



HIPAA PRIVACY MANUAL

Guidance for Field Staff

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Introduction

As a healthcare professional, you know that the client facilities served by Alliant have always upheld strict privacy and confidentiality policies regarding access to patient health information. It is Alliant policy that all employees must abide by all rules, regulations and policies of the facility to which they are assigned, including those relating to confidentiality of patient information and patient records. Many clients have recently revised their privacy policies to comply with new privacy rules adopted pursuant to the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”).

As healthcare providers covered under HIPAA, the facilities to which you might be assigned by Alliant must provide you with appropriate training and orientation so that you can incorporate their privacy policies and procedures into your job role. However, it is also important for Alliant clients to know that you have some general knowledge of the HIPAA privacy rules.

To that end, Alliant has developed this manual to help our field staff understand the requirements for confidentiality and privacy under HIPAA. It gives guidance about workplace practices that may affect privacy and confidentiality, includes examples to illustrate potential situations in which privacy and confidentiality may be breached and contains a short test for you to complete and return to Alliant.

The potential consequences of noncompliance with client privacy policies and HIPAA can be serious and include termination of an assignment, termination of your employment with Alliant, civil penalties for the client, restrictions on your license to practice and even criminal penalties. Patient privacy is now more than an ethical obligation, it is also a legal obligation. It is therefore very important that you understand the HIPAA privacy rules and are familiar with the privacy policies of the client to which you are assigned.

1 What is HIPAA?

HIPAA stands for the Health Insurance Portability and Accountability Act of 1996. It covers three areas:

- Portability – ensuring continuity of coverage when moving from one health plan to another
- Accountability – expanding the government’s fraud enforcement authority
- Privacy and Security – protecting patient privacy and the confidentiality of protected health information

Under the third component, new privacy rules have been established to protect an individual’s medical records and other personal health information. These rules are the focus of this Manual.

Privacy Rules

In brief, the HIPAA privacy rules:

- Give patients more control over their health information
- Set boundaries for the use and release of medical records
- Establish appropriate safeguards that health care providers must put in place to protect the confidentiality of protected health information
- Enable patients to find out how their information may be used, and about certain disclosures of their information that have been made
- Generally limit release of information to the minimum reasonably needed for the purpose of the disclosure
- Give patients the right to examine and obtain a copy of their own health records and request corrections

Under the HIPAA privacy rules, a “covered entity” may not use or disclose individually identifiable health information except:

- as authorized by the individual who is the subject of the information;
- for treatment, payment and health care operations; or
- as otherwise permitted by the regulations.

A “covered entity” includes hospitals and other health care providers, health plans and health care clearinghouses (such as billing services). Essentially, HIPAA covers those who provide, bill or pay for medical care or process health information.

Generally, therefore, patient authorization is required for the disclosure of health information for purposes other than treatment and payment. The kind of information that is protected is described below. However, not all health information is treated exactly the same way under HIPAA. For example, psychotherapy notes are subject to stronger privacy protection. Treatment notes created by a mental health professional cannot be disclosed without individual authorization, even for purposes of treatment or payment.

The privacy rules apply to everyone working at a health care provider facility – including Alliant staff assigned to a client facility - who uses, accesses or interacts with patient information or patients in any way.

2 Enforcement

The Office for Civil Rights, in the Department of Health and Human Services, enforces the HIPAA privacy rules.

Breach of patient privacy can lead to civil and criminal penalties. Civil penalties are fines of up to \$100 for each violation of a requirement per individual. For instance, if a hospital released patient records, it could be fined \$100 for each record, up to a maximum of \$25,000.

