Creating An Effective OSHA Compliance Program

The Occupational Safety and Health Administration (OSHA) is directly responsible for safety in the workplace with broad regulatory authority. In many cases the functions of OSHA are handed over to state governments for enforcement, making it difficult to generalize on all aspects of the regulations. However, this course will focus in on the elements of OSHA regulations specific to the handling of bloodborne pathogens and other areas of interest to medical practices.

While this course will provide a broad understand of how OSHA regulations effect all small businesses and specifically medical practices … and what actions must be done to address specific requirements and implement an effective compliance program for the safety of physicians and staff.

This Practice Management Teleconference is just $99 for PAHCOM Member Practices:
♦ A 90-minute live teleconference including a formal presentation and time for Q&A
♦ The course is given once as a live teleconference, on Wednesday July 12, 2006 (convenient for your staff) and then via streaming Internet technologies shortly thereafter. Your $99 registration fee covers either one or both presentations and handout materials.
♦ The ability for PAHCOM members and staff to e-mail follow-up questions to Economedix Practice Management Advisors for personalized responses

Course Objectives - Completion of this Practice Management Course will provide:
1. A broad understanding of the Occupational Safety and Health Administration’s role in promoting the safety of the workplace and how it enforces it’s regulatory mandate
2. Knowledge of regulation specific to medical practices for the safe handling of bloodborne pathogens
3. An overview of Administrative Policies and Procedures necessary to be in compliance with these aspects OSHA
4. Methods for training staff on the handling of bloodborne pathogens and other aspects of OSHA compliance

CEU Credit - The Professional Association of Health Care Office Management (PAHCOM) has pre-approved this educational activity for 1 CEU towards the PAHCOM CMM designation. To earn the CEU credit, participants must complete the combination Evaluation / CME Form, that is included in the course materials, and FAX this form back within seven days following the date of the teleconference.

Faculty - The faculty for the course is Mr. Tom Loughrey, MBA, CCS-P. Mr. Loughrey is Chairman of Economedix and a noted practice management consultant to physicians, medical offices and medical societies. For over a decade, Mr. Loughrey has provided consulting services to the American College of Surgeons as a part of the Consultant’s Corner at the annual ACS Clinical Congress and regularly is engaged by many medical organizations and societies to speak and teach at meetings and workshops throughout the country.

Registration & Information - This completed form can be Faxed Toll Free to 877-813-9784; or mailed to Economedix - 297 Valley Road # 200 - Wexford, PA 15090; For complete details and secure On-Line Registration simply go to: https://YourMedPractice.com/PAH/

Thank you for your interest in this Program!

Practice: ____________________________________________
Address: ____________________________________________
City: ____________________________________________ State: _____ Zip: __________
Contact: ______________________________________ E-Mail: ______________________

[ X ] Yes, we want to participate in the Creating An Effective OSHA Compliance Plan Course … and will attend [ ] Wednesday July 12, 2006 @ 3 PM Eastern, [ ] Web-based On-Demand … or [ ] Both Presentations.

Form of Payment: [ ] Check Payable to Economedix, LLC & mailed to: 297 Valley Rd # 200 - Wexford, PA 15090 or [ ] Credit / Debit Card (MC, Visa, Discover or American Express)

Card Number (15 or 16 digits): __________________________ Expiration Date: _____ / ______

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* Please use 4 Digit Code on front of AMX Card
PAHCOM Sponsored Teleconferences
Creating An Effective OSHA Compliance Program - Date: July 12, 2006
EVALUATION / CEU FORM

NAME: _____________________________________________ Telephone #: __________________
PAHCOM Member #: __________________      E-mail Address: ______________________________________

Please circle one number for each statement

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<th>Statement</th>
<th>Strongly Agree</th>
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<th>Neutral</th>
<th>Disagree</th>
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<td>2. Program topics and content was relevant to my educational needs</td>
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<td>3. Presenters were informative and added knowledge to the session</td>
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8. The quality of the audio presentation was

9. Overall this Practice Management Course was

General Comments for this Course:

Medical or Surgical Specialty

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Please FAX this Evaluation / CEU Form Toll Free to: 877-813-9784 within 7 days following this Teleconference to receive CEU recognition from PAHCOM. Thank You!
Educational Activity: Negotiating Better Third-Party Contracts

Dates: Wednesday July 12, 2006 @ 3:00 PM Eastern

Faculty: R. Thomas (Tom) Loughrey, MBA, CCS-P of Economedix, LLC

Sponsor: The American College of Surgeons & PAHCOM

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Welcome To The Digital Learning Center

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Your Partner in Building High Performance Practices

