TMC
TOTAL MEDICAL COMPLIANCE

888.862.6742
www.totalmedicalcompliance.com

JULY 2018

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.
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.

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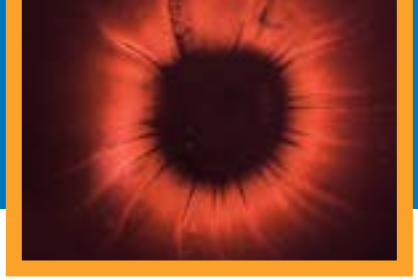

BLOODBORNE PATHOGEN EXPOSURES IN HEALTHCARE

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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.

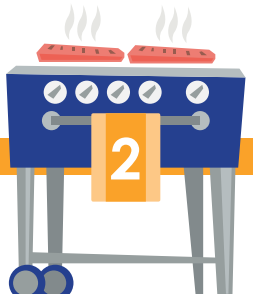
Follow up testing of the exposed worker should occur following the treating provider's medical evaluation and recommendation.

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.

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.



TMC HIPAA COMPLIANCE

HHS RELEASES NEW GUIDANCE ON RESEARCH AUTHORIZATIONS

In June 2018 the Department of Health and Human Services (HHS) issued guidance related to streamlining authorization under HIPAA for uses and disclosures of protected health information (PHI) for research. Under the 21st Century Cures Act of 2016, HHS is required to help simplify the research process by clarifying:

1. the authorization for use or disclosure for future research purposes contains a sufficient description of the purpose;
2. the date or event on which the authorization will expire unless it is revoked by the patient and instruction on how to revoke it;
3. the circumstances under which it is appropriate to provide a patient with an annual notice or reminder that the patient has the right to revoke such authorization; and
4. the appropriate way to revoke an authorization for future research purposes.

The HHS Office for Civil Rights (OCR) provides the following guidance that focuses specifically on situations in which a Covered Entity (CE) obtains the patient's HIPAA authorization for use and disclosure of PHI for research. HIPAA allows CE and business associates to use or disclose PHI, including for research purposes, only as permitted or required by the Privacy Rule or as authorized in writing by the patient (or by the patient's personal representative). At the same time, the Privacy Rule helps researchers to access PHI needed to conduct vital research.

Sufficient Description of Purpose

Since what constitutes a sufficient description for the patient to expect that the PHI could be used or disclosed for such research is a complicated issue, OCR is offering interim guidance while inquiries and discussions continue. The statement 'at the request of the patient' is a sufficient description when a patient initiates the authorization. Otherwise, OCR views a description of future research purposes as compliant if the description sufficiently describes the purposes such that it would be reasonable for the patient to expect future research.

Revoking an Authorization

OCR clarifies that an authorization for uses and disclosures of PHI for future research must contain an expiration date or event. Patients should be made aware that revocation of an authorization does not always mean that the patient's information may no longer be used in the research study or may no longer be used or disclosed for any other purpose such as treatment, payment and healthcare operations. A CE may continue to use and disclose PHI that was obtained before the patient revoked to the extent necessary to maintain the integrity of the research.

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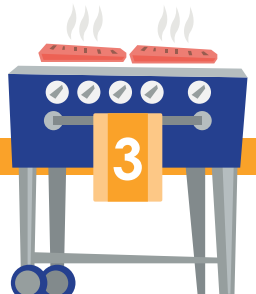

HHS RELEASES NEW GUIDANCE ON RESEARCH AUTHORIZATIONS

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Reminder of the Right to Revoke

The Privacy Rule does not require a CE to provide periodic reminders about a patient's right to revoke an authorization. Instead, the Privacy Rule requires such entities to provide patients with a copy of their signed authorization to ensure the patient is aware of the ongoing potential for the uses and disclosures of PHI. The CE may provide reminders to patients of their right to revoke. A CE might choose to ask if the patient would like to receive reminders in the future about the right to revoke and then must provide periodic reminders. Additionally a CE might remind a minor participant who reaches the age of majority of their right to revoke a HIPAA authorization originally signed by either a parent or guardian. Reminders of this nature are not, however, required under the Privacy Rule.

Appropriate Methods for Revoking Authorization for Future Research

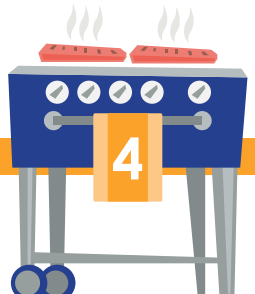
In addition to clearly stating that a patient has a right to revoke an authorization in writing at any time, the authorization must describe the process by which a patient may revoke the authorization or refer them to the NPP if it contains a clear description of the revocation process. Covered entities are encouraged to establish ways to make this process easy for the patient.

Some suggestions are:

- Provide a standard revocation form.
- Make current authorizations viewable and allow them to submit revocations through a client portal.

