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Meet the Presenter…

On the topic:
OSHA Updates: Compliance and Safety in Your Medical Office

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OSHA Updates: Compliance and Safety in Your Medical Office

Presented by:
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Overview

• History and overview of OSHA
• OSHA inspections
• Bloodborne Pathogens
• Hazard Communication
• Exit Routes
• Electrical Safety
• Ionizing Radiation
• Patient Safety
• Workplace Violence
• Reporting Occupational Injuries and Illnesses
• Whistleblowers
History and Overview of OSHA

• In 1970, Congress established the Occupational Safety and Health Administration (OSHA).
• Became effective on April 28, 1971.
• Since then, workplace fatalities have been reduced by 40 percent.
• At the same time, U.S. employment has more than doubled and now includes over 115 million workers at 7.2 million worksites.

History and Overview of OSHA (continued)

• The OSH Act does not cover:
  – the self-employed
  – members of immediate family of farm employers that do not employ outside workers
  – worker conditions that are regulated under worker safety or health requirements of other federal agencies
  – employees of state and local governments (some states have their own occupational safety and health plans that cover these workers)
Mission

• OSHA has defined its mission as assuring that working men and women are provided with safe, healthful working conditions.
• Aims to fulfill its mission by applying and enforcing standards developed under the Act.
• Provides to employers so they can maintain safe and healthful workplaces:
  – Information
  – Education
  – Training
  – And assistance

Type of Hazards Workers Face

• Bloodborne pathogens
• Biological hazards
• Potential chemical and drug exposures
• Waste anesthetic gas exposures
• Respiratory hazards
• Ergonomic hazards from lifting and repetitive tasks
• Laser hazards
• Workplace violence
• Hazards associated with laboratories, and radioactive material
• X-ray hazards
How many workers get sick or injured?

- More workers are injured in the healthcare and social assistance industry sector than any other.
- In 2010, the healthcare and social assistance industry reported more injury and illness cases than any other private industry sector – 653,000 cases.
- That is, 152,000 more cases than the next industry sector – manufacturing
  - Healthcare and social assistance – 139.9
  - Nonfatal injury and illnesses in all private industry – 107.7

How many workers get sick or injured? (continued)

- In 2013, U. S. hospitals recorded 58,000 work-related injuries and illnesses.
- That is, 6.4 work-related injuries and illnesses for every 100 full-time employee
- About twice as high as the overall rate for private industry
OSHA Inspections

• OSHOs are Compliance Safety and Health Officers.
• They are the individuals from OSHA who would inspect your facility for one of five reasons:
  – Employee complaints
  – Fatalities
  – Routine inspections for high hazard (i.e., construction)
  – Catastrophies (3 or more hospitalized)
  – General inspections

OSHA Inspections

• Normally, OSHA conducts inspections without advance notice. Employees have the right to require compliance officers to obtain an inspection warrant before entering the worksite.
OSHA Inspection Priorities

- The agency focus:
  - **Imminent danger situations** – hazards that could cause death or serious physical harm – top priority.
  - **Fatalities and catastrophes** – incidents that involve a death or hospitalization of three or more employees. Employers must report such to OSHA within 8 hours.
  - **Complaints** – allegations of hazards or violations also receive a high priority. Employee may request anonymity when they file complaints.
  - **Referrals** – of hazard information from other federal, state, or local agencies, individuals, organizations or the media receive consideration for inspection.
  - **Follow-ups** – checks for abatement of violations cited during previous inspections – are also conducted by the agency in certain circumstances.
  - **Planned or programmed investigations** - inspections aimed at specific high-hazard industries or individual workplaces that have experienced high rates of injuries and illnesses – also receive priority.

OSHA Inspection Process

- Inspector’s credentials
- Opening conference
- Walkthrough
- Closing conference
Federal Penalty Schedule

<table>
<thead>
<tr>
<th>Category</th>
<th>Penalty Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other-Than-Serious-Violation</td>
<td>$0 - $1,000</td>
</tr>
<tr>
<td>Serious Violation</td>
<td>$1,500 - $7,00</td>
</tr>
<tr>
<td>Willful Violation</td>
<td>$5,000 - $7,000</td>
</tr>
<tr>
<td>Willful Violation (egregious multiplier)</td>
<td>Willful penalties are applied on a violation-by-violation basis of employee-by-employee exposure</td>
</tr>
</tbody>
</table>
| Willful Violation (results in death)        | Individuals: $250,000 + 6 months jail  
Corporation: $500,000 + 6 months jail |
| Repeat Violation                            | $7,000                 |
| Failure-to-Abate                            | Maximum: $7,000        |
| Falsifying records or making false statements | $10,000 fine, up to 6 months in jail, or both |
| Violating posting requirements              | Maximum: $7,000        |
| Failure to report fatality/catastrophic event within 8 hours | Maximum: $5,000 |
| Providing advance notice of inspection      | $1,000 fine up to 6 months in jail, or both |

How does the appeals process work?

