

# THE ADVISOR



## MONTHLY COMPLIANCE COMMUNICATOR

### STOP! AND THINK SAFETY

School has started and it is a great time to stop and evaluate the safety measures in place within your practice. When considering the safety of your workplace, both patients and employees should be at the forefront of your mind. OSHA seeks to improve the safety of workers, while other entities focus on the safe care of patients. Each practice should have basic standards in place which provide protections for both. Would you consider your practice safe for workers and patients?

#### Safety of Employees

**Employees** are the MOST important asset of the practice and basic protections should be in place. Remember, the employer must remind employees the value of items reviewed below!

**Training** - Newly hired employees should receive a thorough orientation to YOUR practice. At a minimum, for new workers at risk of exposure to blood or body fluids, bloodborne pathogen (BBP) training must be provided. Also, any employee dealing with any type of hazardous material must receive training on the chemicals and how they should be handled including precautions needed to ensure safe handling. Annual bloodborne pathogen training is also required for at-risk employees; however, many practices also use this time to remind all employees of other safety issues and to review the basics of infection control. Training sends a message to the employee that they are valued. Additionally, training supports a culture of safety.

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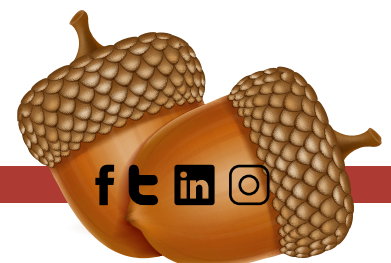
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# OSHA COMPLIANCE

Safety training should include the following:

- The location of the Exposure Control Plan, sometimes referred to as the OSHA book. This may be in hardcopy or in an electronic format. This will include direction on how to report and respond to an exposure to blood or other bodily fluids.
- The location of the Safety Data Sheets (SDS) for any hazardous chemicals or substances used in the practice.
- The exit route in the event of a fire or other event requiring everyone to evacuate.
- The location of the user manual for all equipment in operation.

**Personal Protective Equipment (PPE)** - PPE is utilized to protect workers against exposure to blood or body fluids and, at times, hazardous chemicals. Take a minute to walk through your practice to observe if PPE is being utilized appropriately. If procedures are being performed that generate splash or splatter, is the employee's face protected as well as their hands and arms? Are employees utilizing utility gloves when handling sharp instruments during the decontamination process?

To ensure there is a clear understanding, not only is PPE nice to have, but it is also required by the Bloodborne Pathogen Standard:

1910.1030(d)(2) - Excerpts

Personal Protective Equipment (PPE)–

When there is occupational exposure, the employer shall provide, at no cost to the employee, appropriate personal protective equipment such as, but not limited to, gloves, gowns, laboratory coats, face shields or masks and eye protection, and mouthpieces, resuscitation bags, pocket masks, or other ventilation devices



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# OSHA COMPLIANCE

## Safety of Patients

Patients come to you expecting safe, quality care. Unfortunately, there have been reports of patient safety issues which have placed thousands of patients at risk of exposure to hepatitis b, hepatitis C, and/or HIV. A review of basic infection control principles will position your practice to provide exceptional care.

**Room Decontamination** — Thorough cleaning and decontamination of clinical contact surfaces is required after any procedure involving splash/splatter. It is also important to disinfect clinical surfaces when caring for patients with respiratory illness even if a procedure has not been performed. To ensure that microorganisms are appropriately eliminated, be certain to leave the chemical on the surface for the required amount of time listed on the manufacturer's label.

**Instrument Sterilization** — Instruments used for procedures should be cleaned and sterilized. The following are a few important recommendations by the CDC:

- Each load must be monitored for certain physical elements, including:
  - ◇ time,
  - ◇ temperature, and
  - ◇ the presence of steam.
- Each package must include an internal chemical monitor. If the chemical monitor cannot be seen through the package, an external monitor should also be utilized.
- Provide spore testing on a weekly basis to ensure proper functioning of the sterilization unit.

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# OSHA COMPLIANCE

**Injection Safety** - Use aseptic technique when preparing and administering medications and ALWAYS ensure a sterile needle/syringe are used each time a medication vial is accessed. Never administer medication from a single syringe to multiple patients.

