

University of Connecticut Health Center

*A Procedure Guide For Non-Paid Student
Educational Experiences
At The University of Connecticut Health Center*



Prepared by the Department of Human Resources

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INTRODUCTION

The purpose of this manual is to guide you through the procedural steps for non-paid student educational experiences at the University of Connecticut Health Center.

A UCHC non-paid student educational experience is defined as an educational experience that is relevant to the student's current course work or course of study. There are two types of educational experiences at UCHC.

- **Job Shadowing/Observation Experience** is defined as: An individual/student from a "School Sponsored Program" who, as part of their class work, observes clinical/professional services provided at this institution, but does not provide any direct "hands on" care/application.
- **Non-Paid Student Internship** is defined as: An individual/student from a "School Sponsored Program" who, as part of their class work, has an established rotation in a specific UCHC department. There is no payment for these services. This experience is expected to have a "hands on" aspect to it.

In order for a student to participate in a non-paid educational experience at the Health Center, the following criteria must be in place:

- A faculty member from the student's school/university must initiate a request for a student experience.
- All requests for a student placement must be approved by the UCHC department host/preceptor/manager.
- The individual must be enrolled as a student in their school/university.
- The individual's school/university will accept responsibility/liability for the student's educational experience at UCHC through a "School Sponsored Program" contractual agreement.
- All required UCHC documentation and forms must be in place prior to the student starting his/her educational experience.
- Prior to the student starting his/her educational experience, he/she will receive the appropriate compliance/regulatory training needed to fulfill mandated state and federal statutes.

Requests for JDH hospital student educational clinical experiences (i.e. nursing student placement graduate and undergraduate, physical therapy, pharmacy, respiratory therapy, etc.) will be coordinated by the JDH/Department of Staff & Patient Education. You can contact them at: (860) 679-2002.

Requests for any student experiences in UMG or UConn Health Partners will be coordinated by the UMG Clinical Coordinator. The contact number is: (860) 679-3665.

A request for an international non-paid student educational experience at UCHC must go through Jaishree Duggal in Human Resources. She can be contacted at (860) 679-4430.

The content that follows will identify and explain the steps in the process to bring an individual "on board" for a UCHC Non-Paid Student Experience.

Bringing A Student “On Board” To Job Shadow/Observe or As A Non-Paid Intern

Step 1: Request for A Non-Paid UCHC Educational Student Experience

The UCHC host/preceptor/manager is contacted by the student’s/students’ school/university to request an educational experience for a student or group of students.

Step 2: Required Documentation/Forms

If the host/preceptor/manager agrees to the educational experience, he/she will explain and provide the required documentation and forms to the school/university requesting the student experience.

Required documentation and forms can be found on the UCHC website at this address:

<http://employ.uchc.edu/training/learningopportunities.html> then click on Hosting A Non Paid Student Educational Experience. which will take you to this address:

<http://employ.uchc.edu/training/hosting.html>

The following documents/forms must be completed by the school/university or student for any educational experience at UCHC.

Document 1: Student Contract for School Sponsored Program – this contract outlines the responsibilities and expectations of the affiliating school/university with respect to the student educational experience at UCHC.

All contracts can be found at this address:

<http://employ.uchc.edu/training/learningopportunities.html> then click on Hosting A Non Paid Student Educational Experience. which will take you to this address:

<http://employ.uchc.edu/training/hosting.html>

Directions:

- a) Host/Preceptor/Manager obtains two copies of the appropriate contract from the website address above
- b) Host/Preceptor/Manager obtains information for contract
- c) Host/Preceptor/Manager fills out required contract fields on-line then prints copies
- d) Host/Preceptor/Manager mails both contracts to the Affiliating school/university for signature
- e) Affiliate mails both contracts to UCHC host/preceptor/manager
- f) If affiliating school/university returns the contracts with any edits or additions, the adjusted contract needs to be approved by the Assistant Attorney General’s Office prior to a senior level manager’s signature
- g) Host/Preceptor/Manager gets appropriate senior level management’s signature on both contracts
- h) Host/Preceptor/Manager places one original contract in student’s file, and mails the other original back to the affiliating school/university

Step 2 Continued:

****Please use the appropriate student contract for your area. They are:**

- ✓ **University of Connecticut Health Center - Student Contract for School Sponsored Program (this contract is used for UCHC experiences in the School of Medicine, School of Dental Medicine, John Dempsey Hospital, and UConn Medical Group)**
 - ✓ **Correctional Managed Health Care (CMHC) Student Contract for School Sponsored Program**
 - ✓ **Paramedic Experience/UCHC - Student Contract for School Sponsored Program**
-
- **Document 2: Form A – Verification of School Held Student Health Records –** this form verifies that the student has had the required immunizations/health screenings prior to coming on-site to the Health Center. **Document found in Appendix A**
Directions:
 - a) Host/Preceptor/Manager sends form to the affiliating school/university along with the two contracts and sign-off sheets
 - b) Affiliating school/university returns signed form to UCHC host/preceptor/manager along with the contracts and sign-off sheets
 - c) Host/Preceptor/Manager places signed form in student’s file.

 - **Document 3: Form B – Confidentiality Policy Statement –** The student acknowledges receipt of this document and signs off that he/she will comply with this policy with respect to holding patient, personnel and organizational information in confidence. **Document found in Appendix B**
Directions:
 - a) Host/Preceptor/Manager has student read and then sign Confidentiality Policy Statement form
 - b) Host/Preceptor/Manager places signed form in student’s file.

 - **Document 4: Form C – HIPPA Privacy/Security Student Training Packet -** This training packet includes a review of the organization’s policies and procedures relating to protecting and securing patient information. **Document found in Appendix C**
Directions:
 - a) Host/Preceptor/Manager has student read packet and sign the last page indicating that he/she has completed the training packet
 - b) Host/Preceptor/Manager places signed form in student’s file.

Step 2 Continued:

- **Document 5: Form D – Background Information Sheet** – This information is being solicited for purposes of conducting criminal and/or other background checks. **It takes an average of two weeks for background checks to clear. Document found in Appendix D**

Directions:

- a) Host/Preceptor/Manager gives form to student to fill out and sign
- b) Host/Preceptor/Manager returns completed form to Public Safety MC3925 to conduct background check (make sure that your name and mail code are on the form so that Public Safety can return)
- c) Public Safety will return form to Host/Preceptor/Manager indicating whether the background check has been cleared
- d) Host/Preceptor/Manager places cleared Background Information Sheet in student's file
- e) If the student is a University of Connecticut full-time student (this includes all regional campuses) he/she is not required to have a background check completed

Documentation for Students under Age 18: In addition to the first five documents above, the following documents listed below have to be completed as well.

- **Document 6: Form E – Parent Permission Form for Observational/Internship Student Experience** – This form is to be completed by the minor's parent or legal guardian. It verifies that permission is granted for the student to participate in a Student Observational/Internship Experience at UCHC; and grants permission for the student to be treated medically and/or surgically in the event of an emergency while participating in the educational experience. **Document found in Appendix E**

Directions:

- a) Host/Preceptor/Manager gives form to student to have parent/legal guardian fill out
- b) Parent/legal guardian reads, fills out, and signs form
- c) Student returns form to host/preceptor/manager
- d) Host/Preceptor/Manager sends signed original form to the Office of Research Safety (MC3930)
- e) Host/Preceptor/Manager retains a copy of form in student's file.

- **Document 7: Form F – Safety Clearance Form – for Minor Student's** – This form outlines the guidelines for safely supervising a student observer/intern who is a minor. **Document found in Appendix F**

Directions:

- a) Host/Preceptor/Manager completes form and returns to the Office of Research Safety, MC 3930, prior to student minor beginning their educational experience
- b) Host/Preceptor/Manager reviews these guidelines with the student minor and others that may assist you with your duties as a preceptor
- c) Host/Preceptor/Manager retains a copy of this form in the student's file.