Criminal penalties for “wrongful” disclosure can include not only large fines, but also jail time. The criminal penalties increase with the seriousness of the offense. For example:

- Knowingly releasing patient information can result in a one-year jail sentence and \$50,000 fine
- Gaining access to health information under false pretenses can result in a five-year jail sentence and a \$100,000 fine
- Releasing patient information with harmful intent or selling the information can lead to a 10-year jail sentence and a \$250,000 fine

3 Protected Health Information

Under HIPAA, the health information that is covered is called protected health information or PHI. PHI is any information that identifies an individual and meets one of the following definitions:

- It is created or received by a health care provider, health plan, employer, or health care clearinghouse,
- It relates to the past, present, or future physical or mental health or condition of an individual, or
- It describes the past, present, or future payment for the provision of health care to an individual

Such information may be on paper, electronic or verbal. In other words, all forms of information are confidential and must be protected! This could include: medical records, charts, handwritten notes, notes on report sheets, patient schedule forms and phone calls.

Examples of information that might identify someone include:

- Name
- Address
- Employer
- Relatives' names
- Date of birth
- Telephone and fax numbers

- E-mail address
- Identifying numbers such as social security number, medical record number, account number etc.
- Any other information that could be used to identify the patient

This information can only be used for permissible purposes and access to it must be limited to only those individuals who need the information for a legitimate purpose.

4 Facility Policies

The facility to which you are assigned should have policies in place to protect PHI. The policies that you need to know will depend on your role and the facility must educate you about the policies that will apply to you. Such policies might include:

- Defining who has access to PHI
- Listing the types of authorized disclosures and the procedure for releasing information
- When information may be released and how that release is documented
- Computer access

It is important for all Alliant staff to be familiar with the policies of the facility at which they are working. Be sure to read them carefully. If you have questions, see your supervisor or consult the designated privacy official at the client facility to which you are assigned.

Note that even though reasonable safeguards have been set up by the facility to prevent disclosures of PHI, sometimes an incidental disclosure occurs. A healthcare worker who makes an incidental disclosure will not be in violation of the privacy rules, provided the disclosure cannot reasonably be prevented, is limited in nature and occurs as a by-product of otherwise permitted use or disclosure.

For example: a patient in a doctor's office accidentally overhears part of a telephone conversation while walking down the hall (although note that it is important to take reasonable steps to safeguard conversations that may be overheard!).

Other types of disclosure will go beyond incidental and will be a violation of the privacy rules. For example:

- A doctor reviews a patient record and leaves it in the staff lounge to continue reviewing later
- A receptionist can be overheard in the waiting room while he/she converses with patients on the phone

5 Protecting Confidentiality

HIPAA introduces a new concept known as the "minimum necessary standard."

This means that healthcare providers must make reasonable efforts to disclose or use only the minimum necessary amount of protected health information they need to do

their jobs. This is the standard that guides healthcare facilities as they develop policies to protect patient privacy.

Note that the minimum necessary standard does not apply to sharing information for treatment. Clinical staff may look at the patient's entire record and share information freely with other clinicians directly caring for that patient.

Hospitals and other healthcare facilities therefore have to balance the need to protect patients' privacy and how much information needs to be disclosed to deliver quality care.

Even when providing care, however, there may be information you know or could find out that you don't need to share or discover to do your job. Ask yourself, "Do I or others need to know this to do our jobs?"

For example, if a patient is placed in an isolation room, you may become aware of why he or she is there, or may suspect you know why. This is confidential information about a patient and you should not communicate it to anyone else.

The orientation you receive from the facility to which you are assigned will normally include examples of the kind of confidentiality safeguards that have been put in place by the facility. For example, facility policy might require you to:

- Close patient room doors when discussing treatments and administering procedures
- Close curtains and speak softly in semi-private rooms when discussing treatments and administering procedures
- Avoid discussions about patients in elevators and cafeteria lines
- Not leave messages regarding patient conditions or test results on answering machines or with anyone other than the patient
- Avoid paging patients using information that could reveal their health issues

6 Patient Records

Your assignment facility should educate you about its policies regarding safeguarding patient records in your possession, both paper and electronic.

