Health beneficiary plan number
 - 2.1.3.12. Account numbers
 - 2.1.3.13. Certificate/License Number
 - 2.1.3.14. Vehicle identifiers, including license plate numbers
 - 2.1.3.15. Device ID and serial number
 - 2.1.3.16. Uniform Resource Locator (URL)
 - 2.1.3.17. Identifier Protocol (IP) addresses
 - 2.1.3.18. Biometric identifiers
 - 2.1.3.19. Full face photographic images and other comparable images
 - 2.1.3.20. Any other unique identifying number characteristic or code.
- 2.1.4. Whenever possible, de-identified PHI should be used for quality assurance monitoring and routine utilization reporting.
- 2.1.5. PHI used for research, including public health research, should be de-identified at the point of data collection for research protocols approved by the IRB, unless the participant voluntarily and expressly consents to the use of his/her personally identifiable information or an IRB waiver of authorization is obtained.
- 2.1.6. If an authorized user wishes to encrypt PHI when creating de-identified information the authorized user must ensure that:
- 2.1.6.1.1. The code or other means of record identification is not derived from or related to information about the individual and is not otherwise capable of being translated so as to identify the individual; and
 - 2.1.6.1.2. Anyone involved in the research project does not use or disclose the code or other means of record identification and does not disclose the mechanism to accomplish re-identification.



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Approved By:

C.A. Haigh, Fire Chief

Craig A. Haigh
Fire Chief

Original ___/___/___

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Update 07/ 29/ 2004

GENERAL POLICY ON USES AND DISCLOSURES OF PHI

Purpose

The purpose of this policy is to provide procedures and protocols that must be followed by department personnel regarding uses and disclosures of protected health information (PHI).

1. Definitions

1.1. Use with Respect to Individually Identifiable Health Information:

- 1.1.1. The sharing, employment, application, utilization, examination, or analysis of such information within an entity that maintains such information.

2. Disclosure

- 2.1.1. The release, transfer, provision of access to, or divulging in any other manner of information outside the entity holding the information.

3. Treatment

- 3.1.1. The provision, coordination, or management of health care related services by one or more health care providers, including the coordination or management of health care by a health care provider with a third party; consultation between health care providers relating to a patient; or for the referral of a patient for health care from one health care provider to another.

4. Payment

- 4.1.1. Any activities undertaken either by a health plan or by a health care provider to obtain premiums determine or fulfill its responsibility for coverage and the provision of benefits or to obtain or provide reimbursement for the provision of health care. These activities include but are not limited to:
 - 4.1.1.1. Determining eligibility, and adjudication or subrogation of health benefit claims,
 - 4.1.1.2. Risk adjusting amounts due based on enrollee health status and demographic characteristics,
 - 4.1.1.3. Billing, claims management, collection activities, obtaining payment under a contract for reinsurance, and related health care processing,
 - 4.1.1.4. Review of healthcare services with respect to medical necessity, coverage under a health plan, appropriateness of care, or justification of charges,
 - 4.1.1.5. Utilization review activities, including pre-certification and preauthorization services, concurrent and retrospective review of services,
 - 4.1.1.6. Disclosure to consumer reporting agencies of certain PHI relating to collection of premiums or reimbursement.



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5. Health Care Operations

5.1.1. Any one of the following activities to the extent the activities are related to providing health care:

- 5.1.1.1. Conducting quality assessment and improvement activities, population-based activities relating to improving health or reducing health care costs, protocol development, case management and care coordination, contacting patients with information about treatment alternatives, and related functions that do not involve treatment,
- 5.1.1.2. Reviewing the competence or qualifications of health care professionals, evaluating practitioner and provider performance, health plan performance, conducting training programs in which volunteers, trainees, or practitioners in areas of health care learn under supervision to practice or improve their skills as health care providers, training of non-health care professionals, accreditation, certification, licensing, or credentialing activities,
- 5.1.1.3. Underwriting, premium rating, and other activities relating to the creation, renewal or replacement of a contract of health insurance or health benefits, and ceding, securing or placing a contract for reinsurance of risk relating to claims for health care,
- 5.1.1.4. Conducting or arranging for medical review, legal services, and auditing functions, including fraud and abuse detection and compliance programs,
- 5.1.1.5. Business planning and development, such as conducting cost management and planning related analyses related to managing and operating the practice, including formulary development and administration, development or improvement of methods of payment or covered policies, and
- 5.1.1.6. Business management and general administrative activities:
- 5.1.1.7. Management activities related to HIPAA compliance,
- 5.1.1.8. Customer Service,
- 5.1.1.9. Resolution of internal grievances,
- 5.1.1.10. Due Diligence,
- 5.1.1.11. Activities designed to de-identify health information, and
- 5.1.1.12. Fundraising activities for the benefit of the practice.

6. Minimum Necessary

6.1.1. When using or disclosing PHI or when requesting PHI from another health care provider or health organization, Hanover Park Fire Department must limit PHI to the minimum necessary to accomplish the intended purpose of the use, disclosure or request. Minimum Necessary does not apply in the following circumstances:

- 6.1.1.1. Disclosures by a health care provider for treatment (volunteers, staff and trainees are included as health care providers for this purpose),
- 6.1.1.2. Uses and Disclosures based upon a valid consent to use and disclose PHI for treatment, payment and health care operations or a valid authorization to use and disclose PHI,
- 6.1.1.3. Disclosures made to the Secretary of the Department of Health and Human Services,



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- 6.1.1.4. Uses and disclosures required by law, and
- 6.1.1.5. Uses and disclosures required by other sections of the HIPAA privacy regulations.

7. Indirect Treatment Relationship

7.1.1. A relationship between an individual and a health care provider in which:

- 7.1.1.1. The health care provider delivers health care to the individual based on the orders of another health care provider; and
- 7.1.1.2. The health care provider typically provides services or products, or reports the diagnosis or results associated with the health care, directly to another health care provider, who provides the services, products or reports to the individual.

8. Defective Consents

- 8.1.1. Lacking an element required in the consent or becoming defective if the consent has been revoked.



Craig A. Haigh
Fire Chief

Original ___/___/___

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Approved By:

C.A. Haigh, Fire Chief

HANOVER PARK FIRE DEPARTMENT

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POLICY FOR MINIMUM NECESSARY USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION (PHI)

Purpose

The purpose of this policy is to provide information for department personnel to conform to the requirements regarding the use and disclosure of the minimum amount of information necessary to provide services and benefits to patients, and to ensure that department personnel have access to the information they require to accomplish their health care goals and objectives.

1. Policy

1.1. General

1.1.1. The Hanover Park Fire Department will use or disclose only the minimum amount of information necessary to provide services and benefits to patients, and only to the extent provided in the Hanover Park Fire Department policies and procedures.

1.1.2. This policy does not apply to:

1.1.2.1. Disclosures to or requests by a health care provider for treatment;

1.1.2.2. Disclosures made to the individual about his or her own protected information;

1.1.2.3. Uses or disclosures authorized by the individual that are within the scope of the authorization;

1.1.2.4. Disclosures made to the United States Department of Health and Human Services (DHHS), Office of Civil Rights, in accordance with subpart C of part 160 of the HIPAA Privacy Rule;

1.1.2.5. Uses or disclosures that are required by law; and

1.1.2.6. Uses or disclosures required for compliance with the HIPAA Transaction Rule. The minimum necessary standard does not apply to the required or situational data elements specified in the implementation guides under the Transaction Rule.

2. Minimum Necessary Information

2.1.1. When the Hanover Park Fire Department policy permits use or disclosure of an individual's information to another entity, or when the Hanover Park Fire Department requests an individual's information from another entity, the Hanover Park Fire Department personnel must make reasonable efforts to limit the amount of information to the minimum necessary needed to accomplish the intended purpose of the use, disclosure, or request.

2.1.2. If Hanover Park Fire Department policy permits making a particular disclosure to another entity, Hanover Park Fire Department personnel may rely on a requested disclosure as being the minimum necessary for the stated purpose when:



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- 2.1.2.1. Making disclosures to public officials that are permitted under 45 CFR 164.512 if the public official represents the information requested is the minimum necessary for the stated purpose(s).
- 2.1.2.2. A "public official" is any department personnel of a government agency who is authorized to act on behalf of that agency in performing the lawful duties and responsibilities of that agency.
- 2.1.2.3. The information is requested by another entity that is a "covered entity" under the HIPAA Privacy rules. A "covered entity" is a health plan, a health care provider who conducts electronic transactions, or a health care clearinghouse;
- 2.1.2.4. The information is requested by a professional who is a department personnel of a "covered entity" or is a business associate of the "covered entity" for the purpose of providing professional services to the "covered entity," if the professional represents that the information requested is the minimum necessary for the stated purpose(s); or
- 2.1.2.5. Documentation or representations that comply with the applicable requirements of uses and disclosures for research purposes have been provided by a person requesting the information for research purposes.

3. Access & Uses of Information

- 3.1.1. Hanover Park Fire Department will establish role-based categories that identify types of information necessary for department personnel to perform their jobs. Hanover Park Fire Department will identify the category of information needed for persons, or classes of persons, in their respective workforces to carry out their duties, and will further identify any conditions appropriate to such access. Categories will include all information, such as information accessible by computer, kept in files, or other forms of information consistent with administrative, technical and physical safeguards.

4. Routine and Recurring Disclosure of an Individual's Information

- 4.1.1. For the purposes of this policy, "routine and recurring" means the disclosure of records outside the Hanover Park Fire Department, without the authorization of the individual, for a purpose that is compatible with the purpose for which the information was collected. The following identifies several examples of uses and disclosures that the Hanover Park Fire Department has determined to be compatible with the purposes for which information is collected:
 - 4.1.1.1. The Hanover Park Fire Department will not disclose an individual's entire medical record unless the request specifically justifies why the entire medical record is needed.
 - 4.1.1.2. Routine and recurring uses include disclosures required by law. For example, a mandatory child abuse report by a Hanover Park Fire Department employee would be a routine use.



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Fire Chief

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- 4.1.1.3. If the Hanover Park Fire Department deems it desirable or necessary, the Hanover Park Fire Department may disclose information as a routine and recurring use to the State Office of the Attorney General for the purpose of obtaining its advice and legal services.
- 4.1.1.4. When federal or state agencies - such as the DHHS Office of Civil Rights, the DHHS Office of Inspector General, State Medicaid Fraud Unit, or the Secretary of State - have the legal authority to require the Hanover Park Fire Department to produce records necessary to carry out audit or oversight of the Hanover Park Fire Department activities, the Hanover Park Fire Department will make such records available as a routine and recurring use.
- 4.1.1.5. When the Hanover Park Fire Department determines that records are subject to disclosure under the Hanover Park Fire Department's State laws, the Hanover Park Fire Department may make the disclosure as a routine and recurring use.

5. Non-Routine Disclosure of an Individual's Information

- 5.1.1. For the purpose of this policy, "non-routine disclosure" means the disclosure of records outside the Hanover Park Fire Department that is not for a purpose for which it was collected.
- 5.1.2. The Hanover Park Fire Department will not disclose an individual's entire medical record unless the request specifically justifies why the entire medical record is needed, and applicable laws and policies permit the disclosure of all the information in the medical record to the requestor.
- 5.1.3. Requests for non-routine disclosures must be reviewed on an individual basis in accordance with the criteria set forth in this policy.
- 5.1.4. For Non-Routine Disclosures, the Hanover Park Fire Department will:
 - 5.1.4.1. Implement procedures to limit the information disclosed to only the minimum amount of information necessary to accomplish the purpose for which the disclosure is sought; and
 - 5.1.4.2. Review requests for non-routine disclosures on an individual basis in accordance with such procedures.

6. The Hanover Park Fire Department's Request for an Individual's Information from another Health Care Provider or Entity

- 6.1.1. When requesting information about an individual from another health care provider or entity, the Hanover Park Fire Department personnel must limit requests to those that are reasonably necessary to accomplish the purpose for which the request is made.
- 6.1.2. The Hanover Park Fire Department will not request an individual's entire medical record unless the Hanover Park Fire Department can specifically justify why the entire medical record is needed.
- 6.1.3. Disclosures of an Individual's Information on a Routine or Recurring Basis:
- 6.1.4. For Routine and Recurring Disclosures, the Hanover Park Fire Department will:



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- 6.1.4.1. Determine who is requesting the information and the purpose for the request. If the request is **not** compatible with the purpose for which it was collected, refer to and apply the "Non-Routine Use" policies.
- 6.1.4.2. Confirm that the applicable Hanover Park Fire Department policies permit the requested use and/or disclosure.
- 6.1.4.3. Identify the kind and amount of information that is necessary to respond to the request; and
- 6.1.4.4. If the disclosure is one that must be included in the Hanover Park Fire Department accounting of disclosures, include required documentation in an accounting log.

7. Disclosures of an Individual's Information on a Non-Routine Basis

7.1.1. For Non-Routine Disclosures, the Hanover Park Fire Department will:

- 7.1.1.1. Determine who is requesting the information and the purpose for the request. If the request is compatible with the purpose for which it was collected, apply the "Routine and Recurring Use" policies from the above previous section.
- 7.1.1.2. Determine which information of the individual is within the scope of the request, and what Hanover Park Fire Department policies apply to the requested use;
- 7.1.1.3. If the information requested can be disclosed under the applicable policies, limit the amount of information to the minimum amount necessary to respond to the request; and;
- 7.1.1.4. Document the disclosure in an accounting log.



Craig A. Haigh
Fire Chief

HANOVER PARK FIRE DEPARTMENT

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Approved By:

C.A. Haigh, Fire Chief

Original ___/___/___

Chapter: 300

Section: 005

Update 07/ 29/ 2004

ACCESS AND DENIAL OF PATIENT REQUEST FOR PHI

Purpose

The purpose of this policy is to explain the procedures involved in a patient's right to access their protected health information and the procedures involved for denial of such requests, and responses to such denials.

1. Policy

- 1.1. The access and denial process is managed by the office manager or custodian of the medical record. Patients have a right to inspect and receive a copy, at their expense, of the protected health information (PHI) in their designated record set. Exceptions to this include: psychotherapy notes, information compiled in anticipation of or use in a civil, criminal, or administration action or proceeding, and protected health information (PHI) subject to the Clinical Laboratory Improvements Amendments (CLIA) of 1988.
- 1.2. All department personnel must strictly observe the following standards:

2. Access to PHI Procedure

- 2.1. A patient has the right to inspect, or receive copies of PHI about the patient in a designated record set for as long as the PHI is maintained in the designated record set.
- 2.2. If the Hanover Park Fire Department does not maintain the PHI that is the subject of the patient's request for access, and the Hanover Park Fire Department knows where the requested information is maintained, the Hanover Park Fire Department must inform the patient where to direct the request for access.
- 2.3. The patient must make the request in writing.
- 2.4. The Hanover Park Fire Department must act on the patient's request no later than the 30th business day after receipt and payment of the request. The Hanover Park Fire Department shall:
 - 2.4.1. Make the information available, in full or in part, for examination; or inform the authorized requestor if the information does not exist, cannot be found, or is not yet complete. Upon completion or location of the information, the Hanover Park Fire Department will notify the patient.
 - 2.4.2. If the access is granted, in whole or in part, the Hanover Park Fire Department must comply with the following requirements:
 - 2.4.2.1. The Hanover Park Fire Department must provide the patient access to his/her PHI in the designated record sets, including inspection or receiving a copy, or both. If the same PHI that is the subject of a request for access is maintained in more than one designated record set or at more than one location, the Hanover Park Fire Department need only produce the PHI once in response to a request for access.



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- 2.4.2.2. The Hanover Park Fire Department must provide the patient with access to the PHI in the form or format requested by the patient, if it is readily producible in such form or format; or, if not, in a readable hard copy form or such other form or format as agreed to by both parties.
- 2.4.3. The Hanover Park Fire Department may provide the patient with a summary of the PHI requested, in lieu of providing access to the PHI or may provide an explanation of the PHI to which access has been provided, if:
 - 2.4.3.1. The patient agrees in advance to such a summary or explanation; and
 - 2.4.3.2. The patient agrees in advance to the fees imposed, if any, by the covered entity for such summary or explanation.
- 2.4.4. The Hanover Park Fire Department must provide the access as requested by the patient in a timely manner, including arranging with the patient for a convenient time and place to inspect or receive a copy of the PHI, or mailing the copy of the PHI at the patient's request.
- 2.4.5. The Hanover Park Fire Department may discuss the scope, format, and other aspects of the request for access with the patient as necessary to facilitate the timely provision of access.
- 2.4.6. If the patient requests a copy of the PHI or agrees to a summary or explanation of such information, the Hanover Park Fire Department may impose a reasonable, cost-based fee, provided that the fee includes only the cost of:
 - 2.4.6.1.1. Copying, including the cost of supplies for and labor of copying, the PHI requested. The fee schedule for these services is \$0.25 per copy.
 - 2.4.6.1.2. Postage, if the patient has requested the copy, summary, or the explanation is mailed. The fee schedule for postage can be obtained from the Hanover Park Fire Department; and
 - 2.4.6.1.3. Preparing an explanation or summary of the PHI, if agreed to by the patient.

3. Denial of PHI Procedure

- 3.1. The Hanover Park Fire Department must allow a patient to request access to inspect or receive a copy of PHI maintained in their designated record set. However, the Hanover Park Fire Department may deny a patient's request without providing an opportunity for review when:
 - 3.1.1. An exception detailed above in the policy statement exists;
 - 3.1.2. The Hanover Park Fire Department is acting under the direction of a correctional institution and the prisoner's request to obtain a copy of PHI would jeopardize the patient, other prisoners, or the safety of any officer, employee, or other person at the correctional institution, or a person responsible for transporting the prisoner;



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- 3.1.3. The patient agreed to temporary denial of access when consenting to participate in research that includes treatment, and the research is not yet complete;
- 3.1.4. The records are subject to the Privacy Act of 1974 and the denial of access meets the requirements of that law; the PHI was obtained from someone other than the Hanover Park Fire Department under a promise of confidentiality and access would likely reveal the source of the information.
- 3.2. The Hanover Park Fire Department may also deny a patient access for other reasons, provided that the patient is given a right to have such denials reviewed under the following circumstances:
 - 3.2.1. The Hanover Park Fire Department or a licensed health care provider designated or appointed by the Hanover Park Fire Department has determined that the access is likely to endanger the life or physical safety of the patient or another person;
 - 3.2.2. The PHI makes reference to another person who is not a health care provider, and the Hanover Park Fire Department or a licensed health care professional designated or appointed by the Hanover Park Fire Department has determined that the access requested is likely to cause substantial harm to such other person;
 - 3.2.3. The request for access is made by the patient's surrogate decision maker and the Hanover Park Fire Department or a licensed health care professional designated or appointed by the Hanover Park Fire Department, has determined that access is likely to cause substantial harm to the patient or another person.
- 3.3. If access is denied on a ground permitted above, the patient has the right to have the denial reviewed by the Hanover Park Fire Department or a licensed health care professional designated or appointed by the Hanover Park Fire Department to act as a reviewing official, and who did not participate in the original decision to deny. The Hanover Park Fire Department must provide or deny access in accordance with the determination of the reviewing official.
- 3.4. If the Hanover Park Fire Department denies access, in whole or in part, to PHI, the Hanover Park Fire Department must comply with the following requirements:
- 3.5. The Hanover Park Fire Department must, to the extent possible, give the patient access to any other PHI requested, after excluding the PHI to which the Hanover Park Fire Department denied access.
- 3.6. The Hanover Park Fire Department must provide a timely, written denial to the patient, in plain language and containing:
 - 3.6.1. The basis for the denial;
 - 3.6.2. If applicable, a statement of the patient's review rights, including a description of how the patient may exercise such review rights; and



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- 3.6.3. A description of how the patient may complain to the Hanover Park Fire Department pursuant to the Hanover Park Fire Department's complaint policy.
- 3.6.4. If the patient has requested a review of a denial, the Hanover Park Fire Department must designate or appoint a licensed health care professional, who was not directly involved in the decision to deny access. The Hanover Park Fire Department must promptly refer a request for review to such licensed health care professional. The licensed health care professional must determine, within a reasonable period of time, whether or not to deny the access requested based on the aforementioned procedures and standards. The Hanover Park Fire Department must promptly provide written notice to the patient of the findings of the reviewing licensed health care professional, and take other action as required by this section to carry out the licensed health care professional's determination.

4. Enforcement

- 4.1. The Hanover Park Fire Department's office manager and supervisors are responsible for enforcing this policy. Individuals who violate this policy will be subject to the appropriate and applicable disciplinary process, up to and including termination or dismissal.



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Approved By:
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POLICY FOR PATIENT RIGHT TO AMEND PROTECTED HEALTH INFORMATION (PHI)

Purpose

The purpose of this policy is to provide information for department personnel regarding the rights of patients to amend their health information.

1. Definitions

- 1.1. Designated Record Set: A group of records maintained by or for the Hanover Park Fire Department that are:
 - 1.1.1. The medical records and billing records about patients maintained by or for the Hanover Park Fire Department;
 - 1.1.2. The enrollment, payments, claims adjudication, and case or medical management record systems maintained by or for a health plan; or
 - 1.1.3. Used, in whole or in part, by or for the Hanover Park Fire Department to make decisions about patients.

2. Policy

- 2.1. Patients have a right to amend information collected and maintained about them in their designated record set. All personnel must strictly observe the following standards:
- 2.2. An individual has the right to have the Hanover Park Fire Department amend PHI or a record about the individual in a designated record set for as long as the PHI is maintained in the designated record set.
- 2.3. The Hanover Park Fire Department may deny an individual's request for amendment, if it is determined that the PHI or record that is the subject of the request:
 - 2.3.1. Was not created by the Hanover Park Fire Department, unless the individual provides a reasonable basis to believe that the originator of the PHI is no longer available to act on the requested amendment;
 - 2.3.2. Is not part of the designated record set;
 - 2.3.3. Would not be available for inspection under *the Access and Denial of Patient Request for PHI Policy*; or
 - 2.3.4. Is accurate and complete.
- 2.4. The individual must make the request to amend the PHI in writing with a reason to support a requested amendment. The request should be on the attached form at the end of this policy.



