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TOTAL MEDICAL COMPLIANCE

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JUNE 2025

THE ADVISOR
MONTHLY COMPLIANCE COMMUNICATOR

Healthcare-Associated Infections: Prevention Strategies

Healthcare-associated infections (HAIs) are infections that are acquired when a patient receives healthcare in a facility such as a hospital, outpatient surgery center, or clinic. These infections can occur during procedures or soon after receiving health care from sources such as a contaminated surface, direct contact with a healthcare worker, or a medical device. Preventing these infections involves utilizing standard precautions, which are the minimum infection prevention practices that apply to all patient care. Elements of standard precautions consist of:

- hand hygiene,
- personal protective equipment,
- safe injection practices,
- proper sterilization of medical instruments and devices,
- disinfecting surfaces,
- respiratory hygiene/cough etiquette.

The elements this article will focus on are hand hygiene, personal protective equipment, and safe injection practices.

Newsletter Content

Healthcare-associated infections can cause extended hospital stays, extended treatment, and death. Prevention is the key to eliminating or decreasing healthcare associated infections. Following and implementing standard precautions will protect both the healthcare worker and patient in any setting where healthcare is delivered.

Hand Hygiene

Hand hygiene is considered the single most critical measure to reduce spreading infections amongst healthcare workers and patients. Hand hygiene is crucial for reducing HAIs because practicing good hand hygiene effectively removes pathogens from the hands of healthcare workers, thus preventing the spread of infections to patients within the healthcare setting. Proper hand hygiene reduces up to 50% of avoidable infections acquired during health care delivery.

Good hand hygiene includes washing your hands with soap and water or utilizing alcohol-based hand rubs (ABHR). The use of ABHR is preferred by the Center for Disease Control (CDC) and the World Health Organization (WHO) because of its activity against a broad spectrum of pathogens and it can increase compliance with hand hygiene practices. It also requires less time when utilizing the rubs, irritates hands less, and promotes hand hygiene at bedside. Soap and water should be used when hands are visibly soiled or dirty, before you eat, after using the restroom, and after caring for patients with known or suspected Clostridium difficile or norovirus.

Situations when hand hygiene should be performed in healthcare settings include:

- before and after contact with a patient,
- after contact with blood or body fluids,
- before placing and after removal of personal protective equipment,
- before performing an aseptic task (insertion of IV, preparing an injection), and
- when moving from a contaminated body site to a clean body site.

Complete guidance on how and when to perform hand hygiene can be found on the CDC or WHO websites.

Personal Protective Equipment (PPE)

Personal Protective Equipment (PPE) is equipment that is worn to protect the healthcare worker from exposure to or contact with infectious pathogens and is another crucial method in reducing HAIs. PPE creates a barrier between healthcare workers and patients and, when utilized properly, prevents the spread of pathogens.

The most common PPE utilized are gloves, masks, gowns, eye protection, respirators, and face shields. Selection of PPE is based on the task that is to be performed, patient interaction, and potential for blood or body fluid contact. Each facility should evaluate the task to be performed and determine the specific needs of the worker. Sufficient and appropriate PPE must be available to workers in the correct sizes and be readily available.

All healthcare workers must be provided education regarding proper use of PPE. Workers should utilize gloves in situations involving possible contact with blood or body fluids, mucous membranes, non-intact skin, or any potentially infectious material. Gloves are single use items and must be discarded after caring for a patient. They must not be washed for reuse. A gown should cover the workers' clothing and skin. It provides protection during procedures where contact with blood or body fluids is anticipated. A mask, respirator or face shield provides protection in procedures that generate splashes or splatters of blood or body fluids. A respirator provides protection when a pathogen is airborne, such as Mycobacterium tuberculosis or measles.

Injection Practices

Safe injection practices are intended to prevent transmission of infectious diseases from one patient to another, or between healthcare workers and patients. Unsafe injection practices have led to patient infections and are a major contributor to HAIs.

Unsafe injection practices may result in serious consequences like the transmission of Hepatitis C, B, or HIV. These unsafe practices include:

- use of a single syringe (with or without the same needle) to administer medication to multiple patients,
- reinsertion of a used syringe (with or without the same needle) into a medication vial to obtain medication for a single patient and then using that vial for subsequent patients, and
- preparing medications in close proximity to contaminated supplies or equipment.