- Employee appeals
- Employers appeals
- Petition for modification of abatement
- Notice of Contest
Bloodborne Pathogens

• Bloodborne pathogens are microorganisms that are transmitted through the bloodstream. The viruses that cause Hepatitis B (HBV) and Human Immunodeficiency Virus (HIV) are two examples of bloodborne pathogens.

• The OSHA standard 29 CFR 1910.1030(c)(1)(i) states that “Each employer having an employee(s) with occupational exposure as defined by paragraph (b) of this section shall establish a written Exposure Control Plan designed to eliminate or minimize employee exposure.”

Bloodborne Pathogens Standard Checklist

• Establish and exposure plan.
• Update the plan annually.
• Implement the use of universal precautions
• Identify and use engineering precautions.
• Identify and ensure the use of work practice controls.
• Provide personal protective equipment (PPE)
• Make available Hepatitis B vaccinations to all workers with occupational exposure.
• Make available post-exposure evaluations and follow-ups
• Use labels and signs to communicate hazards.
• Provide information and training to workers.
• Maintain worker medical and training records.
Facts About EBOLA

- Currently, Ebola virus and EHF do not pose a threat to most U.S. workers. However, exposure to the virus or someone with EHF may be more likely in certain sectors, including the healthcare, mortuary/death care, and airline servicing industries.
- At this time, there is not a widespread Ebola outbreak in the U.S. The ongoing outbreak is limited to countries in West Africa.
- Aside from repatriated medical and aid workers being treated for EHF at specialized hospital facilities within the U.S., the U.S. has seen only a limited number of other cases of EHF. At least some of these cases had close contact with an individual who was treated for EHF at a U.S. hospital after arriving in the U.S. from Liberia. Public health officials are working to ensure EHF does not spread within the U.S.
- Ebola is typically spread through contact with body fluids from a living or deceased person or animal with EHF, though some medical and housekeeping tasks may expose workers to aerosolized droplets containing Ebola virus.
- Until a person develops symptoms of EHF, he or she is not considered contagious.
- Employers must take steps to protect their workers from exposure to Ebola virus on the job.

Protecting Your Workers Against Ebola

- Ebola hemorrhagic fever (EHF) (sometimes called Ebola Virus Disease, or EVD) is the disease caused by infection with an Ebola virus. It is a type of viral hemorrhagic fever (VHF) brought on by any of several strains of viruses in the Ebolavirus genus.
- Ebola viruses are capable of causing severe, life-threatening disease. Many people who get EHF die from it. Workers performing tasks involving close contact with symptomatic individuals with EHF or in environments contaminated or reasonably anticipated to be contaminated with infectious body fluids are at risk of exposure.
- These workers may include workers in the healthcare, mortuary and death care, airline, and other travel service industries.
Protecting Your Workers Against Ebola (continued)

• While there are no known animal reservoirs of the disease in the U.S., there is concern related to possible spread of EHF among human populations due to the availability and reach of global travel.

• Under certain conditions, exposure to just one viral particle can result in development of EHF. Depending on the strain and the individual infected with the disease, EHF may be fatal in 50-90 percent of cases.

Protecting Your Workers Against Ebola (continued)

• The U.S. Centers for Disease Control and Prevention (CDC) categorizes Ebola virus as a Category A select agent.

• This group includes high-priority agents that pose a risk to national security because they can be easily disseminated or transmitted from person to person; result in high mortality rates and have the potential for major public health impact; might cause public panic and social disruption; and require special action for public health preparedness.

• Because symptoms of EHF may appear consistent with many other illnesses (e.g., influenza, malaria), diagnosis and treatment of EHF could be delayed during an outbreak. Employers must protect their workers from exposure to Ebola virus on the job.
• OSHA's Bloodborne Pathogens standard (29 CFR 1910.1030) covers exposure to Ebola virus. Ebola is among the subset of contact-transmissible diseases to which the Bloodborne Pathogens standard applies, as it is transmitted by blood or other potentially infectious materials as defined in the standard.

