

# THE ADVISOR

MONTHLY COMPLIANCE COMMUNICATOR



## HHS OFFICE OF CIVIL RIGHTS (OCR) WARNS: DON'T FORGET ABOUT PHYSICAL SECURITY

In their most recent newsletter, OCR reminds all that HIPAA rules require that you protect patient information with technological, administrative and physical safeguards. OCR states: "While the latest security solutions to combat new threats and vulnerabilities get much deserved attention, appropriate physical security controls are often overlooked. Yet physical security controls remain essential and often cost-effective components of an organization's overall information security program." They further comment that failing to have adequate physical security for workstations can have serious consequences with fine settlements ranging from \$200,000 to almost \$4 million.

A workstation is defined as a stationary or mobile computing device, including desktops, laptops, tablets, smart phones and stored electronic media. One recent HIPAA citation was for a laptop used with a portable tomography device that was stolen from an unlocked room.

Questions to consider for a physical security strategy:

- Do you have a policy in place for physical security of devices?
- Do you have a current inventory of all electronic devices including their location?
- Are any devices located in public areas or areas that are vulnerable to theft, unauthorized use, or unauthorized viewing?
- What physical security controls are currently in use? Check all that apply: cable locks, privacy screens, secured rooms, cameras, guards, and alarm systems.
- Are employees properly trained to use these controls? Are they easy to use?
- How are your mobile devices physically protected when not on-site?
- Is it possible to relocate devices currently in public or vulnerable areas?
- If the answer is no, then what additional physical security controls could be reasonably put into place?
- Are policies in place and employees properly trained regarding physical security (i.e., use of cable locks and privacy screens)?
- Are signs posted reminding personnel and visitors about physical security policies or monitoring?

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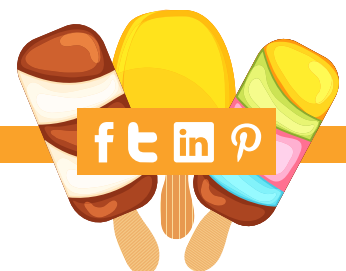
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HIPAA OSHA INFECTION CONTROL BUSINESS ASSOCIATES



# TMC HIPAA COMPLIANCE

OSHA: Compliance Manuals, Facility Audit, and Training



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## HHS OFFICE OF CIVIL RIGHTS (OCR) WARNS: DON'T FORGET ABOUT PHYSICAL SECURITY

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Suggestions for low or no cost controls:

- Use privacy screens or position workstation to prevent someone from viewing your computer screen.
- Install cable locks to deter removal of devices.
- Install port and device locks to physically restrict access to USB ports or CD/DVD drives.
- Technical controls including Microsoft Windows Group Policy configuration and third party software can also be effective at restricting access to USB ports and removable media devices. Unrestricted access to USB ports and removable media devices can make it easy for someone to copy data as well as permit access to infect your data with malicious software.
- Position workstation screens away from areas from which they could be viewed.
- Lock up portable electronic equipment and media when not in use.
- Use security cameras and/or guards and post signs.

A good Risk Analysis should include looking at your physical safeguards as well as the technical and administrative safeguards. Always look for ways you can improve the safety of your protected information.



## What does this pictogram stand for?

Is everyone in your practice current on the United Nations Globally Harmonized System of pictograms that communicate hazardous chemicals? Each month we will print a GHS pictogram. If you can identify it correctly, you will be entered in a drawing to win a \$25 gift card. At the end of the year we will have one big drawing for the grand prize! Don't wait! Click here to enter by June 30th for your chance to win!

Last Month our pictogram was corrosive. Many got it right but we had to pick only one winner and it was Mindy W. of South Carolina. Congratulations Mindy!

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# TMC INFECTION CONTROL



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## SURFACE DISINFECTION

Contaminated surfaces can lead to transfer of infection. In order to ensure the safest visit for both workers and patients, proper cleaning and disinfection of clinical surfaces must be understood and implemented appropriately.

We are reminded of the value of environmental infection control when reviewing the case of hepatitis B transfer from one patient to another in an oral surgery practice in 2001. As noted by the CDC, the practice followed standard infection control practices and “investigators could only speculate that a lapse in cleanup procedures had occurred after the source patient, leaving an area contaminated with blood.”

Create a list to identify areas which will need attention. This is a great way to ensure all potentially contaminated surfaces are included in the cleaning schedule. Include surfaces which are likely to become contaminated with spray or spatter during procedures, employee hands, and/or contaminated instruments on the list. These areas may include: light handles, radiograph equipment, drawer handles, reusable containers of procedural products, computers, and mayo stands or bracket tables. Surfaces which are contaminated must be appropriately cleaned and disinfected at the end of the encounter or procedure.

