

## NURSE'S NOTES:



### Whatever Happened Before Flu Vaccine?

By Susan Belisle

<http://www.cdc.gov/flu/keyfacts.htm>

With all the Media attention this year on the lack of flu vaccine, one can't help but wonder what is in store for us on this topic. The flu season is not expected to be any worse than last year and may, in fact, be lighter. We have had fewer cases so far as compared to last year at this time.

It is good to remember the signs and symptoms of influenza. These symptoms are abrupt onset of constitutional and respiratory signs and symptoms (e.g., fever, myalgia, headache, malaise, nonproductive cough, sore throat, and rhinitis). Among children, otitis media, nausea, and vomiting are also commonly reported with influenza illness. Influenza viruses are spread from person to person primarily through the coughing and sneezing of infected persons. The incubation period for influenza is 1-4 days, with an average of 2 days. Adults typically are infectious from the day before symptoms begin through approximately 5 days after illness onset. Children can be infectious for  $\geq 10$  days, and young children can shed the virus for  $\leq 6$  days before their illness onset. Severely immunocompromised persons can shed the virus for weeks

or months. Maybe putting things into proper perspective would be in order.

Let's look back to the time when we didn't have the flu vaccine. People did get sick but some didn't. Have you ever wondered why some people don't get the flu? Maybe they practiced preventive health measures more than other people. What could you do to keep from getting the flu this year if you are one of the people who do not fall into the high-risk category? Well the following list is just a few of the things you should consider.

1. **WASH YOUR HANDS FREQUENTLY!**
2. **Keep your hands away from your eyes, nose and, mouth unless you have just washed your hands.**
3. **After washing your hands, turn-off the faucet with a paper towel and open the bathroom door with a paper towel.**
4. **Drink plenty of water and healthy beverages and limit caffeine drinks since they promote dehydration. If you do get the flu, drinking plenty of healthy liquids are critical to getting over it as soon as possible. The liquids help to reduce the fever, keep you hydrated, and flush the body of its toxins.**
5. **Get plenty of rest to help your immune system stay in great working order.**

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6. **Avoid big crowds where you are more likely to be exposed to people who are sick. For example, you might consider grocery shopping very early or late on weekdays rather than the busy weekend. Movie theaters, shopping malls and restaurants should also be on the list.**
7. **If you know someone has the flu stay away. A person is contagious for 7 days after symptoms begin.**
8. **If you do come down with the flu don't go to work and expose others.**
9. **If you supervise people encourage employees with the flu to remain home until they are past the 7-day period.**
10. **Cover your mouth with a tissue when you cough or sneeze or use your sleeve if no tissue is handy.**

11. If you get the flu and it is within 48 hours of first symptoms, see your physician and he or she can prescribe an antiviral where appropriate. This may reduce the symptomatology and duration of the disease.



# Essential Ingredients for Instructor-led Training: How to Find the Right Training for your Employees

By Kathryn Johnson

There are five main ingredients for instructor-led training. In the public as well as private sectors, training technology has changed rapidly and tremendously. Organizations are faced with deciding when to employ online training, or instructor-led training, or another delivery method as a solution to training needs. This has led to confusion about the best way to provide training for employees.

Many people feel comfortable with traditional means of receiving training: the traditional/instructor-led training in a classroom environment. Traditional training can include a lab, instructor(s), and a structured training approach.

Determining the best training technology for your organization begins with deciding the training that is necessary for each employee to obtain and maintain skills needed for their position. There is no “hard and fast rule” to decide when an employee’s job performance exceeds, meets, or is below the expectations of their position. However, it is possible to identify significant “skills gaps” that can be closed through training. Employee’s skills gaps can be identified in their daily functions and/or projects. Additional skills could help the employee work more effectively, efficiently and confidently. What are the drawbacks to instructor-led training? Personality differences can impact the learning of a participant. The pace of training may be too fast or too slow for some participants.

