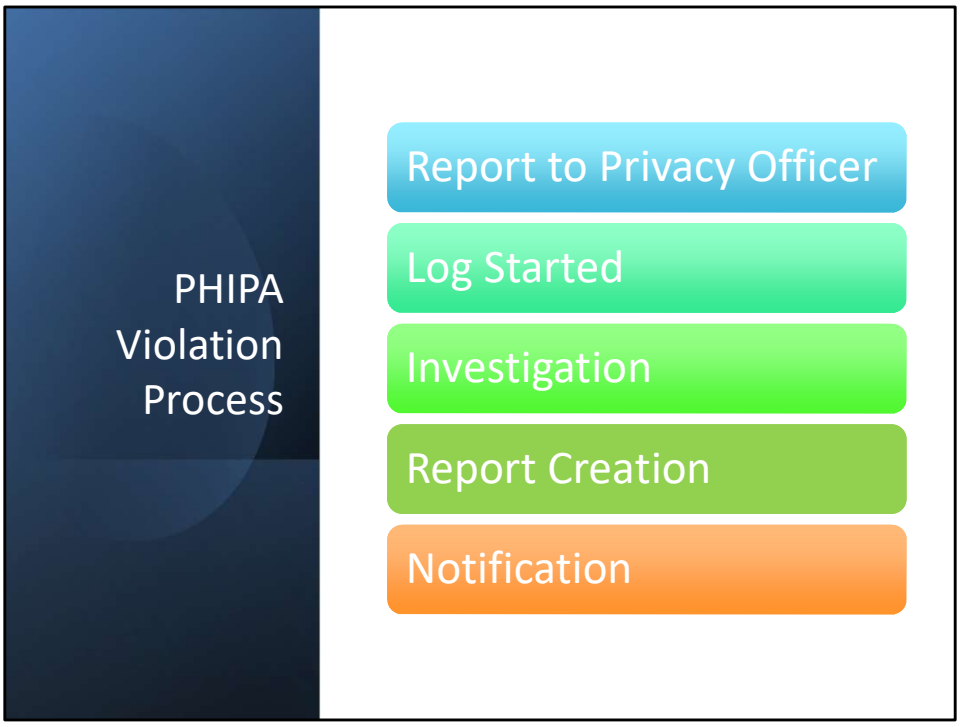
BROCK IT

PHIPA Breach Tabletop Exercise

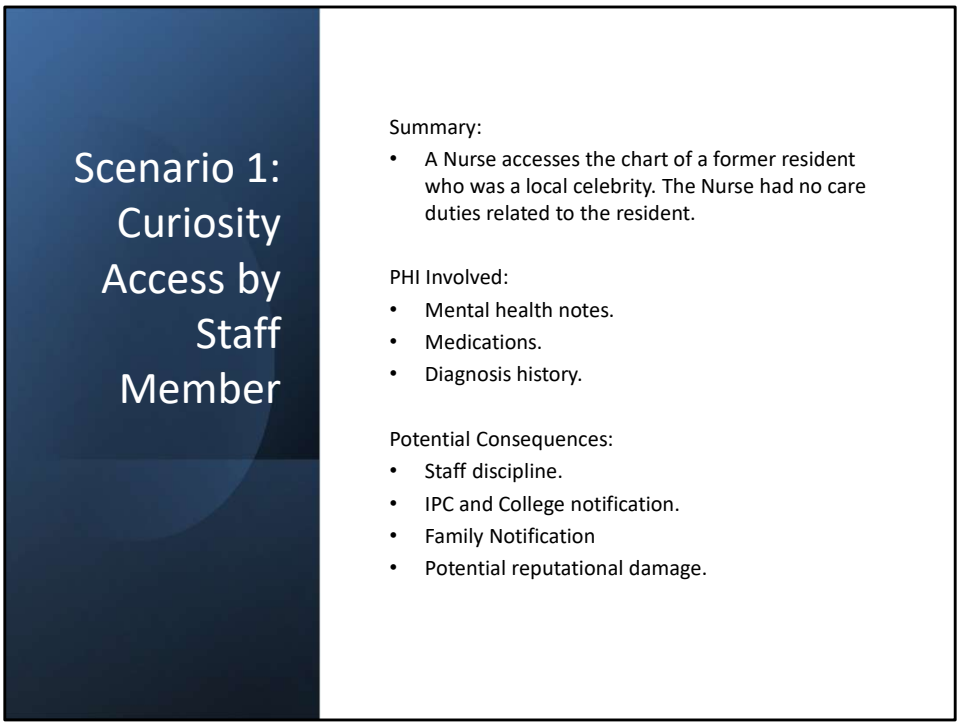
Training Scenarios for Long-Term Care Staff