• In situations where workers may be exposed to bioaerosols containing Ebola virus, employers must also follow OSHA's Respiratory Protection standard (29 CFR 1910.134).

• Other elements of infection control for Ebola, including a number of precautions for contact-transmissible diseases, are covered under OSHA's Personal Protective Equipment (PPE) standard (29 CFR 1910.132) and Section 5(a)(1) of the Occupational Safety and Health (OSH) Act of 1970, often referred to as the General Duty Clause. Section 5(a)(1) requires employers to “furnish to each of his employees employment and a place of employment which are free from recognized hazards that are causing or are likely to cause death or serious physical harm to his employees.” This section may be used to address hazards for which there are no specific standards (e.g., occupational exposure to Ebola virus).

• Under the Bloodborne Pathogens standard, and the PPE and other standards, OSHA has the ability to require employers to fully protect healthcare and other workers who may be exposed to Ebola virus. The best way to determine appropriate protections for workers exposed to Ebola is to consult the CDC guidance, which includes recommendations for PPE and infection control practices from CDC's Ebola web page.
Hazard Communication

• New changes to the OSHA Hazard Communication Standard are bringing the U.S. into alignment with the Globally Harmonized System of Classification and Labeling of Chemicals (GHS), further improving safety and health protections for America’s workers.

  – Hazard classification
  – Labels
  – Safety Data Sheets

<table>
<thead>
<tr>
<th>Effective Completion</th>
<th>Requirement(s)</th>
<th>Who</th>
</tr>
</thead>
<tbody>
<tr>
<td>December 1, 2015</td>
<td>Comply with all modified provisions of this final rule, except: Distributors may ship products and labeled by manufacturers under the old system until Dec. 1, 2015.</td>
<td>Chemical manufacturers, importers, distributors, and employers</td>
</tr>
<tr>
<td>June 1, 2016</td>
<td>Update alternative workplace labeling and hazard communication program as necessary, and provide additional employee training for newly identified physical or health hazards.</td>
<td>Employers</td>
</tr>
<tr>
<td>Transition Period</td>
<td>Comply with either 29 CFR 1910.1200 (this final standard), or the current standard, or both.</td>
<td>All chemical manufacturers, importers, distributors, and employers</td>
</tr>
</tbody>
</table>
HazCom Changes

• This is going to be accomplished:
  
  requiring chemical manufacturers and importers to evaluate the hazards of the chemicals they produce or import.

  provide information about them through labels on shipped containers and more detailed information sheets called material safety data sheets (MSDSs).

Hazard Communication Standard

• Summary
• Scope of Coverage
• Benefits
• Requirements
• Effect on State Right to Know Laws
• Federal Workers
HazCom Program Overview

- Employee Information and Training
- Labeling and Signs
- Possible Solutions
- Biohazardous Waste Labels, Bags and Containers

Labels for a hazardous chemical must contain:

- Name, Address and Telephone Number
- Product Identifier
- Signal Word
- Hazard Statement(s)
- Precautionary Statement(s)
- Pictogram(s)
Sample GHS Label

Acetone
DANGER

Causes damage to the liver and kidneys through prolonged or repeated exposure to the skin. Keep away from food and drink. Wash hands thoroughly after use and before eating. Highly flammable liquid and vapour. Keep away from heat and ignition sources.

FIRST AID

Call emergency medical care. Wash affected area of body thoroughly with soap and fresh water. Oxygrid Chemicals, Rochester, NY 14610 585-450-7890

Sample GHS Label
Hazard Communication Pictograms

NOTE:

• Appendix C, Section C.2.3.1 of 29 CFR 1910.1200 states the following: Pictograms shall be in the shape of a square set at a point and shall include a black hazard symbol on a white background with a red frame sufficiently wide to be clearly visible. A square red frame set at a point without a hazard symbol is not a pictogram and is not permitted on the label.

