

Hospital Education Report

For educators, infection control practitioners and risk managers

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HIPAA: Privacy Training Requirements

By now, most everyone has heard about the HIPAA law. Most also know that training on the privacy rules must be complete by April 14, 2003. Many don't have a clear understanding of what the law requires of education departments.

There has been some confusion regarding the dates for compliance. Some of this is the result of the law's evolution. In 1996, Congress passed the Health Insurance Portability and Accountability Act (HIPAA). It's purpose is to improve the portability of health insurance coverage, to combat waste and fraud, to improve access to long-term care services, and to simplify the administration of health insurance. As with most acts of Congress, the original text is cryptic, providing very little in the way of useful guidance to healthcare facilities. That is the role of the standards (i.e., regulations) that are written by various regulatory agencies to implement the law. Among other things, HIPAA required that the Secretary of Health and Human services issue standards with respect to privacy of health information. The Standards for Privacy of Individually Identifiable Health Information, became effective in April 14th of 2001. However, compliance is not required until April 14, 2003.

The privacy standards apply to hospitals, health plans, and health information clearing houses. These entities must have procedures and training in place by the compliance date. Hospitals and health plans must:

- adopt privacy policies and procedures.
- provide patients information on the facility's privacy policies. Patients would be asked to acknowledge the privacy notice but they could still be treated if they did not. Patients can object to the release of their information.

- restrict the communication of healthcare information to the minimum necessary. The “minimum necessary rule” covers both written and oral communication. As originally written, some routine conversations between doctors and nurses could have led to violations. That has been clarified. Healthcare providers can discuss a patient’s treatment with other professionals without fear of a violation. They must use care not to be overheard by others and to keep their communication on a professional level.
- allow patients to inspect their health care information. Patients may request changes if they believe the information is inaccurate.
- designate a Privacy Official to be responsible for privacy procedures.
- train employees so they understand the HIPAA privacy rules and procedures.

The law imposes civil and criminal penalties for violations. Individuals are subject to fines of not more than \$100 per violation, limited to \$25,000 per year. A person who knowingly uses, obtains, or discloses protected information is subject to a fine of not more than \$50,000, imprisonment of not more than 1 year, or both.

The training requirements are an important part of the law. Originally, the rule would have required annual training, but that was relaxed. By the compliance date, all members of a hospital’s workforce must be trained “on the policies and procedures with respect to protected health information required by this subpart” as appropriate for their work function. New members of the workforce must be trained “within a reasonable period of time” after they are hired. Thereafter, workers must receive training on any changes to the policies or procedures. Meeting these minimum legal requirements should not be particularly difficult.

However, a more important objective of training is to protect the confidentiality of protected health information. Loose talk in elevators, hallways, and the cafeteria is no longer acceptable. It’s also unacceptable to initiate conversations with patients about health information where those conversations can be overheard by others, such as waiting rooms. For some, complying with law will require a major behavioral change.

As a minimum, training should ensure that all workers can:

1. identify HIPAA as the law that requires that patient information be kept confidential. They should also know that the law requires that (a) patients have the right to review medical records, (b) only the “minimum necessary” information may be disclosed for business purposes, and (c) patients be given notice of the hospital’s privacy practices.
2. identify the most common causes of breaches of confidentiality... loose talk in public areas.
3. avoid mistakes with information technology that can lead to disclosures of protected information. They should know the precautions to take with fax machines, telephones (e.g., answering machines, analog mobile phones, speaker phones), computers (e.g., passwords, e-mail, printers), and copiers.
4. describe the specifics of your policies and procedures.

Meeting the letter of the law regarding training should be simple. Changing behaviors may be more difficult. Many organizations plan to reinforce this training at least annually.

Biological Terrorism: Training and Outbreak Detection

The detection of a biological terrorist attack will almost certainly be made by healthcare workers. Victims could first appear in almost any area of the hospital including urgent care, pediatrics, and clinics. Early detection by a well trained staff could save thousands of lives.

In testimony before Congress, JCAHO President Dennis O’Leary said, *“More medical care workers must be trained to become familiar with pathogens that may be used in bioterrorism, aware of the symptoms they produce, and alert to the possibility of their use... Such education is essential to a prompt response to any bioterrorism attack”*.

Here are some suggested objectives for a class on bioterrorism. Students should be able to describe:

- Indications of a bioterrorist disease outbreak.
- Symptoms of the major bioterror agents.
- Modes of transmission for these diseases.
- Precautions to take with these diseases.
- Steps to minimize public anxiety during an attack.

Outbreak detection

Staff should be suspicious of...

- a) endemic diseases rapidly emerging at strange times. Such as the flu in the summer.
- b) A rapid influx of sick patients.
- c) Otherwise healthy people becoming ill with similar symptoms.
- d) Diseases that are unusually severe or fatal.
- e) Patients who have attended the same public event or work site.

