Welcome to Miami Children's Hospital! Our goal is to provide students with exceptional learning experiences by promoting a culture of excellence in everything we do. We expect our employees and students to model the MCH Way: a culture of passion, collaboration, respect & support, accountability, safety and integrity.

Please follow the guidelines listed below to ensure a successful integration of students into our facility.

**Administrator/Teacher Responsibility**

1. Give the student(s) a copy of the Student Orientation Guideline, Study Guide and Assessment.
2. Submit, to MCH Volunteer Services, the dates, times and names of the students 10 days prior the start date of the students scheduled rotation. Tel: 786-624-4431; Fax: 305-662-8356; Email: aida.panceira@mch.com.
3. Register for the Education Provider Orientation.
4. Schedule an appointment, with Volunteer Services, 10 days prior to the student’s scheduled orientation.

Submit the following:

- Student Application Form
- Student Attestation Form
- Student Assessment
- Passport size photo
- Copy of program curriculum and objectives
- Checklist of tasks to be completed by student

**Student Application Process**

All students are required to complete an on-line application, an orientation module and assessment prior to coming to Miami Children's Hospital. The Student Application is available on the MCH website.

To access the student application:

1. Go to www.mch.com
2. Click For Medical Professionals
3. Under Medical Professionals, click on “For Students”
4. Complete the Student Application (7 pages in total)
5. Print a copy of the completed application
6. Review the Orientation Module to ensure a passing score on the Student Assessment
7. Make sure to write your name, contact number and name of school on all required pages.

For more information, please review the Student Guidelines located at the end of the application.
**STUDENT APPLICATION FORM**

**FOR PRACTICUM STUDENTS & INTERNS**

<table>
<thead>
<tr>
<th>Student’s Name:</th>
<th>Mobile No:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>Home No:</td>
</tr>
<tr>
<td>City:</td>
<td>State:</td>
</tr>
<tr>
<td>Date of Birth:</td>
<td>Email:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>School:</th>
<th>Major:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervising Instructor:</td>
<td>Day Phone:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Practicum/Rotation Begin Date:</th>
<th>Will you be interning with us for more than three months:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ Check here for “Yes”</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Practicum/Rotation End Date:</th>
<th></th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Emergency Contact:</th>
<th>Relationship:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daytime Phone:</td>
<td>Evening Phone:</td>
</tr>
<tr>
<td>Family Physician:</td>
<td>Phone No:</td>
</tr>
</tbody>
</table>

Have you ever been convicted or adjudicated guilty, adjudication withheld, including Nolo Contendere (No Contest) for an offense other than a minor traffic violation?

☐ No  ☐ Yes  (If “Yes” please explain)

________________________________________  __________________________
Signature: Date:

The hospital fully complies with the Age Discrimination in Employment Act of 1968 and the Civil Rights Act of 1964 which prohibits employment discrimination based on race, color, creed, sex, age, nation origin, and physical disability of veteran status.

A Criminal Conviction record search is required of all prospective students at MCH. A conviction record is not necessarily a bar to employment; Factors such as age at the time of the offence, seriousness and nature of the violation and rehabilitation will be taken into account. However, concealment of any conviction on this application shall be cause for discharge whenever discovered.
STUDENT HEALTH INFORMATION

Student’s Name:  
School:  

Please complete the following information:

<table>
<thead>
<tr>
<th>Have you had any of the following?</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chicken Pox</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rubella (German Measles)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles (Seven Days)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Immunized For:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rubella</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BCG (Tuberculosis)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Have you ever had a Tuberculosis Test?  

- ☐ Yes  
- ☐ No  

What was the result?  

- ☐ Positive  
- ☐ Negative  

Do you have or are you being treated for any of the following? Please check all that apply.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergies</td>
<td>Hearing Problems</td>
</tr>
<tr>
<td>Asthma</td>
<td>Immune Deficiency</td>
</tr>
<tr>
<td>Chronic Cough</td>
<td>Skin Disorders/Rashes</td>
</tr>
<tr>
<td>Diabetic on Insulin</td>
<td>Partial Blindness</td>
</tr>
<tr>
<td>Epilepsy</td>
<td>Wrist, Back or Neck Injury</td>
</tr>
</tbody>
</table>

List all medications that you are taking:

________________________________________________________________________
________________________________________________________________________

Signature: ____________________________  Date: ____________________________
ATTESTATION OF STUDENT SCREENING

Student Name: _______________________________  Student ID: __________________

I, the undersigned, as the representative for (school name and department)
________________________________________________, hereby attest, warrant and agree that the following requirements for Variety Children’s Hospital d/b/a Miami Children’s Hospital (“MCH”) have completed and cleared the following (please check):

- Criminal Background Check
- To include Pedophile and sex-offender, OIG/SDN checks
- Level II Finger Printing Background (applicable to Mental and Behavioral Health students)
- Current Student Health Form
- Cleared Drug Test (We are a Drug Free Workplace)
- Current CPR Card
- Current Immunization Record that includes:
  - PPD less than 12 months
  - 2 doses of Varicella Vaccine or Titers
  - 2 doses of MMR or Titers
- Primary source verification of Licensure in accordance with Joint Commission Standards (applicable to licensed students)
- Copy of CPR (applicable to licensed students)

In addition, I attest that any and all negative information regarding this student has been communicated, in writing, directly to MCH’s Staff and Community Education Department.

The undersigned has executed and delivered this Attestation of Student Screening, understanding and fully intending that MCH will each rely upon it in connection with the Affiliation Agreement. The undersigned individual has executed and delivered this Attestation of Student Screening in a representative capacity and represents and warrants that he or she is duly authorized to do so for and on behalf of such school. The undersigned individual will provide any student record supporting this attestation upon request.

Agreed to by the undersigned this _____ day of ____________, 20____.

________________________________________________  ________________________
Type or Print Name                                          Signature

School Representative Contact Information:

Email: ______________________________________________

Day Phone: ________________________________________  Cell Phone: __________________________
GENERAL (NON-CLINICAL) STUDENT ASSESSMENT

To access the Student Orientation Manual, please click here

Directions: Circle the answer that best corresponds to the question.

1. A time-out is performed prior to the procedure in order to verify:
   A. Correct patient  C. Correct procedure
   B. Correct site     D. All of the above

2. In case of a fire, remember the acronym R.A.C.E. R.A.C.E means:
   A. Rescue, Alert, Contain, Evacuate
   B. Run, Alarm, Contain, Evacuate
   C. Rescue, Alarm, Contain, Evacuate
   D. D. Rescue, Alarm, Complain, Evacuate

3. In case of a hazardous spill in your work area:
   A. Call Infection Prevention and Control if you cannot contain the spill
   B. Call Environmental Services at extension 4357(HELP), if you cannot contain the spill
   C. Call the Safety Officer if you cannot contain the spill
   D. Call the Operator if you cannot contain the spill

4. Examples of various cultures include:
   A. Religious groups
   B. Ethnic groups
   C. Generational groups (e.g. teenage vs. elderly)
   D. All of the above

5. Those who violate patient privacy and security standards can suffer penalties such as:
   A. Fines, possibly in the thousands of dollars
   B. Imprisonment
   C. Bad public relations
   D. All of the above
6. **Common threats to patient information security include:**
   
   A. Talking about patients, using information such as name or diagnosis in public areas.
   B. Logging off the computer when finished.
   C. Maintaining patient listings and other information out of the view of unauthorized people.
   D. All of the above.

