

**University of Illinois Medical Center
at Chicago**

**Medical Center Core
Orientation Manual**

for Students (Paid & Non-Paid) & Agency Staff



Table of Contents

Introduction & Orientation Objectives	3
Welcome to the Medical Center / Facts and Figures	4
Medical Center Mission, Vision and Values	5
Medical Center Organizational Chart	6
Workplace Safety	7
Introduction to Regulatory Compliance	9
Code of Ethics	10
False Claims Act	10
Confidentiality/Privacy	12
Reporting Privacy Breaches	13
University of Illinois Office for Access and Equity	14
Quality	16
Patient Safety / Risk Management	17
Infection Control	18
Emergency Preparedness/Fire Safety	20
Guest Services	22
Acknowledgement of Orientation Completion	23
Addenda	
• Addendum A: University of Illinois Statement of a Drug-free Workplace	25
• Addendum B: UIMC Confidentiality Agreement	26
• Addendum C: Non-Discrimination Statement	28
• Addendum D: Statement of Commitment to Person's with Disabilities	28
• Addenda E-G: Infection Control	29



Introduction and Orientation Objectives

The **University of Illinois Medical Center** is committed to provide a comprehensive, job specific orientation for every staff person working within the Medical Center - including employees, students and agency staff. The purpose in developing the '**Medical Center Core Orientation Manual**' (for paid and non-paid students and Agency staff) is to familiarize you, the student and/or Agency staff, with the Medical Center's core organizational values, policies and procedures and regulatory compliance practices and to ensure that you have all of the tools to successfully and safely carry out your responsibilities within the Medical Center. The information found in this manual complies with the orientation requirements as outlined in the Medical Center Policy and Procedure (HR 1.03) and all other applicable policies and procedures at the University of Illinois Medical Center at Chicago as of July 1, 2003. The Medical Center responds to changing regulatory requirements and operational needs as necessary. For this reason, the information published in this manual is subject to change. If you have any questions pertaining to this orientation material, please follow-up with your supervisor/preceptor. In the event your supervisor/preceptor is unable to answer questions to your satisfaction, your supervisor will direct you to the appropriate individual and/or department.

The information presented in this manual is consistent with the information presented to new employees at our Medical Center Core Orientation. All of the topics outlined in the manual are posted with additional detail on the Human Resources website http://www.hospital.uic.edu/hrs/new_site/employment.shtml. Please carefully review all of the information found in the manual. If you have any questions, please feel free to contact Dr. Nina Olesinski (Director, Medical Center Learning) at 312-996-3737.



Welcome to the Medical Center

The **University of Illinois Medical Center** provides a higher level of care and individual attention to patients and their families, giving special consideration to their unique medical challenges, emotional needs and cultural sensitivities. Our diverse medical teams bring the world's latest advancements to patient care, research and teaching.

Our physicians' breadth of expertise coupled with the latest advances in technology help provide an integrated continuum of care - from preventive medicine and routine check-ups to highly specialized surgeries and innovative treatments. Our healthcare teams collaborate with each other and with referring professionals to provide superior care to the people of Illinois and beyond. We welcome you to our Medical Center team and wish you success in your student and agency staff responsibilities and future professional achievements.

University of Illinois Medical Center at Chicago Facts and Figures

- 507 Bed Hospital with 12 Outpatient Centers--created by state statute to meet the educational needs of the Colleges
- Six Health Science Colleges: Applied Health Sciences, Dentistry, Medicine, Nursing, Pharmacy and Public Health
- Part of the largest medical school in the country
- Provides primary and multi-specialty care for children and adults, treating a broad range of medical conditions
- Employees: 3,200 FTEs
- Physicians: 450 Attending Staff; 350 Residents
- FY 07 statistics: 19,300 discharges; 122,700 patient days; 419,500 clinic visits; 13,500 operations performed; 53,600 ER visits
- Operational environment: State Civil Service System & 4 Employee Unions



University of Illinois Medical Center Mission, Vision and Values

Mission

Health Care Delivery - Teaching - Research

The Mission of the **University of Illinois Medical Center** is to support essential teaching and research functions of the academic units of the University's Health Sciences Center. We must provide the best of care in accordance to the highest standards of hospital accreditation having at all time the well-being of the patient as the highest concern.

Vision

We will be true to our commitment to the people of Illinois to provide compassionate, high quality health care and be an acclaimed leader in advancing the art and science of medicine.

Values

The **University of Illinois Medical Center at Chicago** holds the following as tantamount values of our institution:

Integrity

We respect the dignity and worth of everyone by maintaining the highest degree of ethical and moral conduct.

Innovation

We welcome change because it provides the opportunity for students to learn, faculty to conduct research, and staff to improve our organization and the communities we serve.

Service Excellence

We are courteous and responsive to the needs of our patients and customers and strive to exceed their expectations.

Safety

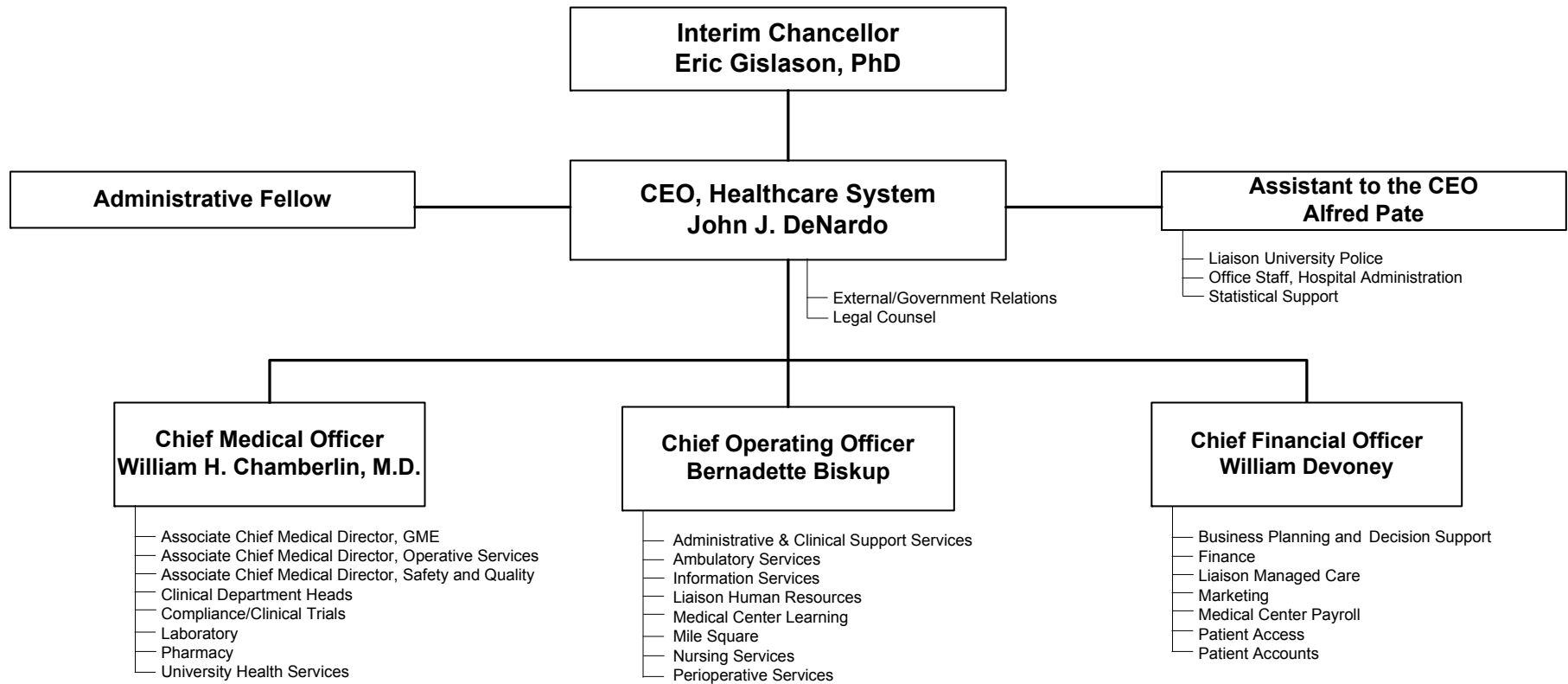
We earn the public's trust by fostering an environment dedicated to the safety of our patients, staff, and guests.

