

# THE ADVISOR

## MONTHLY COMPLIANCE COMMUNICATOR

### Meningitis: Symptoms, Risks, and Key Infection Control Practices

Meningitis is an inflammation of the membranes that cover the brain and spinal cord. There are several different types of meningitis: viral, bacterial, fungal, parasitic, drug-induced, and chronic. It is caused by different pathogens. This article will focus on the two most common causes of meningitis, viral and bacterial.

The symptoms of meningitis are:

- Sudden headache
- Fever
- Stiff neck
- Sensitivity to light
- Nausea
- Vomiting
- Confusion

Infants may experience irritability, refuse to eat, and difficulty in walking. Symptoms of both viral and bacterial are similar in the beginning, however bacterial meningitis symptoms are more severe. Symptoms appear between 3 and 10 days of exposure. The length of illness depends on the type of meningitis. The average length of infection with viral meningitis is 10 days. Bacterial meningitis last longer, up to 3 weeks.

Viral meningitis is the most common type of meningitis. It occurs following viral infection such as influenza, measles, mumps, herpesvirus, and more. Most people will not need medical intervention for viral meningitis. Antiviral drugs can be administered and are helpful if someone has influenza or herpesviruses. Those at an increased risk for viral meningitis are babies under 1 year old, children under 5 years old, and those with weakened immune systems. Babies under 1 are more at risk for more severe symptoms. Close contacts with those with viral meningitis are more likely to become infected with the virus that caused them to be sick but are unlikely to develop meningitis.

### Newsletter Content

**Meningitis: Symptoms,  
Risks, and Key Infection  
Control Practices**

**The Patient's Right to  
Restrict: What You Need to  
Know**

**Quiet Cracking: An  
Emerging Workplace Risk**

**Measles Infection Control  
Training Now Offered by  
TMC**

Bacterial meningitis is caused by bacterium. Some leading causes of bacterial meningitis are *Streptococcus pneumoniae*, *N. meningitidis*, and *E. coli*. A less common cause is *mycobacterium tuberculosis*. Bacterial meningitis is a serious infection and death can occur within a few hours. Those who recover may have long term disabilities. Fortunately, most do recover from the illness. Those at risk for bacterial meningitis are people who have a weakened immune system, those living in college dormitories, or those that travel outside the US. Specific bacterial infections can affect different age groups, such as newborns with group B *streptococcus* and *E. coli*. Adults are more likely to contract *H. influenzae* and group B *streptococcus*. There is also other bacterium that can also cause infection amongst these age groups. Those listed above are the most common ones.

How the infection spreads depends on the type of bacterium or virus that causes meningitis. Bacterial meningitis is treated with antibiotics, and these should be started as soon as possible when infection is diagnosed. Individuals who come in close contact with someone infected with meningitis can sometimes take preventive antibiotics. Healthcare providers determine who will take them.

Healthcare professionals must follow strict infection control protocols to prevent the spread of infection. Some of the main infection control protocols to follow consist of:

- Hand hygiene: this is the single most CRITICAL measure to reduce transmitting organisms to each other and to your patients. Washing your hands with soap and water or using an alcohol-based hand sanitizer frequently will reduce the spread of infection.
- Personal protective equipment: gloves, masks, gowns, and eyewear must be utilized when caring for suspected or confirmed cases of bacterial meningitis. Droplet Precautions must be utilized – masking of patient and placement in an isolation room.
- Isolation precautions: Droplets can travel three feet in the air. Patients should be isolated as soon as possible.
- Environmental cleaning: Clean and disinfect surfaces and environment to prevent the spread of infection. Use an EPA hospital level disinfectant when disinfecting surfaces.
- Vaccination: Vaccines are available for bacterial meningitis. Educate patients and family members on vaccinations.

The bottom line is meningitis has many different causes and there are different types. Although uncommon, it can quickly become life threatening. Anyone experiencing symptoms should seek medical attention immediately. Meningitis itself is not contagious; however, the virus or bacterial infection that causes meningitis can be contagious. Best practices are to follow infection control procedures and identify suspected or confirmed patients as soon as possible. This will result in the best possible outcome of all.