7. **When hands are not visibly dirty, both the CDC and the WHO recommend using which of the following hand hygiene products?**
   
   A. Plain soap and water
   B. Anti-microbial soap and water
   C. Alcohol-based hand rubs
   D. Bar of soap and water

8. **What is the minimum length of time required to perform hand washing?**
   
   A. 25 seconds
   B. 2 minutes
   C. 15 seconds
   D. 1 minute

9. **A near miss is an occurrence which did not cause injury. Therefore, an incident report is not required in this case.**
   
   A. True
   B. False

10. **Exposure to blood and body fluids can occur only through needle sticks.**
    
    A. True
    B. False

11. **TB is spread by:**
    
    A. Breathing in contaminated droplets
    B. Touching an infected person
    C. Needle stick with contaminated needles
    D. None of the above
12. Symptoms of active TB disease include:

   A. Persistent cough
   B. Fatigue
   C. Weight Loss
   D. All of the above

13. Seasonal influenza is a contagious respiratory illness caused by the influenza virus that is typically transmitted from person to person.

   A. True
   B. False

14. The following is/are considered a sentinel event(s):

   A. Unintended retention of a sponge after surgery
   B. Death of a patient while in restraints
   C. Suicide of a patient in the hospital
   D. All of the above

15. To reduce the risk of healthcare-associated infections, you should:

   A. Wash your hands with soap and water when they are visibly soiled
   B. Use an alcohol-based hand rub for routine decontamination
   C. Avoid wearing artificial nails or extenders

16. What would you do if you see someone suspicious?

   A. Call Security at extension 4911 (911 for offsite locations)
   B. Call the Safety Officer at extension 6407
   C. Call Administration at extension 2020
   D. Call the Operator to announce it

17. When using computers at work, you should:

   A. Protect your password
   B. Report any problems with your login or computer viruses
   C. Make sure the computer screen is turned away from public view
   D. All of the above
18. Protected health information (PHI) is any information that can identify a patient.

A. True
B. False

19. What does the abbreviation “MDRO” stand for?

A. Most-Drug Resistant Organism
B. Multi-Dose Received Orally
C. Multi-Drug Resistant Organism

20. It is acceptable to wear fingernail extenders while providing patient care as long as the health care worker carefully scrubs the nail with an alcohol-based hand rub.

A. True
B. False

Thank you for completing the General/Non-Clinical Student Orientation Assessment! Remember to bring a copy of your completed assessment, along with your application and Attestation, to the Volunteer Resources Department ten days prior to your official internship start date.
Miami Children’s Hospital (MCH) is a private, not for profit institution that provides for the healthcare needs of children from birth to 21 years of age. MCH was established in March, 1950 as Variety Children’s Hospital. It is a 268-bed facility including Outpatient Services, Wellness and Specialty Clinics, Medical Arts Building and a Research Center.

Interns and Practicum Students include any person under the guidance of certified and/or licensed professional within a technical or professional field who is working towards a career in that area. The experience is usually required as part of the criteria for completion of the program or certification.

Student personnel information will be processed and maintained by the Volunteer Services Department. All required paper work, forms and assessments must be completed and provided to the Office of Volunteer Services ten days prior to orientation start date.

Documentation Requirements
The following information must be provided by your institution to the Staff & Community Education Department:

- Legal Contract with the educational institution
- Proof of Liability Insurance
- Program Curriculum and objectives from the educational institution
- Instructor’s CV/Resume and contact number

Registration
The following information must be provided to Community and Volunteer Services ten days prior to the actual internship date:

- Student Application and Photo ID
- Student Attestation
- Student Assessment
- Program Curriculum, objectives and student check off list

Schedule
The Staff & Community Education offers On-Site Provider Orientation. Schedules are coordinated through Education at 305.663.8535. All Nursing rotation schedules are coordinated through Education. Other clinical and non-clinical students coordinate their internship schedules directly with the manager of the department where the practicum/internship will take place.

Attendance
Students are required to sign-in out using the registration monitor in the Volunteer Services department. Documentation of hours is available upon request.

Dress Code
Students must comply with MCH’s employee dress code and the dress code of the department the student is assigned to. A picture identification badge will be given to students upon completion of the requirements. ID badge must be worn at all times. ID badge must be returned to the Volunteer Services upon completion of the scheduled rotation.
Before you begin your rotation, please read the information below regarding your immunization documentation to avoid confusion as to what kind of immunization you have to have. In general, immunizations and titers are valid for a lifetime and the immunity to the diseases below is life long.

**Varicella**

- Documentation of 2 doses of Varicella
- Vaccine or a record from a clinic or a physician
- A positive titer or the laboratory record from the laboratory which did the test.
- Documented proof from the patient’s physician that they had the disease

**Measles, Mumps, Rubella (MMR)**

- Documentation of 2 doses of the MMR Vaccines or Titers from a clinic or physician
- Student’s baby shots and those given on entrance to kindergarten are applicable.
- The two doses of vaccine are given one month apart. The student may begin their rotation
- After the first dose while they wait until it is time to give the second dose.

Explanation of these practices are in text books of medicine, nursing and on the CDC.gov website under immunizations.

**Tuberculosis skin testing (TST) or PPD**

Skin testing must be repeated annually as one is checking for a change in immunity to TB due to exposure to TB. This is why a positive PPD is never repeated as one does not lose the immunity to TB. In this case a Chest X-Ray is done to rule out radiographic evidence of active tuberculosis disease.

If your PPD test will expire during your rotation, you must update your test prior to beginning the rotation.

**MCH Contact Information**

| Staff & Community Education | Community & Volunteer Services |
| 6101 Blue Lagoon, Suite 400 | 3100 SE 62 Avenue, Miami, FL 33155 |
| Miami, Florida               | Tel: 786.624.4431               |
| Tel: 305.663.8535           | Fax: 305.662.8356;              |
| Fax: 786.268.6509           | Email: aida.panceira@mch.com    |
| Email: Alina.gonzalez@mch.com|                            |
|                           | Email: Leslie.gutierrez@mch.com |
2011
Student Orientation Guide
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Our MCH Mission, Vision and Core Values

Miami Children’s Hospital has a rich tradition of caring for and serving the children of South Florida. We - all of us who have the opportunity to be in the Miami Children’s Hospital family, a community of students and partners - are entrusted to honor our history and improve and strengthen Miami Children’s Hospital for the future.

Our Mission – Why we exist.

We provide hope through advanced care for our children and families.

Hope – Is what we promise.

It is hope for a better outcome, for healing and for a better lifestyle. It is creating expectations together and providing comfort in many ways, including spiritually. It is maximizing the quality of life.

Our Vision – Where we want to be.

Being where the children are means caring for their wellbeing, being more virtual and not limited by geographic boundaries.

Operating Statement – How we operate.

A network of comprehensive care centers with talented people dedicated to exceeding the expectations of our children and families, by giving them control and providing world class service in a highly automated environment.

MCH Way – Our Values and Guiding Behaviors

Passion – We are passionate in serving the child and family
Respect – We respect and support each other
Environment – We foster a safe, caring, healthy environment
Accountability – We are accountable
Integrity – We act with integrity
Collaborate – We collaborate.
Environment of Care

This course provides students with information about Miami Children's Hospital emergency codes and emergency preparedness. The course is designed to guide you in responding to an emergency situation at work. It will also provide you with information on safety, security and hospital information.

Emergency Codes

As a Miami Children’s Hospital (MCH) student, this chapter will assist you in responding to unexpected events and emergencies. It introduces you to all MCH emergency codes.

Code Red

Code Red means there is fire or a threat of fire. When you hear Code Red, remember the acronym RACE.

1. **Rescue** - Your first priority is to remove patients from immediate danger. Rescue less critical patients first.
2. **Alarm** - Pull the red alarm box located in the area to activate the alarm. The alarm activates the Code Red procedure which informs the hospital of the location of the fire.
3. **Contain** - Close all doors and prepare for evacuation. The response team will contain the fire. Clear halls of personnel and equipment.
4. **Evacuate** - Go to the next safety zone. Follow your department's evacuation plan and close all doors behind you.

