

OSHA Program For The Dental Office

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Forms For Documenting Training

BLOODBORNE PATHOGENS TRAINING RECORD

Name of Office _____

Date of Training Session _____

Person Conducting Training Session Dr. Robert Cooley

Name of Persons Attending _____

Hazard Communication Training Record

Name of Office: _____

Date of Training Session: _____

Person Conducting Training Session: Dr. Robert Cooley

Name of Persons Attending

Summary of Training Session

- Hazard Communication Plan – New Globally Harmonized Rules
- Signal Words
- Pictograms
- Labels - Primary and Secondary
- MSDS

EMPLOYEE INPUT FOR SAFETY NEEDLES & SYRINGES

Products Reviewed and Suggestions For Safer
Devices Or Synopsis of Article Reviewed

DATE: _____

Employee Names

HypoSafety Syringe
Safe Mate Safety Needle
Sandel Safety Scalpel
Futura Safety Scalpel

Employee's Input For Safety Devices

HIPAA Reminders Training

The following employees attended a HIPAA Reminders Training session that covered Privacy Rules Reminders and Security Rules Reminders.

Date: _____

Breach Notification Training

The following staff of this office have received training on Breach Notification. Instruction included situations that may suggest a possible breach of Protected Health Information. If a possible breach is discovered, the staff member will report this immediately to the Office Manager and Doctor.

Date _____

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

HIPAA Privacy & Security Training

The following staff have received training on our HIPAA Privacy & Security Policies and have been given a copy of our Notice of Privacy Practices.

Print Name _____

Date _____

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

HB-300 & Texas Medical Privacy Act Training Document

The workforce of our office listed on this form have received training on the Texas Medical Privacy Act and amendments of HB 300. By signing this form, the employee attests that they have had training on the Texas Medical Privacy Act and HB 300.

Print Name _____

Signature _____

Date _____

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Dental Assistant Certificates

- State Board Certificates for dental assistants **must be posted** in the office where employed.
- Certificates **must be originals**. Copying of the certificates is forbidden by the State Board Rules.

Internet Course For Dental Assistant Registration

Texas Academy Of General Dentistry

www.tagd.org



Texas State Board of Dental Examiners

Home > 7500 Online Courses > Dental Assistant Course and Exam

Dental Assistant Course and Exam

Approved by the Texas State Board of Dental Examiners

- \$125 - AGD member rate
- \$150 - Non-AGD member rate

The member price applies to those who are currently employed by a dental office or a member of the TSBDE.

CLICK HERE to Register for the Online Dental Assistant Course and Exam

- How to register with the Texas State Board
- Self-test questions for the Dental Assistant registration course and exam
- Temporary Adult Dentist
- LISTS AND RULES THAT APPLY TO DENTAL ASSISTANTS

All dental assistants who did recent radiology registration with the State Board will receive 1 year and pass a TSBDE approved course and examination covering required subjects in Jurisprudence, Infection Control and Radiology. The goal of the Texas Academy of General Dentistry's Dental Assistant Course is to provide sufficient information to permit dental assistants to gain knowledge and understanding of the critical concepts associated with each of these areas of certification in order to facilitate success in such examination. The AGD (Dental Assistant Certificate) is an Official Certificate for Dental Assistants. The Dental Practice Act regulates all dental assistants who take a course, monitor the administration of Illinois Dental X-ray Infection Control, Safety, PPE and Patient Care, and perform Clinical Radiology.

Radiology Certifications issued by other state regulatory agencies will not transfer to Texas.

For technical difficulties please call **Samuel Olin** at 1.800.751.5551 or email customer.service@tsbde.org

Member Login

Username: _____
 Password: _____

Forgot your password? [Click Here](#)
 New Member? [Click Here](#)

OSHA Training Involves 3 Areas

- Bloodborne Pathogens
- Hazard Communication
- Building, Equipment, Fire Safety

JOB SAFETY & HEALTH PROTECTION

The Occupational Safety and Health Act of 1970 provides job safety and health protection for workers by protecting safe and healthful working conditions throughout the Nation. Provisions of the Act include the following:

Employers	Proposed Penalty
Employers must comply with OSHA standards.	Up to \$10,000 per violation.
Employers must provide a safe workplace.	Up to \$10,000 per violation.
Employers must provide training and information.	Up to \$10,000 per violation.
Employers must provide access to OSHA records.	Up to \$10,000 per violation.
Employers must provide access to OSHA inspection.	Up to \$10,000 per violation.
Employers must provide access to OSHA enforcement.	Up to \$10,000 per violation.
Employers must provide access to OSHA consultation.	Up to \$10,000 per violation.
Employers must provide access to OSHA citation.	Up to \$10,000 per violation.

Employees

- You have the right to a safe and healthful workplace.
- You have the right to be notified of OSHA standards.
- You have the right to be notified of OSHA violations.
- You have the right to be notified of OSHA enforcement.
- You have the right to be notified of OSHA consultation.
- You have the right to be notified of OSHA citation.

Inspection

- You have the right to a safe and healthful workplace.
- You have the right to be notified of OSHA standards.
- You have the right to be notified of OSHA violations.
- You have the right to be notified of OSHA enforcement.
- You have the right to be notified of OSHA consultation.
- You have the right to be notified of OSHA citation.

Complaint

- You have the right to a safe and healthful workplace.
- You have the right to be notified of OSHA standards.
- You have the right to be notified of OSHA violations.
- You have the right to be notified of OSHA enforcement.
- You have the right to be notified of OSHA consultation.
- You have the right to be notified of OSHA citation.

Citation

- You have the right to a safe and healthful workplace.
- You have the right to be notified of OSHA standards.
- You have the right to be notified of OSHA violations.
- You have the right to be notified of OSHA enforcement.
- You have the right to be notified of OSHA consultation.
- You have the right to be notified of OSHA citation.

Voluntary Activity

- You have the right to a safe and healthful workplace.
- You have the right to be notified of OSHA standards.
- You have the right to be notified of OSHA violations.
- You have the right to be notified of OSHA enforcement.
- You have the right to be notified of OSHA consultation.
- You have the right to be notified of OSHA citation.

Consultation

- You have the right to a safe and healthful workplace.
- You have the right to be notified of OSHA standards.
- You have the right to be notified of OSHA violations.
- You have the right to be notified of OSHA enforcement.
- You have the right to be notified of OSHA consultation.
- You have the right to be notified of OSHA citation.

Posting Instructions

- You have the right to a safe and healthful workplace.
- You have the right to be notified of OSHA standards.
- You have the right to be notified of OSHA violations.
- You have the right to be notified of OSHA enforcement.
- You have the right to be notified of OSHA consultation.
- You have the right to be notified of OSHA citation.

More information: www.osha-slc.gov

Signatures

U.S. Department of Labor

IT'S THE LAW!

You have the right to a safe and healthful workplace.

- You have the right to be notified of OSHA standards.
- You have the right to be notified of OSHA violations.
- You have the right to be notified of OSHA enforcement.
- You have the right to be notified of OSHA consultation.
- You have the right to be notified of OSHA citation.

1-800-321-OSHA
www.osha.gov

U.S. Department of Labor • Occupational Safety and Health Administration • OSHA

Job Safety and Health It's the law!

OSHA
 Occupational Safety and Health Administration
 U.S. Department of Labor

WORKERS

- You have the right to a safe and healthful workplace.
- You have the right to be notified of OSHA standards.
- You have the right to be notified of OSHA violations.
- You have the right to be notified of OSHA enforcement.
- You have the right to be notified of OSHA consultation.
- You have the right to be notified of OSHA citation.

EMPLOYERS

- You must comply with OSHA standards.
- You must provide a safe workplace.
- You must provide training and information.
- You must provide access to OSHA records.
- You must provide access to OSHA inspection.
- You must provide access to OSHA enforcement.
- You must provide access to OSHA consultation.
- You must provide access to OSHA citation.

OSHA

1-800-321-OSHA
www.osha.gov

Posters Required By Texas

Payday
 Workers Compensation
 Unemployment Insurance
 Notice To Injured Employee - Ombudsman Program

Posters Required By Federal Government

OSHA
 Equal Employment Opportunity
 Federal Minimum Wage
 Family & Medical Leave Act
 Employee Polygraph Protection Act
 Americans With Disabilities (may be included in the EEO section)
 Uniformed Services Employment and Reemployment Rights Act (USERRA)

These posters are available in laminated form from:

- Compliance Pro 1-800-997-5545
- G. Neil Company 1-800-999-9111

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[About Us](#)
[Contact Us](#)
[Press Locations](#)
[FAQ](#)
[En Español](#)
[Help Page](#)

[Welcome, we're here to help.](#)
[Research, news and links to change. Best website!](#)

[Gift Cards & Expenses](#)
[Employment & Training](#)
[Licensing & Professional Papers](#)
[Programs & Courses](#)

[900 Wisconsin Avenue, Suite 1000
 Madison, WI 53706](#)

Posters at the Workplace

Visitors have register opportunities and Workplace Solutions option to display posters in the workplace. Click on the following links to go directly to a specific poster or scroll down to see all posters in sequence.