1. Report to Privacy Officer
    1. Staff should report the discovered potential breach to the privacy officer whether they believe it's a breach or not
2. Log Started
    1. The breach should be recorded in the official breach log and updated as the investigation progresses
3. Investigation
    1. Who – Who accessed the file and for which patient
    2. What – What data was accessed. Example, Medication lists? Diagnosis? Doctors visits? Etc.
    3. When – When was it accessed and how many times?
    4. Where – Where was it accessed from?
    5. How – How did they access it? If this patient is not assigned to this staff member then how did they get access to the data?
    6. Why – Why did this staff member access the file? What reason did they give?
4. Report Creation
    1. Reports must be created.
        1. For internal use: Identify what went wrong, how to prevent it going forward and what discipline must be implemented

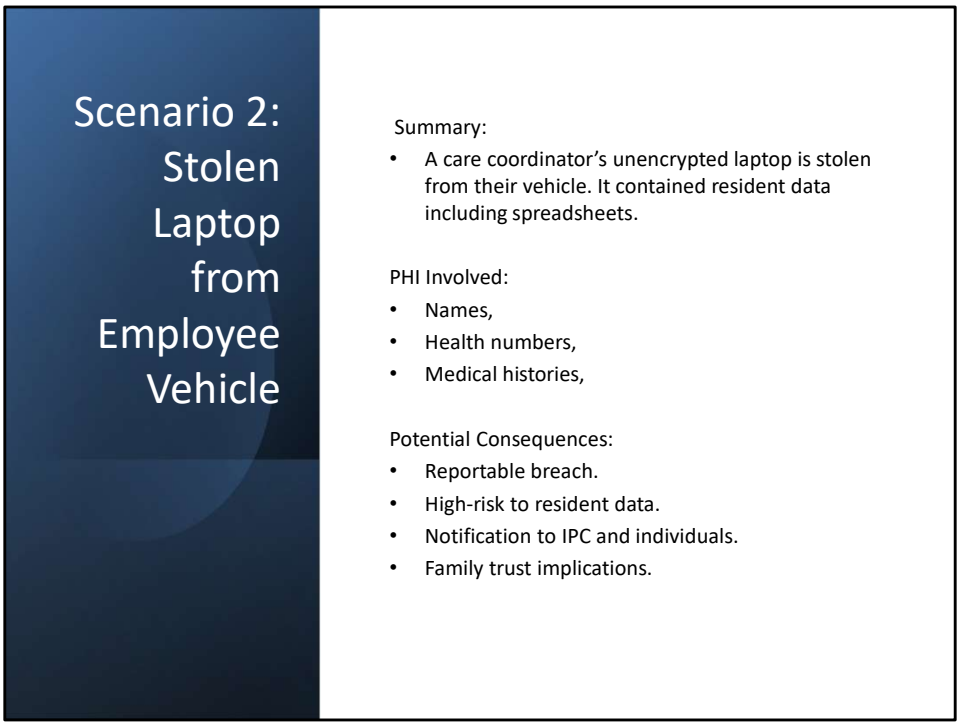
2. For External use: This is provided to the IPC or 3rd parties

1. Notification
    1. Notification to 3rd parties should be written by legal following the guidelines;
        - In **writing whenever possible**. (Letters, secure emails.)
        - In exceptional cases (e.g., urgency, contact info missing), phone or verbal notice acceptable — but document verbal notification.
        - Language must be **clear, compassionate, and accessible** (Grade 6–8 reading level recommended).
        - Don't hide the facts; build trust by being upfront.