Fire Extinguisher

In case you need to use a fire extinguisher, remember the acronym PASS

1. **PULL** - Pull the pin
2. **AIM** - Aim the nozzle at the base of the fire
3. **SQUEEZE** - Squeeze the handle
4. **SWEEP** - In a sweeping motion at the base of the fire

Code Lindbergh

Code Lindbergh means there has been a suspected abduction.

- If you see a suspicious person, or if you suspect a possible abduction, please call Security immediately at Ext. 4911.
- Provide the Security Office with a detailed description of the person and his/her location. This would include, but not be limited to, physical and clothing descriptions, direction of travel and other pertinent information.
- Hospital lock-down goes into effect.

Remember that the suspected abductor is potentially dangerous and could possess a dangerous weapon. Under no circumstances should staff risk injury to prevent abduction.
**Code Blackout**

Code Blackout means that there is a loss of electrical power and the hospital is running on generators.

1. Only designated and emergency lights will function
2. Use only life support machines, critical equipment and communications equipment

**Code 36**

Code 36 means that a child has been separated from the parent/guardian on the premises.

- If a parent approaches you and informs you that their child is missing, or if you find a child unattended, please call Security immediately at **Ext. 4911**. Provide Security a description of the missing child including all known information, including physical and clothing descriptions, last area seen, direction of travel, and any other pertinent information.
- Code 36 will be announced and a description of the child will be overhead paged. The hospital’s lock-down system goes into effect as soon as the code is announced.
- If you hear Code 36, search your department and immediate areas for the described child. If you find the missing child, notify Security ext. 4911 immediately.
- If the child is not found in 10 minutes, Security will notify the Metro Dade Police Department

**Code Blue**

Code Blue means that a Cardiac, Respiratory or Cardiorespiratory arrest has occurred.

- If you are in a patient room, press the Code Blue button located near the bed and dial **ext. 555** to alert the Code Blue Team.
- If you are in another area, dial **ext. 555**. Give the operator your location. If there is no phone close to you, shout for help.
- Do not leave the victim unattended. If you know CPR, begin resuscitation. Continue CPR until the Code Blue Team arrives.

**Code Orange**

Code Orange means a trauma case is coming to the hospital. The Trauma Team and involved disciplines will be prepared to receive the patient in the Emergency Department. Please keep clear of Helicopter area as the trauma victim is often transported by helicopter. Did you know that MCH has a heliport for the helicopter to land? The heliport is located in the Emergency Department area.

**Code Strong**

Code Strong is an alert to activate necessary staff to respond to a situation when a patient, visitor, or employee has become, or exhibits violent behavior towards staff or others.

1. Student should dial ext. 4911 and request Code Strong
2. State room number and/or department name

---

Students shall not touch or restrain the visitor unless a life-threatening emergency exists.
Security

For regular information about Security, please dial ext. 4945. In case of an emergency, please dial ext. 4911. Please report all incidents or suspicious events to Security.

- As an MCH student, your Identification (ID) badge needs to be visible at all times.
- Secure all your personal belongings.
- Miami Children’s hospital has zero tolerance for workplace violence.

Rapid Response Team

The Rapid Response Team at Miami Children’s Hospital is comprised of intensive care nurses, respiratory therapists and physicians that can respond to staff or parent concerns about a patient’s sudden change in medical condition. If a parent or staff member feels the child’s condition needs immediate attention, a number can be called and the team will respond to check on the child within 15 minutes.

- To call the Rapid Response Team:
  - Dial ext. **811 (You can call from any hospital phone)**
  - Tell them if you are a parent, patient or clinician
  - Give them the child’s name and room number

The Rapid Response Team is here to help make sure that patients at MCH get the best care possible.
Tobacco Free Environment

To establish and maintain the safest possible environment, Miami Children's Hospital facilities, buildings, properties, parking lots and operated vehicles are tobacco free. There is absolutely no smoking on MCH property.

Cover all Linen Carts

Linen carts must always be covered!

- Even if the cart is in a clean room, it must be covered
- During transport, the linen cart must be covered
- During busy times when the next person will be right there to get more linen out, the cart must be covered
- When distributing linen to patient rooms, the cart must be covered

Conclusion

* Safety and security is everyone's responsibility. Please be aware of your surroundings and report any suspicious activity at extension 4911.

* Know and follow the MCH Emergency plans and procedures

* Handle hazardous materials safely

* Watch for outdated supplies

Safety is everyone’s priority at Miami Children's Hospital!
The Joint Commission's National Patient Safety Goals

Overview

In January 2003, the first set of National Patient Safety Goals became effective. The Joint Commission re-evaluates the goals and requirements annually. New goals may be added or requirements revised each year while others may be "retired," which usually means they are integrated into The Joint Commission standards. Moving a requirement to the standards means that it is no longer necessary to “spotlight” the issue in the National Patient Safety Goals, though compliance is still a Joint Commission requirement. The improvements are intended to clarify language and ensure relevancy to the settings in which they apply.

Each year, health care organizations must address the current goals and requirements as part of their patient safety performance improvement initiatives. The goals were identified by an advisory panel of patient safety experts and are based on Sentinel Event Alerts and the recommendations of national safety experts. The information in this course pertains to the Joint Commission’s National Patient Safety Goals that are applicable to hospitals.

NPSG #1: Improve the accuracy of patient identification

Patient Identifiers

Use at least two ways to identify patients. For example, use the patient’s name and date of birth. This is done to make sure that each patient gets the medicine and treatment meant for them.

NPSG #2: Improve the effectiveness of communication among caregivers.

Communication

Quickly get important test results to the right staff person, so the patient can be treated promptly. Ensure laboratory results and services are completed, recorded and reported back to the caregiver within your organization’s definition of the acceptable length of time. This is specifically important in point of care testing and other diagnostic results that require an urgent response.

NPSG #7: Reduce the risk of health care–associated infections.

Hand Hygiene

Hand hygiene is the single most effective way to prevent the spread of infection. Use the hand hygiene guidelines from the Centers for Disease Control and Prevention or the World Health Organization.

Also, keep in mind the following:

- It is important to use soap and water when caring for patients with C. difficile and B. anthracis.
- Do not wear artificial fingernails or extenders, especially when having direct contact with patients.
- Keep natural nail tips less than 1/4 inches long, as measured from the fingertip.

NPSG #7: Reduce the risk of health care–associated infections.

Preventing Multidrug-Resistant Organism (MDRO) Infections

Use proven guidelines to prevent infections that are difficult to treat. Hand hygiene, educating patients and families on prevention, contact precautions and cleansing of equipment are vitally important to prevent the spread of MDROs.
NPSG #7: Reduce the risk of health care–associated infections.

Preventing Central Line–Associated Bloodstream Infections
Use proven guidelines to prevent infection of the blood from central lines. Such practices for central lines include:

- Using a catheter checklist and standardized supply cart/kit
- Performing proper hand hygiene prior to catheter insertion
- Following standardized protocols for sterile barrier precautions and catheter hub/port disinfection
- During venous catheter insertion, using an antiseptic for skin preparation that is cited in scientific literature or endorsed by a professional organization

NPSG #7: Reduce the risk of health care–associated infections – applies to patient care providers
Introduction to Workplace Diversity

Overview

We all differ from one another. As workers in the health care industry, our differences can become more heightened and important due to the extremely personal nature of the services provided. As we work with each other and serve diverse patient populations, we must be aware of different beliefs and practices and be willing to create and maintain an environment that is respectful of all people. This course explores the following objectives:

Diversity means distinct or different elements or qualities. Some say that diversity among people includes the things we have in common as well as the differences that make us unique.