Step 2 Continued:

- **Document 8: Form G: General Safety Information for Minors With Potential Exposure To Industrial Hazards/Safety Checklist for Student Minor With Potential Exposure To Industrial Hazards** – This form should be completed by host/ preceptor/ manager with the student minor when they first begin their educational experience. **Document found in Appendix G**

Directions:

- a) Host/Preceptor/Manager goes over 11 items on Safety Checklist Form with student minor
 - b) Both student minor and host/preceptor/manager initial each item in the appropriate column
 - c) Host/Preceptor/Manager returns completed form to the Office of Research Safety Office (MC3930)
 - d) Host/Preceptor/Manager retains a copy of this form in the student's file.
- **Document 9: Form H: Student Services Request/Position Description** – This two-paged form is to be completed by host/preceptor/manager for student minors in an area that has potential industrial exposure. **Document found in Appendix H**

Directions:

- a) Host/Preceptor/Manager fills out Parts I – IV of form
- b) Host/Preceptor/Manager returns completed form to the Office of Research Safety (MC3930)
- c) Host/Preceptor/Manager retains a copy of this form in the student's file.

Step 3: Student File

Host/Preceptor/Manager creates a student file for each student whether observational or an internship he/she is hosting. All student documents and forms should be housed in this file. Files should be kept on record by the host/preceptor/manager. The Agency will maintain Records in accordance with the state of Connecticut's record retention policy.

Step 4: Student Orientation/Safety Training

- Once all documentation/forms are completed, host/preceptor/manager provides the student with the UCHC Orientation Self Learning Package (SLP)
- Student reads through the SLP and signs-off on form on last page of SLP
- Signed form is placed in student file
- Host/preceptor/manager contacts Department of Research Safety to arrange for appropriate safety training for student.

Please note that students may not begin their UCHC educational experience without the required safety training.

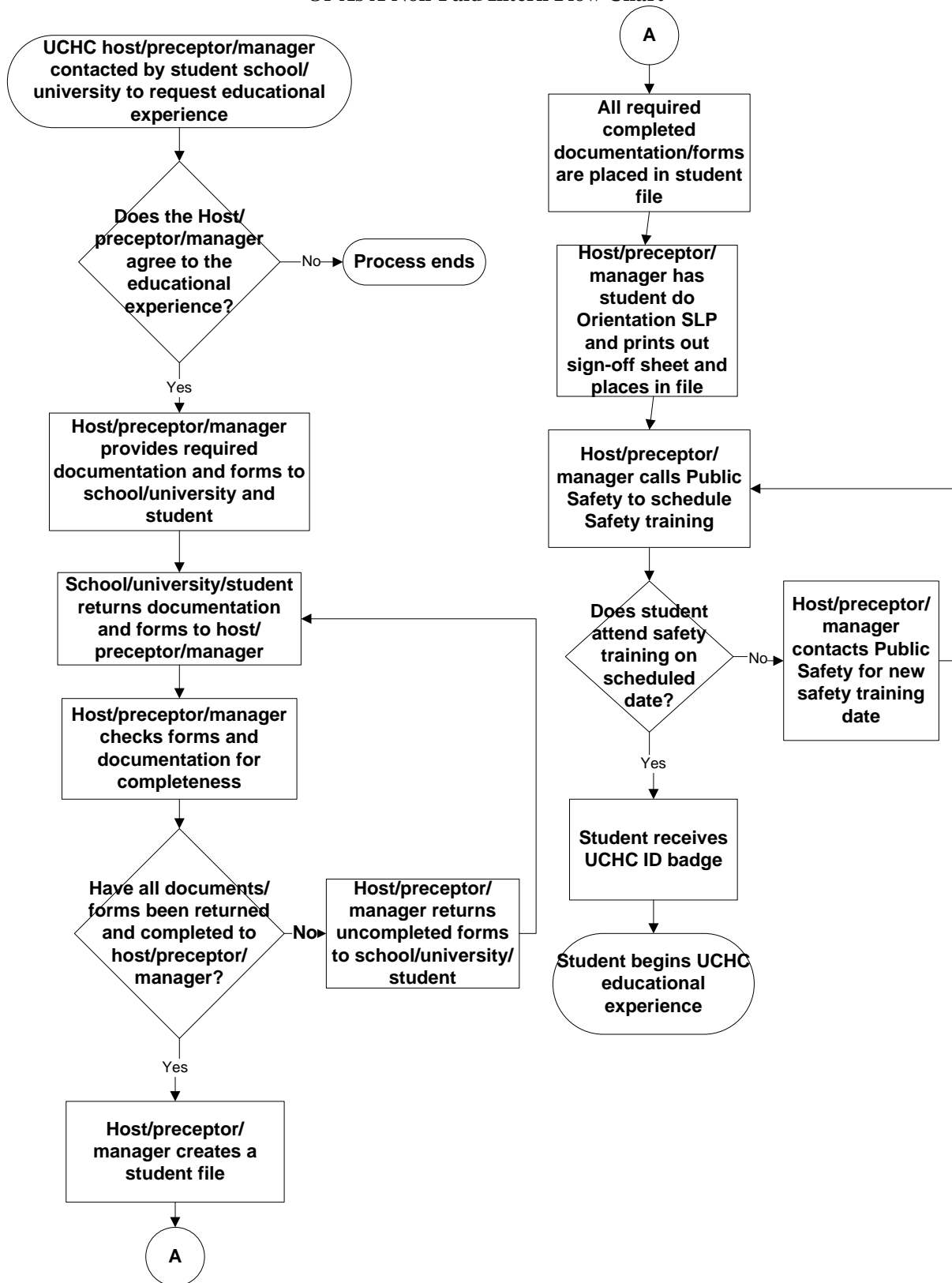
Step 5: UCHC Student Identification

All students who are at the University of Connecticut Health Center participating in a school sponsored educational experience (observational or internship) must have appropriate UCHC identification obtained through the Department of Public Safety.

- Once all documentation/forms are completed, and student has signed off on the UCHC Orientation SLP, and attended the appropriate safety training class session, the host/preceptor/manager takes the student down to Public Safety to obtain UCHC identification to be worn while on the UCHC campus at all times

If you have any questions, please contact the Department of Human Resources/Organization & Staff Development at (860) 679-3419.

**Bringing A Student “On Board” To Job Shadow/Observe
Or As A Non-Paid Intern Flow Chart**





University of Connecticut Health Center

Form A

VERIFICATION OF SCHOOL HELD STUDENT HEALTH RECORDS

2011-2012

I _____ verify that the administrative
(School/Agency Contact)

offices of the of at _____ have on record for the
(School of Origin)

student(s) listed on following page.

***Health Requirements for Affiliation Experience**

- Evidence of 2 measles and mumps immunizations if born on or after January 1, 1957 (1 Vaccine must be documented after 1980) **or** documented immunity by positive laboratory titers for measles and mumps.
- Evidence of current immunization for rubella **or** an immune laboratory titer.
- Evidence of non-reactive PPD (not more than one year old) or documentation of treatment and resolution of active TB episode or documentation of a negative chest x-ray after a positive PPD.
- Documentation of current varicella (chickenpox) titer or verbal history of varicella **or** documentation of a positive immunity by laboratory titer.
- Documentation of declination or acceptance of Hepatitis B Immunization **or** a positive titer after 1st series. When the titer is negative, evidence of 2nd series of 3 doses **and** titer after that.

**Students Enrolled in a Student Observational/Internship Experience Program
At the University of Connecticut Health Center**

Date of Experience: _____

Please print clearly the following information on the space provided below:

- Student's Name
- Address
- Local Phone Number

1.)
2.)
3.)
4.)
5.)
6.)
7.)
8.)
9.)
10.)

School Contact Authorized Signature Institution Date

This form is valid for students affiliating at the University of Connecticut Health Center.

Please return to the student's UCHC Host/Preceptor/Manager.

Please Do Not send individual student health records to the University of Connecticut Health Center.