Accountability

We are responsible for achieving organizational results by maximizing our human, financial, and material resources.



UNIVERSITY OF ILLINOIS AT CHICAGO HEALTHCARE SYSTEM TABLE OF ORGANIZATION



Workplace Safety

The **University of Illinois at Chicago** Police Department is a full-service police department. University police officers possess all of the powers of municipal police officers and county sheriffs - including the power to make arrests on view and on warrants. They enforce state statutes and municipal ordinances on and off campus and university regulations on campus. The mission of the University Police Department is to promote and maintain public security and order under law and to foster a sense of safety and well being in the campus community. The Police Emergency number is 312-996-HELP and Non-emergency number is 312-355-3532. Beginning January 1st, 2008, 355-5555 will be implemented as an additional emergency number.

When Should You Call the Police?

- If you observe or have knowledge of dangerous, suspicious or criminal activity, call the police. Don't hesitate. Call the Police first and others second.
- If you observe what you think may be a serious safety hazard, call the police.
- The University Police work for you. So, don't be one of those individuals who 'didn't want to bother the police'. If you are uncertain, call the police.
- Confidentiality is a basic part of the University Police job. If you don't want to get involved, you can still call the police.

Personal Safety

The University of Illinois Medical Center is a safe place to study, work, live and visit. Remember, personal safety begins with awareness and common sense precautions should be taken such as:

- Always be aware of your surroundings. Avoid dangerous situations by taking reasonable precautions.
- When walking at night, use well-lighted and well-traveled routes. Don't take short cuts!
- After dark, walk with friends or acquaintances.
- After hours, use the free Red Car service or Student Patrol escort service.
- Know the location of the 'Startel' emergency telephone kiosks around campus. Pushing the button on a kiosk causes a blue strobe light to flash and puts you in voice communication with the alarm center. Other alarms are located in elevators, offices and restrooms.
- Before entering your vehicle, look inside.

If You Are Attacked

- Scream as loud as you can. Run away if you can. If you can't flee, strike at the attacker aiming for vital spots and make it hurt.
- If attacked from behind, dig down into the attacker's instep or shins with your heel. Batter the attacker's face with the back of your head. Grab the attacker's finger and bend it backwards hard. Run away.
- If cornered by an armed assailant, do not resist. Be calm, cooperate.

Protecting Your Property

- Never leave your possessions unattended. Theft is a crime of opportunity and the number one crime on campus. Unattended, unlocked offices or rooms, and unattended property in libraries attract thieves.
- Always lock your vehicle.



- Never leave valuables visible in your car.
- Register, chain and lock your bicycle.
- Report suspicious people to the police.

Escort Service/Red Car

The University Escort Service/Red Car provides transportation to university employees, students, visitors and other authorized individuals between university facilities and points of public transportation or resident facilities with a designated area during the hours of 11 PM to 7 AM daily. Individuals must possess a valid UIC I-card. The 'Red Car' operates with the following boundaries: Halsted Street on the east, Western Avenue on the west, Eisenhower Expressway on the north and 14th Place on the south.

Student Patrol Escort Service

Student Patrol acts as the 'eyes and ears' of the police and handles routine calls for service. Student Patrol is deployed 24 hours a day at pass desks and on roving patrols throughout the campus. They also lock and unlock buildings and perform after-hour escorts. Student Patrol offers a walking escort service available to university employees, students, visitors and other authorized individuals between university buildings and university-owned property in the immediate campus area. Escort requests are made by calling University Police at 312-996-2830.

For additional information or assistance regarding Workplace Safety at the University of Illinois Medical Center at Chicago, please contact:

Officer Craig Moran; Police Officer, Community Relations

245 PS, MC 268

Phone: 312-996-6779

Fax: 312-413-2617

Email: cjmoran@uic.edu



Regulatory Compliance

The **University of Illinois Medical Center** is mandated to abide by regulatory compliance standards set forth by internal as well as external regulatory agencies - The Joint Commission, federal government/HIPAA, etc. The compliance requirements and standards that the **Medical Center** must comply with are described in the following pages.

The Joint Commission evaluates and accredits more than 15,000 health care organizations and programs in the US. Joint Commission accreditation is recognized nationwide as a symbol of quality that reflects an organization's commitment to continually meeting certain performance standards. One of the Joint Commission's standards requires that the Organization 'provides initial orientation' to all staff in order to promote safe and effective job performance. The Joint Commission further defines staff as 'all people who provide care, treatment and services in the organization, including those receiving pay (e.g., permanent, temporary and part-time personnel as well as contract employees), volunteers and health profession students.' Therefore, you must be knowledgeable of and adhere to the **Medical Center** policies as outlined in this orientation.

The Joint Commission and/or other external regulatory agencies may conduct unannounced site visits at any time. All staff (including student employees, volunteers and agency staff) must continuously be prepared for a site visit - announced or unannounced. Preparation includes:

- Completion of all required orientation processes: including health screening, completion of Core Orientation competencies, and obtaining and displaying a Medical Center ID badge.
- Review of your personnel file(s) on a periodic basis to ensure that documentation and information is current.
- Knowledge of information/potential questions that an external surveyor may pose.



University of Illinois Medical Center at Chicago Code of Ethics (LD 1.03)

The **Medical Center** has established a Code of Ethics in recognition of the institution's responsibility to our patients, staff, volunteers, physicians and the community we serve. Our institutional values relate specifically to ethics in Patient Care, Professional Conduct and Clinical Decision Making, Confidentiality, External Relations and Billing Practices.

Patient Care: We recognize the dignity and worth of everyone with whom we interact. We will involve patients and family members in decisions regarding the care they receive. We will inform patients of therapeutic alternatives and risks associated with the care they are seeking.

Professional Conduct and Clinical Decision Making: We will protect the integrity of clinical decision making.

Confidentiality: Patient information will not be shared in an unauthorized manner and sensitive information will only be shared with individuals authorized to review and act on such information.

External Relations: We will fairly and accurately represent ourselves and our capabilities to the public.

Billing Practices: We shall distribute accurate, comprehensible and timely bills to patients and payers.

Addendum A: University of Illinois Statement of a Drug-Free Workplace

False Claims Act

In 1986, Congress rejuvenated a Civil War-era law - **False Claims Act** - adding amendments to strengthen it and creating incentives for private citizens with evidence of fraud to commit their time and resources to supplement the government's efforts. As a result, a powerful public-private partnership for uncovering fraud against the government was put into play. A 'false claim' is a claim that cheats the government. It can be charging for tests and procedures never performed, performing unnecessary medical procedures in order to get increased reimbursement, double-billing for tests, billing Medicaid or Medicare for procedures that should have been charged to a research grant, doctoring time records, winning a contract through kickbacks and bribes, forging a physician's signature to gain government reimbursement, and many other acts of omission and commission.

