

# THE ADVISOR

MONTHLY COMPLIANCE COMMUNICATOR



## Safety — Back to Basics!

Infection prevention and control is more than a list of tasks, provision of appropriate equipment, and policies and procedures. This article will review the top four basic principles of a strong infection control program which is the foundation of a culture of safety for every healthcare environment.

### Basic Principle #1 – Clearly Defined Administrative Controls

- Policies and procedures must be developed to support the types of services delivered in each practice. Formal policies and procedures set the standard of care and serve as an educational tool for all existing and new employees. Activities to document and train may include hand hygiene, employee immunizations, use of personal protective equipment (PPE), surface disinfection, sterilization, and management of exposure incidents.
- Practices should document the immune status of all clinical employees as recommended by the CDC. While the only vaccine required by law to be offered to employees at risk of exposure to blood and/or body fluids is the hepatitis B vaccination, it is prudent to establish immune status for employees involved in clinical care for illnesses such as chicken pox, measles, which although rare has occurred in recent years, and pertussis. As always it is recommended that all employees receive an annual influenza vaccine. CDC recommendations for vaccinations for healthcare workers can be reviewed at <http://www.immunize.org/catg.d/p2017.pdf>.

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# SAFETY — BACK TO BASICS!

- Supplies must be available, including hand-hygiene products, PPE, surface disinfection products, safety needles/ devices, and sterilization supplies (wraps, pouches, chemical indicators, spore test).
- Assign an individual to monitor compliance with safety standards. The ideal candidate should have training in both required and recommended safety standards and work consistently in the practice location.

## Basic Principle #2 – Education and Training

- Remind all staff members frequently of the importance of safety procedures. This can be done in monthly staff meetings, with informational posters placed in prominent areas, and annually with other compliance training. TMC newsletters are a great source of safety information. The last page of each newsletter provides a means to document employee review of the information which may be included in training files.
- Conduct task-specific training for staff and contract labor as outlined in written policies and as required by law. Focus on the following activities: appropriate use of PPE, surface cleaning and disinfection, cleaning and packaging instrumentation for sterilization and monitoring the sterilization process.

## Basic Principle #3 – Enforce the Appropriate Use of PPE

Employee education is not only important for safety, it is required in the Bloodborne Pathogen standard on an annual basis (1910.1030(2)(vii)F).

- PPE must be accessible based on the exposure risk associated with the task being performed. Face protection, gowns, either disposable or reusable which protect the arms, and gloves are indicated for ALL procedures where there is the potential for splash or splatter to occur. Masks should always cover the nose and be discarded between each patient and when visibly soiled. The goal is to protect the mucous membranes of the eyes/nose/mouth from exposure to potential pathogens. Be certain to remind employees of the need to wear heavy duty utility gloves when handling contaminated sharps during the cleaning/ decontamination process.



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# SAFETY — BACK TO BASICS!

## Basic Principle #4 – Focus on Injection Safety

- Designate an area for medication preparation and always use aseptic technique when preparing and administering medications. Diaphragms of medication vials/IV access ports must be cleansed prior to access with a sterile alcohol pad prior to access.
- When using multi-dose vials, use a sterile needle/syringe each time the vial is accessed.
- Never administer medication from a single syringe to multiple patients.
- Fluid infusion and administration sets should be used for one patient only.

## Basic Principle #5 – Use Single Use Devices Appropriately

- Any item which is received from the manufacturer and labeled as a single used device must be used for one patient/one procedure and then discarded.
- Dispose of gloves after use. Do not turn them in-side-out to wear again. Do not wash them to reuse.



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# SAFETY — BACK TO BASICS!



Consider these questions to evaluate your safety program.

- ✓ How do you track and follow-up on infections which may occur in the practice?
- ✓ Are you performing spore testing weekly?
- ✓ Do you perform equipment maintenance as recommended by the manufacturer?
- ✓ Do you monitor compliance with hand hygiene recommendations?
- ✓ Do you perform a medical screening each time you see patients in your practice to identify any changes which may impact the patient's ability to fight infection?

The safety of workers and patients must be a top priority for every practice. Management, staff and volunteers must be committed to improved patient outcomes and a safe environment for employees. The resources outlined here will help you create a safe environment for employees and patients if you will go back to basics!

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# HIPAA COMPLIANCE

## Simple Inventory Lists Reduce Risk

Keeping track of your equipment, office furniture, and similar items for financial purposes is a routine part of business. It is tough to protect your assets if you don't know what or where they are. That is why creating an inventory list of devices and software your office owns and uses, particularly those that access, send, or store ePHI is a powerful tool to include in your annual risk analysis. An inventory list like this can also help keep warranty information together in one place.

TMC helps its clients with their annual risk analyses. This includes developing an inventory list of hardware and software, creating a list of business associates, and providing other tools necessary to help think of all the places ePHI might be accessed or stored. During your risk analysis, you should check with your IT support company to make sure that new hardware and software are added and any that have been replaced are



properly disposed of or disconnected from the rest of your systems. When desktops, servers, or tablets are replaced the ePHI must be properly removed and the method used to remove the ePHI must be documented and kept for six years. Update your inventory list to show when it was replaced, too. Do you know if any of your employees' personal devices have access to your systems? If they do, add those to your inventory list. Put a "Bring Your Own Device" policy in place and enforce it. Employee devices can create serious security risks to ePHI.