Safe injection practices include:

- using an aseptic technique when preparing and administering medications,
- cleaning the access diaphragm of the vial with alcohol before puncturing the vial,
- NEVER administer medications from the same syringe to multiple patients, even if the needle is changed,
- do not administer medications in a single-dose vial to multiple patients,
- dispose of used sharps at the point of use in a sharps container, and
- dedicate multidose vials to a single patient whenever possible.

The "One & Only Campaign" is led by the CDC and the Safe Injection Practices Coalition. The campaign is an effort to eliminate unsafe injection practices in healthcare settings.

Infection prevention must be a top priority in any healthcare setting. Standard precautions are the minimum infection prevention expectations for safe care. Practices must be diligent in using these precautions, and others, to prevent healthcare-associated infections.

Understanding When Patient Authorization is Required Under HIPAA

Under the HIPAA Privacy Rule, covered entities are required to protect the confidentiality and integrity of individuals' Protected Health Information (PHI). One of the most frequently asked questions is whether a provider needs a patient's authorization to disclose PHI. The answer depends on the purpose of the disclosure.

When Authorization *Is Not* Required
The HIPAA Privacy Rule permits providers to use or disclose PHI without the patient's written authorization in certain situations. These exceptions are designed to facilitate patient care, public health, and operations while maintaining privacy protections.

1. Treatment, Payment, and Healthcare Operations (TPO):
A provider may disclose PHI to another healthcare provider for the purpose of treating the patient, to an insurance company for payment purposes, or for the provider's own healthcare operations (such as quality improvement or training).

Important Note: If a provider wishes to transmit PHI to another provider for purposes other than treatment, such as an informal consultation or information sharing not tied to a referral or direct treatment, they must obtain the patient's authorization. HIPAA permits disclosures between providers only when they are directly involved in the treatment of the patient. If the purpose does not meet the definition of treatment under HIPAA, consent is required.

2. Public Health Activities:
PHI may be disclosed without authorization to public health authorities for purposes such as preventing or controlling disease, reporting child abuse, or notifying people at risk of contracting or spreading a disease.

3. Judicial and Administrative Proceedings:
Disclosure is permitted in response to a court order, subpoena, or other lawful process, provided that certain conditions are met such as notifying the individual concerned or securing a protective order to safeguard the information.
**Please notify TMC upon receiving a court order or subpoena so we can ensure all necessary requirements are met before any information is released.*

4. Law Enforcement Purposes:
PHI may be shared with law enforcement in specific scenarios, such as locating a suspect, identifying a missing person, or reporting a crime on the premises.

5. Required by Law:
When another law mandates disclosure (e.g., mandatory reporting of gunshot wounds), HIPAA defers to that requirement.

6. Emergencies and Incapacity:
In emergency circumstances or when the patient is incapacitated, providers may disclose PHI to family members or others involved in the patient's care, if, in their professional judgment, it is in the best interest of the individual.

When Authorization *Is* Required
In situations not covered by the permitted disclosures above, the patient's written authorization is required before PHI can be released. Authorization must be specific, detailed, and include the recipient, along with the date of expiration or event.

Examples where authorization is required include:

1. Non-Treatment Disclosures Between Providers:
As previously mentioned, if the disclosure is not for direct treatment or referral purposes, such as a request from a provider to whom you have not referred the patient, authorization is required.

2. Marketing:
PHI cannot be used for marketing purposes without authorization.

3. Psychotherapy Notes:
These require special protection and generally may not be disclosed without explicit authorization.

4. Research:
Unless a waiver is granted by an Institutional Review Board or Privacy Board, written authorization is typically required.

5. Disclosures to Employers:
PHI may not be disclosed to an employer without the patient's authorization, even if the employer is paying for the healthcare.

Providers must carefully assess whether the purpose of a PHI disclosure meets one of HIPAA's permitted exceptions. If it does not, obtaining the patient's explicit written authorization is essential. HIPAA is not only a legal requirement, but also a framework for building patient trust through confidentiality and respect for individual privacy rights.