In 2005, President Bush signed the Deficit Reduction Act of 2005. This act requires that, by January 1, 2007, Medicaid providers shall:

- (A) Establish **written policies** for all employees of the entity and of any contractor or agent of the entity, **that provide detailed information about the False Claims Act**, administrative remedies for false claims and statements, any State laws pertaining to civil or criminal penalties for false claims and statements, **and whistleblower protections** under such laws, with respect to the role of such laws in preventing and detecting fraud, waste, and abuse in Federal health care programs.
- (B) Include as part of such written policies, **detailed provisions regarding the entity's policies and procedures for detecting and preventing fraud, waste, and abuse**; and
- (C) "Include in any **employee handbook** for the entity, **a specific discussion of the laws** described in subparagraph (A), the rights of employees to be protected as whistleblowers and the



entity's policies and procedures for detecting and preventing fraud, waste, and abuse."

Steps already have been taken to meet all of these requirements. The Medical Center Compliance Program and its policies are described at the Medical Center Compliance web site. University Policies can be found by visiting Ethics Office Policies - http://www.hospital.uic.edu/docs/compliance/ethics_office_outline.html

A "**Whistleblower**" is one who reveals wrongdoing within an organization to the public or to those in positions of authority. However, an employee first must *reasonably believe* that a violation of law, gross mismanagement, gross waste of funds, abuse of authority, or substantial and specific danger to public safety or health has occurred.

Patients, visitors and employees are encouraged to communicate problems, complaints, and concerns about suspected unlawful practices. The Medical Center Guest Service Department handles patients and family complaints. Additionally, the University's confidential Hot Line may be used. For employees, the first individuals that should be contacted are the employee's own supervisor or the supervisor of the service involved. If employees are uncomfortable talking to these individuals, they should use the confidential Hot Line or contact more senior managers or administrators.

Federal, State and local whistleblowing statutes protect an employee who has initiated an investigation of an employer's activities or who has otherwise cooperated with a regulatory agency in carrying out an inquiry or the enforcement of regulations from discharge or discrimination. In addition, the University has explicit policies that protect the whistleblower that, in good faith, brings forward suspicions of unlawful activity.



HIPAA - CONFIDENTIALITY / PRIVACY

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) was designed to prevent inappropriate use and disclosure of an individual's health information and to require organizations which use health information to protect that information and the systems which store, transmit, and process it.

Under HIPAA, the patient's health information is restricted to individuals who have a need to know, a reason to know or permission for access to such data/information. The Medical Center has identified individuals responsible for the monitoring and administration of security and privacy of all protected health information (PHI) - Privacy Officer (312-355-5650) and Security Officer (312-355-4583).

Access to PHI is role defined. Certain categories of employees have unlimited access (i.e., Nurses, Physicians, Pharmacy Staff and Therapists). Remember - unlimited access is not equivalent to authorized access. You must always have a need to know, a reason to know or permission to access patient data/information.

Access to PHI is based on:

- Need to Know (Clinical)
- Reason to Know (Administrative)
- Permission to Know - written authorization to access patient information is obtained from the patient, designated family member or patient representative

Confidentiality/Privacy Best Practices:

- Remain mindful of the presence of others when discussing patient care.
- Do not disclose patient information to visitors without the patient's authorization.
- If visitor is not authorized to obtain patient information, keep information as general as possible.
- Ensure that patient data is password protected - all communication including phone, in person and written.
- Ensure printed patient information is secure when being transported. Carry documentation face down or in a manner that ensures that patient data is not visible.

HIPAA Sanctions:

Employees and students found to have violated HIPAA will be disciplined in accordance with the **Medical Center's** policies. The type of sanction imposed will depend on the intent of the individual as well as the severity of the violation - IM 4.17 HIPAA Sanctions Policy. Sanctions, including civil/criminal prosecution and/or monetary fines, may be imposed to the individual and/or the **Medical Center** for violation of patient confidentiality/privacy. Sanctions may include:

- Monetary compensation to the Individual for any damages arising as a result of a breach of confidentiality.



- Disciplinary Action up to and including termination or any other penalties as necessary.

Reporting Privacy/Security Breaches

Notify the Privacy Office or your Department Security Contact (DSC) of a suspected HIPAA violation and provide:

- Date and time of suspected violation
- Detailed description of suspected violation

Addendum B: UIMC Confidentiality Agreement Employee/Volunteer/Student

For additional information or assistance regarding Health Information Management at the University of Illinois Medical Center at Chicago, please contact:

**Wanda Williams, Privacy Office Coordinator
Health Information Management (M/C 772)
833 S. Wood Street, B52
Chicago, IL 60612-7209
Phone: 312/413-4947
Fax: 312/413-8014
E-Mail: wandaw@uic.edu**



UIC Office for Access and Equity

The Office for Access and Equity (OAE) represents the University campus to federal and state agencies as well as to the higher education community on issues related to affirmative action, equal opportunity, harassment and diversity. They collaborate in the development of the campus' Affirmative Action Plan, and assist in the recruitment and retention of women, men and women of color, persons with disabilities and other under-represented groups.

In addition, the OAE staff offer training in sexual harassment awareness, AA/OAE, the Americans with Disabilities Act and other related topics as needed. They also provide technical advice to faculty, students, staff and administrators on diversity issues as well as problems regarding discrimination and harassment; counsel faculty, staff, and students who believe they may have been subjected to harassment or discrimination; conduct investigations and complaints of unlawful discrimination in admission, employment, and access as well as treatment in UIC-sponsored programs and activities.

Sexual Harassment Defined

Sexual Harassment includes any unwanted sexual gesture, physical contact or statement that is offensive, humiliating, or that interferes with a required job, academic, and/or career opportunity at the University.

Understanding Sexual Harassment

(1) *Quid pro quo*

- “This for That” - request for sexual favors in exchange for job benefits or opportunities; looks at whether there is a tangible job action
- Only a supervisor or manager can commit quid pro quo harassment.

(2) *Hostile environment*

- Atmosphere that interferes with an individual's work and/or academic performance or creates an intimidating hostile, or offensive academic or work environment.

Behaviors that contribute to a hostile environment include:

- Unfulfilled threats to impose a sexual quid pro quo
- Discussing sexual activities
- Telling off-color jokes
- Unnecessary touching
- Commenting on physical attributes
- Displaying sexually suggestive pictures
- Using demeaning or inappropriate terms, such as “babe”

UIC's sexual harassment policy prohibits unwelcome sexual conduct in the classroom, office and other work locations. This policy applies off premises as well as long as the individual(s) is engaged in University related business or University sponsored events



Age Discrimination in Employment Act (ADEA)

Federal law (ADEA), state law and UIC policy all prohibit discrimination based on age. ADEA applies to individuals 40 years and older.

Americans with Disabilities Act (ADA)

Prohibits discrimination against qualified individuals because of their disabilities or handicap

- In employment
- Participation in academic programs
- Receiving services offered to the public
- Denying access to building or services

Duty to provide a reasonable accommodation to an otherwise qualified individual:

Any change in the work environment or in the way things are customarily done, which is not **unduly burdensome** that enables an individual with a disability to enjoy equal employment opportunities.

Protected Categories: Other Laws and Policies

UIC's Non-Discrimination policy includes several other categories:

- Religion
- Marital Status
- Veterans' Status
- Disabled Veterans'
- Sexual Orientation

OAE has the responsibility to investigate and advise on internal complaints of discrimination and harassment; grievances (may include allegations of discrimination); and informal disputes (supervisor's right/responsibility to intervene in co-worker disputes).

[Addendum C: UIC Non-Discrimination Statement](#)

[Addendum D: Statement of Commitment to Persons with Disabilities](#)

[UIC Reasonable Accommodation Policy](#)

[UIC Sexual Harassment Policy](#)

For additional information or assistance with the equal opportunity, affirmative action and harassment policies and procedures of the University of Illinois at Chicago, please contact:

Office for Access and Equity

(M/C 602)

717 Marshfield Avenue

Building 809 South Marshfield Avenue Chicago, IL 60612-7207

Phone: (312) 996-8670



Quality

Quality is a never ending cycle of continuous improvement!