Many people only think of differences in race and gender with workplace diversity, but those are just the tip of the iceberg. Let’s explore and define diversity and its impact on the workplace in a little more detail.

We all react to what we see and do not see. Due to human nature, we often judge and react to others based on our general ideas. Our challenge is to not prejudge before we truly know a person.

On the tip of the iceberg, at water surface level is race, gender, age/generation, appearance, clothing worn, color, physical ability and other characteristics – things that we can see – the top layers.

Below the water level is sexual orientation, religion, marital status, education, language, nationality, parental status, income, personal/work habits and interests, political affiliation, career position, mental ability, geographic origin, seniority within the company, health and other unique qualities – qualities and characteristics that we generally learn only by talking with the individual – the hidden layers.

Why should I value diversity?

Environments that are respectful of all differences gain the following benefits:

- Work environments that are free from discriminatory practices.
- A workplace that attracts the best and the brightest — everyone wants to work there.
- A health care provider that all people seek out — it is the place to come for health care services.
- More creativity due to different perspectives, leading to better problem solving and better ways to meet patient, family, student and employee needs.

How can one person make a difference?

No one can know and understand all the ways we differ from one another. We can learn more about other cultures, but there will always be an exception within that culture. No one can know everything. But each person can create an environment that is respectful of differences. To do this, you must be aware of your own feelings about differences and consistently use behaviors that communicate respect.
Ways you can show your value and respect for a co-worker:

- Smiling and displaying overall positive body language.
- Warmly greeting a person as he or she enters your team's work area.
- Offering assistance.
- Showing appreciation for him or her.
- Listening actively and asking how he or she is doing.
- Sharing ideas with him or her.
- Asking him or her to join a project team.
- Asking him or her for ideas or input on a problem.
- Recommending him or her to others.
- Having lunch or taking a break with him or her.
- Not making jokes or comments about anyone's personal identity or differences.
- Giving feedback to and accepting feedback from him or her.
- Forgiving mistakes
- Learning more about his or her differences
- Handling conflict positively

Ways you can show your value and respect for each patient and his or her family

- Asking each person how he or she is feeling, showing true concern.
- Involving the patient and family in care decisions.
- Recognizing that families come in varieties
- Maintaining confidentiality.
- Offering a hug or prayers, if appropriate
- Offering the full range of your facility's services (such as chaplain, playrooms, laundry services, Internet service, interpreters, etc.).
- Making sure you can communicate — get an interpreter to help with language and understanding of cultural practices and beliefs.
- Smiling and displaying overall positive body language.
- Warmly greeting each person as he or she enters your facility.
- Offering assistance
HIPAA: Protecting Patient Information

Overview

This course introduces important facts and responsibilities related to the privacy and security of protected health information. It will help you understand the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA, pronounced hip-pah) and prepare you to meet your obligations under the HIPAA standards.

Objectives

- Define protected health information, privacy and security with regard to patient information.
- Describe the purpose and requirements of the HIPAA Privacy Rule.
- Name three common threats to information security.
- Describe at least five ways a health care organization safeguards protected health information.
- Identify three things you can do to safeguard protected health information.

Protected Health Information

To understand your role in protecting patient information, you must first know what protected health information is and the difference between privacy and security.

When information identifies an individual or could reasonably be used to identify an individual, it is considered protected health information (PHI). PHI includes information created by or received from a health care provider, health plan, employer or other covered entity (CE). This information may relate to a person's past, present or future physical or mental health, any care received, or the payment for care.

Privacy

Privacy is an individual's interest in protecting his or her personal information from inappropriate access by others. State and federal laws, including the Privacy Rule adopted as part of HIPAA, outline how patient information may be used and disclosed.

Security

Security assures that privacy is maintained by protecting information, data and systems from accidental or intentional access by unauthorized users. The Security Rule adopted as part of HIPAA sets standards for the security of electronic protected health information.

Protected health information includes, for example, a patient's:

- name
- mental or physical condition
- diagnosis
- birth, admission, and discharge dates
- social security number
- insurance or payment information
- address
- relatives
- telephone and fax numbers
- certification/license numbers
- vehicle identifiers such as license plate and serial numbers
- device identifiers and serial numbers
- email address, Web Universal Resource Locator (URL), Internet Protocol (IP) address
- medical record, account and health plan numbers
- biometric readings such as finger prints
- full face photographic images and any comparable images
Patient information can be found in many places and communicated in many ways, including: medical records, conversations with family members, written pharmacy orders, conversations with hospital staff, laboratory orders, room assignment white boards, admission and discharge forms and/or hospital bills.

Patient information needs to be treated with great care. If you can link information together to identify a patient, then the information must be protected. Everyone in the organization has a role in protecting patient information.

**State Healthcare Codes**

Many states have laws related to health information. In cases where the state laws are more stringent than the HIPAA regulations, the state laws will rule.

**Federal Standards under HIPAA**

HIPAA required the United States Department of Health and Human Services (DHHS) to adopt regulations setting standards for certain electronic health care transactions such as health care providers' claims for payment. HIPAA sets standards for protecting the privacy of health information and security.

The HIPAA regulations impact the entire health care organization, including:

- Patient communications
- Business processes
- Policies and procedures
- Technology
- Contracts that involve the use and disclosure of PHI

HIPAA impacts daily transactions such as:

- Patient registration
- Medical transcription
- Telecommuting
- Medical records
- Pharmacy call-ins
- Pre-certifications and pre-authorizations
- Eligibility and referrals
- Claims processing
- Patient billing

The privacy portion of the HIPAA standards requires an organization to tell patients how their protected health information is used. It also gives patients access to their medical and billing records. The privacy standards require most health care providers to deliver a Notice of Privacy Practices (privacy notice) to a patient the first time a service is provided to the patient in a hospital or other treatment setting.

This privacy notice must describe permitted uses and disclosures of PHI, patient rights and the privacy policies of the provider. Representatives of a health care organization must make a "good faith" effort to obtain written documentation that the patient received the notice. In addition, the privacy notice must be posted clearly within the building, copies should be available for patients to take home, and the notice should also be included on the organization’s web site.
HIPAA requires organizations to use and disclose only the minimum information necessary for students to accomplish particular tasks. This involves:

- not disclosing an entire medical record, except to providers for treatment
- identifying which members of the work force require certain PHI and limiting access accordingly
- using standard guidelines for frequent requests for information
- developing criteria to limit disclosures of PHI
- reviewing requests for special PHI disclosures on an individual basis according to the organization’s criteria

However, the minimum necessary requirement does not apply to requests to or by a health care provider for uses and disclosures:

- For treatment
- Made to the patient
- Requiring the patient’s authorization
- Required by law
- To the Department of Health and Human Services for HIPAA compliance purposes

Everyone is responsible for information security. Any person who does business with or on behalf of the organization as an employee, contract employee, student or volunteer must:

- Understand the reasons for confidentiality and agree to abide by confidentiality policies and procedures.
- Keep patient information confidential at all times — including all forms of communication: electronic, written and verbal.
- Report suspected or known violations of confidentiality and security to his or her manager or information security leaders.

If you or your family member were a patient, wouldn't you want your privacy to be protected by the people who were caring for you?

If you fail to protect patient privacy, the HIPAA regulations allow you and/or your organization to be fined $100 per violation up to $25,000 per person per year for each requirement or prohibition violated. Criminal penalties may also be imposed — up to $250,000 in fines plus up to ten years of prison time.