It’s important to learn as much as you can about the training that your organization is considering. Ask the following questions:

- What is the student to trainer ratio? A 12:1 ratio is ideal. Less is even preferable. Realistically, trainings may have a 20:1 ratio.
- What will be covered in class; is it possible to get an outline or performance objectives

beforehand?

- What is the trainer’s background and experience?
- Will there be a participant workbook, additional resources, or quick guides I can take with me?
- Is there any kind of placement process for classes offered at a certain skill?
- What is the informal training or on-the-job training process?
- How do you determine who gets trained, what training is taught, and when it is presented?



## Ingredient 1: Training Needs

### *Program Training Needs*

Determine the program training needs for every program, group, or team within an organization, if applicable. Every employee within a program will have the same program training to maintain a functional program.

### *Individual Training Needs*

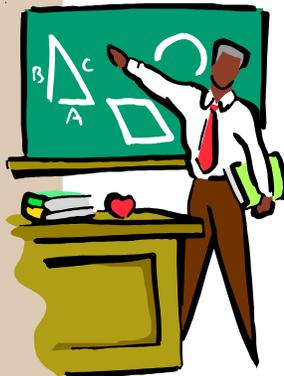
Determine the individual training needs for every employee. Every employee should have training needs identified and addressed in a staff development plan. The staff development plan may differ for employees within the same job because employees differ with skill-sets and skill gaps. Employees within the same job will have varying training needs.



### Ingredient 2: Learning Styles

Determine the learning styles of your employees. Ask your employees the following questions to determine their learning style. If your employees answer “yes” to most of the following questions, traditional classroom training is the best method for your organization. Do your employees learn best:

- By interacting with others?
- By doing?
- In an environment free from distractions?
- In an environment that provides immediate answers to questions?
- In a structured environment?
- When they are held accountable for their learning?

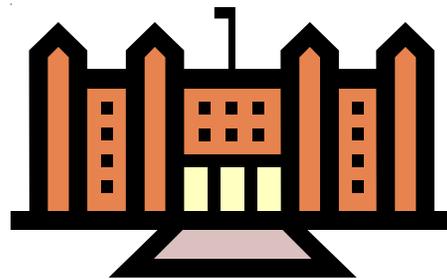


### Ingredient 3: Trainers

What are the characteristics of a “state of the art” quality trainer? One who provides:

- Instruction using Instruction Systems Design (ISD)
- Clearly outlined objectives
- Hands-on job-related exercises

- Documentation through a participant manual or other visuals that can be used to help participants when they return to work
- Resources for formal research and training as part of the learning process
- Quality communication, demonstrated emotional intelligence, and adjustment to the majority of participants learning styles, and
- Evaluation of the training through participant and other feedback to continually enhance the design of the training



### Ingredient 4: Classroom or Training Facility

The classroom should have:

- A projector for the trainer to use when giving instruction
- Flipchart stands, flipcharts, and flipchart markers for adhoc responses of classroom exercises for the participants
- Comfortable chairs for participants to sit in
- Tables for participants’ training manuals or other classroom materials
- The ideal amount of training space per participants is 100 square feet

Off-site training is best to minimize distractions and maximize emotional comfort and learning.



### Ingredient 5: Content or curriculum

Determine the classes that could fulfill your organizations' training needs? Quality curriculum should have the following key elements:

- Different skill levels will be addressed
- The examples used will be relevant to the work that you do
- The layout of any training materials will be consistent and easy to read
- There will be an equal balance between lecture time and hands-on time
- There should be a glossary, quick guides, and additional resources
- As stated earlier, the participant should receive a workbook or other material to study after the class ends

There is no "one size fits all" when it comes to training. For instructor-led training, well-written curriculum is important to provide consistent high-quality training. Additionally, it is the role of the trainer to bring the curriculum alive and demonstrate or provide benefits of the trainings' meaningfulness, and usefulness.

