

THE ADVISOR

MONTHLY COMPLIANCE COMMUNICATOR

Understanding OSHA Penalties & Debt Collection: What Employers Need to Know

Ensuring compliance with OSHA (Occupational Safety and Health Administration) regulations is not only a best practice, but also a requirement by law. When violations occur, OSHA's penalty system plays a crucial role in motivating employers to address hazards and safeguard their workers.

Penalties under Section 17 of the OSH Act are intended to encourage employers to eliminate hazards and deter future violations of the Act. While these penalties are not meant to punish, they must be substantial enough to prevent repeat offenses. Area Directors have the discretion to adjust penalties when appropriate, but they are required to document any changes. Factors such as fatalities, repeated violations, severe cases, or outstanding past penalties may justify imposing the full penalty without any reductions.

OSHA penalties are not meant to be punitive; they are designed to discourage future infractions. By imposing financial consequences, OSHA encourages employers to prioritize workplace safety, benefiting both their employees and the industry as a whole.

Under the OSH Act, civil penalties are adjusted each year for inflation. The amount depends on the severity of the violation, the size of the business, whether the employer has made good faith safety efforts, and their history of past violations. The penalty structure is set up as follows:

- Serious violations with higher severity and a greater likelihood of harm are subject to higher penalties.
- Repeat and willful violations face higher multipliers — up to 10 times the base penalty for large employers.
- Small businesses can receive penalty reductions based on size, good faith, and history — but reductions don't apply to every case.

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What Happens If You Don't Pay?

When penalties are not paid on time, OSHA follows strict debt collection procedures. Once a penalty is final — whether the employer contests it or not — payment is due within set deadlines. If it's not paid:

- Interest, administrative costs, and delinquent charges start accruing.
- Employers will receive formal demand letters.
- Debts can be sent to the U.S. Treasury for collection, which may include garnishing federal payments owed to the business.
- For large debts, legal action can be pursued in federal court.

Paying OSHA penalties promptly — or avoiding them altogether through compliance — protects your company's bottom line and reputation. If you receive a citation, respond quickly, correct hazards immediately, and communicate with OSHA about payment or abatement plans to avoid additional costs and collection actions.

Severity and Probability:

Each violation is evaluated based on the potential severity of injuries or illnesses and the likelihood of their occurrence. For example, a hazard that could cause a fatality or permanent disability carries a higher penalty than a minor paperwork oversight.

Types of Violations:

- Serious Violations: Hazards likely to cause serious injury or death.
- Other-than-Serious Violations: Conditions that relate to employee safety and health but are less severe.
- Willful Violations: When an employer knowingly disregards the law or shows plain indifference to worker safety — these carry the highest fines.
- Repeat Violations: If the employer has been cited for the same or a similar hazard before, penalties increase significantly.
- Failure to Abate: If a cited hazard isn't fixed by the deadline, daily penalties can add up quickly — up to 30 times the daily amount.

Willful violations have a statutory minimum fine — they can't be dropped below a set dollar amount. There are policy minimums for other violations too, especially if the hazard was previously identified.

Penalty Reductions

OSHA may reduce penalties based on:

- Company Size: Small businesses can receive up to a 70% reduction in penalty charges for serious violations and up to 80% reduction for willful violations.
- Good Faith: Demonstrating an effective written safety and health program can earn a reduction — but not for repeat, willful, or high-gravity violations.
- History: A positive inspection record in the last five years can earn a 20% discount; a history of serious violations can add 20% to a penalty instead.
- If an employer immediately fixes a low- or moderate-gravity hazard during an inspection, a "Quick-Fix" reduction of 15% can apply.

Your best defense to avoid penalties is to:

- Build and maintain a strong safety culture.
- Develop a written safety and health management program that meets OSHA's core elements.
- Train employees regularly and fix hazards quickly.
- Keep accurate records and follow reporting requirements.
- If you ever receive an OSHA citation, act promptly: fix hazards, verify abatement, and communicate with OSHA about your plan and payment to avoid unnecessary extra costs.

Whooping Cough Cases Surge in the U.S.—Here's How to Protect Yourself and Others

Pertussis, better known as whooping cough, is on the rise in the U.S. Pertussis is the medical name used for the infection while whooping cough is the more common name that refers to the characteristic coughing sound that is made when someone has the infection.