You have now finished learning the importance of protecting patient information. Remember, don’t take risks with other people's confidential information. Protect their information as if it were your own.
Hand Hygiene v 2.0

Overview

It is important that everyone working in a health care setting practices good hand hygiene. Frequent and proper hand washing is the most important measure for preventing the spread of infections to and between co-workers and patients. This course explains the importance of correct hand-hygiene practices, including hand washing methods and appropriate products for various situations.

Everyone has bacteria that live on his or her skin. Some areas of the body have more bacteria than others. One type of bacteria known as transient flora colonizes on the outer layers of the skin and can be removed by routine hand washing. Health care workers get this type of bacteria on the skin during direct contact with patients or contact with contaminated surfaces close to patients. Whether a person shows signs of infection or is not infected, bacteria can be transferred to others if proper hand hygiene and other infection-control precautions are not followed.

The Centers for Disease Control and Prevention (CDC) estimate that each year, nearly two million patients in the United States get infections while in hospitals and about 90,000 of these patients die as a result of their infection. This is known as health care-associated infection. Simply by keeping your hands clean, you can help prevent the spread of infection.

Examples of when hands must be washed with soap and water:

- Visibly dirty or contaminated
- Before eating
- After using the restroom
- Exposed to spore-forming pathogens

Wash hands using either plain or antimicrobial soap, and water. To wash, wet your hands first with water. Next apply enough soap to cover all surfaces. All parts of the hand—including between the fingers, and also including the wrists—should be soaped completely, and then vigorously rubbed together for at least 15 seconds. Remember to wash your thumbs.

Completely rinse your hands under running water, and dry your hands with a single-use towel. Turn off the water using a paper towel—do not touch the faucet handle.

If the hands are not visibly dirty, the CDC and the WHO recommend using an alcohol-based hand rub for routine decontamination. When decontaminating your hands with an alcohol-based rub, apply the product (1-2 pumps only) to the palm of one hand and rub your hands together, covering all surfaces of the hands and fingers until your hands are dry. It should take at least 20 to 30 seconds for your hands to feel dry if you have applied a sufficient amount of the alcohol-based hand rub. Remember, alcohol is flammable, so be sure your hands are dry before you start touching other objects.

Alcohol-based hand rubs offer many advantages over traditional hand washing. Hand rubs:

- Reduce the time needed for hand disinfection and kill bacteria faster, reducing the number of bacteria on the hands
- Are more effective than standard hand washing with soap
- Are more accessible, especially when a water source (e.g. sink) is not available
- Are less damaging to skin than soap and water and may actually improve skin condition
Fingernails

The CDC recommends that health care workers do not wear artificial fingernails or extenders when having direct contact with patients. In addition, you should keep your natural nail tip length to less than a quarter-inch. Even after careful hand washing, substantial numbers of bacteria can linger on hands that have artificial or long fingernails.

Gloves

Gloves should not replace the need for proper hand washing. In addition to hand hygiene, wearing gloves helps prevent the spread of infections. Health care providers should wear gloves when they will potentially be in contact with blood or other body fluids. For those who do wear gloves, here are some additional guidelines to follow:

- Remove gloves after caring for a patient
- Do not wear the same pair of gloves for the care of more than one patient
- Do not wash or reuse gloves
- Change gloves if moving from a contaminated body part to a clean body part during patient care

Lotions

To minimize skin irritation from routine hand washing and disinfection, use the hand lotions and creams provided by the health care organization. Do not use your personal hand lotions, as they may affect the strength of latex gloves and the effectiveness of antimicrobial soaps or alcohol-based hand rubs you use at work.

Jewelry

Researchers continue to study whether the wearing of jewelry, particularly rings, increases a person's risk of spreading infection. Be sure to follow your organization's policies and procedures regarding jewelry. The WHO Guidelines on Hand Hygiene strongly recommend removing all rings and jewelry during health care.
Bloodborne Pathogens v 4.0

Overview

This course provides basic information regarding bloodborne pathogens, which are germs that cause infections and diseases. It also describes how to reduce your exposure and the risk of getting or spreading an infection.

Introduction

Health care workers can be exposed to many germs in the work setting. These germs include viruses that are found in blood and other body fluids that contain blood components. Specific viruses of concern to health care workers are:

Hepatitis B Virus (HBV)

HBV is a highly infectious virus that attacks the liver. Symptoms, which may not appear for several months, start like those of a mild flu. Jaundice (yellowing of the skin and eyes) and darkened urine may appear later. The infection can lead to serious illness, such as cirrhosis (permanent liver damage) and liver cancer.

In the United States, one out of 20 people have been infected and more than one million people are chronic carriers. HBV is a very strong and viable virus. It can survive in dried blood for up to seven days! Contact with even small amounts of infected blood can cause infection. Exposure to HBV is the major bloodborne risk you face on the job!

Hepatitis B Vaccination Program

The Hepatitis B vaccine can be used to prevent a student from getting HBV.

Hepatitis C Virus (HCV)

HCV is also an infection of the liver. Symptoms are like HBV, but they develop much more slowly. Most patients do not have symptoms during the first 20 or more years. HCV causes more deaths and chronic liver conditions than HBV. There is no vaccine for this virus!

Almost four million Americans have been infected with HCV. In 2001, the number of new cases declined to an average of about 25,000 per year.

Human Immunodeficiency Virus (HIV)

HIV is the virus that causes acquired immune deficiency syndrome (AIDS). This virus attacks the body's immune system, weakening it so that it cannot fight other deadly diseases. A person with HIV may carry the virus, without symptoms, for many years before AIDS develops. Early symptoms may be flu-like (fever, diarrhea, tiredness). AIDS is a fatal disease. Treatment is improving, but there is no cure or vaccine to prevent HIV infection.

The HIV virus is very fragile and will not survive very long outside the human body. Students at most risk are those who have direct contact with fresh blood or other body fluids. While the chance of getting HIV in the workplace is minimal, ALL safety measures must be taken to avoid exposure.

HIV, HBV, HCV and other bloodborne pathogens are spread through contact with infected blood or body fluids. HBV can be carried in secretions without blood present. One example of this would be saliva.

However, these diseases cannot be spread by casual touching, feeding patients or working around people with these diseases.
Standard Precautions

Using standard precautions means always using safe work practices when there may be contact with blood or body fluids. Such precautions are meant to protect health care workers from a variety of infections, including bloodborne pathogens. Anyone might have an infection, including an infant or child, but he or she may not know it. Treat each patient as if he or she has an infection.

Here are a few safe work practices that can be used to follow standard precaution guidelines:

- Handwashing/Hand Antisepsis
- Personal Hygiene Practices
- Use of Personal Protective Equipment
- Correct Use and Disposal of Needles

Handwashing

Keeping your hands clean is the single most important thing you can do to prevent the spread of infection! -When hands are visibly dirty or contaminated, handwashing should be done either with plain soap and water or an antimicrobial soap and water.
- If the hands are not visibly dirty, an alcohol-based hand rub can be used for routine decontamination. This is an acceptable alternative to soap and water handwashing,

Personal Protective Equipment (PPE)

Personal protective equipment is special clothing or equipment used to prevent exposure to infections. It is your responsibility to choose and use the proper equipment. Choose your PPE based on the task to be done and the chance of exposure. Such equipment includes: Gloves, Gowns Masks and Eyeware
- Take off all PPE before leaving the work area. Put it in the proper waste bag.

Needlestick Prevention

To prevent needlesticks or exposure to other contaminated sharps, all sharps should be put in rigid, puncture-resistant containers. In addition, be sure to follow these safe work practices:

- Take responsibility for immediately disposing of sharps you have used.
- Keep your hands a safe distance from the sharps container and never force sharps into the container.
- Protect yourself from exposure by not recapping needles. If you must recap, use a mechanical device or a one-handed technique. Do not try to bend or break sharps.
- Make sure sharps containers are sealed and removed from use when they are 2/3 to 3/4 full to prevent the hazards related to overfilling.
- When working with a child and a sharp, be sure the child is adequately held to reduce accidental injury to staff members or the patient.

