Al-Qanun

Spring, 2005

The newsletter of the Society for Creative Anachronism's Chirurgeonate

From the Editor

Lady Suzannah Merrybegot, Editor

Welcome to the Spring 2005 edition of Al-Qanun, the newsletter of the SCA chirurgeonate. I trust all of you have recovered from the holidays and are looking forward to your next event.

This time of year sees many of us more organized types perform some sort of "spring cleaning" on our homes, autos or office workspaces. Even if you have no plans to do so, I urge you to dig out your chirurgeon kit and do a little clean up of your supplies. Discard those five-year-expired ointment tubes or that broken thermometer. Take an inventory of what you have and what you still need. In the last issue I asked you what sort of things you keep in your kits -- what can't you do without and what you keep that is strange and unusual. I've printed some of the best answers in this issue.

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THIS ISSUE

Barriers to Care

Dame Eleanor Isabeau du Coeur, Chirurgeon General

Note: This article is reprinted from the Summer 1998 Pennsic Edition of *Al-Qanun*

Your patient just broke her arm. You've done the appropriate first aid and of course have recommended she seek further medical care. She a) tells you she doesn't have insurance or the money, or b) tells you she belongs to an HMO and has to wait till Monday to get a referral from her primary care doctor first. What do you do now? You know that waiting can cause further damage to the injured area and so you want her to go in for care right away. She, aside from being miserable from the injury, has to worry not only about the injury but how to pay for a bill that could be hundreds or thousands of dollars. How can you help to meet both goals of seeing she gets prompt care while minimizing her expenses? I'll share some tips with you I've picked up in the last few years.

First, be aware that someone in a great deal of pain is not always thinking rationally. Your patient, however, does not know s/he's not being rational. For instance, right after I thought I broke my foot, I walked out the door trying not to limp, thinking how good it was that the bones weren't moving around. I wanted to be alone, not with the group of people present in the room. Was this rational? I hope you don't think so! However, it seemed to be a perfectly acceptable thing for me to do at that moment, despite my EMT, RN and doctor training! The point is, your patient may feel s/he's doing something perfectly normal when s/he clearly is not. You need to be calm, understanding and patient with your patient. You may need to repeat something several times before it sinks in. That's OK.

Second, you have to be creative. Don't automatically assume your patient has insurance to cover an ER visit.

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Perhaps you'll receive inspiration from these suggestions or perhaps you'll laugh yourself silly. As for myself, I always keep a copy of the Chirurgeon's Handbook, along with event paperwork, in my kit. It's a useful memory refresher and good to keep on hand for any apprentice chirurgeon who happens to show up. On a less serious note, I keep the chirurgeon patch that my regional chirurgeon (who is now my lord and housemate) gave me when I became warranted. For me it's a tangible reminder of how hard I worked at my classes and apprenticeship, and how honored I am to be a part of this outstanding team of volunteers.

If I were to note the similarities of this issue's articles, I would have to say the common theme is "relationships." As chirurgeons, we develop relationships with the marshals and autocrats, with other chirurgeons and, most importantly, with the patient. **Lord Aelwyn Thoraldson**, a marshal for both adult and youth combat since 1995, has written an excellent article for the chirurgeonate from a marshal's standpoint. **Dame Eleanor** has graciously allowed her article on overcoming barriers to care to be reprinted.

Those of us who have been following the recent conversation on the list concerning debriefing and confidentiality will appreciate the timely articles from our former chirurgeon general, **Friar Galen of Ockham** and from the Midlands Regional Chirurgeon, **THL Seathán MacDhábhidh.** None of us work in a vacuum; we cannot hope to be successful without the ongoing support of autocrats, marshals and each other.

I would also like to take a moment and thank you all for your comments and suggestions. I am especially grateful for the tech support from Justin, Caelum and Friar Galen. Special thanks go to Justin and Hawk for the articles and Chirurgeon Fortune Cookies.

