

THE ADVISOR

MONTHLY COMPLIANCE COMMUNICATOR

ACCESS MANAGEMENT

Changing processes and quickly learning new ones has become a daily routine this year. The COVID-19 pandemic has shined a light on existing issues and introduced new vulnerabilities in many areas of our lives.

An issue that might be new to some practices is a more frequent fluctuation in staffing. Increased hiring activity can cause important processes to be skipped or forgotten. Two critical processes that cannot be missed, particularly in times of increased staffing changes, is proper employee onboarding and offboarding.

An onboarding process should include security. Create a list of each system, machine, or program that an employee has access to when they are hired. Include physical access to restricted areas of your office. Track their access level upon hire and when their job duties change during employment. This protects you and makes the process for removing an employee's access when they leave a lot less painful. HIPAA requires that PHI be protected by 3 kinds of security measures:

- ➔ **Administrative** (policies and procedures)
- ➔ **Physical** (e.g. building and restricted area badges or codes)
- ➔ **Technical** (e.g. encryption, usernames, and passwords)

Continued on Page 2

IN THIS ISSUE

Access Management

PAGE 1 - 2

New Online Training Portal

PAGE 3

OSHA Training Delay During COVID 19 Pandemic

PAGE 4 - 5

Surface Disinfection: Correct Product, Correct Process

PAGE 6 - 8

It's Your Call

PAGE 8

Sign-in sheet

PAGE 9

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ACCESS MANAGEMENT

A core component of access management is regularly changing passwords and requiring long, complex passwords. Remember that it is never acceptable for an employee, even a temporary employee, volunteer, or intern, to share a username and password with another employee. You should not allow employees to use a generic account for access to any system that contains PHI. It is a good idea to require these precautions for any systems that contain sensitive business information, too.



TWO CRITICAL PROCESSES THAT CANNOT BE MISSED... IS PROPER EMPLOYEE ONBOARDING AND OFFBOARDING.

Assigning unique usernames and passwords is a HIPAA requirement and makes solving system issues and auditing user activity a lot easier. This is important because, in addition to phishing emails and other hacking from external sources, data theft and unauthorized access by employees and ex-employees whose access was not terminated are the most common causes of data breaches. An employee's access should be terminated on (or before, if necessary) their last day at the office. You should work with a competent and trustworthy IT support partner to ensure that compliant policies and procedures are in place and followed for creating usernames and passwords and onboarding and offboarding employees correctly.

TMC helps clients by providing policies, checklists, and guides to employee onboarding/offboarding, managing access to PHI, passwords, and more in the HIPAA Compliance Manual and in our Client Portal.



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2

NEW ONLINE PORTAL

Make the switch to TMC's new online training portal for free and discover a library of updated course offerings!

[Upgrade My Training](#)



Have you tried our new online training portal?

We're excited to announce that our new portal is here, providing you with a smoother, faster, and easier experience to meet your compliance needs! Whether you're renewing your online training package, or determining which training courses are your perfect fit, we can't wait to show you all the updates we've been making.

If you are a TMC client that uses our online training and you've already made the switch to our state-of-the-art platform, we would love to hear what you think!

What does this mean for you?

If you are already using our online training service, this new online training portal upgrade is absolutely free! Upgrade now for a friendlier platform, additional courses, better technical assistance, CE credits, and more.

When signing up, you'll be provided a quick and easy way for employees to complete their compliance training online, with the ability to record and track their scores and progress. Help your practice prepare from home, the office or anywhere with our popular OSHA and HIPAA course offerings, plus a whole new library of additional topics:

- ✓ Human Resources
- ✓ Active Shooter
- ✓ Disaster Recovery Plan
- ✓ Contingency Plan
- ✓ Leadership
- ✓ Anti-Kickback Statute
- ✓ Stress Management
- ✓ and anything else you can think of!

If you need any additional support, have questions or want to leave feedback, please click [here](#).

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OSHA COMPLIANCE

OSHA TRAINING DELAY DURING THE COVID 19 PANDEMIC

All potentially exposed healthcare workers are required to have training in bloodborne pathogens “at the time of initial assignment to tasks where occupational exposure may take place” and “at least annually thereafter.” Unlike other types of training, OSHA has not released any new guidance on this issue. This means the rules are still in effect.

“At the time of initial assignment to tasks”

All new workers who could potentially be exposed MUST have training in the hazards BEFORE they start performing those tasks. This applies to any industry and any hazard. OSHA will be unlikely to ignore a violation of this kind and has historically given their highest fines in this area.

To meet this need, TMC offers on-line training for new employees. This is available in our full-service plan for free as part of your service. We also have eCompliance packages that include online training or you can purchase just the online training by itself for a very reasonable cost. [Visit our website for more information.](#)



“At least annually”

OSHA requires that employee training be conducted at least annually, by which they mean that employees must be provided re-training within a time period not exceeding 365 days. This annual training need not be performed on the exact anniversary date of the preceding training but should be reasonably close to the anniversary date.

