TMC
TOTAL MEDICAL COMPLIANCE

888.862.6742
www.totalmedicalcompliance.com

APRIL 2018

# THE ADVISOR

## MONTHLY COMPLIANCE COMMUNICATOR

## HAND HYGIENE: FIVE THINGS YOU NEED TO KNOW

The value of hand-hygiene in reducing the spread of infection can be demonstrated as far back as 1850 when Dr. Ignaz Semmelweis reported a drastic reduction in puerperal fever (childbed fever) after doctors washed their hands with some sort of antiseptic preparation prior to taking care of laboring mothers. This common illness was often fatal and even though there was evidence to support that hand washing reduced mortality rates to below 1%, his colleagues did not support this recommendation. It wasn't until after his death when Louis Pasteur confirmed the germ theory that hand washing was practiced widespread.

In the busy healthcare community, hand hygiene must be an integral part of a strong infection prevention program. Here are five things you need to know!

1. **Hand hygiene is still one of the best ways to reduce the spread of germs which may cause serious infections in patients.** Hand hygiene also reduces risk to the healthcare worker for becoming colonized with bacteria which may be resistant to antibiotics or becoming infected themselves. Studies indicate that some healthcare providers only follow hand hygiene recommendations 50% of the time which creates the risk for the worker and for patients.

2. **There are two recognized methods for routine hand hygiene: the use of alcohol hand sanitizers or hand washing with soap and water.** Alcohol hand sanitizers are the most effective in reducing the number of germs on the hands and should be utilized when the worker's hands are not visibly soiled. Hand washing should occur if the hands are visibly soiled, after using the restroom and prior to eating. Additionally, hand washing should be performed after working with patients diagnosed with Clostridium difficile if the facility is experiencing an outbreak, and after working with a patient with any type of infectious diarrhea, such as norovirus.

*Continued on page 2*

### IN THIS ISSUE

## HAND HYGIENE: FIVE THINGS YOU NEED TO KNOW

*Continued from page 1*

3. **The World Health Organization and the CDC both provide instruction on proper hand hygiene.** Helpful information can be located on the WHO and CDC websites. Resources include posters, checklists and training programs.

4. **The FDA issued a Final Rule banning the use of certain active ingredients in over the counter topical antiseptic products.** The FDA ban includes triclosan and 23 other ingredients and is effective December 20, 2018. Since the majority of hand-hygiene products used in health care fall into the over the counter category, many people are concerned this ban will limit the choices for hand hygiene. In reality, very few products contain any of these banned ingredients; therefore, there should be very little impact on the hand-hygiene process in healthcare.

5. **May 5, 2018 is World Hand Hygiene Day.** Take the challenge especially on this day and make proper hand hygiene a priority! Observation is the best way to evaluate compliance with current recommendations. If you are unsure about the proper process, the WHO has excellent posters which outline proper use of hand sanitizers and the appropriate process for hand washing.

Patients may play a positive role in hand hygiene compliance for your workplace. Ask them to get involved and to ask their healthcare provider about hand hygiene. Just as a reminder: Clean hands save lives!

## 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 April 30th for your chance to win!

Last Month our pictogram was flammable. Several got it right but we had to pick only one winner and it was Shelly C. of North Carolina. Congratulations Shelly!

**CLICK HERE TO ENTER**

## GUIDELINES FOR SHARPS CONTAINERS

It has been estimated that 600,000 to one million healthcare workers per year experience injuries caused by sharp objects used in the workplace. Sharps injuries can lead to accidental exposure to Hepatitis B, C and HIV and other infectious diseases. Most sharp injuries are preventable.

**11% of sharps injuries are due to unsafe sharps disposal related activities.**

Injuries related to improper sharps disposal can occur for the following reasons:

- Lack of training for proper use and disposal
- Improper design of sharps disposal container for its intended use
- Inappropriate placement of sharps disposal container
- Overfilling sharps disposal container
- Non-sharps placed in sharps containers with sharps (i.e. gauze, bandages, gloves, paper towels, wrappers, etc.)

Guidelines for safe use of sharps begin with a site-specific Hazard Assessment of the area of the intended use. Consideration for placement and security depends on four critical elements: functionality, accessibility, visibility and accommodation.

1) Functionality: Containers should be puncture-resistant, durable, appropriate in size and shape for intended use, and designed to be secure and minimize exposure during closure.