In conclusion, the five main ingredients for instructor-led training are 1) decide the program and individual training needs, 2) determine the learning styles of your employees, 3) identify quality trainer characteristics, 4) select a classroom or training facility, and 5) write quality content or curriculum for training.

Instructor-led training is a worthwhile investment as long as the decision is made wisely. A training plan is an essential "road map" for the success of any organization. Getting everyone's supervisor to collaborate with their staff about the main ingredients to fulfill the training needs of their organization can be one of the greatest investments their organization can make. It is impossible to find an absolutely perfect training situation or environment regardless of instructor-led or another method. However, understanding what makes effective training gives you an advantage to make the smartest decisions possible.

*If you have questions or comments about training, would like to share training information or an article on training, please contact Kathryn Johnson at [Kathryn.Johnson@dshs.state.tx.us](mailto:Kathryn.Johnson@dshs.state.tx.us) or call (512) 458-7111, ext. 6321.*



## **Award Recipient**

### **Texas Department of State Health Services**

### **Immunization Program**

By Don Nicholson

In Region 1-Lubbock we had a staff member in the immunization program receive the “Texans Caring For Texans” award in August. This is a state employee recognition award in which the employee “makes a difference” and is involved in their communities.

We are proud of Carol Delaney for receiving this award. Carol’s duties include reaching out to communities to develop immunization strategies and working with school nurses, county officials and local coalitions to assess and meet immunization needs. She provides consultation, education and technical assistance to providers, communities and other organizations. Her quality assurance activities in childcare facilities and schools help ensure protection for the area.

Carol is involved in Sunday school and church. Her granddaughters benefit from an active participation in their lives. Carol is quite the seamstress. She creates quilts and other items that are prized possessions to those who receive them. She loves to share her talent.

### **Carol Delaney, Registered Nurse**



## **Around Regions**

By Donna Goodnight

Region 4/5N Immunization Program staff had a unique opportunity to collaborate with private industry on September 28-29, 2004 as they participated in American Standard/Trane Company’s Employee Health Fair in Tyler. The Immunization Program booth provided literature on adult, adolescent, and children’s immunizations to the 2,000 + employees. Information was also provided on the registry through the use of the ImmTrac display. Vendor booths were manned in the company conference room and cafeteria from 7:00 a.m. to 8:00 p.m. each day so that all shifts could participate. In addition to health and employee benefit information, employees were offered free health screenings ranging from mammograms and blood pressure checks to body fat composition evaluations.

In talking with Trane employees who came by the Immunization booth, regional staff discovered that many had not received a Td booster within the last ten years unless they had been treated for a work related injury at the company’s medical clinic. The problem was brought to the attention of the medical clinic’s staff, the company’s insurance carrier (another vendor at the fair) verified that Td vaccine was a covered benefit for all employees, and a plan was formulated whereby the clinic would purchase Td vaccine in order to bring employees up-to-date for that immunization. Another public health success story!

Immunization Program staff who participated in this event included Janice Carter, Connie Mendez, Carol Moreland, Faye Radford, Maresa Campbell, and Donna Goodnight.



**Donna Goodnight with an  
ImmTrac display**

10-27-04

## **Training Calendar**

By Ryan Davis

### **EPIVAC 2005 Part 1**

**Date:** February 17, 2005  
**Time:** 11:00a.m. – 2:30p.m. Central  
**Location:** DSHS, 1100 West 49<sup>th</sup> Street, Austin, TX, 78756  
Room K-100  
**Contact:** Kathryn Johnson DSHS  
**Phone:** 512-458-7111 #6321  
**E-mail:** [Kathryn.Johnson@dshs.state.tx.us](mailto:Kathryn.Johnson@dshs.state.tx.us)  
**Website:** <http://www.phppo.cdc.gov/PHTN//calendar.asp>

