

THE ADVISOR

MONTHLY COMPLIANCE COMMUNICATOR

COVID-19 IN THE OFFICE: WHAT DO WE DO?

Over the past several weeks offices have begun to expand visits beyond emergency services. Along with that, other businesses have opened, and people are moving around more freely. As anticipated, along with increased activity and more testing reported COVID-19 infection numbers have increased. At TMC we have already begun to receive calls related to workers or patients reporting infections and are asked: What do we do?

Your best resource for question related to COVID-19 exposures and next steps will be your [local](#) or [state](#) health departments. Hopefully by implementing several measures and referencing pertinent information the CDC has published your office will not be impacted negatively by encountering a patient or worker who becomes infected with COVID-19.

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COVID - 19 IN THE OFFICE

Personal Protective Equipment (PPE)

Both the CDC and OSHA have established guidance regarding appropriate PPE that each employer must provide to employees. In the [TMC Pandemic Plan](#), a hazard assessment tool provides a template to determine the appropriate protection based on the task being completed and the risk of exposure. Since this virus is spread in a respiratory manner, the CDC has [provided additional guidance and resources](#) on the types of PPE needed, especially during procedures which generate aerosols, and the appropriate way to don and doff this protection.

Source Control Measures

Your office should always be considered a MASK UP zone, even when not involved in patient care. While healthcare workers may be very comfortable wearing a mask, please be reminded that for the general public this may present a challenge. Prior to the patient encounter make very effort to communicate the expectation they and anyone who accompanies them should wear a mask. This small step will reduce the impact on your mask supplies. Additionally, any vendor or other person who enters the office should wear some sort of face covering.

Definition of an Exposure

Recently, the CDC published simplified guidance on determining exposures. Being diligent about the appropriate use of PPE and source control measures WILL reduce the risk of exposures in your workplace.

An exposure is defined as a healthcare worker with prolonged close contact with a patient, visitor, or another worker with confirmed COVID-19. Prolonged contact is defined as 15 minutes or more , or any duration if the exposure occurred during performance of an [aerosol generating procedure](#).

The CDC offers guidance on determining when the patient, visitor or co-worker may have been infectious as beginning 2 days before symptom onset through the time period when the individual meets criteria for discontinuation of Transmission-Based Precautions. Unfortunately, the guidance on asymptomatic individuals is a little more complicated. The following information is pulled from the Pandemic Plan and may be used to determine if an exposure has occurred.

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COVID - 19 IN THE OFFICE

Determination of Employee Exposure as Defined by the CDC

- Employees should report any exposure to a suspected or known patient with COVID-19.
- Based on exposure risk, workers will be provided access to appropriate medical care.
- Reporting to appropriate agencies will be the responsibility of the treating healthcare provider.

Exposure	PPE Used	Description
HCP who had prolonged close contact with a patient, visitor, or HCP with confirmed COVID-19.	<ul style="list-style-type: none"> • HCP not wearing a respirator or facemask • HCP not wearing eye protection if the person with COVID-19 was not wearing a cloth face covering or facemask • HCP not wearing all recommended PPE (i.e., gown, gloves, eye protection, respirator) while performing an aerosol-generating procedure 	<ul style="list-style-type: none"> • Exclude from work for 14 days after last exposure • Advise HCP to monitor themselves for fever or symptoms consistent with COVID-19. • Any HCP who develop fever or symptoms consistent with COVID-19 should immediately contact their established point of contact (e.g., occupational health program) to arrange for medical evaluation and testing.
HCP other than those with exposure risk described above.	N/A	<ul style="list-style-type: none"> • No work restrictions. • Follow all recommended infection prevention and control practices, including wearing a facemask for source control while at work, monitoring themselves for fever or symptoms consistent with COVID-19 and not reporting to work when ill, and undergoing active screening for fever or symptoms consistent with COVID-19 at the beginning of their shift. • Any HCP who develop fever or symptoms consistent with COVID-19 should immediately self-isolate and contact their established point of contact (e.g., occupational health program) to arrange for medical evaluation and testing.



For additional information and reference, please click [here](#) for the CDC website.

It makes sense that by increasing activity and testing that the number of COVID-19 cases will increase, BUT your office can reduce the overall risk of exposures and potential spread of infection by ensuring all patients and workers are appropriately screen prior to entering the office, using PPE appropriately and implementing and enforcing source control measures.

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HIPAA PRIVACY



THIRD PARTY RISK MANAGEMENT

Managing third party service providers, or vendors, is an ongoing legal and contractual obligation for all businesses. While there is no one-size-fits-all risk management program, there are a lot of great checklists and recommendations available. Checking a few resources before signing a new vendor service agreement and setting up a Google Alert or two can potentially help you avoid picking a bad apple.

Credentials, exclusions, and breaches:

- ✓ U.S. Department of Health & Human Services - Office of Inspector General's Exclusions Database (<https://exclusions.oig.hhs.gov>)
- ✓ U.S. Department of State Terrorist Exclusion List (<https://www.state.gov/terrorist-exclusion-list>)
- ✓ United States General Services Administration (GSA) (<https://www.sam.gov/SAM/pages/public/searchRecords/search.jsf>)
Check this especially if you have a Medicare/Medicaid or other federal contract.
- ✓ U.S. Department of Health and Human Services - Office for Civil Rights Breach Portal a.k.a. "Wall of Shame" (https://ocrportal.hhs.gov/ocr/breach/breach_report.jsf)
- ✓ Perform a general internet search using the vendor's name/ company name + the following words (or other words related to its service) to ensure credibility: Breach, Complaints, Lawsuit
- ✓ Ensure the vendor's contract has assurances that their compliance controls are adequate for HIPAA, OSHA, Medicare & Medicaid, as applicable.
- ✓ Ask about their general and/or professional liability insurance coverage.

