OSHA Training Requirements

OSHA requires mandatory Bloodborne Pathogens (BBP) training for ALL clinical employees "at least annually". Clinical employees are defined by their exposure to blood and/or Other Potentially Infectious Materials (OPIM) through their work-related tasks.

Clinical employees may include:

- **Physicians & Physician Assistants**
- **Nurses & Nurse Practitioners**
- **Certified Nursing Assistants**
- **Medical & Dental Assistants/Dental Hygienists**
- **Surgical & Patient Care Technicians**
- **Laboratory Workers**
- **Funeral Home Embalmers**

The BBP annual training program MUST cover at a minimum the following (14) elements:

- a **copy and explanation** of **OSHA's Bloodborne Pathogen Standard**
- **Epidemiology of Bloodborne Pathogens**
- **Modes of Transmission**
- an **explanation of your organization's Exposure Control Plan (ECP)** and how to **obtain a copy**
- an **explanation of methods to recognize tasks** and other activities that may involve **exposure to blood and OPIM**, including what constitutes an exposure incident
- an explanation of the **use and limitations of engineering controls, work practices and PPE**
- an explanation of the **types, uses, location, removal, handling, decontamination and disposal of PPE**
- an explanation of the basis for **PPE selection**
- **information on the Hepatitis B vaccine**, including information on its **efficacy, safety, method of administration, the benefits of being vaccinated and that the vaccine will be offered free of charge**
- information on the **appropriate actions to take and persons to contact in an emergency involving blood or OPIM**
- an **explanation of the procedure to follow if an exposure incident occurs**
- information on the **post-exposure evaluation and follow-up** that the employer is required to provide for the employee following an exposure incident
- an **explanation of the signs and labels and/or color coding** required by the standard and used at this facility
- an **opportunity for interactive questions and answers** with the person conducting the training session

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MOCK OSHA Audit & Inspection
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A mock OSHA Audit & Inspection of your facility will be conducted to determine potential OSHA violations. This safety inspection will include compliance checks for the following areas:

- Fire Extinguisher Check w/ Yearly and Monthly Inspection Documentation Review
- Fire Alarm Documentation Review (if applicable)
- Sprinkler Documentation Review (if applicable)
- Eyewash Station & Weekly Documentation Review
- First Aid Kit
- Spill Kit
- Exit Routes & Proper Exit Signage
- Gas Cylinder Storage Area(s)
- Lab Area(s)
- Exam & Procedure Rooms
- Federal Labor Law Notices/Posters
- Medical Waste Storage Area(s)
- Chemical Labeling
- Sharps & Biohazardous Waste Containers
- Onsite Laundry Area (if applicable)
- PPE (Personal Protective Equipment)
- Electrical Hazards
- Hepatitis B Vaccination Records/Declination Forms
- TB Program
- Review of your OSHA manual
- SDS (Safety Data Sheet) Binder Review (formerly MSDS)
- Safety Training Records & Logs
- Injury and Illness Documentation

You will receive a detailed and easy to follow report that will be emailed to the address on file within (7) days of the Mock OSHA Audit and Inspection completion date.

This report will contain your site inspection results noting deficiencies, potential OSHA violation areas and a detailed compliance action plan. Year-round phone, text and email support is included to ensure that deficiencies are addressed and corrected as soon as possible.

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Is HIPAA training mandatory?
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HIPAA training is **mandatory** for **ANYONE** who **uses and discloses** the **medical and financial information** of patients for **treatment, billing, operational and observational purposes**.

This group may include:

- **Employees (Full-time & Part-time)**
- **Contract & Temporary Staff**
- **Students**
- **Volunteers**

HIPAA Training & Gap Analysis Site Evaluation
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The HIPAA Privacy & Security trainings will include:

- **Basic & Advanced HIPAA Terminology**
- **Discussion of the (18) Protected Health Information (PHI) Identifiers**
- **HIPAA's Privacy & Security Standards and how they apply to your organization**
- **Patient Rights**
- **Practical ways to secure your patients PHI in accordance with HIPAA Standards**
- **Oral, Written and Electronic PHI Types & How to Secure**
- **Breach Evaluation & Reporting Protocols**
- **Social Media Pitfalls**
- **HIPAA Violations resulting in Civil Monetary Penalties (CMP's) for employers and staff**
- **HIPAA Violations resulting in Criminal Penalties (employer and employee incarcerations)**
- **Administrative, Technical and Physical Safeguards**
- **Business Associate Agreement Requirements**
- **Recent HIPAA Settlements**
- **Omnibus and HITECH Act Updates**
- **HB 300 Texas HIPAA Program**
- **Notice of Privacy Practice Posting Requirements**
- **Confidential Communications**
- **Student/Volunteer On-site Training Requirements**

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HIPAA Site Inspection & Gap Analysis

The Gap Analysis will help identify potential risks and areas of non-compliance with your current setup and will include:

- A site evaluation to help identify potential breach opportunities at front and check out desk area(s), Nursing Stations, Exam Rooms & Chart Storage Area(s) where applicable
- Identify all areas where PHI enters and leaves the facility
- Identify role of HIPAA Privacy & Security Officer(s)
- Review whether IT Systems are HIPAA-compliant
- Review available Business Associate Agreements (BAA's)
- Assess Vendor Sign-in Protocol
- Assess VPN remote capabilities
- Identify weaknesses in Password Management
- Identify weaknesses in HIPAA trainings & documentation
- Review Notice of Privacy Practices (NPP)
- Review New Patient Paperwork
- Identify Access Controls
- Review Firewall Capabilities
- Review Contingency Protocols
- Review of your HIPAA Manual
- Review Audit Trail Capabilities

HIPAA Regulation	Regulatory Summary
45 C.F.R. § 164.308(a)(1)(ii)(A)	**Risk Analysis:** Conduct an accurate and thorough assessment of the potential risks and vulnerabilities to ePHI.
45 C.F.R. § 164.308(a)(1)(ii)(B)	**Risk Management:** Implement security measures to reduce risks and vulnerabilities to a reasonable and appropriate level.
45 C.F.R. § 164.308(a)(1)(ii)(C)	**Sanction Policy:** Apply appropriate sanctions against workforce members who fail to comply with security policies and procedures.
45 C.F.R. § 164.308(a)(1)(ii)(D)	**Information System Activity Review:** Implement procedures to regularly review records of information system activity.

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Training & Inspection Timelines?

Typical visits usually last at least (4) hours as reflected below:

OSHA Training = (1) Hour
HIPAA Training = (1) Hour

OSHA Mock Inspection = (1) Hour
HIPAA Gap Analysis = (1) Hour

Please note that times can be adjusted based on your availability.

The OSHA and HIPAA combined trainings are two of the most important trainings your employees will receive this year. If possible, try to allot at least 1.5 hrs. to accommodate examples and questions that are sure to arise.

So, what now?

- Email us today at admin@OSHAandHIPAAcompliance.com or call us right now to get scheduled (346) 298-3920

- If you have questions, we have answers. Call today!

- We offer early morning, late evening and weekend appointments

- Our classes are fun, interactive and engaging

What are you waiting on?!?! Call Now!