SEPTEMBER 2026

TOTAL MEDICAL COMPLIANCE

The Advisor

Monthly Compliance Communicator

Respiratory Illness Season Is Here:

Protecting Patients, Staff, and Your Practice

Recognizing the Symptoms

Influenza, RSV, and COVID-19 share many of the same symptoms, making it difficult to distinguish between them without testing.

Common symptoms include:

- Fever
- Cough
- Runny or stuffy nose
- Sore throat
- Chills
- Fatigue
- Muscle or body aches

Additional symptoms may include:

- COVID-19: New loss of taste or smell, although less common with current variants.
- RSV: Wheezing, particularly in young children, older adults, and those with chronic lung disease.

Because influenza and COVID-19 often present similarly, testing remains the best way to determine which virus is causing illness.

How Respiratory Viruses Spread

Respiratory viruses spread through droplets and respiratory secretions released when an infected person coughs, sneezes, talks, or breathes. COVID-19 can also spread through smaller airborne particles that remain suspended in the air, especially in poorly ventilated spaces.

Influenza and RSV may also spread when a person touches contaminated surfaces and then touches their eyes, nose, or mouth.

Preventing the Spread

The Centers for Disease Control and Prevention (CDC) recommends several strategies to reduce the spread of respiratory illnesses.

Stay Up to Date on Vaccinations

Vaccination remains the most effective way to reduce the risk of severe illness, hospitalization, and complications from influenza, COVID-19, and RSV for eligible individuals.

Practice Good Hand Hygiene

Hand hygiene continues to be one of the most effective infection prevention measures.

- Wash hands with soap and water for at least 20 seconds when visibly soiled.
- Use an alcohol-based hand sanitizer when hands are not visibly dirty.

Proper hand hygiene helps prevent the transmission of infectious organisms to patients, coworkers, and visitors.

Implement Source Control

Healthcare facilities should follow CDC recommendations and facility policies regarding masking during periods of increased respiratory illness activity.

Additional measures include:

- Posting signs encouraging patients with respiratory symptoms to notify staff.
- Including respiratory illness instructions in appointment reminders.
- Encouraging symptomatic patients to wear a mask.
- Rescheduling non-urgent appointments for patients with suspected or confirmed contagious respiratory illnesses when appropriate.

Personal Protective Equipment (PPE)

Appropriate PPE should be readily available and selected based on the anticipated exposure risk. Employers are responsible for providing and maintaining PPE.

Common PPE includes:

- Gloves
- Gowns
- Surgical masks

- Eye protection
- N95 respirators

N95 respirators should be available for aerosol-generating procedures.

Medical Procedures:

- Intubation
- Bronchoscopy
- CPR
- Sputum induction

Dental Procedures:

- Ultrasonic scaling
- High-speed handpieces
- Air polishing
- Air/water syringes
- Air abrasion

Return-to-Work Guidance

Healthcare personnel with respiratory illnesses should follow current CDC recommendations and employer policies before returning to work.

Employees should:

- Stay home while experiencing a fever.
- Return to work only after being fever-free for at least 24 hours without fever-reducing medication and when symptoms are improving.
- Follow any additional workplace infection prevention precautions, including masking if required by facility policy.

Encouraging employees to stay home when ill helps reduce workplace transmission and protects vulnerable patients.

Protecting Your Healthcare Facility

Respiratory viruses circulate every year, but consistent infection prevention practices significantly reduce their spread. Vaccination, hand hygiene, respiratory etiquette, appropriate PPE, and staying home when sick all work together to create a safer environment for patients, visitors, and healthcare personnel.

Key Takeaways

- Stay current on recommended vaccinations.
- Perform proper hand hygiene every time.
- Encourage respiratory etiquette and source control when appropriate.
- Wear the correct PPE for each patient encounter.
- Use an N95 respirator during aerosol-generating procedures when indicated.
- Follow current CDC guidance and your facility's infection prevention policies.

Call to Action

Respiratory illness season is an excellent time to review your infection prevention program. Ensure your policies, staff training, PPE supplies, respiratory hygiene practices, and patient screening procedures reflect current CDC recommendations.

Need help evaluating your infection prevention program? Our team can assess your current practices, identify opportunities for improvement, and provide practical guidance to help create a safer environment for your patients and staff. Contact us today to learn how we can support your infection prevention efforts.

OSHA Is Reconsidering Several Workplace Safety Rules — What Healthcare Employers Should Know

As workplaces, technology, and safety controls change, OSHA periodically reviews its standards to determine whether existing requirements should be updated, clarified, or removed. OSHA is currently considering a series of deregulatory actions intended to modernize workplace safety standards, eliminate requirements the agency considers outdated or duplicative, and provide employers with greater flexibility in complying with certain requirements. The proposals were initially published in the Federal Register in July 2025, with an additional proposal involving walking-working surfaces and fixed ladders published in April 2026.