- [Dress Making Lab](#)
- [Student Communication Degree](#)
- [Engineering & Communications Program in Engineering](#)
- [Underserved Women Entrepreneur and Development Equity Act](#)
- [Fox Valley Swindlers Act](#)
- [Inquiries Program of Act](#)
- [Family Shared Living Act](#)
- [Hazardous and Seismicity Hazard Protection Act](#)
- [On-Line Law and Ethics Review \(HLEP\)](#)
- [Hazardous Waste Management, Act and Assessment with Disabilities Act](#)
- [The Law in Iowa](#)
- [The Law in the Public or Not \(Public Safety\)](#)
- [State Shared Communication Act](#)
- [Act Shared Communication Strategy](#)

Employee Workplace Required Poster

[Employee Workplace Required Poster and Workplace Solutions Option](#)

Team Workforce Connection

[Required](#)
[State Workforce Link \(Print\) \(English\) \(PDF\)](#)

- Texas Bureau Of Radiation Control requires a Radiation Poster entitled:
Notice To Employees Poster
http://www.dshs.state.tx.us/radiation/pdffiles/Rules/232-1frm_10_08.pdf

- State Board Of Dental Examiners requires that the Consumer Information Sign be posted where visible to patients. This can be ordered from the State Board or you can make one on your computer.
- [http://info.sos.state.tx.us/pls/pub/readtac\\$ext.TacPage?si=R&app=9&dir=&rioc=&tloc=&ploc=&p=&1&tac=&ti=22&p=5&ch=10&ri=3](http://info.sos.state.tx.us/pls/pub/readtac$ext.TacPage?si=R&app=9&dir=&rioc=&tloc=&ploc=&p=&1&tac=&ti=22&p=5&ch=10&ri=3)

3. Bottom

[illegible]

- Texas Bureau Of Radiation Control requires a Radiation Poster entitled:
Notice To Employees Poster
http://www.dshs.state.tx.us/radiation/pdffiles/Rules/232-1frm_10_08.pdf

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[http://info.sos.state.tx.us/pls/pub/readtac\\$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=22&pt=5&ch=108&rl=3](http://info.sos.state.tx.us/pls/pub/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=22&pt=5&ch=108&rl=3)

3. Bottom

The Practice Of Dentistry is Regulated by the Texas Dental Practice Act and the Rules of the State Board of Dental Examiners (SBDE).

The mission of the SBDE is to assure that the people of the State of Texas receive the highest quality dental care.

For Information, Concerns or Complaints, contact the:

State Board Of Dental Examiners
333 Guadalupe, Tower 3, Suite 800
Austin, Texas 78701

Phone 1-800-821-3205
512- 463-6400

Fire Safety Plan

FIRE SAFETY PLAN

1. In the event of a fire, notify all employees to immediately leave the building. Do not stop to use the fire extinguishers.
2. Close doors on the way out.
3. The receptionists will take the appointment book and the computer backup discs or drives. And turn off the computer or any electrical office equipment.
4. Assist any patients to the nearest exit.
5. Do not use the elevator. Use the stairs.
6. Go to the nearest phone and call the fire department (911).
7. All employees will assemble at the front of the building for a head count to ensure everyone is out.

When To Do Training On Bloodborne Pathogens

1. At the time of initial assignment.
2. When there are changes in duties or job assignments.
3. At least annually thereafter.

Exposure Control Plan For The Office Of

12.

EXPOSURE CONTROL IMPLEMENTATION DATES

	DATES
Universal Precautions	_____
Written Exposure Control Plan	_____
Information and Training Requirements	_____
Recordkeeping Requirements	_____
Engineering and Work Practice Controls	_____
Personal Protective Equipment	_____
Housekeeping Requirements	_____
Hepatitis B Vaccination	_____
Postexposure Evaluation and Follow-Up	_____

13.

Exposure Determination Form EXAMPLE OF ENTRIES

All employees in the following jobs have occupational exposure:

Job Classification
Dentist (if the practice is incorporated)
Dental Assistant
Dental Hygienist
Dental Technician

Some employees in the following jobs have occupational exposure:

<u>Job</u>	<u>Task or Procedure</u>
Secretary	Dental Assisting
Receptionist	Cleaning Operatories
Office Manager	Cleaning Instruments

14.

EXPOSURE DETERMINATION FORM

All employees in the following jobs have occupational exposure:

Job Classification

Some employees in the following jobs have occupational exposure:

Job

Task or Procedure

15.

Procedures For Employees With Occasional Exposure

Tasks Involving Exposure to Blood, Saliva or Tissues

<u>Task or Procedure</u>	<u>Protective Equipment Required</u>
Assisting With Patient Procedures	Gloves, Mask, Glasses, Protective Gown
Cleaning Operatories	Gloves, Mask, Glasses, Protective Gown
Cleaning and Sterilizing Instruments	Gloves, Mask, Glasses, Protective Gown

16.

Procedures For Employees With Occasional Exposure

Tasks Involving Exposure to Blood, Saliva, or Tissues

Tasks or Procedures

Protective Equipment Required

17.

UNIVERSAL PRECAUTIONS

Because not all patients with infectious diseases can be identified by medical history, physical examination, or laboratory tests, the blood and saliva of all dental patients should be treated as if they were infective.

ENGINEERING CONTROLS

These are physical things that remove or isolate a hazard from the workplace. Examples of engineering controls are sharps containers and high volume evacuators. The following engineering controls will be used in this office:

Sharps Containers

EXAMINATION AND MAINTENANCE OF ENGINEERING CONTROLS

Engineering controls will be examined every _____ to ensure that they are present and in good condition, including the following items:

- **Sharps containers** will be examined to determine if they are located in the proper location and that they are being replaced at sufficiently frequent intervals to prevent over filling. Sharps containers should be replaced when filled to the "Fill Line" below the opening. Sharps containers must be closed when moved from one place to another. When full, the sharps container should be placed in the regulated waste container for disposal.
- **High volume evacuator** will be examined on the same schedule to determine that it is in good working condition and the filters are clean.

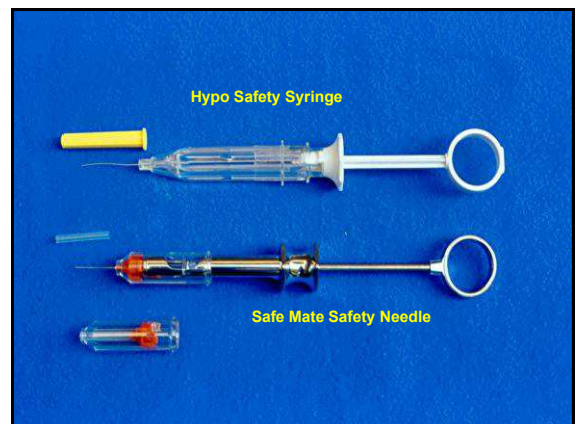
19. Top

Consideration of Safety Needles: These devices will be considered or evaluated each year by reviewing safety products and with discussions with employees. Some publications indicate that they are unacceptable and can cause more incidents than conventional needles.

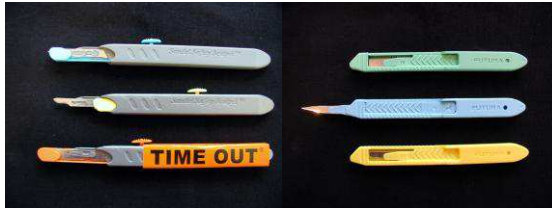
Eve Cuny et al. Safety Needles..... CDA Journal 27:525, 1999.

Eve Cuny et al. Dental Safety NeedlesJADA 11:1443, October, 2000

19. Bottom



Safety Scalpels



Sandel Safety Scalpel

Futura Safety Scalpel

EMPLOYEE INPUT FOR SAFETY NEEDLES & SYRINGES

Safety Devices Discussed

Date:

Employee Name

MedPro Safe-Mate

HypoSafety Syringe

Sandel Safety Scalpel

Futura Safety Scalpel

Employee's Input For Devices

Needlestick Log

For Offices or Clinics With 11 or More Employees
To Be Used Until January, 2002 - Then Use OSHA Log 300

Date	Brand of Device	Work Area	Explanation Of How Incident Occurred

This Log Not Required In Dentistry At This Time

21.

WORK PRACTICE CONTROLS

This is changing or altering a task or procedure to reduce the likelihood of exposure to bloodborne pathogens. Examples of work practice controls are prohibiting recapping of needles by a two-handed technique and prohibiting eating and drinking in work areas.

HANDWASHING

- Hands should be washed immediately or as soon as feasible after removal of gloves or other personal protective equipment.
- Hands and any other skin should be washed with soap and water immediately following contact with blood or other potentially infectious materials.
- Flush mucous membranes with water immediately or as soon as feasible following exposure to blood or saliva. An eyewash station is located in _____.

SHARPS

- Contaminated sharps are considered to be any object that can penetrate the skin. Sharps include needles, scalpels, broken glass and exposed ends of dental wires.
- Immediately or as soon as feasible after use, contaminated sharps must be placed in a sharps container.

22. Top

RECAPPING OF NEEDLES

Recapping of needles is permitted for procedures when there is no feasible alternative to recapping. In this office, frequently it is necessary to administer incremental doses of an anesthetic to the same patient. There is no feasible alternative to recapping of the needle. Recapping will be accomplished with resheathing instruments, forceps, or a one-handed scoop technique.

EATING AND DRINKING

Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses in the work areas where there is a reasonable likelihood of occupational exposure is prohibited. **This is not to restrict use of hand cream** or lotion. No food or drinks will be stored in refrigerators, freezers, shelves, cabinets or on countertops or bench tops where blood or other potentially infectious materials are present.

MINIMIZE SPLASHING AND SPRAYING

- All procedures involving blood or saliva must be performed in a way to minimize splashing, spraying, spattering, and generation of droplets.
- The high volume evacuator should be used with all procedures involving blood and saliva to minimize exposure.

22. Bottom

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22. Bottom

EQUIPMENT TO BE REPAIRED

Equipment that becomes contaminated with blood or other potentially infectious materials should be examined prior to servicing or shipping and should be decontaminated. If the equipment cannot be decontaminated, a label should be attached to the equipment stating which portions remain contaminated.

PERSONAL PROTECTIVE EQUIPMENT

- When there is a potential for occupational exposure, the employee should use appropriate personal protective equipment.
- PPE used will depend on the tasks and amount of anticipated exposure. Use PPE that will prevent blood or saliva from contacting the employee's skin, street clothes, eyes, mouth, or mucous membranes as well as underwear.

GLOVESWHEN TO WEAR

Gloves should be worn when the employee has the potential for the hands to have direct skin contact with blood, other potentially infectious materials.

WHEN TO REPLACE

Disposable (single-use) gloves, such as surgical or examination gloves, should be replaced as soon as possible when visibly soiled, torn, punctured, or when they are compromised. They should not be washed or disinfected for reuse.

23. Top

MASKS, EYE PROTECTION, AND FACE SHIELDS

Masks and eye protection **OR** chin-length face shields must be worn whenever splashes, spray, spatter, droplets, or aerosols of blood or other potentially infectious materials may be generated and there is a potential for eye, nose, or mouth contamination. A chin-length face shield may be worn in place of a mask and eyewear.