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- 2.5. The Hanover Park Fire Department must accept all requests to amend PHI in the designated record set; however, The Hanover Park Fire Department is not required to act on the individual's request if it is in accordance with item a, b, c, or d above.
- 2.6. The Hanover Park Fire Department must act on the individual's request for an amendment no later than 60 days after receipt of such a request. If the Hanover Park Fire Department is unable to act on the amendment within the required 60 day time limit, the Hanover Park Fire Department may extend the time for such action by no more than 30 days, provided that the Hanover Park Fire Department provides the individual with a written statement of the reasons for the delay and the date by which action on the request will be completed and the Hanover Park Fire Department may have only one such extension of time for action on a request for an amendment.
- 2.7. If the amendment is granted, in whole or in part, the Hanover Park Fire Department must make the appropriate amendment to the PHI or record that is the subject of the request for amendment by, at a minimum, identifying the records in the designated record set that are affected by the amendment and appending or otherwise providing a link to the location of the amendment. The Hanover Park Fire Department must inform the individual in a timely manner that the amendment is accepted and obtain the individual's identification of and agreement to have the Hanover Park Fire Department notify the relevant persons with which the amendment needs to be shared. The Hanover Park Fire Department must make reasonable efforts to inform and provide the amendment within a reasonable time, to:
 - 2.7.1. Persons identified by the individual as having received PHI about the individual and needing the amendment; and
 - 2.7.2. Persons, including business associates that the Hanover Park Fire Department knows have the PHI that is the subject of the amendment and that may have relied on such information to the detriment of the individual.
- 2.8. If the requested amendment is denied, in whole or in part, the Hanover Park Fire Department must provide the individual with a timely, written denial. The denial must use plain language and contain:
- 2.9. The basis for the denial.
 - 2.9.1. The individual's right to submit a written statement disagreeing with the denial and how the individual may file such a statement;
 - 2.9.2. A statement that, if the individual does not submit a statement of disagreement, the individual may request that the Hanover Park Fire Department provide the individual's request for amendment and the denial with any future disclosures of the PHI that is the subject of the amendment; and
 - 2.9.3. A description of how the individual may complain to the Hanover Park Fire Department or the Secretary of the Department of Health and Human Services (HHS) in accordance with the Hanover Park Fire Department Privacy Complaint Process.



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3. Additionally for Denials:

- 4.1 The Hanover Park Fire Department must permit the individual to submit a written statement disagreeing with the denial of all or part of a requested amendment and the basis of such disagreement.
 - 4.2 The Hanover Park Fire Department may reasonably limit the length of a statement of disagreement.
 - 4.3 The Hanover Park Fire Department may prepare a written rebuttal to the individual's statement of disagreement. Whenever such a rebuttal is prepared, a copy of the rebuttal must be provided to the individual who submitted the statement of disagreement.
 - 4.4 The Hanover Park Fire Department must, as appropriate, identify the record or PHI in the designated record set that is the subject of the disputed amendment and append or otherwise link the individual's request for an amendment, the denial of the request, the individual's statement of disagreement, if any, and the rebuttal, if any, to the designated record set.
4. If a statement of disagreement has been submitted by the individual, the Hanover Park Fire Department must include the patient's request for an amendment, the denial of the request, the patient's statement of disagreement and the rebuttal, if any, or an accurate summary of any such information, with any subsequent disclosure of the PHI to which the disagreement relates.
 5. If the individual has not submitted a written statement of disagreement, the Hanover Park Fire Department must include the individual's request for amendment and its denial, or an accurate summary of such information, with any subsequent disclosure of the PHI only if the individual has requested such action.
 6. When a subsequent disclosure is made using a standard transaction that does not permit the additional material to be included with the disclosure, the Hanover Park Fire Department may separately transmit the material required to the recipient of the standard transaction.
 7. If the Hanover Park Fire Department is informed by another provider or payer of an amendment they have made to an individual's PHI within the outside entities' designated record set, the Hanover Park Fire Department must amend the PHI in designated record sets that have been received from those outside entities. However, the Hanover Park Fire Department does not have to amend the PHI in the Hanover Park Fire Department designated record set based upon an outside determination, unless the Hanover Park Fire Department has relied on the outside entities' findings.
 8. Patients may request to have their PHI amended by submitting a *Request for Correction/Amendment of Protected Health Information Form* with the Hanover Park Fire Department.
 9. Once the Hanover Park Fire Department makes a decision regarding the request for amendment, the Hanover Park Fire Department will send a final letter outlining the decision to the patient. If the decision



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is to amend, the Hanover Park Fire Department will document the decision in a Medical Record Amendment/Correction Form.

10. Enforcement

- 10.1. The Hanover Park Fire Department's supervisors are responsible for enforcing this policy. Individuals who violate this policy will be subject to the appropriate and applicable disciplinary process, up to and including termination or dismissal.



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Approved By:

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POLICY FOR ACCOUNTING FOR DISCLOSURES

Purpose

The purpose of this policy is to explain the procedures involved in accounting for disclosures of patient protected health information.

1. Policy

1.1. In general, individuals shall have the right to receive an accounting of protected health information (PHI) disclosures made by the Hanover Park Fire Department in the six years prior to the request. The Hanover Park Fire Department is not required to account for any disclosures that occurred prior to the compliance date of April 14, 2003. The Hanover Park Fire Department must account for disclosures of PHI for occurrences other than Treatment, Payment or Health Care Operations (TPO). These require an authorization from either the patient or surrogate decision maker. However, referring physicians (physicians requesting consults or specialty procedures) will not require an authorization or accounting of disclosure of PHI. Disclosures for law enforcement purposes or required by statutory law do not need an authorization.

2. Overview

- 2.1. Patients have a right to receive an accounting of disclosures that you make for purposes other than treatment, payment, and health care operations, including disclosures by or to your business associates. This right applies to disclosures that have been made up to 6 years prior to the date of a request for an accounting
- 2.2. For multiple disclosures to the same recipient pursuant to a single authorization under or for a single purpose, summarize the series of disclosures by providing the information otherwise required above for the first disclosure in the series during the accounting period; the frequency, periodicity, or number of disclosures made during the accounting period; and the date of the most recent disclosure in the series.
- 2.3. In lieu of the statement of purpose, a copy of the individual's authorization or a copy of a written request for disclosure, if any, is sufficient.
- 2.4. Provide a copy of a Disclosure of Medical Information to the individual no later than 60 days after receipt of the request. Redact any entries on a disclosure log indicating disclosure to your professional liability carrier, health oversight agencies or law enforcement officials (for the time period specified by the applicable agency or official if the agency or official makes such a request and provides you with the required statement).
- 2.5. If you cannot meet the 60-day deadline, you can extend the deadline by no more than 30 days by informing the individual in writing, within the standard 60-day deadline, of the reason for the delay and the date by which you will provide the request. (You may only extend the deadline one time per request for accounting.)



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2.6. Track each accounting provided to a patient on Disclosure of Medical Information form by indicating on a Disclosure Log the date of the accounting (and the purpose of the disclosure ["accounting"]).

2.7. You must provide the first accounting to an individual in any 12-month period without charge. After that, you may charge a reasonable, cost-based fee if you inform the patient of the fee in advance and give them an opportunity to withdraw or modify the request in order to avoid or reduce the fee.

3. Procedure

4. Right to Accounting of Disclosure of PHI

4.1. The Hanover Park Fire Department must provide the individual with a written accounting that meets the following requirements:

4.2. Except as otherwise provided, the accounting must include disclosures of PHI that occurred during the six years (or shorter time period if requested) prior to the date of the request. This includes disclosures to and by business associates.

5. Content Standards for the Accounting of Disclosure of PHI

5.1. The accounting for each disclosure must include:

5.1.1. The date of the disclosure;

5.1.2. The name of the entity or person who received the PHI and, if known, the address of such entity or person;

5.1.3. .A brief description of the PHI disclosed; and

5.1.4. .A brief statement of the purpose of the disclosure that reasonably informs the individual of the basis for the disclosure; or, in lieu of such statement:

5.1.4.1. A copy of the individual's written authorization; or

5.1.4.2. A copy of a written request for a disclosure if any.

5.2. If the Hanover Park Fire Department has made multiple disclosures of PHI to the same person or entity for a single purpose, or pursuant to a single authorization, the accounting may, with respect to such multiple disclosures, provide:

5.2.1. The information required above;

5.2.2. The frequency, periodicity, or number of the disclosures made during the accounting period; and

5.2.3. The date of the last such disclosure during the accounting period.

6. Compliance Standards

6.1. The Hanover Park Fire Department must act on the individual's request for an accounting, no later than 60 days after receipt of such a request, as follows.

6.1.1. Provide the individual with the accounting requested; or



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- 6.1.2. If the Hanover Park Fire Department is unable to provide the accounting within the time required above, the Hanover Park Fire Department may extend the time to provide the accounting by no more than 30 days, provided that:
 - 6.1.3. The Hanover Park Fire Department, within the time limit of 60 days, provides the individual with a written statement of the reasons for the delay and the date by which the covered entity will provide the accounting; and
 - 6.1.4. The Hanover Park Fire Department may have only one such extension of time for action on a request for an accounting.
- 6.2. The Hanover Park Fire Department must provide the first accounting to an individual in any 12-month period without charge. The Hanover Park Fire Department may impose a reasonable, cost-based fee for each subsequent request for an accounting by the same individual within the 12-month period, provided that the Hanover Park Fire Department informs the individual in advance of the fee and provides the individual with an opportunity to withdraw or modify the request for a subsequent accounting in order to avoid or reduce the fee. To obtain the fee schedule contact the Hanover Park Fire Department.

7. Documentation for Accounting of Disclosures

- 7.1. The Hanover Park Fire Department personnel need to account for disclosures of PHI by documenting any such disclosures. The Hanover Park Fire Department will be responsible for receiving and processing requests for an accounting of disclosures. The Hanover Park Fire Department must document and maintain a copy of the following:
 - 7.1.1. The required information to be included in an accounting of disclosures, as outlined in the above section "Content Standards for the Accounting of Disclosure of PHI."
 - 7.1.2. The written accounting that is provided to the individual requesting an accounting of disclosures.

8. Exceptions to the Right of Accounting of Disclosures

- 8.1. In accounting for disclosures of PHI:
 - 8.1.1. The Hanover Park Fire Department must temporarily suspend an individual's right to receive an accounting of disclosures to a health oversight agency or law enforcement official if such agency or official provides the Hanover Park Fire Department with a written statement that such an accounting to the individual would be reasonably likely to impede the agency's activities. The written statement must specify the time for which such a suspension is required.
 - 8.1.2. If the agency or official suspends an individual's right to receive an accounting of disclosures and the statement is made orally, the Hanover Park Fire Department must:



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- 8.1.2.1. Document the statement, including the identity of the agency or official making the statement;
 - 8.1.2.2. Temporarily suspend the individual's right to an accounting of disclosures subject to the statement; and
 - 8.1.2.3. Limit the temporary suspension to no longer than 30 days from the date of the oral statement, unless a written statement from the suspending agency or official is submitted during the time period.
9. The Hanover Park Fire Department is not required to account for the following disclosures:
- 9.1. To carry out TPO;
 - 9.2. To individuals requesting their own PHI;
 - 9.3. For the facility's directory or to persons involved in the individual's care or other notification purposes;
 - 9.4. For national security or intelligence purposes;
 - 9.5. To correctional institutions or law enforcement officials; or
 - 9.6. That occurred prior to the compliance date of April 14, 2003.



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Approved By:

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Original ___/___/___

Chapter: 300

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Update 07/ 29/ 2004

POLICY FOR PRIVACY COMPLAINTS

Purpose

The purpose of this policy is to provide information for management and workforce members for handling privacy complaints.

1. Policy

- 1.1 Any individual who believes his or her rights granted by the Health Insurance Portability and Accountability Act (HIPAA) Privacy regulations or any other state or federal laws dealing with privacy and confidentiality of health information have been violated may file a complaint regarding the alleged privacy violation.

2. Filing HIPAA Complaints

- 2.1 Any privacy related complaint made by a patient; employee or volunteer at anytime must be forwarded to the Privacy Officer. Complaints may also be made anonymously by calling (630) 372-6802.

3. Investigation of Complaints

- 3.1 The Hanover Park Fire Department will investigate alleged privacy violations and complaints made by patients regarding alleged breaches of their privacy. Department personnel may be requested to assist in investigations regarding complaints made by patients and other employees who believe fellow employees have violated patient privacy standards.
- 3.2 Simultaneously, the Hanover Park Fire Department will undertake an investigation to determine if a breach of privacy has occurred. Any employee or workforce member found to be in violation of this policy or breaches the confidentiality of a patient's protected health information will be subject to disciplinary action, up to and including termination or dismissal.



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Original: 04/14/03

Chapter: 300

Section: 009

Update: 09/ 30/ 2004

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Approved By:

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GENERAL POLICY REGARDING BUSINESS ASSOCIATES

Purpose

The purpose of this policy is to provide procedures and protocols that must be followed by the Department personnel regarding business associates.

1. Policy

1.1 In general:

- 1.1.1 A business associate is a person or entity who provides certain functions, activities, or services for or to the Department, involving the use and/or disclosure of PHI.
- 1.1.2 A business associate is not a Department employee.
- 1.1.3 The Department is not liable for privacy violations of its business associates and is not required to actively monitor or oversee the means by which its business associates carry out safeguards, or the extent to which the business associates abide by the requirements of the contract. However, the Department is required to act if it becomes aware of a practice or pattern that constitutes a material breach of this policy.

2. Procedures

2.1 All personnel must strictly observe the following standards relating to business associates:

- 2.1.1 The Department must enter into contracts with business associates that contain specific language.
- 2.1.2 The contract must include language that provides that the business associate will:
 - 2.1.2.1 Not use or further disclose the information other than as permitted or required by the contract or as required by law;
 - 2.1.2.2 Use appropriate safeguards to prevent use or disclosure of the information other than as provided for by its contract;
 - 2.1.2.3 Report to the Department any use or disclosure of the information not provided for by its contract of which it becomes aware;
 - 2.1.2.4 Ensure that any agents, including any subcontractors, to whom it provides PHI received from, or created by, or on behalf of the Department, agree to the same restrictions and conditions that apply to the business associate with respect to such information;



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Original: 04/14/03

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2.1.2.5 Make available PHI in accordance with the Department policy on Patient Access to PHI;

2.1.2.6 Make available PHI for amendment and incorporate any amendments to PHI in accordance with the Department policy on Patient's Right to Amend or Correct PHI;

2.1.2.7 Make available the information required to provide an accounting of disclosures in accordance with the Department policy on Accounting of PHI Disclosures;

2.1.2.8 Make its internal practices, books, and records relating to the use and disclosure of PHI received from, or created by or on behalf of the Department, available to DHHS for purposes of determining the Department's compliance; and

2.1.2.9 At termination of the contract, if feasible, return or destroy all PHI received from, or created by or on behalf of, the Department that the business associate still maintains in any form and retain no copies of such information. If such return or destruction is not feasible, extend the protections of the contract to the information and limit further uses and disclosures to those purposes that make the return or destruction of the information infeasible.

- 2.2 In the event the Department becomes aware of a pattern or practice of the business associate that constitutes a material breach or violation of the business associate's obligations under its contract, the Department must take reasonable steps to cure the breach or to end the violation, as applicable.
- 2.3 In the event that the business associate can not or will not remedy the practice or pattern, the Department must terminate the contract if feasible. Where termination is not feasible, contact the Department Privacy Official for reporting to DHHS, as required.

3. Enforcement

- 3.1 All supervisors are responsible for enforcing this policy. Individuals who violate this policy will be subject to disciplinary action.

References

45 C.F.R. §164.502(e)(1)
45 C.F.R. §160.103



Craig A. Haigh
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Original: 04/14/03

Chapter: 300

Section: 010

Update: 09/ 30/ 2004

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Approved By:

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POLICY FOR ADMINISTRATIVE, TECHNICAL AND PHYSICAL SAFEGUARDS TO PROTECT CONFIDENTIAL HEALTH INFORMATION AND MINIMIZE THE RISK OF UNAUTHORIZED ACCESS, USE OR DISCLOSURE OF CONFIDENTIAL INFORMATION

Purpose

The purpose of this policy is to provide information for Hanover Park Fire Department personnel involving the safeguarding of confidential patient health information and to minimize the risk of unauthorized access, use or disclosure of confidential information.

1. Policy

1.1 General

Hanover Park Fire Department must take reasonable steps to safeguard information from any intentional or unintentional use or disclosure that is in violation of the privacy policies. Information to be safeguarded may be in any medium, including paper, electronic, oral and visual representations of confidential information.

2. Safeguarding Confidential Information – Workplace and Workstation Practices

2.1 Paper

2.1.1 Each of the Department's workplaces and workstations will store files and documents in locked rooms or storage systems.

2.1.2 In workplaces and workstations where lockable storage is not available, Department personnel staff and workforce members must take reasonable efforts to ensure the safeguarding of confidential information.

2.1.3 Each of the Department's workplaces and workstations will ensure that files and documents awaiting disposal or destruction in desk-site containers, storage rooms, or centralized waste/shred bins, are appropriately labeled, are disposed of on a regular basis, and that all reasonable measures are taken to minimize access.

2.1.4 Each of the Department's workplaces and workstations will ensure that shredding of files and documents is performed on a timely basis, consistent with record retention requirements and policies.

3. Oral

3.1 Hanover Park Fire Department personnel must take reasonable steps to protect the privacy of all verbal exchanges or discussions of confidential information, regardless of where the discussion occurs.



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Original: 04/14/03

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- 3.2 Each of the Department's workplaces and workstation must foster employee awareness of the potential for inadvertent verbal disclosure of confidential information.

4. Visual

- 4.1 Hanover Park Fire Department personnel must ensure that observable confidential information is adequately shielded from unauthorized disclosure on computer screens and paper documents.

4.1.1 Computer Screens: Each Department workplace and workstation must make every effort to ensure that confidential information on computer screens is not visible to unauthorized persons.

4.1.2 Paper Documents: Department personnel must be aware of the risks regarding how paper documents are used and handled, and must take all necessary precautions to safeguard confidential information.

5. Safeguarding Confidential Information – Administrative Safeguards

5.1 Implementation of Role-Based Access (RBA) and the *Minimum Necessary Policy* will promote administrative safeguards.

5.2 Role Based Access (RBA) is a form of security allowing access to data based on job function in accordance with the Department's security procedures. Department personnel shall be given access only to the minimum necessary information to fulfill their job functions.

5.3 Conducting internal reviews periodically will permit the Department to evaluate the effectiveness of safeguards.

5.4 All Department personnel, including volunteers and trainees, are required to sign a document constituting a formal commitment and understanding to adhere to the Department's privacy and security policies. (*Employee Statement of Understanding of Privacy Policies.*)

6. Safeguarding Confidential Information – Workplace and Workstation Practices

6.1 Paper

6.1.1 Files and documents being stored:

6.1.1.1 Lockable desks, file rooms, open area storage systems must be locked.

6.1.1.2 Where the Department has desks, file rooms, or open area storage systems, that are not lockable, reasonable efforts to safeguard confidential information must be implemented.



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6.1.1.3 Files and documents awaiting disposal/destruction:

- 6.1.1.3.1 Desk-site containers: Department workplaces and workstations will ensure that confidential information awaiting disposal is stored in containers that are appropriately labeled and are properly disposed of on a regular basis.
- 6.1.1.3.2 Storage rooms containing confidential information awaiting disposal: Department personnel will ensure that storage rooms are locked after business hours or when authorized staff is not present.
- 6.1.1.3.3 Centralized waste/shred bins: Department personnel will ensure that all centralized bins or containers for disposed confidential information are clearly labeled "confidential", sealed, and placed in a lockable storage room.
- 6.1.1.3.4 Each Department workplace and workstation that does not have lockable storage rooms or centralized waste/shred bins must implement reasonable procedures to minimize access to confidential information.

6.1.2 Shredding of files and documents authorized consistent with record retention requirements:

- 6.1.2.1 Department supervisors must ensure that shredding is done timely, preferably on a daily basis.
- 6.1.2.2 Outside contractors: The Department must ensure that such entity is under a written contract that requires safeguarding of confidential information throughout the destruction process.

7. Oral

7.1 Hanover Park Fire Department personnel must take reasonable steps to protect the privacy of all verbal exchanges or discussions of confidential information, regardless of where the discussion occurs, and should be aware of risk levels.

7.1.1 Locations of verbal exchange with various levels of risk:

- 7.1.1.1 Low Risk: interview rooms, enclosed offices and conference rooms.



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7.1.1.2 Medium Risk: employee only areas, telephone and individual cubicles.

7.1.1.3 High Risk: public areas, reception areas and shared cubicles housing multiple staff where clients are routinely present.

8. Visual

8.1 Hanover Park Fire Department personnel must ensure that observable confidential information is adequately shielded from unauthorized disclosure.

8.1.1 Computer screens: Department personnel must ensure that confidential information on computer screens is not visible to unauthorized persons. Means for ensuring this protection include:

8.1.1.1 Use of polarized screens or other computer screen overlay devices that shield information on the screen from persons not the authorized user;

8.1.1.2 Placement of computers out of the visual range of persons other than the authorized user;

8.1.1.3 Clearing information from the screen when not actually being used;

8.1.1.4 Locking-down computer work stations when not in use; and

8.1.1.5 Other effective means as available.

9. Paper Documents

9.1 Hanover Park Fire Department personnel must be aware of the risks regarding how paper documents are used and handled, and must take all necessary precautions to safeguard confidential information.