## The Patient's Right to Restrict: What You Need to Know

When it comes to HIPAA, one of the lesser-known patient rights is the **right to request restrictions** on the use and disclosure of their protected health information (PHI). For staff and providers who are just starting to learn about compliance, this right can feel confusing. Do you always have to agree? What happens if you can't honor the request? And how should you handle the paperwork?

Let's break it down in simple terms.

### **What Is the Right to Restrict?**

Under the HIPAA Privacy Rule, patients can ask a covered entity (like a physician's office, clinic, or hospital) to limit how their PHI is used or shared. This might include restrictions on:

- Using PHI for treatment, payment, or healthcare operations.
- Disclosing PHI to certain family members, friends, or caregivers.
- Sending information to a health plan.

As a general rule, covered entities **do not have to agree** to these requests. But there are **two very important situations where you must accept them**.

#### **The Two Times You Must Accept a Restriction:**

##### **1. When the Patient Pays Out of Pocket in Full**

If a patient pays for a service entirely out of pocket and asks you **not to share that information with their health plan**, you must honor the request.

For example:

A patient schedules a routine lab test that is normally billed to insurance. They decide to pay out of pocket and request that the results not be sent to their health plan. Because the patient covered the full cost themselves, you are required to accept this restriction.

This rule gives patients greater control over what information is reported to their insurer, even for services that would usually be covered.

##### **2. When the Restriction Is Required by Law or Agreement**

Some restrictions may be tied to other federal or state laws. If the law requires you to honor a restriction, you must comply.

For instance:

Certain state privacy laws around mental health or substance use treatment may demand stricter confidentiality. If a patient asks for a restriction that lines up with these laws, you are required to accept it.

### **The Role of Documentation**

Even if you don't have to accept the restriction, **you must always document the request**. This is a key compliance step many new staff overlook.

Here's why documentation matters:

1. **Transparency** – Patients deserve to know their request was taken seriously, even if you cannot honor it.
2. **Accountability** – If an auditor or regulator asks, you have a record showing how the request was handled.
3. **Consistency** – Documenting all requests helps your organization apply policies fairly across patients.

Think of documentation as your "safety net." Even if you decline the restriction, you're showing you followed the right process.

## How to Handle Restriction Requests in Practice

- Listen carefully to the patient's request and clarify what they're asking.
- Check the two required situations (out-of-pocket payments and legal requirements).
- Decide whether to accept or decline the restriction.
- Document everything, the request, your response, and the reason for your decision.
- Communicate clearly with the patient so they understand the outcome.

The patient's right to restrict may sound intimidating at first, but the rules are straightforward once you know the basics. You only must agree to restrictions in two cases: when the patient pays in full out of pocket and doesn't want insurance involved, and when another law requires it. For all other situations, you have the option to decline, but you can never skip documenting the request.

To make things easier for staff, we've also created a [checklist](#) you can use as a step-by-step guide when these requests come up in real life.

## Quiet Cracking: An Emerging Workplace Risk

Our workplaces continue to evolve, bringing new challenges that extend beyond traditional measures of performance and productivity. Among the most concerning of these is a new phenomenon known as quiet cracking. Unlike quiet quitting, which is an intentional reduction of effort, quiet cracking represents a silent, internal breakdown resulting from things like sustained stress, unclear expectations, or inadequate organizational support. Early signs are subtle, making it more difficult for employers to identify and address.

Employees experiencing quiet cracking may outwardly appear to perform at expected levels—meeting deadlines, attending meetings, and maintaining professional responsibilities. However, internally, they are struggling with disengagement, anxiety, or a diminished sense of purpose.

Over time, this silent erosion can have significant consequences for both individuals and organizations, including decreased productivity, declining morale, and increased turnover. Gallup estimates employee disengagement is costing the global economy \$8.8 trillion annually.

There are several contributing factors:

- Economic uncertainty and job insecurity.
- High workloads combined with unclear expectations.
- Poor leadership and insufficient recognition.
- Lack of access to training and career development opportunities.