### **EPIVAC 2005 Part 2**

**Date:** February 24, 2005  
**Time:** 11:00a.m. – 2:30p.m. Central  
**Location:** DSHS, 1100 West 49<sup>th</sup> Street, Austin, TX, 78756  
Room K-100  
**Contact:** Kathryn Johnson DSHS  
**Phone:** 512-458-7111 #6321  
**E-mail:** [Kathryn.Johnson@dshs.state.tx.us](mailto:Kathryn.Johnson@dshs.state.tx.us)  
**Website:** <http://www.phppo.cdc.gov/PHTN//calendar.asp>

### **EPIVAC 2005 Part 3**

**Date:** March 3, 2005  
**Time:** 11:00a.m. – 2:30p.m. Central  
**Location:** DSHS, 1100 West 49<sup>th</sup> Street, Austin, TX, 78756  
Room K-100  
**Contact:** Kathryn Johnson DSHS  
**Phone:** 512-458-7111 #6321  
**E-mail:** [Kathryn.Johnson@dshs.state.tx.us](mailto:Kathryn.Johnson@dshs.state.tx.us)  
**Website:** <http://www.phppo.cdc.gov/PHTN//calendar.asp>

### **EPIVAC 2005 Part 4**

**Date:** March 4, 2005  
**Time:** 11:00a.m. – 2:30p.m. Central  
**Location:** DSHS, 1100 West 49<sup>th</sup> Street, Austin, TX, 78756  
Room K-100  
**Contact:** Kathryn Johnson DSHS  
**Phone:** 512-458-7111 #6321  
**E-mail:** [Kathryn.Johnson@dshs.state.tx.us](mailto:Kathryn.Johnson@dshs.state.tx.us)  
**Website:** <http://www.phppo.cdc.gov/PHTN//calendar.asp>

## The Incidence of Confirmed Vaccine-Preventable Diseases in Texas Year-to-Date

<b>DISEASE</b>	<b>2004*</b>
Congenital Rubella Syndrome	0
Diphtheria	0
<i>Haemophilus influenzae</i> type b	1
Hepatitis A	N/A
Hepatitis B	83
Hepatitis B, Perinatal	0
Measles	0
Mumps	11
Pertussis (Whooping Cough)	457
Rubella	1
Tetanus	1
Varicella (Chickenpox)	5,038

\*Provisional data as of October 27, 2004

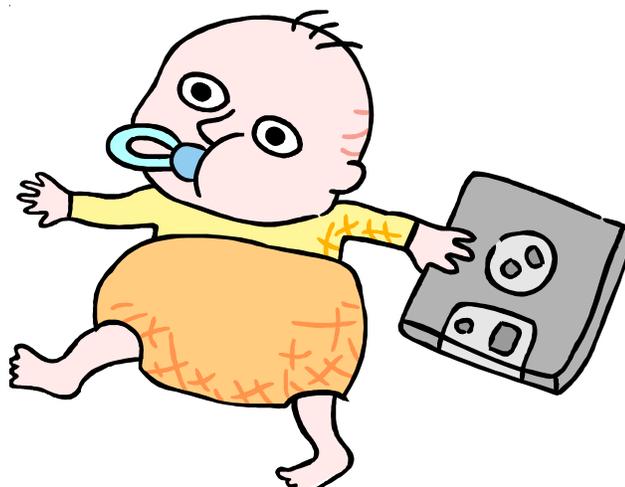
## ***Resources within Reach***

By Clara Taylor

The Texas Department of State Health Services, Immunization Branch has the following currently revised publications available:

