

THE ADVISOR



MONTHLY COMPLIANCE COMMUNICATOR

BLOODBORNE PATHOGEN EXPOSURES IN HEALTHCARE

The prevalence of exposure events in healthcare remains a huge concern. 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 should 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.

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BLOODBORNE PATHOGEN EXPOSURES IN HEALTHCARE

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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.

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.

If you are interested in more in-depth information, there is a complimentary webinar, [Managing an Exposure Event](#) located on the [TMC website](#).

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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PAPER RECORDS STORAGE THE RIGHT WAY

One of the most frequent questions we receive at TMC is “How long do we have to keep records after we no longer see the patient?” The answer varies depending on state laws. There is not a 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 about medical and 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 BA Agreement signed.

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 or lock that is not accessible to anyone but yourself and your trusted staff. This access does not include your family or landlord. Regardless of how 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 every box and number them. The label should include:
 - a) Type of data (medical records, EOB's, etc.)
 - b) Date stored
 - c) Date it can be destroyed
- 2) Store minor records separately from adult records 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) Be sure to 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 in money, time and reputation when something happens.

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SOCIAL ENGINEERING IN ACTION

All of us have routines at home and the office. Routines are often done “on autopilot,” because we don’t have to think much about them. This might apply to a lot of the tasks you do every day like walking to the printer, sending a fax, email, or filing. However, from a privacy and security perspective, too much time in autopilot can crash your plane.

Here are two common scenarios where autopilot could cause a security incident.

A Phishing Attack

Your role involves reading and replying to emails that are sent from your practice’s “Contact Us” page. You’re rushing through these new emails first thing in the morning to get them out of the way. An email with the subject line “New Patient” has a link in it and the sender writes that you can download his completed new patient forms from his Dropbox account before his appointment next week. Wow. You’re so impressed that the patient is being proactive and saving you time, you forget that your practice doesn’t provide new patient forms on your website! You click the link, but it doesn’t take you to Dropbox. You’ve been phished!

Phishing emails use infected file attachments and links to fake websites that often look legitimate in order to gather personal or business information.

What do you do now? Report it immediately to your HIPAA Officer so that your IT provider can scan for and remove any malware and determine if any data has been lost. It’s also highly recommended that everyone updates their password.

Piggybacking and Tailgating

You are entering data from last week’s patient visits into the EHR. As you complete each patient summary, you drop the hard-copy into the empty box by your chair until you can take them all to the shredder when you’re finished.

The office is particularly busy today. Patients are booked back to back; there are repair contractors in the office; and other vendors are coming and going (document shredder, water cooler delivery, etc.) One of the vendors asks you where the restrooms are located. You leave your desk to show her.

When you return, you reach for the file you had just completed to be sure it’s correct and you realize the entire box of patient summaries is gone! While you were away from your desk, an unauthorized person stole the box of patient summaries undetected! The thief took advantage of the busy office full of unfamiliar faces and piggybacked or tailgated behind an authorized person through the otherwise secure entry.

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SOCIAL ENGINEERING IN ACTION

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Piggybacking, also known as tailgating, is a common social engineering technique where a thief relies on the established routines and social norms of people to gain access to information or property.

Patient information should never be left in an area where an unauthorized person can see it or remove it from the office. Always shred documentation as soon as it is no longer needed, and never leave it unattended.

An important physical security measure is to ensure that you and your employees do not allow someone they do not know or who does not show appropriate identification to enter a restricted area behind them. It is second nature to hold the door, but not in these situations. Patients, vendors, and all other visitors should sign in when they arrive, be escorted in the office, and vendors should display their identification. Never prop open doors to restricted areas and be sure that doors completely close behind you. Broken locks and badge scanners should be reported and repaired ASAP.

EMANUALS: PAPER-FREE KEYBOARD CONVENIENCE

TMC has been offering an electron version of our HIPAA and OSHA compliance manuals since late 2017 to serve the needs of healthcare practices that have already or are in the process of transitioning to a paperless environment. Rest assured that we will continue to sell and support paper manuals. The choice is yours; but if you have not yet checked out the electronic version of the TMC compliance manual, this spring may be the time for you to consider it.

The user-friendly electronic version of our compliance manual is easy to navigate and is searchable so you can quickly get the information you need without flipping through paper or scrolling through many pdf pages. The compliance forms you depend on are PDFs with fillable text fields. Instead of writing by hand on paper forms, you can save time and improve accuracy and legibility by filling the forms in with the keyboard and saving them to your eManual. Another great benefit of the eManual is the instant update feature. Anytime we make a change to the manual, those updates are immediately available to you.