9.2 Hanover Park Fire Department personnel must take special care to ensure the protection and safeguarding of, and the minimum necessary access to, paper documents containing confidential information that are located on:

9.2.1 Desks;

9.2.2 Fax machines;

9.2.3 Photocopy machines;

9.2.4 Portable electronic devices (e.g., laptop computers, palm pilots, etc.);

9.2.5 Computer printers; and

9.2.6 Common areas (e.g., break rooms, cafeterias, restrooms, elevators, etc.).



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10. Safeguarding Confidential Information – Administrative Safeguards

- 10.1 Role Based Access (RBA): Roles will be created and defined based on the information in the Department's possession and where it is located and how it is used and why. A determination of who should have access to the specific data will be established.
- 10.2 Department supervisors will decide the role of each of their personnel and request exceptions based on the needs within their jurisdiction or area of responsibility.
- 10.3 Supervisors are responsible for allowing access to enough information for their staff and workforce members to do their jobs while holding to the Minimum Necessary standard and policies.
- 10.4 Hanover Park Fire Department supervisors will:
 - 10.4.1 Follow all instructions and policies to safeguard confidential information;
 - 10.4.2 Foster a secure atmosphere and enhance the belief that confidential information is important and that protecting privacy is key to achieving the Department's privacy goals.
 - 10.4.3 Assess and update as necessary the safeguards in place every 6 months, seeking to achieve reasonable administrative, technical and physical safeguards.
 - 10.4.4 Utilize all security policies to augment safeguard procedures.

11. Enforcement

- 11.1 Hanover Park Fire Department supervisors are responsible for enforcing this policy. Individuals who violate this policy are subject to disciplinary action, up to and including termination or dismissal.



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POLICY FOR DISPOSAL OF PROTECTED HEALTH INFORMATION (PHI)

Purpose

The purpose of this policy is to provide Department personnel with the procedures for the proper disposal of protected health information.

1. Definitions

- 1.1 Protected Health Information (PHI): All individually identifiable health information transmitted or maintained by Hanover Park Fire Department regardless of form. (e.g., patient name, address, telephone number, social security number, etc.)

2. Policy

- 2.1 The Hanover Park Fire Department has a duty to protect the confidentiality and integrity of confidential medical information as required by law, professional ethics, and accreditation requirements. PHI may only be disposed of by means that assure that it will not be accidentally released to an outside party. Supervisors must assure that appropriate means of disposal are reasonably available and operational. This policy is to define the guidelines and procedures that must be followed when disposing of information containing PHI.

3. Procedure

3.1 Summary of Disposal Policy

- 3.1.1 All personnel must strictly observe the following standards relating to disposal of hardcopy and electronic copies of PHI.
- 3.1.2 PHI must not be discarded in trash bins, unsecured recycle bags or other publicly-accessible locations. Instead this information must be personally shredded or placed in a secured recycling bag.
- 3.1.3 Printed material and electronic data containing PHI shall be disposed of in a manner that ensures confidentiality.
- 3.1.4 It is the individual's responsibility to ensure that the document has been secured or destroyed. And it is the office manager and supervisor's responsibility to ensure that all personnel are adhering to the policy.

4. Destruction of Convenience Copies and Original Documents (Day-to-Day Destruction)



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- 4.1 The Hanover Park Fire Department's supervisor(s) shall provide users with access to shredders or secured recycling bags for proper disposal of confidential printouts containing PHI.
- 4.2 Users may elect to use either shredding or secure recycle bags for the destruction of convenience copies, as long as the destruction is in accordance with this policy.
- 4.3 *Electronic Copies*
 - 4.3.1 Secure methods will be used to dispose of electronic data and output. The Privacy Officer is responsible for the destruction of electronic copies containing PHI. However, employees may dispose of the electronic data themselves using the following methods:
 - 4.3.2 Deleting on-line data using the appropriate utilities;
 - 4.3.3 "Degaussing" computer tapes to prevent recovery of data;
 - 4.3.4 Removing PHI from mainframe disk drives being sold or replaced, using the appropriate initialization utilities;
 - 4.3.5 Erasing diskettes to be re-used using a special utility to prevent recovery of data; or
 - 4.3.6 Destroying discarded diskettes.
- 4.4 *Hardcopy (Bulk Destruction)*
 - 4.4.1 Secure methods will be used to dispose of hardcopy data and output.
 - 4.4.2 PHI printed material shall be shredded and recycled by a firm specializing in the disposal of confidential records or be shredded by personnel of the Department authorized to handle and personally shred the PHI.
 - 4.4.3 Microfilm or microfiche must be cut into pieces or chemically destroyed.
 - 4.4.4 After documents have reached their retention period, all PHI must be securely destroyed.
 - 4.4.5 If hardcopy PHI (paper, microfilm, microfiche, etc.) cannot be shredded, it must be incinerated.
- 4.5 *Documentation of Destruction*
 - 4.5.1 To ensure that it is in fact performed, Department personnel or a bonded destruction service must carry out the destruction of PHI.
 - 4.5.2 If a bonded shredding company undertakes the destruction, the bonded shredding company must provide the Department with the document of destruction that contains the following information:



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- 4.5.2.1 Date of destruction,
- 4.5.2.2 Method of destruction,
- 4.5.2.3 Description of the disposed records,
- 4.5.2.4 Inclusive dates covered,
- 4.5.2.5 A statement that the records have been destroyed in the normal course of business,
- 4.5.2.6 The signatures of the individuals supervising and witnessing the destruction

- 4.6 The bonded shredding company must provide the Department's Privacy Officer with a Certificate of Destruction.

5. Enforcement

All Department personnel are responsible for enforcing this policy. Individuals who violate this policy are subject to disciplinary action.



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Approved By:

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POLICY FOR STORAGE OF PROTECTED HEALTH INFORMATION (PHI)

Purpose

The purpose of this policy is to provide information regarding the storage of protected health information.

1. Policy

- 1.1 The Hanover Park Fire Department has a duty to protect the confidentiality and integrity of confidential medical information as required by law, professional ethics, and accreditation requirements. This policy defines the guidelines and procedures that must be followed for the storage of PHI. All personnel must strictly observe the following standards relating to the storage of PHI:
 - 1.1.1 Hanover Park Fire Department personnel must ensure that, outside of regular working hours, all desks and working areas that contain PHI are properly secured, unless the immediate area can be secured from unauthorized access.
 - 1.1.2 When PHI is being released through electronic medium such as teleconference, video feed, or over the Internet, Department personnel must treat the protection of PHI in the same manner as PHI recorded on paper, securing and limiting access to the PHI to authorized personnel only.
 - 1.1.3 PHI stored in medical equipment (e.g. EKG, Ultrasound, Flexsig machines) must be kept secure and disposed of according to *Disposal of PHI Policy*.
 - 1.1.4 When not in use, PHI must always be protected from unauthorized access. When left in an unattended room, such information must be appropriately secured.
 - 1.1.5 If PHI is to be stored on the hard disk drive or other internal components of a personal computer or PDA (Personal Digital Assistant), it must be protected by either a password or encryption. Unless encrypted, when not in use, this media must be secured from unauthorized access.
 - 1.1.6 If PHI is stored on diskettes, CD-ROM or other removable data storage media, it cannot be commingled with other electronic information.

2. Enforcement

- 2.1 Department supervisors are responsible for enforcing this policy. Employees who violate this policy will be subject to disciplinary action, up to and including termination or dismissal.



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POLICY FOR PATIENT PRIVACY RIGHTS

Purpose

The purpose of this policy is to provide information for management and workforce members about the privacy rights that patients have regarding the use and disclosure of their protected health information and to describe the process for filing a complaint should patients feel their rights have been violated.

1. General

- 1.1 The Village of Hanover Park's patients have the right to, and the Village of Hanover Park may not deny, the following:
 - 1.1.1 Access to their own information, consistent with certain limitations;
 - 1.1.2 Receive an accounting of disclosures the Village of Hanover Park has made of their protected health information (PHI) for up to six years prior to the date of requesting such accounting. Information may not be available prior to the effective date of this policy (April 14, 2003) and certain limitations do apply as outlined in *Rights of Clients to An Accounting of Disclosures of Protected Health Information* this policy; and
 - 1.1.3 Submit complaints if they believe or suspect that information about them has been improperly used or disclosed, or if they have concerns about the privacy policies of the Village of Hanover Park.
 - 1.1.4 Patients may ask the Village of Hanover Park to take specific actions regarding the use and disclosure of their information and the Village of Hanover Park may either approve or deny the request. Specifically, patients have the right to request:
 - 1.1.5 That the Village of Hanover Park restrict uses and disclosures of their individual information while carrying out treatment, payment activities, or health care operations;
 - 1.1.6 To receive information from the Village of Hanover Park by alternative means, such as mail, e-mail, fax or telephone, or at alternative locations; and
 - 1.1.7 That the Village of Hanover Park amend their information that is held by the Village of Hanover Park.

2. Relationship to Notice of Privacy Practices

- 2.1 The Village of Hanover Park will use the *"Notice of Privacy Practices"* to inform patients about how the Village of Hanover Park may use and/or disclose their information. The *"Notice of Privacy Practices"* also describes the actions a patient may take, or request the Village of Hanover Park to take, with regard to the use and/or disclosure their information.



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- 2.2 Nothing in this policy shall prevent the Village of Hanover Park from changing its policies or the "Notice of Privacy Practices" at any time, provided that the changes in the policies or the "Notice of Privacy Practices" comply with state or federal law.

3. Decision-Making Authority Within the Village of Hanover Park

- 3.1 Prior to any decision, based on a patient's request for the Village of Hanover Park to amend a health or medical record, the Village of Hanover Park shall review the request and any related documentation.
- 3.2 Prior to any decision to amend any other information that is not a health or medical record, the Village of Hanover Park shall review the request and any related documentation.
- 3.3 The Village of Hanover Park may deny a patient access to their own health information on the grounds that access may result in risk or harm to the patient or to another person. However, prior to any decision to deny such access, the Village of Hanover Park shall review the request and any related documentation.
- 3.4 Decisions related to any other requests made to the Village of Hanover Park under this policy shall be handled in a manner consistent with federal and state rules and regulations and/or the Village of Hanover Park policies and procedures applicable to the treatment, program, service or activity.

4. Rights of Patients to Request Privacy Protection of Their Information

- 4.1 Patients have the right to request restrictions on the use and/or disclosure of their information.
- 4.2 The Village of Hanover Park applies confidentiality laws to protect the privacy of patient information. Even if those laws would permit the Village of Hanover Park to make a use or disclosure of information, a Village of Hanover Park patient has the right to request a restriction on a use or disclosure of that information.
- 4.3 All requests will be submitted by completing a "Restriction of Use and Disclosures Request Form."
- 4.4 The Village of Hanover Park is not obligated to agree to a restriction and may deny the request or may agree to a restriction more limited than what the patient requested.
- 4.5 **Exception:** Certain programs can only use information that is authorized by the patient, such as alcohol and drug programs or vocational rehabilitation participants. For those program participants, the Village of Hanover Park will honor their requests for restriction by making sure that the authorization clearly identifies the authorized recipients of the information.



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5. Rights of Patients to Request to Receive Information By Alternative Means or At Alternative Locations

- 5.1 The Village of Hanover Park must accommodate reasonable requests by patients to receive communications by alternative means, such as by mail, e-mail, fax or telephone; and
- 5.2 The Village of Hanover Park must accommodate reasonable requests by patients to receive communications at an alternative location.
- 5.3 In some cases, sensitive health information or health services must be handled with strict confidentiality under state law. For example, information about substance abuse treatment, mental health treatment, and certain sexually transmitted diseases, may be subject to specific handling. The Village of Hanover Park will comply with the more restrictive requirements.

6. Rights of Patients to Access Their Information

- 6.1 Patients have the right to access, inspect, and obtain a copy of information on their own cases in the Village of Hanover Park files or records, consistent with federal and state law.
- 6.2 All requests for access will be made having the patient complete "Access to Records Request Form."
- 6.3 Patients may request access to their own information that is kept by the Village of Hanover Park by using a personal identifier (such as the patient's name or the Village of Hanover Park case number).
- 6.4 If the Village of Hanover Park maintains information about the patient in a record that includes information about other people, the patient is only authorized to see information about him or herself, with the following exceptions:
 - 6.4.1 If a person identified in the file is a minor child of the patient, and the patient is authorized under State law to have access to the minor's information or to act on behalf of the minor for making decisions about the minor's care, the patient may also obtain information about the minor.
 - 6.4.2 If the person requesting information is recognized under State law as a guardian or legal custodian of the patient and is authorized by State law to have access to the patient's information or to act on behalf of the patient for making decisions about the patient's services or care, the Village of Hanover Park will release information to the requestor.
 - 6.4.3 Any other exceptions or restrictions as may be required under State law.
 - 6.4.4 The Village of Hanover Park may deny patients access to their own health information if federal law prohibits the disclosure. Under federal law, patients have the



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right to access, inspect, and obtain a copy of health information on their own cases in the Village of Hanover Park files or records except for:

- Psychotherapy notes;
- Information compiled for use in civil, criminal, or administrative proceedings;
- Information that is subject to the Federal Clinical Labs Improvement Amendments of 1988, or exempt pursuant to 42 CFR 493.3(a)(2);
- Information that, in good faith, the Village of Hanover Park believes can cause harm to the patient, participant or to any other person;
- Documents protected by attorney work-product privilege; and
- Information where release is prohibited by State or Federal Laws.

6.5 Before the Village of Hanover Park denies a patient access to their information because there is a good faith belief that its disclosure could cause harm to the patient or to another person, the Village of Hanover Park must make a review of this denial available to the patient. If the patient wishes to have this denial reviewed, the review must be done by a licensed health care professional other than the Village of Hanover Park as selected by the Village of Hanover Park.

7. Rights of Patients to Request Amendments to Their Information

- 7.1 Patients have the right to request that the Village of Hanover Park amend their information in the Village of Hanover Park's files.
- 7.2 All requests for amendments will be made by having the patient complete an "*Amendment of Health Record Request Form.*"
- 7.3 The Village of Hanover Park is not obligated to agree to an amendment and may deny the requests or limit its agreement to amend.

8. Rights of Patients to An Accounting of Disclosures of Protected Health Information

- 8.1 Patients have the right to receive an accounting of disclosures of protected health information (PHI) that the Village of Hanover Park has made for any period of time, not to exceed six years, preceding the date of requesting the accounting.
- 8.2 The accounting will only include health information NOT previously authorized by the patient for use or disclosure, and will not include information collected, used or disclosed for treatment, payment or health care operations for that patient.
- 8.3 All requests for an accounting of disclosures will be made by having the patient complete an "*Accounting of Disclosures of Protected Health information Form.*"
- 8.4 This right does not apply to disclosures made prior to the effective date of this policy, which is April 14, 2003.



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9. Rights of Patients to File Complaints Regarding Disclosure of Information

9.1 Patients have a right to submit a complaint if they believe that the Village of Hanover Park has improperly used or disclosed their protected information, or if they have concerns about the privacy policies of the Village of Hanover Park or concerns about the Village of Hanover Park's compliance with such policies.

9.2 Complaints may be filed with any of the following:

- The Department of Human Services in the State of the Village of Hanover Park.
- The U.S. Department of Health and Human Services, Office for Civil Rights.

10. Requesting Restrictions of Uses and Disclosures

10.1 Patients may request that the Village of Hanover Park restrict use and/or disclosure of their information for:

- Carrying out treatment, payment, or health care operations;
- Disclosure of health information to a relative or other person who is involved in the patient's care;

10.2 All requests for restrictions will be made by having the patient complete "*Restriction of Use and Disclosures Request Form.*"

10.3 The Village of Hanover Park is not required to agree to a restriction requested by the patient.

10.4 The Village of Hanover Park will not agree to restrict uses or disclosures of information if the restriction would adversely affect the quality of the patient's care or services.

10.5 The Village of Hanover Park cannot agree to a restriction that would limit or prevent the Village of Hanover Park from making or obtaining payment for services.

10.6 Emergency treatment should be provided even with an agreed upon restriction with exceptions as noted below.

10.6.1 **Exception:** For Alcohol and Drug or Vocational Rehabilitation participants, Federal regulations (42 CFR Part 2 and 34 CFR) prohibit the Village of Hanover Park from denying patient requests for restrictions on uses and disclosures of their information regarding treatment or rehabilitation.

10.7 The Village of Hanover Park will document the patient's request, and the reasons for granting or denying the request in the patient's hard copy or electronic the Village of Hanover Park case record file.

10.8 Prior to any use of disclosure of patient information, the Village of Hanover Park staff must confirm that such use or disclosure has not been granted a restriction by reviewing the



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patient's case file. If the Village of Hanover Park agrees to a patient's request for restriction, the Village of Hanover Park will not use or disclose information that violates the restriction.

10.8.1 **Exception:** If the patient needs emergency treatment and the restricted information is needed to provide emergency treatment, the Village of Hanover Park may use or disclose such information to the extent needed to provide the emergency treatment. However, once the emergency situation subsides the Village of Hanover Park must not disclose the information.

10.9 The Village of Hanover Park may terminate its agreement to a restriction if:

- The patient agrees to or requests termination of the restriction in writing;
- The patient orally agrees to, or requests termination of the restriction. The Village of Hanover Park will document the oral agreement or request in the patient's the Village of Hanover Park case record file; or
- The Village of Hanover Park informs the patient in writing that the Village of Hanover Park is terminating its agreement to the restriction. Information created or received while the restriction was in effect shall remain subject to the restriction.

11. Requesting Alternative Means or Locations

11.1 The patient must specify the preferred alternative means or location.

11.2 Requests for alternative means or alternative locations for information may be made orally or in writing.

11.3 If a patient makes a request orally, the Village of Hanover Park will document the request and ask for the patient's signature.

11.4 If a patient makes a request by telephone or electronically, the Village of Hanover Park will document the request and verify the identity of the requestor.

11.5 Prior to any information being sent to the patient, the Village of Hanover Park staff must confirm if the patient has requested an alternate location or by alternate means, and if the Village of Hanover Park has granted that request, by reviewing the patient's case file.

11.6 The Village of Hanover Park may terminate its agreement to an alternative location or method of communication if:

11.6.1 The patient agrees to or requests termination of the alternative location or method of communication in writing or orally. The Village of Hanover Park will document the oral agreement or request in the patient's the Village of Hanover Park case record file.

11.6.2 The Village of Hanover Park informs the patient that the Village of Hanover Park is terminating its agreement to the alternative location or method of communication because the alternative location or method of communication is not effective. The



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Village of Hanover Park may terminate its agreement to communicate at the alternate location or by the alternative means if:

- The Village of Hanover Park is unable to contact the patient at the location or in the manner requested; or
- If the patient fails to respond to payment requests if applicable.

12. Requesting Access to Information

- 12.1 The Village of Hanover Park will assure that patients may access their information that the Village of Hanover Park uses in whole or part to make decisions about them, subject to certain limitations as outlined in *Rights of Clients to Access Their Information* of this Policy.
- 12.2 Patients may request to access, inspect and obtain information about themselves, subject to limitations as outlined in this policy.
- 12.3 All requests for access will be made by having the patient complete an "Access to Records Request Form."
- 12.4 The Village of Hanover Park may deny a patient access to their information if:
- It is excepted under *Rights of Clients to Access Their Information* of this Policy, or
 - Was obtained from someone other than a health care provider under a promise of confidentiality, and access would reveal the source of the information.
- 12.5 The Village of Hanover Park may deny a patient access to their information, provided that the Village of Hanover Park gives the patient a right to have the denial reviewed, in the following circumstances:
- The Village of Hanover Park has determined, in the exercise of professional judgment, that the information requested may endanger the life or physical safety of the patient or another person; or
 - The protected information makes reference to another person, and the Village of Hanover Park has determined, in the exercise of professional judgment, that the information requested may cause substantial harm to the patient or another person; or
 - The request for access is made by the patient's personal representative, the Village of Hanover Park has determined, in the exercise of professional judgment, that allowing the personal representative to access the information may cause substantial harm to the patient or to another person.
- 12.6 If the Village of Hanover Park denies access the patient has the right to have the decision reviewed by a licensed health care professional not directly involved in the Village of Hanover Park's original denial decision. the Village of Hanover Park will then proceed based on the decision from this review.



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- 12.7 The Village of Hanover Park must promptly refer a request for review to the designated reviewer.
- 12.8 The reviewer must determine, within a reasonable time, whether or not to approve or deny the patient's request for access, in accordance with this policy.
- 12.9 The Village of Hanover Park must then:
- Promptly notify the patient in writing of the reviewer's determination; and
 - Take action to carry out the reviewer's determination.
- 12.10 The Village of Hanover Park must act on a patient's request for access no later than 30 days after receiving the request.
- 12.11 In cases where the information is not maintained or accessible to the Village of Hanover Park on-site, the Village of Hanover Park must act on the patient's request no later than 60 days after receiving the request.
- 12.12 If the Village of Hanover Park is unable to act within these 30-day or 60-day limits, the Village of Hanover Park may extend this limitation by up to an additional 30 days, subject to the following:
- The Village of Hanover Park must notify the patient in writing of the reasons for the delay and the date by which the Village of Hanover Park will act on the request.
 - The Village of Hanover Park will use only one such 30-day extension to act on a request for access.
- 12.13 If the Village of Hanover Park grants the patient's request, in whole or in part, the Village of Hanover Park must inform the patient of the access decision and provide the requested access.
- 12.14 If the Village of Hanover Park maintains the same information in more than one format (such as electronically and in a hard-copy file) or at more than one location, the Village of Hanover Park need only provide the requested protected information once.
- 12.15 The Village of Hanover Park must provide the requested information in a form or format requested by the patient, if readily producible in that form or format. If not readily producible, the Village of Hanover Park will provide the information in a readable hard-copy format or such other format as agreed to by the Village of Hanover Park and the patient.
- 12.16 If the Village of Hanover Park does not maintain, in whole or in part, the requested information, and knows where the information is maintained, the Village of Hanover Park will inform the patient of where to request access.



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- 12.17 The Village of Hanover Park may provide the patient with a summary of the requested information, in lieu of providing access, or may provide an explanation of the information if access had been provided, if:
- The patient agrees in advance; and
 - The patient agrees in advance to any fees the Village of Hanover Park may impose, and as allowed by law and/or described below.

- 12.18 The Village of Hanover Park must arrange with the patient for providing the requested access in a time and place convenient for the patient and the Village of Hanover Park. This may include mailing the information to the patient if the patient so requests or agrees.

13. Fees

- 13.1 A patient (or legal guardian or custodian) may request a copy of their information at no cost once every 12 months. If the patient requests a copy of the requested information, or a written summary or explanation, more frequently than once every 12 months, then the Village of Hanover Park may impose a reasonable, cost-based fee, limited to covering the following:

- Copying the requested information, including the costs of supplies and of the labor of copying;
- Postage, when the patient has requested or agreed to having the information mailed; and
- Preparing an explanation or summary of the requested information, if agreed to in advance by the patient, per *Rights of Clients to Access Their Information* in this policy.