<i>Stock No.</i>	<i>Title</i>	<i>CDC Revision Date/DSHS Revision Date</i>	
C-95 *	“Hepatitis A Vaccine-What you need to know” Vaccine Information Statement (VIS) (English)	08/04/04	08/2003
C-95A *	“Hepatitis A Vaccine-What you need to know” Vaccine Information Statement (VIS) (Spanish)	08/04/04	08/2003
6-217	“Your Kid’s Ticket to a Healthier Life” Leaflet (English)	N/A	07/2004
6-217P	“Your Kid’s Ticket to a Healthier Life” Poster (English)	N/A	07/2004
6-218	“Protect Texas Children” ImmTrac Provider Brochure (English)	N/A	09/2004
11-11965/ 11-11965A	“Play it Safe. Vaccinate.” Poster (Bilingual)	N/A	04/2004
11-11966	“Play it Safe. Vaccinate.” Brochure (English)	N/A	03/2004
11-11966A	“Play it Safe. Vaccinate.” Brochure (Spanish)	N/A	03/2004

\*Destroy all previous versions of these publications



*Texas Department of Health is now the  
Department of State Health Services*

By Charlotte Hunter



As of September 1, 2004 the Texas Department of Health (TDH) began going by the new name of: the Department of State Health Services or DSHS. Twelve agencies were combined to create four departments under the direction of the Health and Human Services Commission.

Because TDH has been around so long, the new name and acronym will take some getting used to. If you email Austin or regional health department staff, the new e-mail format is:

<mailto:firstname.lastname@dshs.state.tx.us>.

Various documents still contain the TDH name and logo. Please continue using these forms and literature until all can be replaced with new, updated documents. DSHS is working on revisions and will have them ready for order as soon as possible.



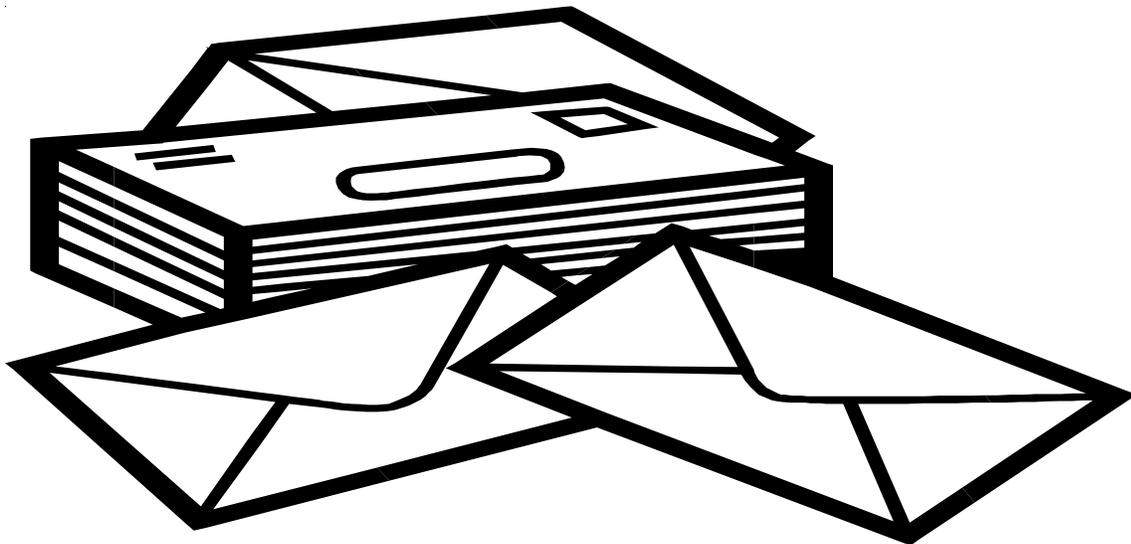
## ***TMAA Reminder/Recall Project***

By Bev Ozanne

The Dallas County Medical Society Alliance (DCMSA) was approached by the Department of State Health Services (DSHS) and the Texas Medical Association Alliance (TMAA) to participate in a pilot project designed to remind parents to have their zero to five year old children completely vaccinated on a timely manner.

Alliance volunteers on their use. The Alliance will make follow-up calls to physician's offices to answer questions and determine how the kits are being used. Later the DSHS will gather data from each participating doctor's office to determine the effectiveness of the Reminder/Recall kits, and success of the project.

