



# Communicator Express

cross cultural communication systems, inc.

February 2011

## Safety Guidelines

**T**he Joint Commission, an accrediting body for hospitals, is now requiring hospitals to ensure that all employees and contracted staff are trained on policies and procedures that might impact patient safety or patient rights. As part of our ongoing commitment to our clients, the patients we serve and our interpreters, we are providing the following guidelines.

The information you will find below is generic and not hospital specific. Each hospital will have different ways they manage emergencies, handle reporting, etc. It is important for you to check with different hospitals to understand the procedures for each facility.

Be aware of your surroundings, exit doors, and make sure that you don't put yourself in a position where you may be exposed to mucus and/or blood. Always think, prevent, be prepared, manage a situation, and safely discard of any hazardous materials.

### Emergency Management

Every hospital has a comprehensive plan for managing emergencies and disasters. This plan will include information about evacuation, emergency codes and emergency communication. It is important to carry your CCCS identification badge with you to each assignment because if an emergency occurs that requires evacuation, you may be required to show an ID in order to get back into the building. For each emergency there is only *one* leader. In order to be safe, please follow the leader's instructions.

### Emergency and Response Codes

When you are on an interpreting assignment in a hospital you may hear messages transmitted via the overhead speakers. Sometimes it is simply a page for a doctor, but sometimes you will hear them announcing a code. Emergency Codes are a way to quickly notify staff of

emergency situations existing within the hospital and to activate the appropriate response without creating general alarm among patients and visitors.

Please check the back of your Service Verification Form for Codes or any additional instructions. Otherwise, on your first visit to a hospital you should request information from your staff contact about the emergency codes, so that you can be prepared to respond appropriately. Usually hospitals use colors for their codes; a common code is "Code Red" for fire. Below is a list of other emergencies which usually have codes assigned. There are currently no standardized code sets, so even though one hospital may use *Red for Fire*, another may not. This is why it is important for you to obtain this information for each hospital you visit.

#### Emergency Situation

- Bomb Threat
- Campus Lockdown
- Cardio-Respiratory Arrest or Unresponsive Person
- Fire & Fire Alarm Activation
- Hazardous Materials
- Missing Infant or Child
- Hostage Situation/Weapon
- Internal/External Disaster
- Violent Combative Patient

#### Security Alert: Code Pink

Infant abduction is uncommon, but a real possibility and every hospital employee plays an active role in keeping the infants that we care for safe.

#### Things you can do to decrease the risk of an infant abduction

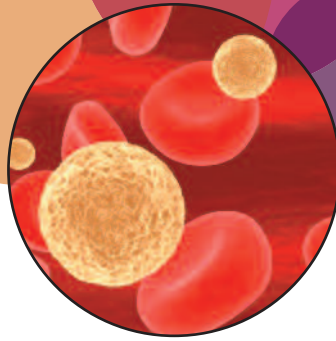
- Wear your color photo ID badge in the front and above the waist
- Keep in mind that the "typical" abductor is a woman between the ages of 14 and 50, carrying something large enough to hold a baby and moving quickly toward an exit.

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## Safety Guidelines (CONTINUED FROM PAGE 1)

### Things that you should do in the event of a real or suspected abduction

- Respond quickly if you hear a “Code Pink” called (infant abduction)
  - Go to the closest exit immediately.  
Open the door and look for someone meeting the above “typical” abductor profile.
  - If you see someone that raises your suspicions, ask them to “Stop!” Be convincing without threatening.
  - Report anyone who appears suspicious or who may be acting in a questionable manner to Security, via the Hospital operator.
  - Be prepared to report a description of the person(s), direction of travel, type of vehicle, and license plate number.
  - Other persons exiting the hospital should be asked to remain in the building until the “all clear” is given. If the person refuses to remain in the hospital and takes steps to leave or advances toward a staff member in a threatening manner, they should be allowed to leave.
  - Organization’s employees and law enforcement personnel may be allowed to enter or exit the building after positive identification has been made.
- Remember: Your quick actions are extremely important!

### Telephone Failure

In the event that the hospital telephone service is lost, immediately notify the Switchboard (by messenger) and Security. Cellphones, walkie-talkie radios, messengers and pay telephones can be used until internal telephone service is restored. Nursing units and key supportive areas, i.e., laboratory, pharmacy, have special “Power Failure Phones” to assist with communication during this type of emergency situation. Keep calls to a minimum until the problem has been resolved.

### Power Failure

In the event of a loss of power, emergency generators will automatically be activated. These generators are capable of providing power to the hospital for up to ten days. Electrical outlets with a red faceplate are dedicated emergency outlets. Life essential equipment (e.g., ventilators and IV pumps) must always be plugged into red outlets. Everyone needs to know where their department’s flashlights and extra batteries are kept. Security and Engineering typically have extra flashlights.

### Evacuation Procedures

You have been told to evacuate patients. Patients who are capable of walking are moved first. Wheel chair patients are moved second. Non-critical bed ridden patients are moved third. Critical bed ridden patients are moved last, as they require the greatest number of staff to move them. Use blankets as improvised stretchers. When patients are moved from their rooms, hang a pillowcase or other piece of linen over the top of the doorframe to “mark” the room as being empty.

Start by evacuating patients to a safe area on the same floor. If you cannot move laterally, go down a floor using the stairs.

### Infection Prevention

#### Overview of Infection Prevention

A healthcare environment differs from other workplaces because of the increased presence of bacteria and viruses that cause disease. Everyday objects like pens, door handles and elevator buttons can easily carry germs. Airborne viruses and germs can stay alive on objects not regularly sanitized for weeks and even months. It is important for interpreters to be aware of infection prevention policies and procedures which are designed to protect patients, staff and interpreters and help to reduce the risk of transmitting an infection from one person to another.

