

THE ADVISOR



MONTHLY COMPLIANCE COMMUNICATOR

Managing an Exposure Event

Performing certain procedures during the delivery of healthcare can increase risk of exposure to blood, bloody secretions, or other body fluids. Once an exposure occurs, fast action is required on the part of many people in the practice. This is truly an example of the need for preplanning and education of all staff at risk.

Before discussing the response to an exposure, it is critical to address prevention. Prevention must be at the top of your priority list and should include training on the appropriate use of personal protective equipment, use of engineering controls including safety devices, and appropriate surface disinfection. Worker safety should be a part of the culture in every practice and as such may lead to the prevention of an exposure event.

Potential routes of exposure include:

- ✓ Stick with a contaminated needle.
- ✓ Stick with a contaminated sharp object, for example, scalers, surgical instruments, or scalpel blades.
- ✓ Splash to the mucous membranes of the eyes, nose, mouth.
- ✓ Splash to non-intact skin.

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INFECTION CONTROL

Once an exposure occurs the clock starts ticking. Employees **MUST** know the correct measures to take, and how and to whom to report the incident. Your practice should have a health care provider identified in advance who can provide an immediate medical evaluation and counseling of your worker and testing of the source patient.

When establishing the relationship for the healthcare provider consider the following in your selection process.

- ✓ Ease of access for both the worker and the source patient.
- ✓ Potential wait times prior to being seen.
- ✓ Ability to obtain the rapid HIV test for the source patient.
- ✓ Availability of post exposure medication if indicated for the employee.

Source Patient Testing Process:

Practices must have a process in place for source patient testing. After informing the patient of the exposure, immediate access to care is necessary. In some states post exposure testing of the source patient is required by law and written consent is not required, while in other states, the source patient may be allowed to decline testing. The test results of the source patient are critical for the healthcare provider to determine the plan of care for the exposed worker.



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INFECTION CONTROL

Based on CDC guidelines, the following tests will be ordered by the provider for the source patient unless already known to be infected. The testing recommendation for the hepatitis C virus was changed by the CDC in July of 2020.

1. **HIV Antibody.** Rapid HIV test will be used if available. If rapid HIV is not available, expedite the HIV test.
2. **Hepatitis B Surface Antigen (HBsAG).** Source patient testing is not indicated if exposed worker has documented serologic evidence of hepatitis B immunity.
3. **Hepatitis C.** Nucleic acid test for HCV RNA. ([MMWR: July 24, 2020](#))

The results of the source patient tests will be reviewed by the ordering provider. If requested by the source patient, forward the results to other providers.

As a reminder, the cost of all source patient testing is the responsibility of the practice.

Care of the Exposed Employee

The employee should immediately wash the affected area with soap and water or flush the mucous membranes with copious amounts of water. As soon as this has been done, the event should be reported. Follow these steps for the benefit of the exposed employee.

- Complete an incident report identifying the route(s) of exposures and the circumstances under which the exposure incident occurred.
- Make a confidential medical evaluation available immediately and follow-up, post exposure prophylaxis if indicated, and counseling by a qualified healthcare provider. This step is required by the Bloodborne Pathogen standard. As of July 2020, baseline hepatitis C testing should be obtained for all exposures, unless declined by the worker.
- Obtain employee consent to treatment and any bloodwork which may be completed. If the worker does not choose to receive testing or treatment, employers must get a signed declination of care to document that care was offered.

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HIPAA COMPLIANCE

Hopefully an employee in your practice will never experience an exposure event, but advance planning and training can ensure care is provided to both the source patient and practice employee in timely and efficient manner.

If you would like to learn more about the details of responding to an exposure event in your practice, join Karen Gregory Wednesday, August 24th, at 12 noon for Managing an Exposure Event.