Protecting Healthcare Workers from Heat Stress: OSHA Standards Explained

As summer temperatures rise and heat waves impact regions across the country, the Occupational Safety and Health Administration (OSHA) is advancing a heat standard to protect workers from heat-related illnesses. While OSHA has traditionally focused on high-risk industries such as construction and agriculture, the updated guidance now includes all environments, including medical and dental offices, where heat stress poses significant risks.

Recognizing Heat Stress in Healthcare Settings

Although often overlooked, healthcare personnel face unique heat-related challenges from specific workplace and environmental conditions. Key contributing factors include:

- Elevated indoor temperatures and humidity, particularly with physically demanding tasks.
- Exposure to heat sources such as sunlight, sterilization equipment, and other operational machinery.
- Extended work hours and physically intensive duties strain the body's cooling systems.
- Personal protective equipment (PPE) and clinical attire that may trap heat and hinder the body's ability to cool itself.
- Inadequate acclimatization to high temperatures.
- Limited air circulation impairs the effectiveness of evaporative cooling.

Employer Responsibilities and Strategies

Under OSHA's General Duty Clause, employers are required to protect employees from recognized hazards, including those related to heat stress. In medical and dental offices, this will now involve implementing and maintaining a formal Heat Stress Prevention Program that includes the following key components:

1. Monitoring and Environmental Controls

- Regularly monitor indoor temperatures to ensure a safe work environment.
- Maintain and service HVAC and ventilation systems for optimal performance.
- Utilize portable fans or adjust thermostats when necessary, provided it does not increase the risk of aerosol dispersion.

2. Hydration and Breaks

- Ensure accessible and sufficient water stations throughout the workplace.
- Encourage employees to hydrate frequently.
- Schedule regular, brief breaks in cooler, shaded, or air-conditioned areas to allow staff to recover from heat exposure.

3. Training and Awareness

- Provide comprehensive training to staff on recognizing signs and symptoms of heat-related illness.
- Educate employees on prevention strategies and proper responses to heat stress symptoms.
- Reinforce a culture of awareness so that staff can identify heat stress in themselves or colleagues.

4. Emergency Response Preparedness

- Establish and communicate clear protocols for managing heat-related emergencies.
- Ensure all team members understand first aid procedures and know when to escalate care to medical professionals.

The introduction of OSHA's heat standard marks a significant step toward comprehensive worker protection across all industries, including healthcare. By proactively developing a tailored heat stress prevention program, medical and dental practices comply with evolving regulations and demonstrate a strong commitment to staff safety and well-being.

Upcoming Events

Live Webinar: Section 1557 Compliance: Understanding the Key 2024 Changes

- **Date: July 9, 2025**
- Time: 12:00pm – 1:00pm EST
- Speaker – Nancy Ware, CHC
- This course is good for 1 CEU.

NC Infection Control Curriculum for Dental Settings (SPICE) – July 21 & 28

- **Dates: July 21 + 28, 2025**
- Time: 12:00pm – 3:00pm EST
- Speaker – Renee Russell, RDH, BHS, CDIPC
- This webinar is good for 5.5 CEU.

Live Webinar: What to expect if OSHA knocks on your door?

- **Date: August 6, 2025**
- Time: 12:00pm – 1:00pm EST
- Speaker – Becky Ossevoort MS, ATC
- This webinar is good for 1.0 CEU.

Live Webinar: Understanding Privacy Protections for Reproductive Health Information and Compliance Implications

- **Date: September 10, 2025**
- Time: 12:00pm – 1:00pm EST
- Speaker – Nancy Ware, CHC
- This webinar is good for 1.0 CEU.

Sink or Swim: 4 Critical Steps in Instrument Processing Webinar

- **Date: September 24, 2025**
- Time: 12:00pm – 1:00pm EST
- Speaker – Renee Russell, RDH, BHS, CDIPC
- This webinar is good for 1.0 CEU.

NC Infection Control Curriculum for Dental Settings (SPICE) – Oct. 8 & 15

- **Dates: October 8 & 15, 2025**
- Time: 12:00pm – 3:00pm EST
- Speaker – Renee Russell, RDH, BHS, CDIPC
- This webinar is good for 5.5 CEU.

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