The **University of Illinois Medical Center** has an organization-wide Quality Plan which is based on the five Medical Center goals - employer of choice; provider of choice; operational efficiency; organizational compliance; and national recognition. Executive Leadership oversees the implementation of the Quality Plan and continuously evaluates organization-wide progress. Every area has a Quality Plan that includes quality indicators related to the five Medical Center goals.

The **PDCA (Plan-Do-Check-Act)** model is used to identify quality indicators and measure processes. The specific components of the PDCA model include:

P = Plan what you want to improve.

D = Do a test to see how well your idea works.

C = Check out the results of your test and then act accordingly. What does the data tell you to do?

A = Act to roll out improvements, or adapt your plan and try again, or abandon the plan and develop a new one.

Evaluate the results of each plan you test, implement positive changes and start the cycle over again to continuously improve. Ask your preceptor what quality indicators have been established for your area and how you can improve quality. Additional information is also available on the Quality website - http://www.hospital.uic.edu/qual_accredit/index.shtml



For additional information and assistance regarding the implementation of Quality at the University of Illinois Medical Center, please contact:

Maureen Perry, Director - Quality & Accreditation

833 S Wood St Room B52

Phone: 312-996-7788

E-mail: mtperry@uic.edu



Patient Safety & Risk Management

Modern healthcare, by nature, is a high-risk, error-prone activity. According to the Institute of Medicine 48,000 - 98,000 patients die each year as a result of medical errors. Patient Safety is a core **University of Illinois Medical Center** value. It is the intent of the Risk Management program to enhance the safety of patients, visitors and employees; and minimize the financial loss to the Medical Center through risk detection, evaluation and prevention. The Risk Management Department's 'scope of service' encompasses:

- safety (development of safe systems);
- risk assessment (proactive assessment in the origination of risk and safety issues); and
- occurrence investigation and reporting (conduct Root Cause Analysis/RCA and investigations of intensive events).

The Joint Commission National Patient Safety Goals

- Verify patient identification prior to treatment, procedure, lab and specimen collection and the administration of a blood product using the following process
 - Check the ID bracelet for name and DOB or ask patient to verbalize
 - Name and DOB should be matched to the same patient identifiers appearing in the medication or treatment order, or specimen container
 - Label containers used for blood and other specimens in presence of the patient.
- Improve the effectiveness of communication among caregivers.
- Improve the safety of using medications.
- Develop, reconcile and communicate an accurate medication list across the continuum of care.
- Reduce the risk of patient harm resulting from falls.
- Encourage patient involvement in care.
- Identify safety risks inherent in patient population.
- Improve recognition and response to changes in a patient's condition.

What do I report to Risk Management?

Staff can report any situation that could or did result in harm to a patient, employee or visitor of the Medical Center.

For additional information and assistance regarding the implementation of Risk Management at the University of Illinois Medical Center, please contact:

Gloria Umali	996-0488
Tam Pham:	996-4257 Pager #: 3092
Alysha Cartman:	996-7895 Pager #: 3090
Patient Safety Hotline:	3-4RSK (3-4775)



Infection Control

Standard Precautions are implemented in the care of all patients (hospitalized and ambulatory clinic) to protect health care workers from infectious microorganisms.

- In order to practice Standard Precautions, personnel protective equipment (PPE) is available for you to wear. PPE must be worn if contact with blood and body fluids is anticipated. PPE includes gowns, gloves, and masks with eye protection and are located on all nursing units. You, as a student doing a clinical rotation, may need to wear PPE. So, determine the location of PPE supplies.
- The most important part of Standard Precautions that you will be practicing is hand hygiene. It is important that you practice hand washing or using the alcohol hand rub **before** and **after** contact with a patient or the patient's environment and after glove removal.
- There is no eating or drinking allowed in any patient care areas.

Isolation Precautions

- **Transmission Based Precautions:** used in addition to Standard Precautions to prevent transmission of infectious microorganisms spread by airborne, droplet or contact routes.
 - **Contact Precautions:** microorganisms are spread by contact with dry skin or environmental surfaces (linen, equipment, bed rails, etc).
 - Isolation requires the patient to be placed in a private room. The health care worker is required to wear gloves upon entering the room. A gown should be worn if clothing will touch the patient or environment. Both gown and gloves should be removed prior to leaving the patient's room.
 - Hand hygiene must be performed after removing protective clothing & before leaving the patient's room or upon leaving the room, using the hand alcohol rub (located on the wall outside patient rooms).
 - The health care worker should leave all personal items (pens, papers, stethoscope, etc.) outside the room.
 - **Airborne Precautions:** microorganisms are spread by inhalation of small droplet nuclei.
 - Isolation requires the patient to be placed in a private negative pressure room with the door closed.
 - The health care worker must wear an N-95 respirator. Note: the health care worker must have medical clearance by University Health Service (UHS) and be fit-tested for the N-95 respirator.
 - **Droplet Precautions:** microorganisms are spread by large droplets propelled a short distance (usually 3-5 feet) through the air via coughs, sneezes, while suctioning, etc. The droplets must reach the conjunctiva, nasal mucosa or mouth of the susceptible host.
 - Isolation requires the patient to be placed in a private room or at least 5 feet from any roommate.
 - The health care worker must wear a mask with fluid shield if within 5 feet of the patient. A gown is required if respiratory secretions will contaminate clothing.



Exposure to a Patient's Blood or Body Fluid

While working with a patient, you could get exposed to that patient's blood and body fluids. If this happens, go into the patient's bathroom and wash the site that the exposure occurred at. If the exposure was to mucous membranes, flush with water. Next, find out the name of the patient whose fluids you came in contact with. Report this exposure to your instructor or preceptor.

Remember: You must go to University Health Services or the Emergency Room for further follow-up and treatment (as indicated) and to complete an occurrence report.

Your Health

- You must be immune to measles, mumps, rubella and varicella (chicken pox) to do your clinical rotation at the medical center. You should provide documentation of this immunity to your instructor or proctor.
- The best rule of thumb is, if you are sick, have a fever or diarrhea, do not come to work with patients at the Medical Center until you are feeling well.
- If you develop any communicable diseases such as pertussis, do not come to work with patients at the Medical Center until you have been cleared from University Health Services.

[Addendum E: Infection Control Basics - Personal Protective Equipment](#)

[Addendum F: Infection Control Basics - Bloodborne Pathogen Standard](#)

[Addendum G: Tuberculosis Control: How To Protect Yourself and Others](#)

For additional information or assistance regarding Infection Control issues at the University of Illinois Medical Center at Chicago, please contact:

Marcella McGuinn, MD, pager 2490

Mary Beth Fry, 996-1395, pager 2561

Susan Lee, 355-2518, pager 5193

Anne Molloy, 996-8953, pager 5479

Maria Perez, 996-0082, pager 3707



Emergency Preparedness/Fire Safety

Reporting An Injury - Report all on the job injuries

- Get medical help
- Fill out the “Supervisor’s First Report of Injury” within 24 hours.

Needle Safety - Report ALL needle sticks

- Never recap a needle
- Once a needle is uncapped, dispose of it in the needle box even if it’s not used

Back Injury Prevention - Don’t lift an object if:

- It’s too heavy
- It’s too big

Get help if you need it.

Watch Your Step - Falls happen:

- When we don’t clean up.
- When we don’t look where we are going.

If you see a spill, call 6-3688 and report it.

Electrical Safety

- Do not use extension cords. Outlet strips can be used.
- Red Outlets are for patient care use only.

Hazardous Chemicals

- Obtain MSDS (Material Safety Data Sheets) from your supervisor.
- Wear appropriate personal protective equipment.

