

NURSING Perspectives

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A Publication of the Tennessee Board of Nursing, In Collaboration with the Tennessee Center for Nursing



Influenza
Vaccination for
Healthcare Workers:
Debunking the Myths

Screening Panel a.k.a.
Alternative Dispute Resolution

Differentiating
Between Substance
Use, Abuse, and
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Nursing Perspectives is published quarterly by the Tennessee State Board of Nursing in collaboration with the Tennessee Center for Nursing. Each issue is distributed to every actively licensed LPN, RN, APN in Tennessee as well as to nurse employers and nurse educators. Nurses, students, and professionals from healthcare organizations turn to this publication for updates on clinical practices, information on government affairs initiatives, to discover what best practices are being implemented, and for insight into how healthcare providers are facing today's challenges.

Nursing Perspectives circulation includes over 100,000 licensed nurses, student nurses, and licensed health care facilities in Tennessee as well as other state boards of nursing.

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FROM THE DESK

OF THE EXECUTIVE DIRECTOR



My sincere desire is that this third issue of Nursing Perspectives will meet your expectations. The editorial board seeks to provide a magazine that touches upon a broad variety of regulatory topics.

One of my favorite activities is to recruit writers who will bring current perspectives on the issues of the day. Recently I attended a meeting of the board of directors of the Tennessee Center for Nursing. In my role as a consultant to this group, I was impressed by their activities and wanted to share these with Nursing Perspectives readers. I requested several of the board members to contribute to the magazine. It came as a surprise that the group wanted an article describing the functions and responsibilities of the board of nursing. For those who remember the old Toyota slogan, my response is: "You asked for it, you got it!"

I'm hopeful that all the articles in the magazine will be of interest. **As always it is our intent to provide you with a magazine that speaks to your practice.** Thank you for keeping Tennesseans safe!

Elizabeth J. Lund, MSN, RN
Executive Director
Tennessee Board of Nursing

A handwritten signature in black ink that reads "Elizabeth J. Lund". The signature is written in a cursive, flowing style.



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“State Board.” Even the name is a bit intimidating. Most of us know the board as the entity that issues our initial license and the source of those seemingly ever frequent renewal application notices. Some know the board conducts meetings, holds hearings and writes rules. Others among us know a board member. It all seems a bit foreign and even a little scary. This article will attempt to demystify the Board of Nursing, increase your knowledge, and perhaps serve as a reference when you or a colleague’s path crosses the board’s.

What is our Purpose?

Created in 1911 by an act of the State Legislature, **the Tennessee Board of Nursing’s purpose is to safeguard the health, safety and welfare of Tennesseans by requiring that all who practice nursing within this state are qualified for licensure.** What the board is not, but is sometimes confused with, is a professional association. The board’s focus is on protecting patients from unqualified, incompetent or impaired nurses while the association’s focus is on the nurse. Board responsibilities center around three broad functions—licensure, education and practice.

Who Issues Initial Licenses?

The board issues licenses (certificates in the case of APNs) to practical nurses, registered nurses, and advanced practice nurses that meet the qualifications set out in the law and rules. Applications and instructions are available on the board’s web site and via mail. Rules effective June 1, 2006 require all applicants for initial licensure as a RN or LPN to submit the results of nationwide and statewide criminal background checks prior to licensure.

The board is further authorized to issue an advanced practice nurse (APN) certificate with or without a certificate to prescribe to nurse practitioners, nurse anes-

thetists, nurse midwives, and clinical nurse specialists. Qualifications include current registered nurse licensure, a master’s degree in a nursing specialty area, three quarter hours of pharmacology, national certification in a nursing specialty area, and evidence of specialized practitioner skills. An advanced practice nurse certificate without prescriptive authority may be issued in certain situations where the nurse does not meet the pharmacology qualification.

While on the topic of licensure, it is important to note that Tennessee is a member of the Nurse Licensure Compact. **Nurses who reside in Tennessee are licensed by the state of residence and are granted the privilege to practice by sister compact states. When the nurse changes residence to another compact state,** the nurse must apply for licensure by endorsement. The compact applies only to RN and LPN licensure; therefore, an advanced practice nurse practicing in Tennessee must hold an APN certificate in Tennessee when practicing on the RN privilege. For more information on the compact, refer to the board’s web site.

What Is The Procedure For License Renewal?

Registered and practical nurses may be licensed by examination or endorsement from another state. **Once licensed, nurses renew their licenses every two years on a birthday renewal cycle.** The license expires on the last day of the month of the birthday month, in even numbered years for those born in even numbered years and odd numbered years for odd years. Renewal notices are mailed from the administrative office to the current address on file forty-five days prior to expiration of the license. Licensees are responsible for renewing on time and keeping the board apprised of current information. **Licenses may be renewed online up to one hun-**

dred and twenty days prior to expiration at Tennessee.gov/health, click on renewal of license and follow prompts. Address changes may be made at this same site. Renew online for 48 hour processing versus approximately two weeks for paper renewal.

What Happens If I Fail To Renew and My License Expires?

