



Department of
**Emergency
Medical Services**

Wake County Public Safety Center
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EMS 2008-07-001

MEMORANDUM TO: All Personnel

FROM: Skip Kirkwood, M.S., J.D., EMT-P
Chief, Wake County EMS Division

SUBJECT: Management of Protected Health Information

DATE: July 24, 2008

GENERAL:

1. Safeguarding protected health information (PHI) is an important responsibility of all members of the Wake County EMS Division.
2. These responsibilities are further clarified in the Wake County Emergency Medical Services Confidentiality Agreement, which is to be executed by each employee during their initial HIPAA education session, and annually thereafter during HIPAA refresher training.
3. Initial HIPAA education will be delivered to employees during their EMS Orientation, before access is granted to the patient care reporting system.
4. In the event that any element of this policy conflicts with any policy promulgation of the Wake County Manager, the Wake County Attorney, or the Wake County Privacy Officer, the considerations set forth herein shall be secondary.
5. This policy applies to all members of the Wake County EMS System who produce patient care reports or who are afforded access to the Wake County Electronic Patient Care Reporting (ePCR) System, paper patient care records, or any other repository of protected health information. It is promulgated under the authority of the Director, Department of Emergency Medical Services.

PATIENT CARE REPORT HANDLING

EMS Personnel Procedures

1. Patient care reports (PCRs) will be prepared by EMS personnel in the prescribed areas of receiving hospitals, within EMS vehicles, or within EMS stations as often as is practicable. If a PCR is prepared in another location, care will be taken to safeguard PHI from inadvertent disclosure.
2. For patients transported to a hospital with printing capabilities, a copy of the PCR will be printed at the receiving hospital and will be presented to an authorized hospital staff member.
3. For patients transported to a hospital, print the agency copy of the completed record at hospital. The printed record along with required additional documentation (ECG strips, signature forms, refusal forms, etc.) shall be attached. This copy is to remain in the physical custody of the employee that prints it until it is secured in the vehicle
4. Printed records will be secured in the record folio in the ambulance. Folios should be stored in the ALS equipment compartment (where the PCR laptop is maintained when not in use)
5. Immediately upon arrival at ANY EMS station, printed records should be removed and deposited into the repository box at that station. This should occur at the first EMS station a unit stops at in the course of their daily operation, and not be delayed for them to return to their home station later or at the end of their shift.
6. Where a patient is not transported to a hospital, or for any other situation in which the PCR is printed at a location other than a hospital, records should be transferred to the vehicle folio as described above (if printed away from an EMS Station) or immediately placed in the station repository box, and handled as described below.
7. Employees should visually confirm that all records have completely entered the repository box
8. Record folios will be added to the daily inventory checklist and will need to be transferred between units when changing ambulances

Supervisory Procedures

1. Prior to departing the office each shift, the District Chiefs should have three empty "Pick-Up" transport bags on their vehicle. Bags should be stored out of plain view (i.e. not on the dashboard, etc.)

2. Upon arrival at an EMS station, the District Chief should unlock the repository box and empty all PCRs. These records should be placed into one or more “Pick-Up” bags and those bags locked prior to departure. Record audits are permissible at the stations, however records should remain outside of the view of anyone not party to the call being reviewed.
3. When the District Chief completes their audit of all PCRs, the records that are ready to be delivered to the Business Office should be placed into one of the “Billing” transport bags and locked. Offices should be locked whenever PCR records are present, including those secured in the transport bags.
4. Prior to departing the office each shift, the District Chiefs should have any “Billing” transport bags containing records on their vehicle. Bags should be stored out of plain view (i.e. not on the dashboard, etc.)
5. The “Billing” transport bags should be delivered to the Business Office during regular business hours and handed to one of Administrative staff members. Special arrangements will be made for delivery during holiday periods.
6. Each District is assigned 3 “Pick-Up” bags and 3 “Billing” bags. Each permanent District Chief is assigned an access key and one additional key will remain on the key ring with the keys for accessing the repository boxes. Lost keys and bags should be reported to the Assistant Chief for Operations and EMS HIPPA Liaison (Clinical Affairs Officer) immediately.

PHYSICAL ACCESS CONTROLS

1. EMS facilities are not open to individuals not employed by (or volunteering for) the EMS agency.
 - a. Where non-employees are present in EMS facilities, they shall be escorted by EMS employees, who are responsible for preventing unauthorized access to PHI.
 - b. Where EMS facilities are shared with another agency (e.g., a fire department), PHI will be handled only in private EMS areas. PHI should be secured prior to leaving any EMS station unattended.