Here are some examples of sharps requiring special disposal in a sharps container:

- **Needles.** Hollow needles used for injecting medications.
- **Syringes.** The plunger body used to inject drugs. May have needle attached.
- **Lancets.** Also known as "fingerstick" devices, which are used to get blood drops for testing.
- **IV Access Device.** Needle systems used to access the venous system in order to deliver medications.
- **Epi Pens.** Empty auto injectors prefilled with epinephrine that have been used in cases of anaphylactic shock.
- **Insulin Pens.** Auto-injectors pre-filled with insulin for diabetics.
- **Connection Needles/Connection Sets.** Needles that connect to tubes.
- **Scalpels** and other blades.
- **Scissors** used to cut flesh or dressings.
- **Glass.** Even unbroken glass that hasn't necessarily been contaminated may still need sharps disposal.
- **Sharp Plastic** may need special disposal.

*Continued on page 4*

## GUIDELINES FOR SHARPS CONTAINERS

*Continued from page 3*

2) Accessibility: Containers should be located as close as feasible to the immediate area where sharps are used. They must be upright and easy to operate without risk of spilling. The container should be placed in a visible location, within easy horizontal reach, and below eye level. Wall mounted sharps containers should be installed 52-56 inches above the floor for standing workstations and 38-42 inches above the floor for seated workstations. The container should also be placed away from any obstructions such as doors. Other inappropriate locations include the corners of rooms behind furniture, the backs of doors, under sinks or cabinets, on inside of cabinet doors, where people might sit or lie beneath the container, or where the container is subject to impact from traffic or equipment.

3) Visibility: Containers should be clearly visible to the health care worker, designed so that workers may be able to easily determine the container's fill status and distinguish any warning labels. Replace container when the container is ¾ filled or at fill line. Concealing placement for security or aesthetic reasons and poor lighting conditions can contribute to sharps injuries during disposal.

4) Accommodation: Containers should facilitate ease of storage and assembly, require minimal worker training requirements. A container should also easily accommodate one-handed disposal of a sharps device.

Disposal of contaminated sharps and other regulated waste must be in accordance with applicable state regulations. These rules are typically published by state environmental agencies and/state departments of health. Go to the HERC Regulated Medical Waste Locator or inquire about your city/county ordinances.

Visit the TMC Website to register for our complimentary webinar, Managing an Exposure Event, to hear an informative discussion on different types of exposure events, post-exposure process and measures to prevent exposures.



## HIPAA AND SPLITTING A PRACTICE

Splitting a medical or dental practice happens when one or more doctors leave a practice. When this split happens both the practice and the doctors have questions on how to correctly handle the PHI (Protected Health Information) of their patients. The three most frequent questions are:

1. Can the departing doctor(s) have a copy of their patients' records and/or their contact information?
2. Does the practice have to give the departing doctors this information?
3. Can the departing doctors take equipment with them?

### Can the departing doctor(s) have a copy of their patients' records and/or their contact information?

Both the practice and the departing doctor do have rights under the law to their patients' records. The other person who has rights to the record and to the choice of provider is the patient. No one else has this right. Under HIPAA the passing of the patient information would fall under Healthcare Operations and Continuation of Treatment. Both are allowed to occur without patient authorization. Nurses, hygienists and assistants have no right to take any information, not even basic demographics when they leave a practice. If they take that information when they leave they are in clear violation of HIPAA law.

You can pass record copies on to the departing provider; however, HIPAA regulations cover how this is done. Whether you choose to pass all the departing provider's records at once or you pass them one at a time, you must make sure the records are passed securely according to HIPAA.

### Does the practice have to give the departing doctors this information?

HIPAA does not dictate whether you have to give the departing doctors this information. It only says you can. This really falls under contract law not HIPAA. The most common way to keep this process easy is to have a contract that is signed by each provider that dictates whether or not the provider can take patient records or contacts with them when they leave the practice. If you don't have a contract with this clause already in place, the issue will have to be negotiated.

HIPAA does dictate that the patient's right of access has to be respected. If the patient wants to go to the departing doctor or change to a new doctor, the practice must send a copy of the record.

*Continued on page 6*



## HIPAA AND SPLITTING A PRACTICE

*Continued from page 5*

**Can the departing doctors take equipment with them?**

Equipment given to the departing provider will be at the discretion of the practice or obligated by contract or negotiation between the departing doctor and the practice. Under HIPAA regulations any equipment that a departing provider takes with them should be evaluated to ensure it does not contain PHI. If so, the memory should be purged completely in a HIPAA compliant manner before the transfer.

**What if the departing doctor is retiring or moving out of the area and wants to take records with him?**

Even though a provider is allowed records of his patients he must have a valid medical/dental reason for viewing those records and would need to keep the records secure under HIPPA rules. He would not need to maintain those records since the practice would be doing that. If there is a valid medical/dental reason, consulting a good lawyer would be advisable before agreeing to the record copy transfer.

## IT'S YOUR CALL

### OSHA Situation:

Does your office have caution signs? If so, are the signs OSHA compliant?

### HIPAA Situation:

If our office has a breach, what is the deadline for reporting to Health and Human Services (HHS)?

**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.

### IN THIS ISSUE