UIC Smoking Policy

- Smoking is not allowed in any building on the UIC campus.
- Smoking is not allowed in the path of travel in and out of buildings.

Fire Safety

- R** Rescue anyone in danger “Code Red” Don’t endanger yourself
- A** Activate the alarm
- C** Close all doors
- E** Evacuate to a safe location

If you must fight a fire:

- P** Pull the pin
- A** Aim the nozzle: At the base of the fire
- S** Squeeze the handle
- S** Sweep back and forth



What does the fire alarm sound like?

- Tones - In the hospital & EEI
- Horns - In OCC and all other buildings

Fire Drills- Know your evacuation route

Listen to the alarm

- Determine the location
- Fill out an observer's form

Disaster Preparedness

All personnel working for the Medical Center may be called upon for assistance during an activation of the Emergency Management Plan (EMP). Some events that could cause activation of the EMP may necessitate the evacuation of patients, staff and visitors. During these incidents, it is very important that personnel who are called upon for assistance are familiar with the EMP and the tasks they may need to perform to safely evacuate patients, visitors, staff, medical equipment, medical supplies and medical records. Additional references include:

- **University of Illinois Medical Center** Disaster Manual available in every department and online at <http://www.hospital.uic.edu>
- Unit specific Internal Disaster Plan available on each respective unit

Emergency Codes

- **Code Red - Fire**
Listen for location and respond appropriately
- **Code Helper - Evacuation**
1 person from each unit
- **Code Pink - Infant Abduction**
Observe hallways
- **Code Gemini - Computer**
Manual entry and logging of patient care
- **Code Decon - ER Emergency**
Decon Team report to the ER

Key Phone Numbers

6-3688 - Environmental Services	Building related problems
6-HELP - UIC Police	Anytime there is danger
6-FIRE	UIC Police & Chicago Fire Dept.
6-SAFE	Environmental Health & Safety Office

For additional information or assistance regarding safety or environmental control issues at the University of Illinois Medical Center at Chicago, please contact:

Keith Hronek, Medical Center Safety Officer

Phone: 312-413-3705

Cell: 312-520-4251

E-mail: khronek@uic.edu

Fax: 3-3700



Guest Services

At the **University of Illinois Medical Center**, we do our best to ensure our customer's comfort and confidence by making our hospital a friendly, helpful and tranquil place. Guest Services, whose primary objective is to enhance the patient/visitor experience, encourages a hospitality approach to everything we do.

Guest Services provides:

- Patient representatives to assist with patient needs
- Processes to conduct investigations of patient complaints and grievances
- Staff to notarize documents
- Special parking fares for family members of patients
- Locked boxes to deposit patient belongings
- Customer services programs for patients

Hospital's Information Desk	7:00am-9pm M-F 8:00am-9pm Sat-Sun
Volunteer Services	9:00am-5:00pm M-F
Patient Representatives	9:00am-5:00pm M-F
Language Assistance Services	24 hours-7 days a week

For additional information or assistance regarding Guest Services at the University of Illinois at Chicago, please contact:

Julio Becerra, Director Guest Services

1740 West Taylor Suite 1172

Phone: (312) 996-3610

E-mail: jbecerra@uic.edu



Acknowledgement of Orientation Completion

I acknowledge that I have reviewed and understand the content outlined in this Medical Center Core Orientation Manual.

Instructions:

- Initial below next to each subject heading.
- Sign and date this 'Acknowledgement' document.
- Sign and date 'Statement of a Drug-Free Workplace' (addendum A) and 'Confidentiality Agreement' (addendum B).
- Submit the original documents to your supervisor - to be maintained in your personnel file.
- Retain a copy of the document for your records.

	Introduction & Orientation Objectives
	Welcome to the Medical Center / Facts and Figures
	Medical Center Mission, Vision and Values
	Medical Center Table of Organization
	Workplace Safety
	Introduction to Regulatory Compliance
	Code of Ethics
	False Claims Act
	HIPAA - Confidentiality/Privacy
	University of Illinois Office for Access and Equity
	Quality
	Patient Safety / Risk Management
	Infection Control
	Emergency Preparedness/Fire Safety
	Guest Services
	Addendum A
	Addendum B

Student/Agency Staff Signature

Date

Student/Agency Staff Name Printed

Supervisor's Signature

Date

Clinical unit: _____

Dates of clinical rotation: _____ to _____ Cc: File Copy



ADDENDA

Addendum Title	Page
Addendum A: University of Illinois Statement of a Drug-free Workplace	25
Addendum B: UIMC Confidentiality Agreement	26
Addendum C: Non-Discrimination Statement	28
Addendum D: Statement of Commitment to Person's with Disabilities	28
Addendum E: Infection Control Basics - Personal Protective Equipment	29
Addendum F: Infection Control Basics - Bloodborne Pathogen Standard	31
Addendum G: Tuberculosis Control: How To Protect Yourself and Others	34



UNIVERSITY OF ILLINOIS STATEMENT OF A DRUG-FREE WORKPLACE

1. The University of Illinois is committed to maintaining a drug-free workplace in compliance with applicable state and federal laws. The unlawful possession, use, distribution, dispensation, sale or manufacture of controlled substances is prohibited on University premises. Violation of this policy may result in the imposition of employment discipline as defined for specific employee categories by existing University policies, statues, rules, regulation, employment contracts, and labor agreements. Any employee convicted of a drug offense involving the workplace shall be subject to employee discipline or required completing satisfactorily a drug rehabilitation program as a condition of continued employment.
2. The illegal use of controlled substances can seriously injure the health of employees, adversely impair the performance of their responsibilities and endanger the safety and well being of fellow employees, students and members of the general public. Therefore, the University encourages employees who have a problem with the illegal use of controlled substances to seek professional advice and treatment. A list of sources for drug counseling, rehabilitation and assistance programs may be obtained from the Human Resources Department, University Health Service, or the Employee Assistance Service. Employees may obtain this information anonymously either through self-referral or at the direction of their supervisor. Employees who are engaged in work under a federal contract may be required to submit to test for illegal use of controlled substances as provided by the law or regulations of the contracting agency.
3. As a condition of employment, employees are asked to abide by this statement. In addition, those employees working on a federal contract or grant must notify their supervisor if they are convicted of a criminal drug offense occurring in the workplace within five days of the conviction. The University will notify the granting or contracting federal agency within 10 days of receiving notice of a conviction of any employee working on a federal contract or grant when said conviction involves a drug offense occurring in the workplace. A copy of this statement shall be given to all employees assigned to a federal con tact or grant.
4. This statement and its requirements are promulgated in accordance with the requirements of the **Drug-Free Workplace Act of 1988** and shall be interpreted and applied in accordance with this law and the rules and regulations promulgated pursuant thereto.

*This is to acknowledge that I have received, read and understand the above “**Statement of a Drug-Free Workplace**” for the University of Illinois at Chicago.*

Sign and date this document, retain a copy for your records and submit the original to your supervisor.

Signature

Date



UIMC Confidentiality Agreement Employee/Volunteer/Student

As an employee/volunteer/student at University of Illinois, you may have access to “Confidential Information”. The purpose of this agreement is to help you understand your obligations regarding confidential information.

Confidential information is protected by Federal and State laws, regulations, including HIPAA, the Joint Commission standards, and strict University policies. The intent of these laws, regulations, standards and policies is to insure that confidential information will remain confidential - that is, that it will be used only as necessary to accomplish the purpose for which it is needed.

As an employee/volunteer/student, you are required to conduct yourself in strict conformance with applicable laws, standards, regulations and University polices governing confidential information. Your principal obligations in this area are explained below. You are required to read and to abide by these rules. Anyone who violates any of these rules will be subject to discipline, which might include, but is not limited to, termination of employment or expulsion from the University. In addition, violation of these rules may lead to civil and criminal penalties under HIPAA and potentially other legal action.