GOWNS

- Appropriate protective clothing should be worn when the employee has a potential for occupational exposure. The clothing selected should form an effective barrier.
- Gowns, **lab coats, clinic jackets**, or similar clothing should be worn if there is a potential for soiling of clothes with blood or other potentially infectious materials.
- Garments that become penetrated by blood or saliva will be removed immediately or as soon as feasible.
- These protective garments should **not** be worn outside the office or taken home. They should be placed in the laundry bags which have been provided for contaminated laundry.

23. Bottom

LAUNDRY

Contaminated laundry is that which has been soiled with blood or other potentially infectious materials or may contain sharps. It will be handled as little as possible, bagged where it is used, not be sorted or rinsed where it is used, placed and transported in bags that are labeled with biohazard label or color-coded red.

Laundry will be cleaned by (circle one)

- Outside laundry service.
- Washer and dryer on site.
- Unincorporated dentist does cleaning.
- Designated employee does cleaning at Laundromat using PPE.
(Employee must be trained, use PPE, and carry laundry in labeled bag).

REGULATED WASTE

All containers of regulated waste (infectious or biomedical) will be labeled with an orange or orange-red label with the Biohazard Symbol and the word Biohazard.

The 3 categories of regulated waste are:

- Sharps
- Items saturated with blood or saliva.
- Tissues removed from the patient.

24. Top

Contaminated Laundry

Container should have Biohazard Label & label with wording "Contaminated Laundry".



Washing Machine As Laundry Container

**LAUNDRY**

Contaminated laundry is that which has been soiled with blood or other potentially infectious materials or may contain sharps. It will be handled as little as possible, bagged where it is used, not be sorted or rinsed where it is used, placed and transported in bags that are labeled with biohazard label or color-coded red.

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All containers of regulated waste (infectious or biomedical) will be labeled with an orange or orange-red label with the Biohazard Symbol and the word Biohazard.

The 3 categories of regulated waste are:

- Sharps
- Items saturated with blood or saliva.
- Tissues removed from the patient.

24. Top

Texas Commission On Environmental Quality Medical Waste Rules

The Occupational Safety and Health Administration (OSHA) Bloodborne Pathogen Standard also defines regulated medical waste. This definition applies to waste within a facility. It is considerably more all-encompassing than the realm of SWFHCRF. This is due to the fact that "universal precautions" must be observed in facilities where actual physical contact with potentially infectious materials can be expected to occur on a regular basis.

Texas regulations are based on the idea that waste properly packaged and labeled at the point of generation reduces the amount of waste that needs to be handled by special means. Compliance with OSHA and Texas regulations can be easily achieved by simply re-evaluating what waste goes where at the point of generation.

OSHA only requires a waste container marked with the BIOHAZARD symbol and word, although "red bags" may be substituted. If these bags are used to collect medical waste that is not SWFHCRF, their identity should be changed so waste handlers will not be alarmed. Designation of the BIOHAZARD container should be documented in the Exposure

Control Plan. The specified receptacle may then be lined with a regular trash bag, which may be disposed of as routine municipal solid waste if it does not contain any items of SWFHCRF.

Amarillo

A local TV station sent a reporter out to dig through the dumpster of a dental office looking for medical waste. The reporter found bloody gauze and called the dentist requesting a statement and informing him that this would be part of a TV report.

- Commission on Environmental Quality
 - ✓ Writes Medical Waste Rules
 - ✓ Gauze with blood is OK in regular waste
- What Cannot Go Into The Regular Trash?
 - ✓ Sharps
 - ✓ Tissues, such as teeth

Biohazard Symbol

Used on sharp containers, regulated waste, contaminated laundry or where there is blood or body fluids.



HOUSEKEEPING

The safety and health manager, will assure that this office is maintained in a clean and sanitary condition. The safety and health manager will determine and implement the appropriate schedule for cleaning and method of disinfection.

Our disinfectants are chemical germicides that have:

- EPA Number
- Effective against TB OR HIV and HBV. (Will be on the label)

24. Bottom

CLEANING AND DISINFECTION SCHEDULE

Work surfaces should be decontaminated with an appropriate disinfectant after completion of procedures; when surfaces are overtly contaminated; immediately after any spill of blood; and at the end of the work shift.

Protective coverings such as plastic wrap, aluminum foil, or imperviously backed absorbent paper may be used to cover equipment and environmental surfaces.

Bins, Pails, Cans, and similar receptacles intended for reuse that have a potential for becoming contaminated with blood or other potentially infectious materials should be inspected and cleaned daily. Decontamination can be done with soap and water.

Broken glassware that may be contaminated must not be picked up directly with the hands. It should be cleaned up using mechanical means, such as a dust pan and tongs.

Reusable Sharps (such as explorers and scalers) must be placed in appropriate containers immediately or as soon as feasible after contamination. Reusable sharps that are contaminated with blood or other infectious materials will not be stored or processed in a manner that requires reaching by hand into the container

25. Top

HBV VACCINATION AND POSTEXPOSURE EVALUATION AND FOLLOW-UP

All employees identified in the "Exposure Determination" as having possible exposure to blood and other potentially infectious materials **will be offered** the hepatitis B Vaccination free of charge. Any employee who declines to take the vaccination must sign the declination form as required by the Bloodborne Pathogens Standard. Additional information on the hepatitis B vaccine is provided under the "HBV Vaccination" section of this manual.

Antibody Test: The hepatitis B antibody (anti-HB) test will be offered **one to two months after the last injection of the vaccine** to determine if seroconversion has taken place (development of antibodies in blood).

25. Bottom

The Location of Personal Protective Equipment in Our Office is as Follows:

Personal Protective Equipment	Location
Gloves, Non-sterile	_____
Gloves, Sterile	_____
Gloves, Utility	_____
Masks	_____
Protective Eyewear	_____
Protective Gowns	_____
Resuscitation Equipment	_____

THE BASIS FOR SELECTION OF PERSONAL PROTECTIVE EQUIPMENT

Selection of personal protective equipment will depend on the degree of anticipated exposure and the procedure to be performed. For example, an oral examination may simply require gloves. However, the use of a rotary instrument (high or low speed), ultrasonic scaler, or air prophylaxis will require gloves, mask, protective eyewear, and gowns.

26.

**SEPARATE MEDICAL RECORDS FOR EACH EMPLOYEE
(CONFIDENTIAL)**

- Employee's Name and Social Security Number.
- Employee's Hepatitis B vaccination status including dates of vaccination.
- Signed statement refusing Hepatitis B Vaccine.

If an exposure incident occurs, the following must be in the medical record.

- Exposure Incident Report.
- A copy of all results, examinations, medical testing, and follow-up procedures.
- A copy of the health care professional's written opinion.

NOTE: All medical records must be maintained for the duration of employment plus **30 years**.

27. Top

TRAINING RECORDS

Training records should include:

- Dates of the training sessions.
- Summary of the training sessions.
- Names of the person conducting the training.
- Names of all persons attending the training session.

NOTE: These records must be maintained for **3 years**.

27. Bottom

EMPLOYEE MEDICAL RECORD FORM**CONFIDENTIAL****Employee Medical Record Form**

- ✓ Employee name _____
- ✓ Employee social security number _____
- ✓ History of HBV vaccination _____
(Date vaccination received or Declination Statement)

**Exposure Incidents – Needlestick or Splash of Blood Onto Mucous Membranes
(List Date and Describe What Happened)**

Medical Follow-Up Procedures

(Was medical evaluation offered, was it accepted by employee, was employee informed of blood test results, was hepatitis B vaccine offered and was it accepted)

Medical Records must be maintained for the duration of employment plus 30 years.

28.

HEPATITIS B VACCINATION

WHO: Any employee who has exposure to bloodborne pathogens. Full time, part time, temporary, and probationary employees.

WHEN: Within 10 working days of initial assignment.

COST: Must be made available at no cost to employees with occupational exposure. May not use health insurance unless employer pays all costs of insurance.

REFUSAL: Employees may refuse to be vaccinated, but must sign "Informed Refusal For Hepatitis B Vaccination" form. That form is included in this section.

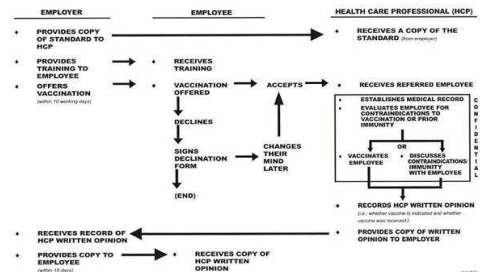
BOOSTER: The US. Public Health Service guidelines do not currently recommend "booster" doses. If a "booster" is recommended, it must be provided at no cost.

ANTIBODY TEST: Done to determine if seroconversion has taken place, that is, if antibodies have developed and the person is now immune to hepatitis B. One to two months after the last vaccination injection, the hepatitis B antibody test is offered.

RECORDS: Documentation of the Hepatitis B Vaccination should be placed in the employee's medical record.

PROCEDURES: The procedures to follow for Hepatitis B Vaccination are illustrated on the following page. This includes refusals and pre-vaccination evaluations.

29.

HEPATITIS B VACCINATION

30.

HEALTHCARE PROFESSIONALS WRITTEN OPINION FOR HEPATITIS B VACCINATION

Please Return This Form To The Office Of:

Name Of The Employee _____

Is the hepatitis B vaccine indicated _____

Was the hepatitis B vaccine received _____

If so, dates the vaccine was received _____

Signature Of The Health Care Provider

Date: _____

31.

INFORMED REFUSAL FOR HEPATITIS B VACCINATION CONFIDENTIAL

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Witness _____

Signature _____

Name _____

Address _____

City _____ State _____ Zip Code _____

Date _____

32.

