

THE ADVISOR

MONTHLY COMPLIANCE COMMUNICATOR



TMC 25th Anniversary – a few comments from the founder, Jim Chamblee

April marks the 25th anniversary of the start of Total Medical Compliance and I'm very pleased to know many of the clients who started with us in 1996 are still clients today. Many thanks to all of you who have trusted us to assist your practice with the government compliance issues surrounding OSHA, HIPAA and Infection Control.

There are so many good memories of the early years as a new start up consulting business. If you have been around long enough to remember when we brought in portable TVs with VHS bloodborne pathogen training tapes, please take a minute and smile with me. And if you are new to our services, you are in good hands built upon the solid foundation that transitioned from VHS, poster boards, overhead projectors, BBP Jeopardy, and laptop projectors to online learning management systems.



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HIPAA OSHA INFECTION CONTROL BUSINESS ASSOCIATES



INFECTION CONTROL COMPLIANCE

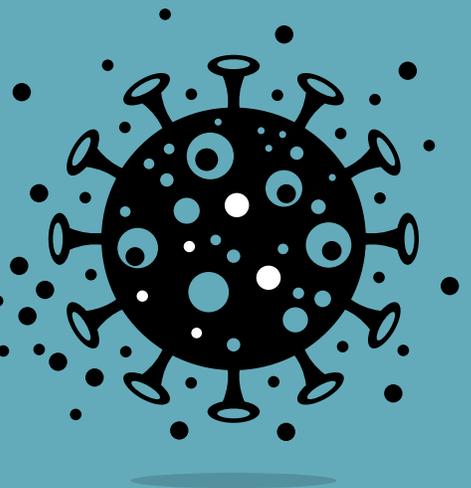
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Our first Client Service Center was an 800-number connected to my cell phone while I was on the road training clients somewhere in North or South Carolina. Now our Client Service Center staff handles calls and emails from across the country.

We made it through OSHA inspections, HIPAA breaches, SARS, Bird flu, epidemics, the COVID pandemic, political upheavals, new regulations and more. (Our first ever company training retreat started early Monday morning, September 11, 2001).

While we continue to adapt with new learning systems, my hope is we never lose the personal relationships that in-person learning, consultation and contact brings.

HAS THE COVID-19 VACCINE CHANGED THINGS?



Total Vaccine Doses	People Vaccinated	
	At Least One Dose	Fully Vaccinated
Delivered 195,581,725	Total 97,593,290	54,607,041
Administered 150,273,292	% of Total Population 29.4%	16.4%
Learn more about the distribution of vaccines.	Population ≥ 18 Years of Age 97,226,718	54,514,865
	% of Population ≥ 18 Years of Age 37.7%	21.1%
	Population ≥ 65 Years of Age 40,218,262	27,762,018
	% of Population ≥ 65 Years of Age 73.5%	50.8%

About these data CDC | Data as of: Mar 31 2021 6:00am ET | Posted: Mar 31 2021 12:39PM ET

The vaccination roll out is in full swing and perhaps many workers in your practice have already received the vaccine. As of March 31, 16.4% of the US population has been fully vaccinated.

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INFECTION CONTROL COMPLIANCE

Benefits of the vaccine include:

- Keeping the individual from getting a serious illness from a COVID-19 infection.
- Providing a safe way to build immunity.
- Being an important tool to stop the pandemic

On a personal level, the vaccine affords the ability to visit with family members and gather with friends who have been missed. This has created a confusing scenario when translated to work environments. It would seem the same relaxation in safety measure would apply across the board, but the CDC has provided specific direction for workers in the healthcare setting,

This statement appears on the [CDC COVID-19](#) webpage: “This guidance applies to all healthcare personnel (HCP) while at work and all patients and residents while they are being cared for in a healthcare setting.”

The CDC has released [public health recommendations for vaccinated persons](#), which describe circumstances when non-pharmaceutical interventions (e.g., quarantine) could be relaxed for fully vaccinated persons in non-healthcare settings.