More than 10,000 cases are typically reported in the U.S. each year. As of May 2025, over 9,000 cases have been reported. These numbers suggest a significant increase compared to cases in 2024. The Centers for Disease Control (CDC) states the best way to prevent pertussis is vaccination and postexposure prophylaxis.

Whooping cough is caused by the bacterium *Bordetella pertussis*; it is a highly contagious respiratory illness and is a serious lung infection. The disease is most dangerous to infants (less than 12 months), young children, and women in their third trimester of pregnancy. People with pre-existing health conditions are also at high risk of developing severe infections. Complications from whooping cough may include:

- Pneumonia
- Ear infection
- Loss of appetite
- Fainting
- Dehydration
- Seizures
- Brief periods when breathing stops
- Death

Whooping cough is spread from person to person through respiratory droplets or contact with airborne droplets. An infected person can pass it to others as soon as they experience cold-like symptoms. Symptoms usually appear within 10 days of exposure, but, in some cases, they may not appear for as long as 21 days. Infected people can also pass it to others for up to three weeks after they start coughing.

Antibiotics are available that will treat whooping cough. When an antibiotic is taken, the infected person will not spread the infection after five full days of treatment. Antibiotics are used to not only treat the infection but are also used to prevent infection. The antibiotics given are azithromycin, erythromycin, and clarithromycin. Trimethoprim sulfamethoxazole is also used.

Whooping cough has three stages. Stage one is the catarrhal stage and develops 1-2 weeks after infection. This stage can be indistinguishable from the symptoms of a mild respiratory infection. Symptoms during the catarrhal stage are:

- Low-grade fever
- Mild, occasional cough
- Runny nose, congestion
- Apnea (infants)

The second stage, known as the paroxysmal stage, is the longest stage. This stage lasts up to six weeks. For the first two weeks, paroxysmal attacks can be experienced for an average of 15 hours per day which stabilize in weeks two to three and gradually decrease.

Symptoms of the paroxysmal stage are:

- Sudden, violent, uncontrollable coughs (paroxysms)
- Long cough with a “whoop” at the end
- Exhaustion
- Loss of oxygen, resulting in a bluish or purple discoloration of lips, skin
- Post-tussive vomiting or vomiting induced by coughing

The final stage is the convalescent stage. This stage can last weeks to months. In this stage the patient will gradually recover and have less paroxysms coughs.

Prevention of whooping cough can be achieved through vaccination and postexposure prophylaxis. The CDC recommends vaccination for all ages. Healthcare personnel (HCP) should be vaccinated against whooping cough in accordance with Advisory Committee on Immunization Practices recommendations. Postexposure prophylaxis should be provided to household contacts, people at a high risk of developing severe infection, and those who encounter an infected person.

Other prevention strategies in a healthcare setting, along with vaccination and postexposure prophylaxis, are:

- Droplet precautions, along with standard precautions
- Rapidly diagnosing and treating patients with infection
- Excluding potentially infectious personnel from work

Droplet precautions must be used in addition to standard precautions. Droplet precautions are infection control measures utilized to prevent the spread of infection from respiratory droplets. Respiratory droplets are transmitted when a person coughs, speaks, or sneezes. The following droplet precautions must be followed:

- Source control – patient wears a mask
- Ensure patient is placed in a single room if possible
- Personal protective equipment (PPE) must be worn appropriately
- Limit transport and movement of patients
- Everyone, including HCP, must wash their hands before entering and exiting the room
- Eyes, nose, and mouth must be fully covered before entering the room, and
- Once you are three feet away from the patient, remove face protection before exiting the room

CDC has the following Infection Control recommendations for HCP exposed to pertussis:

1. For asymptomatic HCP, regardless of vaccination status, exposed to pertussis and are likely to interact with persons at increased risk for severe pertussis:
 - a. Administer postexposure prophylaxis
 - b. If not receiving postexposure prophylaxis, restrict from contact with patients and other persons at an increased risk for severe pertussis for 21 days
2. For asymptomatic HCP, regardless of vaccination status, exposed to pertussis and are not likely to interact with persons at an increased risk for severe pertussis:
 - a. Administer postexposure prophylaxis
 - b. Implement daily monitoring for 21 days for development of signs and symptoms of the illness

3. For asymptomatic HCP, regardless of vaccination status, exposed to pertussis and have preexisting health conditions that may be exacerbated by an infection:
 - a. Administer postexposure prophylaxis
4. Exclude symptomatic HCP with known or suspected pertussis for 21 days from the onset of cough, or until five days after the start of effective antimicrobial therapy.
5. Work restrictions are not necessary for asymptomatic HCP who have exposure to pertussis and receive postexposure prophylaxis, regardless of their risk for interaction with patients/persons at increased risk of severe illness.