POSTEXPOSURE EVALUATION AND FOLLOW-UP

WHO: Any employee who has an exposure incident (needlestick or blood splash on mucous membranes) must be provided a confidential medical evaluation and follow-up

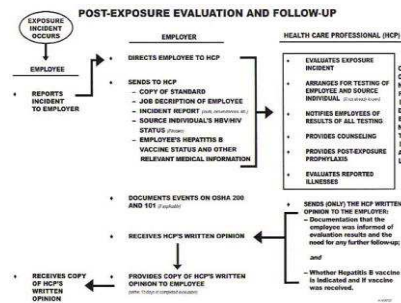
WHEN: Immediately after the exposure incident, the confidential medical evaluation and follow-up shall be made available.

PROCEDURES: The procedures to follow are illustrated in the chart on the following page.

DOCUMENTATION: Documents and information that are to be sent to the Health Care Professional are listed on the chart on the following page. Documentation to be returned from the Health Care Professional is also listed.

FORMS: One form is provided in this section to document the employee's refusal for medical evaluation and follow-up (Employee Informed Refusal Of Postexposure Medical Evaluation). Another form is provided to assist in getting the required information to and from the Health Care Provider.

33.



34.

HEALTHCARE PROFESSIONALS WRITTEN OPINION FOR POST- EXPOSURE EVALUATION

Name Of The Employee _____

Date Of Exposure _____

Location of Exposure _____

Circumstances, description, and route of exposure _____

Was employee informed of evaluation results _____ and need for any further follow-up: _____

Is the hepatitis B vaccine indicated: _____

Was the hepatitis B vaccine received: _____

If so, dates the vaccine was received: _____

Signature Of The Health Care Provider

Date

35.

REFUSAL OF POSTEXPOSURE MEDICAL EVALUATION

Name: _____

Date: _____

Job: _____

Describe Exposure Incidence: _____

On the above date, I had an Exposure Incident and was offered a medical evaluation. I understand that the Bloodborne Pathogens Standard requires that I be offered a medical evaluation to determine if I have been exposed to or contracted a bloodborne disease. However, I have decided to not to go for the medical evaluation for personal reasons.

Signature _____

36.

Needlestick Package

37.



Needlestick Instructions

1. **First Aid:**
 - ✓ Wash the needlesstick wound.
 - ✓ For a splash, go to the eyewash station and wash the eyes until all the material is removed.
2. **Report** the exposure to the Doctor or Office Manager.
3. Offer the **employee a medical evaluation**. The employee is not required to go, but the medical evaluation must be offered. Take the Needlestick Package. Three blood test should be run on the employee: HBV, HCV, HIV.
4. Explain to the **source patient** what has happened and obtain their permission for blood testing for HBV, HBC and HIV. Patient can agree or not agree to go for testing.

38. Top

Needlestick Instructions

5. During the medical evaluation, give the form "**Health Care Professionals Written Opinion**" to the physician or other health care staff. Ask them to fill out this form and return it to your office as this form is required by OSHA.
6. **Ensure** that the employee is informed of all blood test results from both the employee and the source patient. **Ensure** that the injured employee receives counseling on the risk of becoming infected.
7. After the initial medical evaluation, report any **flu-like illnesses** to the health care professional for follow-up.

38. Bottom

HEALTHCARE PROFESSIONALS WRITTEN OPINION FOR POST-EXPOSURE EVALUATION

Name Of The Employee _____
 Date Of Exposure _____
 Location of Exposure _____
 Circumstances, description, and route of exposure _____

Was employee informed of evaluation results _____
 and need for any further follow-up: _____

Is the hepatitis B vaccine indicated: _____

Was the hepatitis B vaccine received: _____

If so, dates the vaccine was received: _____

Signature Of The Health Care Provider _____

Date _____

39.

Occupational Safety & Health Administration Regulations (Standards - 29 CFR)

Bloodborne pathogens. - 1910.1030

- Part Number: 1910
- Part Title: Occupational Safety and Health Standards
- Subpart's • Subpart Title: Toxic and Hazardous Substances

- Standard Number: [1910.1030](#)
- Title: Bloodborne pathogens.

Only the Post Exposure Evaluation and Follow-Up section of the Bloodborne Pathogens Standard will be included in the Needlestick Package

40.

EXPOSURE INCIDENT EVALUATION

1. Type of exposure incident ? _____

2. Explain what measures were taken to prevent reoccurrence. _____

3. Evaluation of policies, engineering controls, work practices and personal protective equipment used at the time of the exposure incident.

4. Are there any other areas with similar patterns of occurrence ?
No Yes (specify) _____
5. Comments: _____

42.

EXPOSURE CONTROL CHECKLIST

Date: _____
Initials: _____

PERFORM THE EXPOSURE DETERMINATION.

- _____ Identify and document all positions with potential for occupational exposure.
- _____ Perform exposure determinations without regard to the use of personal protective equipment.

ESTABLISH AN EXPOSURE CONTROL PLAN.

- _____ Use the Bloodborne Pathogens Rule to establish a written exposure control plan.
- _____ Specify the schedule of implementation for each of the requirements of the exposure control plan.
- _____ Review and update the exposure control plan yearly or as necessary to reflect significant changes in tasks or procedures.
- _____ Make sure that this exposure control plan is readily available for review by employees and OSHA inspectors.

MAINTAIN MEDICAL AND TRAINING RECORDS

- _____ Establish a medical record for each employee.
- _____ Establish training records for each employee.

43.

HAZARD COMMUNICATION PLAN

45.

Changes To Hazard Communication

- Globally Harmonized System developed by United Nations.
- This GHS is a world wide plan.
- Employees must be trained on this plan by December 1, 2013.

Three Areas of Change In HazCom

- Hazard Classification
- Labels
- SDS (use to be MSDS)
- Manufacturers are still required to provide a label with:
 1. Name of product or chemical
 2. Hazardous warning
 3. Manufacturers name and address

Hazard Classification










- The definition of hazard has been changed to provide specific criteria for classification of health and physical hazards. These specific criteria will help to ensure that evaluations of hazardous effects are consistent across manufacturers.
- This will make labels and safety data sheets more accurate.

Labels

- Chemical manufacturers and importers will be required to provide a label that includes a harmonized:
 - ✓ Signal Word
 - ✓ Pictogram
 - ✓ Hazard statement for each hazard class and category.

Signal Word

- A single word used to indicate the relative level of severity of hazard and alert the reader to a potential hazard on the label:
 - ✓ **Danger** - used for the more severe hazards.
 - ✓ **Warning** - used for less severe hazards

Health Hazard	Flame	Exclamation Mark
 <ul style="list-style-type: none"> • Carcinogen • Mutagenicity • Reproductive Toxicity • Respiratory Sensitizer • Target Organ Toxicity • Aspiration Toxicity 	 <ul style="list-style-type: none"> • Flammables • Pyrophorics • Self-Heating • Emits Flammable Gas • Self-Reactives • Organic Peroxides 	 <ul style="list-style-type: none"> • Irritant (skin and eye) • Skin Sensitizer • Acute Toxicity (harmful) • Narcotic Effects • Respiratory Tract Irritant • Hazardous to Ozone Layer (Non Mandatory)
Gas Cylinder	Corrosion	Exploding Bomb
 <ul style="list-style-type: none"> • Gases under Pressure 	 <ul style="list-style-type: none"> • Skin Corrosion/ burns • Eye Damage • Corrosive to Metals 	 <ul style="list-style-type: none"> • Explosives • Self-Reactives • Organic Peroxides
Flame over Circle	Environment (Non Mandatory)	Skull and Crossbones
 <ul style="list-style-type: none"> • Oxidizers 	 <ul style="list-style-type: none"> • Aquatic Toxicity 	 <ul style="list-style-type: none"> • Acute Toxicity (fatal or toxic)

OSHA (800) 321-OSHA (6742)

SAMPLE LABEL

PRODUCT IDENTIFIER

CODE _____

Product Name _____

SUPPLIER IDENTIFICATION

Company Name _____

Street Address _____

City _____ State _____

Postal Code _____ Country _____

Emergency Phone Number _____

PRECAUTIONARY STATEMENTS

Keep container tightly closed. Store in cool, well ventilated place that is locked.

Keep away from heat/sparks/open flame. No smoking.

Only use non-sparking tools.

Use explosion-proof electrical equipment.

Take precautionary measures against static discharge.

Ground and bond container and receiving equipment.

Do not breathe vapors.

Wear protective gloves.

Do not eat, drink or smoke when using this product.

Wash hands thoroughly after handling.

Dispose of in accordance with local, regional, national, international regulations as specified.


In Case of Fire: use dry chemical (BC) or Carbon dioxide (CO₂) fire extinguisher to extinguish.

First Aid

If exposed call Poison Center.

If on skin (or hair): Take off immediately any contaminated clothing. Rinse skin with water.

HAZARD PICTOGRAMS

SIGNAL WORD

Danger

HAZARD STATEMENT

Highly flammable liquid and vapor.
May cause liver and kidney damage.

SUPPLEMENTAL INFORMATION

Directions for use: _____

Net weight: _____ Lot Number: _____

Gross weight: _____ Fill Date: _____

Expiration Date: _____

Secondary Labels Used In Your Office

- ✓ Can use a copy of original label that came on container or,
- ✓ Color coded labels – as long as the information supplied on these labels are consistent with the revised Haz Com Standard, e.g., no conflicting hazard warnings or pictograms.

OSHA Secondary Labels

OSHA Secondary Labels

MSDS No.: _____

Product: _____

HEALTH HAZARD

Deadly
Extreme Danger
Hazardous
Slightly Hazardous
Normal Material

FLAME HAZARD

Below 73°
Below 100°
Below 150°
Above 200°
Above 250°

REACTIVITY

May Detonate
Shock & Heat
Violent Chemical Change
Unstable if Heated
Stable

Specific Hazard

Acid
Alkali
Corrosive
Oxidizer
Polymerization
Radioactive
Use No Water

Manufacturer's Phone #: _____

Glutaraldehyde

- ✓ Skin Irritant
- ✓ Eye Irritant
- ✓ Respiratory Irritant

Standard Format Of The 16 Section SDS

Section 1. Identification
 Section 2. Hazard(s) identification
 Section 3. Composition/information on ingredients
 Section 4. First-Aid measures
 Section 5. Fire-fighting measures
 Section 6. Accidental release measures
 Section 7. Handling and storage
 Section 8. Exposure controls/personal protection
 Section 9. Physical and chemical properties
 Section 10. Stability and reactivity
 Section 11. Toxicological information
Section 12. Ecological information
Section 13. Disposal considerations
Section 14. Transport information
Section 15. Regulatory information
 Section 16. Other information, including date of preparation.