• [Website Link]

Health Hazard

Health Hazard

Carcinogen
Mutagenicity
Reproductive Toxicity
Respiratory Sensitizer
Target Organ Toxicity
Aspiration Toxicity
Gas Cylinder

Gases Under Pressure

Skull and Crossbones

Acute Toxicity (fatal or toxic)
Hazard Communication Standard
Safety Data Sheet Changes

1. Identification
2. Hazard(s) Identification
3. Composition/Information on Ingredients
4. First-Aid Measures
5. Fire-Fighting Measures
6. Accidental Release Measures
7. Handling and Storage
8. Exposure Controls/Personal Protection
9. Physical and Chemical Properties
10. Stability and Reactivity
11. Toxicological Information
12. Ecological Information (non-mandatory)
13. Disposal Considerations (non-mandatory)
14. Transport Information (non-mandatory)
15. Regulatory Information (non-mandatory)
16. Other Information

Hazard Communications Standard Checklist

• Identify the chemical
• Identify the hazard.
• Plan for emergencies.
• Take measures to prevent emergencies.
• Train employees

Exit Routes

• An emergency action plan describes the actions employees should take to ensure their safety if a fire or other emergency situation occurs.

Exit Routes Checklist

• Identify exit routes in the workplace
• Identify the requirements of emergency exit routes.
• Maintain, safeguard, and operate features for exit routes.

Electrical Safety

- Electricity is widely recognized as a serious workplace hazard, exposing employees to electric shock, burns, fires, and explosions.

Electrical Safety Checklist

- Always use caution when working near electricity.
- Use insulators while working with/around electricity.
- Guard electrical equipment.
- Practice grounding.
- Use circuit protection devices.
- Assume that all overhead wires are energized at lethal voltages.
- Never touch a fallen overhead power line.
- Keep away from overhead wires during cleanup.
- Stay inside care and drive away.
- Never operate electrical equipment while you are standing in water.
- Never repair electrical cords or equipment unless qualified and authorized.
- Have wet electrical equipment inspected.
- Inspect electrical equipment for defects.

Ionizing Radiation

- Ionizing radiation sources may be found in a wide range of occupational settings, including health care facilities, research institutions, nuclear reactors and their support facilities, nuclear weapon production facilities, and other various manufacturing settings.

Ionizing Radiation Checklist

- Openly display and distribute the ionizing radiation standard.
- Ensure that employees’ exposure to radiation is restricted.
- Monitor and maintain employees’ records regularly.
- Display caution signs, labels, and signals
- Keep employees informed.
- Keep radioactive materials safe.

Patient Safety

- The burden and cost of poor patient safety, a leading cause of death in the United States, has been well-documented and is now a major focus for most healthcare institutions.

Patient Safety Checklist

- Policy Development
- Management and Staff Involvement
- Needs Assessment
- Equipment
- Education and Training
- Program Evaluation

Workplace Violence

- Workplace violence is any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs at the work site.

Workplace Violence Checklist

- Identify signs of potential workplace violations.
- Identify workplace policies to prevent workplace violence.
- Identify how employees can protect themselves.
- Identify what employees should do.

Reporting Occupational Injuries & Illnesses

“OSHA will now receive crucial reports of fatalities and severe work-related injuries and illnesses that will significantly enhance the agency’s ability to target our resources to save lives and prevent further injury and illness. This new data will enable the agency to identify the workplaces where workers are at the greatest risk and target our compliance assistance and enforcement resources accordingly.”

Dr. David Michaels - Assistant Secretary of Labor for Occupational Safety and Health

Changes to Reporting Requirements

• As of January 1, 2015, all employers must report
  – All work-related fatalities within 8 hours; and
  – All work-related inpatient hospitalizations, all amputations and all losses of an eye within 24 hours
What am I required to report?

• Previously, employers had to report the following events to OSHA:
  – All work-related fatalities
  – All work-related hospitalizations of three or more employees

Now, employers have to report the following events to OSHA:
  All work-related fatalities
  All work-related in-patient hospitalizations of one or more employees
  All work-related amputations
  All work-related losses of an eye

(Employers must report work-related fatalities within 8 hours of finding out about it.)

Reporting to OSHA

You can report to OSHA by:

• Calling OSHA’s free and confidential number at 1-800-321-OSHA (6742).
• Calling your closest Area Office during normal business hours.
• Using the new online form that will soon be available on OSHA’s website.
Who Is Required to Keep Records and Who Is Exempt?