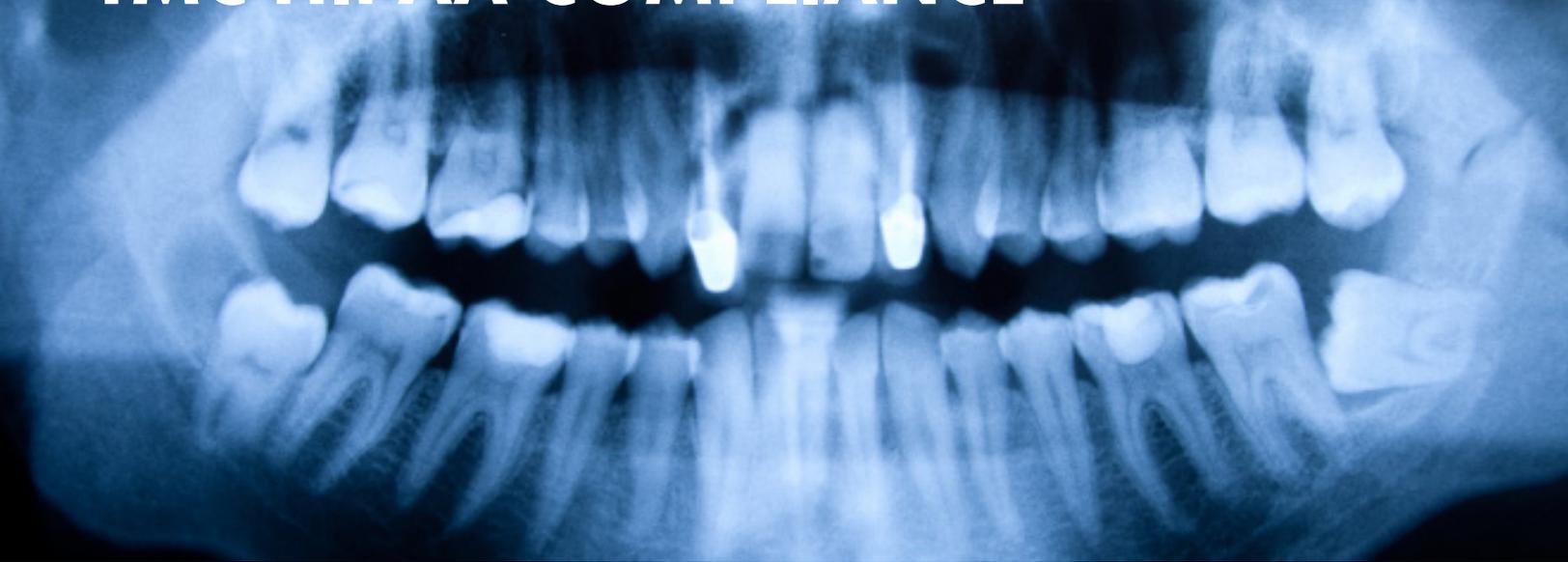
Click the link below to tell us what you need for your practice. [I want to learn more about the new TMC eManual!](#)

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DID YOU KNOW?

The first ever dental school was established in Bainbridge, Ohio in 1828 by Dr. John Harris. Dentistry itself was already an old profession. People have been pulling teeth since the invention of sharp objects. But Dr. Harris was the first person to teach medical students about dentistry and was instrumental in establishing dentistry as a legit medical profession. He was also the first person to add chalk to toothpaste which made it easier to use and turned it into a marketable product. His home in Bainbridge is now a dental museum.

For more fun facts, [click here](#).

TMC DIRECTOR OF COMPLIANCE AND EDUCATION RECEIVES CHAIRMAN'S AWARD

In July, TMC's very own Karen Gregory, RN, received a special citation from Chairman Kathy Eklund from the Organization for Safety, Asepsis and Prevention (OSAP).

Founded in 1984, OSAP's mission is to advocate for safe and infection-free delivery of oral healthcare. They focus on strategies to improve compliance with safe practices and on building a strong network of recognized infection control experts. The Chairman's citations went to eleven individuals who enriched the organization by contributing a unique blend of talents, skills, hard work, and unwavering commitment to the advancement of dental safety.

Congratulations Karen!

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GETTING TO KNOW TMC EMPLOYEES



This summer, we would like to introduce you to Debra Gordick. She is a Mediator and Government liaison for TMC. She has a BS in Biology from Erskine University and two years of postgraduate work in Genetics Biology at the University of South Carolina. Debra is a specialist with OSHA and HIPAA issues and citations, and assists our clients with resolving their most difficult matters.

1. What is your must-have or go-to morning beverage? *Diet Cherry Pepsi*
2. What is the most fun or unusual item you keep on your desk?
Stress Paul (a man shaped stress ball with the same name as my husband mwahahaha)
3. What is the strangest or most fun job you've ever had?
Strangest: Finding lost files for Colonial Life Insurance
Most fun: Theater make-up artist
4. How far away from home is the farthest away you've ever been?
The British Isles
5. What is your go-to item that you most often bring to potlucks?
Asian Slaw. I always get asked for the recipe which I got from my step-grandmother.
6. Where is your favorite place to listen to music? *My patio, but anywhere and anytime works!*
7. What is the last movie you saw in a movie theatre?
Fantastic Beasts
8. Do you have any phobias? *SPIDERS!!!*
9. What is the most daring thing you've ever done? *Tornado chasing! At night!*
10. Do you collect anything? *Uh, yes: books, perfume bottles, teapots, Lego people and Pez dispensers.*
11. Do you (or would you) sing at Karaoke night? *Only if I was drunk and I don't drink. I was once kicked out of Chorus class!*
12. Are you related (even distantly) to anyone famous? *Adam and Eve*
13. What is your favorite holiday? *Holi, which is the Hindu Festival of Spring, Love and Colors.*
14. What was the last non-work-related thing you read? *This week it's been Wild Country by Anne Bishop, Storm Cursed by Patricia Briggs, Connections in Death by J.D. Robb, and Once Upon a Time in Bliss by Sofie Oak.*
15. Is your glass half-empty or half-full? *I'm by nature a half-full person. Well really, I'm a "Hey! Look! I've got something to drink," girl*

IT'S YOUR CALL

OSHA Situation:

Measles outbreaks have been in the news a lot. What are 5 quick facts about transmission that our office should be aware of?

HIPAA Situation:

How many healthcare breaches have been reported to Health & Human Services so far this year?

[CLICK HERE FOR THE ANSWERS](#)

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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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