It is a violation of the law and of the board’s rules for a nurse to practice on an expired license. Approximately 10% of licensees fail to timely renew their license. By law the board may not accept a renewal application after the last date of the month following the expiration date. The license reverts to **“failed to renew” status and cannot revert to current status until the licensee pays the reinstatement fee as well as the renewal fee.** There are several reasons why licensees fail to renew. The most common reason is that the licensee changed address and failed to notify the board. Some licensees move out of state and choose not to renew or are ineligible due to compact status; others retire or choose not to practice temporarily.

Failure for a licensee to renew and continuing to practice on an expired license subjects the nurse to disciplinary action and fines. In fact, rules state that it is unprofessional conduct to fail to renew. Renew in a timely manner to avoid costly fees, fines and embarrassment.

What Constitutes “Administrative Revocation of a License”?

Remarkably, a small percentage of nurses attempt to pass a bad check to the board. When notified by the board’s revenue office of the insufficient funds the board attempts to contact the nurse to make the check good. When these attempts fail, the board administratively revokes the license for insufficient funds. Not only must the **nurse pay the renewal**

fee and reinstatement fee, but there are **additional fines** for practicing without a current license from the time of the last renewal until reinstatement.

What Are The Stipulations for Nursing Education?

All nursing programs must be approved by the board to operate in the state. **The board prescribes the minimum curriculum for all nursing programs.** These standards are found in board rules. The board maintains a list of Tennessee approved schools of nursing with contact information on the web site. Only graduates of state approved schools of nursing are eligible to take the National Council Licensure Examination (NCLEX), the national examination required for licensure. The licensing examination precursor to NCLEX was the State Board Test Pool Examination (SBTPE).

How Are The Standards Of Appropriate Nursing Practice Interpreted?

The board interprets its statute and rules to determine the appropriate standard of practice. Because it is impossible for the board to respond to every practice question that may arise, **the board adopted a decision making tree that licensees may use to help answer their practice questions.** On some matters the board issues advisory opinions that apply to a specific situation. In some cases the board issues an opinion or policy that **does not have the weight of law**, but **describes the board's current thinking.** The board may not "waive" or make exceptions to its own law and rules.

What Happens If There Is a Complaint Against a Nurse?

Regrettably, there are situations when licensees violate the law and rules of the board. The board has the authority to cause the investigation of nurses alleged to violate the law and rules and disciplines the license of and/or imposes civil penalties on those found guilty. Any member of the public may make a complaint against a

nurse for a perceived violation. Complaint forms may be found on the internet or at the office of investigations.

A team composed of a registered nurse consultant from the public sector and a registered nurse board staff member review complaints to determine if the alleged violation, if proved, would be a violation of the nurse practice act. If yes, the team forwards the complaint for an investigation. After completion of the investigation, a team of registered nurses and staff attorneys review the investigative report and make a recommendation. The case will be closed and remain confidential according to law when there is no evidence of a violation. When the respondent (the per-

the story." The panels are confidential. The respondent and the panel members attempt to negotiate a settlement to resolve the matter. Settlements range from dismissal of the case with no discipline against the license to the most severe action which is revocation of the license. In many cases the nurse agrees to enter TNPAP and abide by its requirements. Any negotiated agreement that results in formal disciplinary action becomes public record. When a settlement is not reached the case is forwarded to the office of general counsel for prosecution before the board. *In this issue, Madeline C. Coleman, Nursing Consultant for the Tennessee Board of Nursing, has written a more in depth article on this*

the Tennessee Board of Nursing's purpose is to safeguard the health, safety and welfare of Tennesseans by requiring that all who practice nursing within this state are qualified for licensure

son accused of the violation) admits to a violation, the case is referred to a screening panel for disposition. When the respondent cannot be found to respond to the investigator's questions or when the respondent denies the allegation and the evidence from other witnesses and sources (e.g. court records) points to a violation(s), the case goes to the Office of General Counsel for prosecution. Prosecution may take the form of a contested case hearing before the board or an "agreed order" where the nurse agrees to the allegations of fact, violations of law and proposed disciplinary action. The case review team makes a recommendation for appropriate disciplinary action and civil penalties according to the board's disciplinary guidelines. These guidelines are posted on the board's web page.

Screening panels, mentioned earlier, provide an opportunity for nurses who admit to violating the practice act to meet with a panel of peers to "give their side of

subject titled: Screening Panel a.k.a. Alternative Dispute Resolution, see page 14.

Does the Board Offer Alternatives to Discipline?

The board contracts with the Tennessee Nurses Foundation's Professional Assistance Program (TNPAP) to provide assistance to nurses with physical, mental, emotional and/or chemical dependency issues. The **monitoring and referral program**, supported by licensure and renewal fees, provides a valuable service to assist in the rehabilitation of nurses. The board's philosophy is that nurses may be rehabilitated and go on to practice in a safe manner. Based on this philosophy, the board authorizes TNPAP to serve as an alternative to discipline program. What this means is that TNPAP may accept "complaints" about impaired nurses and if the nurse follows the prescribed "contract" the nurse will not be subject to disciplinary

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TENNESSEE CENTER FOR NURSING

Quarterly News Update



Ann P. Duncan

Executive Director, Tennessee Center for Nursing

The “Kick-Off” for the **Tennessee Clinical Placement System** was held September 21, 2006, at The Gordon E. Inman Center at Belmont University. Nearly 75 participants from colleges and universities, healthcare organizations and facilities, community foundations and other invited guests attended the event to learn about the middle Tennessee project designed to help nursing and allied healthcare students access clinical

Partnership of Middle TN piloted the online program last spring with three schools of nursing (Aquinas College, Cumberland University, and MTSU) and four hospitals (Sumner, St. Thomas, Middle TN Medical Center, and Skyline). In the pilot alone, 43 new placement opportunities were identified – **a 22% increase in just the first few months, accommodating an additional 410 students for a 28% increase in clinical placements.** The

Tennessee Nurses Association (TNA), established **The Tennessee Graduate Nursing Loan-Forgiveness Program**, to be administered by the Tennessee Student Assistance Corporation (TSAC).