PROPOSED RULES:

Respirator Medical Evaluations Could Change

One of the proposals with the greatest potential relevance to healthcare involves OSHA's Respiratory Protection Standard. Under the current standard, employers generally must provide a medical evaluation before an employee is required to use a respirator. OSHA is proposing to remove some of those medical evaluation requirements for employees who use certain types of respirators—specifically, filtering facepiece respirators and loose-fitting powered air-purifying respirators (PAPRs). Filtering facepiece respirators include respirators commonly used in healthcare, such as N95s.

If finalized, this proposal could change an important component of respiratory protection programs for some healthcare employers. However, it is important to understand what the proposal does not mean. It does not mean employers can stop conducting required respirator medical evaluations today, nor would it eliminate the Respiratory Protection Standard. Requirements involving respiratory hazard evaluation, respirator selection,

training, fit testing when applicable, proper use, maintenance, and other elements of a respiratory protection program would continue to depend on the applicable standard and workplace conditions. For now, healthcare employers should continue following existing OSHA requirements while monitoring the rule making process.

OSHA Is Also Reconsidering How the General Duty Clause May Be Applied

Another significant proposal involves OSHA's interpretation of the General Duty Clause.

Section 5(a)(1) of the Occupational Safety and Health Act requires employers to provide a workplace free from recognized serious hazards when a specific OSHA standard does not address the hazard. OSHA has proposed clarifying its interpretation of the General Duty Clause so that it would not be used to enforce against known hazards considered inherent and inseparable from the core nature of a professional activity or performance.

This proposal deserves attention because the General Duty Clause can play an important role in OSHA's evaluation of recognized workplace hazards for which there is no specific federal OSHA standard.

Employers should be careful not to interpret the proposal too broadly. A change in how OSHA applies the General Duty Clause would not eliminate an employer's responsibility to address preventable workplace hazards. Existing OSHA standards would continue to apply, and employers would still need to evaluate hazards and implement required protective measures.

Changes Are Proposed for Several Chemical Standards

OSHA is also proposing revisions to respiratory protection provisions in several substance-specific standards, including those for asbestos, formaldehyde, ethylene oxide, lead, methylene chloride, benzene, cadmium, vinyl chloride, and others. Many of these proposals are intended to better align older substance-specific respiratory protection provisions with OSHA's broader Respiratory Protection Standard rather than maintaining separate or duplicative requirements.

For healthcare organizations, some of these substances may be more relevant than others. Formaldehyde and ethylene oxide, for example, can be encountered in certain healthcare, laboratory, pathology, or sterilization environments.

These proposals are also a good reminder that employers should know which hazardous substances are present in their workplaces. Safety Data Sheets, chemical inventories, exposure assessments, and the written Hazard Communication Program all help determine which OSHA requirements apply.

Proposed Does Not Mean Final

A proposed OSHA rule is part of the federal rulemaking process. OSHA publishes the proposal, accepts public input, evaluates comments and other information, and may ultimately issue a final rule. The final requirement may differ from the original proposal, or the proposal may not become a final rule at all.

OSHA's informal public hearings on several of these deregulatory proposals were conducted in late August 2026. Until a rule is finalized, healthcare employers should not revise their OSHA programs based solely on the proposed changes. Continue following the standards currently in effect, including required training, medical evaluations, fit testing, exposure assessments, documentation, and other compliance activities, unless and until OSHA formally changes the applicable requirements.

This is a good opportunity to review your existing safety programs. Make sure your written policies reflect current requirements, that employees are receiving required training, that respiratory protection procedures are being followed, and that your Hazard Communication Program accurately reflects the chemicals present in your workplace.

OSHA's current deregulatory activity may eventually simplify or modify some employer obligations. Until those changes become final, however, compliance should continue to be based on the OSHA standards that are in effect today.

Not Sure What OSHA's Proposed Changes Mean for Your Practice?

Keeping up with changing OSHA requirements can be challenging—especially when proposed and final rules, along with existing requirements, are being discussed simultaneously. Total Medical Compliance can help you understand what applies to your medical or dental practice, identify potential gaps in your current safety programs, and ensure your policies, training, and compliance efforts reflect the requirements that are in effect.

Have questions about how an OSHA requirement applies to your practice? Contact TMC today to speak with our compliance team and learn how we can help you stay informed, prepared, and compliant.

Reference: Occupational Safety and Health Administration, Deregulatory Rulemaking. https://www.osha.gov/deregulatory-rulemaking

What Is a HIPAA Risk Management Plan?