**Appropriately Utilize Single Use Devices** - Any item which is received from the manufacturer and labeled as a single use device must be used for only for one patient during a single procedure. It is not appropriate to sterilize, place these items in a high-level disinfectant, or surface disinfect for reuse. Examples include suture removal kits, single use impression trays, sterile saline/water for irrigation, and syringes utilized for irrigation.

A culture of safety includes both employees and patients. It is not a book on a shelf with a list of tasks to complete, but a mindset of people who enter this practice will leave with the knowledge that their safety was a top priority within the practice, and in turn creating an atmosphere that a patient or employee wants to come back to. Whether worker or patient, that is a win-win!



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# HIPAA COMPLIANCE

## MINOR'S RECORDS: HOW TO STAY OUT OF HOT WATER

HIPAA states that when a minor can and does consent to their own treatment, then the minor controls the record not the parent. This raises two questions. One, when can a minor consent to their own treatment? And two, how do you handle the minor's right to privacy from the minor's parent?

### **When can a minor consent to their own treatment?**

HIPAA laws do not state when a minor can consent to treatment, it only dictates that when a minor consents to their own treatment the record of that treatment is controlled by the minor. Several other laws cover situations when the minor is an adult and therefore controls their entire record just as any other adult. These areas are as follows:

1. The minor reaches the age of 18.
2. The minor is in the military. A minor can join the military with parental consent, but once in the military they are an adult in the eyes of the law.
3. The minor is married. Again, marriage of someone under 18 may require parental consent, but once they are married, they are adults.
4. The minor is emancipated by a court of law. The court issues documents stating the minor has proven they are self-supported and an adult under the law.

In all of the above cases, the patient is no longer a minor in the law. Therefore, handling the records is the same as any other adult. The parents of the patient no longer have any rights to the information unless the patient gives them access.

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# HIPAA COMPLIANCE

Problems arise when a minor can, under their state's laws, consent to their own treatment but are still considered a minor in the eyes of the law. Most states have laws that dictate that a minor can consent to treatment for one or all of the following situations if they do not involve surgery or hospitalization:

1. Pregnancy.
2. Sexually transmitted diseases.
3. Substance abuse.
4. Depression and other mental health issues.

If your state's law allows a minor to consent to their own treatment and the minor asks for that treatment you are obligated under HIPAA to keep that information confidential from the parents. These laws were put into place at the urging of doctors and other child advocates to ensure that minors received necessary treatment in the event that they were afraid or ashamed.



## **How do you handle the minor's right to privacy from the minor's parent?**

First and foremost, you need to know what your state laws are that grant a minor permission to consent to their own treatment. Some states require that the minor patient must specifically request that confidentiality. Other states may allow you to answer a parent if directly asked but you cannot volunteer the information. Additionally, other states may grant a minor the ability to consent to any treatment over the age of 16.

Secondly, if the parent is present and consenting to the treatment then the issue is not one requiring confidentiality, no special protections beyond the usual are required.

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# HIPAA COMPLIANCE

If the minor is requesting their own treatment, be prepared to discuss the process with your minor patient. How will payment be handled? Explain if this goes on the parent's bill the parent has the right to ask what the bill covers. They would not have additional information such as test results but, for example, would know that a pregnancy test had been performed. Can the insurance company handle the payment confidentially? Is the minor able to pay for any co-payments or services? Are there any free services or clinics that the minor can be directed to? The billing process has tripped up a lot of practices in keeping the required confidentiality.

Be certain you have a system in place that guarantees the confidential records will not be released to the parents. Make sure records are passed to referring or transferring doctors with the understanding that all records are to remain confidential. Validate that your process and system will keep the records separate including your patient portal system and when notifying the minor of test results or follow-up appointments.

Finally, have a prepared plan for handling situations that require a change of treatment because of the confidential treatment in place. For example, you cannot take dental x-rays because the minor is pregnant. What are you going to say to the mother? Something like, "I see no reason for more x-rays today." Or "Our x-ray is having technical problems today. We will call to schedule a follow-up when the problem is resolved."

In conclusion, be prepared for this situation of a minor consenting to their own treatment so that you don't need to scramble. Know your minor consent laws and make sure your processes and systems can handle the increased protections necessary.

## IT'S YOUR CALL

### OSHA:

**If we have an employee less than a year, are we obligated to keep their medical records?**

### HIPAA:

**By law, where should the Notice of Privacy be posted?**

**Click Here**  
For Blog Link

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## MONTHLY COMPLIANCE COMMUNICATOR

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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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