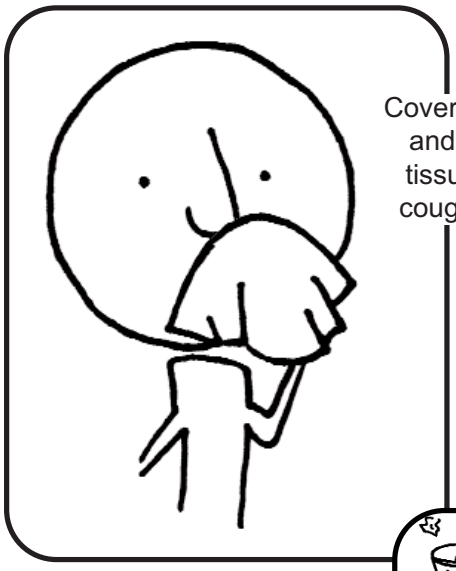
**Stop the spread of germs that make you and others sick!**

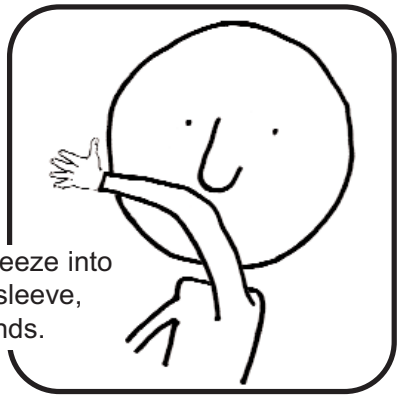
# Cover your Cough



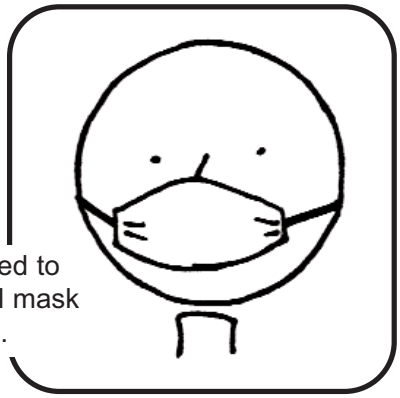
Cover your mouth and nose with a tissue when you cough or sneeze

*or*

cough or sneeze into your upper sleeve, not your hands.



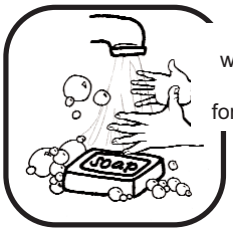
Put your used tissue in the waste basket.



You may be asked to put on a surgical mask to protect others.

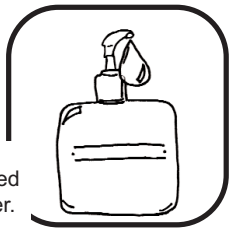
# Clean your Hands

after coughing or sneezing.




Wash hands with soap and warm water for 20 seconds *or*

clean with alcohol-based hand cleaner.

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MINNESOTA MDH DEPARTMENT OF HEALTH

Minnesota Department of Health
717 SE Delaware Street
Minneapolis, MN 55414
612-676-5414 or 1-877-676-5414
www.health.state.mn.us

Minnesota Antibiotic Resistance Collaborative

APIC ASSOCIATION FOR PROFESSIONALS IN INFECTION CONTROL AND EPIDEMIOLOGY, INC

# Influenza
## (and other sordid viruses)
# Get Ready to Stop the Spread!

Along with getting an influenza immunization, there is much that we can do to reduce our risk for getting the flu and reduce the spread of viruses in our homes, schools, and workplaces. So let's review…

The main way that colds and the flu are spread is from person to person by coughs and sneezes. The droplets from a poorly-contained cough or sneeze may float through the air and make contact with the mouth or nose of a person nearby. Droplets that miss making the "people" connection initially, end up deposited on environmental surfaces. From there, the virus can spread to an unsuspecting person who touches the contaminated surface. Flu and other viruses can live 2 hours or longer on surfaces such as phones, desks, handles, doorknobs, and toys.

Here are some tips for stopping the spread of "hitch-hiking" viruses:

- As always, use good hygiene practices—there's no substitution
- Wash your hands often and keep them away from you face—use soap and water for 15 – 20 seconds.
- If you don't have tissue, and need to cough or sneeze, cover your mouth and nose with you upper sleeve—not your hands!
- A video on covering your cough can be viewed at www.coughsafe.com/media.html and click below the picture on the video format to view. No need to purchase to view.
- Don't forget to clean your hands ASAP after using a tissue—before touching phones, door knobs, etc. Use soap & water or an alcohol-based hand sanitizer
- Clean and disinfect hard surfaces and items—follow label instructions carefully! Pay attention to any hazard warnings and instructions on labels.
- Do not mix disinfectants and cleaners unless labels say it's safe to do so
- Clean hard surfaces with a commercial product that is both a detergent and a disinfectant or wash with a detergent first, rinse with water, then use a disinfectant.
- Use sanitizer cloths to wipe electronic items that are touched often, such as keyboards, phones, and hand-held games.
- When gathering soiled linen, gather gently without creating a lot of motion such as shaking sheet when removing them from a bed

Adapted from "Control of Pandemic Flu Virus on Environmental Surfaces in Homes and Public Places" (www.pandemicflu.gov)

- Wash your hands after handling wastebaskets, soiled laundry, used tissues.

