

# THE ADVISOR

## MONTHLY COMPLIANCE COMMUNICATOR

## OSHA Requirements for Eyewash Stations

Caustic and corrosive chemicals are a top concern in most healthcare settings. Employees in hospitals, outpatient clinicians' practices, and Ambulatory Surgical Centers (ASCs) have to work in proximity to corrosive or caustic chemicals. These chemicals could splash into the eyes causing eye damage and are a notable work hazard for this staff. The Occupational Safety and Health Administration (OSHA) is an agency that oversees worker safety inclusive of healthcare settings and has issued regulations on how to work with and around these chemicals. In [OSHA's 29 CFR 1910.151\(c\)](#), the necessity of employer-provided emergency-use capability within the work area for quick flushing or drenching of the eyes and body is presented. However, OSHA defers to the [standards of the American National Standard Institute \(ANSI\)](#) for eyewash station and shower specifications in order to maintain compliance with OSHA.

### **Newsletter Content**

**OSHA Requirements for Eyewash Stations**

**What's New in Online Training for 2023?**

**It's Your Call**

**Happy HIPAA New Year!**

**Security Scout**

## Key ANSI Eyewash Station Requirements

Besides not being located more than 10 seconds away from where someone might need immediate access to them, eyewash stations need to enable at least a 15-minute flush capacity (with a [flow of 0.4 gallons per minute \[gpm\]](#) at 30 pounds per square inch [psi]). The eyewash station valve must also be simple to operate and activated in one second, per the [2014 guidelines](#). All eyewash stations must include highly visible signage, so that every sign is visible within the given area served by that specific eyewash station. Additionally, the flushing water temperature needs to always be tepid, between 60-100 degrees Fahrenheit (16-38 degrees Celsius). Each eyewash station must be assembled and installed in accordance with the manufacturer's instructions. Eye protection that meets ANSI standards is typically checked during routine OSHA inspection of that healthcare facility and should be checked on a weekly basis for maintenance.

## ANSI Standards for Free-Standing Eyewash Stations

The two types of ANSI-allowable eyewash stations are plumbed stations (that are permanently connected to a potable water source) and [gravity-fed portable stations](#) (which are free-standing eyewash stations). Unlike plumbed eyewash stations, free-standing eyewash stations can be filled with a saline solution (which can be less irritating to the eyes during the 15-minute flushing) and do not require plumber expertise to maintain. However, upon each use, portable eyewash stations requires the flushing solution to be replaced and refilled. Additionally – at no more than three month intervals – portable eyewash stations need to be drained and re-filled (per the nonprofit [IAMAW](#)). Depending upon specific kind of free-standing eyewash station, re-filling is either with potable water (with the addition of an antimicrobial solution), or, more commonly, through utilizing a [sealed cartridge](#) containing a contaminant-free purified or sterile solution. An example of a widely-used portable station is the [Speakman Traditional Series Combination Emergency Shower and Eyewash Station](#).

The choice of utilizing plumbed eyewash stations and/or portable stations for OSHA eye protection depends upon the plumbing capacities plus needs of the healthcare facility following an in-depth assessment of its plumbing capacities and needs.

### **Does OSHA Require Eyewash Stations and Showers for Splashes of Blood or Bodily Fluids?**

No, but healthcare accrediting bodies do require eyewash stations and showers for splashes of blood or bodily fluids. Notably – besides corrosive or caustic chemicals – the OSHA regulation described above does also apply to eye splash occurrences with solutions containing 0.1 percent or greater formaldehyde (under 1910.1048(i)(3)), as well as HIV and/or HBV research laboratories and production facilities (under 1910.1030(e) (3)(i)).

Therefore – if a splash occurs with resulting eye damage and OSHA eye protection was determined to be insufficient – there could still be adverse legal ramifications and financial penalties accrued by the healthcare facility.

### **Testing for Pathogenic Organisms in Water used in OSHA Eyewash Stations and Showers**

OSHA eye protection implementation needs to include weekly activation of emergency-use eyewash stations and showers to ensure proper functioning (and with a more thorough evaluation annually) as described under ANSI/ISEA Z358.1. Improperly maintained eyewash stations are most likely to contain pathogenic organisms in the stagnant water that can transfer into the eyes, and two of the most common noted by OSHA are [Acanthamoeba](#) and *Pseudomonas*.

According to a published bulletin of the Office of Research Facilities (ORF) of the [National Institutes of Health \(NIH\)](#), weekly three-minute flushes of eyewash stations and showers may temporarily decrease the amoebic and bacterial concentration due to water stagnation – so are highly recommended by the ORF as well as ANSI.