The next issue, Summer 2005, should provide more how-to articles. Many of our fellow chirurgeons have a wide range of experience. They have learned practical and more efficient ways of providing patient care. Hopefully, they are willing to share their knowledge with us. That way, everyone wins. If you would like to submit an article for publication, please see the guidelines in the Winter 2004 issue. Until then, may your events be uneventful.

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I ask the patient if s/he has insurance that covers ER visits. If the patient does, great. That's one less barrier. If the patient says s/he needs to get a referral with his or her insurance, that generally is true for routine stuff. Emergency situations are completely different. Here are some things you can do:

1. Ask to see the insurance card. Usually there's an l-800 number for the company on the back. You or the patient should call to find out what to do. Don't assume the patient knows exactly what to do. My insurance constantly urges me to get a referral from my primary care doctor, but has an entire page of information on what to in an emergency if my doctor is not in. Most of this I barely remember (and I've actually read my policy, something most people don't do) since I can always call the number on the card if the situation is out of the norm. You may need to accept the responsibility of going the extra mile for your patient by making the call for him or her. Sure it's going to take you a little extra time. But it's best for your patient, chivalrous and courteous, and it makes you and the chirurgeonate look good. If you're the only chirurgeon treating scads of people, delegate the phone call to a non-chirurgeon or to a relative/significant other of the patient.

2. One time I saw a patient at Pennsic who had an open fracture in the foot and belonged to an HMO. He refused to see a doctor because he thought he could only see his HMO doctor, who happened to be about 800 miles away. He was going to drive home the next day to get help from that doctor. Aside from the problem of driving with a broken foot and the extreme risk he was taking of infection, he chose this because he felt he could not afford to see a doctor who was not in his network. He thought that since his HMO constantly told him that he was not covered unless he saw a doctor in the HMO, it wouldn't be covered in this emergency case either. None of us who were assisting him knew then that his HMO probably would have covered the treatment in full, had we just known to call. All the HMO's I've ever had to deal with have had a clause that allowed the patient to see a doctor who is not in the network or the HMO if they were not close to home and they had an emergency. Generally, if the patient is 20-60 miles (the distance varies) from home, the patient is allowed to see any provider in an emergency. Again, phoning the company to find out the details can really help out your patient. We could have saved our foot fracture patient a lot of pain and infection

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What's in YOUR Kit?

In our last issue, I put forth the question, what is the most important or most unusual thing in your chirurgeon kit? Some of your answers were amazing in their practicality, some were incredibly amusing. Here is a glimpse inside your kits:

Non-Serious: A "plushy" medical kit with a small stuffed dog I included myself that fits inside the bag. If I'm working with a child it sometimes comes in handy to let them "participate" in the treatment. I can also use the stuffed dog to show the child what I'm planning on doing to/with them. With adults, it can break the ice with someone who may need to decompress. IE: the parent of said child.

Serious: A supply of one shot or "rechargeable" hand warming pads. For those Calontir snow tourneys or the An Tir liquid sunshine ones. Three or four pads in the right places can do wonders for hypothermia.

Robert Trinitie the Chickenhearted.
Kingdom of An-Tir

An often overlooked item is a magnifying glass. I got one in a case with a built-in light (and a compass??) at Radio Shack for about $6. It is very useful for splinters, insect stings, finding things in eyes, and looking at wounds. I sometimes need it for the extremely small print on some medication tubes.

Caelin on Andrede, MC
ER Deputy to the Chirurgeon General
Kingdom of Ansteorra

I have two items that qualify as the crazy items. First are expired sports snack bars. They're for my use only, so I don't worry about them being expired, and they're cheaper that way. Second is a camouflage military field trauma dressing. Figure if I ever need it, they won't complain about it being camouflaged.

Probably the most important thing isn't in my kit, but is common sense/the ability to stay calm. Anything else is fudgible.

Master Calum
Kingdom of Aethlmearc

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risk if we had known this and gotten him to care that day. If the patient is not clear about what insurance covers, call the insurance company to get details. If you can't get in touch with the company, the visit often would be covered for an emergency room visit if the patient is not in the network area.