- c. Printing of personal or additional copies of PCRs, or the taking of PCRs for any non-official purpose is strictly prohibited. The making or taking of unauthorized copies of PCRs for any reason is a serious violation that may result in discipline including termination of employment.
2. PCRs and additional attached documents shall be retrieved by EMS District Chiefs and placed in secure, locked bags provided for transportation of PHI documents between facilities.
3. PCRs will be transported by EMS District Chiefs to EMS Headquarters, and transferred to the Medical Records Clerk, who shall maintain the PCRs in locked file cabinets. When PCR volume exceeds on-site capacity, PCRs shall be packaged for transport to secure storage in the locked area of the EMS warehouse. Records aged for disposal shall be destroyed by secure shredding utilizing the contracted service provided by Wake County General Services Administration.
4. The office of the Medical Records Clerk shall be locked at any time when not occupied by authorized personnel.
5. PCRs shall be printed from the electronic PCR system, or retrieved from the files by the medical records clerk, only upon request of the Medical Director, Clinical Affairs Officer, an officer conducting an investigation authorized by the Assistant Chief – EMS Operations, or by a medical records clerk acting on an appropriate request for disclosure. The electronic PCR system maintains a log of all access to records. A log shall be maintained of all physical requests for PCRs, which shall include:
 - a. The date and time of that access was provided.
 - b. The name of the requesting officer.
 - c. The reason for the request.
 - d. The nature of the information provided (original PCR and attachments, copy of the PCR, or viewing only).
 - e. The disposition, if hard copy is provided. The requesting officer shall either return the copy provided or shall sign indicating that the copy has been destroyed by shredding.

ACCESS REVIEW:

1. The Clinical Affairs Officer will serve as the EMS Liaison to the Wake County HIPAA Privacy Officer and shall review PHI access on a quarterly basis, reporting any concerns to the Department Director and to the Wake County HIPAA Privacy Officer.

2. The Wake County HIPAA Privacy Officer shall conduct an annual review of this procedure and, in cooperation with the Clinical Affairs Officer, of compliance therewith.

EMERGENCY ACCESS:

The Clinical Affairs Officer shall be the single point of contact for emergency access to EMS medical records. In the absence of the Clinical Affairs Officer, the Department Director or the Chief EMS Officer may authorize and provide emergency access.

SENSITIVE AREAS:

1. All EMS office spaces are considered sensitive areas when PHI is being prepared, handled, or examined.
2. The office of the Medical Records Clerk is a sensitive area at all times. See Physical Access Controls #8. This requirement applies to analogous administrative spaces of contract EMS agencies.
3. The secure EMS cage at the Wake County EMS warehouse is considered a sensitive area. This building is frequently unoccupied, during which time it is locked, protected by secure card access and premises alarm, and is patrolled by Wake County contract security services.

RULES OF BEHAVIOR and COMPUTER ACCESS:

1. The security features of the electronic PCR system will be utilized to minimize access to PHI by unauthorized personnel.
2. All EMS personnel are personally accountable for the security of the laptop computers assigned for PCR preparation, in accordance with published directives specifying policies and procedures therefore.
3. The ability to query the PCR data base, to extract data, and to print PCRs from the ePCR system shall be limited to the following:
 - a. Wake County Medical Records Clerk;
 - b. Wake County EMS System Clinical Affairs Officer;
 - c. Wake County EMS Division Chief – Applied Technologies (ePCR system administrator)
 - d. Medical Director and Associate Medical Director(s);
 - e. Wake County Assistant Chief – EMS Operations.

- f. Chief EMS Officers and administrative assistants – contract EMS agencies (limited to data produced by the respective contract EMS agency).
4. Where data is extracted from the ePCR system for operational or clinical analysis, patient-identified PHI shall not be included in any resulting database. Extracted data containing geo-specific data generated from the Raleigh-Wake 911 Center Computer-Aided Dispatch System is not considered PHI but shall be handled so as to prevent access by unauthorized persons.
5. PHI in electronic form shall not be maintained on any personally-assigned laptop computer that may be taken away from a Wake County facility, nor shall it be downloaded to any magnetic or optical media (CD, DVD-ROM, thumb drive, etc.) except for secure long term storage for disaster recovery, or as necessary to facilitate transfer to other necessary analysis applications.
6. Where it is necessary to create portable copies of ePHI data:
 - a. A record of the dataset created should be entered in the physical request log identified in the “PHYSICAL ACCESS CONTROLS” section above.
 - b. The copy(s) should remain on the person of the handler during transfer and be destroyed as soon as it is no longer needed. Destruction of the storage media should be documented in physical request log.

PATIENT CARE REPORTING COMPUTERS

The management of computers used by EMS for processing patient records requires an extraordinarily high degree of attention to protect the integrity of the equipment and the information contained on them.

PREVENTIVE MEASURES

1. PCR Laptops should be stored in the front ALS compartment (where the Pediatric bag is kept) of the ambulance when not in use. This keeps the computer close proximity to a wall outlet for charging, secured from being a projectile in case of collision, and removes the PCR laptop from plain view should someone look in doors or windows.