As an employee/volunteer/student, you may have access to confidential information, which includes, but is not limited to, information relating to:

- Medical record information (includes all patient data, conversations, admitting information, demographic information and patient financial information).
- Protected Health Information (PHI) as defined by HIPAA includes, but is not limited to, names, all geographic subdivisions; all elements of dates (except year) for dates directly related to an individual, telephone numbers, fax numbers, electronic mail addresses, social security numbers, medical record numbers, health plan beneficiary numbers, account numbers, certificate/license numbers, vehicle identifiers, device identifiers and serial numbers, web universal resource locators (URLs), internet protocol (IP) address numbers, biometric identifiers, including finger and voice prints, full face photographic images and any comparable images; and any other unique identifying number, characteristic, or code.
- Employee information (i.e., social security number, employment records, and disciplinary actions).
- University information (i.e., financial and statistical records, strategic plans, internal reports, memos, contracts, quality and peer review information, and communications).
- Computer programs, client and vendor proprietary information, source code, and proprietary technology.

In the event that you do have access to confidential information, you hereby agree as follows:

- You will only use confidential information/data as needed/necessary to perform your duties as an employee/volunteer/student affiliated with the University.
- You will not in any way divulge, copy, release, sell, loan, review, alter or destroy any confidential information/data except as properly authorized within the scope of your professional activities affiliated with the University.
- You will not misuse confidential information/data or be careless with it.
- You will safeguard and will not disclose your computer password or any other authorization that allows you to access confidential information/data. The University reserves the right to monitor access to the network, including your account, if deemed appropriate.
- You accept responsibility for all activities undertaken using your assigned access code and/or any other authorizations.
- You will report activities by any individual or entity that you suspect may compromise the confidentiality of information. The University will make all attempts possible to keep good faith reports confidential. However, absolute confidentiality cannot be guaranteed.



- You understand that your obligations under this Agreement will continue after your affiliation with the University terminates.
- You understand that any of your access privileges to confidential information/data are subject to periodic review, revision, and, if necessary, modification and/or termination.
- You understand that you have no right or ownership interest in any confidential information/data.
- The University may at any time revoke your access code, or any other authorization that allows you to access confidential information/data.
- You will be responsible for your misuse or wrongful disclosure of confidential information and for your failure to safeguard confidential information/data or your password or any other authorization that allows you to access confidential information/data.
- The University may take disciplinary action against you up to and including termination or expulsion from the University in the event you violate this Confidentiality Agreement. In addition, the University may initiate legal action including but not limited to civil litigation or criminal prosecution.
- You understand the University reserves the right to monitor and record all network and application activity including e-mail, with or without notice, and therefore users should have no expectations of privacy in the use of these resources.

“I certify that I have read and understand the Confidentiality Agreement printed above and hereby agree to be bound by it.”

Sign and date this document, retain a copy for your records and submit the original to your supervisor.

 Employee/Student/Volunteer/Agency Signature
 Cc: File Copy

 Date



Non-Discrimination Statement

The commitment of the University of Illinois to the most fundamental principles of academic freedom, equality of opportunity, and human dignity requires that decisions involving students and employees be based on individual merit and be free from invidious discrimination in all its forms.

The University of Illinois will not engage in discrimination or harassment against any person because of race, color, sex, religion, national origin, ancestry, age, marital status, disability, sexual orientation including gender identity, unfavorable discharge from the military or status as a protected veteran and will comply with all federal and state nondiscrimination, equal opportunity and affirmative action laws, orders and regulations. This nondiscrimination policy applies to admissions, employment, access to and treatment in the University programs and activities.

University complaint and grievance procedures provide employees and students with the means for the resolution of complaints that allege a violation of this Statement.

Statement of Commitment to Persons with Disabilities

Guided by the belief that people with disabilities are assets to the university, UIC is committed to full inclusion and participation of people with disabilities in all aspects of university life. We seek to provide an academic, social and physical environment that makes disabled people integral to the diversity of perspectives that is vital to an academic community.

UIC supports the principles of universally accessible design, alternative communication formats, and the expression of disability community and pride. At all levels of the university, UIC promotes equal opportunity, fair treatment, and the elimination of barriers for qualified individuals with disabilities.

Implementation

An advisory committee will develop an implementation plan in accordance with the Statement of Commitment to Persons with Disabilities. The committee will monitor progress towards these goals and will seek advice from disability groups on campus. The Office for Access and Equity will report progress and accomplishments on an annual basis and the report will be made public on the campus Web site under Disability Resources.



Infection Control Basics – Personal Protective Equipment

What is Personal Protective Equipment?

Personal protective equipment (PPE) is equipment you wear to protect you from exposure to potentially hazardous materials. With regard to the Bloodborne Pathogens Standard, PPE is equipment that protects you skin, mucous membranes and personal clothing from contamination with blood, body fluids, secretions or excretions. Examples of PPE include: gloves, fluid-resistant gowns, masks, impervious aprons, lab coats, protective eyewear, mouthpieces, resuscitation bags or other ventilation devices.

Gloves - When to wear Gloves

Gloves should be worn when your hands may come in contact with blood, body fluids, secretions, excretions, mucous membranes or non intact skin. Gloves should not be work when touching items that persons without gloves will touch, for example - elevator buttons and computer keyboards, unless the item will be disinfected after being handled with gloves.

Single-use Gloves

In general, vinyl or latex gloves can be used for most patient care and laboratory activities. These gloves are designed as single-use items and should be discarded after use. Boxed gloves are available in different sizes, usually small, medium and large. Appropriate sizes should be available in a given patient care or laboratory area. You should know what size fits you the best and use that size. If gloves are too large, it may be difficult for you to do your tasks. If gloves are too small, they are more likely to tear. If gloves tear or puncture during use, remove them as soon as possible, wash hands and put on a new pair of gloves.

Reusable Gloves

Utility or work gloves may be available for heavier tasks, such as hauling waste, housekeeping or working with chemicals. These gloves may be reused, but should be cleansed and disinfected after use and stored in a sanitary fashion. If cracks or other breaks in integrity develop in these gloves, they should be discarded.

Glove Allergies

UIMCC supplies latex-free gloves for all employee use. If you have allergies or special requirements, contact your supervisor to discuss what other options are available.

Skin Lesions and Gloves

Skin lesions such as cuts or scrapes on your hand should be covered with a dressing or bandage before gloves are applied.

Removal of gloves

Gloves should be removed from your hands in a way that decreases the likelihood of your skin or mucous membranes being exposed to blood, body fluids, secretions or excretions. For single-use gloves, first grasp the outside of the cuff with the opposite gloved hand. Then remove that glove slowly by turning it inside out. Gather the removed glove into the palm of the gloved hand. Then slip the ungloved finger underneath the cuff on your other hand, and roll that glove inside out over the other glove. Discard the used gloves into the appropriate waste receptacle. For reusable gloves, carefully remove in a manner so that your hands do not touch the contaminated surfaces of the glove. Clean and disinfect reusable gloves before storing.

Handwashing/Hand Antisepsis

After gloves have been removed, hands should be washed with soap and water, or use an alcohol based hand rub product. **The use of gloves does not replace the need for appropriate hand hygiene.** Gloves do not completely protect your hands from becoming contaminated wither during use or during removal.



Fluid-resistant Gowns and Aprons - When to wear protective apparel

Protective apparel should be worn when there is a reasonably anticipated possibility that blood, body fluids, secretions or excretions may splatter onto your personal clothing. If splattering is likely, then a fluid-resistant gown or lab coat, barrier gown or plastic apron should be worn, depending on the task or circumstances.