Exposure

If you are exposed to blood or body fluids, you should:

- Wash the wound or skin site completely with soap and running water.
- Flood eyes or other mucous membranes with saline or running water. Flood for at least 15 minutes if blood was involved in the splash.
- Report the exposure to your preceptor as soon as possible. Do not wait until the end of your shift.
- Report to the Emergency Department. If the evaluation shows that the exposure has a risk of bloodborne pathogen transmission, the post-exposure prophylaxis (PEP) should be started as soon as possible.
Tuberculosis v 5.0

Overview

In this course you will learn the symptoms of TB, how TB is transmitted and what increases your risk for TB. You will also learn how to prevent and control the spread of infection.

Transmission

Tuberculosis (TB) is the leading cause of death among curable infectious diseases. This infectious disease usually attacks the lungs or other parts of the body. Tuberculosis spreads when people breathe in infected air droplets. These droplets get in the air when a person with TB disease coughs, speaks, sneezes, sings or laughs.

Some individuals can have Latent TB infection (LTBI) where they do not have symptoms and are not contagious. If left untreated, about 10 percent of those infected will develop active TB infection. This means the individual has an active germ in their body and is highly contagious. A serious respiratory illness, or even death, could result.

Risk Factors

Some groups of people are at higher risk for exposure or infection with TB. However, some people are more likely to develop active TB disease.

<table>
<thead>
<tr>
<th>Higher Risk for Exposure or Infection</th>
<th>Higher Risk for TB Disease</th>
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</thead>
<tbody>
<tr>
<td>- People who spend time with someone who has active TB disease (family members, co-workers or friends)</td>
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<tr>
<td>- People born in countries where TB is common</td>
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<td>- Elderly people, especially those in nursing homes</td>
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<tr>
<td>- People in low-income groups with poor access to health care, including the homeless</td>
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<tr>
<td>- People who inject illegal drugs</td>
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<tr>
<td>- Health care workers with on-the-job exposure</td>
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<tr>
<td>- People on steroid therapy for a long time</td>
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<tr>
<td>- Babies and young children</td>
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<tr>
<td>- People with HIV infection</td>
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<tr>
<td>- People with certain medical conditions, such as diabetes, low body weight, certain types of cancer and other conditions</td>
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<tr>
<td>- People with recent TB infection (within the past two years)</td>
<td></td>
</tr>
<tr>
<td>- People who inject illegal drugs</td>
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</tbody>
</table>

Note! Children do not usually get tuberculosis from other children or transmit it themselves. Adults usually pass tuberculosis on to children.
Symptoms

TB is a disease caused by the bacterium, mycobacterium tuberculosis. According to the American Lung Association, more than 10 million Americans have the TB infection. Staff members need to know the signs and symptoms of active TB.

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**What is tuberculosis (TB)?**

Tuberculosis (TB) is a disease caused by germs that are spread from person to person through the air. TB usually affects the lungs, but it can also affect other parts of the body, such as the brain, the kidneys, or the spine. In most cases, TB is treatable; however, persons with TB can die if they do not get proper treatment.

**What is multidrug-resistant tuberculosis (MDR TB)?**

Multidrug-resistant TB (MDR TB) is TB that is resistant to at least two of the best anti-TB drugs, isoniazid and rifampin. These drugs are considered first-line drugs and are used to treat all persons with TB disease.

**What is extensively drug resistant tuberculosis (XDR TB)?**

Extensively drug resistant TB (XDR TB) is a relatively rare type of MDR TB. XDR TB is defined as TB which is resistant to isoniazid and rifampin, plus resistant to any fluoroquinolone and at least one of three injectable second-line drugs (i.e., amikacin, kanamycin, or capreomycin).

Because XDR TB is resistant to first-line and second-line drugs, patients are left with very limited treatment options that are much less effective.

XDR TB is of special concern for persons with HIV infection or other conditions that can weaken the immune system. These persons are more likely to develop TB disease once they are infected, and also have a higher risk of death once they develop TB.

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**How is TB spread?**

Drug-susceptible TB and MDR TB are spread the same way. TB germs are put into the air when a person with TB disease of the lungs or throat coughs, sneezes, speaks, or sings. These germs can float in the air for several hours, depending on the environment. Persons who breathe in the air containing these TB germs can become infected.

TB is not spread by
- shaking hands
- sharing food or drink
- touching bed linens or toothbrushes
- kissing

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**How does drug resistance happen?**

Resistance to anti-TB drugs can occur when these drugs are misused or mismanaged. Examples include when patients do not complete their full course of treatment; when health-care providers prescribe the wrong treatment, the wrong dose, or length of time for taking the drugs; when the supply of drugs is not always available; or when the drugs are of poor quality.

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**Who is at risk for getting MDR TB?**

Drug resistance is more common in people who:
- do not take their TB medicine regularly
- do not take all of their TB medicine as told by their doctor or nurse
- develop active TB disease again, after having taken TB medicine in the past
- come from areas of the world where drug-resistant TB is common
- have spent time with someone known to have drug-resistant TB disease
How can MDR TB be prevented?

The most important thing a person can do to prevent the spread of MDR TB is to take all of their medications exactly as prescribed by their health care provider. No doses should be missed and treatment should not be stopped early. Patients should tell their health care provider if they are having trouble taking the medications. If patients plan to travel, they should talk to their health care providers and make sure they have enough medicine to last while away.

Health care providers can help prevent MDR TB by quickly diagnosing cases, following recommended treatment guidelines, monitoring patients’ response to treatment, and making sure therapy is completed.

Another way to prevent getting MDR TB is to avoid exposure to known MDR TB patients in closed or crowded places such as hospitals, prisons, or homeless shelters. If you work in hospitals or healthcare settings where TB patients are likely to be seen, you should consult infection control or occupational health experts. Ask about administrative and environmental procedures for preventing exposure to TB. Once those procedures are implemented, additional measures could include using personal respiratory protective devices.

What should I do if I think I have been exposed to someone with TB disease?

If you think you have been exposed to someone with TB disease, you should contact your doctor or local health department about getting a TB skin test or special TB blood test. And tell the doctor or nurse when you spent time with this person.

What are the symptoms of TB disease?

The general symptoms of TB disease include feelings of sickness or weakness, weight loss, fever, and night sweats. The symptoms of TB disease of the lungs may also include coughing, chest pain, and coughing up blood. Symptoms of TB disease in other parts of the body depend on the area affected. If you have these symptoms, you should contact your doctor or local health department.

Is there a vaccine to prevent TB?

There is a vaccine for TB disease called Bacille Calmette-Guérin (BCG). It is used in some countries to prevent severe forms of TB in children. However, BCG is not generally recommended in the United States because it has limited effectiveness for preventing TB overall.