- 13.2 If the Village of Hanover Park denies access, in whole or in part, to the requested information, the Village of Hanover Park must:

13.2.1 Give the patient access to any other requested patient information, after excluding the information to which access is denied;

13.2.2 Provide the patient with a timely written denial. The denial must:

13.2.2.1 Be sent or provided within the time limits specified in *Rights of Clients to Access Their Information* in this policy.

13.2.2.2 State the basis for the denial, in plain language;

13.2.2.3 If the reason for the denial is due to danger to the patient or another, explain the patient's review rights as specified in *Rights of Clients to Access Their Information* in this policy including an explanation of how the patient may exercise these rights; and

13.2.2.4 Provide a description of how the patient may file a complaint with **the Village of Hanover Park**, and if the information denied is protected health information, with the United States Department of Health and Human Services (DHHS)-Office of Civil Rights, pursuant to *Rights of*



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Patients to File Complaints Regarding Disclosure of Information in this policy.

- 13.3 If the Village of Hanover Park does not maintain the requested protected information, and knows where such information is maintained (such as by a medical provider, insurer, other public agency, private business, or other non-the Village of Hanover Park entity), the Village of Hanover Park must inform the patient of where to direct the request for access.

14. Requesting Amendments of Information

- 14.1 All requests for amendments will be made by having the patient complete an *"Amendment of Health Record Request Form."*
- 14.2 The Village of Hanover Park will honor requests for alternative methods of making this request if reasonable accommodations are needed.
- 14.3 The Village of Hanover Park must act on the patient's request no later than 60 days of receiving the request. If the Village of Hanover Park is unable to act on the request within 60 days, the Village of Hanover Park may extend this time limit by up to an additional 30 days, subject to the following:
- The Village of Hanover Park must notify the patient in writing of the reasons for the delay and the date by which the Village of Hanover Park will act on the receipt; and
 - The Village of Hanover Park will use only one such 30-day extension.
- 14.4 If the Village of Hanover Park grants the request, in whole or in part, the Village of Hanover Park must:
- 14.4.1 Make the appropriate amendment to the protected information or records, and document the amendment in the patient's file or record;
- 14.4.2 Provide timely notice to the patient that the amendment has been accepted, pursuant to the time limitations in *Rights of Clients to Access Their Information* of this policy;
- 14.4.3 Seek the patient's agreement to notify other relevant persons or entities, with whom the Village of Hanover Park has shared or needs to share the amended information, of the amendment; and
- 14.4.4 Make reasonable efforts to inform, and to provide the amendment within a reasonable time to:
- Persons named by the patient as having received protected information and who thus need the amendment; and
 - Persons, including business associates of the Village of Hanover Park, that the Village of Hanover Park knows have the protected information that is the subject



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of the amendment and that may have relied, or could foreseeably rely, on the information to the patient's detriment.

- 14.5 Prior to any decision to amend a health or medical record, the request and any related documentation shall be reviewed by the Village of Hanover Park.
- 14.6 Prior to any decision to amend any other information that is not a health or medical record, the Village of Hanover Park shall review the request and any related documentation.
- 14.7 The Village of Hanover Park may deny the patient's request for amendment if:
- The Village of Hanover Park finds the information to be accurate and complete;
 - The information was not created by the Village of Hanover Park, unless the patient provides a reasonable basis to believe that the originator of such information is no longer available to act on the requested amendment;
 - The information is not part of the Village of Hanover Park records; or
 - If it would not be available for inspection or access by the patient, as specified above in *Rights of Patients to Access Their Information*.
- 14.8 If the Village of Hanover Park denies the requested amendment, in whole or in part, the Village of Hanover Park must:
- 14.8.1 Provide the patient with a timely written denial. The denial must:
- 14.8.1.1 Be sent or provided within the time limits as specified in this policy above;
 - 14.8.1.2 State the basis for the denial, in plain language;
 - 14.8.1.3 Explain the patient's right to submit a written statement disagreeing with the denial and how to file such a statement. If the patient does so:
 - The Village of Hanover Park will enter the written statement into the patient's the Village of Hanover Park case file;
 - The Village of Hanover Park may also enter a the Village of Hanover Park written rebuttal of the patient's written statement into the patient's the Village of Hanover Park case record. the Village of Hanover Park will send or provide a copy of any such written rebuttal to the patient;
 - The Village of Hanover Park will include a copy of that statement, and of the written rebuttal by the Village of Hanover Park if any, with any future disclosures of the relevant information; and
 - Explain that if the patient does not submit a written statement of disagreement, the patient may ask that if the Village of Hanover Park makes any future disclosures of the relevant information, the Village of Hanover Park will also include a copy of the patient's original request for amendment and a copy of the Village of Hanover Park written denial; and



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- Provide information on how the patient may file a complaint with the Village of Hanover Park, or with the U.S. Department of Health and Human Services (DHHS), Office of Civil Rights, subject to provisions in the *Complaints* section in this policy.

15. Requesting an Accounting of Disclosures

- 15.1 When a patient requests an accounting of disclosures that the Village of Hanover Park has made of their protected health information, the Village of Hanover Park must provide that patient with a written accounting of such disclosures made during the six- year period (or lesser time period if specified by the requesting patient) preceding the date of the patient's request.
- 15.2 All requests for an accounting of disclosures will be made by having the patient complete an "Accounting of Disclosures Request."
- 15.3 Examples of disclosures of protected health information (PHI) that are required to be listed in an accounting (assuming that the disclosure is permitted by other confidentiality laws applicable to the individual's information and the purpose for which it was collected or maintained) include:
 - Abuse Report: PHI about an individual provided by the Village of Hanover Park staff pursuant to mandatory abuse reporting laws to an entity authorized by law to receive the abuse report.
 - Audit Review: PHI provided by the Village of Hanover Park staff from an individual's record in relation to an audit or review (whether financial or quality of care or other audit or review) of a provider or contractor.
 - Health and Safety: PHI about an individual provided by the Village of Hanover Park staff to avert a serious threat to health or safety of a person.
 - Licensee/Provider: PHI provided by the Village of Hanover Park from an individual's records in relation to licensing or regulation or certification of a provider or licensee or entity involved in the care or services of the individual.
- 15.4 Legal Proceeding: PHI about an individual that is ordered to be disclosed pursuant to a court order in a court case or other legal proceeding. A copy of the court order must be included with the accounting.
- 15.5 Law Enforcement Official/Court Order: PHI about an individual provided to a law enforcement official pursuant to a court order. A copy of the court order must be included with the accounting.
- 15.6 Law Enforcement Official/Deceased: PHI provided to law enforcement officials or medical examiner about a person who has died for the purpose of identifying the deceased person, determining cause of death, or as otherwise authorized by law.



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- 15.7 Law Enforcement Official/Warrant: PHI provided to a law enforcement official in relation to a fleeing felon or for whom a warrant for their arrest has been issued and the law enforcement official has made proper request for the information, to the extent otherwise permitted by law.
- 15.8 Media: PHI provided to the media (TV, newspaper, etc.) that is not within the scope of an authorization by the individual.
- 15.9 Public Health Official: PHI about an individual provided by the Village of Hanover Park staff (other than staff employed for public health functions) to a public health official, such as the reporting of disease, injury, or the conduct of a public health study or investigation.
- 15.10 Public Record: PHI about an individual that is disclosed pursuant to a Public Record request without the individual's authorization.
- 15.11 Research: PHI about an individual provided by the Village of Hanover Park staff for purposes of research conducted without authorization, using a waiver of authorization approved by an IRB – a copy of the research protocol should be kept with the accounting, along with the other information required under the HIPAA privacy rule, 45 CFR § 164.528(b)(4).
- 15.12 Disclosures that are not required to be tracked and accounted for are those that are:
- Authorized by the patient;
 - Made prior to the original effective date of this policy, which is April 14, 2003;
 - Made to carry out treatment, payment, and health care operations;
 - Made to the patient;
 - Made to persons involved in the patient's health care;
 - Made as part of a limited data set in accordance with the *"Policy For De-Identification of PHI"*.
 - For national security or intelligence purposes; or
 - Made to correctional institutions or law enforcement officials having lawful custody of an inmate.
- 15.13 The accounting must include, for each disclosure:
- The date of the disclosure;
 - The name, and address if known, of the person or entity who received the disclosed information;
 - A brief description of the information disclosed; and
 - A brief statement of the purpose of the disclosure that reasonably informs the patient of the basis for the disclosure, or, in lieu of such statement, a copy of the patient's written request for a disclosure, if any.
- 15.14 If, during the time period covered by the accounting, the Village of Hanover Park has made multiple disclosures to the same person or entity for the same purpose, or as a result of a single written authorization by the patient; the Village of Hanover Park may provide:



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- Although the Village of Hanover Park must provide a written accounting for disclosures made over a six year period, only the first disclosure made during the time period is necessary (the Village of Hanover Park need not list the same identical information for each subsequent disclosure to the same person or entity) if the Village of Hanover Park adds;
 - The frequency or number of disclosures made to the same person or entity; and
 - The last date of the disclosure made during the requested time period.
- 15.15 The Village of Hanover Park must act on the patient's request for an accounting no later than 60 days after receiving the request, subject to the following:
- If unable to provide the accounting within 60 days after receiving the request, the Village of Hanover Park may extend this requirement by another 30 days. the Village of Hanover Park must provide the patient with a written statement of the reasons for the delay within the original 60-day limit, and inform the patient of the date by which the Village of Hanover Park will provide the accounting.
 - The Village of Hanover Park will use only one such 30-day extension.

16. Fees

- 16.1 The Village of Hanover Park must provide the first requested accounting in any 12-month period without charge. the Village of Hanover Park may charge the patient a reasonable cost-based fee for each additional accounting requested by the patient within the 12- month period following the first request, provided that the Village of Hanover Park:
- Informs the patient of the fee before proceeding with any such additional request; and
 - Allows the patient an opportunity to withdraw or modify the request in order to avoid or reduce the fee.
- 16.2 The Village of Hanover Park must document, and retain in the patient's the Village of Hanover Park case record file, the information required to be included in an accounting of disclosures, as listed under *Rights of Clients to An Accounting of Disclosures of Protected Health Information* in this policy, and send a copy of the written accounting provided to the patient.
- 16.3 The Village of Hanover Park will temporarily suspend a patient's right to receive an accounting of disclosures that the Village of Hanover Park has made to a health oversight agency or to a law enforcement official, for a length of time specified by such agency or official, if:
- 16.3.1 The agency or official provides a written statement to the Village of Hanover Park that such an accounting would be reasonably likely to impede their activities.



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16.3.2 However, if such agency or official makes an **oral** request, the Village of Hanover Park will:

- Document the oral request, including the identity of the agency or official making the request;
- Temporarily suspend the patient's right to an accounting of disclosures pursuant to the request; and
- Limit the temporary suspension to no longer than 30 days from the date of the oral request, unless the agency or official submits a written request specifying a longer time period.

17. Filing a Complaint

17.1 Patients may file complaints with the Village of Hanover Park's Privacy Officer, and/or with the Village of Hanover Park's State Department of Human Services and/or with the U.S. Department of Health and Human Services (DHHS) - the Office for Civil Rights. The Village of Hanover Park must give patients the specific person or office and address of where to submit complaints.

18. Contact Information For the Village of Hanover Park's State Department of Human Services

Address:
Phone:
Fax:

19. Contact Information For the U. S. Department of Health and Human Services, Office for Civil Rights

Medical Privacy, Complaint Division
200 Independence Avenue, SW
Washington, D.C. 20201
Toll free Phone: 877-696-6775
Phone: 866-627-7748
TTY: 886-788-4989
Email: www.hhs.gov/ocr



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Approved By:

C.A. Haigh, Fire Chief

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GENERAL POLICY ON USES AND DISCLOSURES OF PHI

Purpose

The purpose of this policy is to provide procedures and protocols that must be followed by management and workforce members regarding uses and disclosures of protected health information (PHI).

1. Definitions

1.1 Use with Respect to Individually Identifiable Health Information:

The sharing, employment, application, utilization, examination, or analysis of such information within an entity that maintains such information.

1.2 Disclosure: The release, transfer, provision of access to, or divulging in any other manner of information outside the entity holding the information.

1.3 Treatment: The provision, coordination, or management of health care related services by one or more health care providers, including the coordination or management of health care by a health care provider with a third party; consultation between health care providers relating to a patient; or for the referral of a patient for health care from one health care provider to another.

1.4 Payment: Any activities undertaken either by a health plan or by a health care provider to obtain premiums determine or fulfill its responsibility for coverage and the provision of benefits or to obtain or provide reimbursement for the provision of health care. These activities include but are not limited to:

- 1.4.1 Determining eligibility, and adjudication or subrogation of health benefit claims,
- 1.4.2 Risk adjusting amounts due based on enrollee health status and demographic characteristics,
- 1.4.3 Billing, claims management, collection activities, obtaining payment under a contract for reinsurance, and related health care processing,
- 1.4.4 Review of healthcare services with respect to medical necessity, coverage under a health plan, appropriateness of care, or justification of charges,
- 1.4.5 Utilization review activities, including pre-certification and preauthorization services, concurrent and retrospective review of services,
- 1.4.6 Disclosure to consumer reporting agencies of certain PHI relating to collection of premiums or reimbursement.

1.5 Health Care Operations: Any one of the following activities to the extent the activities are related to providing health care:

- 1.5.1 Conducting quality assessment and improvement activities, population-based activities relating to improving health or reducing health care costs, protocol development, case management and care coordination, contacting patients with information about treatment alternatives, and related functions that do not involve treatment,



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- 1.5.2 Reviewing the competence or qualifications of health care professionals, evaluating practitioner and provider performance, health plan performance, conducting training programs in which volunteers, trainees, or practitioners in areas of health care learn under supervision to practice or improve their skills as health care providers, training of non-health care professionals, accreditation, certification, licensing, or credentialing activities,
- 1.5.3 Underwriting, premium rating, and other activities relating to the creation, renewal or replacement of a contract of health insurance or health benefits, and ceding, securing or placing a contract for reinsurance of risk relating to claims for health care,
- 1.5.4 Conducting or arranging for medical review, legal services, and auditing functions, including fraud and abuse detection and compliance programs,
- 1.5.5 Business planning and development, such as conducting cost management and planning related analyses related to managing and operating the practice, including formulary development and administration, development or improvement of methods of payment or covered policies, and
- 1.5.6 Business management and general administrative activities:
 - 1.5.6.1 Management activities related to HIPAA compliance,
 - 1.5.6.2 Customer Service,
 - 1.5.6.3 Resolution of internal grievances,
 - 1.5.6.4 Due Diligence,
 - 1.5.6.5 Activities designed to de-identify health information, and
 - 1.5.6.5 Fundraising activities for the benefit of the practice.

1.6 Minimum Necessary: When using or disclosing PHI or when requesting PHI from another health care provider or health organization, the Village of Hanover Park must limit PHI to the minimum necessary to accomplish the intended purpose of the use, disclosure or request. Minimum Necessary does not apply in the following circumstances:

- 1.6.1 Disclosures by a health care provider for treatment (volunteers, staff and trainees are included as health care providers for this purpose),
- 1.6.2 Uses and Disclosures based upon a valid consent to use and disclose PHI for treatment, payment and health care operations or a valid authorization to use and disclose PHI,
- 1.6.3 Disclosures made to the Secretary of the Department of Health and Human Services,
- 1.6.4 Uses and disclosures required by law, and
- 1.6.4 Uses and disclosures required by other sections of the HIPPA privacy regulations.

1.7 Indirect Treatment Relationship: A relationship between an individual and a health care provider in which:

- 1.7.1 The health care provider delivers health care to the individual based on the orders of another health care provider; and
- 1.7.2 The health care provider typically provides services or products, or reports the diagnosis or results associated with the health care, directly to another health care provider, who provides the services, products or reports to the individual.



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- 1.8 Defective Consents:** Lacking an element required in the consent or becoming defective if the consent has been revoked.



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Original 4/14/03

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Approved By:

C.A. Haigh, Fire Chief

PRIVACY OFFICER

Job Purpose and Summary

The Privacy Officer oversees all activities related to the development, implementation, and maintenance of Hanover Park Fire Department's policies and procedures veering the privacy of patient health information. This person serves as the key compliance officer for all federal and state laws that apply to the privacy of patient information, including the federal Health Insurance Portability and Accountability Act of 1995 (HIPPA).

This individual is tasked with the responsibility of ensuring that all of the Department's patient information privacy policies and procedures related to the privacy of, and access to, patient health information are followed.

1. Duties and Responsibilities

1.1 Principal Responsibilities

- 1.1.1 Develop policies and procedures on staff training related to the privacy of patient health information and protected health information;
- 1.1.2 Develop policies on the security of health care information including computer and password security and patient data integrity;
- 1.1.3 Defines level of staff access to PHI and minimum necessary requirement for staff based on the required job responsibilities;
- 1.1.4 Oversees, directs, delivers and ensures the delivery of initial and ongoing privacy training and orientation to all staff members, employees, volunteers, students and trainees.
- 1.1.5 Serves as the contact person for the dissemination of PHI to other health care providers;
- 1.1.6 Serves as the contact person for patient complaints and requests;
- 1.1.7 Processes patient request for access to and amendment of health information and consent forms;
- 1.1.8 Processes all patient accounting requests;
- 1.1.9 Ensures the capture and storage of patient PHI for the minimum period required by law;



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- 1.1.10 Ensures Fire Department service compliance with all applicable Privacy Rule Requirements and works with the Village Attorney and Human Resources Director to ensure the Department maintains appropriate privacy and confidentiality notices and forms and materials.
- 1.1.11 Cooperates with the state and federal government agencies charged with compliance reviews, audits and investigations.



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Original 11 / 03/ 2004

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Update 1/ 21/ 2008

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Approved By:

C.A. Haigh, Fire Chief

EMS QUALITY ASSURANCE

Purpose

To review EMS incidents that all paramedics and EMTs of the Hanover Park Fire Department are providing the best possible patient care and treatment. To review that all patient care provided by the Paramedics and EMTs of the Hanover Park Fire Department complies with the policies and standing medical orders of the Greater Elgin Area EMS system. To establish a quality assurance committee to review EMS.

Scope

This guideline shall apply to all members of the Hanover Park Fire Department. It shall be the policy of the Hanover Park Fire Department to have bi-monthly reviews of EMS incidents for compliance with policies and standing medical orders.

1. EMS Quality Assurance Committee

- 1.1 Committee members will consist of two (2) paramedics, the EMS Coordinator and EMS Division Chief.
- 1.2 Committee responsibilities – the committee shall be responsible for reviewing EMS incidents for compliance with policies and standing medical orders. The committee shall make recommendations to improve the quality of care provided by the Hanover Park Fire Department and compliance with department policies.
- 1.3 Committee recommendations – The committee's recommendations shall be submitted to the Fire Chief for review. After review and approval by the Fire Chief, the recommendations shall be provided to the members of the department.



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Approved By:
C.A. Haigh, Fire Chief

Craig A. Haigh
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Original 11/ 04/ 2004

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BLOODBORNE PATHOGENS EXPOSURE CONTROL POLICY

Purpose

To help limit occupational exposure to blood and other potentially infectious materials since any exposure could result in the transmission of bloodborne pathogens, which could lead to disease or death. This policy covers all employees who could, be reasonably anticipated as the result of performing their duties to face contact with blood or other potentially infectious materials.

Contents:

- I. Authority
- II. Objectives
- III. Accessibility
- IV. Responsibility
- V. Definition of occupational exposure/exposure determination:
 - A) Job classifications in which ALL employees have occupational exposure
 - B) Job classifications in which SOME employees have occupational exposure
 - C) Job classifications in which employees have NO occupational exposure
- VI. Methods of Compliance:
 - A) Universal precautions
 - B) Engineering and Work Control Practices
 - C) Personal Protective Equipment
 - D) Housekeeping/Routine Environmental Clean-up Procedures
 - E) Regulated Waste
 - F) Laundry
- VII. Hepatitis B Vaccination and Post-Exposure Evaluation and Follow Up;
 - A) General
 - B) Hepatitis B Vaccination
 - C) Exposure Reporting/Post-Exposure Evaluation and Follow Up
 - D) Information provided to the Healthcare Professional
 - E) Healthcare Professional's Written Opinion
- VIII. Communication of Hazards to Employees:
 - A) Labels and Signs
 - B) Information and Training
- IX. Record keeping:
 - A) Medical Records
 - B) Training Records
 - C) Availability of Records
 - D) Transfer of Records
- X. Infection Control S.O.P.'s
 - A) Scene Operations
- XI. Post-Response
- XII. Health Maintenance
- XIII. Review and Update
- XIV. Policy Enforcement
- XV. Cleaning Procedures for Firefighter Protective Clothing



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- A) Washing Instructions
- B) Spot Cleaning
- C) Pre-Treating
- XVI. Cleaning Procedures for Cleaning Uniforms
- XVII. Routine Cleaning of the Vehicle
 - A) Vehicle
 - B) Equipment
- XVIII. CPR Class Basic Procedures
 - A) Instructor Protocols
 - B) Manikin Cleaning
- Appendix A Training Program
- Appendix B Potential Exposure Tasks
- Appendix C Proper Method of Decontamination of Equipment
- Appendix D Housekeeping/Routing Environmental Clean-Up Procedures for Ambulances
- Appendix E Potentially Infectious Waste Handling
- Appendix F Recommended Personal Protection for Worker Protection Against HIV/HBV
- Appendix G Review of Workplace Specific Infection Control Procedures
- Appendix H Recommended Needle Insertion Technique
- Appendix I Disposal of Infectious Waste
- Appendix J Cleaning Suction Containers
- Appendix K Cleaning Non-Disposable Bag Mask Ventilation Devices
- Appendix L Glossary

1. SECTION I – AUTHORITY:

- 1.1 Occupational exposure to Bloodborne Pathogens Final Rule 29 CFR 1910.1030, effective March 6, 1992.

2. SECTION II – OBJECTIVES:

- 2.1 To provide guidelines, policies and procedures designed to prevent or minimize the occupational exposure to employees to Bloodborne Pathogens or other potentially infectious materials and to ensure compliance with the applicable provision of 29 CFR 1910.1030.