Here are some common sense examples of good practice:

- Do not leave records unattended in an area where others can see it
- When you are finished using paper patient information, return it to its appropriate location, i.e., the medical records department or a file at a nursing station
- When discarding paper patient information, make sure the information is shredded or locked in a secure bin to be destroyed later. Leaving paper patient information intact in a wastebasket could lead to a privacy breach. For example, records could spill out of the wastebasket or the paper information could blow out of a garbage truck into the street

If you have access to electronic medical records, further safeguards are required:

- Use screen savers to block patient information displayed on unattended computer monitors
- Log off the system before you walk away
- Point computer monitors so that visitors or people walking by cannot view information
- Do not keep your password written down. Never share passwords with anyone
- Change your password regularly according to the facility's policy

7 Faxes and Email

HIPAA does not prohibit faxing or emailing patient information specifically, but security mechanisms are necessary to protect the confidentiality of the information. Keep in mind that faxed patient information can easily fall into the wrong hands, which would be a violation of privacy. Before faxing any patient information, check to see if facility where you are working has a policy that limits its use.

If you do fax patient information, make sure you are faxing it to a dedicated fax machine in a secure location and make certain that the person the information is being faxed to actually receives the fax. If you know you will receive a fax that contains patient information, tell the person faxing the information to warn you ahead of time so that you can be present to receive it.

Do not let faxed patient information lie around a fax machine unattended. Immediately dispose of or file faxed information before others can see it.

Check with your supervisor to see whether the facility has a policy for sending and receiving e-mail. Be sure to familiarize yourself with this policy if you use e-mail in your job. This policy will likely cover both the procedure for transmitting PHI electronically and safeguards for the facility computer system (e.g. protection against viruses etc.).

Remember that work e-mail is not meant for personal use. Sharing or opening attached files from an unknown source can open the door to viruses and hackers. It's also important to remember that you can never be sure who will have access to your e-mail on the receiving end. So never send confidential information about a patient in an e-mail unless doing so is permitted under the facility's e-mail policy.

As with faxes, do not let printed e-mails lie around. Immediately dispose of printed e-mails after use or file them in the medical record, as appropriate.

8 Release of Information

The healthcare facility where you are working should have policies in place about the circumstances when PHI may be disclosed. Such policies will likely cover: disclosure for treatment purposes, disclosure for payment purposes, disclosure at the request of the patient or representative, disclosures required by law, disclosures for research, disclosures as part of a litigation process or disclosures of directory information. Make sure you are familiar with the policies that may apply to your job and, if you are ever uncertain about a disclosure, check with a supervisor.

For example: A patient you are caring for may have requested not to be listed in the hospital directory. A friend calls and asks to speak to the patient or for the patient's room number. You should check if the patient is listed. If not, you may not disclose that the patient is in the hospital. Instead say: "Thank you for asking, but we do not have any information on that person."

Note that giving information over the phone, in good faith, when you believe the disclosure is authorized, is OK. For example: A father calls and wishes to check the condition of his son. The patient has authorized that information may be provided to family members. You are not sure if this is the patient's father. However, you may give out the information over the phone. You are entitled to accept that the person calling is who they say they are.

There are exceptional cases in which providers are required to release information regardless of whether the patient agrees, and the law allows that.

The following list gives examples of circumstances in which an organization may release information:

- There are laws that require providers to report certain communicable diseases to state health agencies. The provider must report when patients have these diseases, even if the patient doesn't want the information reported
- The Food and Drug Administration requires providers to report certain information about medical devices that break or malfunction
- Some states require physicians and other caregivers who suspect child abuse or domestic violence to report it to the police
- Police have the right to request certain information about patients when conducting a criminal investigation
- Certain courts have the rights, in some cases, to order providers to release patient information
- Providers must report cases of suspicious deaths or certain injuries, such as gunshot wounds
- Providers report information about patients' deaths to coroners and funeral directors

Patients are usually informed when their health information is reported to police or others outside the facility, but they do not have the right to control their information in these cases.