3. How do you deal with the uninsured? First, if it's life-threatening, just GO TO THE HOSPITAL! The business department in the hospital has experience with this problem and can make arrangements. If it's serious and long-term, your patient may be eligible for state help. This was the case with a friend of mine who developed meningitis at Pennsic and had to spend the week in Pittsburgh, part of it in an ICU. He had no insurance and no savings. Medicaid and Medicare ended up helping him a lot. Hospitals built with federal funds (i.e., most hospitals) are required to see patients regardless of the ability to pay.

If it's not life threatening, find yourself a good salesperson to take a hat to pass around at the event. This happened for another person I knew. The patient and I both thought he had a broken arm, but he couldn't afford a hospital visit and X-rays. We enlisted the aid of an outgoing lady and herald who passed the hat around. SCA folk are good-hearted and generous (one of the things I love about our group). Even though we were at a small event, we raised several hundred dollars to help defray his medical costs. I've done this several times and it has always worked. The hospital also worked with him for the small balance that was left. He received the treatment he needed in a timely manner, and didn't have a huge bill, thanks to the generosity of our wonderful members. This technique has always been successful and fortunately, I don't have to do it very often.

All of this can be boiled down to two sentences: 1) Call the insurance company if there's any question about insurance; 2) If the patient doesn't have any resources or insurance, be creative, such as passing the hat around. Your ultimate goal, if your patient needs emergency medical care, is to get that person to care as soon as possible. This benefits not only the patient, but also you, the chirurgeonate, and those at the event.

Chirurgeon Fortune Cooky:

Full moon indicates interesting cases.

A Working Partnership: The Chirurgeon from the Marshall's Point of View

By Lord Aeylwin Thoraldson, Esq.

Being a good chirurgeon is not just about your first aid skills. It is part of a working partnership with the marshals and autocrats to help ensure that everyone at the event is safe and has a good time. In this article, I'd like to present the marshal's point of view on what we'd like to see from chirugeons.

A huge need on the field (indoors and out) year-round is water. I need good water bearers and a water point where fighters and spectators alike can stay hydrated. I always insist on having a refreshment table set up with pickles and oranges and snack foods to help keep the fighters on their feet. I can speak from experience when I say how imperative it is to come off the field, especially during lunch time (when most tourneys take place), and have refreshments and snacks there to maintain energy levels. One of the best things a chirurgeon can do is to take responsibility to set up water and snack tables. I also have the shire exchequer provide funds for this end. Chirurgeons can help expedite this by having a discussion with the autocrat of an event beforehand and agreeing on a budget. If this is not possible, I ask for donations to help defray expenses. It's a great way to have shire members get involved and help out!

Chirurgeons often do very well to meet with the fighters at the event, hopefully before the fighting begins, while the marshal is explaining the rules. I have the chirurgeon say a few words and remind all present of the facilities and food and drink available to all (water table and snacks) and a few words to keep everyone safe, like "Know yourself, your level of conditioning, and know when to call it quits and take a break or call it a day." I also have an appreciation for chirurgeons who have taken an armor extrication course. Having someone present who knows how to get your armor off of you without the use of a blow torch and bowie knife is worth their weight in gold. Also helpful is having working knowledge of the inner workings of your armor to assist you as you come off the field. (I know after a long, hard battle my hands are usually too weak to do all the straps, so I often need help.) It all comes down to safety.

Another thing the chirurgeon should do is familiarize themselves with the marshal's handbook. It's difficult for a chirurgeon to assist the marshal on the field when the he or she doesn't know what the rules are. This will minimize, if not eliminate entirely, any mistakes on the part of the chirurgeon that stem from not knowing the rules.

A final piece of advice for chirurgeons is to be sure to know your way around the event. That is to say, become familiar with the location of emergency supplies, where the kitchen is, utensils, sinks, entrances and exits to the site.

Communication and networking are the main keys to a successful and safe event. We all hate the "I don't know, where are they?" or "I don't know how!" replies that we tend to find in crisis. Personally, I always hate going to fight when there is no water point established or water bearers working. It is literally going into battle without support staff and supplies, a guarantee to failure for any army.