3. SECTION III – ACCESSIBILITY:

- 3.1 A copy of this Exposure Control Plan shall be accessible and readily available to each employee during normal working hours.

4. SECTION IV – RESPONSIBILITY:

- 4.1 Compliance with the guidelines is the ultimate responsibility of the Hanover Park Fire Department. However, each employee has a responsibility to understand the rationale for and adhere to the guidelines.



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5. SECTION V – DEFINITION OF OCCUPATIONAL EXPOSURE/ EXPOSURE DETERMINATION OCCUPATIONAL EXPOSURE:

5.1 Occupational Exposure means reasonably anticipated skin, eye mucous membrane or parenteral contact with blood or other potentially infectious material that may result from performance of an employees duties.

5.2 An “exposure incident” means a specific eye, mouth or other mucous membrane, non-intact skin or parenteral contact with blood or other potentially infectious material that results from performance of an employees duties.

5.2.1 Exposure Determination:

5.2.1.1 Category I: Job classification in which all employees have an occupational exposure; Lieutenants, Firefighters, Paramedics, E.M.T.’s, Part Time Firefighters.

5.2.1.2 Category II: Job classification in which some employees could have an occupational exposure; Fire Chief, Assistant Fire Chief

5.2.1.3 Category III: Job classification in which employees have no occupational exposure; Secretary

6. SECTION VI – METHODS OF COMPLIANCE

As provided in 29 CFR 1910.1030:

6.1 Universal Precautions – Universal precautions are observed when dealing with all patients to prevent contact with blood or other potentially infectious materials as prescribed in the guidelines issued by the Center for Disease Control, U.S. Public Health Service.

6.2 Engineering and Work Practice Controls

6.2.1 Engineering controls are instituted wherever and whenever practical to eliminate or minimize employee exposure to blood or other potentially infectious materials. Engineering controls will be examined and maintained or repaired on a scheduled basis to ensure that they are functioning properly.

6.2.2 Hand cleaning capabilities are provided in all patient care areas of the ambulance, as well as in the medical kits on each primary engine. Cleaning facilities are also available in the laundry areas of each station. The laundry sinks are to be used by any employee who incurs exposure to blood or other potentially infectious materials. Disposable paper towels will be available for one time use and then disposed of. Employees must wash their hands immediately, or as soon as feasible after removing their gloves or other personal protective equipment.



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- 6.2.3 Employees must wash their hands and any other skin with an alcohol based foam or gel anti-microbial soap and water, or flush mucous membranes with water, immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.
- 6.2.4 Needles – Contaminated needles and other contaminated sharps will be not be bent, recapped, removed, sheared or purposely broken. They should be properly disposed of after use in a sharps container.
- 6.2.5 Containers for Reusable Sharps – Examples of reusable sharps are, pre-loaded syringes or syringes used to draw up medications. Containers for used sharps shall be located as close as possible to the point of use. Needles shall be disposed of without recapping unless it creates an unsafe condition to do so. In that case, the needles may be recapped using one-handed scoop technique. The on shift paramedics will be responsible to visually check the sharps container on a daily basis. If containers are in need of replacement, they will be disposed of at the hospital and a new container will be put in its place. Sharps containers will be considered to be full when they reach three-quarters and shall be removed from service and replaced at that time.
- 6.2.6 Work Area Restrictions – In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials (i.e. Ambulances) employees are not to drink, eat or transport any food type substances or handle personal contact lenses or wear artificial nails or extensions.
- 6.2.7 Specimens – Specimens of blood or other potentially infectious materials will be placed in a container, which prevents leakage during the collection, handling and transportation of specimens. Universal Precautions will be used when handling all specimens. If outside contamination of the primary container occurs, the primary container shall be placed within a secondary container, which prevents leakage during handling or transport of the specimen.
- 6.2.8 Contaminated Patient Care Equipment – Contaminated patient care equipment shall be handled and cleaned in a safe manner using appropriate universal precautions and approved disinfectant by one of the following methods:
- 6.2.8.1 Method: Immersion
- 6.2.8.1.1 Don appropriate PPE
 - 6.2.8.1.2 Rinse item under cool running water to remove visible debris
 - 6.2.8.1.3 Thoroughly scrub surface
 - 6.2.8.1.4 Immerse into cleaning solution of Tuberculocidal disinfectant – cleaner for 10 to 15 minutes
- 6.2.8.2 Method: Spray/Wipe/Spray
- 6.2.8.2.1 Don appropriate PPE



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- 6.2.8.2.2 Clean by spraying Tuberculocidal disinfectant directly on surface in sink. Allow to remain wet for about 30 seconds. Wipe away solution and debris using a clean paper towel or cloth towel.
- 6.2.8.2.3 Re-spray surface thoroughly wetting pre-cleaned area. Wipe excessive disinfectant from surface.
- 6.2.8.2.4 Allow remainder to dry.

Note: See Appendix C for proper methods of decontamination for various types of equipment.

6.3 Personal Protective Equipment (PPE)

- 6.3.1 Employees at risk of occupational exposure shall be provided appropriate personal protective equipment at Department's expense. Appropriate personal protective equipment will not permit blood or other potentially infectious materials to pass through equipment and will not permit blood or other potentially infectious materials to pass through or reach the employee's work cloths, undergarments, skins, eyes, mouth or other mucous membranes under normal conditions of use and for the duration of time the PPE will be used. Personal Protective Equipment provided may include gloves, gowns, aprons, face shields, mask and eye protection.
- 6.3.2 Employees shall wear PPPE appropriate for the type of occupational exposure that can be reasonably anticipated during the normal performance of heir jobs (See Appendix B).
- 6.3.3 Appropriate PPE shall be readily available to employees in the appropriate sizes. Hypoallergenic gloves shall be provided for employees who are allergic to the standard gloves.
- 6.3.4 Required PPE shall be cleaned, laundered or disposed of by the shift personnel. PPE shall be repaired by the Fire Department as needed to maintain its effectiveness (See Appendix C).
- 6.4.5 Garments penetrated by blood or other potentially infectious materials shall be removed immediately or as soon as feasible and laundered as per this policy.
- 6.4.6 All PPE shall be removed prior to leaving the work area and shall be placed in the appropriate and designated area or container for washing, decontamination, storage, or disposal.
- 6.4.7 Gloves
 - 6.4.7.1 Gloves shall be work when contact with blood or other potentially infectious materials is likely.



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- 6.4.7.2 Gloves shall be removed as soon as feasible after they have become contaminated, torn or punctured.
- 6.4.7.3 Gloves shall not be washed or decontaminated for re-use.
- 6.4.7.4 Utility of fire fighting gloves may be decontaminated for re-use if they still provide a barrier. They must be discarded if they become cracked or exhibit other signs of deterioration.
- 6.4.8 Masks, Eye protection and Face Shields – Masks in combination with eye protection devices such as goggles or glasses with solid side shield, or chin length face shields are required to be worn whenever splashes, spray, splatter or droplets of blood or other potential infectious materials may be generated and eye, nose, or mouth contamination can reasonably be anticipated.
- 6.4.9 Gowns, Aprons, and other Protective Body Clothing – Appropriate protective clothing such as gowns, aprons, coveralls, or similar outer garments shall be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated.
- 6.4.10 Selection and use of personal protective equipment – Emergency response often is unpredictable and uncontrollable. Blood is the single most important source of HIV and HBV infection in the workplace. In the field it is safest to assume that all body fluids are infectious. For this reason, PPE will be chosen to provide barrier protection against all body fluids.
- 6.4.11 PPE will be maintained by the Infection Control Coordinator or their designee.
- 6.5 In general, members should select PPE appropriate to the potential for spill, splash or exposure to body fluids. No standard operating procedure or PPE ensemble can cover all situations. Common sense must be used. When in doubt select maximal rather than minimal PPE.
- 6.6 Facial protection will be used in any situation where splash contact with the face is possible. Facial protection may be afforded by using both a facemask and eye protection or by using a full-face shield. When treating a patient with a suspected or known airborne transmissible disease, facemasks will be used. The first choice is to mask the patient; if this is not feasible, mask the EMS provider(s).
- 6.7 Face shields on structural firefighting helmets shall not be used for infection control purposes.
- 6.8 Fluid-resistant gowns are designed to protect clothing from splashes. Structural firefighting gear also protects from splashes and is preferable in fire, rescue or vehicle extrication activities. Gowns may interfere with, or present a hazard to the member in these circumstances. The decision to use barrier protection and or protective clothing and type of



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barrier protection used will be left to the discretion of the member. However, structural firefighting gear will always be work for fire suppression and extrication activities.

- 6.9 Under certain circumstances, head covers and/or shoe covers will be required to protect these areas from potential contamination. Structural firefighting gear (impervious boots, helmets) also may be used for barrier protection for all response services.
- 6.10 General Procedures
- 6.10.1 If it's wet, it's infectious – use gloves
 - 6.10.2 If it could splash onto your face, use eye shields and mask or full face shield
 - 6.10.3 If it's airborne, mask the patient or yourself
 - 6.10.4 If it could splash on your clothes, use a gown or structural firefighting gear
 - 6.10.5 If it could splash on your head or feet, use appropriate barrier protection
- 6.11 Housekeeping/Routing Environmental Clean-Up Procedures:
- 6.11.1 The working environment shall be maintained in a clean and sanitary manner.
 - 6.11.2 All equipment and/or environmental surfaces that come into contact with blood or other potentially infectious materials shall be cleaned at the hospital, prior to returning to quarters whenever possible.
 - 6.11.2.1 Contaminated work areas shall be cleaned with an appropriate C.D.C. approved Tuberculocidal disinfectant or EPA registered germicides after completion of procedures, immediately or as soon as feasible, after surfaces have been overtly contaminated with blood or other potentially infectious materials, and at the beginning of each work shift.
 - 6.11.2.2 Protective coverings, such as plastic wrap, aluminum foil, or imperviously backed absorbent paper used to cover equipment and environmental surfaces shall be removed and replaced as soon as possible after they become overtly contaminated or at the end of the work shift if they become contaminated during the shift.
 - 6.11.2.3 All bins, pails, cans and other similar receptacles intended for re-use which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials shall be inspected and decontaminated on a daily basis and cleaned and decontaminated immediately, or as soon as feasible upon visible examination.
 - 6.11.2.4 Broken glassware which may be contaminated shall not be picked up directly with bare hands. It shall be cleaned up using mechanical means, such as a brush and dustpan, tongs or forceps.



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6.11.2.5 Sharps that are contaminated shall not be stored or processed in a manner that requires the employee to reach by hand into the containers where these sharps have been placed.

6.12 Regulated Waste (Infectious or Biohazard)

- 6.12.1 Contaminated sharps shall be discarded as soon as feasible in containers that are closable, puncture resistant, leak proof on sides and bottom and labeled or color-coded as required.
- 6.12.2 Containers for contaminated sharps shall be easily accessible to personnel and located in areas where sharps are used or reasonably anticipated to be found. They must be maintained upright during use and transportation, replaced routinely, and not be allowed to be filled beyond $\frac{3}{4}$ full.
- 6.12.3 When moving contaminated sharp containers from the area of use, the containers shall be closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping. They must be placed in a secondary container if leakage is possible. The second container must meet the same requirements as the primary container.
- 6.12.4 All contaminated waste will be disposed of in accordance with applicable regulations (See Appendix E).

6.13 Laundry

- 6.13.1 Contaminated laundry will be handled as little as possible with a minimum of agitation. It shall be bagged or containerized at the location where it is used and shall not be sorted or rinsed in the location of use. Soiled re-usable clothing and other equipment shall be placed in the designated biohazard bags located in the fire station laundry room or ambulances.
- 6.13.2 Contaminated laundry shall be placed and transported in bags or containers labeled or color-coded as required. If all soiled laundry is handled under Universal Precautions, alternative labeling or color-coding may be used if it permits all employees to recognize the containers as requiring compliance under Universal Precautions.
- 6.13.3 Contaminated wet laundry presents a reasonable likelihood of soak-through and shall be placed and transported in bags or containers that prevent leakage of fluids.
- 6.13.4 All employees who have contact with contaminated laundry shall wear gloves and other protective equipment as required.
- 6.13.5 Contaminated laundry shipped to any outside facility, which does not utilize Universal Precautions in the handling of all laundry must be placed in color-coded bags or containers, which are marked as required.



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6.13.6 Laundering contaminated linens or personal protective clothing or work uniforms at the station shall be conducted as follows:

6.13.6.1 Don appropriate PPE

6.13.6.2 Handle linens and clothing as little as possible

6.13.6.3 Launder using appropriate procedures/manufacturers recommendations

6.13.6.4 All linen used for patient transport is considered potentially contaminated. Contaminated linen will be exchanged by the medical facility receiving the patient. Contaminated linen will not be washed in station laundry facilities. Disposable gloves shall be worn when handling potentially contaminated linen.

7. SECTION VII – Hepatitis B Vaccine and Post Exposure Evaluation and Follow Up:

7.1 General

7.1.1 The Hepatitis B Vaccine and Vaccination are available to all employees with occupational exposure.

7.1.2 Post-exposure evaluation and follow-up are provided to all employees who have an exposure incident.

7.2 Hepatitis B Vaccine:

7.2.1 All employees who have been identified as having exposure to blood or other potentially infectious materials will be offered the Hepatitis B vaccine at no cost to the employee, on a voluntary basis. Failure to take the vaccine will not result in any adverse job action or reassignment unless required by law. The vaccine will be offered within 10 working days of their initial assignment to work involving the potential for occupational exposure to blood or other potential infectious materials unless the employee has previously had the vaccine or wishes to submit to antibody testing which shows the employee to have sufficient immunity. The above shall be provided by or under the supervision of a licensed physician or other licensed healthcare professional and in accordance with current U.S. Public Health Service recommendations.

7.2.2 Pre-screening is not a prerequisite for receiving Hepatitis B vaccine.

7.2.3 Hepatitis B Vaccine shall be made available to an employee who initially declines the vaccination and later decides to accept the vaccination.

7.2.4 Employees who decline to accept Hepatitis B vaccination shall sign a statement to that effect.

Appendix A to section 1910.1030 Hepatitis B Vaccine Declination (Mandatory) reads:



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I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccination, at no charge to myself. However, I decline 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 occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

7.2.5 Any booster doses recommended by the U.S. Health Service will be provided as above.

7.3. Post-Exposure Evaluation and Follow Up.

7.3.1 Exposure incident to bloodborne pathogens means a specific eye, mouth or other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials.

7.3.2 Other potentially infectious materials means semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pericardial fluid, amniotic fluid, and any body fluid that is contaminated with blood.

7.3.3 Exposure incident to an airborne transmissible disease means inhalation of airborne particles or droplet nuclei that can be generated when persons who have Pulmonary or Laryngeal TB, sneezes, speaks, coughs, or sighs.

*NOTE: These particles are an estimated 1-5 um in size and normal air currents can keep them airborne for prolonged periods of time and spread them throughout a room or building.

7.3.4 In the event that an employee has an occupational exposure, they employee shall:

7.3.4.1 Report the exposure to his/her supervisor as soon as feasible

7.3.4.2 Register and be seen in the emergency room by the attending physician

7.3.4.3 Fill out the appropriate exposure and medical forms

7.3.4.4 Advise emergency room staff that you wish the exposure results are to be followed by the "Association for Business Health" with you

7.3.5 The type and extent of exposure will determine which type of follow-up care is needed, if any. The Hanover Park Fire Department shall ensure that all medical evaluations and procedures including post-exposure evaluation follow-up, Hepatitis B vaccine and vaccination series, TB skin tests and counseling is offered to employees at no cost and remain confidential.

7.3.6 The Association for Business Health will provide the Hanover Park Fire Department with the healthcare professionals' written opinion, which will include that the employee was informed of all medical conditions resulting from the occupational exposure. All other findings and diagnosis shall remain confidential and shall not be included in the written report.



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*NOTE: Under the Ryan White Act, medical treatment facilities will notify the Fire Department Designated Officer or designee on any patient transported by members of the department with a diagnosis of an airborne transmissible disease. When so notified the EMS Division officer will contact members involved and schedule medical evaluations with the Department Physician.

7.3.7 The EMS division officer will appoint someone to assume the duties of the Safety/Infection Control Officer in his/her absence.

7.3.8 All employees who incur an exposure incident will be offered post-exposure evaluation and follow up in accordance with the OSHA standard. 29CFR Part 1910.1030

7.3.9 Following an exposure incident, a confidential medical evaluation and follow up shall be made available to the exposed employee, including at least:

7.3.9.1 Documentation of the route(s) of exposure and the circumstances under which the exposure occurred.

7.3.9.2 If possible, the identification and documentation of the source individual unless it is not feasible or prohibited by law.

7.3.9.3 Blood testing will be done in accordance with provisions of CFR 1910.1030 (After consent is obtained or otherwise allowed by law).

The blood of the source individual should be tested (after consent is obtained) for HIV/HBV infectivity.

The employee will be offered the option of having their blood collected for testing of the employees HIV/HBV serological status. The blood sample will be preserved for at least 90 days to allow the employee to decide if the blood should be tested for HIV serological status. However, if the employee decides prior to that time that testing will be conducted, then the appropriate action can be taken and the blood sample discarded.

7.3.9.4 The employee will be offered post exposure prophylaxis in accordance with the current recommendation of the U.S. Public Health Service.

7.3.9.5 The employee will be given appropriate counseling concerning precautions to take during the period after the exposure. The employee will also be given information on what potential illnesses to be alert for and to report any related experiences to appropriate personnel.

7.4 Information provided to the health care professional

7.4.1 The healthcare professional evaluating an exposure shall be provided the information required under CFR1910.1030.



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7.5 Healthcare Professionals Written Opinion – The healthcare professional's written opinion shall be provided to the employee in accordance with CFR1910.1030. Written opinions will be obtained in the following instances:

7.5.1 When the employee is sent to obtain the Hepatitis B vaccine.

7.5.2 Whenever the employee is sent to a healthcare professional following an exposure incident.

7.5.2.1 Healthcare professionals shall be instructed to limit their opinions to:

7.5.2.1.1 Whether the Hepatitis B vaccine is indicated and if the employee has received the vaccine or for evaluation following an incident;

7.5.2.1.2 That the employee has been informed of the results of the evaluation; and

7.5.2.1.3 That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials.

***NOTE: The written opinion to the employer is not to reference any personal medical information.**

8. SECTION VIII – COMMUNICATION OF HAZARDS TO EMPLOYEES:

8.1 Labels and Signs

8.1.1 Labels

8.1.1.1 Warning labels shall be affixed to containers of regulated waste. Red bags or red labels may be substituted for red containers.

8.1.1.2 Labels shall display the universal biohazard symbol and the single word BIOHAZARD and shall be fluorescent orange, orange-red, or predominately so with lettering or symbols in contrasting color.

8.1.1.3 Labels shall be affixed to containers by string, wire, adhesive or other method that prevents their loss or unintentional removal.

8.1.1.4 Individual containers of blood (i.e. red or purple tops) or other potentially infectious materials that are placed in a labeled container during storage, transport, shipment or disposal are exempted from the labeling requirements.



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*NOTE: The Illinois Environmental Protection Agency (IEPA) requires that all sharps containers be labeled with the BIOHAZARD sign prior to removal and disposal.

8.1.2 Signs

8.1.2.1 Signs need only be posted at entrances to HIV and HBV research facilities.

8.2 Information and Training

8.2.1 All employees with potential of occupational exposure shall be trained during working hours at no expense to them.

8.2.2 Training for all employees will be conducted prior to initial assignment to task where occupational exposure may occur and at least annually thereafter.

8.2.3 Additional training shall be provided when changes that effect employee's occupational exposure occur. Additional training may be limited to changes affecting new exposures.

8.2.4 Training shall be appropriate for the educational level, literacy, and language of the employee.

8.2.5 Minimum required training program content is shown in Appendix A.

8.2.6 The trainer shall be knowledgeable in the subject matter of the training program.

9. SECTION IX – RECORDKEEPING:

9.1 Medical Records

9.1.1 Records of occupational exposure will be maintained in accordance with provisions of CFR 1910.1020.

9.1.2 All records required by OSHA CFR 1910.1030 will be maintained by the Hanover Park Fire Department for the duration of employment plus 30 years.

9.1.3 Employee medical record confidentiality shall be maintained.

9.1.4 Records shall include:

9.1.4.1 Employee name and social security number

9.1.4.2 Contents or summary of training session

9.1.4.3 Name(s) and qualifications of person(s) conducting training

9.1.4.4 Name and job titles of all persons attending training sessions

9.2 Training Records



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9.2.1 Training Records shall be maintained as required by CFR 1910.1030. Records shall include:

9.2.1.1 Dates of training session

9.2.1.2 Contents or summary of training session

9.2.1.3 Name(s) and qualifications of person (s) conducting training

9.2.1.4 Name and job titles of all persons attending training sessions

9.3 Availability

9.3.1 All required records shall be provided upon request in accordance with 29CFR 1910.1020.

9.4 Transfer of Records

9.4.1 Records shall be transferred, if necessary, in accordance with 29CFR 1910.1020.

9.4.2 Medical records are strictly confidential. Medical records will be maintained in the office and will not be kept with personnel records. Medical records will not be released without the signed written consent of the member. There will be no exceptions to this policy.

9.4.3 Members may examine their own medical records and may request that copies be sent to their personal physician. Release of medical records to another physician will be made only with the signed written consent of the member.

9.4.4 Abstracts of medical records without personal identifiers may be made for quality assurance, compliance monitoring, or program evaluation purposes, as long as the identity of individual members cannot be determined from the abstract.

10. SECTION X – INFECTION CONTROL STANDARD OPERATING PROCEDURES:

10.1 Scene Operations

10.1.1 The blood, body fluids, and tissues of all patients are considered potentially infectious and Universal Precautions/Body Substance Isolation procedures will be used for all patient contact.

10.1.2 The choice of personal protective equipment is specified in Appendix C of this standard. Members will be encouraged to use maximal rather than minimal PPE for each situation.

10.1.3 While complete control of the emergency scene is not possible, scene operations as much as possible will attempt to limit splashing, spraying, aerosolization of body fluids.



