



PROGRAM POLICY

NUMBER:	ADM 140
TITLE:	Handling a Privacy Breach
CATEGORY:	Administrative
APPROVED:	September 2013
VERSION:	2.0
AUTHORITY:	Program Director
LAST REVIEWED:	January 2019
LAST REVISED:	February 20, 2019

PURPOSE: The purpose of this policy is to outline the action that Regional Paramedic Program for Eastern Ontario (RPPEO) staff will take in the case of a possible or confirmed privacy breach involving RPPEO staff or paramedics certified by the RPPEO. The *Personal Health Information Protection Act* (PHIPA) establishes the framework that the RPPEO must apply to safeguard the privacy of individuals' personal health information. In addition, the Ottawa Hospital Patient Privacy policy (TOH) describes what the RPPEO must do when a privacy breach occurs.

A privacy breach is defined by TOH as any intentional or unintentional unauthorized collection, use, or disclosure of personal health information, including the loss of or failure to protect such Information. In the present policy, the term "privacy breach" includes both suspected and confirmed inappropriate or unauthorized disclosures.

POLICY: In a breach of privacy, the RPPEO will act quickly to report the breach to The Ottawa Hospital (TOH).

The RPPEO will comply with any TOH, Information and Privacy Commissioner of Ontario or MOHLTC investigation of the circumstances of the privacy breach.

Should TOH, the Information and Privacy Commissioner of Ontario or the MOHLTC provide recommendations concerning patient privacy or privacy breaches, the RPPEO will make every reasonable effort to implement them.

PROCEDURE:

1. When any staff member suspects or confirms a privacy breach, that person will immediately report this to their direct supervisor. If the direct supervisor is not available, the staff member will report the privacy breach to any available RPPEO management team member.
2. Managerial staff who receive a report of breach of privacy will immediately collect preliminary details on the nature and extent of the breach, and contact the TOH's Information and Privacy Office (IPO) without delay. This is consistent with the TOH Patient Privacy Policy 00175.
3. Managerial staff will ask a privacy officer from the IPO what immediate steps should be taken to mitigate the impact of the breach.
4. The RPPEO will work to implement recommended steps.
5. The Program Director will notify the MOHLTC Emergency Health Services Branch of the breach of privacy report and its status.
6. In the event of a confirmed breach of privacy, the IPO will lead all efforts at informing, investigating, mitigating and reporting to the Information and Privacy Commissioner of Ontario and to regulatory colleges, if applicable.
7. The Program Director will notify EHS in writing of the results of RPPEO breach privacy reporting including any recommendations and their status of implementation.

RELATED POLICIES/LEGISLATION:

Patient Privacy, Ottawa Hospital Policy 00175

Personal Health Information Protection Act, S.O. 2004, c. 3, Sched. A

REVISION RECORD:

Version number	Revision Date	Summary of Changes
1.0	June 2016	The contact information has changed since last policy revision. In order to avoid giving the wrong information in the future, the phone number was removed and the onus placed on the reporting manager to find current extension in the Corporate directory.
2.0	February 2016	Added numbered process steps.