ANNOUNCEMENTS

QUARTERLY REPORTS

Chirurgeons, if you have not already done so, please send your Quarterly Reports to your regional chirurgeons immediately. Regional chirurgeons are to send in their Regional Quarterly Reports before March 8, 2005.

OUTLANDS

Outlands has acquired one new warranted chirurgeon, Sean Ceallachain, and two new master chirurgeons, Sir Dennis the Wright and Lady Renee Nix. Welcome and congratulations!

MIDDLE

The Middle Kingdom is searching for a regional chirurgeon for Constellation (Indiana). For details or to apply for the position, please contact Lady Rowena of Lindsay (Linda Lindsay) at chirurgeon@midrealm.org or 812-466-7003.

Providing for the Needs of Caregivers

THL Seathán Mórchuiseach MacDhábhidh,
Midlands Regional Chirurgeon

It can be very reassuring to the populace to have a chirurgeon available when a cut or bruise injury occurs. However, not all treatments are straightforward, especially when a friend or relative of the individual who was hurt becomes a secondary patient. This can occur whenever the injury is serious or unusual and the companions of the injured party feel concerned and overwhelmed by the incident. A chirurgeon expects and is prepared to treat many kinds of incidents, but once in a while an unusual or extreme incident occurs that emotionally overwhelms the caregiver. Chirurgeons are not immune to feelings derived from stress and the treating chirurgeon's concern over the serious nature of the incident is compounded by the information blackout that follows once care is turned over to EMS. The treating chirurgeon rarely finds out what happened to the patient at the hospital and this often leads to lingering questions of "was the patient ok?" and "did I do everything that I should have and could have to help?"

People have different tolerance levels for working under these types of conditions, but when it is reached the stress and turmoil from these incidents is enough to cause burnout and requires a healthy outlet. This situation is recognized in the health care industry. On-the-job resources are provided for most health care professionals and involve a formal time and place for incident debriefing. Under such conditions an individual specifically trained for this kind of care will discuss with individuals or groups their reactions to the incidents. However, most chirurgeons are good Samaritans, lay volunteers, who do not have this job benefit, and even if the chirurgeon is a professional when off-baldric, these resources are not available when on vacation at a week long event. It is for this reason that large events, such as Pennsic, may have the resource of a Special Incidents Team consisting of psychologists, psychiatrists, or counselors who act not as chirurgeons, but as trained professionals practicing under their mundane licenses. Most chirurgeons never take training in mental health or emotional counseling and we should all recognize that such care exceeds an "on baldric" level of first aid.

There are two common outlets for this pent-up stress. The more common outlet is the NSTIW story (No S*** There I Was) shared in a chirurgeon social area or around a fire. Sharing the story in this way relieves the stress, can be educational to others, and can even be entertaining. But we must remember that any story that starts NSTIW should protect the identity and confidentiality of the patient and there can be problems with this approach. When the chirurgeon is tired or just coming off a shift it is easy to share more information about the patient than is proper, tent walls are thin and not sound proof, and there may be people beyond the light of the campfire that cannot be seen. This can lead to the story being overheard (or worse, partially heard) by an unintended audience, leading to distortions, rumors, and hurt feelings if any of it gets back to the patient.

The other common outlet is to save the discussion for a semi-private forum such as a chirurgeon e-list (i.e. SCA-Chirurgeon@ yahoogroups.com). This usually means returning home before relating the incident. This wait time provides a calming down period and allows a clear head to edit the information before posting it which may improve the level of patient confidentiality. On the other hand, it also involves a larger audience. These lists are often not invitation-only and others may be lurking and reading along. It also invites responses discussions when what was actually sought was a kind ear and some reassurance.

So, how can the needs of an overwhelmed chirurgeon best be recognized and met in a timely and sufficiently private manner? Over the years I have worked with and observed the techniques and practices of many chirurgeons in dealing with such situations. The following suggestions are based on the "best practices" of chirurgeons whom I have felt comforted by and chirurgeons whom I have considered excellent role models.