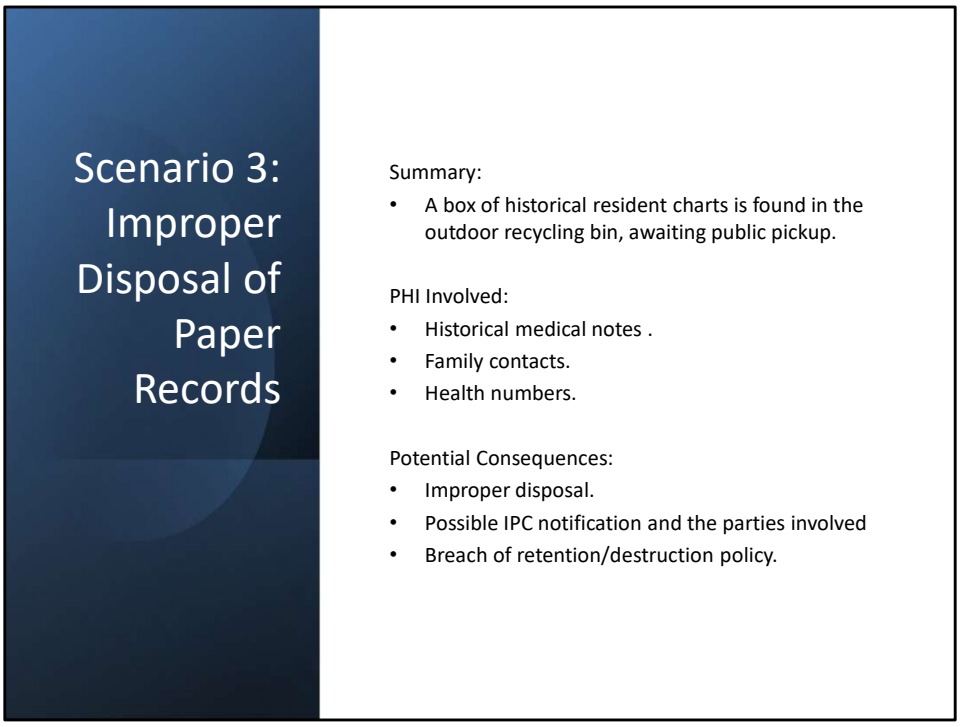
Discussion:

- How would your organization detect this access?
    - Regular Audits
- What logs would you review?
    - EMR Access Logs
- What notifications are required under PHIPA?
    - Family, IPC, and College of nurses
    - Recommended you reach out to your lawyer to discuss how to notify the families
- How do you avoid 'curiosity access'?
    - Least Permissions
    - Acceptable use policies
    - Acceptable use training (Organization and regulatory body)



Discussion Prompts:

- How do you verify encryption status?
    - With an asset management tool
- What is your stolen device protocol?
    - You need to have a device protocol that will outline what needs to happen when you are notified that a device has been lost or stolen.
- Who must be notified?
    - The police, the IPC, the governing body of the employee who's device was stolen may need to be notified, the parties or the families of the parties involved
    - Recommended that you notify legal counsel prior to notifying the anyone.
- Would this device meet asset management standards?
- Possible changes to process and requirements for devices that are transported offsite



Discussion Prompts:

- What is your records disposal process?
    - Do you have a well-defined records disposal process.
- How are staff trained on secure disposal?
    - Staff need to be trained on how to handle and dispose of PHI on a regular basis
- Who audits shredding or recycling procedures?
    - This should be well defined and a part of your regular audits.

Final Thoughts & Q&A

- Quick action + Clear process = Better outcomes
- Protect your residents and your organization.
- Open for Questions

Contact
William Thomson
613 499 9960 Ext 115
William@Brock-IT.ca

Open for questions!