Completed Form MUST BE MAINTAINED in the student's file

POLICY NUMBER 2002-43
Form B 04-05**POLICY: CONFIDENTIALITY**
POLICY STATEMENT:

This policy covers all persons working, volunteering or doing business with UCHC both during and after employment, volunteering and/or when business with UCHC has been completed or terminated. This policy prohibits confidential information as defined by Federal (such as Health Insurance Portability & Accountability Act), State of Connecticut (such as Freedom Of Information {FOI}) and UCHC policy (e.g. Research, JDH/UMG/Dental patient confidentiality) from being accessed, disclosed or released in any format to or by any person/business that does not have a "need to know" without the proper consent of the individual/patient involved and/or UCHC. In addition, certain information considered confidential by UCHC may be subject to State of Connecticut FOI but should not be released before obtaining specific authorizations from appropriate level of UCHC management. Formal FOI requests for confidential information should be sent to the Office of the Executive Vice President for Health Affairs.

• **Conduct of Personnel:** All individuals are expected to be professional and maintain confidentiality at all times, whether dealing with actual records, projects, or conversations, and abide by the obligations of contractual confidentiality agreements. Situations in violation of this policy include, but are not limited to:

- a. "Loose" talk among healthcare workers regarding medical information about any patient or fellow employee.
- b. Allowing unauthorized access on Health Center computers to confidential patient information, financial data, confidential research data, or employee personal information.
- c. Sharing of information acquired by persons in the course of their work to others who don't have a need to have the information; accessing information that the individual doesn't have the authority to access in the course of their work, or doesn't have a need to know to carry out their job duties.
- d. Disclosure of the anonymity or medical information of research participants without the research subject's permission.
- e. Sharing of information relative to confidential Human Resources matters.
- f. Breach of confidentiality obligations regarding the disclosure of confidential information that is subject to a duly signed confidentiality or research agreement.
- g. Discarding confidential documents in non-secured trash. (Secured shredder bins must be used).

Examples of Types of Information to be Protected:

1. Patient Information: Patient information must not be accessed, removed, discussed with or disclosed to unauthorized persons, either within or outside of the institution, without the proper consent of the patient. All individuals having access to confidential information are bound by strict ethical and legal restrictions on the release of medical data. No individual therefore may disclose to a third party, including his/her own family, information learned from medical records, patient accounts, management information systems, or any other confidential sources during the course of his/her work. No individual may access confidential information that they do not have a need to know to carry out their job duties. Employees may not access, release or discuss the medical information of other employees without proper consent, unless the employee must do so to carry out specific assigned job functions. Employee patient information should never be accessed for employment reasons. Employees

may not access their own medical, billing or scheduling information.

Confidentiality Policy
Policy #2002-43 (5/20/04)
Page 2

2. UCHC Information: UCHC information that must be protected includes but is not limited to:

- Ongoing negotiations (labor contracts, leases, purchases)
- Pending litigation and/or investigations
- Information that is proprietary, e.g., information that allows UCHC to be more competitive in the marketplace. For example: an innovative approach that is described in a grant proposal.
- Confidential commercial or financial information

This information may not be accessed, removed, altered or disclosed unless UCHC administration has given proper authorization.

3. Individual Matters: This includes personnel, medical, and other similar files where unauthorized access or release, falsification or destruction of confidential individual records is strictly prohibited.

• **Disposal of Confidential Documents:** Confidential documents must be disposed of utilizing the designated locked containers for shredding.

• **Reporting Breach of Confidentiality:** Persons must report violations of this policy. Options include reporting to a supervisor, Department Chairperson, UCHC Compliance Office, UCHC Privacy Officer, UCHC Information Security Officer or by calling the confidential “Reportline” at 1-888-685-2637.

• **Disciplinary Action for Non-compliance:** Violation of this policy is cause for disciplinary action up to and including dismissal.

Peter Deckers, MD (signed) 6/24/04
Executive Vice President for Health Affairs Date

• **Acknowledgement of Understanding:**

I acknowledge receipt and will comply with the UCHC Policy on Confidentiality. I understand that in the performance of my duties I must hold patient, personnel and organizational information in confidence. I recognize that I have a duty to report violations of this policy. I further understand that violations of this policy are cause for disciplinary action up to and including termination.

Signature	Name (Print)	Date
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Replaces: Policy presented to Health Affairs Committee on September 1, 1994
Senior Group Approval June 27, 1994
Revised: 2/99, 10/00, 3/01, 8/02. 5/04



**Form C
2011-2012**

Dear Student,

As many of you know, all health care organizations were required to be compliant with HIPAA Privacy Regulations in 2003 and later HIPAA Security Regulations that became effective in 2005. New legislation referred to as HITECH in 2009 addresses additional requirements. One of the requirements under these laws is mandatory training for all students who, as part of their training, will have access to patient's protected health information. This training includes a review of the organization's policies and procedures relating to protecting patient information.

We have developed the attached training packet for your review and completion. It is a summary of your responsibilities as a student working at The University of Connecticut Health Center (UCHC). Completion of these materials will satisfy your training requirements for any UCHC site. At the end of the text is a self-scoring quiz of the materials.

Please sign the last page of the packet indicating that you have completed the training packet and return it to your instructor, host, and preceptor or the individual that is responsible for your student rotation here at UCHC. Continued participation in your Program is contingent upon proof of completion of this material. We are available to you to answer any questions or to address any concerns about the privacy and security of patient information during your work at UCHC.

Thank you in advance for your cooperation,

Iris Mauriello, RN, CHC
Corporate Compliance Integrity Officer and HIPAA Privacy Officer

Jonathan Carroll
AVP, Enterprise IT Operations and Information Security Officer

University of Connecticut Health Center (UCHC) Student HIPAA Privacy/Security Training and Summary of Relevant HIPAA and HITECH Policies **Academic Year 2011-2012**

The Health Insurance Portability and Accountability Act (HIPAA) was originally passed by Congress in 1996. In April of 2003 a key portion of this act, HIPAA Privacy Regulations, came into effect and in April 2005, the HIPAA Security Regulations became effective. Most recently Congress passed The Economic Stimulus Act officially titled the American Recovery and Reinvestment Act of 2009. This Act includes significant expansion of HIPAA Privacy and Security requirements. Within this massive legislation, a section titled the Health Information Technology for Economic and Clinical Health (HITECH) Act requires changes to HIPAA Privacy and Security. As of the date this training is written, the U.S. is awaiting further detailed guidance on the HITECH Act from several government agencies.

All health care entities subject to these regulations must abide by these rules. These regulations **do not** supersede Connecticut State law where State requirements are more stringent. The Office of Civil Rights has been given the authority to enforce these regulations. Both civil and criminal penalties are associated with violations.

One of the administrative requirements of the regulations is training on the internal policies and procedures of covered entities related to patient privacy and security. As a student at the University of Connecticut Health Center (UCHC), you are required to complete this self-learning packet and review the associated policies.

These regulations require hospitals/clinics to have in place appropriate processes to safeguard Protected Health Information (PHI). These safeguards include:

- Access level security for information systems.
- Protocols for requesting and disclosing patient information through the Department of Health Information Management.
- Protocols for disclosing PHI to family members and friends of patients.
- Protocols for confidential waste destruction.
- Speaking quietly while discussing a patient's condition with family members in public areas.
- Avoiding using patient identifiable information in publicly accessed areas.
- Not leaving PHI unattended.
- Protecting personally assigned passwords for access to systems with PHI and not sharing with others.
- Not sending PHI over the Internet unless you confirm that it is encrypted.
- Reporting breaches immediately to the proper persons in the institution.

All students, employees and medical staff members are reminded not to conduct conversations about patients in public areas such as public elevators, corridors, lobbies and the cafeteria. Although the regulations acknowledge that there will occasionally be an incidental disclosure, such occurrences should be unavoidable and limited in nature. Information learned within the course of your work as a student should not be disclosed outside the institution at any time unless properly authorized.

The regulations also impose changes to the approval process for research. All research conducted at UCHC must be reviewed and approved/waived by the Institutional Review Board (IRB).

All HIPAA Privacy and Security Policies and Procedures can be located via the UCHC Policies Home Page at www.policies.uchc.edu.

Completion of this training material will satisfy your training requirement for:

- University of Connecticut Health Center
- John Dempsey Hospital
- University Medical Group (all locations)

Protected Health Information (PHI) and Electronic Protected Health Information (ePHI)

PHI is defined as any individually identifiable health information that is maintained or transmitted in any form. There are many “identifiers” that can link an individual to health information (i.e. name, address, SS#, insurance plan numbers, email address etc.). ***All health information that can be linked to an individual must be protected.***

ePHI is defined as individually identifiable health information that is transmitted by electronic media or maintained in electronic media. Examples of ePHI may include any medium used to store, transmit, or receive PHI electronically.