Once signed, a revocation is not effective until the CE that discloses the PHI receives the revocation or has knowledge of the revocation. The existence of a written revocation of authorization does not always mean that a CE has knowledge. For example, the patient gives the signed order to revoke the authorization to the research group. The doctor who is disclosing the information about the patient to the research group would not know that the authorization has been revoked unless the research group or the patient told the doctor directly. Therefore the doctor would still be disclosing the PHI in good faith. Because the Privacy Rule does not require the researcher to inform all of the CEs to whom it has presented the authorization, all the disclosing providers may not know. At the same time, however, if the patient tells a CE that they have revoked the authorization in writing to the researcher, the CE knows of the revocation and must then consider the authorization invalid and take action to stop future disclosures.

You can read the full guidance document at: https://www.hhs.gov/sites/default/files/hipaa-future-research-authorization-guidance-06122018%20v2.pdf



YOU DON'T HAVE TO BE A FIRE MARSHALL...

You don't have to be a Fire Marshall to know how to inspect and maintain your fire extinguishers. OSHA standards specify that employers are responsible for inspecting and maintaining their fire extinguishers in use and for keeping and retaining records and making them available upon request.

Here are the OSHA requirements for fire extinguisher inspection, maintenance and testing. Remember to add fire extinguisher maintenance tasks to your fire plan.

1) Inspect, maintain and test all portable fire extinguishers in the workplace. Document your inspection. Keep track of your extinguisher's monthly checks and maintenance. Some extinguishers come with an inspection tag for this purpose.

2) Visually inspect portable extinguishers or hoses monthly. Inspect the seals. Look over the tamper and safety seals to make sure they are intact.
   - Check the pressure. If your fire extinguisher has a pressure gauge, be sure that the gauge's yellow needle indicates proper pressure and is in the green range on the gauge.
     GREEN=CHARGED
     RED/RECHARGE=NEEDS CHARGING
     RED/OVERCHARGE= MAY LEAK DUE TO DAMAGED GASKETS
   - Recharge immediately after each use.

3) Look for visible signs of damage such as corrosion, leakage or a clogged nozzle. Any of the following signs may indicate it is time to replace the extinguisher:
   - The hose or nozzle is cracked, ripped, or blocked with debris.
   - The locking pin on the handle is missing or unsealed.
   - The handle is wobbly or broken.
   - The inspection sticker or hang tag is missing, or it has not been filled in with with a record of checkups and maintenance.

4) Perform an annual maintenance check on portable fire extinguishers. Record the annual maintenance date and retain this record for one year after the last entry or the life of the shell. Stored pressure extinguishers do not require an internal examination.

5) Provide alternate equivalent protection when portable fire extinguishers are removed from service for maintenance and recharging.

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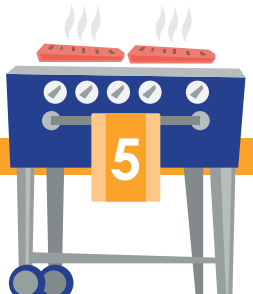

TMC OSHA COMPLIANCE

YOU DON'T HAVE TO BE A FIRE MARSHALL...

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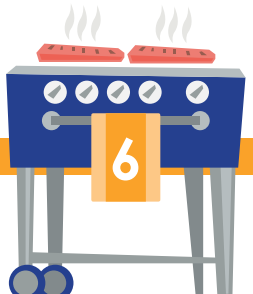
Make sure you are using only approved portable fire extinguishers for the type of fire, degree of hazard and size of fire that could occur in your work setting. The following website is an excellent resource for choosing the best fire extinguisher for your setting.. https://www.convergencetraining.com/blog/types-of-fire-extinguishers-which-one-to-buy

Here are the classes of fire extinguishers made to combat five types of fires. Some extinguishers are made for more than one type of fire. The class of an extinguisher is printed on the shell label.

- Class A: Ordinary combustibles (i.e. cloth, wood and paper)
- Class B: Flammable liquids
- Class C: Appliances, electrical
- Class D: Metals
- Class K: Cooking oils

Fire extinguishers generally do not have expiration dates; however, most fire extinguishers last between 5 and 15 years. Checking it monthly is the best way to be sure your extinguisher is still functional. If your extinguisher does not have a gauge, it is best to have it checked by a professional. Annual servicing from a fire extinguisher servicing company is recommended.

Check with your area fire department for any local fire safety requirements for proper placement and disposal. Old extinguishers can be recycled at special facilities or check with your waste management company for approval before discarding with regular trash.



TMC COMPLIANCE

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 cash 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 July 30th for your chance to win!

Last month our pictogram was health hazard. Many got it right but we had to pick only one winner and it was Rita G. of North Carolina. Congratulations Rita!

CLICK HERE TO ENTER

IT'S YOUR CALL

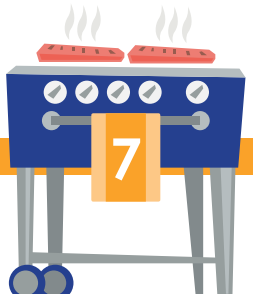
OSHA Situation:

One of our exit doors locks from the outside. What are the OSHA guidelines for exit doors that are locked inside?

HIPAA Situation:

Our office received a HIPAA complaint. What is the first thing we should do?

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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