When do we need the new Safety Data Sheets

- ✓ June 1, 2015
- ✓ Compliance with all modified provisions of the final rule.

Replace Your Hazard Communication Plan and Standard

- Remove the old Hazard Communication Plan and Standard from your OSHA Manual.
- Take the new Globally Harmonized Hazard Communication Plan and Standard from your handouts and place them in your OSHA Manual.

HAZARD COMMUNICATION PLAN

GENERAL

In order to comply with 29 CFR 1910.1200, the following written Hazard Communication Plan (HCP) is to be implemented for personnel of this office.

It will be used by **ALL** personnel. The Safety & Health Manager will be responsible for ensuring the program is current and enforced.

A copy of this plan is to be made available to an employees upon hiring, and a copy will be supplied to any employees upon request. The Safety & Health Manager will be contacted when a copy of the program is needed.

The plan will be updated when new chemicals or hazards are introduced into the working environment, and **reviewed annually**.

46. Top

CONTAINER LABELING:

Primary Container Labels

The Safety & Health Manager will be responsible for all containers of hazardous chemicals or dental products entering the workplace and will assure that the chemical containers are properly labeled with:

- Product Name
- Hazard warnings to include target organ
- Name and address of the manufacturer, importer, or responsible party.

No containers shall be used until they have been checked by the Safety Manager.

46. Bottom

Secondary Container Labels

If the chemical or dental product is to be transferred to a separate container, the Safety & Health Manager will ensure that the new container is properly labeled; i.e., that all secondary containers are labeled with a reproduced copy of the original manufacturer's label or with generic labels which have a block for:

1. Product Name
2. Hazard Warning to include target organ

Containers To Check In Your Office:

- ✓ Spray Bottles
- ✓ Cold Sterilization Tubs
- ✓ Ultrasonic Cleaner

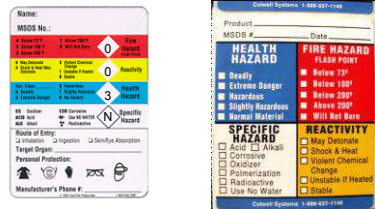


47. Top

OSHA Secondary Containers



OSHA Secondary Labels



Glutaraldehyde

- ✓ Skin Irritant
- ✓ Eye Irritant
- ✓ Respiratory Irritant

SAFETY DATA SHEETS (SDS):

The **Safety and Health Manager** will be responsible for the following duties:

- **Obtaining** and Maintaining the SDS system,
- Review incoming data sheets for new and significant health/safety information and **ENSURE** that this **new information** is given to employees.
- **Annually review** the SDS system for accuracy and completeness.

The SDS system shall include:

- Current **list** of all SDS indexed by numerical number which is then placed on that Safety Data Sheet (SDS).
- The identity used on the SDS shall be the same as used on the container label.
- The chemical and common name of all ingredients determined to present a hazard shall appear on all SDS.

47. Bottom

EMPLOYEE TRAINING AND INFORMATION:

Before starting work, the Safety and Health Manager will give go over the Hazard Communication Plan (HCP) with the new employee and each MSDS applicable to their job. This instruction will be accomplished with hand-outs an verbal instruction. The following videos or manuals were used for training: _____

Before any new chemical or dental product is used, all employees will be informed of its use, will be instructed on safe use, and will be trained on hazards associated with the new chemical. All employees will attend additional training, as appropriate, to review the HCP and MSDS. Appropriate library reference material will also be discussed during the training sessions.

48. Bottom

The minimum orientation and training for a new employee is:

1. An overview of the requirements contained in the Hazard Communication Standard, 29 CFR 1910.1200.
2. Chemicals present in their workplace operations and this office.
3. **Location of Hazard Communication Plan** and availability.
4. Physical and health effects of the hazardous chemicals listed on the inventory list of this program.
5. Methods and observation techniques used to determine the presence or release of hazardous chemicals in the work area.
6. How to lessen or prevent exposure to these hazardous chemicals through usage of engineering controls, work practices and personal protective equipment.
7. Steps taken by our office to lessen or prevent exposure to the chemicals listed on the inventory list.
8. **Emergency procedures** to follow if exposed to any chemicals.
9. **Location of SDS file** and location of hazardous inventory list.

49. Top

INVENTORY LIST OF HAZARDOUS Dental Products:

A list of the hazardous dental products and chemicals used in this workplace is located in the **front of the SDS notebook**. Further information can be obtained from the MSDS attached with this program or from the Safety and Health Manager.

49. Middle

SAMPLE LIST OF SOME SAFETY DATA SHEETS

<u>SDS INDEX #</u>	<u>PRODUCT (TRADE NAME)</u>
1	Vital Defense S
2	MARATHON
3	VISAR-SEAL
4	LIGHTEN BLEACH
5	DRY BOND
6	TENURE KIT
7	IONOMER LIQUID
8	ZIONOMER POWDER
9	PAINT-ON DAM
10	COE-CIDE XL
11	LYSOL SPRAY
12	DYCAL
13	TRAY PLASTIC LIQUID
14	RAY PLASTIC POWDER
15	TOOTH POWDER

Not In The Handout

NON-ROUTINE TASKS:

No non-routine tasks are known to exist at the time of preparation of this program.

However, if any non-routine task is performed, employees shall be advised they must contact the Safety & Health Manager for special precautions to follow and then the Safety & Health Manager shall inform any other personnel who could be exposed.

In the event such tasks are required, the Safety & Health Manager will provide the following information about such activity as it relates to the specific chemicals expected to be encountered:

- ✓ Specific chemical names and hazards.
- ✓ Personal protective equipment required and safety measures to be taken.
- ✓ Measures that have been taken to lessen the hazards, including ventilation, respirators, presence of other employees.

49. Bottom

Disposable Plaster Trap**OTHER PERSONNEL EXPOSURE (CONTRACTORS):**

It will be the responsibility of the Safety & Health Manager to provide other personnel or outside contractors with the following information:

- Hazardous chemicals to which they may be exposed.
- Measures to lessen the possibility of exposure.
- Location of SDS for all hazardous chemicals.
- Procedures to follow if they are exposed.

The Safety & Health Manager will also be responsible for contacting each contractor before work is started to gather and disseminate any information concerning chemical hazards the contractor is bringing into the workplace.

50. Bottom

EXPOSURE TO HAZARDOUS MATERIALS

1. Determine hazard from material label.
2. First aid or emergency procedures indicated on SDS.
3. If serious, medical evaluation by physician.
4. Continuous medical re-evaluation if necessary.

CHEMICAL SPILL

1. Determine hazard from material label.
2. Wear appropriate protective clothing (Usually gloves, mask, eye wear, and gown).
3. Contain and remove chemicals with a chemical spill kit.
4. Place contaminated materials in appropriate containers.
5. Label containers.
6. Notify waste collector as to what chemical is contained.
7. If spill is of a very hazardous nature, call manufacturer.

MERCURY SPILL

1. Open the Mercury Spill Kit.
2. Put on protective clothing (gloves, eyewear, masks).
3. Collect the spilled mercury in the dust pan using the scraper.
4. Place the collected mercury in the amalgam waste container.
5. Use mercury sponges to clean up residual mercury spill.

51.

EXAMPLES OF SECONDARY CONTAINERS REQUIRING LABELING

- ✓ X-RAY PROCESSOR TANKS
- ✓ DISINFECTING TUBS or COLD STERILE TUBS
- ✓ PLASTER & STONE BINS
- ✓ SPRAY BOTTLES
- ✓ ULTRASONIC CLEANER
- ✓ AMALGAM CAPSULES PLACED IN OPERATORIES
- ✓ ANY UNLABELED BOTTLES OR CONTAINERS

MAKING YOUR OWN CHEMICAL SPILL KIT

- USE A CONTAINER SUCH AS A PAIL THAT HAS A LABEL "CHEMICAL SPILL KIT"
- CHEMICAL SPILL INSTRUCTIONS
- UTILITY GLOVES & PROTECTIVE EYE WEAR
- KITTY LITTER
- BAKING SODA
- DUST PAN & WHISK BROOM & SPONGES

52.

CHECKLIST FOR HAZARD COMMUNICATION PlanDate: _____
Initials: _____

The key elements that each employer must implement are a written program, employee training, and program availability.

- ___ 1. Have you prepared a written list or inventory of all the hazardous chemical products or chemicals present in the workplace?
- ___ 2. Are you prepared to update your hazardous chemical list?
- ___ 3. Do you have up-to-date Material Safety Data Sheets (MSDS) for those materials on your hazardous chemical lists?
- ___ 4. Is the list of hazardous chemicals cross-referenced (have an MSDS index number) so that identifiers on the list refer to the MSDS ?
- ___ 5. Have you developed a system to ensure that all incoming hazardous products or chemicals are received with proper labels and MSDS?
- ___ 6. Do you have procedures in your workplace to ensure proper labeling for secondary containers that hold hazardous products or chemicals?

53.

HIPAA Update

➤ Privacy Rules

April, 2003

Enforced By: **Office Of Civil Rights**

➤ Security Rules

April, 2005

Enforced by: **Office Of Civil Rights**➤ **HITECH Act Breach Notification Rules**

September 2009

No Fines Issued Under The HIPAA Act Until 2011

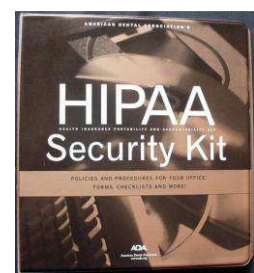
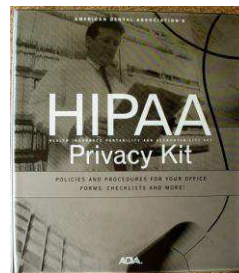
Office of Civil Rights is shifting from a policy of Voluntary Compliance to one of Enforcement by Fines.