2. PCR Laptops should not be left unattended when not in the ALS compartment. Whether in the EMS room at the hospital or in public spaces at EMS stations, these devices should remain within your custody and control when not properly secured in the vehicle.
3. The Windows operating system should be closed and the computer shut down completely when not actively being used for the purpose of gathering information or otherwise processing patient records.
4. On the desktop computers at the stations, the Healthware application should remain closed when it is not actively being used for the purpose of entering information or otherwise processing patient records.

LOSS DISCOVERY MEASURES:

When a computer is determined to be missing or otherwise not in the possession of the EMS unit responsible for it, regardless of the assumed reason, the following actions will be taken:

1. EMS CREW

- 1.1. Notify District Chief immediately, by telephone, regardless of hour. Do not initiate an independent search prior to making this notification.
- 1.2. Place the EMS unit out of service with RESCOM.
- 1.3. Search unit and quarters.
- 1.4. Return to last known point of use (hospital, etc.)
 - 1.4.1. Search EMS areas
 - 1.4.2. Contact staff in area, ascertain if computer seen or secured for safekeeping
- 1.5. Return to station (or as directed by District Chief); complete UER.
- 1.6. Notify family that you will be held over for up to 12 hours, or until the computer is located whichever is less.
- 1.7. Assist District Chief with item 2-6 or other activities as directed.

2. DISTRICT CHIEF

- 2.1. Notify Operations Chief and EMS HIPAA Liaison by telephone regardless of hour.

- 2.2. Determine last known point of use.
- 2.3. Travel to last known point of use.
 - 2.3.1. Contact security; determine if computer seen or secured for safekeeping
 - 2.3.2. Request immediate review of video surveillance.
- 2.4. If not located by crew or at last known point of use, determine unit locations and statuses for last eight hours.
- 2.5. Contact each on-duty system supervisor and arrange for contact/search of all Wake County EMS System units and stations.
- 2.6. Repeat steps 3(a) and 3(b) for all places where the EMS unit has stopped in the last eight hours.
- 2.7. Notify family that you will be held over for up to 12 hours or until computer is located, whichever is less.
- 2.8. If at any time there is any evidence that a crime has been committed (computer stolen), direct that a report be made with the appropriate law enforcement jurisdiction immediately.

3. OPERATIONS CHIEF

- 3.1. Notify EMS Chief and EMS Applied Technologies Officer by telephone regardless of hour. The chief of any contract EMS agency involved in an incident shall also be notified.
- 3.2. Determine, with District Chief, hospital security, RESCOM, etc., other EMS system and private transport units that were present at the last known point of use.
- 3.3. After 0630 and before 2330, contact chief officers or duty officers of other EMS system units and request search for the computer.
- 3.4. If at any time there is any evidence that a crime has been committed (computer stolen), direct that a report be made with the appropriate law enforcement jurisdiction immediately.
- 3.5. If computer is not located within 72 hours, direct repeat of steps 2(5) and 2(6).

4. EMS CHIEF

- 4.1. After 0730 and before 2330, notify the EMS Director (7 days per week), Wake County Attorney's Office, Wake County HIPAA Compliance Officer, EMS Division Public Information Officer (7 days per week), and Wake County Public Affairs Officer.

- 4.2. Convene EMS Command Staff and review situation, determine additional measures.
- 4.3. If at any time there is any evidence that a crime has been committed (computer stolen), direct that a report be made with the appropriate law enforcement jurisdiction immediately.
- 4.4. Within 48 hours, excluding weekends, convene an inter-departmental response team consisting of representatives of the Wake County Attorney's Office, the Wake County HIPAA Compliance Officer, the Wake County EMS Division, and the Wake County Public Affairs Office. The chief of any contract EMS agency involved in an incident shall also be included in the inter-departmental response team.
- 4.5. If computer is not located within 72 hours, regardless of evidence of a crime being committed, direct that a report be made with the appropriate law enforcement jurisdiction immediately.
- 4.6. If computer is not located within 7 days, in consultation with HIPAA Compliance Officer and Wake County Attorney's Office, begin notification/mitigation procedures utilizing outside contractor.
- 4.7. If computer is not located within 7 days, in consultation with HIPAA Compliance Officer Wake County Public Affairs Officer, issue press release to local media.

ACCOUNTABILITY:

1. Wake County personnel violating the provisions of this policy are subject to discipline up to and including termination of employment.
2. Contract agency personnel violating the terms of this policy are subject to discipline in accordance with contract EMS agency policies and procedures.
3. A contract agency that fails to take reasonable measures to assure compliance with this policy by its employees (including volunteers) may have its contract to provide emergency medical services in Wake County revoked.

EFFECTIVE:

The foregoing is effective immediately, and will be incorporated in to the EMS Division Standards at the next regular revision.