This ORF bulletin also noted that “dead legs” pipes (which is water-piping no longer in use in the plumbing system) near the eyewash stations or emergency showers can also increase the potential for microbial growth. The existence of such piping near eyewash stations and emergency showers must be eliminated.

For insufficient OSHA eye protection not to result in a stiff financial (and other) OSHA penalty imposed against a hospital or other healthcare-providing facility, performing frequent internal evaluations/audits to check for everyday OSHA regulatory adherence is critical.

## What's New in Online Training for 2023?

Thanks to your feedback, we have made our online training even better! We made our first 2023 functionality improvement to our online training!

In the past, we have not saved certificates year after year. We changed that with your feedback in mind. Past certificates for each user will sit under “Reports” in All Subscriptions. Current year certificates will still be in the same place they have always been under Reports > Print Certificates.

To find All Subscriptions, click **Reports > Detailed Usage Report > Filter > All Subscriptions > Submit**.

The screenshot displays the TMC (Total Medical Compliance) dashboard interface. The top navigation bar includes links for DASHBOARD, MANAGE, CATALOG, and REPORTS (circled with a red 1). Below the navigation bar, the breadcrumb trail shows Dashboard > Reports > Detailed Usage Report. A dropdown menu for the REPORTS link is open, showing options: User Report, Course Credit Report, Online Course Usage Report, Learner Performance Report, Detailed Usage Report (circled with a red 2), and Print Certificates. To the right of the dropdown, there is a Filter button (circled with a red 3) and a Search input field. Below the dropdown, there are several filter fields: Manager, Category, Course, Status, and Progress Status. At the bottom, there are radio buttons for 'Current Subscription' and 'All Subscriptions' (circled with a red 4). Below these are 'From' and 'To' date pickers, and a Submit button (circled with a red 5) and a Reset button.

Another important function we want to point out is as a Client Admin (Manager) of the online training, **you do not have to enter yourself twice if you want to take the courses as well.**

You can assign the course(s) to yourself as you would any other user and then click the orange “Switch to Learner” button under your name in the top right-hand corner. This will allow you to switch to a Learner, take the courses, and get credit for them. You can then click the orange button again, “Switch to Manager” and it will bring you back to the manager page. This new functionality improvement is the first of 2023 but look in future newsletters with more information on functionality updates to make your life easier!

If you have not registered for our online courses, now is the perfect time to do so. All our courses can be found **here**. We at Total Medical Compliance hope you stay happy, healthy, and compliant in 2023!

## It's Your Call

**OSHA:** Which devices use lithium-ion batteries, and what are the concerns?  
Review the answer [HERE](#).



# Happy HIPAA New Year!

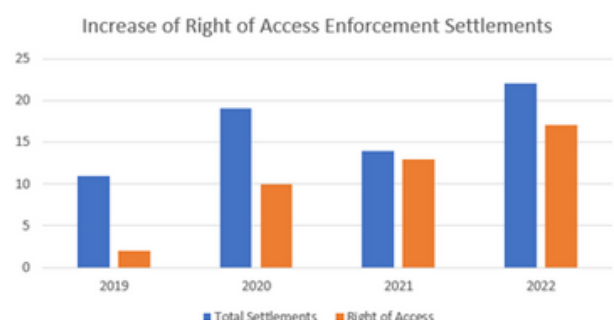
It is a safe bet that the title of this article would come in last place for the “most popular topic” award. The start of a new year is always a good time to reflect and also look ahead and do our best to prepare. Last year, the U.S. Department of Health and Human Services (HHS) Office for Civil Rights (OCR) had its busiest year with the announcement of its 22nd enforcement settlement on December 15, 2022.

## Office for Civil Rights Enforcements 2022



All indicators show no intention of this slowing down, either.