Many different types of products may be utilized in the cleaning and disinfection process, but the product selected must be an EPA registered hospital level disinfectant. The product label should list the microorganisms which are killed by the product. The Bloodborne Pathogen standard requires that the cleaning products must be able to eliminate at least hepatitis B and HIV. Based on facility needs and the types of illnesses seen, the decision may be made to utilize a product with a tuberculocidal kill claim in order to address a broader range of microorganisms. A good rule of thumb is to utilize a product which has the ability to accomplish both the cleaning and disinfection. This information will be clearly outlined on the label.

**Spray-wipe-spray** or **wipe-wait-wipe** is the best way to describe to the decontamination process. Surfaces must first be cleaned to remove any soiling. If your practice has selected commercial wipes as opposed to a spray product be mindful that multiple wipes must be utilized in order to accomplish the cleaning process. When the surfaces are visibly clean, then the disinfectant must be applied and remain wet for the designated contact time in order to kill any residual contamination. Applying the disinfectant can occur either by spraying the product or again utilizing wipes to accomplish the task. The manufacturer will provide specific direction on both the application process and employee protection; following the manufacturer’s directions is critical in the overall success of this process.

A key element in the overall safety program for any practice is proper cleaning and disinfection of contaminated surfaces. With a strong written process, employee training, and the appropriate products your practice can ensure that both patients and workers experience the safest dental visit.

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# TMC OSHA COMPLIANCE

## WORKPLACE FIRST AID KITS

Did you know that nearly 3 million non-fatal workplace injuries and illnesses were reported in 2017? Being prepared to provide immediate treatment is not only essential but complies with OSHA standards for medical services and first aid.

The OSHA standard 29 CFR 1910.151 requires that in the absence of an infirmary, clinic, or hospital near the workplace, a person or persons must be adequately trained to render first aid and adequate first aid supplies must be readily available.

Medical and dental facilities usually operate with a house-full of clinicians available and qualified to respond to various patient emergencies. But what about staff injuries or illnesses that are related to the use of site specific equipment, exposure to chemicals, and risky job activities?

Avoid common mistakes. First aid materials are geared more for patient needs than for the site-specific hazards faced by employees. A crash cart, for example, is primarily for patient emergencies and does not fill the requirements for a first aid kit for employees. Often first aid materials are scattered throughout patient care areas but there is no central location for quick access by clinical and non-clinical employees. In addition to no central location, practices often don't have a designated employee with the responsibility and training in first aid response.

### Suggestions for a Workplace First Aid Kit

- Personalize your first aid kit. In order to address the most common types of injuries and illnesses that occur at your workplace review your loss data, OSHA logs, incident reports and other internal records to determine what is needed for your practice.
- Conduct and/or review your annual hazard assessment. Use Form DOC101 which is available in your TMC OSHA manual to identify any hazards your workers are exposed to.
- Estimate the number of kits you will need based on the number of employees that you have, the size and type of the work environment, and the distances between professional medical care supplies and the work locations where there is risk of a specific injury occurring.
- Create an emergency plan that includes important assignments, contact information and guidelines for training, and defines what type of injuries or illnesses will be treated in-office.
- Choose the appropriate class of first aid kit. Class A are designed to deal with the most common types of workplace injuries, Class B kits are designed with a broader range and quantity of supplies to deal with injuries in complex or high-risk environments.
- Designate a location for treatment of all other types of injuries or illnesses.
- Assign provider responsibilities for dealing with a first aid situation.
- Include emergency numbers of hospitals, clinics, poison control, and employee "In Case of Emergency" (ICE) contacts.
- Designate and label first aid kit locations.
- Include a variety of PPE, gloves, masks, gowns, etc.
- Create a content checklist for easy maintenance. Inspect monthly and replenish expired or missing supplies as needed. Document the inspection with date and name/initials of reviewing employee.
- Assign responsibilities for first aid kit maintenance. Provide first aid training.
- Provide training for site specific injuries or illnesses beyond general first aid.

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# TMC OSHA COMPLIANCE



## WORKPLACE FIRST AID KITS

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**Remember that your first aid kit is only a tool in case of a minor accident or injury. You must decide whether an incident is an emergency situation.**

**If in doubt, call 911 or go to your nearest emergency clinic or hospital.**

OSHA does not provide a list of required materials for first aid kits, but minimal requirements and guidance can be found in the ANSI standard Z308.1. (American National Standards Institute, [www.ansi.org](http://www.ansi.org))

## IT'S YOUR CALL

### OSHA Situation:

Our office automatically provides a Hepatitis B titer for all new hires.  
Is this acceptable?

### HIPAA Situation:

Recently a minor in our office was treated for opioid addiction. Does HIPAA allow us to inform the patient's family in the event of serious life-threatening situations with opioid use?

**[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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