Whooping cough is reportable, always contact your state/local health departments.

Being diligent with vaccinations, post exposure prophylaxis, standard and droplet precautions will help decrease the risk of infection. This in turn will make a safe working and safe patient environment.

Using AI in Healthcare: Key Compliance Considerations for Tools and Devices

Artificial intelligence (AI) is revolutionizing healthcare. From smart diagnostic tools and virtual assistants to AI-enabled devices like smart glasses or wearable monitors, this technology helps providers streamline workflows, improve accuracy, and enhance patient engagement. But as these tools become more common in clinical and administrative settings, it's critical to ensure they're used safely, ethically, and in compliance with HIPAA.

Understanding AI in Healthcare

There are two main types of AI in use:

- Generative AI tools like ChatGPT, Microsoft Copilot, or Google Gemini create content such as summaries, letters, or code in response to prompts.
- AI-enabled devices, such as smart speakers, wearables, or augmented reality glasses, use AI to analyze, record, or transmit data—often in real time.

Both types offer impressive capabilities but also introduce significant risks when it comes to handling Protected Health Information (PHI).

Why Privacy and Security Matter

Many AI tools and devices rely on cloud-based services, always-on sensors, and integrations with third-party platforms. While convenient, these features can unintentionally expose patient data if the technology isn't properly secured or used appropriately. For example, smart glasses with built-in transcription features could capture PHI without authorization, or a chatbot could generate inaccurate content that influences care decisions.

The risk isn't just technical, it's regulatory. Any misuse of AI in a healthcare setting could lead to HIPAA violations, patient complaints, or even the Office for Civil Rights (OCR) enforcement action.

Responsible Practices for Use of AI in Healthcare

To help healthcare practices adopt AI safely, here are a few essential strategies:

1. Include AI in Your Security Risk Analysis

Conduct a thorough Security Risk Assessment that includes all AI tools and AI-enabled devices in your practice. Look for risks like unsecured data transmission, uncontrolled access, or third-party data exposure. Regular audits will help you maintain compliance and quickly address emerging threats.

2. Vet Your Vendors and Tools

Ensure that any AI technology you bring into your organization is HIPAA-compliant. This includes confirming proper data handling practices, secure infrastructure, and signing Business Associate Agreements where required.

3. Train Your Team

Educate staff on what AI tools and devices are approved, how they should be used, and, most importantly, what to avoid. Make sure they understand not to enter PHI into non-approved platforms and to always verify AI-generated content before relying on it.

4. Update Your Policies

Your employee handbook and internal policies should clearly define how AI is used in your organization. List approved tools, identify who can use them, and outline consequences for improper use. This helps set expectations and protect your organization from unintentional violations.

5. Monitor and Adjust

As AI capabilities grow, your use of the technology will likely evolve. Regularly reassess how tools and devices are used, stay updated on privacy regulations, and make policy adjustments as needed.

As AI continues to evolve, its impact on healthcare will only grow, bringing both exciting advancements and critical compliance considerations. Whether you're using generative AI for clinical decision support or AI-enabled devices in your practice, staying informed and proactive is key to protecting patient privacy and ensuring HIPAA compliance.

Want to Strengthen Your Practice's AI Compliance?

Download our free, [AI in Healthcare Compliance Checklist](#) to help you track safeguards across tools and devices.

For a deeper dive into responsible AI adoption, check out our online course, [Exploring AI in Healthcare](#). This course is specifically designed for Practice Administrators, Compliance Officers, and healthcare leadership to guide safe, strategic, and HIPAA-compliant use of AI tools and AI-enabled devices in your organization.

Upcoming Webinars

Live Webinar: HIPAA Security Rule NPRM – What the 2024 *Proposed* Changes Could Mean for You

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

Live Webinar: Sink or Swim - 4 Critical Steps in Instrument Processing

- **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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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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