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HIPAA PRIVACY

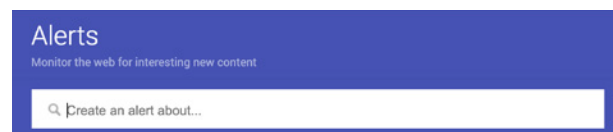
If the vendor will provide software or other technology services, consider asking the vendor:

- To provide a copy of its most recent security audit (e.g. a SOC 2 Type 2) performed by a third-party auditor.
- To list the location(s) where your data will be stored.
- How often will your data be backed up?
- Are background checks performed on its employees?

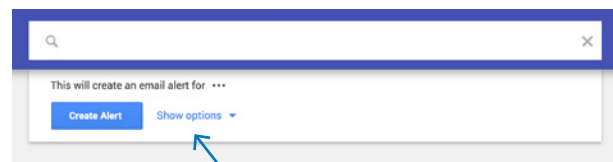
If the vendor is a business associate and the Business Associate Agreement (separate from the service agreement) is not your template, be sure it has the appropriate provisions before signing it. It is a best practice to review these items on an annual basis for all third-party service providers and is an essential part of your required HIPAA risk assessment.

To set up a Google Alert:

1. Go to www.google.com/alerts
2. In the box at the top, enter a topic, person, or company you want to follow. A new window will appear.
3. Before you click **Create Alert**, select settings. Click **Show options** to select the frequency of alerts, source, language, region and where you want to receive the alerts.
4. After you've set your options, click **Create Alert**. You will get emails whenever Google finds matching search results.



Enter your topic here



Be sure to show options

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IT'S YOUR CALL

OSHA:

How does the contact tracing process work?

HIPAA:

Can our office contact our patients who have recovered from covid-19 to provide information about donating plasma and blood that may help treat others?

[CLICK HERE FOR ANSWERS](#)

CONTACT TRACING WORKFLOW (COVID-19)

<https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/contact-tracing.html>



ATTENTION DENTAL PRACTICES

The final deadline was July 14, 2020 to meet the requirements of the [EPA Dental Effluent Guidelines 40 CFR Part 441](#) which required many offices to install or have in place an amalgam separator, among other items. If you have questions, TMC has a complimentary [recorded webinar](#) on this topic, located on the TMC website, which describes the requirements of the standard and provides guidance on completing the required documentation.

The ADA has a wonderful [AMALGAM DECISION TOOL](#) if you are still unsure if these requirements apply to your practice.

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HIPAA COMPLIANCE



HIPAA AND BATTLING PARENTS

Dealing with a minor’s medical records can be a mine field when a child is from a blended family or the parents have a contentious divorce going. Things get especially sticky when you add in stepparents and grandparents, and when a minor controls all or a portion of their own records. It’s a good time to review the basics.

Custody versus Parental Rights: Don’t confuse custody with parental rights. Both parents of a minor have access rights to a minor’s record unless the minor can consent to their own treatment. If one parent wants to block the other parent from the records, there is only one way to do that. The parent being blocked has to have their “parental rights” removed by the court. Your practice must be presented with a judge-signed order designating this. Custody of the child is different. One parent can have full custody but as long as the parental rights of the other parent haven’t been revoked by the courts then both parents can view and get copies of the medical records of the child.

Extended Family: Either parent can sign an authorization for a stepparent, grandparent, or another person to have a copy of the child’s records or discuss the records with someone at the practice. It is a parental right, and the other parent can’t block that without legal documentation.

However, state law on custody can influence this issue. Depending on custody arrangements, it may take both parents to agree. You don’t have access to the custody agreement and its implications. When you are presented with a conflict take the stance of restricting the release until you are presented with an agreement between the parents or a legal document. You do not have to be put in the middle of a parental dispute. Consult your own lawyer if needed.

Without permission from one of the parents, stepparents and grandparents do not have any rights beyond the same “to the extent they are involved in the care” standard that applies to anyone.

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Adoptive Parents: In order for someone to adopt a child, one or both parents have to give up their parental rights. For example, if a woman marries and her husband adopts her child, then he becomes the father and the birth father no longer has any rights to the records.

Legal Guardians: A legal guardian is granted parental rights by court order. If someone is designated a legal guardian, parental rights are not automatically removed from the parents. That would take an extra step and, again, your practice must be presented with the court order stating the parental rights had been removed.

State Custody: When the state has custody of a minor and the child has been removed from the home, the state assumes legal guardianship of the child and the same rules apply. The social worker in charge of the case is granted parental rights but this does not remove the rights of the parents. Note that the social worker is the legal guardian, not the caregiver.

Parent Information: Care should be taken when sharing information about one parent to the other. This especially concerns location, and credit card and insurance numbers. If possible, that information should not be included in the minor's medical record. If this is not possible, and one parent has concerns, they should consult with an attorney on how to legally revoke this access.

Minor Control: Some minors have control of their own records. In general HIPAA says that if the minor can consent to their own treatment then the minor alone has access rights. State law determines when a minor can consent to their own treatment.



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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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