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- 10.1.4 The minimum number of members required to complete the task safely will be used for all on-scene operations. Members not immediately needed will remain a safe distance from operations where communicable disease exposure is possible or anticipated.
- 10.1.5 Hand washing is the most important infection control procedure. Members will wash hands:
- 10.1.5.1 After removing PPE
 - 10.1.5.2 After each patient contact
 - 10.1.5.3 After handling potentially infectious materials
 - 10.1.5.4 After cleaning or decontaminating equipment
 - 10.1.5.5 After using the bathroom
 - 10.1.5.6 Before eating
 - 10.1.5.7 Before and after handling or preparing food
- 10.1.6 Hand-washing with an alcohol based foam or gel or with soap and water will be performed for ten to fifteen seconds. If soap and water are not available at the scene, a waterless hand-wash may be used, provided that a soap and water wash is performed immediately upon return to quarters or hospital.
- 10.1.7 Eating, drinking, smoking handling contact lenses, applying cosmetics or lip balm, or wearing artificial nails or extensions is prohibited at the scene or operations and in the ambulance with the exception for rehabilitation purposes at an incident at which time employees may be receiving liquids for fluid replenishment.
- 10.1.8 Used needles and other sharps shall be disposed of in approved sharps containers. Needles will not be recapped, re-sheathed, bent, broken or separated from disposable syringes. The most common occupational blood exposure occurs when needles are recapped.
- 10.1.9 Sharps containers will be easily accessible on-scene.
- 10.1.10 Disposable resuscitation equipment will be used whenever possible For CPR, the order of preference is:
- 10.1.10.1 Disposable bag-valve mask
 - 10.1.10.2 Disposable pocket mask with one-way valve
 - 10.1.10.3 Mouth-to-mouth resuscitation
- 10.1.11 Mouth-to-mouth resuscitation will be performed only as a last resort, if no other equipment is available. All members will have available pocket masks with one-way valves to minimize the need for mouth-to-mouth resuscitation. Disposable resuscitation equipment will be kept readily available during on-scene operations.



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- 10.12 Patients with suspected airborne communicable diseases will be transported wearing a face mask whenever possible. Ambulance windows will be open and ventilation systems turned on full whenever possible.
- 10.13 Personal protective equipment will be removed after leaving the work area and as soon as possible if contaminated. After use, all PPE will be placed in leak proof bags, color-coded and marked as a biohazard and disposed of at the hospital properly.
- 10.14 The public should be reassured that infection control PPE is used as a matter of routine for the protection of all members and the victims that they treat. The use of PPE does not imply that a given victim may have a communicable disease.
- 10.15 No medical information will be released on the scene. Media inquiries will be referred to the appropriate officer or employee. Patient confidentiality will be maintained at all times.
- 10.16 At the conclusion of on-scene operations. All potentially contaminated patient care equipment will be removed for appropriate disposal or decontamination and reuse.

11. SECTION XI – POST RESPONSE:

- 11.1 Prior to leaving the hospital, cleaning and decontamination will be done as soon as practical. As needed, a complete cleaning of all contaminated equipment will be performed using a Fire Department approved disinfectant.
- 11.2 Upon return to quarters, supplies of PPE on response vehicles will be replenished.
- 11.3 Disposable-equipment and other biohazard waste generated during on-scene operations will be stored in biohazard bags or in appropriate leak proof containers. Sharps containers, when three-quarters full, will be closed and placed in the biohazard area to be disposed of at the hospital.
- 11.4 Gloves will be worn for all contact with contaminated equipment or materials. Other PPE will be used depending on splash or spill potential. Heavy-duty utility gloves may be used for cleaning, disinfection or decontamination of equipment.
- 11.5 Eating, drinking, smoking, handling contact lenses, or applying cosmetics or lip balm or wearing artificial nails or extensions is prohibited during cleaning or decontamination procedures.
- 11.6 Disinfection will be performed with a Department approved disinfectant or with a freshly missed 1:100 solution of bleach in water. All disinfectants will be tuberculocidal and EPA approved and registered.
- 11.7 Any damaged equipment will be cleaned and disinfected before being sent out for repair.
- 11.8 The manufacturer's guidelines will be used for the cleaning and decontamination of all equipment. Unless otherwise specified:



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11.8.1 Durable equipment (backboards, splints, MAST pants) will be washed with hot soapy water, rinsed with clean water and disinfected with a Department approved disinfectant or a fresh 1:100 bleach solution. Equipment will be allowed to dry.

11.8.2 Delicate equipment (radios, cardiac monitors, etc.) will be wiped clean of any debris using hot soapy water, wiped with clean water, and then wiped with disinfectant or a fresh 1:100 bleach solution. Equipment will be allowed to air dry.

11.9 Work surfaces will be decontaminated with an appropriate disinfectant after completion of procedures and after spillage or contamination with blood or potentially infectious materials. Seats on response vehicles contaminated with body fluids from soiled PPE also will be disinfected upon returning to the station.

11.10 Contaminated structural firefighting gear (turnout coats/ bunker pants) will be cleaned according to manufacturer's recommendations found on attached labels. Normally, this will consist of a wash with hot soapy water followed by a rinse with clean water. Turnout gear will be air-dried. Chlorine bleach may impair the fire-retardant properties of structural firefighting gear and will not be used.

11.11 Contaminated boots will be brush-scrubbed with a hot solution of soapy water, rinsed with clean water and allowed to air dry.

11.12 Contaminated work clothes will be removed and exchanged for clean clothes. The member will shower if bodily fluids were in contact with skin under work clothes.

11.13 Contaminated work clothes will be laundered at the station using hot water. Under no circumstances will contaminated work clothes be taken and laundered at home by any member.

11.14 Infectious wastes generated during cleaning and decontamination operations will be properly bagged and placed in the ambulance for proper disposal at the hospital.

12. SECTION XII – HEALTH MAINTENANCE:

12.1 Work restrictions for reasons of infection control may be initiated by the Fire Department Physician or designee. These may be temporary or permanent. As an example, members with extensive dermatitis or open skin lesions on exposed areas may be restricted from providing patient care or handling and/or decontamination of patient care equipment.

12.2 All employees will be offered immunization against Hepatitis B. The risks and benefits of immunization will be explained to all members and informed consent obtained prior to immunization.

12.3 An employee may request serologic testing prior to Hepatitis B immunization to determine if previous immunity exists. Members may refuse immunizations or may submit proof of previous immunization. Employees who refuse immunization will be counseled on the



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occupational risks of communicable disease and required to sign a refusal of immunization form. Employees who initially refuse immunization may later receive immunization upon request.

12.4 It is suggested all members will receive annual health evaluations.

12.5 Any member returning to work following a debilitating injury or illness or communicable disease (occupational or non-occupational) will be cleared by the Fire Department physician prior to resuming emergency response duties.

13. SECTION XIII – REVIEW AND UPDATE:

13.1 This exposure plan shall be reviewed and updated at least annually and whenever such updating is indicated by changes in requirements or job exposure.

14. SECTION XIV – POLICY ENFORCEMENT:

14.1 It shall be the responsibility of the senior paramedic to ensure compliance with this policy or the Company Officer at incidents in which the fire company responds.

15. SECTION XV: CLEANING PROCEDURES FOR FIREFIGHTER PROTECTIVE CLOTHING

15.1 Washing Instructions

15.1.1 All turn out gear shall be washed in the specifically designed extractor machine.

*Note: Any time contaminated equipment or clothing is placed in the extractor machine personnel shall be wearing protective gloves to prevent direct contact with the contaminated materials.

15.1.2 Protective clothing shall be washed separately from other garments. All hooks and eyes should be fastened. Department laundering procedures for turnout gear shall be followed.

15.1.3 Prior to washing, heavily soiled garments should be pre-treated using procedures outlined in Section VX Part 15.2.

15.2 Spot Cleaning

15.2.1 Pre-cleaners can be used to clean light spots and stain on protective clothing. Squirt the cleaning solution onto the soiled area. Gently rub fabric together until light foam appears on the surface. Carefully rinse off with cool water.

15.3 Pre-Treating

15.3.1 Apply liquid detergent directly from the bottle onto the soiled areas. Gently rub fabric together until a light foam appears on the surface. Place garment into washing



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machine as instructed in Section XV-1. To clean garments that are heavily soiled, use a liquid detergent or pre-cleaner solution, prior to laundering, in the following manner:

- 15.3.1.1 Air dry garment before applying product.
- 15.3.1.2 Squirt the liquid detergent or pre-cleaner directly onto the stain and the surrounding areas. (Use three or four squirts). Make sure that the soiled area is soaked with the product.
- 15.3.1.3 Use a soft bristle brush (toothbrush or fingernail type dipped in water) to gently scrub the soiled area for about 1 ½ minutes.
- 15.3.1.4 Reapply liquid detergent or pre-cleaner onto the soiled areas again. (Use one or two squirts).
- 15.3.1.5 Place garment into washing machine as instructed in Section One.

DO NOT USE CHLORINE BLEACH ON FIREFIGHTER PROTECTIVE CLOTHING

16. XVI – CLEANING PROCEDURES FOR CLEANING UNIFORMS

*Note: All contaminated clothing and turnout gear shall be washed in the specifically designed extractor machine located at station two.

16.1 Procedures

16.1.1 The extractor machine should be used for cleaning of personal clothing that may become contaminated by bloodborne pathogens. Personnel should place this clothing into the extractor machine and select the proper program for personal clothing/bloodborne pathogens.

*Note: Any time contaminated equipment or clothing is placed in the washing machine personnel shall be wearing protective gloves to prevent direct contact with the contaminated materials.

16.1.2 Remove garments from washing machine and dry by hanging in a shaded area that receives good cross ventilation or hang on a line and use a fan to circulate the air. A water extractor may be used.

17. XVII – ROUTINE CLEANING OF THE VEHICLE & EQUIPMENT

17.1 Routine cleaning procedures for rescue vehicles (i.e. ambulances) shall be carried out daily. The personnel assigned to the vehicle are charged with the responsibility of cleaning it on a daily basis. This cleaning shall be documented on the daily vehicle check forms.

17.1.1 Wear heavy-duty rubber (utility) gloves. Eyewear may be indicated when mixing solution, check MSDS sheets.



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17.1.2 Ambulances should be cleaned daily. Cleaning should be directed to patient contact areas. An Environmental Protection Agency (EPA) recommended germicidal/veridical agent should be used. For surfaces where such a solution is not recommended, alcohol may be substituted. Avoid the use of aerosols for disinfecting or cleaning areas. Solutions are much more effective because concentrations can be assured.

17.1.3 In the vehicle, high contact areas include: the head set, life pack, suction apparatus, stretcher, side rails and the bench. Contact with these areas should be evaluated after each patient transport and cleaned accordingly.

17.1.4 Areas such as floors and windows should be cleaned daily and the cleaning documented.

17.2 Equipment Cleaning

17.2.1 M.A.S.T. Pants

17.2.1. Hand or machine wash at medium temperature using soap or detergent and water only. Machine dry at low heat setting or air dry.

17.2.2 Backboards

17.2.2.1 Cleaning and disinfecting of backboards and other equipment may be done with cavalcade or a fresh bleach and water solution of (1:100).

17.2.2.1 Place backboards in slop sink and allow to drip dry.

18. XVIII – CPR CLASS BASIC CONSIDERATIONS

18.1 Instructor Proposals

18.1.1 Students should be told in advance that the training sessions will involve “close physical contact” with their fellow students.

18.1.2 Students should not actively participate in training sessions if they have dermatological lesions on hands or in oral areas; if they are known to be seropositive for Hepatitis B surface antigen; if they have upper respiratory tract infections; if they have AIDS; or if they have been exposed to or are in the active stage of any infectious process.

18.1.3 If more than one cardiopulmonary resuscitation (CPR) manikin is used, students should be assigned in pairs with each pair having contact with only one manikin.

18.1.4 All persons responsible for CPR training should be thoroughly familiar with hand washing procedures and the cleaning and maintenance of the manikins.



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18.1.5 Manikins should be inspected routinely for cracks for tears in plastic surfaces, which make thorough cleaning difficult.

18.2 Manikin Cleaning

18.2.1 After each participant, the manikin's mouth and lips should be wiped with a 2x2 gauze pad wetted with a fresh solution of 1:100 bleach and water or 70% isopropyl alcohol. The surface of the manikin should remain wet for at least 30 seconds before it is wiped dry.

18.2.2 If a protective face shield or disposable lungs are used, they should be changed for each student.

18.3 For Two-Rescuer CPR

18.3.1 During two-rescuer CPR, there is no opportunity to disinfect the manikin between students when the "switching procedure" is practiced. To limit the potential for disease transmission during this exercise, the second student taking over ventilation on the manikin should simulate ventilation. This recommendation is consistent with current training recommendations of the American Red Cross and the American Heart Association.

18.3.2 Training in the "obstructed airway procedure" involves the student using his or her finger to sweep foreign matter out of the manikin's mouth. This action could contaminate the student's finger with saliva from previous students and/or contaminate the manikin with materials from the student's finger. The finger sweep should either be simulated or done on a manikin whose airway was decontaminated before the procedure and will be decontaminated after the procedure.

18.3.3 Rinse all surfaces with fresh water.

18.3.4 Wet all surfaces with a sodium hypochlorite solution (1:100 bleach/water) for 10 minutes. This solution must be made fresh at each class and discarded after each use.

18.3.5 Rinse with fresh water and dry all surfaces. Rinsing with alcohol will aid drying of internal surfaces and will prevent the survival and growth of bacterial or fungal pathogens.

APPENDIX A TRAINING PROGRAM

The training program contains the following elements:

1. An accessible copy of the regulatory text of the standard.
2. A general explanation of the epidemiology and symptoms of bloodborne diseases.
3. An explanation of the modes of transmission of bloodborne pathogens.
4. An explanation of the employer's Exposure Control Plan and the means by which the employee can obtain a copy.
5. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.
6. An explanation of the use and limitations of methods that will prevent or reduce exposures including appropriate engineering controls, work practices and personal protective equipment.
7. Information on the types, proper use, location, removal, handling, decontamination and disposal of Personal Protective Equipment (PPE); and an explanation of the basis for selection.
8. Information on the Hepatitis B vaccine, including information of its efficacy, safety, method of administration, the benefits of being vaccinated and the vaccine will be offered free of charge.
9. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
10. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available.
11. Information on the post exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident.
12. An explanation of the signs and labels and/or color-coding required by CFR1910.1030.
13. An opportunity for interactive questions and answers with the persons conducting the training sessions.

*Note: All employees providing emergency services will be required to complete initial infection control training at the time of assignment to tasks where occupational exposure may occur. (Members presently assigned to such tasks, who have not already received such training, will complete initial training prior to implementation of this standard and shall receive refresher infection control training at least annually thereafter.

APPENDIX B

POTENTIAL EXPOSURE TASKS

Procedure	Mask/ CPR Mask	Examination Gloves	Utility Gloves	Protective Clothing	Protective Eyewear
Biohazard waste handling	X		X	X	X
Cleaning bodily fluid spills	X		X	X	X
Collecting/handling tissue samples	X	X			
Cricothyriodotomy	X	X		X	X
Drawing blood		X		X	
Dressing/attending open wounds	X	X		X	X
Endotracheal intubation/exam	X	X		X	X
Exposure to known communicable diseases	X	X		X	X
Exposure to respiratory aerosol	X			X	X
Initiating IV line	X	X			X
Instrument disinfection	X	X		X	X
IV, IM, SL Injections	X				
Mouth to Mouth Resuscitation	X				X
Physical survey examination	X				
Resuscitative procedures	X				
Routing environmental cleaning			X		
Suctioning/aspirating	X	X		X	X

APPENDIX C

PROPER METHOD OF DECONTAMINATION OF EQUIPMENT

Patient Care Equipment	Disposal	Immersion	Spray/Wipe/Spray
Arm boards/IV supplies	X		
Backboards			X
Bandages/Dressings	X		
Blood pressure equipment			X
CPR Masks	X	X	
Defibrillator paddle			X
Flashlights			X
Laryngoscope		X	
Limb splint	X		X
MAST Suit			X
Needles	X		
Oxygen masks/cannulas	X		
Scalpels	X		
Scissors/forceps		X	
Slings	X		
Stethoscope			X
Suction catheters/ tubing			X
Syringes	X		
Tongue/ jaw spreaders	X		
Traction splints			X
Coveralls		X	
Eyewear	X		X
Gowns	X		
Latex gloves	X		
Surgical masks		X	
Utility gloves		X	
CPR masks	X		

APPENDIX E

POTENTIALLY INFECTIOUS WASTE HANDLING

These items are to be placed in the appropriate Biohazard marked container. Use heavy-duty rubber gloves whenever handling biohazard materials and containers. The outside of the primary container may become contaminated and should always be handled as such.

SPECIFIED CONTAINERS:

Sharps containers located in the IV therapy compartment, drug boxes and "take-in" bags

Red bag (Biohazard waste receptacle) located in ambulance patient care area.

Material	Red Bag	Sharps Container
Needles/syringes		X
Carpules/ampules		X
Scalpels		X
Broken glass		X
Blood, dressing/bandages	X	
PPE	X	
Disposable sharp instruments		X
Disposable non-sharp instruments	X	

APPENDIX F

RECOMMENDED PERSONAL PROTECTION FOR WORKER PROTECTION AGAINST HIV AND HBV TRANSMISSION

Task or Activity	Disposable Gloves	Gowns	Mask	Protective Eyewear
Bleeding control with spurting blood	Yes	Yes	Yes	Yes
Bleeding control with minimum bleeding	Yes	No	No	No
Giving an injection	No	No	No	No
Emergency Childbirth	Yes	Yes	Yes, if splashing is likely	Yes, if splashing is likely
Measuring temperature	No	No	No	No
Blood drawing	At certain times	No	No	No
Measuring blood pressure	No	No	No	No
Starting an I.V. line	Yes	No	No	No
Handling and cleaning instruments with microbial contamination	Yes	No, unless soiling is likely	No	No
Endotracheal intubation	Yes	No	No, unless splashing is likely	No, unless splashing is likely
Oral/Nasal suctioning, manually cleaning airway	Yes	No	No, unless splashing is likely	No, unless splashing is likely

The examples provided in this table are based on application of universal precautions. Universal precautions are intended to supplement rather than replace recommendations for routine infection control, such as hand washing and using gloves to prevent gross microbial contamination of hands i.e. contact with urine or feces.

APPENDIX G

REVIEW OF WORKPLACE SPECIFIC INFECTION CONTROL PROCEDURES

HANDWASHING

PROCEDURE

Hands must be washed before and after patient contact. For surgical cases an antimicrobial soap is preferred.

Scrub hands for at least 15 seconds. Use friction rub and action after the soap is applied.

When running water is not available, use a waterless hand wash solution.

Rinse hands well under running water. Dry with a paper towel.

Use the paper towel to turn off water faucets

RATIONALE/NOTES

Hand washing is the single most important means of preventing the spread of infection.

Friction will assist in removal of dirt as well other organisms.

Waterless agents such as; Alcare, Hibistat and Calstat may be used.

Faucets were handled by soiled hands.

APPENDIX H

NEEDLE INSERTION TECHNIQUE

<u>PROCEDURE</u>	<u>RATIONALE/NOTES</u>
Wash hands	
Palpate for vein selection	
Apply tourniquet above the selected site for best results, place 3" above selected site.	For patient with COPD for rolling veins, do not use a tourniquet
Prep site with a providone-iodine solution	Providone-iodine solution offers an effective one-step prep.
New formulation eliminates the concern for allergic reaction	Alcohol is not effective unless a one minute friction rub is used.
Prep should be a circular motion starting in the center and moving outwards.	
Wear Gloves	Gloves should be worn if there is a chance of blood spillage
Insert needle at a 45 degree	
Dispose of needle into a sharps container	

APPENDIX I

DISPOSAL OF INFECTIOUS WASTE

<u>PROCEDURE</u>	<u>ACTION/ NOTES</u>
Items which have been in direct contact with blood and/or body fluids of patient are considered potentially hazardous	Many patients do not exhibit symptoms for many diseases (AIDS, Hepatitis and Herpes)
All disposable items soiled with blood or body fluids should be washed with soap and water, e.g., speculums, scopes.	Wear heavy-duty rubber gloves for cleaning
Dispose of in the general trash	Washing removes fluids, which are potentially infectious
Before disposal grossly soiled items should be placed into a plastic bag for disposal	
Needles, sharps, blood tubes should be placed in a puncture resistant container for disposal	CDC, OSHA and EPA define items as infectious waste and recommend incineration as the means of disposal.

SPECIAL NOTE: Categories for infectious waste may differ from state to state, check with the local solid waste management section of your local health department.

APPENDIX L

GLOSSARY

Blood	The term “human blood components” includes plasma, platelets, and serosanguinous fluids. Also included are medications derived from blood, such as immune globulins, albumin, and factors 8 & 9 listed in the OSHA Bloodborne Standard.
Bloodborne Pathogens	While HBV and HIV are specifically identified in the OSHA Standard the term also includes any pathogenic microorganism that is present in human blood or OPIM and can infect and cause disease in persons who are exposed to blood contained in the pathogen. Pathogenic microorganisms can also cause diseases such as hepatitis C, malaria, syphilis, babesiosis, brucellosis, leptospirosis, arboviral infections, relapsing fever, Creutzfeldt-Jacob disease, adult T-cell leukemia/lymphoma (caused by HTLV-I), HTLV-I associated myelopathy, diseases associated with HTLV-II, and viral hemorrhagic fever. HCV is a viral infection of the liver that is transmitted primarily by exposure to blood. Currently, there is no vaccine effective against HCV.
Body Substance Isolation	This is the old definition of Universal Precautions (consider all blood and body fluids a risk). Personal protective equipment that should be used to prevent exposure would include: gloves, masks, protective clothing, protective eyewear, respiratory assist devices.
Delta Agent	Hepatitis D is a newly identified hepatitis virus that requires the presence of hepatitis B virus to act as a host. In other words this virus piggybacks the hepatitis B virus, which results in a rapidly progressive hepatitis.
Exposure Controls	Controls that isolate or remove the bloodborne pathogens hazard from the workplace. Examples would include needleless devices, shielded needle devices, blunt needles, plastic capillary tubes.
Exposure Incident	“Non-intact skin” includes skin with dermatitis, hangnails, cuts, abrasions, chafing, acne, etc.
HAV	Referred to as viral or infectious hepatitis. This disease usually follows oral ingestion of the virus through such sources as contaminated food or drinking water. Hepatitis A is very common in children who can transmit infection to family members or other children whom they have close daily contact.
HBV	Hepatitis B (Serum) this virus is found in the liver, blood, and semen of infected patients. Hepatitis B is also listed as a sexually transmitted disease. Hepatitis B virus has been shown to survive up to 7 days in the presence of dried blood.
HCV	Hepatitis C is a newly recognized virus and is one of the viruses in the Non-A and Non-B group. Persons at high risk for developing hepatitis C include: transfusion recipients, intravenous IV drug users, sexual contacts of infected persons, hemodialysis patients and hemophiliacs. Currently, there is no vaccine available to protect against hepatitis C on the job.