First, consider a large event such as Pennsic. This should apply to a crew working a shift at the point or a team that is out working one of the battles. Start and end with basic group communication. Before a battle or a shift, the team leader or crew chief should speak with the group. Lead a set of introductions so that everyone can learn each other's name, rank, and experience, as well as any extra information that may apply to the situation.

Likewise, at the end of a battle or a shift, bring them all together again for some closure. Say "thank you," ask if there were any unusual incidents, ask if everyone is ok with what happened and how it was treated, and ask if any of them want to talk about the battle or shift later. There will be some level of judgment call here but it should be part of the job. If the response is yes, then decide if you feel comfortable personally handling it. If so, discuss when and where to meet and talk. Is it something that should be discussed right away or would all involved benefit from a short relaxation period? It might be better if those who want to discuss the incident take the time to eat and rest, and meet up later that day or the following morning.

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If you do not feel comfortable guiding a discussion of the incident and related issues, then it may be appropriate to ask for the services of someone from the Special Incidents Team. They are there to help chirurgeons just as much as the populace. (I know this to be so, because one of them once sat me down to discuss a traumatic incident.) Just remember that only a few top chirurgeons at an event are supposed to contact the Special Incidents Team. So if you think that they are needed, even if you are the one with the need, remember that the request must go up the chain of command. For other large events, if professionals like the members of the Pennsic Special Incidents Team are part of your planning, make the staff clearly aware of the resource. If not, then you may wish to inquire and see if any such specialists attend the event and are willing to volunteer to be on call.

This practice can be scaled down for smaller events. The Chirurgeon in Charge (CIC) should get to know any other chirurgeons that have shown up and are willing to work the event and ask that they check in at the end of the day to provide a summary of what happened before leaving site. The CIC should then follow through by meeting the other attending chirurgeons to thank them, get their summary, and check on their well being. If someone needs to talk about what happened and you as CIC feel comfortable with the incident, then a brief immediate discussion may be appropriate. Also remember that your paperwork should include their contact information, which allows you to follow up in a couple of days with a phone call to make sure that everything is ok. In either case, if your assisting chirurgeon need to talk and you are not comfortable discussing the incident, then recommend speaking to a spiritual leader, a health care therapist, or the regional or kingdom chirurgeon for that area.

It is also possible (and common) you will be the sole chirurgeon at an event. Remember that the Chirurgeons Handbook states that a CIC should file an event report as soon as possible after the event and that quarterly reports are supposed to contain summaries of the events the chirurgeon attended and what (if any) injuries were treated. If these reports are submitted promptly to the regional and kingdom chirurgeons, and they in turn read these reports to keep aware of what is happening at events, it gives these officers the information and opportunity to contact local chirurgeons with a reply. This reply should provide support, an expression of thanks for the work done, and if an extreme incident has been reported, an inquiry of "are you ok with this" and the appropriate follow-up.

A last variation to consider is the case where your immediate superior appears in your judgment to be getting a bit "crispy" from either the workload or from the kind of incident that has occurred. This could be from taking on a larger task as CIC than was expected or it could simply be a new journeyman's first opportunity to be a CIC, team leader, or crew chief. At such times we should be willing to check that they are ok also. Have they eaten and slept enough? Are they feeling overwhelmed? Do they need to talk? Sometimes we need to take care of them so that they can take care of us. Not everyone needs this kind of care, but those that do should receive it. I have always found that chirurgeons in leadership roles who are concerned in these ways are the best among us. Working with them is always an honor and a privilege.

CONTRIBUTING AUTHORS

Lady Suzannah Merrybegot (Susan Heemstra), is an executive assistant at the Chicago Botanic Garden. She volunteers her time as a journeyman chirurgeon, is a Red-Cross Instructor, teaches a History of the Black Plague class at Pennsic and has performed with the Known World Choir. Suzannah, who suffers from a terminal case of helium-hand, is a member of House Red Winged Lion.

