TMC
TOTAL MEDICAL COMPLIANCE

888-862-6742
www.totalmedicalcompliance.com

JANUARY 2026

THE ADVISOR
MONTHLY COMPLIANCE COMMUNICATOR

Measles Checklist for Healthcare Facilities

Vaccination is best protection.

- HCP born before 1957 are considered to have acceptable immunity. However, it should be considered to administer 2 doses of the vaccine unless they have laboratory evidence of disease or immunity.

Screen patients upon arrival for any indication of measles.

- Stay alert for patients with fever and other early signs and symptoms of Measles.
- First symptoms: Fever with cough, runny nose, and/or red, watery eyes.
- 2-3 days after symptoms begin: Koplik spots-tiny white spots may appear inside the mouth
- 3-5 days after symptoms start: Rash- flat, red spots that appear on the face at the hairline and spread downward to the neck, torso, arms, legs, and feet.

Assume a patient has measles if they have symptoms and at least one of the following:

- Spent time in an area in the U.S. with a known measles outbreak.
- Recent contact with someone with measles.
- Traveled internationally in the last 21 days.
- No vaccine for measles or does not know their vaccination status.

Isolate patients in an airborne infection isolation room (AIIR), if available.

- If AIIR is not available, transfer to a facility with an AIIR as soon as possible OR place them in a room with a door that remains closed.

Patients aged 2 years and older should wear a mask, provide one if needed, place them in an AIIR.

- Patients should wear a mask in the facility but may remove it once in the AIIR, if they stay in the room.

Wear fit-tested N95 or higher-level respirator.

- Healthcare Workers, including vaccinated workers, must wear a fit-tested N95 or higher-level respirator when entering the isolation room.

Newsletter Content

Always utilize standard and airborne precautions.
Seek emergency care for any patient experiencing signs of severe disease.

- If transporting patients, alert the facility in advance of your concerns for measles so they can be prepared.
- Inform your facility's infection preventionist or health department as soon as possible. They should have further guidance for isolation, testing, care, and transport, if needed, for the patient.

Disinfect all surfaces.

- Once the patient leaves the room disinfect all surfaces utilizing an EPA registered hospital level disinfectant. Ensure the contact time of disinfectant is satisfied.

Vacate rooms that are not AIIR for 2 hours.

- Rooms that are not AIIR should remain vacated for two hours once a patient leaves the room, with the door closed.

Dental Specific Checklist:
Screen patients BEFORE arrival for any indication of measles.

- Stay alert for patients with fever and other early signs and symptoms of measles
- First symptoms: Fever with cough, runny nose and/or red, watery eyes
- 2-3 days after symptoms begin: Koplik Spots-tiny white spots inside the mouth
- 3-5 days after symptoms begin: Rash-flat, red spots that appear on the face at the hairline and spread downward to the neck, torso, arms, legs and feet

Reschedule patients

- It is advised by ADA to reschedule patients with suspected or confirmed measles.

Refer undiagnosed, suspected measles patients to their primary care physicians.

- This will ensure they are accurately diagnosed & treated.
- PCP will report to the health department.

Important Update: Substance Use Disorder Records – Get Ready by February 16, 2026

Federal privacy rules for substance use disorder (SUD) treatment records are changing. On February 8, 2024, the U.S. Department of Health and Human Services updated 42 CFR Part 2, the law that governs how these records are handled. While the rule is already in effect, all covered organizations must be fully compliant by February 16, 2026.
If your organization sends, receives, stores, or uses SUD records, these changes apply to you, even if you are not a substance use treatment program.

Why This Change Matters
Part 2 has always given SUD records extra privacy protection to reduce stigma and help people seek care. But the old rules made it tough to share information when coordinating treatment. The updates bring Part 2 closer to HIPAA, making it easier to share records safely while still protecting patient privacy.

What's New Under the Updated Rule
One Consent for Routine Care
Patients can now sign one general consent that allows their SUD records to be used for:

- Treatment,
- Payment, and
- Healthcare operations,

This works similarly to HIPAA. Records received under this consent can be used as allowed under HIPAA, as long as proper notices are included.

Special Protection for Counseling Notes
Notes from counseling sessions get extra protection. They cannot be shared without a separate, specific consent from the patient.

Limits on Legal Use
SUD records generally cannot be used in legal proceedings unless:

- The patient gives specific consent, or
- A court issues a qualifying order.

This protection remains one of the most important differences between Part 2 and HIPAA.

Redisclosure Rules Still Apply
Whenever SUD records are shared, they come with a notice from the sending provider explaining that the information is federally protected. Anyone who receives the records must follow the notice and cannot share the information further unless the patient allows it or the law permits.
Example redisclosure notice language:
"These records are protected under federal law, 42 CFR Part 2. They may not be disclosed or used for any purpose other than what the patient has authorized. Redisclosure without written patient consent or as allowed by law is prohibited."
This ensures privacy protections follow the records wherever they go, so everyone who handles them knows the rules.

Patient Rights
Patients can:

- Request a list of who their SUD records were shared with in the last three years, and
- Ask for restrictions on certain disclosures.

Organizations need to track disclosures and respond to these requests in the required timeframes.

Sharing with Public Health
SUD records that are properly de-identified (so they can't be linked to an individual) can be shared with public health authorities without patient consent. Make sure the data truly meets HIPAA standards before sharing.