Except as noted in Updated Recommendations, HCP should continue to follow all [current infection prevention and control recommendations](#), including those addressing work restrictions, quarantine, testing, and use of personal protective equipment to protect themselves and others from SARS-CoV-2 infection.

The quick translation is that all the safety measures employed over the past year are still the standard that must be in place. The only exception listed is the following related to quarantine.

“Fully vaccinated HCP with [higher-risk exposures](#) who are asymptomatic do not need to be restricted from work for 14 days following their exposure. Work restrictions for the following fully vaccinated HCP populations with higher-risk exposures should still be considered for:

- HCP who have underlying immunocompromising conditions (e.g., organ transplantation, cancer treatment), which might impact level of protection provided by the COVID-19 vaccine. However, data on which immunocompromising conditions might affect response to the COVID-19 vaccine and the magnitude of risk are not available.”

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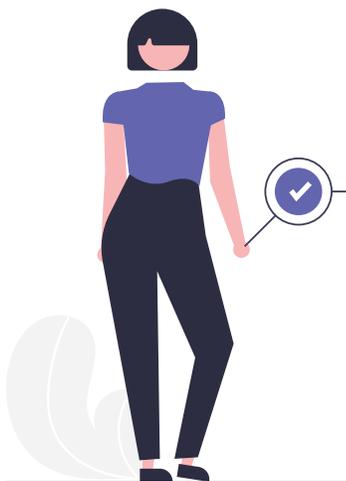
INFECTION CONTROL COMPLIANCE

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Below is a review of the basic infection control precautions everyone should be following.

- 1** Utilize telehealth whenever possible.
- 2** Screen and triage everyone entering your office for signs and symptoms of COVID-19.
- 3** Ensure all are following universal source control which requires a face covering for anyone in the office.
- 4** Encourage social distancing, especially in shared spaces such as the lobby or break-room.
- 5** Appropriate use of personal protective equipment (PPE). This includes respiratory protection involving a mask or N95 respirator or higher and eye protection.
- 6** Consideration of targeted SARS-CoV-2 testing for asymptomatic patients in certain situations.
- 7** Utilize engineering controls such as sneeze guards and implement methods to improve indoor air quality.
- 8** Ensure workers understand the importance of remaining at home or leaving the workplace immediately if showing signs or symptoms of COVID-19.

While the situation does seem to be improving, the pandemic is still not over. Healthcare workers are at a higher risk of exposure. Even when fully vaccinated, a person may become infected, remain asymptomatic and have the potential to spread infection to those they come in contact. We all must remain diligent in following all the infection control strategies for the time being.



TMC will provide a webinar, **The Intersection of COVID-19, OSHA and the CDC** on May 13th at 12 noon EST to review the latest information and what this all means to patient and worker safety.

[Be sure to register today!](#)

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OSHA COMPLIANCE



OSHA'S NATIONAL EMPHASIS PROGRAM

President Biden directed OSHA to launch a national program to focus OSHA enforcement efforts related to COVID-19 on hazardous conditions that put the largest number of workers at serious risk and on employers that retaliate against employees who complain about unsafe or unhealthful conditions.

The National Emphasis Program (NEP) ensures that employees in high-hazard industries or tasks are protected from contracting COVID-19. The NEP targets businesses for inspections that put the largest number of workers at serious risk. In addition, this NEP includes an added focus to ensure that workers are protected from retaliation for making a complaint. The NEP is currently scheduled to run for the next 12 months.

OSHA's NEP immediately covers all states that do not have a federally approved state plan and strongly encourages those that do have a state plan to adopt this NEP. States with an approved state plan must notify federal OSHA within 60 days on how they intend to meet this challenge.

The goal of this NEP is to perform a high percentage of COVID-19 inspections (approximately 1,600), focusing on workplace exposures in certain critical industries where employees have a high frequency of close contact exposures. The inspections will occur particularly in healthcare, based on current data showing higher COVID-19-related complaints, referrals, and severe incident reports at healthcare worksites.