Dame Eleanor Isabeau du Coeur (Beth Hart-Carlock), is a Doctor of Optometry in Kenosha, WI, in the new kingdom of Northshield. She is a Pelican, master chirurgeon, mother to a 7-year-old boy, a 4-year-old girl and three cats, and holds down the fort while her husband is on active duty. Eleanor has served as kingdom chirurgeon for Calontir and principality chirurgeon for Northshield before being selected for the duty of Chirurgeon General.

THL Seathán Mórchuiseach MacDhábhidh (Jonathan Stoltze) is a professional educator with master's degrees in Chemistry and Computer Science who teaches and does occasional computer consulting work. He is a Red Cross Instructor and a jack of all trades who fixes anything that breaks around his house. [2 teens + 2Cats = many repairs.] Seathán, the Illinois Regional Chirurgeon and a Pennsic Training Deputy, is currently working to recruit and rebuild the Chirurgeon population in the Midlands.

Lord Aelwyn Thoraldson (Albert Wise) is a machinist stationed at Hill AFB in Utah, while working on his master's degree in Spanish. Aelwyn has been a fighter since 1993, a marshal in both adult and youth combat since 1995, and now resides in Artemisa. Aelwyn is squired to Duke Dagan du Darragonne.

Master Friar Galen of Ockham (Keith Brandt, M.D.) is an Aerospace Medicine physician in the USAF. His work as a flight surgeon involves working in austere environments and being responsible for emergency and preventative medicine – just like being a chirurgeon. Friar Galen is a 14th century Franciscan Friar, has served as the Chirurgeon General of the SCA and received the Order of the Pelican for his work in the chirurgeonate.

On Confidentiality

Friar Galen of Ockham, MC, OP

The medical community has been much astir the past few years as the law known as HIPAA – the *Health Insurance Portability and Accountability Act of 1996* has come into effect. Just looking at the title, you'd never know that this act is about the privacy of patient information. Chances are good you've been introduced to HIPAA if you've had any dealings with a physician, dentist, optometrist, pharmacy, or other health care provider as they are required to inform you annually of their privacy policies.

Initially there was a lot of confusion about the SCA's standing under this law, but I can conclusively say HIPAA does not apply to the chirurgeonate. The first criterion on the Health and Human Services HIPAA website to see if you are a covered entity is "do you charge for services?" We don't, therefore we're not required to follow HIPAA rules.

Just because the chirurgeonate isn't covered under HIPAA doesn't mean that we don't take patient confidentiality seriously. The issue was referred to the Legal Committee and reported to the board in April 2003. The report of the Legal Committee was incorporated essentially verbatim into the 2004 Chirurgeon's Handbook:

III.7. Privacy
It is recognized that a chirurgeon is not a "health care provider" or "medical care provider" under the definition in most states. Therefore, the state and federal laws concerning privacy of information gained during the treatment of a patient do not apply to the chirurgeonate. The exception would be someone who is a licensed medical care or health care provider and who is acting within the terms of said license, who therefore would be bound by such laws. It is the sole responsibility of such persons to know the requirements and act accordingly with their license regardless of any policy set herein.

However, treatment information may be of a highly personal and sensitive nature, and wherever possible should be treated as confidential and privileged. In light of this:

- Privileged information may be shared with other chirurgeons and medical personnel directly involved in the person's treatment.
- Privileged information may be shared on a need-to-know basis with:
  - o The Marshallate if it is deemed that sharing details of the accident, illness, or injury could prevent similar incidents and/or injuries, or to prevent possible further injury to the person who has been treated.
  - o SCA officers who would be involved if legal action would be brought (e.g., Autocrat, local and Kingdom Seneschals).
  - o Officers of the chirurgeonate (Chirurgeons-in-Charge, regional, kingdom, and Society chirurgeons).

Information shared on a need-to-know basis should be kept to the minimum necessary for the purpose. For example, the Marshallate may be told "we have seen three head injures to persons with this type of helm, you might want to check on those" or "we think that the fighter there has a badly sprained or otherwise injured ankle, but he insists it is OK and he wants to go back into the War." The Seneschal would get a report of the patient's name and general statement of what happened "Sir Helmhide (legal name: John Jones) was knocked out on the list field and was transported to Regional Hospital by Lowland EMS."