Private funding of \$1.4 million will be raised by March 2007 **to provide loans for 100 registered nurses to obtain masters or doctoral degrees in nursing beginning fall 2007.** Following graduation, for each year the person serves in a full-time faculty position, 25% of the loan (or a prorated amount for part-time service in a faculty role) will be forgiven. To learn more about applying for these loans, please visit the Tennessee Student Assistance Corporation website at: http://www.collegepaystn.com/mon_college/nurse_lf.html.

The online student orientation during the pilot period **decreased student orientation time by 75% per student which yielded 1 full day of clinical time gained per student.**

Increasing access to clinical placements through this online clinical placement and student

We are pleased that Vicky Gregg, President & CEO, BlueCross BlueShield of Tennessee and Tennessee Center for Nursing board member, will serve as Chair of our fundraising campaign. We are also pleased to have the U.S. Chamber of Commerce, the AARP, and the Nashville Area Chamber of Commerce pilot project **“Nashville Nursing Faculty Fast Forward”** (NNFFF) initiative join our fundraising efforts.

The NNFFF initiative will be recruiting and educating registered nurses (RNs) over age 50 who want to become nursing faculty. Focus groups have shown that registered nurses in clinical practice who are approaching retirement would be interested in becoming nursing faculty if funding was available to obtain the necessary education. The NNFFF initiative can assist these older RNs transition from clinical practice to faculty roles, either through phased retirement and flexible, part-time employment or full-time retirement from clinical practice.

We appreciate the efforts of these individuals and groups to help Tennessee avert a projected nursing shortage of 35,300 RNs by the year 2020. We need others to join us in obtaining the goal of \$1.4 million by March 2007!~



Joining Governor Bredesen as he signs legislation designed to support Tennessee residents pursuing graduate degrees for a career in nursing faculty are: **Front Row, from left:** Sen. Douglas Henry; Naomi Derryberry, Administrator of Grants and Scholarships, TSAC; Valda Barksdale, Executive Coordinator, TCN; Sharon A. Adkins, Executive Director, TNA; Governor Phil Bredesen; Rep. Janis Baird Sontany; Ann Duncan, Executive Director, TCN; Debra Wollaber, Past President, TCN. **Back Row, from left:** Thomas Bain, Associate Executive Director for Compliance and Legal Affairs, TSAC; Rep. Jimmy Eldridge; Rep. Johnny Shaw; Robert Ruble, Executive Director (CEO), TSAC; and Claude O. Pressnel, Jr., Tennessee Independent Colleges and Universities Association.

cal training more easily and efficiently than ever before. This online clinical placement and orientation system electronically connects schools of nursing with available clinical placement opportunities at healthcare facilities, eliminating time-consuming person-to-person efforts to locate and schedule available placements, and provides an online orientation program required by all healthcare facilities that students can complete once per year rather than having to complete the redundant training yearly in a classroom setting for each facility in which they practice.

The Regional Clinical Placement

orientation system addresses the second leading barrier to doubling the number of RN graduates by the year 2010. The Tennessee Center for Nursing is pleased to sponsor the Tennessee Clinical Placement System. Please visit our website at www.cen-terfornursing.org and click on the button “TN Clinical Placement System” to learn more and find out how you may become a partner.

The primary barrier to doubling the number of RN graduates by 2010 is the shortage of nursing faculty. Legislation sponsored by the Tennessee Center for Nursing (TCN), the Tennessee Hospital Association, the Tennessee Healthcare Association, and the



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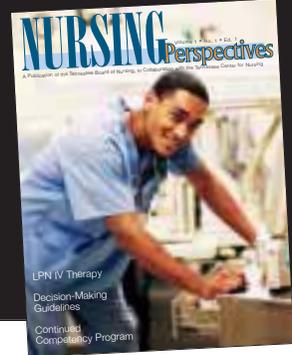
For more information regarding exciting career opportunities, contact **Valerie Fuchcar, RN, BSN (423) 778-6645, Valerie.Fuchcar@erlanger.org**; or **Janet Sullivan, RN, BSN (423) 778-7972, Janet.Sullivan@erlanger.org**.