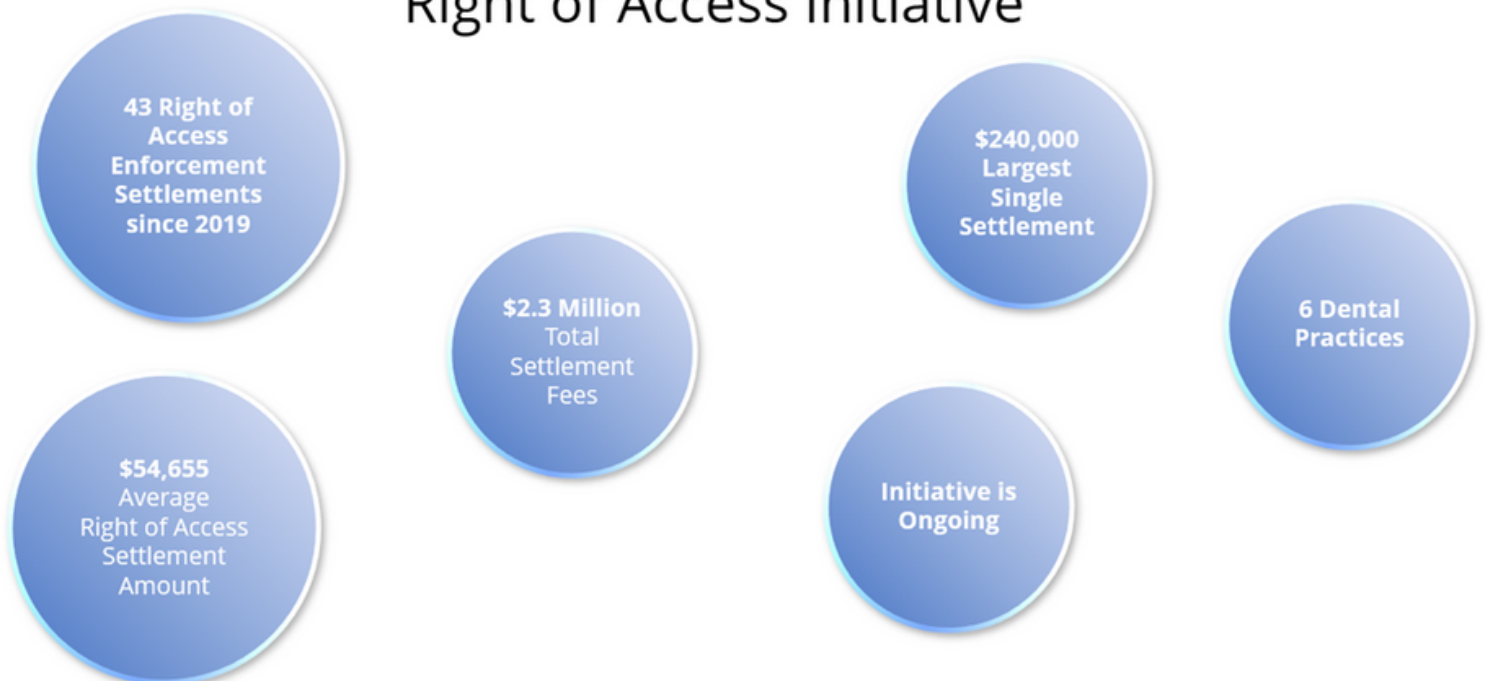
## Office for Civil Rights Enforcements 2012-2022





The very first enforcement of the new year was announced on January 3rd. Enforcement settlements from the OCR are not just a financial inconvenience, they also come with a corrective action plan, which typically lasts for two years. During those two years, the OCR oversees all compliance activities and requires that all HIPAA related documentation and issues be submitted and approved or reported to them according to strict guidelines. The penalty for not following the corrective action plan could result in a Civil Monetary Penalty.

## Office for Civil Rights Enforcements Right of Access Initiative



The corrective action plans that have been issued by the OCR over the past few years contain compliance requirements that are not explicitly spelled out in current regulations or guidance. These requirements may be signs of what the OCR will require in future guidance or rulemaking. Nevertheless, they do represent current general best practices. Notable requirements include:

- Signed acknowledgements from each worker (and in some cases, business associates), confirming that the worker has read, understands, and will follow the practice's policies and procedures ("P&P").
- Review and revise P&Ps as needed or at least annually. New and revised P&Ps require a new signed acknowledgement from each worker within 30 days of the effective date of the new or revised P&P.

- Training requirements for workers:
  - Training within 30 days of a new worker's employment (in some cases, 15 days),
  - No access to PHI until a new worker's training has been completed,
  - Training of all employees at least every 12 months, and
  - Each worker must sign an acknowledgement that they have received training and the acknowledgement must include the date training was completed.
- Training materials must be reviewed at least annually and be updated based on any changes in federal law or guidance. Updates should also contain any practice-specific issues that may be identified in a risk assessment or by reviewing privacy or security incidents or breaches from the previous 12 months.

The new year will most certainly bring the finalization of the Proposed Rule that will make changes to the HIPAA Privacy Rule ("NPRM"). The NPRM was published in 2021 for public comments. Basically, the goal of the change is to help patient's access their PHI, improve providers' ability to share PHI for care coordination and case management, enable families and caregivers to help during emergencies or health crises, clarify disclosures of PHI in emergency or threatening circumstances, and reduce administrative burdens on providers while continuing to protect patients' PHI. The NPRM received around 1,390 public comments. Covered entities (providers, practices, etc.) and business associates will have 240 days to become compliant with the new rule after it is published in the Federal Register.