Refer to UCHC policy # 2003-03 “*Privacy Definitions*” and the UCHC HIPAA Security policy website for more detailed explanations of PHI and other HIPAA related terms.

UCHC Training of Workforce: HIPAA Privacy and Security

As was mentioned in the introduction to this packet, UCHC workforce must be trained on Federal HIPAA regulations and UCHC organizational policies related to security and privacy of protected health information.

Refer to UCHC policy # 2003-07 “*UCHC Training of Workforce: HIPAA Privacy and Security*”

Notice of Privacy Practices

Under the HIPAA regulations patients are entitled to receive a “Notice of Privacy Practices” which informs patients about how their PHI is used and disclosed as well as their rights and how to exercise those rights. This notice is completed and acknowledged by the patient at the time of first service delivery as part of the “Permission to Treat” form (HCH 901). Returning outpatients will be asked to sign the form every six months thereafter and inpatients will be asked to sign the form at the time of each admission.

The UCHC “*Notice of Privacy Practices*” may be found at <http://health.uchc.edu/privacy/index.htm>.

Refer to UCHC policy # 2003-13 “*Permission to Treat/Assignment of Benefits/Authorization to Release Medical/Dental Records/Acknowledgement of Receipt of Notice of Privacy Practices*” and the associated form for more information.

Sharing PHI Without Authorization

Healthcare providers may share PHI *without* patient authorization for:

- Treatment within and between UCHC providers (i.e. JDH, UMG, UCHP).
- Payment for treatment.
- Health care operations (i.e. quality improvement, training, compliance reviews, evaluating caregiver performance).

There are other specific circumstances where authorization is not required before disclosing PHI.

Refer to UCHC policy #2003-27 “*Use and Disclosure of PHI Where Authorization or Opportunity for Patient to Agree or Object is **NOT** Required*” and “*Certification Regarding Subpoena*” for more information.

When is authorization required for disclosure of PHI?

In general, if access, use, or disclosure of PHI does not fall within the treatment, payment, or operations categories outlined above you must have the patient’s signed authorization. A valid authorization includes specific requirements. Always use UCHC HIPAA compliant authorization forms. A patient may withdraw authorization at any time except to the extent that UCHC has already used or released information while the authorization was still valid. Written revocation must be made to the Director of Health Information Management.

Refer to UCHC policy # 2003-16 “*Authorization for Release of Information*” and associated authorization form for more information.

Disclosure of PHI to Friends and Family Members Involved in a Patient's Care

When the patient is present and has the capacity to make health care decisions, UCHC will provide the patient an opportunity to agree or object to the disclosure of PHI to friends or family members involved in his/her care before the disclosure occurs.

When the patient is not present, or the opportunity to agree or object to the disclosure cannot practicably be provided because of the patient's incapacity or an emergency circumstance, UCHC may determine whether the disclosure is in the best interest of the patient. Refer to UCHC policy #2003-25 "*Use and Disclosure Involving Family and Friends*" for more detailed information.

Disclosure of Patient Information to the Public and Community Clergy Members

Unless a patient objects, UCHC may disclose that patient's location (room number and telephone number) to persons who inquire about that patient **by name**. Members of the clergy will also be provided a patient's religious affiliation unless the patient objects.

Inquiries made by the media/press must be directed to the UCHC Office of Communications. The telephone operator will assist.

Refer to UCHC policy #2003-26 "*Directory Information: Disclosure of a Patient's Information*" for more detailed information.

Disclosure of PHI via E-mail

PHI should be hand delivered or mailed whenever possible. However, e-mailing of patient information internally to authorized personnel **within the UCHC system** is allowable to facilitate treatment, payment and health care operations. These e-mails can **only** be sent from and to secure e-mail addresses within the UCHC network. UCHC defines a secure e-mail address as one that ends with *uchc.edu*.

E-mails of PHI cannot be sent unless the recipient address can be verified as being secure.

Refer to UCHC policy #2003-22 "*E-Mail: Use and Disclosure of Protected Health Information*" for more detailed information.

Use of the UCHC Secure Messaging Portal

Secure Messaging is a UCHC developed system which provides electronic messaging functionality in a secure, encrypted mode for use in communicating PHI electronically with patients and human subjects. To protect the confidentiality and privacy of PHI of patients/human subjects when the information must be communicated via electronic means rather than in person or via mail delivery the Secure Messaging System must be used.

Refer to UCHC policy #2004-01 “*Electronic Communication of PHI: Use of the Secure Messaging Portal.*” for more detailed information.

Disclosure of PHI via Facsimile

Faxing of patient information outside of the facility is allowable in situations when health information is needed immediately for patient care purposes, continuing care placement, payment or when mail or courier delivery will not meet a necessary timeframe.

Employees authorized to FAX patient health information must confirm the accuracy of the FAX numbers and security of recipient machines by calling the intended recipients to verify the numbers and notify them that the FAX is on the way.

When expecting the arrival of a FAX containing PHI, schedule with the sender whenever possible to ensure that the faxed documents can be promptly removed from the FAX machine.

Facsimile machines that receive and/or transmit health information must be located in a secure and controlled area so information being displayed or printed is not accessible to unauthorized users.

Refer to UCHC policy # 2003-23 “*Faxing of Protected Health Information*” and fax cover sheet for more detailed information.

Telephone/Voicemail/Answering Machine Disclosure of PHI

Patient PHI shall not be left on voicemail/answering machines. Information left on answering machines/voicemail shall be generic in nature and not indicate services being performed or provider of such services. If the patient is calling to obtain information about him/herself staff shall verify identity of person(s) on the phone using information available in the Registration system: e.g. last four digits of the social security number and date of birth. The verification requirements are met if UCHC relies on the exercise of professional judgment or acts on a good faith belief in making a disclosure.

Refer to UCHC policy # 2003-24 “*Telephone/Voicemail/Answering machine Disclosure of PHI*” for more detailed information.

Disclosure of Protected Health Information by Whistleblowers

PHI may be used or disclosed by whistleblowers or workforce member or student crime victims under certain circumstances. If the workforce member believes in good faith that UCHC has engaged in conduct that is unlawful or otherwise violates professional or clinical standards, the workforce member may disclose PHI to the UCHC Corporate Compliance Office and/or a government agency. A member of the UCHC workforce or student who is the victim of a crime may disclose PHI to a law enforcement official, provided that the PHI disclosed is about the suspected perpetrator of the crime and the PHI disclosed is limited to certain data items.

Refer to UCHC policy # 2003-08 “*Use and Disclosure of Protected Health Information by Whistleblowers and Workforce Member Crime Victims*” for more detailed information.

Restrictions on the Use and Disclosure of PHI

Patient care units and departments must review and honor approved patient requests for restrictions before using or disclosing PHI. All restriction agreements must be documented. Under the new HITECH Act patients may request to pay specific services out of pocket and not through their health care insurance. If a patient requests this restriction, UCHC must accommodate it and not bill the patient’s insurance or release PHI regarding that service to the insurance company. As a student you should never release any PHI directly to an insurance company without first checking with a UCHC staff member regarding the appropriateness of doing so.

Refer to UCHC policy #2003-14 “*Patient Right to Request Restrictions on Use and Disclosure of Protected Health Information*” for more detailed information.

Patient Request for Confidential Communication

Patient care units and departments must review and, if operationally feasible, honor all patient requests for confidential communications before using or disclosing PHI. UCHC will approve requests for one alternative mailing address and/or telephone number at the time of the request.

Refer to UCHC policy #2003-15 “*Patient Right to Request Confidential Communications*” for more detailed information.

Minimum Necessary Data

Minimum necessary data means limiting the request for use or disclosure of PHI to the minimum necessary to accomplish the intended purpose. The concept of minimum necessary does not apply to treatment situations with patients and a few other uses and disclosures required by law.