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OSHA COMPLIANCE

To monitor the effectiveness of OSHA's enforcement and guidance efforts, follow-up inspections on worksites previously inspected for COVID-19 issues will be included as part of their strategy.

The highest priority is given to fatality inspections related to COVID-19 and then to complaints alleging employee exposure to COVID-19 related hazards. Follow-up inspections are second tier priorities if the inspection number goals are met by the fatality/complaint inspections. If the goals are not met, the next wave will be random (programmed) inspections.

Unprogrammed Inspections

Unprogrammed Inspections (also known as for-cause inspections) include Fatality/Catastrophe, Complaints or Referrals from other inspecting agencies (e.g., health department) for any business.

Fatality/Catastrophe

The highest priority for inspections is COVID-19 fatalities. Particular attention for on-site inspections will be given to workplaces with a higher potential for COVID-19 exposures, such as hospitals, assisted living, nursing homes and other healthcare and emergency response providers treating patients with COVID-19, as well as workplaces with high numbers of COVID-19-related complaints or known COVID-19 cases.

Complaints and Referrals

Allegations of potential worker exposures to COVID-19 (e.g., insufficient controls or PPE), or involving workers suspected or confirmed positive for COVID-19, or with symptoms of exposure to the virus (e.g., fever or chills, shortness of breath or difficulty breathing), will have priority for on-site inspections.

Follow-up Inspections

Follow-up inspections can be conducted for businesses that previously received COVID-19-related citations to determine if the previously identified COVID-19 hazards have been corrected.



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OSHA COMPLIANCE

Programmed Inspections for High-Hazard Industries

Programmed inspections (also known as random inspections) will then be conducted from a list of healthcare and non-healthcare industries with the highest numbers of OSHA-recorded fatalities, complaints, referrals, inspections, that are COVID-19-related. The list of healthcare facilities on this list are: physician offices, dentist offices, home healthcare, ambulance services, hospitals (including general medical, surgical, psychiatric, substance abuse and specialty hospitals), skilled nursing facilities, residential disability facilities, continuing care and assisted living facilities for the elderly.

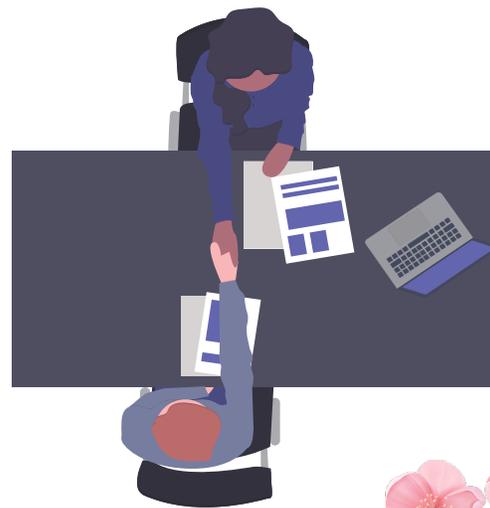
Whistleblower Protections

OSHA will also focus its enforcement efforts related to COVID-19 on employers that engage in retaliation against employees who complain about unsafe or unhealthful conditions or exercise other rights under the Act. As such, this NEP will ensure that workers are protected from retaliation through information sharing and prompt referrals to other enforcement agencies.

Citation Guidance

In addition to OSHA regulations, inspectors are directed to include guidance from OSHA and current CDC recommendations and guidelines in evaluating whether any OSHA standards or the General Duty Clause, Section 5(a) (1), have been violated and if a citation is warranted. Because the use of respirators or other personal protective equipment may not completely protect against the virus, employers have obligations under the General Duty Clause to take further measures where standards alone may not provide adequate protection. The General Duty Clause states that employers are required to provide a safe and healthy work environment.

TMC Clients, if you have an inspection, call our Client Service Center immediately (888-862-6742). We can help you through the inspection, negotiation and settlement process.