Breaches and Penalties
The new rule now applies HIPAA breach notification rules to SUD records. If records are accessed or shared improperly, they must be treated like a HIPAA breach. Penalties now align with HIPAA, so the enforcement risk is higher.

Who Does This Apply To?
Any HIPAA-covered entity that creates, receives, maintains, or transmits SUD records must ensure its Notice of Privacy Practices (NPP) accurately explains:

- Enhanced SUD privacy protections
- Limits on legal use and disclosure
- Any applicable fundraising opt-out rights related to SUD information

This includes healthcare providers, health plans, and clearinghouses, even if they are not SUD treatment programs. For example, organizations handling claims, payment, utilization review, or care coordination may still be affected.
If your organization truly does not handle SUD records, no NPP changes may be needed. However, organizations should assess their current records to support that conclusion.

Steps to Get Ready Now
To be prepared by February 16, 2026, organizations should:

- Update your Notice of Privacy Practices,
- Review how SUD records are received, stored, and shared,
- Train staff on the new SUD privacy rules,
- Make sure systems track consents and redisclosure notices, and
- Update business associate agreements to include Part 2 requirements.

Helpful Resources
We've created easy-to-use resources to help your organization get ready:
Download Resources Here

Bottom Line
The updated Part 2 rules make it easier to coordinate care while keeping strong privacy protections for patients. Start now, and you'll be ready well before the February 16, 2026, deadline, reducing compliance risk and keeping your team confident and prepared.

What Employers Should Expect from OSHA in 2026

OSHA's regulatory agenda for 2026 signals significant changes for employers across multiple industries. While some standards are still in development, the direction is clear: organizations should begin planning now to strengthen safety programs, prevention controls, and documentation practices. Below is an overview of the most impactful anticipated updates — and what employers can do to prepare.

1. **Federal Heat Illness Prevention Standard**

One of the most anticipated developments is the creation of a federal heat injury and illness prevention rule. OSHA has confirmed that rulemaking for "Heat Injury and Illness Prevention in Outdoor and Indoor Work Settings" is underway.
Employers across all industries should expect requirements such as:

- Access to shade, rest, and hydration for workers exposed to heat.
- Acclimatization programs for new or returning employees.
- Monitoring and response procedures for signs of heat stress.

Recommended preparation: Review current heat-stress protocols, identify responsible personnel, and evaluate whether policies address both outdoor and indoor heat exposure.

2. **Expanded Injury and Illness Recordkeeping**

Recordkeeping and reporting will remain a major OSHA priority in 2026, especially in high-hazard industries.

Employers should be prepared for:

- More detailed reporting of incidents and illnesses.
- Greater transparency and public availability of company injury data.
- Heightened enforcement and targeted inspections.

Recommended preparation: Verify compliance with current OSHA Forms 300, 300A, and 301 if they apply to your industry and ensure internal reporting procedures are accurate, timely, and consistent.

3. **Updated Hazard Communication and Chemical Safety Requirements**

OSHA has already aligned portions of the Hazard Communication Standard (HCS) with the Globally Harmonized System (GHS) Revision 7, and additional phases are expected by 2026.
Employers should expect:

- Updated requirements for labeling and Safety Data Sheets (SDS)
- Revised training expectations to ensure employee understanding of chemical hazards

Recommended preparation: Audit chemical safety programs, verify that SDSs align with GHS Rev. 7, and update employee training.

4. **Workplace Violence Prevention**

Workplace violence prevention — particularly for healthcare— continues to move toward formal regulation.
Recommended preparation: Incorporate workplace-violence language into safety plans and evaluate whether workers who operate alone or in remote environments face elevated risks.

5. **The Lone-Worker Consideration**

As OSHA focuses more on hazards such as heat, chemicals, and workplace violence, lone workers without direct supervision or immediate access to assistance — may face elevated risk.
Although no single federal OSHA standard exclusively governs lone work, several regulations apply, including the General Duty Clause (OSH Act section 5(a)(1)).
Employers should identify risky lone-worker scenarios, establish monitoring or check-in procedures, and document how these employees will receive timely assistance during emergencies.

Steps to get ahead of the 2026 OSHA Standards

- Update your safety program's policies, documentation practices and training.
- Support lone workers with scheduled check-ins or monitoring as appropriate.
- Create heat-hazard response protocols.
- Confirm chemical-safety documentation and labeling is current.
- Review controls for hazards such as heat, falls, and chemical exposure.
- Confirm training, recordkeeping, and incident-reporting systems are accurate and complete.

OSHA's upcoming standards should not be viewed as a distant concern. With new regulatory emphasis on heat illness prevention, stronger recordkeeping, updated chemical standards, and ongoing attention to workplace violence and lone-worker safety, proactive preparation will be key to maintaining compliance.

Organizations that plan, train, and document now will be better positioned to protect their employees — and avoid costly enforcement outcomes — once final rules take effect.

TMC
TOTAL MEDICAL COMPLIANCE

888-862-6742
www.totalmedicalcompliance.com

JANUARY 2026

THE ADVISOR

MONTHLY COMPLIANCE COMMUNICATOR

PRINT SIGNATURE DATE

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____
21. _____
22. _____
23. _____
24. _____
25. _____

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.

Newsletter Content

Measles Checklist for Healthcare Facilities

Important Update: Substance Use Disorder Records – Get Ready by February 16, 2026

What Employers Should Expect from OSHA in 2026

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