UCHC will make reasonable efforts to limit the request for use or disclosure of PHI to the minimum necessary to fulfill assigned duties. Health care providers are reminded to consider the concept of minimum necessary data in all activities where use, disclosure and requests for PHI are made.

Refer to UCHC policy # 2003-21 "*Minimum Necessary Data*" for more information.

Verification of the Identity of Persons Regarding Requests Related to PHI

UCHC will verify the identity of any person requesting access to or disclosure of PHI, if the staff member responding to the request does *not* know such person. Once any requester's identity is verified, staff may use whatever means are available to them in their department to determine the person's authority to have the information requested. Staff may only disclose minimum necessary information unless the request is solely for the patient's treatment.

In the event that the identity and/or legal authority of an individual or entity cannot be verified, UCHC staff will *not* make the requested disclosure of PHI, and will report the request for PHI to their immediate supervisor.

Refer to UCHC policy # 2003-20 "*Verification of Individuals or Entities Requesting Disclosure of Protected Health Information*" for more information and specific procedures for verifying requester.

Use of Mobile Computing Devices (MCD)

UCHC confidential or restricted data is not authorized to be stored on a UCHC or non-UCHC mobile computing device unless several criteria are met. These criteria are as follows:

- The device stores only the minimum necessary to perform the function necessitating storage on the device
- Information is stored only for the time period needed to perform the function
- The device is encrypted using methods authorized by the UCHC IT Department
- Data is protected from any and all forms of unauthorized access and disclosure.

Mobile Computing Devices include: UCHC laptop computers, PDAs, Blackberry devices and USB storage devices.

Refer to UCHC policy # 2008-03 “*Mobile Computing Device (MCD) Security*” for more information and specific procedures.

Disposal of Confidential Information

Any printed material (e.g., faxes, printed emails, informal notes about patients) containing PHI must *not* be discarded in trash bins, unsecured recycle bins or other publicly accessible locations. Instead this information must be personally shredded or placed in secured shredder bins. If you have in your possession copies of PHI in preparation for case presentations or other academic requirements, you are obligated to destroy this material in a confidential manner.

Secure methods will be used to dispose of electronic data and output. The Materials Management Department is responsible for the removal of all UCHC information, including PHI, residing on any electronic storage media/device prior to removal or sale of such devices. Never leave computers/laptops or other devices unattended when planning disposal; always contact Materials Management staff to dispose of devices.

See UCHC policy # 2008-01 “*Disposal of Documents/Materials Containing PHI and Receipt Tracking, and Disposal of Equipment and Electronic Media Containing Electronic Protected Health Information*” for specific procedures.

Patient Requests to View, Copy, or Amend their PHI

Patients have the right to request to view, copy or amend the health information contained in their medical/dental records or billing records. All requests must be made in writing and will be reviewed with the patient’s attending of record. UCHC and the physician will determine if the request will be honored and will provide a written response to the patient for any denial of the request. The original medical/dental/billing record is the property of UCHC and may *not* be removed from the facility except by court order.

Refer to UCHC policy #2003-17 “*Patient Right to Inspect, Copy, and Amend their Medical Record*” and associated forms for more information. This policy is currently undergoing revision and will be split into three separate policies addressing each specific type of request. The new policy titles will separately identify viewing, copying and amending.

Patient Requests for Accounting of PHI Disclosures

With the exception of disclosures for treatment, payment or health care operations patients have the right to request in writing an accounting of all disclosures of their PHI of which they would not otherwise be aware (i.e. regulatory agencies, in response to subpoenas). All such disclosures are recorded on an accounting log. For disclosures that may be made many times for the same purpose to the same person or entity, some of the accounting may be summarized.

Refer to UCHC policy # 2003-18 “*Accounting of Disclosures of Protected Health Information to Patients Upon Their Request*” and associated forms for more detailed information. This policy is expected to be revised once further guidance is issued on HITECH.

Patient Complaint Regarding Use and Disclosure of PHI

Patients have the right to make a complaint regarding the privacy/security practices of UCHC. The organization has identified the Office of Patient Relations, 860-679-3176, for receiving patient complaints related to the privacy and security of PHI. Often the Patient Relations Department will work with the Privacy and/or Security Officer to resolve complaints. Patients also have the right to make complaints directly to the Office of Civil Rights of the Department of Health and Human Services.

Refer to UCHC policy # 2003-19 “*Patient Complaint Regarding Use and Disclosure of PHI*” for further information.

Data Authentication and Physical Safeguards

UCHC is committed to maintaining formal policies and procedures to protect ePHI from improper alteration or destruction. This includes mechanisms to ensure that electronic protected health information has not been altered or destroyed in an unauthorized manner. To this end, authentication to systems or devices containing ePHI shall minimally include a unique logon or password and be encrypted where feasible. In addition, IT resources (IT Resources are tools that allow access to electronic technological devices, or are the electronic technological devices themselves) – including but not limited to PCs, laptops, cell phones, email, software, applications, etc) shall be secured using physical safeguards for protection from unauthorized access.

Refer to UCHC policy # 2005-01 “*UCHC HIPAA IT Security: Data Authentication, Physical Safeguards*” for further information.

Acceptable Use

UCHC workforce members are responsible for the appropriate use and security of ePHI when using any IT resource. This includes the prohibition of introducing any unauthorized IT resources into the environment. Furthermore, the introduction of any IT resource that could disrupt any operations or compromise security is prohibited.

Refer to UCHC policy # 2005-02 “*UCHC HIPAA Security Acceptable Use*” for further information.

Facility Access Control

UCHC maintains formal procedures to limit physical access to all forms of protected health information and the facility or facilities in which they are housed, while ensuring that properly authorized access is allowed. Always keep all file cabinets and rooms that contain PHI locked. As a member of the community, you should always wear your Health Center identification provided to you from the Department of Public Safety.

Refer to UCHC policy # 2005-04 “*UCHC HIPAA Security Facility Access Control*” for further information.

Systems Access Control

The use and access of UCHC’s information systems is restricted to appropriately identified, validated and authorized individuals. Unauthorized access is a violation of UCHC’s policies. You are reminded to not share your account information (username/password) and password creation and password changes will be in accordance with UCHC policy. Please memorize your password and log off your computer, or use a screen saver if your computer is going to be left unattended.

Refer to UCHC policy # 2005-04 “*UCHC HIPAA Security Information Systems Access Control*” for further information.

Virus Protection

All computer equipment connected to the UCHC network shall have UCHC approved anti-virus protection software installed with current virus definitions. All computer equipment connected to the UCHC network shall be up to date with the manufacturer’s operating system’s security software patches.

Refer to UCHC policy # 2005-10 “*UCHC HIPAA Security Virus Protection Policy*” for further information.

Breaches of Patient Privacy or Security

Anyone who is aware of or suspects a violation of privacy/security policy or a breach of patient information is required to report it immediately to:

- The Privacy Officer, Iris Mauriello at 860-679-3501; E-mail: mauriello@nso1.uchc.edu
- or
- The Information Security Officer (ISO), Jon Carroll at 860-679-3528; E-mail jcarroll@uchc.edu
- or
- The confidential REPORTLINE at 1-888-685-2637

Once the initial report is made, others should be informed including your immediate supervisor or major advisor.

Refer to UCHC policy # 2003-09 “*Breaches of Privacy and Security of PHI: Reporting Requirements, Sanctions and Mitigation*” for further information.