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Differentiating Between Substance Use, Abuse, and Addiction

Mike Harkreader, MS, RN
Executive Director, Tennessee Professional Assistance Program



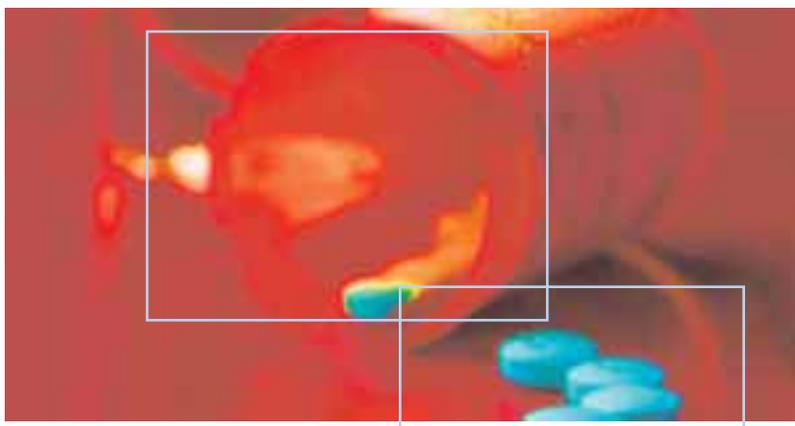
The general public sometimes gets confused in differentiating between substance use, substance abuse and addiction. This article will attempt to define the characteristics of each.

Substance use can be defined as the “free choice” act of ingesting a chemical substance. Experimentation of drugs and the occasional recreational use of illegal drugs fall into this category. Although illegal this level of substance use does not normally create problems in one’s day to day functioning.

When one **abuses drugs** and suffers negative consequences from using, **but generally can and does stop** when these con-

sequences, with genetic psychosocial and environmental factors influencing its development and manifestations. It is characterized by behaviors that include one or more of the following: impaired control over drug use, compulsive use, continued use despite harm, and craving. The development of tolerance, physical dependence and withdrawal are also defining characteristics of addiction.

Tolerance is the state of adaptation in which exposure to a drug induces changes that result in a diminution of one or more of the drug’s effects over time. **If one continues to use**



Addiction is a primary, chronic, neurobiological disease, with genetic psychosocial and environmental factors influencing its development and manifestations.

sequences become too severe, this behavior can be described as **substance abuse**. An example of this would be when one has their excessive drinking pointed out to them by an employer or spouse and the individual stops abusing alcohol in order to keep a job or a relationship intact.

The individual who suffers from the **disease of addiction on the other hand, may be unable to stop**, even after experiencing massive negative consequences, without medical and/or behavioral help. So why is it that the substance abuser can cease abusing drugs when the negative consequences create situations that demand it while the individual suffering from an addiction can not?

To begin let’s examine the defining characteristics of addiction. **Addiction is a primary, chronic, neurobiological dis-**

the same amount of the substance then a diminished effect will be experienced. For those who use heavy amounts of alcohol, opioids and stimulants they can develop a degree of tolerance that the dosage they use could prove lethal to a non-user.

Withdrawal is a syndrome precipitated by abrupt discontinuance (or reduction) of a specific substance that an individual has regularly used for a prolonged period of time. There are various cognitive, behavioral and physiological components that occur when blood or tissue concentrations of a substance decline in an individual who has maintained heavy use of a substance over an extended time frame. One can actually be intoxicated with a high level of the drug in their system (even qualify as legally drunk) and begin to experience symptoms of

withdrawal!

Some of the symptoms experienced by one in withdrawal include anxiety, irritability, tremors, nausea, sweating, nervousness, weakness, insomnia, gastrointestinal distress, loss of appetite, elevated blood pressure and temperature, exaggerated reflexes known as hyperreflexia and problems concentrating. **Full scale withdrawal, known as Delirium Tremens** may include seizures, disorientation and visual, auditory and tactile hallucinations. Without proper medical intervention severe DT's can end in death.

Withdrawal experiences vary widely and the nature and severity of withdrawal symptoms are determined by the substance used as well as the amount and duration. Drug treatment centers have established detoxification protocols that allow for safe withdrawal with a minimum of discomfort.

Compulsive use of substances continues even when the addict does not experience pleasurable experiences or withdrawal symptoms. This occurs because the **prolonged substance abuse has physically changed the brain** on all levels including molecular and chemical changes. In many cases the actual structure and shape of nerve cells are altered.

This is why **addiction is considered a disease of the brain**. In a brain that has experienced changes in the ways

cells communicate with one another due to prolonged use of a substance one may develop a compulsive out of control drive to obtain the substance regardless of the consequences.

One of the major challenges one faces in recovery is dealing with craving. **Craving is defined as the intense thoughts and feelings an addict experiences in relation to drugs or alcohol, particularly in the context of previous use.** Craving revolves around environmental cues associated with the pleasurable emotions and relief from tension previously evoked by the drug. Anyone who is an ex-smoker and had the habit of smoking a cigarette after a meal can relate to the cravings an addict may experience. This is why individuals in recovery are strongly encouraged to stay away from their old haunts where they abused their drug of choice and to stay away from individuals who continue to abuse drugs. The old sitcom Cheers, whose owner, Sam Malone, was in recovery and tended the bar, was unrealistic.

Addiction is a brain based disease that can not be cured but can be successfully treated. The vast majority of successful treatment programs utilize a 12 step approach in the treatment of addictions. 12 step programs are an essential component of aftercare plans and long term recovery. In a future article we will examine addiction treatment programs.~

continued from page 7

action on the license. The public is protected so long as the nurse is monitored. A violation of the contract results in a complaint to the investigations division and subjects the nurse to disciplinary action. In this issue, be sure to read **Differentiating between Substance Use, Abuse, and Addiction** by TNPAP's Executive Director, Mike Harkreader.