Adapted from “Control of Pandemic Flu Virus on Environmental Surfaces in Homes and Public Places” (www.pandemicflu.gov)

# The 7th Annual Invaluable Medical Assistant Seminar

# Attendee Registration Application

**October 25, 2008 ■ Phoenix College**

**The Medical Assistant for The 21st Century: Evolution of Health Change**

**Mail:**

Arizona Association of Community Health Centers
Attn: Kimberly Yarbrough
700 East Jefferson Street, Suite 100
Phoenix, Arizona 85034

**Online Registration:**

www.aachc.org

**Important Note:** Payment must accompany your registration form and can be made by check or American Express/MasterCard/VISA. Checks should be made payable to: Arizona Association of Community Health Centers.

**REGISTRATION FEE INFORMATION:**

Before September 30th $110.00
After September 30th $115.00
*No refunds will be given after September 30th*
Continuing education credits will be available for MA's, RN's, and LPN's.

**If you have any additional questions please contact:**

**Kimberly Yarbrough**
*Director of Clinical Programs*
Phone: 602.288.7548 | Fax: 602.252.3620
*kimy@aachc.org*

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Organization _____

Address _____

City _____ State _____ Zip Code _____ Telephone Number _____

Fax Number _____ Email Address _____

Please list the attendees:

Name _____

Name _____

Name _____

Name _____

Name _____

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**COMPLETE IF PAYING WITH A CREDIT CARD**

Credit Card ☐ American Express ☐ MasterCard ☐ VISA

Credit Card Number _____ Expiration Date _____

Authorized Signature _____ Name as it Appears on Credit Card _____

# 2008-2009 Arizona School Immunization Requirements

**Parents:**

1. Children are not allowed to enter school without proof of all required immunizations*.
2. The record for each vaccine dose must include the date and name of doctor or clinic.
3. The statutes and rules governing school immunization requirements are:
   Arizona Revised Statutes 15-871 - 874; Arizona Administrative Code, R9-6-701 – 708.
4. Check requirements for your child's age and grade level in the chart below.

| Age→ | Under age 7 | 7 – 10 years | 11 years and older | 11 years and older |
|---|---|---|---|---|
| Grade→ Vaccine ↓ | Kindergarten and above | Kindergarten-5th grades | 6th Grade Only | 7th-12th grades |
| DTaP/DTP/DT | 4-5 doses<br>At least 1 dose at 4 years of age or older is required. A 6th dose is needed if 5 doses have been given before 4 years of age. | History of 4 DTaP or a total of 3 tetanus & diphtheria doses given after 12 months of age. | 1 Tdap dose is required when 5 years have passed since the last DTaP, DTP, DT or Td. Students starting or finishing the first 3 tetanus & diphtheria doses must receive 1 Tdap as part of the 3-dose series. | Students who have not already received Tdap are required to receive 1 Tdap dose when 10 years have passed since the last DTaP, DTP, DT, or Td. Students starting or finishing the first 3 tetanus & diphtheria doses must receive 1 Tdap as part of the 3-dose series. |
| Td | | | | |
| Tdap | | | | |
| Meningococcal | | | 1 dose | 1 dose recommended<br>Not required in 2008-2009 school year. |
| Polio | 3-4 doses<br>3 doses meet the requirement if the third dose was given at 4 years or older. 4 doses meet the requirement even if all 4 doses were given in the first year of life. | | | |
| MMR | 2 doses<br>A third dose will be required if the first dose was given before 12 months of age. | | | |
| Hepatitis B | 3 doses<br>A fourth dose will be required if the third dose was given before 24 weeks of age. | | | |
| Varicella | 1 dose if given before 13 years of age<br>2 doses if first dose was given at 13 years of age or later<br>Varicella vaccination, or history of chicken pox disease, is required for grades Kdg-4th and 7th–10th in the 2008-2009 school year. Students in 5th, 6th, 11th and 12th grades are not required to be immunized against chicken pox in the 2008-2009 school year. | | | |

*Homeless students are allowed a 5-day grace period to attend school before proof of immunizations is required. Arizona law allows immunization exemptions for medical reasons, laboratory evidence of immunity and personal beliefs. Exemption forms are available from your child's school or at http://www.azdhs.gov/phs/immun/idr_forms.htm.

# 3rd Annual Arizona Adolescent and Adult Vaccine Symposium

**September 25, 2008**
**Black Canyon Conference Center**

## Registration Form

Please **PRINT** all information

Name _____ Title _____

Organization _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

E-mail Address _____

I am a/an (check all that apply)

_____ Physician (specialty) _____ _____ RN

_____ Medical Assistant _____ Nurse Practitioner _____ LPN

_____ Physician's Assistant _____ Clinic Nurse _____ School Staff

_____ Epidemiologist _____ School Nurse _____ Lab Technician

_____ Immunization Manager _____ Health Educator _____ Exec Director

_____ Emergency Med Tech _____ Pharmacy Tech _____ Student

_____ PharmD _____ Other (specify) _____

**Conference Fee: $95.00 per person through 9/12/08 - $110.00 per person after 9/12/08**

The Arizona Partnership for Immunization (TAPI) tax ID # is 86-0494702

*Conference fee includes registration, lunch and educational materials*

Please contact Clare Crosby on (602) 364 3635 if you do not receive written confirmation via mail within 3 weeks of receipt of registration and fee (PO)

**RN's only: If you wish to receive CEU nursing credit you must provide your nursing license number:**

_____

Payment: P.O. # _____ Check # _____

**Please make check payable to: TAPI (The Arizona Partnership for Immunization)**

Mail Registration and Payment to:
Arizona Immunization Program Office
150 N. 18th Avenue, Suite 120
Phoenix, AZ 85007-3233

**Questions?** Phone: 602-364-3635 Email: clare.crosby@azdhs.gov