Audit vs. Inspection

- Audit
 - ❖ Ordered by Congress
 - ❖ Offices chosen by NPI number
 - ❖ No fines, so far
- Inspection
 - ❖ Result of a **complaint or a breach** of PHI
 - ❖ Fines usually accompany violations

Recommendations For Coming Into Compliance With Privacy & Security Rules

1. Have a Privacy & Security Manual
2. Name & Document a Privacy & Security Officer
3. Notice of Privacy Practices
 - ✓ Post in prominent location
 - ✓ Put on your web site
 - ✓ Give one to each patient & employee
4. Training on Privacy & Security



HIPAA Compliance Kit from the ADA Sales Catalog 1-800-947-4746



Recommendations For Coming Into Compliance With Privacy & Security Rules

1. Have a Privacy & Security Manual
2. Name & Document a Privacy & Security Officer
3. Notice of Privacy Practices
 - ✓ Post in prominent location
 - ✓ Put on your web site
 - ✓ Give one to each patient & employee
4. Acknowledgment of Receipt
5. Training on Privacy & Security

Texas Medical Privacy Act (TMPA)

HB 300 – 2011 Legislature

Signed By Governor June, 2011

Effective as of September, 2012

Purposes of HB-300

- ✓ TMPA is designed to better ensure the security and privacy of PHI that is exchanged by electronic means.
- ✓ Law establishes guidelines for the storage, transmission and security of PHI.
- ✓ It will increase penalties for the wrongful electronic disclosure of PHI, including creating a new felony for wrongfully accessing or reading of Electronic Health Records by electronic means.

HB-300 Increases Patient Rights and Remedies Over Electronic Health Records

1. Patients must be provided their EHRs in electronic format within **15 business days** of receiving a written request.
2. Prohibits the sale of Protected Health Info.
3. Requires covered entities to provide “Notice” to individuals **_if_** their PHI is subject to electronic disclosure.

Exemptions To “Notice” Rule

Any electronic disclosures related to:

- Treatment
- Payment
- Health Care Operations

Electronic Disclosure of PHI

1. Appointment Reminders By 3rd Party
Either by telephone or email
2. Data Back-Up By 3rd Party

Three Ways To Provide This Notice

- Posted in your office
- Posted on your internet website
- Posted in other places where affected individuals are likely to see it.

Suggested Notice

If you need a Notice

Protected Health Information

Patient's protected health information may be disclosed electronically from this office.

Training Under HB-300

4. Employees must have **on-going training** on the state and federal law concerning PHI.
 - ✓ New employees must be trained **within 60 days** of starting to work.
 - ✓ Training must be repeated every **2 years**.
 - ✓ Training must be documented and records maintained. Employees must **sign record**.

5th Requirement

5. A covered entity shall comply with the HIPAA Act and Privacy Standards.

Authorization

- Covered entity may not electronically disclose an individual's protected health information without a separate authorization for each disclosure.
- Authorization can be in **written form, electronic form or oral form** (must be documented).
- The attorney general shall adopt a standard authorization form.

Authorization Form Developed By Texas Attorney General

Increased Penalties For Violations Of State Laws Regarding EHRs

- ✓ Penalties can range from \$5,000 to \$1.5 million **annually** for providers that wrongfully disclose a patient's PHI.
- ✓ Failure to make the required Breach Notification is subject to state penalties up to \$250,000 for a single breach.
- ✓ HB300 makes it a state **felony** if an individual, without the consent of the patient, accesses, reads, scans, stores or transfers PHI via a scanning device or electronic payment card.

Penalties For Violations For Each Year That Violation Exists

- ✓ Negligent Violation - \$5000 per violation
- ✓ Knowingly or Intentional - \$25,000 per violation
- ✓ Intentional & Financial Gain - \$250,000 per violation
- ✓ Frequent Pattern of Practice – \$1.5 Million and **revocation of license**.

Effect Of HB-300 On Dental License

- A violation by a covered entity (an individual or facility) that is licensed by an agency of this state is subject to investigation and disciplinary proceedings, including probation or suspension by the licensing agency.
- If there is evidence that the violations are egregious and constitute a pattern or practice, the agency may:
 - (1) Revoke the covered entity's (individual's or facility's) license; or
 - (2) Refer the covered entity's case to the attorney general for the institution of an action for civil penalties.

Effective Date Of HB-300

- ✓ September 1, 2012
- ✓ Workforce must be trained
- ✓ Training must be documented
- ✓ Funding

No funding provided. This law requires 3 state departments to apply for federal funding for enforcement of this act.

U.S. Department of Health & Human Services
HHS.gov
Improving the health, safety, and well-being of America

Health Information Privacy

Office for Civil Rights | Civil Rights | Health Information Privacy

Health Information Privacy

The Office for Civil Rights enforces the HIPAA Privacy Rule, which protects the privacy of individually identifiable health information; the HIPAA Security Rule, which sets national standards for the security of electronic protected health information; and the confidentiality provisions of the Patient Safety Rule, which protect identifiable information being used to ensure patient safety events and improve patient safety.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy and Security Rules

Learn about the Rules' protection of individually identifiable health information, the rights granted to individuals, OCR's enforcement activities, and how to file a complaint with OCR.

What's New

- HIPAA Audit Program - 11/4/11
- Notice of Proposed Rulemaking to Amend CLIA and the HIPAA Privacy Rule - 5/14/2011
- UCLA Health System Settles Potential HIPAA Privacy and Security Violations
- Press Release - 7/7/11
- Notice of Proposed Rulemaking for HIPAA Privacy Rule Accounting of Disclosures Under HITECH
- Press Release - 5/24/11
- Notice of Proposed Rulemaking to Implement HITECH Act Provisions - 7/14/2010

Generally, what does the HIPAA Privacy Rule require the average provider or health plan to do?

Answer:

For the average health care provider or health plan, the Privacy Rule requires activities, such as:

- Notifying patients about their privacy rights and how their information can be used.
- Adopting and implementing privacy procedures for its practice, hospital, or plan.
- Training employees so that they understand the privacy procedures.
- Designating an individual to be responsible for seeing that the privacy procedures are adopted and followed.
- Securing patient records containing individually identifiable health information so that they are not readily available to those who do not need them.

Responsible health care providers and businesses already take many of the kinds of steps required by the Rule to protect patients' privacy. Covered entities of all types and sizes are required to comply with the Privacy Rule. To ease the burden of complying with the new requirements, the Privacy Rule gives needed flexibility for providers and plans to create their own privacy procedures, tailored to fit their size and needs. The scalability of the Rule provides a more efficient and appropriate means of safeguarding protected health information than would any single standard. For example,

- The privacy official at a small physician practice may be the office manager, who will have other non-privacy related duties; the privacy official at a large health plan may be a full-time position, and may have the regular support and advice of a privacy staff or board.
- The training requirement may be satisfied by a small physician practice's providing each new member of the workforce with a copy of its privacy policies and documenting that new members have reviewed the policies; whereas a large health plan may provide training through live instruction, video presentations, or interactive software programs.
- The policies and procedures of small providers may be more limited under the Rule than those of a large hospital or health plan, based on the volume of health information maintained and the number of interactions with those within and outside of the health care system.

Notice of Privacy Practices

Name of Practice _____

This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully. If you have any questions about this Notice please contact our Privacy Officer.

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. We are required by Federal law to give you this Notice and to maintain the privacy of your health information. We must also abide by the terms of this Notice while it is in effect. We reserve the right to change our privacy practices and the terms of this Notice at any time. Before we make significant changes in our privacy practices, we will change this Notice and make the new Notice available upon request.

How We May Use and Disclose Your Protected Health Information

When we give you our **Notice of Privacy Practices**, you will be asked to sign an **Acknowledgement Of Receipt**. Once you have received our Notice and signed the **Acknowledgement**, we will use your protected health information for treatment, payment and health care operations. We may use or disclose your protected health information in an emergency treatment situation. If this happens, we will try to obtain your signature on the Acknowledgement Of Receipt as soon as reasonably practicable after the delivery of treatment. The following examples show the types of uses and disclosures of your protected health information that our office is permitted to make.

Treatment: Your protected health information may be used and disclosed by our office and others outside of our office that are involved in your dental care. We will use and disclose your protected health information to other dentists and physicians to provide, coordinate, or manage your health care. For example, your protected health information may be provided to another dental specialist to whom you have been referred to ensure that the necessary information is available to diagnose or treat you.

Payment: Your protected health information may be used and disclosed to pay your health care bills. Your protected health information will be used to obtain payment for services we provide to you. This may include certain activities that your insurance plan may undertake before it approves or pays for the services we recommend.

Healthcare Operations: We may use or disclose your protected health information in order to support the business activities of our practice. Healthcare operations include quality assessment activities, employee review activities, licensing or credentialing activities, conducting training and conducting auditing or review activities. For example, we may use a sign-in sheet at the reception desk where you will be asked to sign your name and indicate your doctor. We may also call your name in the waiting room when your doctor is ready to see you. We may send you reminder postcards or telephone you to remind you of an appointment.

Your Written Authorization Is Required For Other Uses Of Your Protected Health Information

Any other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization at any time, in writing, except to the extent that our office has already released your health information as provided for in your authorization.

Use and Disclosure Permitted Without Authorization But With An Opportunity To Object

Family Members and Friends: Unless you object, we may disclose to your family member, a relative, a close friend or any other person you select, your protected health information to the extent necessary to help with your dental care or with payment for the services we have provided. We will also use our professional judgment and common practice to make reasonable decisions in your best interest in allowing a person to pick up dental supplies, x-rays, prescriptions or other similar forms of health information.

You Have The Following Rights

Inspect and copy your protected health information. You have the right to look at or get copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practically do so. You must make the request in writing to obtain access to your health information.

Request a restriction of your protected health information. You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement, except in an emergency.

Request alternative communications. You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. You must make your request in writing. Your request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location you request.

Request an amendment your health information. You have the right to request that we amend or correct your health information. Your request must be in writing. The request must explain why the information should be amended or corrected. We may deny your request under certain situations.

Receive an accounting of disclosures we have made of your health information. You have the right to an accounting of disclosures of your health information that occurred after April 14, 2003. This accounting will be for purposes other than treatment, payment or healthcare operations, or disclosures we may have made to you, to family members or friends involved in your care.