Does The Board Conduct Nursing Research?

The Tennessee Center for Nursing (TCN) acts as the research arm of the board. Begun as a statewide consortium to guide the development of an appropriate nursing workforce, the center provides the board with evidence based recommendations on nursing education and practice. For an update on TCN's recent activities, see **TCN**

News, an article in this issue from the Executive Director, Ann Duncan.

How Does One Become a Board Member?

The board consists of eleven members **appointed by the Governor for four year terms** or until their successors are appointed. Five members are registered nurses, three members are licensed practical nurses, two members are advanced practice nurses and one is a consumer member who is not a nurse and is not commercially or professionally associated with the health care industry. Members may be selected from lists of nominees submitted by their respective organizations for each appointment. The board meets six times per year. A quorum of six members is required to conduct business.

The meetings are open to the public.

Does the Board Employ a Staff?

To assist in the discharge of its duties, the board employs a registered nurse executive director and two nurse consultants to carry out the activities of the board. One consultant focuses on practice and disciplinary matters and the other addresses education, examinations and continued competency. Board administrators handle licensure functions assisted by a staff of licensure technicians. The administrative staff of the Division of Health Related Boards provides general administrative support. An Investigations Division handles complaints and investigations. The Office of General Counsel provides legal advice to the board and prosecutes cases.~



Screening Panel *a.k.a. Alternative Dispute Resolution*

Madeline C. Coleman, RN, JD, CPHQ, Nursing Consultant, Tennessee Board of Nursing



The Screening Panel is established pursuant to T.C.A. 63-7-115 and 63-7-207. These laws give the Board of Nursing authority to utilize the Screening Panel in the disciplinary process. The Screening Panel consists of two (2) or three (3) members. They may be current board members, prior board members, or consultants from the nursing community. All Screening Panel members have the same immunity as provided in law for the Board. Therefore, the **Screening Panel members are not subject to deposition or subpoena to testify** in any matter or issue raised in a contested case, criminal prosecution, or civil lawsuit that result from or incident to the case before them.

The Screening Panel provides an **informal process** to facilitate settlement of complaints against nurses, an opportunity for a settlement (negotiation) between the Board of Nursing and the nurse, and for cases to be disposed of in a more expeditious manner. The Screening Panel is not construed as a meeting of an agency for the purposes of the Open Meeting Act, and therefore is confidential. In addition, the Screening Panel meeting is informal. It is informal because the rules of evidence and the rules of civil procedures do not apply, the respondent may not call or examine witnesses, and the meetings cannot be taped or otherwise recorded.

The Screening Panel provides an informal process to facilitate settlement of complaints against nurses...

Cases that are deemed appropriate through established guidelines by the Office of Investigations are referred to the Screening Panel. **Cases are identified for the Screening Panel at what is known as the P2 review of the complaint process.** The P2 reviews consist of an attorney for the Board of Nursing, a Board staff, and a consultant. After an investigation has been conducted, cases are reviewed to determine if there is evidence of a violation of the Nurse Practice Act. At this stage, one option is to refer the case to the Screening Panel. **The case can only be referred if the nurse admits that he or she has committed an act that violates the Nurse Practice Act.** Other cases that often are referred to the Screening Panel are complaints that have been filed on a nurse due to being convicted of a crime. A guilty plea or conviction is treated as an admission.

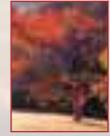


The Alternative Dispute Resolution (ADR) Coordinator invites the respondent to appear before the Screening Panel. A minimum of fourteen (14) days prior notice is provided to the respondent. If the respondent refuses to attend the Screening Panel meeting, the case is referred to the Office of General Counsel for prosecution before the Board of Nursing. During the proceeding, the Panel reviews the investigative report, asks the respondent questions, and allows the respondent to explain what happened. The Screening Panel is strictly voluntary. **Any time during the proceeding, the respondent can request to terminate the meeting.** The respondent can be accompanied by an attorney. However, the attorney is not allowed to ask questions or com-

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ment on the case. At the conclusion of the proceeding, the panel determines the appropriate resolution based on the information documented in the investigative report and candid discussion with the respondent. The resolution may be dismissal of the action, a letter of concern or a letter of warning. If the respondent receives a letter of concern or letter of warning, the letter is placed in the respondent's investigative file and the case is closed. The letter of concern and letter warning are confidential and not disclosed to the public.

The Panel's resolution may be a formal disciplinary action such as a letter of reprimand, probation, suspension, and revocation of the respondent's license. With the formal disciplinary resolution the respondent can accept or reject the resolution by the panel. If the respondent's attorney is present, the respondent may confer with his or her attorney prior to accepting or rejecting a resolution.