- Privileged information may not be shared for any other purpose or outside the SCA (except to emergency care providers who accept responsibility for the person's care and/or treatment) without the express prior written consent of the person (or person's legal representative - guardian, parent, or attorney-in-fact).

This policy does not cover information that is considered public knowledge (e.g. "the patient, Lady Calamity Jane, tripped in court and appears to have hurt herself" or "Sir Joe was fighting with Sir Rhino at Fall Tournament and Sir Joe was injured and needed to go to the hospital by ambulance").

This information was witnessed by the population at large, not gained from a privileged first-responder/ treated person relationship.

The Handbook makes it clear that we can share information as needed with Marshals to ensure the safety of the participants and Seneschals as the legal representatives of the SCA, though in each case only providing the minimum required information. Chirurgeons violating patient confidentiality can (and have) have their warrants revoked.

The 'protected health information' that is covered in the confidentiality rules (again using HIPAA as a baseline) includes:

- Names
- All geographic subdivisions smaller than a State, including street address, city, county, precinct, zip code, and their equivalent geocodes, except for the initial three digits of a zip code if, according to the current publicly available data from the Bureau of the Census:

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- The geographic unit formed by combining all zip codes with the same three initial digits contains more than 20,000 people; and
- The initial three digits of a zip code for all such geographic units containing 20,000 or fewer people is changed to 000.
- All elements of dates (except year) for dates directly related to an individual, including birth date, admission date, discharge date, date of death; and all ages over 89 and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older;
- Telephone numbers;
- Fax numbers;
- Electronic mail addresses;
- Social security numbers;
- Medical record numbers;
- Health plan beneficiary numbers;
- All elements of dates (except year) for dates directly related to an individual, including birth date, admission date, discharge date, date of death; and all ages over 89 and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older;
- Telephone numbers;
- Fax numbers;
- Electronic mail addresses;
- Social security numbers;
- Medical record numbers;
- Health plan beneficiary numbers;
- Account numbers;
- Certificate/license numbers;
- Vehicle identifiers and serial numbers, including license plate numbers;
- Device identifiers and serial numbers;
- Web Universal Resource Locators (URLs);
- Internet Protocol (IP) address numbers;
- Biometric identifiers, including finger and voice prints;
- Full face photographic images and any comparable images; and
- Any other unique identifying number, characteristic, or code

Much of this information is not ever collected on our SCA forms. Some of the categories cannot be followed in the SCA context (if you identify someone as belonging to the SCA, you've pretty well narrowed them down to one in about 20,000), but others are quite obviously information that can identify the individual and we are quite cautious in our handling of these.

Outside of our formal reporting, chirurgeons frequently discuss interesting or difficult cases they have encountered as will any other medical provider. This sharing of information is very valuable in helping each other learn by the experiences of others, especially since many chirurgeons don't work in the medical field. When chirurgeons share these NSTIW* stories, they must be careful of who may be around and that their stories are told in a manner which avoids identifying information, is respectful of the patients involved, and is done in a way which emphasizes an educational point. Consideration of these privacy considerations is even more important if situations are discussed in an electronic medium such as the SCA-Chirurgeon mailing list.

Sharing information among chirurgeons is an important way for all of us to learn from the experience of others. We also have an obligation to our populace to ensure we identify dangerous trends to keep us safe as we play the game. Keeping personal information private is a sacred obligation handed down from Hippocrates to all who practice the healer's art. All these goals can be met by simply thinking before we speak to non-Chirurgeons, in areas where we can be overheard, or before hitting the 'send' button.

**No [Kidding], There I Was*

For those chirurgeons who feel a need to speak with a professional following a critical incident, Michelle Allcott-Mills has generously offered her counseling services. Please give her a call at one of the numbers listed below. If you cannot afford the long distance, please email her with your contact information and a good time to call. On behalf of the chirurgeonate, thank you, Michelle. You are a kind and generous spirit.

Home: 520 568-0285 Cell: 602 418-1677
michelle@safetyonsitetraining.com