

THE ADVISOR

MONTHLY COMPLIANCE COMMUNICATOR

KEEPING IT REAL - STERILE

There are many methods of sterilization available to both medical and dental practices today. When faced with numerous options, choosing the right method for your individual practice can be a daunting task.

Critical and semi-critical items must be heat sterilized. Critical items are items that come in contact with or penetrate the otherwise sterile areas of the body. Semi-critical items are items that contact mucous membranes, but are not designed to penetrate the otherwise sterile areas of the body. However, not all patient care items are heat tolerant. For those items use chemical disinfection for sterilization. Some common sterilization methods available are reviewed here.

Steam Sterilization:

The use of steam under pressure (autoclave) is the most widely used method of heat sterilization in the market place today and is considered to be the most reliable method. Autoclaves operate at various temperatures based on the sterilizer and cycle selected. Refer to the manufacturer's instructions for use; however, items must be cleaned before they are placed in an autoclave. Use an enzymatic cleaner to remove any residual contaminates. After items are cleaned, rinsed and allowed to air dry, they should be wrapped or placed in a sterilization pouch which has internal and external indicators.

Place items loosely in the autoclave chamber. Keep in mind that a large portion of sterilization failures are linked to overload of the sterilizer chamber. Steam sterilization should be monitored **CHEMICALLY** with internal and external indicators on the sterilization pouch, **MECHANICALLY** by observing gauges and displays, and **BIOLOGICALLY** through spore testing.

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Immediate Use Sterilization:

If instruments are needed for immediate use, there is an alternative immediate use sterilization process. This method is accomplished by using a sterilizer at a higher temperature (270F) for a shorter period of time (3-10 minutes) on unwrapped instruments. Items should be cleaned first, placed into the sterilizer with an internal indicator, and then sterilized.

Immediate use sterilization should not be used for simple convenience but must be reserved for those items which are critical to the success of the procedure and for which duplicates are not available. Instruments will be hot! Regularly emphasize safety with employees to prevent burns.

Glass Bead Sterilization:

This method of sterilization has traditionally been used in dental offices for burs and endodontic files chair side. However, these devices are not cleared by the FDA for medical devices, and should **NOT** be used in any capacity.

Liquid Chemical Disinfection or Sterilization:

This method of sterilization should only be used on heat sensitive items that are designed for re-use. Items that are heat tolerant **MUST** be heat sterilized. Follow the manufacturer's directions for the high-level disinfectant you are using.

Regardless of the sterilization method used, take the time to review the manufacturer's instructions for proper use, and document all monitoring efforts to ensure an effective instrument reprocessing program.

TANYA H., AMHERST FAMILY PRACTICE, PC

"Fabulous customer service, it's convenient, my consultant is AMAZING, and I like the OSHA & HIPAA support I get from TMC."

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PAPER RECORDS STORAGE THE RIGHT WAY

How long do we have to keep records after we no longer see the patient? It's one of the most frequent question we receive at TMC. The answer varies depending on state laws. There is no HIPAA ruling on this topic. Ask your state medical or dental board or society what the rules are for your practice. Be aware that states may have different rules for medical and for dental records. Also check with your risk management insurance for malpractice record retention.

Even though most practices have moved to electronic records you probably still have old paper records. What do you do with them? If you have uploaded all the data to your EHR then you need to destroy the paper. Leaving the paper around becomes an additional security liability. There is no rule you have to keep paper backup. Have the records shredded or incinerated by a reputable company or do it yourself and document it. If you use a company they become a Business Associate (BA) and you need a signed BA Agreement. If you chose not to upload some or all of your old records then you need to store them securely. You have two choices. You can store them yourself or you can hire a company to do it for you. This company would also be a BA. When you store them yourself, you need a place with a lock that is not accessible to anyone but yourself and your trusted staff. This access does not include your family or landlord. Regardless of where you store the records, in a locked closet, a U-Store-It place or with a storage company, you are still responsible for the security of the data.

- 1) Label and number every box. The label should include:
 - Type of data (medical records, EOB's, etc.)
 - Date stored
 - Date it can be destroyed
- 2) Store records for minors separately from records for adults as the retention period for malpractice doesn't start until the minor reaches age 18.
- 3) Tape or seal the lid of the boxes and initial across it so you can tell at a glance if the box has been opened.
- 4) Keep a master list of the contents in each box including the label information and patient names and contact information. If a box is misplaced or stolen you will know who to contact. If you do not have this information you would need to contact all your patients and do a press release, then notify HHS of a major breach (500 or more patients) which will kick off an investigation by OCR.
- 5) Destroy records as soon as possible after the retention time has elapsed. Be sure to document each destruction date on your master list.
- 6) Secure your master list in a locked drawer or under password as this is also protected information.