The facility where you are working should have procedures in place to ensure it complies with the law and makes reports when necessary. Unless reporting this information is part of your job, you should not report it yourself. Check with your supervisor when you have questions about whether a report is necessary.

9 Reporting a Breach of Privacy

All of the client facilities to which you may be assigned should have designated a "Privacy Officer" who is normally the person designated to handle complaints.

If you think there has been a privacy breach, or that privacy violations may be occurring regularly in the organization where you are working, you must immediately notify Alliant and the facility Privacy Officer or other designated person at the facility. If you don't know who to contact at the facility, you should ask a Alliant representative for assistance, ask your supervisor or consult the organization's privacy policy.

Examples of the type of occurrences that you should report include:

- Sharing passwords
- Passwords left out in plain sight
- Someone is seen looking up patient information without a work reason to do so
- Patient records are left lying out exposed
- Someone removes patient records from the facility without authorization

You may also file a complaint with the Office for Civil Rights (OCR) in the U.S. Department of Health and Human Services if you suspect the facility is not complying with HIPAA. Patients and members of the public may do this too.

A complaint must be filed in writing (either on paper or electronically) within 180 days of the date the complainant knew about the violation of privacy.

The OCR has the authority to audit an organization's privacy practices for HIPAA compliance, and will likely do so by reviewing the organization's policies and procedures and interviewing staff.

10 Alliant Staffing Policy for Confidentiality Statements

Alliant requires every employee to sign a confidentiality statement, which may be provided to any client on request. The confidentiality statement is part of your employee agreement. In addition, you may be required by Alliant or the client to participate in additional training about HIPAA.

You may also be asked by the client facility to which you are assigned to sign an additional confidentiality and/or non-disclosure agreement confirming that you will abide by all rules, regulations and policies of the client regarding confidentiality and patient privacy under HIPAA.

It is important to remember that failure to maintain patient privacy may lead to termination of an assignment and termination of your employment by the Company, as well as further repercussions as designated by the applicable credentialing board and available at law. Also, your confidentiality obligations continue after the termination of your employment, regardless of the reason for termination.

11 Quick Review

Q. A technician updates a chart, leaves the chart on the nursing station desk and walks away. Is this a breach of the privacy rules?

A. Yes. The chart should be filed appropriately, not left out in plain view.

Q. A nurse calls a restaurant where a physician is having dinner and asks the hostess to have the doctor call the hospital about the pain medication for Mr. Jones. Is this an appropriate message?

A. No. The message contains patient identifying information. The correct message would have been to ask the doctor to call the hospital as soon as possible and ask for the nurse.

Q. Whiteboards are used to display patient name, diagnosis and room number. The boards are placed where the public cannot see them. You notice that the name of a well-known local celebrity is on the board. May you inform the local newspaper that he is in the hospital?

A. No. To do so would be a HIPAA violation.

Q. A doctor puts printed lab results that he/she no longer needs into the shredder. Is this the correct action to take?

A. Yes.

Q. It has been regular practice to leave the records system open and logged on at the nurses' station computer at the end of a shift. This saves time during shift changes for staff who need to retrieve records. Is this allowed under HIPAA?

A. No. It may be a timesaver, but this practice is not allowed. It is equivalent to sharing a password. Log off the system when you leave the station.

Q. A man tells you that he is here from JCAHO to perform an accreditation review. He wants your password to log on to the electronic medical record system. What should you do?

A. Ask the man to show you his JCAHO identification and find out who his contact is at the facility. The contact can take him to the appropriate area and give him the information he needs. If the man cannot tell you who his contact is, call your supervisor or the privacy officer.

Q. A patient calls your department and requests that their test results be faxed to a specialist. The patient gives you the fax number. The results are ready, but it's after hours. Should you fax the information?