The DCMS Alliance is honored to participate in this Immunization project. We are certain that these kits will promote better health in our littlest Dallas citizens and perhaps save many lives as well! Doctor's Note: Please note that this project is also taking place in Houston simultaneously.



On Thursday, October 28th the Dallas County Medical Society Alliance and Immunization Coalition partners came together to be trained on the TMAA Reminder/Recall kits. Participants were also instructed on the protocol of how to deliver the kits to Dallas County physicians. Of the thirty attendees, six were Alliance members who were eager to participate in this very important pilot project.

These DCMSA members will begin delivering the "Be Wise Immunize" TMAA Reminder/Recall boxes in January 2005. These kits contain dividers, reminder postcards, and a file box imprinted with the "Be Wise Immunize" logo. Initially Dallas County physicians, who are enrolled in the Texas Vaccines for Children (TVFC) Program, are targeted to receive these kits and their staff will be trained by

## Texas Vaccines For Children – What you need to know!

By Charlotte Hunter

Some frequently asked questions are listed below in an effort to bring clarity to some of your Texas Vaccines For Children (TVFC) needs.

**Q.** What is the maximum administration fee per dose?

**A.** The maximum administration fee that can be charged to a patient is \$14.85 per dose. Medicaid and CHIP patients cannot be charged any out-of-pocket expenses but can be billed through Medicaid/CHIP and will be reimbursed \$5.00 per dose.

**Q.** Why can't my office give Pneumococcal Conjugate Vaccine (PCV-7) to underinsured children?

**A.** Underinsured children can only be given the PCV-7 vaccine at a Federally Qualified Health Clinic (FQHC) or Rural Health Clinic (RHC). The federal VFC program does not have the funding to give PCV-7 vaccine to underinsured children.

**Q.** What vaccine schedule should I be using?

**A.** All TVFC providers should have the most current Recommended Childhood and Adolescent Immunization Schedule United States as approved by Advisory Committee on Immunization Practices (ACIP)/American Academy of Pediatrics (AAP)/American Academy of Family Physicians (AAFP) schedule posted and displayed in vaccine storage areas and exam rooms. The most current harmonized vaccine schedule is July-December 2004 and can be printed from the CDC website at <http://www.cdc.gov/nip/recs/child-schedule.htm>.

**Q.** When will the new TVFC tool kits be ready?

**A.** All of the updates are being made and the tool kit is being printed. We are hoping for an end of 2004 year completion date.

**Q.** What is considered complete and accurate recording procedures?

**A.** All of the information below needs to be documented on the patient shot record by law in the patient's medical record:

- Complete histories of immunizations given at this clinic and elsewhere (month/day/year must be recorded)
- Vaccine manufacturer and lot number for each vaccine administered in your office
- Nurse's signature, title and date of immunization
- Clinic name and address
- The date from the Vaccine Information Statement

**Q.** What is the appropriate storage for Varicella vaccine?

**A.** Varicella vaccine must be stored in a full size refrigerator/freezer unit that has a separate, outside doors for both the refrigerator and freezer. Varicella vaccine must always be kept in the freezer section at or below 5°F (-15°C).

**Q.** How often do I check the refrigerator and freezer temperatures?

**A.** Refrigerator and freezer (if storing Varicella) temperatures must be checked twice a day every day the clinic is open. The temperatures must be checked once in the morning and once in the afternoon before close. All temps must be recorded using the C-105 form and submitted monthly to your local or regional health department.

**Q.** Where is the best place to put the thermometers?

**A.** Thermometers must be placed in the central area of the refrigerator and freezer. Do not place thermometers on the sides of the units or in the doors, as this will not reflect an accurate temperature reading. Air needs to circulate freely.

**Q.** What do I do if vaccines are about to expire?

**A.** Vaccines that have an expiration date of 60-days or less and will not be used should be returned. Please contact your local or regional health

department and let them know you have short-dated vaccines. Only unopened unused vials may be returned.