Self Quiz

1. *True or False: A Notice of Privacy Practices will be given to patients when they are first seen in a clinic or admitted to the Hospital explaining how the hospital will use and disclose their protected health information.*
2. *True or False: A patient authorization is required to release protected health information to an attorney. (Note: assume a subpoena has not been issued for the information.)*
3. *True or False: A patient has no choice but to be included in the facility directory.*
4. *True or False: A patient may request an amendment to his/her protected health information.*
5. *True or False: It’s OK to discuss patients in the public elevator with colleagues regardless of who’s in the elevator.*
6. *True or False: It is fine to conduct research without IRB approval.*
7. *True or False: I should report any known breaches of the HIPAA requirements at UCHC to the HIPAA Privacy Officer, or the HIPAA Security Officer or UCHC REPORTLINE.*

8. True or False: You will be writing a report at home over the weekend and need to access notes on a patient that includes protected patient information. It is OK to copy these notes to your unencrypted laptop or unencrypted USB memory stick.
9. True or False: You walk into a conference room and find a stack of computer printouts from a meeting dated seven days ago. It looks like the printouts contain patient lab results. You should simply throw the papers away and not notify your supervisor or UCHC Privacy officer.
10. True or False: On your way to the Emergency Department a gentleman not wearing his UCHC identification badge approaches you. He states he is late for a meeting being held in a restricted area of the hospital. You should use your badge to swipe the card reader and let him in.
11. True or False: You are doing your rotation in the hospital and you observe a woman, who is not displaying any form of UCHC identification attempting to gain access to a closet where IT hardware is secured. You should call Public Safety and report this suspicious behavior.
12. True or False: You see what appears to be a fellow student struggling to sign into one of the clinical systems in use at the Health Center. Feeling sorry for them, you decide to share your user name and password with them because you know yours works. This is OK for you to do.
13. True or False: A friend calls you to let you know that a mutual friend has apparently been admitted to the hospital. They ask you to access this person's clinical data and find out why they were admitted. Even though you have the ability to access the data, you tell your friend that it is inappropriate for you to view this information, especially since you are not treating this patient. You've done the right thing.
14. True or False: It is permissible for you to email Protected Health Information (PHI) to a mailbox external to UCHC.
15. True or False: You use your laptop computer to connect to the UCHC network. The virus protection software is annoying, so you disable it. This is OK to do.

Answers:

1. True
2. True
3. False
4. True
5. False
6. False
7. True
8. False
9. False
10. False
11. True
12. False
13. True
14. False
15. False



Please read and then print and sign your name below. Send the signed form to:

PLEASE ENTER PERSON NAME HERE WHO CAN TRACK RETURNS FOR YOUR DEPT.

**Certification of HIPAA Privacy/Security
Training Packet Completion
Academic Year 2011-2012**

I have read and understand the University of Connecticut Health Center HIPAA Privacy training materials. Further, I understand that the location of additional information about UCHC's policies and procedures related to patient privacy have been detailed in the training documents.

Printed Name

Signature

Date

FORM D Background Information Sheet



BACKGROUND INFORMATION SHEET

PLEASE COMPLETE ALL SECTIONS AND SIGN AT THE BOTTOM

The following information is being solicited for purposes of conducting pre-employment criminal and/or other background checks only and is not used in employment decisions unrelated to the results of the background check.

Name: _____
Last First Middle (spell out)

Social Security Number: _____

Marital Status: Single Married Divorced

Maiden Name: _____

Aliases: _____

Race Eyes Height
 Sex Hair Weight

Physically Disabled: Yes No

Identifying Scars/marks/tattoos (type & location): _____

Home Address: _____
Number Street City/Town State Zip

Date of Birth: _____
MM/DD/YYYY

Place of Birth: _____
City and State or Country

Citizenship: _____ Visa Status: _____

Drivers License Yes No State _____ # _____

List the states that you have lived in the last 5 years: _____

► Are you related to, or an unmarried partner of, an employee at the UConn Health Center? YES NO If "YES" list below. Continue on the reverse side if necessary. Per UCHC Policy #2002-51 a relative is a spouse, father, mother, sister, brother, child, the spouse of a child, or any relative who is domiciled in the employee's household.

NAME	RELATIONSHIP	DEPARTMENT

► Have you ever been CONVICTED of an offense against criminal or military law, or are there criminal charges currently pending against you? (Exclude minor traffic violations, or any offense settled in juvenile court or under a youth offender law) YES NO
 If "YES" list all cases below, providing details as indicated. Continue on the reverse side if necessary.
 Special Note: You are not required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to Connecticut General Statutes § 46b-146, 54-76o, or 54-142a. If your criminal records have been erased pursuant to one of these statutes, you may swear under oath that you have never been arrested. Criminal records that may be erased are records pertaining to a funding of delinquency or that a child was a member of a family with service needs (C.G.S. § 46b-146), an adjudication as a youthful offender (C.G.S. § 54-76o), a criminal charge that has been dismissed or nolleed, a criminal charge for which the person has been found not guilty or a conviction for which the person received an absolute pardon (C.G.S. § 54-142a).

DATE	PLACE	COURT LOCATION	OFFENSE(S)	DISPOSITION

► Have you ever been excluded, disbarred, restricted, disqualified, or sanctioned from any Federal or State programs or government organizations? YES NO If "YES" list all cases below, providing details as indicated. Continue on the reverse side if necessary.

DATE	PLACE	AGENCY	FUNDING	CURRENT STATUS

For the CMHC program, fingerprints taken by the Department of Correction will be submitted to the Connecticut State Police and the FBI for a criminal history

► Have there ever been any actions against your professional license(s)? YES NO N/A
 If "YES" list all cases below, providing details as indicated. Continue on the reverse side if necessary.

DATE	PLACE	AGENCY	FUNDING	CURRENT STATUS

► Have you brought or will you be bringing (or having transported) to the UCHC ANY biological materials that are pathogenic in humans, animals or plants, including but not limited to viable organisms or genetic elements of pathogenic viruses, bacteria, biological toxins, fungi, rickettsia, mycoplasma or parasitic organisms? YES NO
 If "YES", IMPORTANT NOTE: You must contact Research Safety 860/679-2723 or rwallace@adp.uhc.edu before transporting any biological, chemical or radioactive materials to the UCHC.

I _____ certify that the information provided by me on the Background Information Sheet is COMPLETE and TRUE to the best of my knowledge and is made in good faith. I understand that if I knowingly make any misstatement of facts or fail to provide required information I am subject to disqualification or dismissal and other penalties as they may be prescribed by law, policy, or regulation.

SIGNATURE: _____ DATE SIGNED: _____

OFFICIAL USE ONLY This area must be completed by the Human Resources Officer or the Hiring Department	Submitted by:	<input type="checkbox"/> L Barrows <input type="checkbox"/> B Camilleri <input type="checkbox"/> J Duggal <input type="checkbox"/> M Leone <input type="checkbox"/> N Logan <input type="checkbox"/> L Stockwell <input type="checkbox"/> D Gillon <input type="checkbox"/> J Mastriani <input type="checkbox"/> P Verdi <input type="checkbox"/> Other: _____	PUBLIC SAFETY USE ONLY <input type="checkbox"/> Cleared <input type="checkbox"/> Rejection based on failure to disclose <input type="checkbox"/> Administrative Review Pending <input type="checkbox"/> Administrative Review Complete Date/Outcome: _____ <input type="checkbox"/> Unable to process due to missing: _____
	Return to:	<input type="checkbox"/> L Barrows <input type="checkbox"/> B Camilleri <input type="checkbox"/> J Duggal <input type="checkbox"/> M Leone <input type="checkbox"/> N Logan <input type="checkbox"/> L Stockwell <input type="checkbox"/> A. Smith <input type="checkbox"/> Other: _____	
	Area:	<input type="checkbox"/> Clinical Operations <input type="checkbox"/> Dental Clinics <input type="checkbox"/> Research <input type="checkbox"/> Day Care <input type="checkbox"/> Non-Clinical <input type="checkbox"/> Clinical Faculty <input type="checkbox"/> IT <input type="checkbox"/> CMHC	
	Employee Type:	<input type="checkbox"/> Paid <input type="checkbox"/> Volunteer <input type="checkbox"/> Grad Assistant <input type="checkbox"/> Dental Resident/Non-Surgical <input type="checkbox"/> Non-Paid <input type="checkbox"/> Student <input type="checkbox"/> Contractor: _____	
	Job Title:	_____	
Position Requirements:	Does Position require IDX Use? <input type="checkbox"/> Yes <input type="checkbox"/> No Does Position Require LCR (Lifetime Clinical Record)? <input type="checkbox"/> Yes <input type="checkbox"/> No Grant Funded? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ref: 05/19/05	



University of Connecticut Health Center

Form E

Parent Permission Form for A Non Paid Observational/Internship School Sponsored Student Educational Experience 2011 - 2012

To Be Completed By A Parent Or Legal Guardian (If student is 15 or older, but less than 18 years of age)

In accordance with the University of Connecticut Health Center’s policy statement Minors in the Workplace, we must obtain a written informed parental consent from a parent or legal guardian of a minor student who is under 18 years of age and wants to have a student observational/affiliation experience at the University of Connecticut Health Center (UCHC).