HIV	Human immunodeficiency virus has been identified as the causative Organism for Acquired Immunodeficiency Syndrome (AIDS). This virus attacks the immune system and renders it incapable of fighting off infections and/or disease.
Occupational Exposure	The term “reasonably anticipated contact” includes the potential for contact as well as actual contact with blood or OPIM. Reasonably anticipated contact includes among others, contact with blood or OPIM (including regulated waste) as well as incidents of needle sticks.
Parenteral	This includes human bites that break the skin, which are most likely to occur in violent situations such as may be encountered by prison personnel and police and in emergency rooms or psychiatric wards.
Reasonably anticipated	The potential for contact as well as actual contact with blood or OPIM (Other Potentially Infectious Materials).
Tuberculosis	<p>Usually acquired early in life and in many cases does not cause illness until the person is over 45 years of age. The patient may then develop a chronic illness or a change in immune status, resulting in reactivation of TB disease. The incidence of TB is currently highest in foreign-born persons.</p> <p>The causative organism for pulmonary TB is Mycobacterium tuberculosis, which is spread by airborne droplets, expelled primarily during coughing, sneezing, speaking or singings. Prolonged contact with an active TB case is most significant.</p>
Utility gloves	Heavy-duty reusable rubber gloves used for cleaning and disinfecting vehicles and equipment.

HEPATITIS B VACCINE CONSENT FORM

The Disease

Hepatitis B is a viral infection caused by hepatitis B virus (HBV) which causes death in which some 250 people will die each year. Most people with hepatitis B recover completely, but approximately 2 to 10 percent become chronic carriers of the virus. Most of these people have no symptoms, but can continue to transmit the disease to others. Some may develop chronic active hepatitis and cirrhosis. HBV also appears to be causative factor in the development of liver cancer. (Read handout for more information).

ENERGIX-B

Energix-B is a noninfectious recombinant DNA hepatitis B vaccine. No substances of human origin are used in its manufacture. Energix-B is supplied as a sterile suspension



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Approved By:

C.A. Haigh, Fire Chief

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EMS DOCUMENTATION

Purpose

The purpose of the narrative section of the Hanover Park Fire Department report form is to provide space to record information that is not included in other sections of the report. This information includes, but is not limited to, additional observations regarding the condition and care of the patient, observations about the scene, and other pertinent facts that you feel warrant recording.

Information Types

The information gathered falls into two categories: Subjective and Objective. Subjective information is essentially information that is provided to you by the patient or bystanders. This includes the reported history of the event, the patient's symptoms, and bystander's observations. Examples of subjective data include: chest pain; a bystander reporting that a patient fell; a patient's complaint of feeling faint; thirst. Also included in this category are the pertinent negatives related to the chief complaint, such as "denies nausea" when the chief complaint is chest pain.

Objective information is information that you see and discover. This includes the findings of the physical exam, and on scene observations.

General Charting Guidelines

Once you have the information gathered, you must consider several guidelines about the manner in which this information is to be presented. Through the use of these guidelines, EMT's should be able to complete an accurate and objective history.

1. Assure that your chart fits "The Golden Rule of Charting": Would the document created at the time of the incident aid in recreating the incident in the future.
2. Always chart the facts. Unless labeled as such, hearsay has no place on a medical record.
3. Never chart assumptions or conclusions of your own based solely on subjective information.
4. Avoid the use of "value laden" terms such as drunk or insane unless they are used as quotations.
5. Use only approved abbreviations.
6. Use quotation marks appropriately.
7. Be specific when describing injuries and their locations.
8. Do not make critical or flippant statements.
9. Correct errors in an approved fashion.
10. Chart all changes in the patient's condition, good or bad.



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11. READ the chart before you sign it.
12. Avoid repetitive charting of items already covered in other portions of the chart. You need not mention the patient's status, pupils, skin or respiratory effort in the comments section unless a change is noted while in your care.

Charting Formats

Narrative Method – The narrative method essentially “tells the story” of the event in a step by step fashion. The narrative starts with your arrival at the scene, relates the patient's signs and symptoms, and concludes with a description of the trip to the hospital.

Upon arrival, found pt. sitting on couch complaining of chest pain. Pt. reports onset was 20 minutes prior to arrival while working in garden. Pain is “crushing” in nature and radiates to the left shoulder. Also C/O of shortness of breath. Denies nausea. Exam reveals pt. to be in moderate distress. Lungs are clear, no JVD or pedal edema.

Patient transported to hospital of choice with the head of the bed elevated. No change in condition en-route.

SOAP Method - This method divides the comments section into 4 distinct parts, each of which deals with a particular portion of the history.

- S) – Subjective. All subjective information that is relayed to you.
- O) – Objective. All objective findings are recorded here.
- A) – Assessment. A one line entry that states your “field assessment” of the injury or illness. This is generally prefaced with the word “possible”, as in “possible heart attack”.
- P) - Plan. The entry in this area discusses the care given the patient.

The chest pain patient's history, when written in a SOAP format, should appear on the report in the following fashion.

- S) Pt. reports onset of substernal chest pain 20 min. prior to arrival while working in garden. Pain radiates to LT shoulder, “crushing in nature” also C/O of SOB. Denies nausea. No other complaints.
- O) Sitting on couch. Appears to be in moderate distress. Lungs clear. No JVD or pedal edema.
- A) Possible heart attack.
- P) BLS/ALS, transported to hospital of choice in a sitting position.



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Error Correction and Late Entry Charging

To make a correction on the report either as it is being written, or at a later date, use the following procedure:

1. Draw a single line through the incorrect word or phrase. Do not completely blacken the word or phrase out.
2. Write the correct word or phrase above or next to the incorrect material.
3. Sign your initials next to the corrected entry.

On occasion, you may discover that you have omitted pertinent material from a chart. To make a late entry, use the following procedure:

1. Access the report in GEAC.
2. In the comments section write: "Late Entry:" followed by the information that you wish to add to the chart.
3. Note the time and date of the late entry.



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CHARTING CRITERION PROCEDURES

Comments Section Charting Examples

This appendix lists the charting criteria for specific pieces of information that should (if applicable) be included on charts for particular call types. Following each listing of criterion, there will be sample versions of SOAP and Narrative formatted comments.

Behavioral Emergencies

1. Recent Drug or Alcohol Abuse
2. Current Counseling
3. Recent Family or Social Problems
4. Abnormal Speech Patterns
5. Recent Mood Changes
6. Use of Restraints Required
7. History of Previous Suicide Attempts or Gestures
8. Hallucinations
9. Violent Behavior
10. Inappropriate Behavior
11. Additional Aid Given
12. Response to Aid Given

Narrative Comments

Upon arrival, family directed crew to upstairs bedroom where pt was found curled up in bed. Pt refused to converse. Family reports pt has been under recent counseling for depression. (Mood change reports 1 hr. prior to arrival.) No reported use of illicit drugs or alcohol. Pt. has exhibited no violent or self-destructive behavior. No history of similar episodes. Physical exam was non-contributory. Pt cooperative with request other than to talk. Moved to cart and transported to St. Alexius at family request. No change en-route.

SOAP Comments

- S) Family report that 1 hr. prior to arrival pt. suddenly became withdrawn and refused to converse. Is presently being counseled for depression. No reported drug or alcohol use or abuse. No similar episodes of this nature. No violent behavior.
- O) Curled up in bed of bedroom of home. Refuses to converse with EMS personnel. Cooperative with other requests. Exam was negative for injuries or other abnormal findings.
- A) Behavior problem of undetermined nature.
- P) BLS/ALS. Transported to St. Alexius at family's request.



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Burns

1. Source of Burn
2. Description of Burns
3. Time and Location Where Burn Occurred
4. Respiratory Involvement/Lung Sounds
5. Distal Cardiovascular Status (As applicable)
6. Percent of Body Burned
7. Level of Pain
8. Associated Injuries
9. Additional Aid Given
10. Response to Aid Given

Narrative Comments

Upon arrival pound pt sitting in kitchen reporting that 20 min. prior to arrival he burned his chest with hot water that spilled from a pan. Denies other injuries at this time.

Exam reveals 2nd degree burns to anterior chest. No respiratory complications noted. Total Burn Surface Area = 10%. Appears to be in moderate pain.

Sterile water and burn sheets applied with some relief of pain reported. Pt. transported to St. Alexius, per his request, in stable condition.

SOAP Comments

- S) Pt. reports that 20 min. prior to arrival burned chest with hot water from pan. No other burned areas reported. No respiratory difficulty. Describes pain as severe.
- O) Appears to be rather uncomfortable with pain. Partial thickness burns to anterior chest totaling 10% BSA. Lungs clear. No other injuries noted per survey.
- A) Partial thickness burns to chest.
- P) Removal of clothing over burned area. Burn sheet application with frequent dousing of sterile water to burns. Transported to St. Alexius at patient's request.

Canceled Responses

1. Time and location when canceled.
2. Canceling agency.
3. Reason for cancellation.

Narrative Comments

Dispatched as indicated above. Du-Comm advised that P.D. at scene states "no injuries". Cleared from the assignment and returned to quarters.

SOAP Comments



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- S) Reported as an "MVA with injuries". P.D. advised that there were "no injuries".
- O) Canceled, by Du-Comm.
- A) Canceled response.
- P) Cleared and returned to quarters.

Cardiac Arrest

1. Downtime
2. Last time seen by a physician
3. Who instituted CPR
4. Downtime with and without CPR
5. Precipitating factors
6. Additional aid given
7. Response to aid given

Narrative Comments

Upon arrival, found pt supine on ground with wife performing chest compressions only. Wife reports pt. mowing yard, stopped for break, went back outside. 10 min. later wife discovered pt. on ground – non-responsive. Downtime estimated 10 min. without CPR. Reports pt has been using nitro over the past few days.

Vomitus in mouth. Open bottle of nitro found next to pt.

BLS/ALS instituted. Airway secured. Pt. moved to backboard then to cart. Transported to St. Alexius at wife's request. CPR continued en-route. No change noted in patient's condition.

SOAP Format

- S) Pt collapsed after taking a break while mowing lawn. Downtime estimated at 10 min. Pt. has been using nitro over the past few days.
- O) Supine on ground, with wife performing compressions only. Open bottle of nitro at side. Vomitus in mouth. No obvious injuries.
- A) Cardio-Pulmonary Arrest
- P) BLS/ALS continued. Airway secured. Pt. rapidly moved to vehicle and transported to St. Alexius at wife's request.

Cardiac

1. Pain status (location, radiation, quality, duration)
2. Activity at onset of pain
3. Level of head of bed during transport
4. Epigastric complaints
5. Relieving factors (Nitro, O2, Rest, etc.)
6. Additional aid given
7. Lung sounds
8. Pedal edema



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9. Response to aid given

Narrative Comments

Upon arrival, found pt. sitting in living room of home C/O of chest pain. Onset was at 1900 hrs. Pain is substernal, radiated to Lt. Arm, is described as "sharp". Also C/O of SOB (mild) and nausea. Took 3 nitro at 1900 hrs. No relief from nitro reported. Pain came on while watching television.

Appears anxious, clutching at chest, breath sounds clear and equal no JVD or pedal edema.

BLS/ALS, some relief reported from O2, transported per pt request to St. Alexius. Stable en-route.

SOAP Comments

- S) Reports that while watching television at 1900 hrs. developed substernal chest pain with radiation to Lt. Arm. Pain described as sharp, is accompanied by nausea and SOB. Took 3 nitro without relief. No other complaints.
- O) Anxious, clutches at chest, appears to be dyspneic. Lungs clear and equal. No JVD or pedal edema noted.
- A) Possible heart attack
- P) BLS/ALS, with Rx as listed, transport to St. Alexius at pt's request.

CVA (Stroke)

1. Time of onset
2. Facial appearance
3. Hand grasps
4. Movement of Extremities
5. Sensation in Extremities
6. Speech status
7. Seizure activity
8. Posturing
9. Breath sounds
10. Additional aid given
11. Response to aid given

Narrative Comments

Called for person with a "possible stroke". Upon arrival found pt sitting in a chair with distinct lean to the left. Speech slurred but understandable. Pt reports that, 25 min. prior to arrival, developed Lt. Sided weakness. Has had headache all day long. Developed nausea this p.m.

Exam reveals pt to have decreased movement on the Lt. side. Sensation appears to be good. Pt. left eyelid is drooping. No reported seizure activity.

Pt. moved to vehicle and transported to St. Alexius, per her choice, with no change in condition.



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SOAP Comments

- S) Pt reports onset of Lt. Sided weakness 25 min. prior to arrival. Has had headache for most of day and became nauseated in p.m. No seizure activity reported.
- O) Sitting chair, with distinct lean to left. Speech slurred, Lt. Sided extremities weaker than Rt. Good sensation in all extremities. Rt. Eye is drooping.
- A) Possible CVA
- P) BLS/ALS with treatment as above transported to St. Alexius at Pt.'s request.

Dead at Scene

1. Time coroner was notified
2. Estimate of down time
3. Last time seen by a physician
4. Blood pooling
5. Rigor mortis present
6. Location found
7. Position found
8. Disposition of remains

Narrative Comments

Upon arrival at scene, family directed crew to back bedroom, stating that they felt the pt has already expired. Had last seen pt approx. 3 hrs. ago. All appeared well at that time.

Pt supine in bed with no signs of life present. Blood pooling noted, with rigor mortis beginning to set in. Family then advised that pt was last seen by her Dr. 3 weeks ago. No obvious signs of trauma, nor did family relate any history of recent trauma.

MED control advised. Hanover Park Police Department contacted coroner's office, body released to Police Department. Need name and badge number of coroner or medical examiner.

SOAP Comments

- S) Family reports finding pt in bed of back bedroom of home. When unable to rouse pt, called for help. Family last saw pt well approx. 3 hrs. prior to arrival of our crew. Pt last saw her Dr. 3 weeks ago. No history of recent trauma reported.
- O) Supine in bed. No signs of life present. Pooling of blood noted. Rigor mortis noted in extremities. No signs of trauma noted.
- A) Dead at scene
- P) MED control advised, Police Department notified coroner. Body released to Police Department.

Diabetic Conditions

1. Last insulin use
2. Last food intake



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3. Recent activity
4. History of similar episodes
5. Time of the onset of symptoms
6. Precipitating factors
7. Additional aid given
8. Response to aid given

Narrative Comments

Call received as “diabetic reaction”. Upon arrival, pt found supine in bed. Family reports that the patient did not eat breakfast or lunch today but did take her insulin. The patient was last seen awake 1 hour ago. Family was unable to rouse the patient.

No signs of trauma. No acetone odor noted on breath.

BLS/ALS, nasal airway inserted to maintain airway. Pt transported to St. Alexius per request of family. No change en-route.

SOAP Comments

- S) Family reports finding pt unresponsive 10 min. prior to arrival. Pt last seen well 1 hour to being found. Pt has not eaten today and reportedly did take insulin as usual.
- O) Supine in bed. Airway sonorous, no signs of trauma, no acetone odor. Lungs clear, further exam non-contributory.
- A) Possible Hypoglycemia.
- P) BLS/ALS, nasal airway used. Transport to St. Alexius at request of family.

Non-Traumatic Hypotensive Patients

1. Estimate of blood loss
2. Abdominal assessment
3. Documentation of pertinent exam findings
4. Additional aid given
5. Repose to aid given

Narrative Comments

Call received as “internal bleeding” upon arrival found pt sitting on toilet very pale in appearance. Moved pt to floor. Pt was then able to relate that he passed several bloody stools since 09:00. C/O of feeling faint. Has passed several tarry colored stools in the past few days. No C/O of abdominal pain. Abdomen soft, but tender in lower quadrants. Lungs clear. Pt reports significant blood loss. Approx. 300 cc visible to EMS crew. No LOC reported. No nausea. Minimal flow at this time.

Rx as shown above, moved to cot. Feet elevated with pillow, pads placed against anus and transported. Taken to St. Alexius Hospital at request of pt.

SOAP Comments



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- S) Pt reports passing several bloody stools this a.m. Feels quite faint. Reports "a lot of bleeding". Has passed several tarry stools in past week. No C/O of abdominal pain or nausea. No LOC reported.
- O) Sitting on toilet. Very ill appearing, looks faint, abdomen soft, tender in lower quadrants. 300 cc of blood present in toilet. Lungs clear. Blood flow from anus minimal at this time.
- A) Rectal Bleeding
- P) BLS/ALS. Rx as noted above. Pt immediately placed supine with feet elevated. Pads placed against anus. Transported to St. Alexius Hospital at request of pt.

OB/GYN

1. Last Known Menstrual Period
2. Description of bleeding or discharge
3. Number of pregnancies, live births, abortions (noted in medical history section of chart)
4. Pain qualifiers
5. Fetal movement/heart tones
6. Peripheral Edema
7. Recent sexual contact
8. Additional aid given
9. Response to aid given

Narrative Comments

Call received as "premature labor". On arrival greeted by anxious husband that fears wife is "about to have the baby". Wife sitting on toilet, reporting severe abdominal cramping for last two hours. States contraction started 1.5 hrs ago. Reports no vaginal discharge or bleeding. No problems related regarding previous pregnancies. States she has noted a lot of fetal movement today. Exam reveals no crowning. No edema of legs or back. Pt did have urge to move bowel at one time.

Pt placed on stretcher auscultation for fetal heart tones unsuccessful. Transported to CDH at request of pt. No change in contraction frequency reported while en-route.

SOAP Comments

- S) Husband reports that the "baby is about to come". Wife reports onset of abdominal cramping 2 hr prior to arrival. Contractions started 1.5 hrs ago. Denies vaginal discharge or bleeding. Did have sensation of needing to move bowels shortly prior to arrival. No problems reported with earlier pregnancies. Reports active fetal movement today.
- O) Sitting on toilet. Exam reveals no crowning or discharge. No edema noted about legs or back. Unable to hear fetal heart tones.
- A) Premature labor.
- P) BLS/ALS, removed from toilet to stretcher, examined. Transported to CDH at pt request.

Other Medical Emergencies

1. Time of onset



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2. Description and location of pain
3. Antagonizing and or relieving factors
4. Gastric complaints
5. Distal Neurovascular status
6. Additional aid given
7. Response to aid given

Narrative Comments

Called received as "child ill". Upon arrival found pt lying on couch, curled in fetal position. Mother reports the child was sent home from school with a complaint of abdominal pain. Pt C/O LRQ pain, onset at 09:00. Abdomen is quite tender and rigid. Bowel sounds are not heard. No urinary complaints. Denies pregnancy. Has yet to move bowels today. Has vomited x2 in past hours. Still has appendix. Nothing seems to help pain.

Placed on stretcher in position of comfort. Transported to St. Alexius at mother's request. Stable en-route.

SOAP Comments

- S) Pt sent home from school with C/O LRQ abdominal pain. Pain described as severe. Onset of pain at 09:00 has eaten today. No BM today. Denies pregnancy and urinary complaints. Vomited x2 prior to arrival. Still has appendix. No relieving factors related.
- O) Curled up on couch in fetal position. Quite tender over RLQ with entire abdomen firm. No fever. Bowel sounds not heard.
- A) Possible appendicitis
- P) BLS/ALS, transported in position of comfort. To St. Alexius at mother's request.

Overdose

1. Substance taken
2. Alcohol involvement
3. Indications of intentional/accidental ingestion
4. Time taken
5. Amount taken
6. Route taken
7. Use of Ipecac
8. Prior use of ingested substance
9. Additional aid given
10. Response to aid given

Narrative Comments

Call received as "possible O.D.". Upon arrival found pt ambulatory in kitchen of home. Mother reports that 20 min. prior to arrival patient had an argument, became angry went into bathroom and took 10 to 20 Elavil tablets. Ingestion of pills was intentional. Patient has been under considerable



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stress lately at school. Patient is quite upset, refusing to talk with EMS personnel. No history of similar episodes related. Medication is that of mother. Has not vomited since ingestion of pills.

BLS/ALS, transported to St. Alexius at mother's request. Syrup of ipecac given en-route on order of E.R. staff. Did vomit while en-route, with several pills seen in emesis. No other changes noted en-route.

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SOAP Comments

- S) Mother reports pt took 10 to 20 Elavil tablets approx. 20 min. prior to arrival. Took pills intentionally after being involved in an argument. Has been under considerable stress at school lately. Script is that of mother. Has not vomited since ingestion.
- O) Cooperative but will not talk with EMS personnel. Ambulatory with steady gait. No other pertinent findings per survey.
- A) Overdose
- P) BLS/ALS, Syrup of Ipecac administration (30cc). Transported to St. Alexius at request of mother.

Refusal of Service

1. Original reason for response
2. Refusal form properly signed, dated and timed
3. 2 witness signatures
4. Patient information of the risks of refusing
5. Patient advised to seek aid PRN
6. Listing of aid given prior to signing of refusal

Narrative Comments

Call received as a "MVA with injuries". Upon arrival found pt walking around outside of his vehicle. Pt reports that he lost control of vehicle on slick street and struck power pole. Denies being injured in this accident. Pt refused further service. cursory exam revealed no obvious injuries.

Pt signed refusal form. Was advised to call for help or to see own Dr. if any problems should arise. Cleared scene and returned to quarters.