Some of the changes in the NPRM could be an improvement, but some could present uncomfortable changes or challenges. It is important to understand that some of the items listed here might not be included in the final rule.



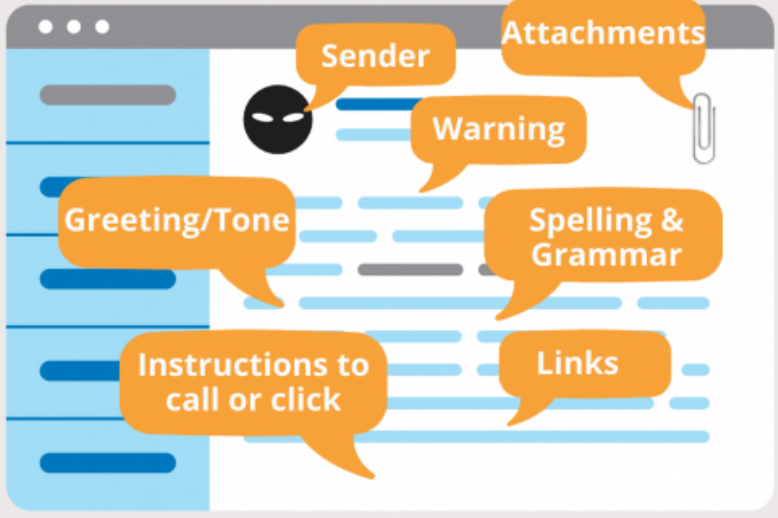
- Patients could be able to take notes, videos, and photographs, and use other personal resources to view and capture their PHI during their visit as part of their right of access. A practice/provider would still have no obligation to allow anyone to connect their personal device, such as a thumb drive, to the practice's computer or other system.
- Practices and business associates performing request for information services (processing record requests) could be required to provide copies of a patient's records within 15 days from receiving the request from a patient or their personal representative, with an optional 15-day extension. The current requirement is 30 days for each.
- Patients may be given a new right to request that their ePHI be transmitted (electronically) to a third party within 15 days. These requests would be able to be made orally instead of in writing. Many comments to the NPRM noted that this would be an operational and compliance risk issue for providers.
- Practices and business associates performing request for information services (processing record requests) could be required to post their fee schedules on their website. If requested, the patient would be entitled to an itemized invoice for completed requests.
- The final rule could clarify:
  - How and when fees are charged to patients and third parties for copies of records.
  - The following guidelines about the disclosure of PHI for patient care coordination and case management:
    - A patient's authorization is not required.
    - The minimum necessary standard **does not apply**.
    - Specifically, disclosure of PHI is permitted to social services agencies, community-based organizations, and other similar third parties that provide health-related services to individual patients for care coordination and case management as a treatment activity or a health care operations activity. Importantly, these entities do not have to be healthcare providers, and do not have to be covered by HIPAA.

- Practices could no longer need to have patients sign an acknowledgement of receipt of the Notice of Privacy Practices.
- The content requirements for the Notice of Privacy Practices could be improved to clarify patients' rights to their PHI.

As the new year progresses and new requirements are announced and clarified, count on TMC to keep you informed and well within the compliance timeframe after the final rule is published. TMC clients have access to ready to use forms, as well as expert support, white-glove service, and first-class training!

## Security Scout: Resist the Phish!

### Keep Your Eyes Peeled for Phishing Emails!



- 1 Sender** Always be sure the email address matches the sender. Pay close attention to the spelling.
- 2 Attachments** Spreadsheets and documents aren't the only attachments that can contain ransomware or other malware, **PDFs, images, presentations and other file types** can as well. If you weren't expecting a file from a sender, do not open it!
- 3 Warning** Some email systems will show a warning if an email presents security risks.
- 4 Spelling & Grammar** Phishing emails often have multiple obvious spelling and grammatical errors.
- 5 Links** Check the spelling of links and hover the mouse cursor over them without clicking on it to see where the link will actually take you. It could be a malicious site. Beware of shortened links like "tinyurl"
- 6 Instructions** Avoid bogus support emails and invalid log-in pages by *typing* the website's address into your browser and verifying the request or the phone number there.
- 7 Greeting** Scammers target hundreds of people with 1 message, so the greeting is usually generic like "Dear Customer" instead of using your name.

# THE ADVISOR

MONTHLY COMPLIANCE COMMUNICATOR

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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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Need to contact us? Scan the QR code for all the ways to get in touch!