[REGISTER FOR THIS WEBINAR](#)

OCR's COVID-19 Enforcement Discretions

Throughout the COVID-19 public health emergency that began in January of 2020, the Office for Civil Rights has issued several notifications of enforcement discretion for certain aspects of the HIPAA rules. This means that, for the topics covered, the OCR will not impose penalties for noncompliance with the HIPAA rules as long as the covered entity or business associate has made a good faith effort to comply. The Centers for Medicare and Medicaid has also relaxed some of its restrictions on provider reimbursement and benefit coverage during this time.

Public health emergencies must be reviewed and can be renewed every 90 days by the Secretary of the Department of Health and Human Services. The most recent renewal was on April 12, 2022. The next renewal is this month. The Biden Administration has reported that states will be given 60 days' notice when the decision is made not to renew again. Since no notice has been given, the current emergency will likely be extended into October.

Many providers began using some form of telehealth or remote treatment when the pandemic began. The first enforcement discretion from the OCR addressed the use of telehealth for remote patient encounters. Telehealth can be provided via audio, text message, or video conferencing. OCR stressed that providers must use a product that is non-public facing. This means that the product chosen must be a one-on-one mode of communication that is not accessible by the public like Facebook Live, Tik-Tok, or Twitch.

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HIPAA COMPLIANCE

COVID19 | CORONAVIRUS PREVENTION 2019 - nCoV



Wear mask



Wash hands



Boil your food



Avoid contact



Use soap &
Antibacterial gel



Cough on
your elbow



Keep your
distance



Regular
sleep

Many EHRs and communication products like Doxy.me and Updox were able to quickly help providers get set up and be compliant right away. However, some providers have not had the opportunity to work with a product that meets the HIPAA requirements, or the vendor does not offer a business associate agreement (BAA).

If you choose a telehealth solution that is not offered through your EHR, make sure you choose a reputable software product. These companies are open about their security practices and often post information that explain them on their website. If your EHR or practice management system is certified under the Office of the National Coordinator's (ONC) Health IT Certification Program, the telehealth service provided through their system must meet the same security requirements. In this situation, the EHR or practice management vendor is responsible for signing a subcontractor BAA.

Now is the time to ensure the telehealth product your practice is using meets the HIPAA Security Rule requirements and your practice has a fully signed, valid BAA. Do not forget to make sure the correct security settings are enabled in the software. It is also a good time to set up privacy and administrative processes if you haven't already. If you have, review them with your workers to be sure they are being followed. Patients should sign a telehealth consent form and telehealth visits should be conducted in private just like any other patient encounter.

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ONLINE TRAINING

TMC Online Training Tutorial Video

If you haven't seen our new online training tutorial video, what are you waiting for?! Check out the new tutorial video which covers basic functions AND the NEW admin functions.

This video will walk you through:

- Adding users
- Assigning courses
- Printing certificates
- Running reports
- Accessing previous year's data
- Changing the expiry date on courses not started
- Resending welcome emails
- Editing users
- Deactivating users

Remember the home page for our online training login is different than our TMC Client Portal main website.

Customer feedback is always important to us, and we are listening! If you have a few minutes, please let us know what you think at info@totalmedicalcompliance.com.



WATCH NOW!

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OSHA:

Our office provides laser treatment. What OSHA specific regulation(s) address laser plume (smoke)?

HIPAA:

TRUE OR FALSE: It is acceptable to save passwords in your web browser (e.g., Google Chrome, Microsoft Edge, Safari),

[Click Here](#)
For Blog Link

Security Scout

Be a Security Scout and protect yourself, your practice, and your patients. Do not use the Save Password feature in your browser, especially for accounts that contain PHI or financial information. Browsers like Chrome do not require a password to view passwords in plain text in the settings menu. That means anyone can open your browser and log into an account using a saved password.

The safest way to way to save and generate secure passwords is to use a password manager. Many reputable password managers are free or are available at a very low cost. You can search "password manager" but it can be a daunting task to pick from what is available. If you do not have an IT manager to help you select a product, visit a reputable tech-advice website such as [CNET](#) or [TechRadar](#) and read their recommendations.



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SIGNATURE

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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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