The impact of quiet cracking reaches far beyond the individual employee, posing significant risks to organizations. Left unaddressed, toxic workplace conditions or neglected mental health concerns can expose employers to liability. Disengaged employees often share their experiences publicly, damaging the company's reputation and undermining recruitment and retention efforts. At the same time, disengagement erodes productivity, weakens collaboration, and stifles innovation—factors that ultimately drive higher turnover.

Leaders and managers must be able to recognize declining performance, noticeable withdrawal from team discussions or social interactions, increased absenteeism, and a reluctance to take on additional responsibilities.

These behaviors should not be interpreted solely as performance issues but as opportunities to support the employee's well-being. Organizations can mitigate the impact of quiet cracking through proactive engagement strategies:

- Clarify roles and expectations to reduce ambiguity and build confidence.
- Invest in learning and development to foster growth and strengthen retention.
- Create psychological safety by encouraging open dialogue and employee feedback.
- Encouraging individuals to seek support, communicate needs, and engage proactively to create a balanced approach where accountability is shared across all levels of the organization.
- Recognize and reward contributions to reinforce value and purpose.
- Support managers with training in empathy and listening skills, as their leadership often determines whether employees remain engaged.

By recognizing the signs early and investing in communication, recognition, and career development, employers can protect their workforce and safeguard long-term organizational health.

## Measles Infection Control Training Now Offered by TMC

Do you feel prepared to protect your patients, staff, and facility from one of the most contagious diseases? With measles seeing a resurgence across healthcare settings, Total Medical Compliance is pleased to introduce a comprehensive training program specifically designed for healthcare workers: [Rising Measles Cases: What You Need to Know](#).

This course equips your team with practical, actionable protocols to recognize, respond to, and prevent the spread of measles — ensuring your facility stays safe, compliant, and prepared.

What You'll Learn:

Our expert-developed training covers the full spectrum of measles control, including:

1. Early Recognition
  - How to identify early symptoms (fever, cough, rash) before measles spreads
  - Understanding the disease timeline and when patients become contagious
2. Understanding Transmission
  - Answer the question: Why are measles so contagious in health care settings?
  - How to prevent patients and workers from airborne exposure
3. Vaccination Procedures
  - Summary of MMR vaccine guidance
  - Vaccination requirements for workers — specifically for those born in 1957 or later
  - Getting your staff immunization-compliant

#### 4. Isolation & Response Procedures

- When and how to use Airborne Infection Isolation Rooms (AIIRs)
- What to do if AIIRs are not available
- Patient transport procedures with real-life case studies

#### 5. Protecting Healthcare Personnel

- PPE requirements: Wearing N95 respirators and other personal protective gear in the correct manner
- Who can come into contact with suspected or confirmed cases
- OSHA-sanctioned use of respirators and training

#### 6. Environmental & Disinfection Protocols

- Accurate disinfection techniques using EPA-registered hospital-grade products
- Safe and compliant management of regulated medical waste

#### 7. Reporting & Surveillance

- How to quickly and correctly report presumptive cases
- Contact tracing and measures to prevent outbreaks
- Working with public health agencies

#### 8. Staff Training & Compliance Integrity

- Training staff in standard and airborne precautions
- Performance of vaccination audits and competency evaluation on PPE
- Building a culture of safety and readiness in your facility

### **Why Choose TMC?**

With over 25 years of healthcare compliance expertise, Total Medical Compliance offers training that is:

- Up-to-date with CDC, OSHA, or HIPAA guidelines
- Developed for busy professionals with concise modules
- Authored by infection control industry experts

### **Who Should Take This Course?**

- Physicians, nurses, and medical assistants
- Infection control and compliance officers
- Administrators and facility managers
- All healthcare staff who work in patient care settings

This training provides your staff with the knowledge and resources needed to prevent facility-wide transmission and stay compliant with regulations.

Enroll your staff today in TMC's [Rising Measles Cases: What You Need to Know](#).

# 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

Meningitis: Symptoms, Risks, and Key Infection Control Practices

The Patient's Right to Restrict: What You Need to Know

Quiet Cracking: An Emerging Workplace Risk

Measles Infection Control Training Now Offered by TMC



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