A. Check if the facility has a policy on who may fax clinical reports. In any event, it is not good practice to send the fax to an unattended machine unless you know it is in a

locked room or has a locked cover. You have no way to ensure that someone besides the physician or his staff will not see the fax.

Q. A member of the Clergy calls to ask what room Joe Smith is in. How do you respond?

A. Check the patient's directory status. If the patient is in the directory and has not placed any restrictions on releasing this kind of information, you may inform the caller of the room number.

Q. You are a nurse in the emergency room. A child is brought in with suspicious bruises and other injuries. You suspect that the child is being abused, but her mother insists she is not and begs you not to report the incident. What should you do?

A. Check with your supervisor or the facility's privacy official to find out if state laws apply. That person can, if needed, check with legal counsel. If the state requires it, the case must be reported to the police. Making the report will most likely not be your responsibility – again, check with your supervisor.



EMPLOYEE OSHA SAFETY MANUAL

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(301) 718-2210

*REVIEW INDIVIDUAL FACILITY POLICY AND PROCEDURE MANUALS
THOROUGHLY AT THE TIME OF ORIENTATION AND REVIEW ANNUALLY
THEREAFTER.*

Revised 11-15-04

GENERAL SAFETY

A safe work environment is everyone's right and responsibility. Report unsafe hazards to your site supervisor right away.

Floors should be free of trip or fall hazards: report torn carpeting, loose tiles, cracked linoleum, spilled liquids or materials.

Corridors should be uncluttered to guarantee easy passage and accessibility: report objects or materials that are in the way.

Exits and stairways should be secure and fire-proof.

Flammables and volatiles should be kept to a minimum and stored according to unit specifications: report any unusual situations.

Electrical materials should be free of cracks or frays and used properly: report old cords with problems, overloaded electrical outlets, plugs that are not grounded (three pronged).

Gas cylinders should be properly stored to prevent accidents from falling and explosions: report any that are not securely fastened.

Fire fighting equipment should be ready and accessible for use at anytime: report any materials that obstruct fire extinguishers, any damage or obstruction to fire alarms.

Equipment and furnishings should be in good condition, clean and functional: report any equipment or furnishings that are broken, soiled or not functioning properly.

Outside environmental areas should be maintained so that they are safe, hazard-free and accessible: report any spills, clutter, broken pavement or holes in sidewalks and parking areas.

BODY MECHANICS

Posture:

Good posture is not just "standing tall". It refers to the correct use of the body at all times. Part of the treatment of low back pain is correction of faulty posture. In order for the body to function efficiently, muscles, joints, bones and ligaments must not be strained. The body feels less fatigued and can work more effectively if segments are well balanced.

Lifting an object:

Lift a corner of the object to decide if you can safely lift and carry it. If in doubt, get help.

Wear sturdy shoes with non-skid soles and avoid loose clothing you could trip over.

Stand close to the object, squat with knees bent and back straight, grip firmly, bring the object close to your body and push up slowly with your legs.

Carry the object waist high and close to your body.

Take small steps and move your feet to change direction. Do not twist.

Lower the load slowly with knees bent.

Place the object on the edge of a surface and slide it back.

Transferring a patient:

If you are not sure you are able to transfer a patient safely, ask for help.

Maintain the natural curve of your back and proper body alignment.

Bring the patient as close to your body as possible.

Keep your stomach muscles loose.

Turn or pivot with your feet. Avoid twisting.

Use body weight and momentum to move the patient.

Maintain a wide base of support by moving your feet apart.