If the annual training cannot be completed by the anniversary date, the employer should maintain a record indicating why the training has been delayed and when the training will be provided. A letter from the organizer of a group training/convention with the new date or the confirmation from TMC for a scheduled training can be used to meet this requirement.

Continued on Page 5

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OSHA COMPLIANCE

“Employees are trained to protect themselves from... new hazards.”

Keep in mind that the term “at least annually” is generally regarded as indicating that circumstances which warrant more frequent training may occur. It is extremely important that employees are trained to protect themselves from all known workplace hazards, including new hazards which may result from changes. The pandemic definitely constitutes a new hazard in OSHA’s eyes.

TMC has been providing training for everyone in healthcare on the new pandemic hazard since its onset with the following:

- Inclusion within your on-site training
- Free live and recorded webinars
- Free written pandemic plan

(Virginia practices be aware that the new state-specific training will be available. TMC will be offering a written plan and employee training in time to meet the new regulations.)

Keep informed and keep safe.



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INFECTION CONTROL



SURFACE DISINFECTION: Correct Product, Correct Process

For most healthcare workers surface cleaning and disinfection is part of their daily routine, but have you ever stopped and thought about how many times you perform that process? Let's do a little math. We'll estimate that you clean/disinfect clinical surfaces 10 times each day and work 5 days each week. That's 50 times a week. Multiply that by 4 and that's 200 times a month. If you would go just one step further and multiply by 50, hoping you get at least two weeks' vacation you will see that number climb to 1,000 in a year. Let that number sink in! For many the number is a low estimate. We can all agree that this is an important process for reducing the spread of infection and everyone must be doing it correctly.

Identify Areas of Need

Are all potentially contaminated surfaces included in the cleaning/disinfection schedule? During this pandemic, the list should include any high touch surfaces both in clinical and non-clinical areas. In clinical areas be sure to identify all surfaces which could be potentially contaminated either by splash or splatter, contaminated instruments or the healthcare provider's hands. These areas may include any horizontal surface, light handles, radiograph equipment, drawer handles, and reusable product containers used for patient care. Do not forget computer keyboards! When surfaces are soiled, they must also be cleaned prior to disinfection.

Continued on Page 7

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INFECTION CONTROL

Product Selection

The SARS-CoV-2 virus has driven change in many areas, one of which is the selection of an appropriate product to ensure surfaces contaminated with the virus have been appropriately disinfected. Be sure to compare the product(s) you are using to [List N on the EPA website](#) which lists disinfectants that meet the EPA criteria for use against this virus. Many commercial products can both clean soiled surfaces and disinfect which eliminates the need to use multiple products. Along with effectiveness, consider the impact the chemical will have on surfaces and of course the workers' safety when using the product.

The Process

Prior to using the selected product, it is critical to read the directions for use. This will ensure the product is used appropriately and that the worker will utilize the appropriate personal protective equipment (PPE).

If barriers are being used on difficult to clean/disinfect surfaces, remove and discard the barriers first. The surfaces under the barriers do not need cleaning/disinfecting as long as the barrier remained intact and surfaces were not cross contaminated during the removal process. There are two processes used for surface decontamination.

Spray – Wipe – Spray

Spray all surfaces which need to be cleaned. Depending on the manufacturer's instructions, surfaces may need to stay wet for an appointed time. For instance, one product requires the surface to remain wet for 30 seconds before wiping with a paper towel. The Wipe portion of this step does not use a commercial wipe. Once clean, the surface is sprayed with the product again, ensuring the surfaces remain wet for the required contact time required to kill any pathogens remaining.

Wipes or Towelettes

Many offices have moved away from spraying surfaces to utilizing pre-packaged wipes or towelettes. Again, following manufacturer's instruction is always crucial to the overall success of the process. A wipe or several wipes, depending on the area that must be cleaned, are used to clean surfaces. Once clean, the process is repeated to disinfect the surfaces.

Continued on Page 8

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INFECTION CONTROL

A Word of Warning

Just a word of warning for those preparing their own “wipes” which is a process that should be avoided. Placing gauze in a jar/container and filling the container with a cleaner/disinfection solution may seem like a good idea, but in fact, the disinfectant portion of the solution is negatively impacted by the presence of the gauze material. This may lead to surfaces which are not adequately disinfected.

Proper cleaning and disinfection are essential as we continue to face challenges from SARS-CoV-2. With a strong written process, employee training, and the appropriate products your office will reduce the risk of spread of infection.



IT'S YOUR CALL

OSHA:

What brands of sanitizer contain methanol?

HIPAA:

We have an employee who refuses to trim his beard for religious reasons while wearing a N95 mask. How should we handle this given the current exposure risk with covid-19?

[CLICK HERE FOR ANSWERS](#)

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8

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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

Access Management

PAGE 1 - 2

New Online Training Portal

PAGE 3

OSHA Training Delay During COVID 19 Pandemic

PAGE 4 - 5

Surface Disinfection: Correct Product, Correct Process

PAGE 6 - 8

It's Your Call

PAGE 8

Sign-in sheet

PAGE 9