I grant permission for my son/daughter **(Print Full Name)**

_____ to participate in a Student Observational/Internship Experience. To the best of my knowledge, he/she is in good health and is able to participate in this endeavor with the following physical limitations:

_____.

I understand that there are potential risks, including but not limited to exposure to lab activities, human materials and radioactive materials.

I also understand that the following controls will be taken to minimize risks: Safety Training, Supervision by Host/Preceptor/Manager, Use of Appropriate Protective Equipment.

In consideration for (name of son/daughter) _____’s participation in the above-stated Student Observational/Internship Experience, I hereby release, waive, discharge, and covenant not to sue the State of Connecticut, the University of Connecticut, the University of Connecticut Health Center, and its/ their officers, employees, and agents for liability from any and all claims including the negligence, of its officers, employees and agents, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, my son/daughter’s participation in said program.

I agree to HOLD HARMLESS the State of Connecticut, the University of Connecticut, the University of Connecticut Health Center and its/ their officers, employees, and agents from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney’s fees brought as a result of _____’s participation in the above-stated Student Observational/Internship Experience. Son/daughter

I understand that the University of Connecticut Health Center conducts background checks on all individuals, regardless of age, participating in non-paid educational experiences on site. I grant my permission to have this background check done on my son/daughter.

Additionally, the University of Connecticut Health Center is given permission to reproduce for publications any photos taken of my child during his/her participation in the Student Observational/Affiliation Experience, and said photos shall be the property of the University of Connecticut Health Center.

Signature of Parent or Legal Guardian

Date

Name of parent or legal guardian: _____

Home Telephone Number: _____

Cell Phone #: _____

Work Telephone Number: (Mother) _____

Work Telephone Number: (Father) _____

Family Physician: _____ Telephone Number: _____

Person to notify in case of emergency: _____

Telephone/Cell Phone Number: _____

Relationship: _____

The University of Connecticut Health Center requires that all minors (those 15 or older but less than 18 years of age) must have on file "Consent for Treatment" form, signed by a parent or legal guardian before the applicant can be accepted in an Observational/Affiliation Experience Program and begin his/her assignment at John Dempsey Hospital/ University of Connecticut Health Center.

This is a preventive measure in case of illness or injury of a minor while participating in the program, and would be used only if reasonable attempts to reach the parent or guardian have been made.

CONSENT FOR TREATMENT

In the event _____ required medical and/or surgical treatment while participating

(Name of Observational/Intern Participant)

in an Student Observational/Internship Experience at the University of Connecticut Health Center, I, the undersigned, hereby give my consent for any medical and/or surgical treatment as the attending physician and/or surgeon deems necessary. This includes the giving of anesthetics.

I have read the above and understand it, and grant permission.

Signature, Parent or Legal Guardian

Relationship

Revised: 4/09, 5/10, 5/11

Host/Preceptor/Manager place copy in student file, send original to Office of Research Safety MC3930



University of Connecticut
Health Center

Safety Clearance Form – for Minor Students and/or Minor Volunteers

**TO BE COMPLETED BY PI/PRECEPTOR HOSTING MINOR STUDENTS OR
VOLUNTEERS**

FORM F

2011-2012

Directions: **PI/Preceptor/Host must complete this form and return to the Office of Research Safety PRIOR to the onset of the student or volunteer experience. It is to be completed for minors only (age less than 18 years). The signatures indicates that the minor (student or volunteers) will not be exposed to any industrial hazards (e.g. bloodborne pathogens, chemicals, and/or radiation)**

TO: P. I. Preceptor/Host/Manager: _____

Room Number: _____

Extension: _____

UCHC Sponsoring Program: _____

Student's Name: _____ **Phone/Extension:** _____

Your effort in acting as a preceptor for this minor plays a most important role in the continued success of the mission of the UCHC. For success we must also stress and solicit your help in assuring that the minor has a safe experience at the Health Center. As you supervise this minor, or have others assist you in supervising the minor, please keep in mind the guidelines below that must be followed:

- ◆ This minor may not fully appreciate the potential hazards associated with the activities he/she may observe. Thus, you must play an active role in monitoring the activities and setting appropriate limits for safety.
- ◆ Any activity of this minor must be accomplished so that he/she remains an observer. The minor may not be put in a position where direct contact with or exposure to human materials or infectious agents or exposure to hazardous quantities of dangerous materials (chemicals, ionizing or non-ionizing radiation, etc.) is possible. Personal protective equipment must not be relied upon to provide such exposure protection.
- ◆ The minor has not received laboratory safety training on the safe use or handling of chemicals, radioactive materials, human blood and body fluids, compressed gases, cryogenic materials, x-ray producing equipment, lasers, etc. You must establish appropriate controls and exercise supervision so that the risk of exposure is minimal.

- ◆ Confidentiality issues are of concern. You must ensure that the student does not have unauthorized access to patient records, diagnosis, etc., and that the “Patient Confidentiality Agreement” has been signed.

Please review these guidelines with your minor or minor(s) and others that may assist you with your duties as a Preceptor. (Questions should be referred to the Office of Research Safety x2723). After you have reviewed the above information with the student, sign below and have any other preceptors and the student that you will supervise sign where indicated.

P.I. / Preceptor Signature/Date: _____

- ◆ Signatures/Date of others that will assist with supervision:

Minor Signature/Date: _____

Host/Preceptor/Manager keep copy of form in student file, return original form to the Office of Research Safety - MC 3930

Rev. 6/06, 6/07, 4/08, 4/09, 5/10, 5/11



FORM G
2011-2012
General Safety Information
For Minors with Potential Exposure to Industrial Hazards

The Health Center has a policy on minors in the workplace that can be found at this address: <http://ors.uchc.edu>. In addition, for employees that are under 18 years of age, there are also special Connecticut and Federal regulations that apply *if the minor student receives compensation for the scheduled activity*.

Guidance follows on how to comply with these regulations and others so that laboratory risks are appropriately reduced while allowing the participants to fully benefit from this important program/grant.

- All participants in this program must receive UCHC Laboratory, Radiation and Bloodborne Pathogen Training before assignment to the host or doing work in the host's laboratory. Radiation Safety and Bloodborne Pathogen Training is given as informational with the qualification that work with human materials/infectious agents, radioactive materials and radiation producing equipment (i.e., x-ray) is not permitted except with advanced coordination and prior written approval of the Research Safety Office or the Radiation Safety Committee, as appropriate (this approval is not necessary just because a laboratory works with these materials, the approval is necessary when the program participant works with such materials or will have such potential exposures).
- All participants must have a signed parental consent on file prior to assignment to the laboratory. This consent must be based on the parent(s) being informed about the type of work that will be done, the laboratory risks, and controls that will be taken to reduce these risks. The Office of Research Safety will be responsible for keeping on file the parental consent.
- The host (P.I. and P.I.'s staff) will need to accept responsibility for the supervision of the participant. Work with chemicals should be limited to those the host has authorized. Such use needs to be in accordance with the safety practices outlined by the host to the participant and the UCHC Chemical Hygiene Plan (available on the UCHC Web Homepage and from the Research Safety Office).
- The CT Labor Department (Workplace Conditions) will pre-inspect the laboratory *if the student is compensated for the activity*. The inspector will be accompanied by a representative from the Research Safety Office. ***Allow a minimum of 6 weeks lead time if the lab requires a DOL inspection!*** The focus of this inspection will be to insure that good safety practices are in place. Prior to the inspection, the P.I./P.I. staff should take a critical look, with the assistance of the Office of Research Safety (x2723), at the laboratory to insure among other issues:
 - good housekeeping
 - gas cylinders secured
 - eyewash functioning
 - electrical hazards eliminated
 - flammables properly stored inside cabinets
 - other chemicals properly stored
 - personal protective equipment availability (laboratory coats, safety glasses/goggles, faceshield, etc.)
 - personal hygiene (soap, paper towels, etc. for handwashing)
- If radioactive materials are in use when the participant is present, an individual knowledgeable about its use should be present.
- When the participant arrives, Form G should be completed with the participant whether the minor is compensated or not.