FIRE SAFETY

In the event of a fire, remain calm especially when with patients and visitors. Use the following procedure:

R - A - C - E

- R** - Rescue people in the vicinity of the fire. If the fire is in a room with patients, remove the patients first. Turn off oxygen units, close the door and leave the lights on.
- A** - Alarm - pull the fire alarm and/or call 911. Be prepared to report the exact location of the fire to the fire department.
- C** - Confine the fire by closing doors and windows to the immediate fire area. Make sure that fire exits are clear. Stuff wet towels under the door if smoke is present.
- E** - Extinguish - If you can do so safely, extinguish the fire using the extinguisher properly. If the fire is a manageable size, and you can determine its type and the corresponding type of extinguisher to use, you may choose to put out the fire if the fire department has not arrived. ***Remember that water extinguishers cannot be used on electrical fires or on burning liquids.***

If the fire is not in your immediate vicinity, close all doors and windows. Ask patients and visitors to remain in their rooms.

ELECTRICAL SAFETY

It is prudent to follow electrical safety practices everywhere. Electrical safety is especially important in the healthcare environment because in the patient population, the resistance to electrical shock provided by the skin is compromised by I.V.'s, pacemaker wires, chest tubes, surgical drains and incisions. Therefore the patient population is at greater risk for microshock than the general public.

Although the biomedical engineering staff at most hospitals perform routine electrical safety testing on all equipment, it is everyone's responsibility to be aware of electrical hazards and report them. If any piece of equipment is suspected of having an electrical safety problem, it should never be used on a patient.

All power cords should have a three prong (grounded) plug. Check to make sure all three prongs are intact and firmly attached to the plug.

A broken or cracked chassis on a piece of equipment does not have proper shielding and therefore should not be used.

When disconnecting equipment from the power outlet, be sure it is turned off first. Pull the plug rather than the cord to prevent stress on the junction between the prong and the wire.

Never use any equipment with a cracked or frayed cord.

When unplugging equipment, if the plug feels hot or looks charred, report it right away.

Avoid using outlet strips and extension cords when possible.

Fluids are a good conductor and therefore should be used only with the utmost of care. If fluid is accidentally spilled into an electrical device, you should immediately unplug the device, even prior to turning it off.

HAZARDOUS MATERIALS

In a patient care setting, many potentially hazardous materials are utilized. Therefore all manufacturers shipping any material or chemical that is classified as hazardous must provide the purchaser with a document called a Material Safety Data Sheet (MSDS). An MSDS provides the manufacturer's name, exposures, what to do in the event of a fire or spill, how to dispose of the chemical, and personal protective equipment to be used when handling the chemical.

If you observe a hazardous materials spill:

Notify the site supervisor immediately.

Call for chemical spill assistance if you and your supervisor deem it necessary.

Block off the area to restrict access until the spill is properly cleaned up.

If there is a risk to staff, patients or visitors, evacuate the area and implement the procedure for fire response **(R-A-C-E) - see Fire Safety**

If you can confirm what the product is, refer to the MSDS to determine safe cleaning procedures. Clean the spill only if you are familiar with the proper procedure for cleaning up the material.

INFECTION CONTROL / UNIVERSAL PRECAUTIONS

OSHA Standard 29 CFR 1910 1030 mandates the application of universal blood and body fluid/substance precautions for all patients. These protective standards are implemented in order to protect employees, physicians and patients from the transmission of infections and are inclusive of protection against the transmission of Human Immunodeficiency Virus (HIV) and Hepatitis B Viral (HBV) in health care settings. Precautions must be strictly followed whenever there is a possibility of exposure to blood or other body fluids/substances. Health care workers need to exercise judgement in making decisions about anticipating exposure and when to use appropriate barrier precautions. Further, these standards do not negate the need for currently used isolation procedures, but rather emphasize universal blood and body fluid/substance precautions for all patients regardless of their isolation status or diagnosis.

Handle the blood and body fluid/substances of all patients as potentially infectious.

Wash hands before and after all patient and specimen contact.

Wear gloves when contact with blood or body fluid/substances is anticipated. Remove gloves after each individual task.

Wear protective barrier equipment (ie. gloves, gowns, masks and eyewear) when any blood or body fluid/substance contact is anticipated.

Wear a mask for protection against airborne transmitted disease.