Make a complaint about our privacy practices. If you are concerned that we have violated your privacy rights, you may file a complaint with our Privacy Officer using the contact information listed at the bottom of this page. You may also file a written complaint with the Department of Health and Human Services. We will provide you with their address upon request.

Effective Date: _____

Privacy Officer: _____ Telephone: _____

Address: _____

Security Rules Training

1. Administrative Safeguards

- ✓ Risk Analysis
- ✓ Sanction Policy
- ✓ Audit Log Reviews
- ✓ Security Reminders
- ✓ Termination Procedures

2. Physical Safeguards

- ✓ Facilities Security Plan
- ✓ Workstation Security & Use
- ✓ Data Backup & Storage

3. Technical Safeguards

- ✓ Unique User Identification
- ✓ Automatic Logoff
- ✓ Encryption

Business Associate Contract

A "business associate" is a person or entity that performs certain functions or activities that involve the use or disclosure of PHI on behalf of a covered entity.

Not Business Associates

- ✓ Dental or Medical Laboratories
- ✓ Janitorial Services, Plumbers & Electricians
- ✓ Financial Institutions conducting financial transactions (debit or credit card and clearing checks) for payment

Business Associates

- ✓ Attorney
- ✓ Answering Service
- ✓ Accountant
- ✓ Business Consultant
- ✓ Debt Collection Agency
- ✓ Billing Service
- ✓ Computer Support Staff
- ✓ Claims Processors
- ✓ Clearinghouses
- ✓ Data Backup Companies
- ✓ Appointment Reminder Companies

Medical Privacy

SAMPLE BUSINESS ASSOCIATE AGREEMENT PROVISIONS (Published January 25, 2013)

Statement of Intent

The Department provides these sample business associate contract provisions in response to numerous requests for guidance. This is only sample language. These provisions are designed to help covered entities more easily comply with the business associate contract requirements of the Privacy Rule. However, use of these sample provisions is not required for compliance with the Privacy Rule. The language may be amended to more accurately reflect business arrangements between the covered entity and the business associate.

These or similar provisions may be incorporated into an agreement for the provision of services between the entities or they may be incorporated into a separate business associate agreement. **These provisions only address concepts and requirements set forth in the Privacy Rule and alone are not sufficient to result in a binding contract under State law. They do not include many formalities and substantive provisions that are required or typically included in a valid contract.** Reliance on this sample is not sufficient for compliance with State law and does not replace consultation with a lawyer or negotiations between the parties to the contract.

1.

Minimum Necessary Standard

The HIPAA Act requires the use of the *Minimum Necessary Standard* when making *Disclosures of PHI*. That means releasing only the minimum necessary *PHI* to accomplish the intended purpose. The entire record should not be released except where permitted by the Privacy Rules that identify it as necessary.

There is no Minimum Necessary requirement for disclosures to:

- ✓ Authorizations by the patient
- ✓ Staff providing treatment in our office
- ✓ Requests by health care providers for treatment
- ✓ Required for compliance with the regulations
- ✓ Workers' Compensation Programs
- ✓ Required by law
- ✓ Department of Health and Human Services investigating a complaint

HIPAA Final Omnibus Rule

January 2013

- New rules cover 562 pages
- Most sweeping changes in the rules since the introduction of Privacy & Security Rules
- Effective date is March 2013
- Enforcement date is September 23, 2013

HIPAA Final Omnibus Rule

January 2013

1. Makes Business Associates directly responsible for Privacy & Security Rules
2. Opt-out for fund raising
3. Authorization required for marketing where 3rd party pays for the marketing
4. Prohibits sale of PHI (Protected Health Information)
5. Right to receive electronic copy of health records

HIPAA Final Omnibus Rule

January 2013

6. Restricts disclosures to health plans for which the patient has paid out of pocket in full
7. Requires new Notice of Privacy Practices with modifications
8. New Business Associate Agreement
9. Authorizations for research are modified
10. Access to decedent information by family members and others
11. Fines have increased

Fines

TABLE 2.—Categories of Violations and Respective Penalty Amounts Available

Violation Category – Section 1176(a)(1)	Each Violation	All Such Violations of an Identical Provision in a Calendar Year
(A) Did Not Know	\$100 - \$50,000	\$1,500,000
(B) Reasonable Cause	\$1,000 - \$50,000	\$1,500,000
(C)(i) Willful Neglect-Corrected	\$10,000 - \$50,000	\$1,500,000
(C)(ii) Willful Neglect-Not Corrected	\$50,000	\$1,500,000

HIPAA Omnibus Final Rule Requires 4 Additional Statements on NPP

1. End of 1st Paragraph
 - I. You have the right to be **notified in the event of a breach** of your Protected Health Information.
 - II. Federal law prohibits the **sale of your Protected Health Information** without a signed authorization.
2. Health Care Operations

We may send you communications of **our fundraising activities** for charitable purposes. You may opt out of receiving these by contacting our Privacy Officer by phone or email.
3. Right to Request Additional Restrictions

You have the right to **restrict disclosures of your PHI** to a health plan for which you have paid the entire fee out of pocket.

ADA HIPAA Compliance Manual ADA Catalog 1-800-947-4746



New Notice of Privacy Practices



New Notice of Privacy Practices



Business Associate Contract

A "business associate" is a person or entity that performs certain functions or activities that involve the use or disclosure of PHI on behalf of a covered entity.

Not Business Associates

- ✓ Dental or Medical Laboratories
- ✓ Janitorial Services, Plumbers & Electricians
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Medical Privacy

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1.

HITECH Breach Notification Rules

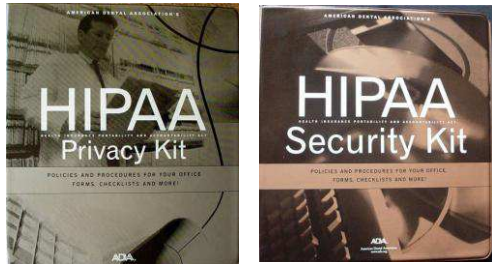
Effective September 2009
Enforcement Starts February 2010

What Is A Breach

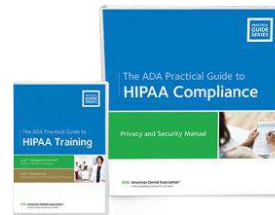
❖ Health information is disclosed without the patient's written authorization.

❖ A breach has only occurred in the event of an **impermissible use or disclosure of PHI under the HIPAA Privacy Rule**

The Original ADA Manuals Do Not Have The Breach Notification Information or January 2013 Updates.



ADA HIPAA Compliance Manual



When Should You Suspect A Breach

- ✓ When regular mail or email is sent to the wrong person or office.
- ✓ When a laptop, computer, flash drive or palm pilot with patient information is stolen.
- ✓ When paper records are stolen or disappear.

What Should Be Done When A Breach Occurs

1. Do A Risk Assessment
The ADA Breach Guidance Document lists the steps to follow in doing a Risk Assessment.
2. Notify the patients involved
By First Class Mail or Email if patient has agreed
3. Notify HHS

Appendix 2.22.1 Sample Breach Assessment Form

The sample form illustrates how a dental practice might assess suspected breaches of unsecured protected health information.

- A. DESCRIBE THE INCIDENT:**
- Date the suspected breach was discovered
 - Date the suspected breach occurred
 - What happened or was happened?
 - How was learned of the breach?
 - Describe the nature of information involved
 - Describe the people and offices involved
 - If the incident involved a leak of information:
 - o Who used the information?
 - o In what context?
 - If the incident involved a disclosure of information:
 - o Who disclosed the information?
 - o To whom?
 - o In what context?
 - Describe the format of the information (e.g., paper records, films, electronic)
 - o If electronic information was involved:
 - Was the electronic information in storage? (e.g., on a desktop computer hard drive, laptop, a CD or a USB drive)
 - Was the electronic information in transit? (e.g., in an email or through a portal)
 - Was the electronic information appropriately encrypted?
 - Was the password of an authorized person(s) used to access the information?
 - o What is being done to mitigate any risk to the privacy and security of the information?
- B. IF ANY OF THE FOLLOWING APPLY, HIPAA DOES NOT REQUIRE NOTIFICATION***
1. If the information was properly "secured" using a method approved by the U.S. Department of Health and Human Services (HHS):
- Was the information "secured"? ☐ Yes ☐ No
- If "No," explain:

Risk Analysis

1. Nature & extent of PHI involved: financial info
2. Unauthorized person who used the PHI or to whom the disclosure was made
3. Whether the PHI was actually acquired or viewed
4. Extent the risk to the PHI has been mitigated

****If Risk Assessment shows a Low probability that the PHI has been compromised, then breach notification is not required.**

What Should Be Done When A Breach Occurs

1. Do A Risk Assessment
The ADA Breach Guidance Document lists the steps to follow in doing a Risk Assessment.
2. Notify the patients involved
By First Class Mail or Email if patient has agreed
3. Notify HHS

Large Breach Notification Methods

✓ Notification to Media

If more than 500 patients affected, press release must be placed in "prominent media outlets" serving the state or jurisdiction. Notice must have toll free number.

✓ Notification to HHS

If 500 or more, give notice to HHS at same time as individuals. If less than 500, submit log to HHS by March 1st for prior calendar year.

Number of Breaches Reported To Office Of Civil Rights

- Small Breaches: more than **80,000** small breaches in past 3 years.
- Large Breaches: **720 breaches** involving more than 28 million patients
- OCR leaves the decision to investigate breaches to the regions based on their available resources.

How Can You Avoid Breach Notification Procedures ?