If the respondent rejects the resolution offered by the panel, the case is referred to the Office of General Counsel to be presented to the Board as a contested case. **If the respondent accepts the Panel's resolution, the attorney for the Board of Nursing prepares a consent order to be sent to the respondent to sign.** If the respondent does not sign the consent order, the case is referred to the Office of General Counsel to be presented to the Board as a contested case. Current Board members that participated in the Screening Panel proceeding will have to recuse him/herself from hearing the contested case. **If the respondent signs the Consent Order, it is presented to the Board for ratification.** The Consent Order must be ratified by the Board to become effective. Afterward, the Consent Order is placed in the respondent's licensure file and becomes a public document.~

INFLUENZA VACCINATION FOR HEALTHCARE WORKERS:

DEBUNKING THE MYTHS



Tom Talbot, MD, MPH
 Assistant Professor of Medicine and Preventive Medicine
 Chief Hospital Epidemiologist
 Vanderbilt University School of Medicine

While often thought of as a simple viral illness, infection with influenza virus causes substantial disease and death. Annually, influenza epidemics have caused **100-200 million** days of illness, hospitalized **85,000-550,000** persons, and resulted in **34,000-51,000 deaths** in the United States alone. Certain groups are at increased risk of complications due to influenza, such as the elderly, young children, pregnant women, immunosuppressed persons, and persons with chronic illnesses. Because of this risk, the Centers for Disease Control and Prevention (CDC) recommends annual influenza vaccination for these groups.

Healthcare workers comprise another key group that the CDC strongly recommends receive the influenza vaccine each year. This is due to the close contact that all healthcare workers have with high-risk patients on a daily basis, contact that can spread influenza from patient-to-patient. Despite these recommendations as well as programs designed to increase healthcare worker influenza vaccination rates, **the percent of healthcare workers vaccinated each year remains unacceptably low at 40%**. In other words, 6 out of 10 healthcare workers do not get the flu vaccine each year.

There are many reasons why healthcare workers don't get the flu vaccine (Table). These include concerns of vaccine side effects, costs, inconvenience, and busy schedules. The only true reasons why healthcare workers should not get the vaccine are a history of egg allergy (the vaccine is made with chicken eggs) or an allergic

reaction to flu vaccine in the past.

For many healthcare workers, the reasons for not getting the vaccine are due to widely-believed myths that are not supported by scientific studies. In order to help improve healthcare worker flu vaccination rates, some of the reasons healthcare workers use to avoid influenza vaccination and

the actual facts about the vaccine are listed below.

Myth: "The flu vaccine doesn't work."

Fact: Many studies have now shown the effectiveness of the flu vaccine. Studies conducted in healthcare workers have shown that influenza vaccination reduces

Reasons Reported by Healthcare Workers for Not Getting the Flu Vaccine	% (Range)
Inconvenient/Too busy/Forgot	15-83
Concerned for vaccine adverse events	27-66
Perception of low risk for influenza	15-23
Cost	1-5
Fear of needles/Vaccine-averse	8-18
Vaccine not effective	8-24
Egg allergy	1-7

influenza infection, days lost from work, and sick days due to respiratory infection (Figure). Two studies from Scotland even suggested that vaccination of healthcare workers reduced the mortality of their **patients**.

Myth: "I am healthy and never get the flu so I don't need to get the flu vaccine."

Fact: While healthy persons do not have as great a risk for complications due to influenza infection, they can still become infected and quite ill with influenza. You might miss several days of work, and then need several more days to regain your strength. In community outbreaks, a huge number of healthcare workers may become ill and need to stay at home, thus placing a huge strain on that community's healthcare system. To put it another way, if 1/4 to 1/2 of the nurses on a hospital ward call in sick, those that do work may not be able to cover the load. This can ultimately result in more errors and harm to patients.

The other major reason why you as a healthcare worker should get the flu vaccine each year is to protect your patients from the flu. While it sounds strange at first, healthcare workers have caused numerous outbreaks of influenza in hospital units, often by coming to work when sick. Many people with influenza infection may have minimal or even no symptoms at all, yet they can still spread the flu (see below).

Myth: "If I had the flu, I'd be too sick to come to work. So why do I need to get vaccinated?"

Fact: While classically, influenza infection presents with fever, cough, runny nose, muscle aches, and marked fatigue, up to 25% of healthy adults infected with influenza have **minimal** or **no** symptoms. Even without the classic symptoms of influenza, these people can still spread influenza virus to others. Another concern is that healthcare workers often work while ill – one study reported **over 75%** of physicians self-reported working while ill with a flu-like illness. Thus, you might not be severely ill when you

[continue on the next page](#)

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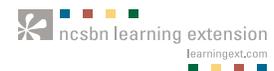
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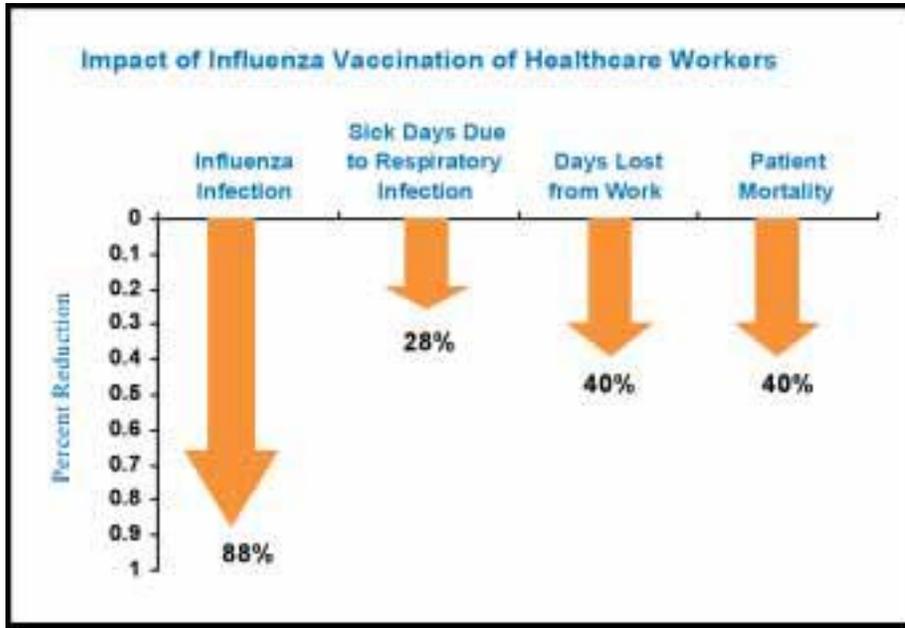
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E-LEARNING FOR THE NURSING COMMUNITY