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Today’s Presentation

Creating An Effective OSHA Compliance Program

Principles of CPT Coding and
CPT Code Changes for 2006

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Course Faculty

R. Thomas (Tom) Loughrey, MBA, CCS-P

- Chairman, CEO & Co-Founder of Economedix
- Certified Coding Specialist
- BS Degree from Pennsylvania State University
- Earned an MBA in Health & Hospital Administration from the University of Florida
- Former Hospital Administrator
- Former Owner of a Medical Billing Company
- Consultant to Physician Practices & Medical Societies
- Member of Various Professional Organizations Dealing with Medical Practice Management
- Developed and Presented Thousands of Seminars & Workshops Dealing with Practice Management

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OSHA adopted Bloodborne pathogens Standard in 1992
Amended Occupational Safety and Health Act of 1970
Amended again in 2001 to obligate employers to consider safer needle devices in their annual review of their exposure control plan.
Should include employees in selection process

OSHA lets the following states and territories do their own standards:
This means the National Standards are a minimum requirement
Background
- Certain pathogenic organisms found in blood of infected individuals can be transmitted to other individuals by blood or body fluids.
- Prominent on the list of pathogens are:
  - Hepatitis B - HIV - Hepatitis C
  - Delta Hepatitis - Syphilis – Malaria
- Most common methods of transmission are cuts and sticks from sharps and needles; contact between infectious fluids and lesions as well as eyes, nose and mouth.

Risk Profile
- Physicians’ Offices: Risk profile is raised depending on volume of:
  - Injections
  - Gyn exams
  - Treatment of abrasions, lacerations and compound fractures
  - In office laboratory and phlebotomy
  - Housekeeping and laundry

Universal Precautions
- Assumes all human body fluids and blood are potentially infectious
- Carriers are not always identifiable
- Contaminated materials are not always properly labeled
- Exposed workers can be at risk with little or no warning
**What Employers Must Do**

- Develop an **Exposure Control Plan**
- Offer **HBV Vaccine** free to all exposed employees
- Conduct **post exposure evaluation and treatment** (Hep B immune globulin)
- Provide **counseling**
- Provide **training**
- Provide **Personal Protective Equipment**

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**OSHA Inspections**

- Complaint based inspections
- Most common citations of physician offices
  - Not having a written exposure control plan
  - Failure to provide free Hep B vaccinations, training or PPE
  - Lack of access to employee exposure and medical records

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**What to Do and What to Expect**

- If an inspector arrives do not try to delay the inspection
- May search without warrant in an emergency, with the permission and when the inspector can see clear violations
- You should see and verify credentials of inspector
- Inspector must explain purpose of the visit, scope of the inspection and standards that apply.
- Employees have a right to attend the opening conference and the inspection
What Will the Inspector Look for?

Looking to see if the office meets requirements of Bloodborne Pathogen Standards. Specifically mandated are:

- Written Exposure control Plan
- Engineering/work practice controls
- Personal Protective Equipment
- Housekeeping
- Labeling
- Post exposure procedures
- Employee training
- Record keeping
- Waste disposal
- HBV Vaccination

Inspection

- Will find the ECP and determine if employees understand it.
- Will review training manual documenting training sessions
- May take pictures and talk to staff for information and to determine their understanding
- May observe other OSHA violations and cite for them as well.

Closing Conference

- Will discuss preliminary findings
- Whether any citations are likely and what fines will be assessed
- Physician should ask how to eliminate the alleged violation
- Fines are reduced by 60% for offices of 25 or fewer employees
- Can reduce fines another 25% for good-faith efforts to correct violations and another 10% for no violations in prior three years
 Appeals

- Citations will be mailed
- May informally discuss citations with OSHA directors or commissions within 15 days of receiving citation
- Notify your attorney if you receive a citation
- Let attorney draft the appeal letter to OSHA

 Exposure Control Plan

- Exposure Determination List – which employees may be even occasionally exposed to pathogens
  - What tasks do they do that put them at potential risk for exposure? Examples:
    - Biopsies, phlebotomy, dressing changes, bodily fluid collections, lab work with bodily fluids, injections and IV, IUDs, lesion excision and draining, lumbar punctures, throat cultures, stool specimen handling, oral, nasal and ear exams, PAP smears, urine specimen handling, wound care, patient physical exams

 Exposure Control Plan

- Hepatitis B Vaccinations
  - List of all staff with exposure possibility
  - Documentation of offer of free Hep B vaccination and boosters
  - Their Hep B vaccination status is confidential protected health information
  - Written notice to employees exempt from this standard
  - At risk employees declining injections have signed a declination statement
Exposure Control Plan

- Engineering Controls
  - Documentation of periodic inspection of:
    - Hand washing facilities – where not available there are antiseptic hand cleansers, clean towels or packaged antiseptic towelettes.
    - Mechanical pipettes, if needed.
    - Mouth pipetting or suctioning is prohibited
    - Regulated waste – list of generated biohazardous waste – bandages, linens, paper goods, patient specimens, swabs, used gloves, used sharps, tongue depressors, thermometer covers
      - Stored in red color coded & biohazard labeled containers
  - Sharps containers
    - Must be leak resistant
    - Puncture resistant
    - Color coded red or marked with appropriate labels
    - Describe containers in use
  - Blood specimens or other potentially infectious material
    - Shipping packages must be properly labeled and packaged to prevent any leaks or punctures
  - Biohazardous waste labeling instructions
  - Hazard communication plan
  - Emergency procedures for spills
  - Training program for staff

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Exposure Control Plan

- Personal Protective Equipment (PPE)
  - List of employee positions requiring PPE
  - Policy requiring employee usage of PPE
  - If PPE is not used when required it must be documented as to why an exception was made.
  - Most common PPE is gloves. Should be available in assorted sizes and hypoallergenic, powderless for those needing them. Describe where they are located.