Additional Information

CDC. Multidrug-Resistant TB (MDR TB) MMWRs. www.cdc.gov/tb/publications/reportsarticles/mmwr/mmwr_mdrtb.htm

CDC. Questions and Answers About TB. www.cdc.gov/tb/publications/faqs/default.htm


**TB Elimination**

**The Difference Between Latent TB Infection and Active TB Disease**

<table>
<thead>
<tr>
<th>What Is TB?</th>
<th>A person with latent TB infection (LTBI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuberculosis (TB) is a disease caused by a germ called <em>Mycobacterium tuberculosis</em> that is spread from person to person through the air. TB usually affects the lungs, but it can also affect other parts of the body, such as the brain, the kidneys, or the spine. When a person with infectious TB coughs or sneezes, droplet nuclei containing <em>M. tuberculosis</em> are expelled into the air. If another person inhales air containing these droplet nuclei, he or she may become infected. However, not everyone infected with TB bacteria becomes sick. As a result, two TB-related conditions exist: latent TB infection and active TB disease.</td>
<td>Usually has a skin test or blood test result indicating TB infection</td>
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<td></td>
<td>Has a normal chest x-ray and a negative sputum test</td>
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<td></td>
<td>Has TB bacteria in his/her body that are alive, but inactive</td>
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<tr>
<td></td>
<td>Does not feel sick</td>
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<tr>
<td></td>
<td>Cannot spread TB bacteria to others</td>
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<tr>
<td></td>
<td>Needs treatment for latent TB infection to prevent TB disease; however, if exposed and infected by a person with multidrug-resistant TB (MDR TB) or extensively drug-resistant TB (XDR TB), preventive treatment may not be an option</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What Is Latent TB Infection?</th>
<th>What Is Active TB Disease?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons with latent TB infection do not feel sick and do not have any symptoms. They are infected with <em>M. tuberculosis</em>, but do not have active TB disease. The only sign of TB infection is a positive reaction to the tuberculin skin test or special TB blood test. Persons with latent TB infection are not infectious and cannot spread TB infection to others.</td>
<td>In some people, TB bacteria overcome the defenses of the immune system and begin to multiply, resulting in the progression from latent TB infection to active TB disease. Some people develop active TB disease soon after infection, while others develop active TB disease later when their immune system becomes weak.</td>
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<tr>
<td></td>
<td>The general symptoms of active TB disease include</td>
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<tr>
<td></td>
<td>- Unexplained weight loss</td>
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<tr>
<td></td>
<td>- Loss of appetite</td>
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<tr>
<td></td>
<td>- Night sweats</td>
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<tr>
<td></td>
<td>- Fever</td>
</tr>
<tr>
<td></td>
<td>- Fatigue</td>
</tr>
<tr>
<td></td>
<td>- Chills</td>
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</tbody>
</table>

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What Is Active TB Disease? (cont.)

The symptoms of TB of the lungs include

- Coughing for 3 weeks or longer
- Hemoptysis (coughing up blood)
- Chest pain

Other symptoms depend on the part of the body that is affected.

Persons with active TB disease are considered infectious and may spread TB bacteria to others. If TB disease is suspected, persons should be referred for a complete medical evaluation. If it is determined that a person has active TB disease, therapy is given to treat it. TB disease is a serious condition and can lead to death if not treated.

<table>
<thead>
<tr>
<th>A person with active TB disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Usually has a skin test or blood test result indicating TB infection</td>
</tr>
<tr>
<td>May have an abnormal chest x-ray, or positive sputum smear or culture</td>
</tr>
<tr>
<td>Has active TB bacteria in his/her body</td>
</tr>
<tr>
<td>Usually feels sick and may have symptoms such as coughing, fever, and weight loss</td>
</tr>
<tr>
<td>May spread TB bacteria to others</td>
</tr>
<tr>
<td>Needs treatment to treat active TB disease</td>
</tr>
</tbody>
</table>

Additional Information

http://ajrccm.atsjournals.org/cgi/content/full/161/4/1376

http://www.cdc.gov/mmwr/PDF/rr/rr5211.pdf

CDC. Targeted tuberculin testing and treatment of latent tuberculosis infection. *MMWR* 2000; 49 (No. RR-6).  
http://www.cdc.gov/mmwr/preview/mmwrhtml/rr4906a1.htm

CDC. Multidrug-Resistant Tuberculosis (MDR TB).  

CDC. Extensively Drug-Resistant Tuberculosis (XDR TB).  
Influenza Vaccine: Information for Students & Interns

Overview

This course provides information for students, Interns and Visitors on the primary method for preventing influenza (also known as the flu) and potential complications of the influenza virus.

Seasonal Influenza

Seasonal influenza, a contagious respiratory illness caused by the influenza virus, is typically transmitted person to person. The virus infects the respiratory tract (nose, throat and lungs) typically causing sudden onset of symptoms. Pandemic flu, a strong human flu, causes a global outbreak (pandemic) of serious illness. Because people have little natural immunity, it can spread easily from person to person. A Recent example of a flu pandemic is the H1N1 flu outbreak in 2009.

Symptoms of influenza:

- Fever, headache
- Runny nose
- Sore throat, cough
- Nausea, vomiting and diarrhea can occur, but are more common in children than adults
- Muscle pain

Influenza may be unpredictable. It is important to know about the different flu viruses in circulation, their risks, and what you can do to protect yourself and the persons you provide care for. See comparison chart below.

<table>
<thead>
<tr>
<th></th>
<th>Seasonal Flu</th>
<th>Pandemic Flu</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outbreaks</td>
<td>Follows a predictable pattern, occurring typically in the winter on an annual basis.</td>
<td>Rare (only three times in the 20th century).</td>
</tr>
<tr>
<td>Immunity</td>
<td>Typically, people build up some immunity from previous exposure.</td>
<td>No pre-existing immunity or very little.</td>
</tr>
<tr>
<td>Complications</td>
<td>Healthy adults are typically not at risk for serious complications; however, those with specific health conditions and the very young and elderly may be at an increased risk. Complications include pneumonia, high fevers, difficulty breathing and seizures in children.</td>
<td>Anyone is at risk for serious complications.</td>
</tr>
<tr>
<td>Vaccine</td>
<td>Developed annually based on known flu strains. Vaccine is available during flu season.</td>
<td>May not be available in the early stages of pandemic.</td>
</tr>
</tbody>
</table>
**Why should students receive the flu vaccine?**

Health care students frequently work with patients at high risk for complications. The flu may exacerbate chronic medical conditions such as congestive heart failure, asthma or diabetes.

In addition, health care students who receive the vaccine:

- Reduce the spread of influenza in health care settings
- Tend to stay healthier, so they are able to continue working

The [Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP)](https://www.cdc.gov/vaccines/acip) currently recommends that everyone aged six months and older be vaccinated annually with the flu vaccine.

When vaccine supply is limited, the [CDC](https://www.cdc.gov) recommends that vaccination efforts focus on delivering vaccination to the following persons because they are at high risk of serious flu-related complications or they care for, or live with, persons at high risk for developing flu-related complications:

- All children aged six months to four years (59 months)
- All children aged six months to 18 years and receiving long-term aspirin therapy
- Anyone who is a household contact and caregiver of children less than five years of age—with particular emphasis on contact of children aged less than six months—or adults 50 years of age and older
- Health-care workers
- Anyone who has a chronic medical condition such as asthma, chronic kidney disease, diabetes or nerve and muscle disorders
- Anyone who has a suppressed immune system
- Women who are pregnant or will be pregnant during the flu season
- People 50 years of age and older
- American Indians/Alaska Natives
- People who live in nursing homes or long-term care facilities

The following people should consult a physician first before receiving a flu vaccination:

- Have a severe allergy to chicken eggs
- Have experienced a severe reaction to any vaccine component
- Are less than six months of age
- Have a moderate or severe illness with a fever (may receive the vaccination once the symptoms lessen)
- Developed [Guillain–Barre syndrome](https://en.wikipedia.org/wiki/Guillain%E2%80%93Barre_%26%2338%2320syndrome) within six weeks of getting a previous influenza vaccine

According to the [CDC](https://www.cdc.gov), the best time to receive the seasonal flu vaccine is as soon as it is available, usually in the fall. However, being vaccinated in December or even later can still be beneficial. Flu can occur at any time from November through May.
Everyone at Miami Children's Hospital (MCH) plays an integral role in Risk Management. Clinical Risk Management is an ongoing evaluation of issues and trends, with development and execution of interventions to prevent reoccurrence of adverse events and to improve the quality of patient care.