Some time up front can save you a lot of money, time and reputation when something happens.

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BLOODBORNE PATHOGEN EXPOSURES IN HEALTHCARE

The prevalence of exposure events in healthcare remains a huge concern as emphasized by the annual reports of sharps related injuries in health care from the Center for Disease Control and Prevention. The topic is reviewed in our trainings, officer webinars and inserted in the TMC OSHA manuals. An effective Exposure Control Plan begins with prevention before an exposure event takes place; however, accidents do happen, so let's take another opportunity to review.

Once a worker has an exposure to blood or other potentially infectious materials, the steps taken in the next few hours and days (and sometimes months) are crucial for employee health. Ensure that you have completed the Post Exposure Protocol in the Exposure Control Plan section of your TMC OSHA manual. An electronic version of the plan is available on the TMC website in the [Client Portal](#). Log in and select the [OSHA EXPOSURE TOOL BOX](#). This plan will identify the healthcare facility where the source patient will be sent for blood tests and which physician or practice will care for the exposed worker.

When an Exposure Occurs

1. Employee washes skin with soap and water or flushes mucous membranes with water.
2. Report immediately to the Safety Officer or person appointed to manage exposure incidents.
3. Test for infection.
 - If you have identified the [SOURCE PATIENT](#) but their infection status is not known, the patient must sign a consent for testing if required by state law (form ECP 107), and be sent immediately to be tested for HBsAg, HCV Ab and HIV Ab. A Rapid HIV test is recommended if available.
 - If you do not know who the source patient is, assume the worker may have been exposed to HBV, HBC and HIV. Communicate this information to the healthcare provider caring for the exposed worker.
4. Offer the exposed worker a confidential medical evaluation and counseling immediately.
 - The worker should sign OSHA form ECP 108 to consent or decline baseline testing and treatment. The healthcare provider treating the exposed worker will determine if baseline testing is needed based on guidance by the CDC. If a source patient is tested and results are negative for infection, no further testing of employee is indicated.

SEDATION

If you are performing procedures on a patient under sedation, the patient should be notified prior to sedation that if an exposure occurs during the procedure, blood will be obtained for testing. If indicated by state law, a patient consent for testing should be signed prior to administering the sedation medications.

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BLOODBORNE PATHOGEN EXPOSURES IN HEALTHCARE

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Documentation and Follow Up

The following information must be given to the treating provider at the time an exposed worker is sent for care. This is required by the bloodborne pathogen standard:

- Name of healthcare professional providing source patient testing
- Employee HepB vaccinations and titers and any medical records relevant to the treatment of the employee
- Employee's job duties that relate to the exposure incident
- Documentation of the exposure incident (may use form ECP 105)
- Copy of the OSHA 1910.1030 Bloodborne Pathogen Standard

The following documents are located in the Exposure Tool Box in the [Client Portal](#) and may also be helpful to have on hand.

- A copy of the CDC article-Public Health Service Guidelines: HBV, HCV & HIV Exposure
- A copy of the Physician Written Opinion form ECP 108

The physician caring for the exposed worker should send a written letter of opinion back to the employer within 15 days following the initial treatment. Workers should receive a copy of the letter and a copy is to be kept in the employee's confidential medical file. Remember employee medical records are to be kept for the duration of employment plus 30 years.

Follow up testing of the exposed worker should occur following the treating provider's medical evaluation and recommendation.

TMC is here to work with you to create a safer workplace and reduce the number of exposures in healthcare; and if the need arises, we can help you manage the post exposure process. Are you ready now?

SCOTT O., ARTHRITIS & OSTEOPOROSIS CONSULTANTS OF THE CAROLINAS

"Our consultant, Heidi Erdos, is a great help; very knowledgeable and a delight to work with."

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IT'S YOUR CALL



LAURA A., FEIGENBAUM NEUROSURGERY, P.A

"Thank you for all this! You guys are always super helpful, and always make me feel like you genuinely care about our compliance. Means a lot because some companies, even though we pay for a service, make it seem like it's our problem, and not theirs. "

OSHA Situation:

Are there any hot surfaces or pieces of equipment in your office?
If so, how did you warn employees of the potential hazard?

HIPAA Situation:

Are your patients allowed to access all of their medical records?
How does your policy compare to HIPAA regulations?

[VISIT OUR BLOG FOR THE ANSWERS](#)

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SIGNATURE

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INSTRUCTIONS

Print and post newsletter in office for staff review. Each member should sign this form when completed. Keep on file as proof of training on these topics.

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