Symptoms

There are at least twelve agents (bacteria, viruses, fungi, and toxins) that could be used by terrorists. The ones that pose the greatest risk are anthrax, plague, smallpox, and botulism. The symptoms can be easily confused with other, less harmful illnesses:

Anthrax is particularly difficult to distinguish from other respiratory ailments until it’s too late. Dr. Peter Kelly, a consultant and lecturer on infectious diseases says, *“It’s important to remember that people with inhalation anthrax don’t have the sniffles, they don’t have runny noses or itchy eyes, or stuffed up ears. Those really are not part of anthrax.”*

Smallpox should be easy to detect. Dr. Kelly says, *“The distinction with smallpox is that first of all smallpox patients are much sicker than the chickenpox patients. They’re going to have fevers, they’re going to be bed bound. And then the skin lesions are different in their distribution. They tend to start on the face and on any one part of the body at any one time, all of the lesions are in the same stage. And they will march through their stages of papules, to vesicles, to ulcers and ultimately to scab over.”*

Normally, botulism is contracted from contaminated food. A terrorist would most likely use the purified toxin. It causes a flaccid paralysis that begins at the head and descends. This is a different pattern than stroke, which tends to cause unilateral paralysis, or Guillian-Barre' syndrome, which usually causes paralysis beginning at the feet and hands.

Public Anxiety

Public anxiety following a terrorist attack could easily overwhelm healthcare services. Hospitals might even have to deal with mass psychogenic illness. Healthcare workers will be important authority figures for the public. With proper training they can exert a critical calming influence on the public.

Recent Medfilms Awards

Medfilms was honored to have received the following awards.

Telly Award, 23rd Annual Telly Awards, for *Bioterrorism for Healthcare*

Silver Cindy Award, Association of Visual Communicators, for *Pain Management*

Radiological Terrorism: Training for the Unthinkable

In 1987, an radiological incident occurred in Goiânia, Brazil which may have been a preview of what could happen if we have a major radiological incident.

When a group of physicians abandoned a cancer clinic in Goiânia, they left a radiotherapy machine behind. It contained a canister of radioactive cesium 137. Eventually, scavengers entered the building and took the canister. They worked for at least three hours to break it partially open. As they worked, they became sick and nauseated. They didn't know yet but they had radiation sickness. Sick and discouraged, they took the canister to a local junk dealer.

That night, the junk dealer discovered a strange powder in the canister that glowed blue in the dark. Over several days, family and friends handled the gem-like powder. Some painted it on their skin. One used his finger to scribe a glowing "Z", the sign of Zorro, on his chest. Other friends took samples home. Little six year old Leide was playing with the powder when her mother called her to dinner. Like many little girls, she did not wash her hands. Leide received approximately four times the lethal dose.

The radioactive contamination was not discovered for over a week. By that time, nearly a city block and several houses were contaminated. Over 200 people were contaminated, and 120 were hospitalized. Four would die of acute radiation sickness, including Leide. A second disaster developed as news spread through the city. Rumors and misinformation aggravated the situation. Many did not trust government authorities or information, a situation not unlike our Three Mile Island incident. Thousands panicked or became hysterical. They knew that radiation is invisible and that it could make you sick without warning. Some fled in their vehicles. Between 110,000

and 140,000 worried-well overwhelmed the city's healthcare services. Some had psychogenic symptoms of nausea and vomiting which mimicked acute radiation sickness. According to one scientific report, *"the fear was so intense that some people fainted in the queues as they approached their moment of monitoring (for contamination). Many complained of vomiting and diarrhea."*

Even today, sixteen years later, a few have physical disabilities. One still has a "Z" shaped scar on his chest. But, hundreds of the residents of Goiânia suffer from psychological ailments related to the incident.

What Should We Expect

A radiological incident could be the result of an industrial accident, a transportation accident, or terrorist attack. Any of these will almost certainly cause great alarm. Many will remember the near hysteria that accompanied the Three Mile Island incident in 1979. In that incident, no significant radiation was released, and no one was harmed.

Psychologists say that public anxiety is heightened when an incident is characterized by an intentional attempt to do harm and by an open-ended threat. Terrorist attacks are intentional and open ended. Even if an attack involves a single "dirty bomb", we will initially have to assume that there are many more ready to detonate at any time.

Actual injuries from radioactivity should be few. With good medical care, patients can survive even large doses. Long term effects, such as cancer, will probably be minimal. Of 85,000 people who received significant radiation exposure from the Hiroshima and Nagasaki atomic bombings, less than one half of one percent have developed cancer as a result.

We should expect that "worried-well" will overwhelm Level 1 medical facilities. They may overflow to satellite facilities and neighboring cities. The staff in those facilities will have the job of sorting the well from the injured. They will also be in the position of explaining the hazard to worried patients and families.

The National Council on Radiation Protection and Measurements, along with many others, recommend that all healthcare workers receive at least awareness training on radiological incidents.

Direct care providers should be able to explain:

1. the difference between exposure, external contamination, and internal contamination.
2. the short and long term effects of radiation exposure.
3. basic safety procedures (personal protective equipment, radiation monitoring, confinement, decontamination, etc).
4. ways of minimizing anxiety among patients and families.

This training should be presented as part of an "all hazards" approach. For the most part, the procedures that are required for a chemical or biological incident will work for a radiological incident.

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