Florida State law dictates, under Florida Statute 395.0197, that every hospital has an internal Risk Management Program. The main functions of the Risk Management Department include:

1. Patients - Professional Liability
2. Visitors - General Liability
3. Employees - Workers Compensation

Contact extension 4220 or call the operator after hours if you have any risk management concerns.

Clinical Risk Management

Clinical Risk Management (CRM) is an ongoing evaluation of issues and trends with the development and execution of interventions to prevent reoccurrence of adverse events and to improve the quality of patient care. The CRM program supports the purpose of the overall hospital Risk Management Program.

Role of Clinical Risk Manager

The clinical risk manager acts as a liaison in the hospital by:

- Acting as a resource for physicians, staff and management
- Identifying and reporting trends to the medical staff and management
- Working with quality for process improvements
- Maintaining regulatory compliance and submit state reports as required
- Acting as a liaison with attorneys for lawsuits and legal decisions

Incident Reporting

All employees are required to complete an incident report for any unusual occurrence on all hospital property, including offsite facilities. As, a student, you must be aware of the process. This section provides you with several examples of incidents and areas of occurrences.

Incident reports are used to improve the safety of patient care and treatment. Incident reports aim to proactively identify the risk of adverse events before they occur with further negative outcomes.

Report incidents resulting in serious injury or death immediately; call a Risk Manager anytime 24/7.
Management of MDROs in the Healthcare Setting

Overview
For the last several decades, health care settings have been increasingly affected by the appearance and spread of antibiotic-resistant bacteria. Antibiotic resistance has become a global concern as more and more of these bacterial organisms have become resistant to not one, but multiple drugs (e.g., antibiotics). Some multidrug-resistant organisms (MDROs) are becoming untreatable.

MDRO
A multidrug-resistant organism (MDRO) is defined as an infectious organism (germ), typically bacteria, which is hard to kill even when using many antibiotics. This means the bacterium is resistant to the antibiotics that are being used to try to kill the infection and help the patient get better.

Why are MDROs a problem?
MDRO infections can:
- Make a person sicker and may even lead to death
- Quickly spread to family members, friends and co-workers
- Become more difficult to cure, as new strains of these infectious diseases develop
- May even become impossible to treat an infection, when the bacteria becomes resistant to many drugs

Now that we have defined an MDRO, it’s important to also understand the terms “colonization” and “infection.”

<table>
<thead>
<tr>
<th>Colonized (carrier):</th>
<th>Infection:</th>
</tr>
</thead>
<tbody>
<tr>
<td>MDRO is presently in the body and is NOT causing an active infection but can be spread to others.</td>
<td>MDRO is presently in the body AND causes signs and symptoms of active infection (e.g., bloodstream, pneumonia, wound infection, etc.) and can be spread to others.</td>
</tr>
<tr>
<td>The colonized individual is considered a carrier of the infectious organism.</td>
<td>Can also be found in any open areas of the body, wounds and tube sites.</td>
</tr>
<tr>
<td>Where the MDRO is colonized in the body depends on the bacteria.</td>
<td></td>
</tr>
</tbody>
</table>

While there are several types of MDROs causing concern, methicillin-resistant *Staphylococcus aureus* (MRSA) is one that is commonly known and heard of by many people.

Let’s learn more about MRSA:

*M* = Methicillin, a medication that is a type of penicillin  
*R* = Resistant, or hard to kill  
*Sa* = *Staphylococcus aureus*, a type of bacteria
MRSA is spread through direct or indirect contact between a colonized (carrier) or infected person to others.

VRE spreads through direct contact with skin, body sites, fluids and/or stool of an infected or colonized (carrier) person. It is most often found in the colon.

V = Vancomycin, an antibiotic
R = Resistant (hard to kill)
E = Enterococcus, a type of bacteria

E. coli is a bacterium found in the colon of humans and animals. Some strains can cause serious food poisoning, possibly leading to death, if it gets into the food or water supply.

C. diff is another bacterium that can cause severe to life-threatening illness. Severe diarrhea is a symptom of C. diff infection.
Many factors increase a person’s risk of getting an MDRO. These include risk factors such as:

- Contact with a person who is infected with an MDRO. Remember, this person may not be actively sick, but still carries the infectious organism (germ)!
- Many hospitalizations and/or long stays in a hospital. Patients in intensive care units have the most risk
- Recent surgery
- Many surgical procedures
- Indwelling medical devices (e.g., urinary catheter, breathing or endotracheal tube, intravenous lines, etc.)

People most at risk are those with severe disease and those who easily get infections or have a weakened immune system.

MDROs can be spread from a carrier (colonized) or person with an active infection in several ways:

- Direct contact via contaminated hands
- Breathing in droplets that come from an infected person’s lungs or mouth when he or she coughs, laughs or talks.
- Indirect contact through objects (such as towels, razors, pens, bed rails, door handles, telephone, etc.) shared between the infected person and another person.

Did you know?
MRSA can remain on surfaces from seven days up to seven months, if not cleaned and disinfected!

Ways to protect yourself and others

It is important to approach all patients as if they have an infectious disease, even if not actually suspected or confirmed.

**Standard Precautions** should be used for all patients. This means treating all blood, body, fluids, secretions, excretions (except sweat), nonintact skin and mucous membranes as if infected with a germ that can be spread.
**Standard Precautions** includes hand hygiene and the use of Personal Protective Equipment (PPE), such as gloves, gown, mask, and eye protection or face shield, when appropriate. Also, equipment or items in the patient environment that are likely to have been contaminated with infectious fluids must be handled in a way that does not spread the infectious organism. This means wear gloves for handling, contain heavily soiled equipment, and properly clean and disinfect or sterilize reusable equipment before use on another patient.

Also, when a patient is known or suspected to have an MDRO, additional precautions may be needed. Check with your hospital for specific isolation procedures for each MDRO.

![Image](image.jpg)

Everyone should use good hand hygiene – it is the single most important way to prevent the spread of germs, including MDROs, and avoid getting sick!

All staff members working in a hospital, and patients and families, should wash their hands when:

- Visibly dirty or contaminated
- Before eating
- After going to the bathroom
- After changing diapers or cleaning up a child who has gone to the bathroom
- Before and after tending to someone who is sick
- After blowing your nose, coughing or sneezing
- After handling garbage
- Before and after treating a cut or wound
- Before entering and after exiting a patient’s room
- Before and after putting on gloves

**Use antibiotics only as ordered:**

- Take it exactly as the doctor tells you. Finish the full dose, as ordered, even if you or your child is feeling better. If treatment stops too soon, some bacteria may survive and re-infect you.
- Throw away any leftover medication once you have completed your prescription.
- Remember – antibiotics are not effective against viruses, such as colds or flu.
It is important to clean and disinfect the items and equipment used in a patient’s room, especially those of a patient colonized or infected with an MDRO. All multi-use items or equipment need to be cleaned and disinfected, with proper wet times between patients. Proper environmental cleaning will reduce the risk of spreading an MDRO. Focus should be on frequently touched surfaces, such as:

- Bed rails
- Bedside commodes
- Bathroom fixtures
- Door knobs
- TV control
- Call light

Let’s look at this patient’s room – all of the items marked with an “X” were found to be contaminated with VRE. All of these areas must be cleaned and disinfected to prevent the spread of an MDRO.

Thank you for completing the Nursing Student Orientation Manual. Please complete the assessment, along with your application and Student Attestation, and bring it to the Volunteer Resources Department.