• There are two classes of employers that are partially exempt from routinely keeping injury and illness records.
  – Employers with ten or fewer employees at all times during the previous calendar year
  – Establishments in certain low-hazard industries
    • If the three-year average lost workday case rate for their industry group was 75 percent below the overall three-year average of the lost workday case rate for private industry (i.e., retail trade, finance, insurance, real estate; and the service industry)

Am I Required to Prepare and Maintain Records Under the New Rule?

1. Use the search feature at the U.S. Census Bureau NAICS webpage: www.census.gov/eos/www/naics. Choose the primary business activity that most closely corresponds to you.
2. Viewing the most recent complete NAICS tables on the U.S. Bureau NAICS main webpage: www.census.gov/www.naics. Select the two-digit sector code and choose a six-digit industry code to read its definition.
3. Using an old Standard Industrial Classification (SIC) code to find your NAICS code using the detailed conversion tables on the U.S. Census Bureau Concordances page: www.census.gov/eos/www/naics/concordances/concordances.html
4. Contacting your nearest OSHA office or state agency for help.

NOTE: establishments of companies with 10 or fewer employees at all times in the previous year continue to be exempt from keeping OSHA injury and illness records, regardless of their industry classification.
Whistleblowers

• Employers are protected from retaliation for reporting alleged violations of the Affordable Care Act's health coverage reforms (Title I of the Act) and for receiving a premium tax credit or a cost sharing reduction for enrolling in a qualified health plan.

Protected Activity

• In addition to health insurance reforms, Section 1558 of Title I also protects employees from retaliation for:
  – Reporting violations of the various reforms found in Title I; and
  – Receiving a premium tax credit or a cost sharing reduction for enrolling in a qualified health plan.
What Is Retaliation?

Retaliation is not limited to firing an employee. Retaliation can include several types of actions, such as:

- firing or laying off;
- reducing pay or hours;
- denying overtime or promotion;
- disciplining;
- denying benefits;
- failing to hire or rehire;
- blacklisting;
- demoting;
- intimidating;
- making threats; and
- reassigning affecting promotion.

How to File a Whistleblower Complaint?

- An employee can file an Affordable Care Act whistleblower complaint with OSHA by visiting or calling the local OSHA office or sending written complaint to the closest OSHA office.
Top 10 OSHA Violations in Healthcare

Hospitals and medical centers

1. Failure to train under the bloodborne pathogen standard
2. Failure to implement and maintain an exposure control plan under the BBP standard
3. Failure to engineer out hazards/ensure handwashing under BBP standard
4. Poor housekeeping under the BBP standard
5. Failure to use personal protective equipment under the BBP standard
6. Failure to keep BBP training records and a sharps injury log
7. Failure to implement and maintain a written hazard communication program
8. Failure to provide material safety data sheets under the hazard communication standard
9. Failure to ensure proper labeling of chemicals under the hazard communication standard

Physicians’ Offices and Clinics

1. Failure to implement and maintain an exposure control plan under the BBP standard
2. Failure to train under the BBP standard
3. Failure to engineer out hazards/ensure handwashing under BBP standard
4. Poor housekeeping under the BBP standard
5. Failure to implement and maintain a written hazard communication program
6. Failure to make the Hepatitis B vaccination available under the BBP standard
7. Failure to prepare exposure determinations under the BBP standard
8. Failure to use personal protective equipment under the BBP standard
9. Failure to provide post exposure Hepatitis B vaccination under the BBP standard
10. Failure to train employees under the hazard communication standard
Summary

• The burden and cost of poor patient safety, a leading cause of death in the United States, has been well-documented and is now a major focus for most healthcare institutions.

• Studies have shown compliance with standard precautions was increased when workers felt that their institution had a strong commitment to safety and when institutions targeted interventions at improving organizational support for employee health and safety.

Questions?

• Thank you for your attendance!!

• Get your questions answered on PMI’s Discussion Forum: http://www.pmimd.com/pmiForums/rules.asp

• Contact information: pjoslin@pmimd.com
Your ICD-10-CM training needs should focus on three distinct areas: Coders and Third-Party Billers, Managers, and Clinical Staff.

ICD-10 Classes
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- ICD-10 Implementation for Managers and Supervisors
- ICD-10 Coding Workshop
- Coding ICD-10: The Next Level
- Diagnostic Coding for Physician Services
- Medical Terminology with Anatomy & Physiology

Webinars
- ICD-10 Diagnosis Coding for Orthopedics
- Auditing Surgical Charts with ICD-10 Criteria
- ICD-10 Coding for Pediatrics

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