Fluid-resistant gowns and lab coats

Fluid-resistant gowns (paper-like gowns) and lab coats (fluid-resistant cloth gowns) should be worn any time there is a reasonable likelihood that splattering of blood, body fluids, secretions or excretions may occur. They should be worn, so that the gowns tie in the back and the lab coats button in the front. After use, they should be removed in a manner that does not contaminate your clothing. The gowns are disposable and lab coats are washable. Both should be placed into the appropriate receptacle after use. If blood, body fluids, secretions or excretions penetrate the gown/lab coat or if either is torn, it should be removed as soon as possible. Soiled clothing should be removed and cleaned and skin should be washed with soap and water or an antiseptic towelette.

Aprons, Barrier Gowns

When exposure to large amounts of blood is anticipated (e.g., trauma situations, labor and delivery, surgery), a fluid-resistant gown or lab coat may not provide sufficient protection. In these instances, you should also wear a barrier gown or impervious apron. Barrier gowns are routinely available in the operating rooms and are single use items. Impervious aprons may be reusable or disposable. If the reusable type is worn, it should be appropriately disinfected after use.

Masks and Protective Eyewear

When it can be reasonably anticipated that blood, body fluids, secretions or excretions will splash or splatter in your eyes, nose or mouth (mucous membranes) protective eyewear and a mask must be worn. Goggles or safety glasses with solid side-shields paired with a mask are one choice. Alternatively, you could wear a face shield or full-face visor. Personal prescription eyeglasses, without solid-side shields, do not provide adequate eye protection. Safety glasses or goggles should not be worn without a mask. Reusable protective eyewear and visors should be appropriately disinfected after use.

Resuscitation Devices

Unprotected mouth-to-mouth resuscitation should never be performed. A mouth shield or mechanical device should be utilized.

Removal of PPE

PPE should be removed when you complete the task for which you garbed. PPE must be removed when you leave the area in which exposure was anticipated. PPE should not be worn in public areas such as hallways.

Questions?

Refer to the Exposure Control Plan in your Infection Control Manual which is accessible @ <http://www.hospital.uic.edu> under UI Medical Center tab, "Infection Control and Isolation". Questions not addressed in this document can be answered by your Infection Control Practitioner at x6-0082, x6-8953, x5-2518 or x6-1395.



Infection Control Basics - Bloodborne Pathogen Standard

What is the Bloodborne Pathogen Standard?

The Bloodborne Pathogen Standard (29 CFR 1910.1030) was published in 1991 by the Occupational Safety and Health Administration (OSHA) to protect employees from acquiring bloodborne diseases while at work.

To Whom Does the Standard Apply?

This Standard applies to anyone who has reasonably anticipated exposure to bloodborne pathogens as a result of performing his/her job duties.

What is the Exposure Control Plan?

The Exposure Control Plan is UIMCC's plan for implementing the Bloodborne Pathogen Standard. It is located in the Infection Control Manual available on the hospital intranet and contains information on the following topics:

1. Standard Precautions
2. Engineering Controls
3. Work Practice Controls
4. Personal Protective Equipment
5. Hepatitis B Vaccine
6. Housekeeping
7. Labeling of Biohazard Material
8. Post-exposure Follow-up
9. Education and Training

What is a Bloodborne Pathogen?

A bloodborne pathogen (BBP) is an infectious agent that can be present in human blood and other body fluids that is able to cause disease in humans. Some examples are: Hepatitis B Virus (HBV), Human Immunodeficiency Virus (HIV) and Hepatitis C Virus (HCV).

Where are Bloodborne Pathogens Found?

The following fluids may contain bloodborne pathogens:

1. Blood and blood products
2. Semen and vaginal secretions
3. Cerebrospinal fluid
4. Synovial fluid
5. Peritoneal fluid
6. Pericardial fluid
7. Amniotic fluid
8. Saliva (in dental procedures)
9. Any unfixed human tissue or organ
10. Any body fluid visibly contaminated with blood

The following excretions usually **do not** contain bloodborne pathogens:

1. Feces
2. Urine
3. Sputum
4. Sweat



How Do I Decrease My Risk of Acquiring Bloodborne Diseases at Work?

1. Follow Standard Precautions

Standard precautions (formerly Universal Precautions) means you assume that all blood, body fluids, secretions, excretions, mucous membranes and non-intact skin are potentially infectious, regardless if you know the patient has a disease or not.

2. Use Engineering Controls

Engineering controls are physical or mechanical systems that UIMCC provides to eliminate hazards at their source. Examples include: self-sheathing needles, sharps, disposal containers, biosafety cabinets and autoclaves.

3. Apply Work Practice Controls

Work practice controls are the way you do your job to decrease your risk of being exposed. Some examples include handwashing, not recapping needles and not eating or drinking in patient care or areas where equipment and specimens are handled.

4. Use Personal Protective Equipment (PPE)

PPE is equipment that protects your skin, mucous membranes and personal clothing from contamination with potentially infectious material and includes the following: gloves, masks, gowns, aprons, lab coats, protective eyewear, face shields, mouthpieces, resuscitation bags or other ventilation devices. You should wear the appropriate PPE for the task. For example, if splattering of blood or body fluid is anticipated, you should wear gloves, a fluid-resistant gown, and a mask with protective eyewear, or face shield. If PPE becomes torn or otherwise compromised during use, remove it as soon as possible and wash the affected site.

5. Obtain the Hepatitis B Vaccine

The Hepatitis B vaccine is available free of charge at University Health Services (UHS). It comes in a series of three injections at 0, 1 and 6 months. Approximately 90 percent of people who obtain the vaccine series develop immunity to the Hepatitis B Virus. The primary side effect of the Hepatitis B vaccine is soreness at the injection site. You should obtain the vaccine if you may be exposed to BBP during your regular job activities. If you refuse to obtain the vaccine, you must sign the 'Hepatitis B Declination Form'. You may, however, at a later date, change your mind and obtain the vaccine.

6. Perform Good Housekeeping

Clean and disinfect all surfaces and equipment that have contact with blood or body fluids. Use tongs, two-pieces of cardboard or a brush and dust pan to pick up broken glass. **Never use your hands.** Items that are grossly soiled with blood or other body fluids are potentially infectious for BBP and should be placed into red bags. "Grossly" soiled means the body fluid can be released either in liquid or dried form from the object that is being discarded. Sharps and glass should be discarded into puncture-resistant sharps disposal container.

7. Label Biohazard Materials and Locations

Containers that contain biohazard material should be appropriately labeled with the international biohazard sign:



or the color red (e.g., red bags). Areas, such as laboratories, that handle biohazard material, should have a biohazard label at the entrance to the laboratory. Any equipment that is contaminated with BBP and is being sent to an outside agency for servicing, should be labeled "Contaminated" or with a biohazard label.



8. Follow Post-exposure Protocol

When your skin or mucous membrane is exposed to blood or other fluids that may contain BBP, you must act STAT:

S - Scrub If you stick your finger, scrub the site. If you splash blood into your eye, wash your eye with running water.

T - Tell your supervisor that you have been exposed. This is an emergency and you will need to leave your work area to seek treatment after patient care is transferred to a colleague.

A - Ask your supervisor or the patient's physician to have the patient's blood drawn, if the source-patient of the exposure is known.

T - Treatment - Seek follow-up care and treatment at UHS. If UHS is closed, go to the Emergency Department.

9. *Educate Yourself on the Standard*

Complete annual required mandatory education. Learn the engineering and work practice controls in your area. If you have questions about a certain work practice or engineering control, ask your supervisor for additional information or training.

Questions?

Refer to your Exposure Control Plan available in hard copy in your department or accessible @ <http://www.hospital.uic.edu> under UI Medical Center tab, "Infection Control and Isolation" or phone x6-1395, x6-8953, x6-0082 or x5-2518.