contract influenza, and if you come to work with influenza, you can still spread it to your patients, many of whom are at high risk of complications from influenza.

Myth: “I’m not getting vaccinated because I got the flu from the flu vaccine in the past.”



Fact: While a commonly held belief, the flu shot does not contain live flu virus and the virus in the nasal flu vaccine (FluMist®) has been altered so that it does not cause influenza infection. In studies of flu vaccine in which half of a group of volunteers received the flu vaccine and half received a placebo have not shown this to be true. Both groups had the same rates of fever, muscle aches, fatigue, and headache in the weeks after vaccination. Only arm soreness at the site of vaccination was more common in the group that received flu vaccine.

Many people believe they have contracted influenza after getting the flu vaccine for several reasons:

1) During the winter, when people commonly receive the flu vaccine, other viruses that cause respiratory infection (such as RSV, adenovirus, and parainfluenza virus) are

active in the community. Influenza vaccines do not protect you against these other viral infections. The “flu” that you may have caught soon after getting vaccinated may, in fact, be infection with these other viruses instead.

2) It takes several weeks after flu vaccination for your body to develop enough immuni-

ty to protect against influenza infection. It is possible, if you are exposed to influenza before your body develops this immunity, that you can become infected with influenza.

Myth: “Influenza is an outpatient illness.”

Fact: Outbreaks of influenza have occurred in many types of hospital units. In addition, spread of influenza from healthcare workers or visitors to hospitalized patients happens much more frequently than is detected. Healthcare workers often don’t think about and therefore don’t test for influenza infection in patients who have been hospitalized more than a few days.

Myth: “I don’t need to get vaccinated because my patients will have been vaccinated.”

Fact: Unfortunately, the rates of influenza vaccination in patients at high risk for influenza complications is well below 100%. Only 13% of pregnant women, 35% of people under age 65 years with high-risk conditions (like diabetes, chronic heart or lung disease), and 65% of persons age 65 years and older were vaccinated in recent years. Therefore, you shouldn’t assume that every one of your patients will have received the vaccine.

Myth: “I am pregnant, so I should not get vaccinated.”

Fact: Pregnancy is **not** a contraindication for flu vaccination. Pregnant women are at increased risk for complications if they become infected with influenza. In fact, the CDC now recommends that all women who are pregnant or trying to become pregnant during the flu season receive the flu vaccine.

The bottom line: All healthcare workers must get the influenza vaccine every year so that they don’t spread influenza to their patients. It’s not just a matter of personal protection, but of patient safety.

Protect yourself; protect your patients. Get the flu vaccine **EVERY** year.

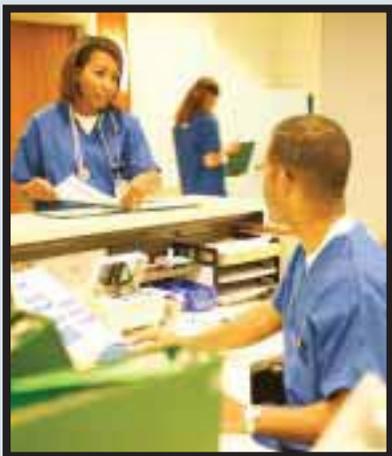
For more information:

CDC Recommendations: Smith NM, Bresee JS, Shay DK, Uyeki TM, Cox NJ and Strikas RA. Prevention and Control of Influenza: recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR Recomm Rep 2006;55:1-42

Society of Healthcare Epidemiology of America Position Paper: Talbot TR, Bradley SE, Cosgrove SE, Ruff C, Siegel JD and Weber DJ. Influenza vaccination of healthcare workers and vaccine allocation for healthcare workers during vaccine shortages. Infect Control Hosp Epidemiol 2005;26:882-90

Poland GA, Tosh P and Jacobson RM. Requiring influenza vaccination for health care workers: seven truths we must accept. Vaccine 2005;23:2251-5-