Recognizing the Symptoms

Completing a HIPAA Security Risk Analysis (SRA) is an important part of protecting electronic protected health information (ePHI), but the work does not stop when the SRA is finished. The SRA identifies and evaluates risks. The Risk Management Plan documents how the organization will respond, who is responsible, when action should occur, and what evidence will show the work was completed.

An easy way to remember the difference is:

SRA = What are our risks?

Risk Management Plan = What are we doing about them?

Under the HIPAA Security Rule, regulated entities must assess potential risks and vulnerabilities to the confidentiality, integrity, and availability of ePHI, then implement reasonable and appropriate security measures to reduce those risks. A Risk Management Plan helps show that identified risks were not only found, but were reasonably addressed, assigned, tracked, and supported with documentation.

What Happens After the SRA?

An SRA may uncover concerns such as:

- A laptop containing ePHI is not encrypted.
- Multi-factor authentication (MFA) has not been implemented.
- Former employees' accounts are not disabled promptly.
- A vendor with access to ePHI does not have an appropriate Business Associate Agreement (BAA).

Finding these problems is only the first step. Next, the organization should decide how each risk will be addressed. The risks identified during the SRA should flow into a Risk Management Plan, where they can be prioritized, assigned, tracked, and documented through completion.

What Should Be in a Risk Management Plan?

A Risk Management Plan does not have to be complicated; many organizations use a spreadsheet or similar tracking tool.

For each identified risk, consider documenting:

- Risk: What problem or vulnerability was identified?
- Risk level: How serious is the risk?
- Corrective action: What will be done to reduce the risk?
- Owner: Who is responsible?
- Target date: When should it be completed?
- Status: Is it open, in progress, completed, or being monitored?
- Completion date: When was the corrective action finished?
- Evidence: What demonstrates that the action was completed?

Which Risks Should You Address First?

Organizations may identify many risks during an SRA, and not all have the same urgency. This is where prioritization matters.

Two factors commonly considered are:

- Likelihood: How likely is it that the threat could occur or take advantage of the vulnerability?
- Impact: If it happened, how serious would the consequences be?

For example, an unencrypted laptop containing ePHI may be addressed before outdated software on a system that does not store ePHI because the potential impact is greater. A 3×3 risk matrix provides a simple way to compare these factors and determine which risks should receive attention first. High-likelihood, high-impact risks receive higher priority.

HIPAA does not require one scoring system; what matters is a reasonable, consistent process for evaluating and prioritizing risks.

What Happens to Lower-Priority Risks?

Prioritizing risks does not mean lower-priority risks should be forgotten.

They should remain on the Risk Management Plan until they are addressed, accepted, transferred, or monitored based on a reasonable decision.

- Higher risks may require immediate or accelerated corrective action.
- Moderate risks may be scheduled for remediation within a reasonable timeframe.
- Lower risks may have longer target dates or be monitored while higher-priority issues are addressed.

The organization should be able to show that it identified the risk, evaluated it, and made a reasonable decision about how it would be handled.

The Plan Continues Throughout the Year

A Risk Management Plan should be a living document, not something created after the SRA and filed away until next year.

Security risks can be discovered at any time, including through:

- Security or phishing incidents
- Vulnerability scans
- Internal audits
- New software or systems

When a new risk is discovered, the organization does not need to wait for the next formal SRA. The risk can be

evaluated, prioritized, assigned to an owner, and added to the plan during the year. The plan should also be updated as corrective actions are completed or circumstances change.

Keep Evidence of What Was Completed

Closing an item should mean more than changing its status to "Complete." Whenever possible, keep evidence showing what was actually done.

Examples include:

- A screenshot showing MFA was enabled
- An updated policy
- An encryption report
- A signed BAA
- An IT ticket documenting completion

This creates a record showing that the organization moved from identifying a risk to managing it.

From SRA to Risk Management

The process works best as a continuous cycle: Identify → Evaluate → Prioritize → Assign → Remediate → Document → Monitor → Reassess.

The SRA identifies where risks exist. The Risk Management Plan provides the roadmap for deciding what should be addressed first, who is responsible, when it should be completed, and how progress will be documented.

Most importantly, risk management does not end with the annual SRA. Risks identified during the SRA and new risks found during the year should be added to the plan, and completed corrective actions should be documented. That ongoing process turns the SRA from a compliance exercise into an active tool for protecting ePHI.

Ready to turn your SRA findings into action? TMC can help you set up a Risk Management Plan that gives your organization a practical framework for prioritizing risks, assigning next steps, and tracking progress.

Build a Safer, More Compliant Practice

Total Medical Compliance helps medical and dental practices stay safe and compliant with expert OSHA, HIPAA, and infection control training. From on-site consulting to flexible online programs, we provide year-round support. Contact us today for a free quote.

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