Place used syringes, needles and blades immediately in a nearby puncture resistant container. Generally, needles should not be recapped or manipulated in any way

Process all potentially infectious material with the biohazard symbol.

Protect any non-intact skin (e.g. chapped, abraded or afflicted with dermatitis) from contact with body substances.

Wash your hands, arms, face, etc. immediately and thoroughly if you have had an unprotected contact with body substances.

Contact both the site supervisor and your Alliant Staffing supervisor immediately when you have had an exposure to blood or body fluid/substances such as a needle stick or a splash of blood.

HEPATITIS B VACCINATION POLICY

Alliant Staffing assumes all responsibility for protection for their employees against Hepatitis B according to OSHA guidelines.

All employees are required to review the Alliant Staffing Employee Safety Manual during the initial orientation process. Alliant Staffing maintains a record of signed acknowledgement on each employee that they have reviewed the above-mentioned manual. Any new or revised guidelines issued by OSHA will be provided to all Alliant Staffing employees.

Alliant Staffing maintains a permanent record on all employees of the following:

- Hepatitis B vaccination

- or

- Positive Hepatitis B antibody titer

- or

- Signed and witnessed waiver of declination of vaccine by personal choice

Alliant Staffing will provide, free of cost, Hepatitis B vaccine to all employees who so desire this. Those who have signed a waiver are eligible to request vaccination at any time.

PATIENT RESTRAINTS

There are three types of situations in which a healthcare provider may use physical restraints on a patient. A written order and/or permission statement must be on file before implementing a restraint. In an emergency situation, use the policy of the facility to which you are assigned. The three situations are as follows:

Voluntary Restraint: with the consent of the patient, conservator, parent or legal guardian, restraints are used to protect the patient from injury and/or to maintain patency of medical or therapeutic devices. Evidence of consent must be present in the medical record.

Involuntary Behavioral Restraints: are physical or mechanical devices used to involuntarily restrain the movement of all or a portion of a patient's body as a means of controlling violent or assaultive behavior with the intent to prevent a patient from harming self or others.

Treatment Restraint: are soft limb restraints, posey vests and other forms of restraints used to protect a child or adult who is:

- Confused or disoriented
- or
- Unable to call for assistance
- or
- Unable to follow instructions for his/her personal safety
- or
- Interfering with the integrity of a dressing or wound

REPORTING VICTIMS OF ABUSE

The law generally requires that any healthcare giver who knows, or reasonably suspects, that a patient has suffered any injury as a result of assault, abuse or neglect, must make a report to a law enforcement or other designated agency, whether or not the patient wishes to press charges. Always follow the policy of the facility to which you are assigned when reporting a victim of abuse.

The following are some of the signs of abuse:

Domestic (Spousal/Partner) Abuse:

- injuries inconsistent with the explanation given
- repeated ER visits for injuries, vague or stress related complaints or emotional problems
- multiple injuries in various stages of healing
- significant delay in seeking treatment for injuries
- injuries to the face, head, neck, chest abdomen or genitals
- injuries during pregnancy (abused women are battered more frequently while pregnant)
- suicidal ideation or suicide attempts (battering frequently precipitates suicide attempts)
- history of sexual abuse

Dependent Adult/Elderly Abuse:

- Physical abuse and/or neglect: visible appearance of burns, head injuries, bruises and/or malnutrition
- Mental abuse: apparent fear, withdrawal, depression and/or confusion, isolation
- Financial exploitation: accumulation of numerous unpaid bills when someone was supposed to pay them.
- The lack of appropriate clothing when there should be income available.
- Missing personal belongings

Sexual Assault:

forced	sexual intercourse
forced	sodomy
forced	oral copulation
forced	penetration by a foreign object

Child Abuse:

- injuries inconsistent with explanation given
- repeated ER visits for injuries, vague or stress related complaints
- multiple injuries in various stages of healing
- significant delay in seeking treatment for injuries
- withdrawn, fearful demeanor
- malnutrition