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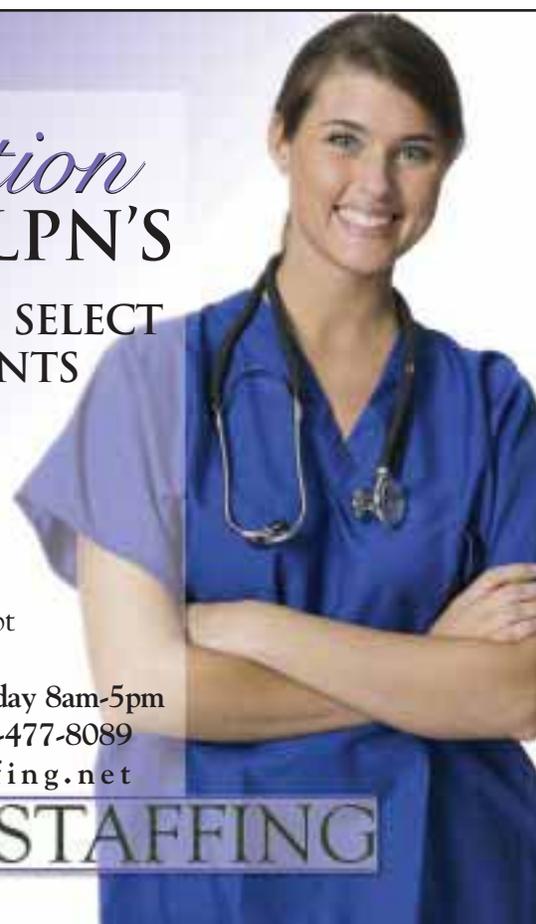
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Frequently Asked Questions

CONCERNING: CRIMINAL CONVICTIONS

Madeline C. Coleman, RN, JD, CPHQ, Nursing Consultant, Tennessee Board of Nursing

1. *Do all applicants require a criminal background check?*

No. Only applicants that are applying for initial licensure and licensure by endorsement.

2. *Can I be admitted to nursing school if I have committed a crime?*

The Board of Nursing does not set the criteria for admission into nursing schools. Each nursing school has its own admission requirements. Therefore, potential nursing students should contact the nursing school and not the Board of Nursing.

3. *If I have been convicted of a crime, does the Board of Nursing make a decision as to whether I will be eligible for licensure prior to attending nursing school?*

No. The Board of Nursing does not make a decision as to eligibility for licensure until a person has completed nursing school and submitted an application for licensure.

4. *Do I have to complete the criminal background check prior to being made eligible to take the NCLEX?*

Yes. For instruction of how to obtain a criminal background check, go to the Board of Nursing web site at <http://www2.state.tn.us/health/boards/nursing/index.htm>.

5. *What information is required to be submitted with the licensure application if I have been convicted of a crime?*

You must provide a self-written letter that describes the circumstances that resulted in your arrest and conviction. In addition, you must submit a certified copy of your warrant and judgment and evidence of completion of fines, restitution, and probation, etc.

6. *Where do I go to obtain the required criminal information if I have been convicted of a crime?*

You must go to or call the court in the county and state where the disposition or final judgment of the case took place.



continues on page 22

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7. *When should I submit the criminal information to the Board of Nursing?*

To expedite the licensing process, all criminal information should be submitted with the application for licensure to the Board of Nursing.

8. *What is the review process of the Board of Nursing to determine whether I am eligible for licensure if I have been convicted of a crime?*

You must provide a self-written letter that describes the circumstances that resulted in your arrest and conviction. In addition, you must submit a certified copy of your warrant and judgment and evidence of completion of fines, restitution, and probation, etc. A Board consultant will review the information and determine whether you are eligible for licensure or must appear before the Board or a committee of the Board.

9. *If my conviction has been more than five (5) years, does it mean I am automatically eligible for licensure by the Board of Nursing?*

No. The applicant will have to go through the Board of Nursing review process.

10. *If conviction has been less than five (5) years, will an applicant be eligible to go through the review process?*

Certain convictions within five (5) years of application, the Board presumes the applicant is not entitled to licensure and will therefore deny the application. To find a list of the crimes, go to the Board of Nursing website at <http://www2.state.tn.us/health/boards/nursing/index.htm> and click on Rules and Regulations of Registered Nurses at Rule 1000-1-.13 and Rules and Regulations of Licensed Practical Nurse at Rule 1000-2-.13. All other crimes will be reviewed by the Board to determine eligibility for licensure.~





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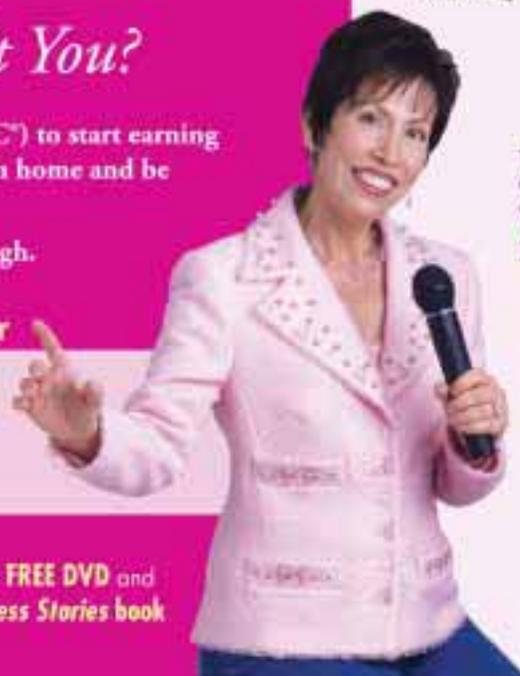
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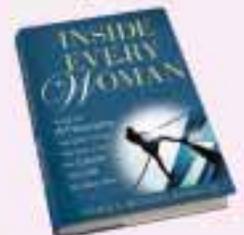
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