Tuberculosis Control - How to Protect Yourself and Others

What is TB?

TB, or tuberculosis, is an infection caused by the bacterium *Mycobacterium tuberculosis* (MTB). Infection can occur at any body site (e.g., kidneys, bone), but usually occurs at the lungs.

How is TB spread?

TB is spread when the bacterium, MTB, is released into the air. This usually happens when persons with pulmonary (lungs) or laryngeal (throat) TB cough, sneeze or otherwise forcefully exhale. Infection occurs when a susceptible host inhales the small droplet nuclei containing MTB, and the droplet nuclei reach the alveoli (end air sacs) of the lungs. At this point the host is said to be “infected” with tuberculosis.

How does infection differ from disease?

A person who is infected with TB may just have latent tuberculosis infection. With latent tuberculosis infection, the person has MTB in his body, but their immune system has contained the organism so they have not developed active disease. The person may have a positive PPD skin test or a positive blood assay for MTB (BAMT), but is neither symptomatic nor infectious. He/she cannot spread TB to other people. During their lifetime they have a 5-10% chance of developing active tuberculosis disease, commonly referred to as TB. If the person does develop active disease, they may then be infectious to others.

Who is at risk of being infected with TB?

The following groups of people are at increased risk of being infected with TB:

- Homeless;
- Alcoholics;
- IV Drug Users;
- Persons in institutional settings (correctional facilities, shelters, nursing homes); and
- Persons from countries known to have a high incidence of residents infected with TB (Asia, Africa, Caribbean Islands, Latin America, Middle East and Eastern Europe).

Once infected, who is at risk of progressing to active tuberculosis disease?

Persons at highest risk of developing active disease once infected include:

- immunocompromised persons (e.g., elderly, infants, HIV infected persons or those having chemo or radiation therapy);
- persons with other medical diseases (e.g., diabetes, end-stage renal disease); and
- persons 10% or more below their ideal body weight

How do I identify persons who have active TB?

Prompt identification of persons with active TB disease is the first step in controlling the spread of TB. Identification is made based on patients’ clinical signs and symptoms; chest x-rays (CXR) and sputum smear/culture results. Patients with any of all of the following **signs and symptoms** should be suspected to have tuberculosis and receive further medical evaluation:

- fatigue
- malaise
- unexplained weight loss
- fever
- night sweats
- a prolonged, productive cough, >2-3 weeks, sometimes with hemoptysis (i.e., coughing up blood).



Tuberculosis screening tests

Either a blood assay for tuberculosis such as Quantiferon Gold (QFT-G) or the Mantoux technique (intradermal injection of 0.1 ml of purified protein derivative - PPD) containing 5 tuberculin units (TU) can be used as a diagnostic aid to detect tuberculosis infection. The result of the Mantoux test is based on the presence or absence of induration at the injection site. Because of the possibility of a false-negative result, however, the tuberculosis skin test should never be used to exclude the possibility of active tuberculosis among persons for whom the diagnosis is being considered, even if reactions to other skin-test antigens are positive. Persons with HIV infections are more likely to have false-negative skin tests than are persons without HIV infection as are persons with overwhelming disease. QFT-G is the preferred methodology for tuberculosis screening tests at UIMCC.

A **CXR** (chest x-ray) is often used to diagnose patients with pulmonary TB. 85% of patients with active TB have pulmonary involvement. Typical CXR findings include an infiltrate or cavity in the upper lobe or superior segment of the lower lobe. The CXR of an HIV infected person with TB may be atypical - it may even appear clear.

A positive **culture** for MTB is the only definitive proof for TB disease. Patients suspected of having pulmonary TB, should have three sputum specimens sent for **AFB** (acid fast bacilli) culture and **AFB smear**. The specimens should be collected in the early morning and on different days. In order to obtain a good specimen, patients should be instructed to breathe and cough deeply. MTB is a slow growing organism that can take 2-6 weeks to grow. A quicker, though not definitive test is available - the AFB smear. Upon request the direct AFB smear can be read within 24 hours. A positive smear only provides a presumptive diagnosis of TB, for there are other organisms besides MTB that are AFB positive. Also, a patient who is culture positive for MTB may not produce enough of the organisms to be detected on a smear. Because the patient can produce different amounts of organisms in his sputum at any given time, a patient should have at least three negative sputum specimens before TB infectivity is ruled out.

Once I identify someone as having TB, how do I stop it from spreading?

The spread of TB can be prevented with the appropriate **isolation** and **treatment** of TB patients. Once TB is suspected, a patient should be placed in an isolation room. In waiting areas, persons with a cough should be screened for TB. TB Screening Tool provides questions to assist healthcare workers in screening patients for TB. In the outpatient setting, a surgical mask should be placed on the patient and the patient should be placed in a private examination room with negative air pressure as soon as possible. In the inpatient setting, patients should be placed in an **isolation room** (negative pressure in relation to the antechamber) on **Airborne Precautions**. Both doors of the isolation room must be kept closed. Alternatively, if there are no negative pressure rooms available, a patient with suspected TB may be placed in a private room with a **portable HEPA filter** (available from Respiratory Therapy). Patients with confirmed TB must be placed in a negative pressure room. Persons entering the room must wear an **N95 respirator** with a good fit. Employees unable to wear an N95 respirator must use a **PAPR** (powered air purifying respirator). Patients must wear a surgical mask if required to leave the room. All **cough-inducing or aerosol producing** procedures performed on TB patients must be done in a negative pressure room.

Patients should be started on appropriate anti-TB treatment. Whenever possible, a four-drug therapy should be initiated. Patients should be instructed on the importance of complying with treatment. If it is suspected that a patient will not comply with therapy once discharged, **directly observed therapy (DOT)** should be considered. Contact the Infection Control Department (x6-1395) for information related to DOT.

What do I do if I am exposed to TB?

Persons who have had prolonged, unprotected exposure to TB (i.e., persons who have shared the same airspace as someone with active TB disease where neither person was wearing a mask) should contact the Infection Control Department & University Health Service (UHS). If they are tuberculosis screening test



negative, they will have a tuberculosis screening test at the time of exposure (baseline) and another tuberculosis screening test 8-12 weeks later (post-exposure). All UIMCC employees who are tuberculosis screening negative must have a tuberculosis screening test at least annually. Some employees who work in high risk areas will be required to have a tuberculosis screening test every 6 months. Employees who are newly identified as tuberculosis screening test positive will be given a medical evaluation including a CXR to evaluate the presence of active disease and may be offered prophylactic anti-TB therapy. Persons who are tuberculosis screening testing positive do not need annual testing. They should, however, monitor themselves for signs & symptoms of active TB disease and complete a TB signs & symptoms questionnaire from UHS annually.

What if I have further questions about TB?

Additional information about controlling the spread of TB can be found in the “Tuberculosis Prevention and Exposure Control Plan” located in section 8 of the Infection Control and Isolation Procedures Manual accessible at www.hospital.uic.edu under UI Medical Center tab, “Infection Control and Isolation”.

Questions that are not answered within this plan can be addressed to one of the Infection Control Practitioners in Infection Control Department at x6-0082, x6-8953, x5-2518 or x6-1395.

Summary of Methods to CONTROL TB

- **Identify** patients with known or suspected TB.
- **Isolate** patients with known or suspected TB.
- Wear **N95 respirators** when entering the room of an inpatient with known or suspected TB.
- **Treat** patients with TB with appropriate anti-TB drug therapy.
- Comply with routine and post-exposure **Tuberculosis screening tests**.

University of Illinois Medical Center Infection Control Program

1855 W Taylor Street, MC 770

Chicago, Illinois 60612

Phone (312) 996-1395

Fax (312) 996-1438

Revised: December, 2007