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HIPAA COMPLIANCE



A PATIENT'S RIGHT OF ACCESS

The HIPAA spotlight has been steadily focused since 2019 on patients' right to access their records. Since then, it has brought 18 OCR enforcements with fines and corrective action plans, proposed changes to the HIPAA Privacy Rule, and corresponding rules issued from multiple offices in HHS.

However, patients still struggle to get access to or copies of their records even though it is required by HIPAA. Patients' requests are often ignored, delayed, or only partially fulfilled. Sometimes a patient must make multiple requests or resort to filing a complaint with the OCR to receive what they need.

Requirements

- A healthcare provider must respond to every patient's record request right away, but within 30 days at the very latest, unless a written extension is provided to the patient as allowed by HIPAA. A response may be required sooner depending on state law.
- Request form processes cannot be complex or time consuming.
- A patient or their personal representative should not have to make a request in person and there should not be burdensome identity verification requirements.

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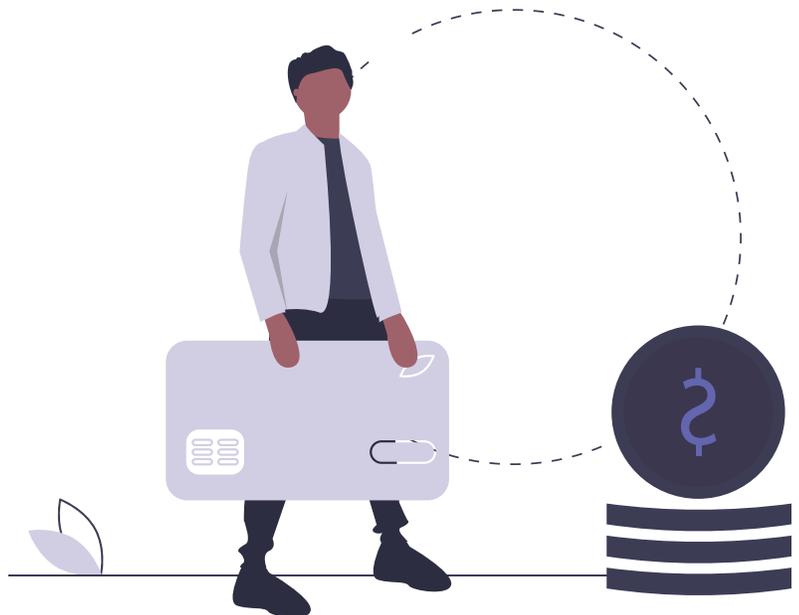


HIPAA COMPLIANCE

- A patient should only be charged a reasonable cost-based fee for a request, if at all. Patients should not be charged for portal access or to review their records at your office.
- A patient should receive their records in the form and format they request. For example, if a patient requests paper copies of their record and your practice maintains all records in electronic format, your practice is required to provide paper copies to the patient. However, a reasonable cost-based fee is permitted to be charged to the patient for those paper copies or electronic copies provided on physical media like a USB drive. If a patient asks you to use their USB drive, you are not required to since that may present a security risk to your system since malware may accidentally be present on the drive.

Fees

Charges to patients for record requests can never include costs related to retrieving records, reviewing requests, collating the records, or conducting quality review or other administrative fees, even if such a fee is allowed by your state's law. Fees may include labor, supplies, and postage. Labor charges can only include the time it takes to copy, download, and transmit the records. A fee can also be charged if a summary of the records is prepared instead of providing copies. Fees can be calculated using the average cost and time taken to prepare a typical request your office receives, or the \$6.50 flat fee provided in OCR's guidance. If a hardcopy request for a patient is very large and is for all PHI in the patient's designated record set and not limited to what is in the EHR, it may be worth the time to calculate and document a per page cost to charge the patient for that request. If the patient has asked for that request to be sent to a third-party, then the state rate may be charged. Post fees on your office's website or include them on your request form so the patient is aware of the costs involved for each choice.



