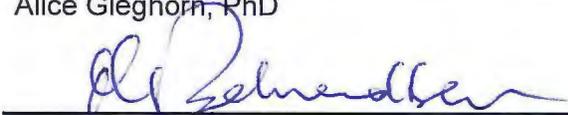




SANTA BARBARA COUNTY
DEPARTMENT OF
Behavioral Wellness
A System of Care and Recovery

**Programmatic
Policy and Procedure**

Section	Psychiatric Health Facility (PHF)	Effective:	2/28/2018
Sub-section	Crisis and Emergency Response	Version:	1.0
Policy	Emergency Medical Documentation Management	Last Revised:	New policy
Director's Approval	 _____ Alice Gleghorn, PhD	Date	<u>3/8/18</u>
Medical Director's Approval	 _____ Ole Behrendtsen, MD	Date	<u>3.9.18</u>
Supersedes:	New policy	Audit Date:	2/28/2019

1. PURPOSE/SCOPE

- 1.1. To ensure compliance with the Centers of Medicare & Medicaid Services (CMS) Emergency Preparedness Final Rule (42 CFR 482.15) and all other applicable federal, state and local laws.
- 1.2. To ensure compliance with the Health Insurance Portability and Accountability Act (HIPAA), Privacy and Security Rules (45 CFR Parts 160 and 164), Welfare and Institutions Code Section 5328, and all other laws and regulations that protect the privacy and security of a patient's Protected Health Information (PHI).

2. DEFINITIONS

- 2.1. **Emergency** – a hazard or other critical incident that causes adverse physical, social, psychological, economic or political effects that challenges the facility's ability to respond rapidly and effectively to an interruption in normal facility functioning. Emergencies can affect the facility internally as well as the overall target population, the community at large or a geographic area.
 1. For purposes of this policy, "Emergency" refers to a facility-level hazard situation, not an individual patient medical emergency. For patient-related medical emergencies, please refer to the "Emergency Medical Condition" policy.
- 2.2. **Business associate** – a person who provides services to a health care provider or health plan for health care operations purposes but who is not considered a member of that entity's workforce. Further definition can be found in 45 CFR 160.103.

3. POLICY

- 3.1. In an emergency that threatens or restricts the usual functions of the facility, the PHF shall maintain a system of medical documentation that preserves patient information, protects confidentiality of patient information, and secures and maintains availability of records.
- 3.2. The PHF shall maintain a method for sharing information and medical documentation for patients under the facility's care with emergency response personnel and other health care providers to maintain continuity of care.

4. PATIENT INFORMATION

- 4.1. HIPAA and state law requirements are not suspended during a community-wide, public health or national emergency. PHF staff shall uphold all laws and Department policies pertaining to the handling of PHI.
- 4.2. Pertinent patient information must be readily available and accurate. To support continuity of care during an emergency, this information must be shareable to providers of emergency medical care and to officials considered business associates. Critical information will be immediately accessible via the [Patient Critical Information form \(see Attachment A\)](#) and the patient's Medication Administration Record (MAR). This information includes, but is not limited to:
 1. Patient name, age, and date of birth.
 2. Current medications and allergies.
 3. Current diagnosis(es).
 4. Reason for admission to the PHF.
 5. Acuity status and precautions (i.e. trauma, elopement).
 6. Family, legal representative, or next-of-kin emergency contact information.

5. TRANSPORT AND TRANSFER OF PATIENT MEDICAL RECORDS

- 5.1. In case of evacuation, the PHF Team Leader will assign staff to gather and secure paper-based medical record charts for transport. All charts will be transported in containers or a carrying case that conceals information (i.e. name, date of birth not visible), restricts access to unauthorized individuals, and safeguards the record from damage (e.g. water damage due to flooding conditions).
- 5.2. In case of transfer to another facility or location, critical patient information will be compiled into a transfer packet. If the emergency situation allows no time to create a full transfer packet, the patient MAR and [Patient Critical Information form \(see Attachment A\)](#) or other brief summary of critical information will accompany the patient to the receiving facility or location.

1. Patient transfers and transfer of medical records will be documented on the Patient Emergency Tracking Log.¹

6. EMERGENCY ACCESS TO ELECTRONIC MEDICAL RECORDS

- 6.1. Santa Barbara County has established a primary data center located at the Emergency Operations Center (EOC) that houses data backups of PHF electronic health records. A secondary data center is located in Santa Maria. The PHF is identified as a priority system within the county to allow prompt efforts to restore electronic medical record systems in as timely a manner as possible.
- 6.2. The Department's Information Technology (IT) division is responsible for the maintenance, security, and retrieval of electronic medical record information in the event of an emergency, including extracting information from data backups located at the EOC.

ATTACHMENTS

[Attachment A – Patient Critical Information form](#)

REFERENCE

Code of Federal Regulations – Condition of Participation: Emergency Preparedness
Section 482.15(b)(5), Section 482.15(c)(4)

Code of Federal Regulations – Health Insurance Portability and Accountability Act (HIPAA)
Title 42, Parts 160, 164

California Welfare & Institutions Code
Section 5328(a)(24)-(25)

RELATED DOCUMENTS AND POLICIES

PHF Emergency Response Plan (*contact PHF Safety Officer for most recent version*)

PHF Emergency Communication Plan (*contact PHF Safety Officer for most recent version*)

[Emergency Medical Condition](#)

[Emergency Patient, Staff, and Visitor Tracking](#)

[Emergency Facility Evacuation](#)

[Shelter-in-Place During Emergency](#)

¹ Please refer to the PHF's "Emergency Patient, Staff, and Visitor Tracking" policy for further details.

REVISION RECORD

DATE	VERSION	REVISION DESCRIPTION

Culturally and Linguistically Competent Policies

The Department of Behavioral Wellness is committed to the tenets of cultural competency and understands that culturally and linguistically appropriate services are respectful of and responsive to the health beliefs, practices and needs of diverse individuals. All policies and procedures are intended to reflect the integration of diversity and cultural literacy throughout the Department. To the fullest extent possible, information, services and treatments will be provided (in verbal and/or written form) in the individual’s preferred language or mode of communication (i.e. assistive devices for blind/deaf).