- Face/Eye protection – state if needed or not. If needed the types used.
  - If mouth protection is required, nose and eyes must also be covered

- Footwear/headwear – state if needed or not. If needed the types used.

- Protective Clothing - state if needed or not. If needed the types used.

- Respiratory equipment - state if needed or not. If needed the types used.

- Utility gloves for housekeeping

Exposure Control Plan

- Work Practice Controls
  - Biohazard labels or red containers
  - Eating, drinking, cosmetics application, smoking and contact lens care are prohibited in areas of risk exposure. Posted
  - Food and drink storage. Separate from storage areas for possible infectious materials. Posted
  - Hand washing required and correct procedure and facilities provided

Exposure Control Plan

- Biohazard labels or red containers
  - Eating, drinking, cosmetics application, smoking and contact lens care are prohibited in areas of risk exposure. Posted
  - Food and drink storage. Separate from storage areas for possible infectious materials. Posted
  - Hand washing required and correct procedure and facilities provided
Cleaning, decontamination and disposal of waste

- Written schedule of cleaning and frequency is maintained
- Contaminated equipment is cleaned and decontaminated as necessary. If shipped in contaminated state it is sealed in packaging and labeled.
- Contaminated instruments are cleaned and decontaminated or sterilized after each use.

Contaminated laundry is bagged as soon as it is removed. Handled with gloves and other PPE as needed.

All laundry bags are to be regarded as contaminated.

Describe how laundry is cleaned (in-house or commercial laundry (name of laundry)).

Contaminated surfaces – decontaminated with appropriate disinfectants (name) and when it is done.

Equipment inspection – schedule and frequency of inspection. Surfaces protected with covers are frequently inspected and replaced when contaminated.
Cleaning, decontamination and disposal of waste
- Method of disposal for all contaminated waste
- Decontamination of laundry equipment
- Waste cans and pails inspected and decontaminated on regular basis

Exposure Incidents
- Exposed employee is directed to immediately report an exposure to a designated person or persons
- Source individual’s blood should be immediately tested for HIV and HBV unless known positive
- Written report of incident
  - Includes description of job duties involved in incident, details of specific exposure, route of exposure, relevant medical records and reports of blood tests

Exposure Incidents
- Employee is directed to health care professional for timely evaluation and follow-up per US Public Health guidelines
- Health care professional provides a written opinion to employer limited to statement that employee has been informed
- Copy is made available to employee within 15 days and made part of employee’s records
- All appropriate treatments are offered to employee at no cost including all follow-up
Exposure Incidents

Record keeping
- A medical record is maintained for each employee having an occupational exposure
- Maintained for 30 years past the last date of employment
- Records are confidential and not maintained with other employment records
- May be kept on site or with health care professional treating for occupational exposures

Exposure Incidents

Record keeping must include:
- Employee name
- Social security number
- Hep B vaccination status including dates and written opinion of health professional
- Reports documenting occupational exposure incident including test results
- Post-evaluation opinion of health professional
- Documentation of any information given to health care provider regarding an exposure incident

Exposure Control Plan

Record keeping – Training Records
- Trainer’s name and qualifications
- Dates of training
- Content outline of training
- Names and job titles of all persons attending training sessions
Exposure Control Plan

New Technology
Requirement to annually review and update the ECP to reflect changes in technology that eliminate or reduce exposure. Employer must:
- Take into account innovations in procedures and technology
- Document consideration of more effective and safer devices
- No one device suits all situations

Employee Input
- Employer must solicit input from non-managerial employees responsible for direct patient care
- OSHA will question employees during an inspection on their participation
- Documentation:
  - How employees provided input
  - List of employees involved
  - References to minutes of meetings, copies of documents or records of responses received from employees

Record Keeping
- Required to maintain a log of occupational injuries and illnesses and maintain a sharps injury log. That log must maintain the privacy of the employee
- It must minimally contain:
  - The type and brand of device involved in the incident
  - Location of the incident
  - Description of the incident
  - May include other information as long as employee’s privacy is protected
Summary

- A safe and compliant practice is not optional
- It reflects organization and focuses on the well-being of everyone who deals with the practice
- It can be simple to administer if it is organized and draws everyone into the process
- Safety and the concern for safety starts at the top. Physicians and managers must be good examples

Thank you for participating in this seminar presentation from Economedix!

Please direct questions to...
tloughrey@economedix.com

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