Encrypt Your Data

Truecrypt Encryption Program www.truecrypt.com



Dental Breaches

Name of Covered Entity	State	Individuals Affected	Date of Breach	Type of Breach	Location of Breached
Aspen Dental Care P.C.	CO	2,500	2009-10-04	Theft	Other
Bessy Dental, Inc.	IL	487	2010-04-05	Theft, Loss	Paper
Captain Dental/Richard S. Loria, D.D.S., P.A.	MD	6,400	2013-01-03	Hacking/IT Incident	Network Server
Comfort Dental Marion and Catherine	IN	5,088	09/14/2013-03/18/2013	Improper Disposal	Other
Dalena C. Duffy, DDS	TX	4,700	2010-08-03	Theft	Laptop, Network Server
Delta Dental	CA	11,646	12/22/2011 - 12/28/2011	Unauthorized Access/Disclosure	Paper
Delta Dental of Pennsylvania	PA	14,828	2013-03-20	Loss	Paper
Friendship Center Dental Office	FL	2,000	2010-10-20	Theft	Laptop
System Management and Supply, Inc. Medical and Dental Plan	GA	25,330	2011-03-09	Unauthorized Access/Disclosure	Network Server

Dental Breaches

Name of Covered Entity	State	Individuals Affected	Date of Breach	Type of Breach	Location of Breached
Friendship Center Dental Office	FL	3,300	2010-10-09	Theft	Laptop
System Management and Supply, Inc. Medical and Dental Plan	GA	25,330	2011-03-09	Unauthorized Access/Disclosure	Network Server
Hammer Square Dental	CA	1,113	2010-09-12	Unknown	Other Portable Electronic Device
Johns Hopkins University Applied Physics Laboratory Medical and Dental Insurance Plan	MD	692	2010-06-19	Unauthorized Access/Disclosure	Email
River Arch Dental	CA	2,533	2012-05-12	Unknown	Other Portable Electronic Device
Westerville Dental Center	OH	850	2012-12-02	Theft	Laptop, Network Server
Yarned Dental Corporation	CA	10,190	2011-05-22	Theft	Computer, Network Server
Zionsboro Family Dental Care	TX	800	2010-10-13	Theft	Computer

Security Rules

- Risk Assessment
- Risk Management Policy & Procedures



Administrative Safeguards

Security Management Process (104.106(c)(1)) Team: Security Official, Dentist, Workforce Members						
Implementation Specification	Risk	Sample Risk Assessment Question	Risk for a breach?	Could one not?	Policy in place?	Assigned to
Risk Analysis	Required	Do you keep an updated inventory of hardware and software owned by the practice? Can you identify where PHI is located (e.g., desktop, laptop, handheld, tablet, removable media, server, etc.)? Could you locate the inventory in a disaster (fire, flood, explosion, theft)? Do you know the current approximate value of your hardware and software? Does the inventory contain all necessary contact information, including information for workforce members and service providers? Do you control the information contained on your information system? Do you or your workforce take home portable computers or other devices containing PHI? Does any vendor have access to confidential patient data? Have you discussed HIPAA Security and HITECH requirements with each vendor? Is an up-to-date Business Associate Agreement in place for each vendor that has access to PHI? Can a vendor change confidential patient data? If so, are you monitoring audit logs for such changes?				

Security Policies & Procedures

- Administrative Safeguards
- Physical Safeguards
- Technical Safeguards

Administrative Policies & Procedures

Administrative Safeguards

Security Standard	Implementation Specification	Required or Addressable
Security Management Process	A. Risk Analysis	Required
	B. Risk Management	Required
	C. Sanction Policy	Required
	D. Information System Activity Review	Required
Assigned Security Responsibility		Required
Workforce Security	A. Authorization and/or Supervision	Addressable
	B. Workforce Clearance Procedures	Addressable
	C. Termination Procedures	Addressable
Information Access Management	A. Isolating Health-Care Clearinghouse Functions	Required
	B. Access Authorization	Addressable
	C. Access Establishment and Modification	Addressable
Security Awareness and Training	A. Security Reminders	Addressable
	B. Protection from Malicious Software	Addressable
	C. Log-in Monitoring	Addressable
	D. Password Management	Addressable
Security Incident Procedures	Response and Reporting	Required
Contingency Plan	A. Data Backup Plan	Required
	B. Disaster Recovery Plan	Required
	C. Emergency Mode Operation Plan	Required
	D. Testing and Revision Procedures	Addressable
	E. Applications and Data Criticality Analysis	Addressable
Evaluation		Required
	Business Associate Contracts and Other Arrangements	Required

What To Do

**Reasonable and Appropriate
For The Size Of Your Office**

Workforce Clearance Procedure

Office Policy

Our **Security Official** will evaluate work functions in the practice, determine the level of access to electronic protected health information necessary for each work function, and incorporate appropriate access clearances in connection with each workforce member's job function. Our dental practice workforce members are responsible for complying with the practice's workforce clearance policies and procedures.

Office Procedures

Our **Security Official** shall ensure that an appropriate clearance procedures are initiated for each workforce candidate. The clearance procedures will include the following:

- **Require a written application for review. Or resume??**
- **Confirm prior employment history.**
- **Confirm educational history.**
- **Verify licenses, if applicable.**
- **Perform a criminal background check**
- **Financial record check, if applicable.**
- **Request and evaluate professional and personal references.**

Administrative Safeguards						
Security Management Process 164.106(a)(1) Team: Security Official, Dentist, Workforce Member						
Implementation Specification	R/A	Sample Risk Assessment Question	Risk for or from	Control or risk	Policy in place	Assigned to
Risk Analysis	Required					
		Do you keep an updated inventory of hardware and software owned by the practice?				
		Can you identify where PHI is located (e.g., desktops, laptops, hard drives, tablets, removable media, servers, etc.)?				
		Could you locate the inventory in a disaster (fire, flood, explosion, theft)?				
		Do you know the current approximate value of your hardware and software?				
		Does the inventory contain all necessary contact information including information for emergency members and service providers?				
		Do you control the information contained on your information system?				
		Do you or your workforce take home portable computers or other devices containing PHI?				
		Does any vendor have access to confidential patient data? Have you discussed HIPAA security and HITECH requirements with such vendor(s)? Is an up-to-date Business Associate Agreement in place for each vendor that has access to PHI?				
		Can a vendor change confidential patient data? If so, are you monitoring audit logs for such changes?				

Sanction Policy

- **First violation:** The Security Official and workforce member's supervisor will have a private conversation with the workforce member to review the appropriate safeguards related to the security violation and make sure that the workforce member understands the policy.

Second Violation: The Security Official, supervisor, and the Office Manager will have a private conversation with the workforce member to review the appropriate safeguards related to the security violation, make sure that the workforce member understands the policy, tell the workforce member that any further violation will involve suspension, and a letter of warning of suspension will be placed in the workforce member's personnel file.

Third violation: Suspension without pay for three days for repeat violation, and letter warning of termination will be placed in the workforce member's personnel file.

Fourth violation: Termination of employee

HIPAA Reminders

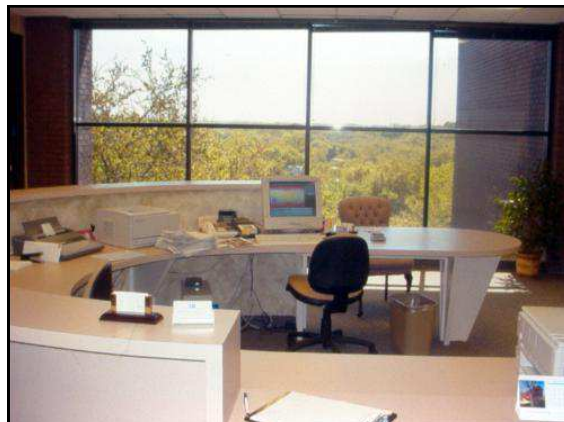
Must Be Provided To Employees On A Regular Schedule

1. Never leave the patient's record or any PHI where other people can see it or take it.



HIPAA Reminders

2. Do not discuss PHI in public places or where it may be overheard.
3. Do not discuss the patient's PHI with person's not involved in the patient's care.
4. Keep computer monitors turned away from public areas like the waiting room. Or put a Privacy Screen on the monitor.



HIPAA Reminders

5. When away from the computer, close any program with PHI or put up the screen saver.
6. Do **NOT** share computer passwords. Each person should have a unique password.
7. Do **NOT** post passwords in a visible place.
8. Do **NOT** download any music, games or programs from the Internet. This could infect the computer with a virus.

HIPAA Reminders

9. Do **NOT** allow any unauthorized person to use the office computers.
10. Do **NOT** send PHI by email unless the patient signs a consent. Or the email may be encrypted.

DoctorCom <http://www.mdcom.com/>



HIPAA Reminders

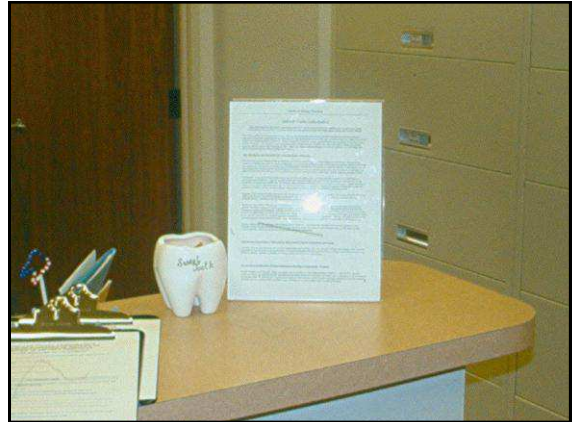
9. Update the anti-virus software frequently.
10. Log out of your computer at the end of each day.

HIPAA Reminders

13. Keep one copy of the Back-Up data off site.

- ✓ Rules do not specify how to back-up data
- ✓ Rules do not specify when to back-up data
- ✓ Rules do not specify where to store data

14. Post your Notice of Privacy Practices in a prominent place.



Copiers With Hard Drives
Be Sure All Data Is Removed



- Breach of 344,579 patient records
- Fined \$1.2 million
- Corrective action required recovering all other hard drives with PHI

Smartphones & USB Charging



Carrying Health Information Out of the
Office on a Laptop

- Encrypt The Data



Social Media

- Facebook
- Twitter
- Texting



Questions About HIPAA ?

American Dental Association
Email Questions: HIPAA@ada.org
Phone: 1-800-621-8099
Department of Informatics

Texas Dental Association
Diane Rhodes 1-800-832-1145

Office Of Civil rights
Web Page: www.hhs.gov/ocr/hipaa
Frequently Asked Questions on this website.