**Safety Checklist for Minor (Student or Volunteer)
With Potential Exposure to Industrial Hazards**

Minor Name: _____ DOB: _____

Is Minor a Volunteer or Student? _____

If Student, what is source school? _____

P.I./Preceptor Name: _____ Written Initials: _____

FORM G 2011-2012

Action Item	Employee's Initial	P.I. Initials Indicating Completion
1. Minor attends Laboratory Safety, Bloodborne Pathogen and Radiation Safety Training during their initial orientation. Have them verbally acknowledge this and ask if they have any questions.		
2. Outline to the participant the work restrictions* that include: a. Use of autoclaves b. Disposal of hazardous wastes, except as directed by P.I. c. Work with hazardous chemicals except for those used in the quantities and manner approved by the P.I. d. Activities or work with unfixed human materials and other potentially infectious materials that could result in potential exposure (splash, contaminated sharps, etc.) irrespective of any personal protective equipment use e. Use of lasers or systems containing lasers f. Work with radioactive materials and/or radiation producing equipment (i.e., x-ray) g. Other Departmental restrictions		
* In some cases restrictions d, e and f may be removed or modified. This takes advanced coordination and written approval by the Research Safety Office or Radiation Safety Committee, respectively.)		
3. Outline location and use of emergency eyewash and location of emergency shower (without shower activation). Stress that in case of contact with a hazardous material; flush that body area with copious amounts of water.		
4. Brief minor on emergency evacuation procedures, the location of the laboratory assembly point and the dialing of x7777 for emergency assistance.		
5. Brief minor that in case of a spill that they are: to minimize their exposure, not clean it, and promptly seek assistance from the P.I./Preceptor staff.		
6. Provide at no cost to the minor appropriate personal protective equipment. In many cases, this may be only a clean laboratory coat that can be sent to a UCHC paid laundry service when dirty and ANSI approved safety glasses with sideshields (available from the Warehouse, item #85613 at \$1.66). The participant should not be doing tasks with potential for a liquid splash of hazardous materials. Thus, the need to issue safety goggles would not normally be anticipated.		
7. Gloves outline when and what gloves to use and provide these at no cost.		
8. Emphasize that no food or drink is allowed in laboratory areas where chemicals, radioactive materials and human materials/infectious agents are used.		
9. Outline their authorized activities and work, the potential risks and the procedures and equipment that must be followed to minimize those risks. Specific items covered may be listed below. _____		
10. Designate yourself (and a staff member if possible) as responsible for supervising the minor and answering questions.		
11. Outline the UCHC mandates for prompt reporting of any injury or exposure that may affect health. The minor must report this BOTH to the P.I. / Preceptor and by phone to Human Resources (Sandy Kressner x3419) or Jan Bernard at x 4395 if the minor is a volunteer). Medical evaluation would be by Employee Health Service (3 rd floor, Dowling North, M-F, 8:00 AM – 5:00 PM) or for emergencies and at other times the Emergency Department.		

**Keep copy of form in student file, return original form to the Research Safety Office
MC 3930**

8/13/01 (safetymin.doc) Rev. 6/06, 6/07, 4/08, 4/09, 5/10, 5/11



STUDENT SERVICES REQUEST/POSITION DESCRIPTION

FORM H 2011-2012

Directions: Please complete this form when requesting a student affiliation (compensated or not compensated) in an area that has potential industrial exposure (for example; laboratory, radiation area, etc.). Any questions regarding completion of the form should be directed to Office of Research Safety – 679-2723. Once the form is complete please forward to Office of Research Safety at MC – 3930. All required training, as identified on this form, must be coordinated by the student host (manger/supervisor/PI)

Part I:

Department/Division:		Ext:	
Person/Dept. Requesting Student/Minor Service		Date:	
Title:	Office Location:	M.C.	Fax:
Why do you want minor/student assistance?			
Individual Required (Check as many as are acceptable)		Adult: <input type="checkbox"/>	College: <input type="checkbox"/> High School * (age 15 or older): <input type="checkbox"/>
Date of Birth ___/___/___			
<p>* Requestors and their departments have responsibilities to review and monitor the activities of students so that risks from potential hazards are eliminated or appropriately managed. Minors (under 18 years of age) are prohibited from entry into laboratories, industrial areas and rooms that must be entered by passing through such rooms (see UCHC Policy on Minors in the Workplace). In situation where a structured educational program has been established and the minor is participating in such an educational program, a minor at least 15 years may enter such areas after: obtaining a signed contract between UCHC and the school, obtaining an informed parental consent to participate in the program; the program/department has assigned the host/instructor responsibilities to appropriately reduce risks and supervise the activities of the minor and verified that these responsibilities have been accepted; and, the program/department has determined any additional requirements from Employee Health Services and the Research Safety Office. All persons requesting student service <u>MUST</u> circle the appropriate answers to the questions on the back of this form:</p>			
Student's Name:		Room #:	
Where will the student work?		Is the workstation wheelchair accessible?	
Who will train and supervise the student?		Ext:	
Days preferred:		Number of days per week:	
Hours needed:		How many students can you accept?	
Start date:		End date:	
Brief, specific description of what the student will be required to do (List duties):			
Qualifications:			
If specialized training is required, who will provide it? What will it consist of?			

CONTINUE ON BACK

Part II (Circle Appropriate Answer):

YES	NO	1. Will the student work in a laboratory? (If yes, contact the Office of Research Safety, Laboratory Safety Training must be completed).
YES	NO	2. Will the student work in a non-laboratory area with the potential for exposure to hazardous chemicals? (If yes, contact the Office of Research Safety, General Chemical Safety Training must be completed).
YES	NO	3. Will the student work with or in an area with radioactive materials, equipment producing ionizing radiation, or lasers? (If yes, contact the Office of Research Safety, Radiation Safety Training must be completed)
YES	NO	4. Will the student work with laboratory animals? (If yes, Animal Care Training must be completed. Contact ACC Office at: OOACC@uchc.edu to arrange this).
YES	NO	5. Will the student be exposed to human blood or infectious materials? (Minimum age 16 years old.) (If yes, contact the Office of Research Safety, Bloodborne Pathogen Training must be completed).
YES	NO	6. Will the student require personal protective equipment? (If yes, then the student's supervisor must provide it, train the student in its proper use, and inform the student about the tasks requiring such use).
YES	NO	7. Is the student a minor (under 18)? (If yes, complete Part III. If no, go the Part IV.)

Part III - Minors (Circle Appropriate Answer):

YES	NO	1. Is the minor at least 15? (If no, the minor is prohibited from entry into laboratories and industrial areas.
YES	NO	2. Is this student assignment part of a structured education program? (If no, the minor is prohibited from entry into laboratory and industrial areas. If yes, enter name of the educational program _____ and verify by signature on this form that a signed contract with the school has been executed and all other requirements have been met. Will Minor be Compensated? YES NO Signature: _____ If minor will be compensated the Connecticut Department of Labor must inspect the work area prior to initiation of work. Working papers are also required. Call the Research Safety Office for further information x 2723. Allow at least 6 weeks lead time for this inspection!!!
YES	NO	3. Is the minor at least 16? (If no, work with potential exposure to ionizing radiation, lasers and infectious agents including human blood and body fluids is prohibited. If yes, see items 3 and 5 in Part II.)
YES	NO	4. Attached is a description of duties, potential risks and outline of the structured educational program signed by the P.I. or Department Head that will be used as part of the parental consent form.

Part IV

This assignment is for:	A limited time period: <input type="checkbox"/>	Ongoing: <input type="checkbox"/>	Begins:	Ends:
Signature of Requester:				Date:
Signature of Department Head*:				Date:
* The above signature of Department Head indicating that they have approved the experience provided for all safety training and verified that all documentation requirements have been met.				

Keep copy of form in student file, return original to the Office of Research Safety MC3930

Revised: 6/06, 6/07, 4/08, 4/09, 5/10, 5/11