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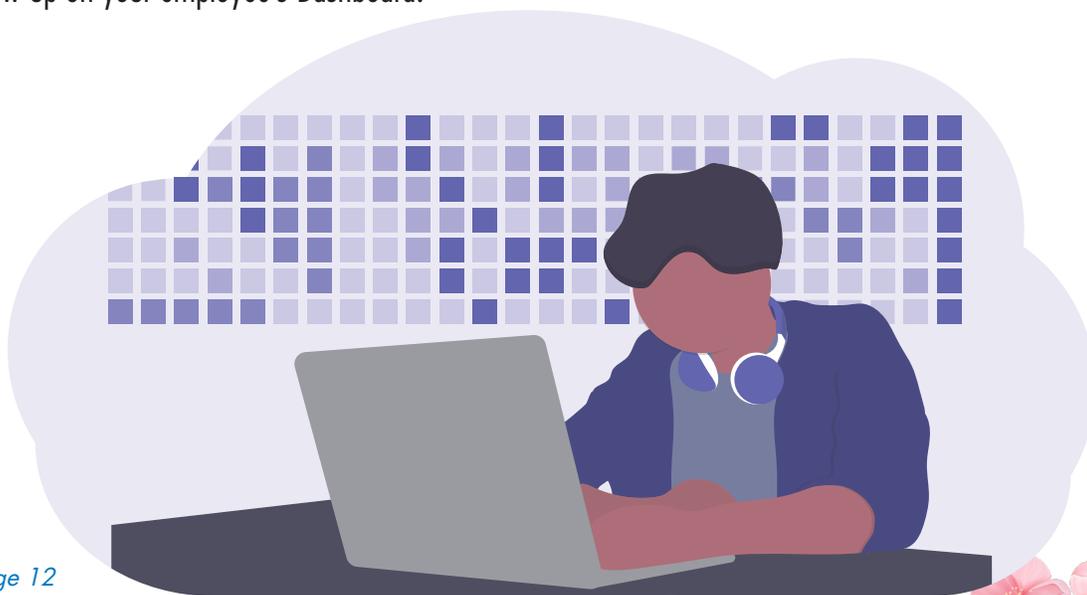
ONLINE TRAINING

NEW ONLINE TRAINING ADMIN FEATURES

If you are the admin of TMC online training for your practice, we have some exciting news with you! You can now print certificates from your admin account! We listened to your feedback and added this new feature so you can easily obtain the training documentation for each of your staff members. The certificates only remain available until the course is reassigned to the user again so there will not be an archive of them. With that, we encourage you or your users print their certificate upon completion of the course.

Additional Admin Features:

- Track employee progress by running reports. Click on the 5 different reports and see which one works best for you.
- Resend Welcome emails to your employees by clicking **Resend Welcome Email** under the Manage tab.
- Add users at your convenience. Click **Users** under the Manage tab. Then click the orange **Add User** button.
- Organize groups using the Teams option. Click **Teams** under the Manage tab.
- Write messages on the Message Board. Go to the Manage tab and click **Messages**. This will show up on your employee's Dashboard.



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ONLINE TRAINING

- Filter your criteria by clicking the **Filter** button next to the Search bar.
- Take courses as an admin. Click the **Switch To Learner** button under your name to go to your Learning page.

In addition to the features listed above, we have a tutorial video to assist admins. You can find this video by clicking the green "[Take a Tour](#)" button at the online training login page. This video will go through your basic admin functions. Written instructions are also included in your Welcome Email you received. We also have an [FAQ](#) document with common questions about our online training.

Let us know if you need anything or if you would like to leave some [feedback](#). Again, thank you for taking time to give us feedback on our online training. This helps us to continue to provide great customer service to you and your practice.

IT'S YOUR CALL

Infection Control

Which marker should be used to label sterilization pouches?

HIPAA:

When should a Business Associate Agreement (BAA) be executed?

[CLICK HERE
FOR 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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