SOAP Comments

- S) Pt victim of MVA: auto struck power pole after losing control on slick street. Pt denies any injuries and wishes no service at this time.
- O) cursory exam reveals no obvious injuries. Minor damage to auto.
- A) No injuries
- P) Refusal signed. Witnessed by police officers. Instructed pt to seek aid prn.

Respiratory Emergencies

1. Description of the level of distress
2. Time of onset
3. Antagonizing/Relieving factors
4. Breath sounds
5. Accessory muscle use
6. Peripheral Edema
7. JVD
8. Environmental factors



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9. Additional aid given
10. Response to aid given

Narrative Comments

Call received as "person can't breathe". Upon arrival found pt sitting in upstairs bedroom C/O increasing SOB. Onset last noc. ('heavy weather set in'). Has equal lung sounds with bilateral wheezing present. Use of intracostal muscles noted. Denies chest pain. No JVD or pedal edema noted. Has used medication without relief. Reports that his episode is "like all the other times".

BLS/ALS, moved to stair chair to remove pt from bedroom. Pt positioned on cot in position of comfort. Transported to St. Alexius at the request of the patient. No change observed en-route.

SOAP Comments

- S) Pt reports onset of SOB last noc that has steadily worsened despite use of medications. Denies chest pain. This episode "is just like all of the other times". Believes onset is related to recent 'heavy weather'.
- O) Sitting in upstairs bedroom in moderate distress. Wheezing noted bilaterally as was the use of intracostal muscles. Barrel chested. No JVD or pedal edema noted.
- A) SOB related to COPD.
- P) BLS/ALS, stair chair used to remove pt to cot and then to vehicle. Transported in position of comfort. Taken to St. Alexius at pt's request.

Seizures

1. Time of onset
2. Length of seizure
3. Activity prior to onset
4. Description of seizure activity
5. Injuries incurred
6. Posturing
7. Last previous seizure
8. Listing of any neurological deficits

Narrative Comments

Call received as a "child having a seizure". Upon arrival found pt lying on floor with no seizure activity present, mother at side. Mother reports that just prior to arrival pt had a 1-2 minute long seizure that involved the entire body. Incontinence of urine noted. No injury noted as a result of the seizure. Pt appears to be post-ictal at present. Last seizure was two weeks ago.

Placed on cart with padded side rails. Transported to St. Alexius at the request of the mother. No new seizure activity noted en-route. Level of responsiveness continued to improve.

SOAP Comments



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- S) Mother reports that 5 min. prior to arrival pt has a generalized seizure that lasted approx 1-2 min. Was playing basketball at time of onset. Has been compliant with mediations. Last seizure was 2 weeks ago. No injuries reported as a result of the seizure.
- O) Supine on ground, post-ictal in appearance. No injuries noted per survey. No seizure activity of any type noted. C/O headache. Appears to be intact neurologically.
- A) Seizure
- P) BLS/ALS, placed on cot with padded side rails. Transported to St. Alexius at mother's request.

Substance Abuse

1. Ingested substance
2. Amount ingested
3. Loss of responsiveness
4. Violent Behavior
5. Hallucinations
6. Injuries noted in exam
7. Additional aid given
8. Response to aid given

Narrative Comments

Called received as "man passed out". Pt found supine on couch, breath smelling strongly of alcohol. Husband reports that he arrived home at 23:15 hours and found pt stumbling about house in an apparent intoxicated state. Pt told husband that she had drunk 2 fifths of vodka to noc. Argument ensued which ended with pt "passing out" on the couch. Husband requested that pt be transported to St. Alexius for "detox". Pt restless and at times resistive of efforts to assist her. Exam revealed no signs of trauma. No use of medication or drug abuse reported.

Pt placed on cart, close attention paid to airway status for fear of vomiting. Transport to St. Alexius as requested. Pt resisted O2 while en-route. Attempt dc'd, no other changes noted.

SOAP Comments

- S) Husband reports pt has been drinking heavily to noc (2 fifths of vodka). Found pt stumbling about house in a "drunken" state. Report arguing with pt during which pt "passed out". He requested that pt be transported to St. Alexius for "detox". No trauma was reported prior or during argument. No medication or illicit drug use reported.
- O) Supine on couch, resistive of efforts to assist. Breath smells strongly of alcohol. No indications of injury per survey.
- A) Possible alcohol intoxication.
- P) Placed on cart on Lt. Side to allow vomitus to clear. To hospital as requested.



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Vehicular

1. Description of injuries
2. Loss of responsiveness
3. Vehicle type
4. Position in vehicle
5. Use of safety restraints
6. Damage to vehicle
7. Extrication required
8. Spinal immobilization
9. Additional aid given
10. Response to aid given

Narrative Comments

Call received as "MVA with injuries". Upon arrival found pt (driver) entrapped behind steering wheel of badly damaged auto. Seat belt not fastened. Windshield starred in front of driver's position. Pt's auto reportedly struck power pole at high rate of speed. Bystanders report pt was never conscious after accident. Exam revealed contusions to face and scalp with swelling about the eyes. Clear drainage from nose and Lt. Ear. Lungs clear and equal with no deformities to chest. Abdomen soft. Deformity to Rt leg. Good distal pulse noted.

Extricated using Stiff Neck Collar and short board. Rt. Leg splinted with ladder splints. Fully immobilized after extrication using long board and blanket rolls. Pt transported with head elevated 10 degrees. Taken to St. Alexius per closest hospital policy. Respiratory status deteriorated en-route in the pt being ventilated with andambu bag.

SOAP Comments

- S) Pt driver of auto that struck power pole at apparent high rate of speed. Bystanders report finding pt unresponsive on their arrival. Accident occurred 10 min. prior to arrival.
- O) Entrapped in front seat behind steering wheel. Seat belt not fastened. Windshield broken in front of driver's seat. Contusions to face and scalp with swelling about eyes, clear drainage from nose and Lt ear. Lungs clear and equal with no deformities to chest. Abdomen soft. Deformity to Rt leg. Good distal pulses in all extremities.
- A) MVA – Multiple injuries
- P) Extricated using Stiff Neck Collar and Short Board. Rt leg splintered with ladder splints. Fully immobilized after extrication using long board, spider straps and head blocks. Transported to St. Alexius per closest hospital policy.

Violence

1. Description of act
2. Location of incident (if different than scene responded to)
3. Type and description of injuries
4. Loss of responsiveness
5. Pertinent observations about the scene



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6. Additional aid given
7. Response to aid given

Narrative Comments

Upon arrival pt found supine on floor of tavern. Reports being involved in an altercation and being shot in Rt thigh. Police report gun to be a .38 caliber hand gun. Pt C/O great pain in Rt thigh. No LOC reported. Lying in a small pool of blood (est. 100 cc).

Bystander applying pressure to entrance wound. Entrance wound noted anterior mid thigh of Rt leg. No exit wound found. Thigh swollen and discolored. Good distal status noted in Rt leg. No other injuries reported. No LOC. Shell casing noted on floor next to patient.

Pressure dressing applied. Leg splinted with ladder splints, pt moved to cart via scoop stretcher. Transported to St. Alexius per closest hospital policy. Rt pedal pulse diminished en-route. Hospital order MAST and inflated (Rt leg only), no further changes noted.

SOAP Comments

- S) Pt victim of GSW to Rt thigh during altercation at this location. Police report gun to be a .38 caliber hand gun. Pt C/O of severe pain in Rt thigh. No LOC reported. No other injuries reported.
- O) Lying on floor of tavern with bystander hold pressure to wound on Rt thigh. Entrance wound noted to anterior Rt thigh. No exit wound seen. Rt thigh discolored and swollen. Small puddle of blood noted next to pt (est. 100 cc). Good distal status in Rt leg. No other injuries noted per survey. Shell casing noted on floor next to pt.
- A) GSW Rt leg.
- P) En-route Rt pedal pulse diminished, hospital ordered application of MAST and inflation of Rt leg. No change in pulse after MAST inflation. No other changes noted en-route.



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STRIP DOCUMENTATION POLICY

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A		B	
A&O x 3	Alert and oriented to person, place, and time	BG	Blood glucose
A&O x 4	Alert and oriented to person, place time and event	BM	Bowel movement
A-Fib	Atrial fibrillation	BPM	Beats per minute
AAA	Abdominal aortic aneurysm	BP	Blood pressure
ABC	Airway, breathing, circulation	BSI	Body substance isolation
ACLS	Advanced cardiac life support	BS	Breath sounds
AMA	Against Medical Advice	BVM	Bag valve mask
amt.	Amount		
approx.	Approximately		
ASA	Aspirin		
ax	Axillary		
ant.	Anterior		
AED	Automatic external defibrillator		
AMS	Altered mental status		
APGAR	Appearance, pulse, grimace, activity, respirations		
C		D	
C-spine	Cervical spine	D5W	5% dextrose in water
C/O	Complaints of	DKA	Diabetic ketoacidosis
CA	Cancer	d/c	Discontinue
CABG	Coronary artery bypass graft	DNR	Do not resuscitate
CAD	Coronary artery disease	DOA	Dead on arrival
C/C	Chief complaint	DVT	Deep vein thrombosis
CHF	Congestive Heart Failure	DT	Delirium tremens
CNS	Central nervous system	Dx	Diagnosis
CO2	Carbon dioxide	DCFS	Department of Children and Family Services
COPD	Chronic obstructive pulmonary disease	DM	Diabetes Mellitus
CP	Chest pain		
CRF	Chronic renal failure		
C-section	Cesarean section		
CV	Cardiovascular		
CSF	Cerebrospinal fluid		
CVA	Cerebral vascular accident		
CMS	Circulation, motor, sensation		
CSI	Conscious sedation intubation		
E		F	
ECG/EKG	Electrocardiogram	F	Female
ED	Emergency Department	flex	Flexion
ETA	Estimated time of arrival	fx	fracture
ETT	Endotracheal tube	FB	Foreign body
ETOH	Ethanol alcohol	F/U	Follow up
exam	examination	ft	foot
ECRN	Emergency Communications R.N		
EMT-B	Emergency Medical Technician Basic		
EMT-P	Emergency Medical Technician Paramedic		



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G		H	
gm	Grams	H/A	Headache
GERD	Gastroesophageal reflux disease	HEENT	Head, eyes, ears, nose, throat
GI	Gastrointestinal	HR	Heart rate
gtts	drops	HTN	Hypertension
GYN	Gynecology	Hx	History
g-tube	Gastrostomy tube	HBV	Hepatitis B virus
GCS	Glasgow Coma Score	HIV	Human immunodeficiency virus
		H2O	Water
		HHN	Hand held nebulizer
I		J	
ICU	Intensive care unit	JVD	Jugular vein distention
ICP	Intracranial pressure	J	Joules
IO	Intraosseous		
IM	Intramuscular		
IDDM	Insulin dependant diabetes mellitus		
IV	Intravenous		
inf	Inferior		
K		L	
kg	Kilogram	Lt	Left
KVO	Keep vein open	LBBB	Left bundle branch block
KED	Kendrick extrication device	L-spine	Lumber spine
		L/S spine	Lumbosacral spine
		L&D	Labor and delivery
		lat	Lateral
		lb	Pound
		LLQ	Left lower quadrant
		LUL	Left upper lobe
		LLL	Left lower lobe
		LUQ	Left upper quadrant
		LMP	Last menstrual period
M		N	
M	Male	N/A	Not applicable
mA	Milliamps	NTG	Nitroglycerin
mcg	Micrograms	npo	Nothing by mouth
MAST	Military anti-shock trousers	NC	Nasal cannula
meds	Medications	NKDA	No known drug allergies
MERCI	Medical Emergency Radio Communications of Illinois	NKA	No known allergies
mg	Milligram	NRB	Non-rebreather mask
max	Maximum	NS	Normal saline
ME	Medical examiner	NSR	Normal sinus rhythm
mm	Millimeter		
mmHg	Millimeters of mercury		
mod	Moderate		
MRSA	Methicillin resistant staphylococcus aureus		
MOI	Mechanism of injury		
min	Minute		
MI	Myocardial infarction		
MVC	Motor vehicle collision		



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O		P	
OTC	Over the counter	PAC	Premature atrial contraction
oz	Ounce	PD	Police department
O2	Oxygen	PEA	Pulseless electrical activity
OB/GYN	Obstetrics and gynecology	PE	Pulmonary embolus
		peds	Pediatrics
		per	By or through
		PJC	Premature junctional contraction
		PM	Afternoon
		PEARRL	Pupils equal round reactive to light
		PMHx	Past medical history
		po	By mouth
		PRN	As needed
		Pt	Patient
		PVC	Premature ventricular contraction
		post	Posterior
		post-op	Postoperative
		pr	Per rectum
		PMS	Pulses, motor, sensory
		PID	Pelvic inflammatory disease
		PPE	Personal protective equipment
R		S	
RBBB	Right bundle branch block	SAMPLE	Method of obtaining a history
RLQ	Right lower quadrant	S/P	Status post
RUQ	Right upper quadrant	SIDS	Sudden infant death syndrome
RLL	Right lower lobe	SOB	Shortness of breath
RUL	Right upper lobe	Subq	Subcutaneous
resp	respirations	sec	second
RML	Right middle lobe	SL	Sublingual
Rx	Prescription	SOP/SMO	Standard operating procedure/standing medical order
r/o	Rule out	SpO2	Oxygen saturation by pulse oximeter
ROM	Range of motion	STAT	Immediately
RA	Room air	s/s	Signs and symptoms
Rt	Right	SVT	Supraventricular tachycardia
RSV	respiratory syncytial virus	ST	Sinus tachycardia
		S-Spine	Sacral spine
T		U	
T-spine	Thoracic spine	UOA	Upon our arrival
TKO	To keep open	URI	Upper respiratory infection
Tx	Treatment	UTI	Urinary tract infection
tab	Tablet		
TB	Tuberculosis		
tbsp	Tablespoon		
tsp	teaspoon		
TMJ	Temporomandibular joint		
trach.	Tracheal		
V		W	
VF	Ventricular fibrillation	WNL	Within normal limits
VS	Vital signs	W&D	Warm and dry
VT	Ventricular tachycardia	wt.	weight
vent	ventilator		



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Fire Chief

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Approved By:
C.A. Haigh, Fire Chief

Original: 04/14/03

Chapter: 300

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Update: 01/ 22/ 2008

NOTICE OF PRIVACY PRACTICES

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

PLEASE REVIEW IT CAREFULLY

If you have any questions about this notice, please contact the Hanover Park Fire Department Privacy Officer of our office at 630/736-6800, 6850 Barrington Road, Hanover Park, Illinois 60133.

FOR COPIES OF AMBULANCE REPORTS

The Hanover Park Fire Department is not the custodian of ambulance reports. These reports are records of the Department's resource hospital. Requests for those records should be directed to:

Sherman Hospital
Medical Records
934 Center Street
Elgin, IL 60120
847/429-8737

WHO WILL FOLLOW THIS NOTICE

This notice describes the information privacy practices followed by Fire Department personnel.

YOUR HEALTH INFORMATION

This notice applies to the information and records we have about your health, health status, and the health care and services you receive at this office.

We are required by law to give you this notice. It will tell you about the ways in which we may use and disclose health information about you and describes your rights and our obligations regarding the use and disclosure of that information.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

For Treatment We may use health information about you to provide you with medical treatment or services. We may disclose health information about you to doctors, nurses, technicians, office staff or other personnel who are involved in taking care of you and your health.

For example, this includes such things as verbal and written information that we obtain about you and use pertaining to your medical condition and treatment provided to you by us and other medical personnel (including doctors and nurses who give orders to allow us to provide treatment to you). It also includes information we give to other health care personnel to whom we transfer your care and treatment, and includes transfer of PHI via radio or telephone to the



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hospital or dispatch center as well as providing the hospital with a copy of the written record we create in the course of providing you with treatment and transport.

Different personnel in our Department may share information about you and disclose information to people who do not work in our Department in order to coordinate your care. Family members and other health care providers may be part of your medical care outside this office and may require information about you that we have.

For Payment We may use and disclose health information about you so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about a service you received from us so your health plan will pay us or reimburse you for the service.

For Health Care Operations We may use and disclose health information about you in order to make sure that you and our other patients receive quality care. For example, we may use your health information to evaluate the performance of our staff in caring for you. We may also use health information about all or many of our patients to help us decide what additional services we should offer, how we can become more efficient, or whether certain new treatments are effective.

SPECIAL SITUATIONS

We may use or disclose health information about you without your permission for the following purposes, subject to all applicable legal requirements and limitations:

To Avert a Serious Threat to Health or Safety We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

Required By Law We will disclose health information about you when required to do so by federal, state or local law.

Research We may use and disclose health information about you for research projects that are subject to a special approval process.

Organ and Tissue Donation If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate such donation and transplantation.

Military, Veterans, National Security and Intelligence If you are or were a member of the armed forces, or part of the national security or intelligence communities, we may be required by military command or other government authorities to release health information about you. We may also release information about foreign military personnel to the appropriate foreign military authority.



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Workers' Compensation We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks We may disclose health information about you for public health reasons in order to prevent or control disease, injury or disability; or report births, deaths, suspected abuse or neglect, non-accidental physical injuries, reactions to medications or problems with products.

Health Oversight Activities We may disclose health information to a health oversight agency for audits, investigations, inspections, or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. Subject to all applicable legal requirements, we may also disclose health information about you in response to a subpoena.

Law Enforcement We may release health information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process, subject to all applicable legal requirements.

Coroners, Medical Examiners and Funeral Directors We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.

Information Not Personally Identifiable We may use or disclose health information about you in a way that does not personally identify you or reveal who you are.

Family and Friends We may disclose health information about you to your family members or friends if we obtain your verbal agreement to do so or if we give you an opportunity to object to such a disclosure and you do not raise an objection. We may also disclose health information to your family or friends if we can infer from the circumstances, based on our professional judgment that you would not object.

In situations where you are not capable of giving consent (because you are not present or due to your incapacity or medical emergency), we may, using our professional judgment, determine that a disclosure to your family member or friend is in your best interest. In that situation, we will disclose only health information relevant to the person's involvement in your care.

OTHER USES AND DISCLOSURES OF HEALTH INFORMATION

We will not use or disclose your health information for any purpose other than those identified in the previous sections without your specific, written *Authorization*. We must obtain your *Authorization* separate from any *Consent* we may have obtained from you. If you give us *Authorization* to use or disclose health information about you, you may revoke that *Authorization*, in writing, at any time. If you revoke your *Authorization*, we will no longer use or



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disclose information about you for the reasons covered by your written *Authorization*, but we cannot take back any uses or disclosures already made with your permission.

If we have HIV or substance abuse information about you, we cannot release that information without a special signed, written authorization (different than the *Authorization* and *Consent* mentioned above) from you. In order to disclose these types of records for purposes of treatment, payment or health care operations, we will have to have both your signed *Consent* and a special written *Authorization* that complies with the law governing HIV or substance abuse records.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

You have the following rights regarding health information we maintain about you:

Right to Inspect and Copy You have the right to inspect and copy your health information, such as medical and billing records, that we use to make decisions about your care. You must submit a written request to the Hanover Park Fire Department's Privacy Officer in order to inspect and/or copy your health information. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other associated supplies. We may deny your request to inspect and/or copy in certain limited circumstances. If you are denied access to your health information, you may ask that the denial be reviewed. If such a review is required by law, we will select a licensed health care professional to review your request and our denial. The person conducting the review will not be the person who denied your request, and we will comply with the outcome of the review.

Right to Amend If you believe health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as the information is kept by this Department.

To request an amendment, complete and submit a Medical Record Amendment/Correction Form to the Hanover Park Fire Department Privacy Officer. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- a) We did not create, unless the person or entity that created the information is no longer available to make the amendment.
- b) Is not part of the health information that we keep.
- c) You would not be permitted to inspect and copy.
- d) Is accurate and complete.

Right to an Accounting of Disclosures You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you for purposes other than treatment, payment and health care operations. To obtain this list, you must submit your request in writing to the Hanover Park Fire Department Privacy Officer]. It



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must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). We may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for it, like a family member or friend.

We are Not Required to Agree to Your Request If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you may complete and submit *the Request For Restriction On Use/Disclosure Of Medical Information* to the Hanover Park Fire Department Privacy Officer.

Right to Request Confidential Communications You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you may complete and submit the *Request For Restriction On Use/Disclosure Of Medical Information And/Or Confidential Communication* to the Hanover Park Fire Department Privacy Officer]. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

CHANGES TO THIS NOTICE

We reserve the right to change this notice, and to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a summary of the current notice in the office of the Village Clerk with its effective date in the top right hand corner. You are entitled to a copy of the notice currently in effect.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact the office of the Privacy Officer of the Hanover Park Fire Department at 630/736-6800, 6850 Barrington Road, Hanover Park, Illinois 60133. You will not be penalized for filing a complaint.



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Approved By:
C.A. Haigh, Fire Chief

Original: 04/14/03

Chapter: 300

Section: 020

Update: 7/30/07

Hanover Park Fire Department

Assignment of Benefits Authorization, Responsibility for Payment and Acknowledgement of Receipt of Notice of Privacy Practices

BILLING AUTHORIZATION, RESPONSIBILITY FOR PAYMENT AND RECEIPT OF NOTICE OF PRIVACY RIGHTS

I understand that I am financially responsible for the services provided to me by the Hanover Park Fire Department ("HPFD") regardless of insurance coverage. I request that payment of authorized Medicare or other insurance benefits be made on my behalf to the Village of Hanover Park for any services provided to me by HPFD. I authorize and direct any holder of medical information or documentation about me to release to the Centers for Medicare and Medicaid Services and its carriers and agents, as well as to the HPFD and its billing agents and any other payers of insurers, any information or documentation needed to determine these benefits or benefits payable for any services provided to me by HPFD, now or in the future. I agree to immediately remit to the Village of Hanover Park any payments that I receive directly from any source for the services provided to me and I assign all rights to such payments to the Village of Hanover Park.

I also acknowledge that I have received a copy of the Hanover Park Fire Department Notice of Privacy Practices. A copy of this form is as valid as the original.

(Please Print)

DATE: _____ RUN NUMBER: _____

NAME OF PATIENT _____

SIGNATURE OF PATIENT OR PATIENT'S REPRESENTATIVE _____

RELATIONSHIP TO PATIENT _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

PATIENT UNABLE TO SIGN BECAUSE: _____