It might help to think of the inventory process in the same way as making sure there is a lock on each door and window of your house. An inventory list of each door and window allows you to easily check each one off as you install the locks, so you do not forget one. Then the risk of someone getting into your house goes down. Once you have the list, it is easy to update and a lot more accurate than memory. It also helps to quickly pinpoint security problems, or the loss or theft of items down the road. You will know what needs to be protected, and your patients will thank you for that. You will thank yourself, too, especially if you find yourself hosting an OCR investigator.

A sample inventory list is available on the TMC Client Portal.

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# OSHA COMPLIANCE

## OSHA and Electrical Safety

In any OSHA inspection the inspector will always check out your basic safety on electrical hazards. There are three reasons why OSHA will always pay attention to electrical safety during inspections AND why any electrical citations will always be considered a serious violation and carry a fine.

- Electrical shock can be fatal. According to OSHA about five workers are electrocuted each week.
- Electrical fires burn fast. A study by the U.S. Fire Administration found electrical malfunction was the leading cause of 4,065 fires in medical facilities in a two-year period.
- Twelve percent of all deaths to young workers are from electrical hazards according to OSHA.

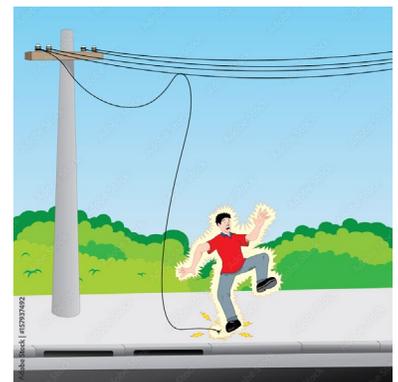
### OSHA inspectors focus on four categories of electrical hazards in healthcare facilities:

#### 1. WATER HAZARDS:

Any outlet at or near enough water to be splashed or flooded must be GFCI protected. This includes all outlets in a bathroom, all outside outlets exposed to the elements including the roof and any outlets near sinks or other water sources like eyewash stations, fountains, dental water lines, etc.

#### 2. EXPOSED WIRES:

Exposed wires are an accident waiting to happen. Look around your facility. If you have broken or missing faceplates, replace them immediately. Be sure to check for these after any construction work as they are easily broken or forgotten. It's a good idea to keep a couple in your supplies. Holes in walls or ceilings can often contain hot wires. Frayed cords or cords that have been altered to take them from 3-prong to 2-prong connections are big causes of fires. Breaker boxes with open areas are especially dangerous as a fire hazard and a touch hazard.



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# OSHA COMPLIANCE

## 3. ACCIDENT HAZARDS:

Overloaded outlets, power strips and extension cords are a leading cause of fires. Dangling cords, especially above water sources can result in damaging and fatal electrical shock.

Household appliances like space heaters, fans, vacuums, microwaves, heating pads and lamps must have proof that they are safe to use in the workplace. They must have a tag from a national testing laboratory. They must also be in good working order with no loose or frayed cords.

And don't forget the obvious. When running a cord in your office don't create a situation where someone can tip and fall.

## 4. EMERGENCY RESPONSE PROBLEMS:

Your practice needs to have things in place that will allow you to respond quickly in case of shock or electrical fire.

You must have immediate and on-site access to the breaker box to shut down power. Power should be cut off immediately in case of an electrical fire. The fire will follow the wiring quickly and cannot be stopped by water. Having access to the breaker box presents a challenge in multi-office buildings. Someone should always be in the building who can access at least a main breaker switch. All switches in breaker box must be labeled even if the label is "not in use." Be sure the trained professionals who do electrical work at your practice checks this at the end of any job.

Exit lights and any other existing safety systems, like sprinklers, must be tested monthly and any problems promptly repaired. Exit lights must be used unless the building is old enough that they were never wired for exit lights. In that case you can use exit signs that are made of materials that will make them visible in an emergency.

Taking a few moments on these issues could not only prevent cumbersome OSHA fines but more importantly can prevent serious injuries and fatalities.

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# IT'S YOUR CALL

## IT'S YOUR CALL

### OSHA:

**Infection Control Alert:** The CDC is encouraging physicians to consider adenovirus testing for children with symptoms of Hepatitis of unknown origin. Hepatitis symptoms include fever, fatigue, loss of appetite, nausea, vomiting, abdominal pain, dark urine, light-colored stools, joint pain, and jaundice. It can also be caused by other viruses. Adenoviruses cause cold-like symptoms, fever, sore throat, bronchitis, pneumonia, diarrhea, and pink eye (conjunctivitis).

Healthcare teams and communities should remain vigilant about washing their hands and avoiding contact with anyone with symptoms.

### HIPAA:

**Q:** Does HIPAA allow a provider to release a patient's PHI that is not directly related to a claim for workers' compensation to an employer or insurer even if it is allowed by state law?

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For Blog Link

## The New Website is Here!

We promised you something amazing was on the horizon at TMC. Well, it is here! Next week our newly renovated website will launch. Streamlined and focused, our renovated website will get you the information you need when you need it!

You will see our new  
website **May 25th**

You will see our updates on the home page of our current website. We will also be sharing some sneak peaks. Stay Tuned!

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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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