Although all of the following information may not apply to interpreters, it is good to remember that the interpreter should not have any physical contact with patients or should not be acting as a provider. Nevertheless if everyone is wearing protective gear, interpreters should also do so and ask the provider about how to best protect the patient and themselves from unnecessary exposure to bacteria, germs, and any other contagious diseases. All vendors must use appropriate barriers to prevent skin, eye, nose, and mouth contact with blood and body fluids. Gloves are the most widely used form of personal protective equipment. Wear them when you anticipate hand contact with blood or body fluids. Interpreters should know that providers that draw blood from a patient must be wearing gloves on both of their hands at all times. Face shields, gowns or aprons are required for situations in which splashing is likely to occur, and when those that are present may come into contact with blood, mucus, and other body fluids. Ambu bags are used in place of mouth-to-mouth resuscitation and can be found on the Code Cart.

#### Blood Borne Pathogens

Bacteria and viruses can be carried without symptoms by one person but may cause a serious infection if they are transmitted

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## Safety Guidelines (CONTINUED FROM PAGE 2)

to another person. Because we may not know which patient may be carrying an antibiotic resistant bacteria, HIV or hepatitis virus, we always treat blood and certain other body fluids as potentially infectious materials regardless of the patient's diagnosis.

**Standard Precautions** are indicated when there is a chance that you might come in contact with any potentially infectious material. Hopefully, as an interpreter, you will only be exposed to blood borne pathogens on very rare occasions, but for your own safety and that of the patient, it is important for you to know how and when to use precautions.

Standard Precautions include, but are not limited to the following: (Please Note: Although we are asking interpreters to wear protective gear, interpreters should not be in the role of a provider. Therefore, they should not be touching, cleaning or storing any of the following.)

**Washing** – Wash hands and other skin surfaces immediately if contaminated with blood and other body fluids. Hands should be washed or sanitized with alcohol hand sanitizer after patient, contact even if you were wearing gloves.

**Gloves** – Wear gloves when contact with blood and body fluids, (except sweat and tears) tissues or contaminated surfaces is anticipated. Properly remove and discard of gloves, by making sure that you are not re-infecting the clean areas. Wash or sanitize hands and replace with new gloves before beginning another assignment. When removing the used glove make sure that your clean hand only touches the inside of the infected glove. Don't touch the outside of the infected glove at anytime. Wear sterile gloves for all procedures involving contact with sterile areas and while interpreting for invasive procedures.

**Protective Apparel** – Wear a gown or apron, mask and protective eyewear if splattering or splashing of potentially infectious material is likely to occur during an activity.

**Ventilation Devices** – Use ventilation devices rather than mouth-to-mouth resuscitation.

**Sharp Objects** – Use safety syringes and needles, and other safety products whenever available. NEVER recap a needle. Discard syringes, scalpel blades, and other sharp objects immediately after use in puncture resistant containers. Sharps disposal containers are conveniently located in patient care areas.

**Specimens** – Place specimens in an impervious, sealed bag and in a closed rigid container for transport through the hospital. The exterior container must display a biohazard symbol.

**Spills** – Clean blood and body fluid spills promptly using an

approved germicidal disinfectant. Spill kits are provided to clinical areas for this purpose.

Standard precautions have been developed to protect healthcare workers from exposure to viruses, such as Hepatitis B and C and HIV, which are transmitted via blood and body fluid exposure. The hepatitis viruses attack the liver and can cause fever, fatigue, nausea and vomiting, and may lead to jaundice. HIV attacks the immune system. Initial infection may cause flu-like symptoms but swollen lymph nodes, diarrhea, weight loss, fever, cough and shortness of breath may occur after several years.

If you have also been exposed to blood or body fluids, report this to your hospital contact person as soon as possible. You should also report this to CCCS as a Critical Incident.

Interpreters who have weeping dermatitis and/or draining lesions should not accept healthcare interpreting assignments due to their increased risk of infection. If you have conjunctivitis (Pink Eye), you are very contagious to others and should also not take assignments in medical environments.

### Hand Washing Guidelines

- Turn on the water and adjust the temperature so that it is lukewarm.
- Wet hands and apply soap. Lather hands, paying particular attention to nails, palms and all surfaces of fingers.
- Wash hands for a minimum of 20 seconds with a vigorous scrubbing motion to physically remove germs.
- Rinse hands under running water taking care to remove all soap. If soap is left on hands, it can cause dryness and chapping.
- Touch only the paper towel(s) you are going to use.
- Dry hands well to prevent chapping.
- Use the paper towels to touch the faucet handles when shutting off the water.
- Discard used towels in the waste container.
- Use hand lotion frequently.



# Safety Guidelines (CONTINUED FROM PAGE 3)

## Hand Hygiene Guidelines

Hospitals and many provider practices supply the common areas of their buildings with an alcohol based hand sanitizer for use between hand washings. It is to be used as an alternative to hand washing.

To use hand sanitizer effectively:

- Apply a measured dose from dispenser to clean dry hands that are free of any visible debris.
- Apply sufficient amount to wet hands thoroughly.
- Rub hands together, covering entire surface. Be sure to rub the hand sanitizer under your fingernails.
- Allow to dry thoroughly.

## Frequency

You should wash or sanitize your hands before going in to a patient's room and again after you meet with the patient. Many viruses can stay alive on surfaces like door handles, chair arms and elevator buttons for several days or weeks.

## Fingernails

The following applies to staff whose jobs include: Direct Patient Care, Cleaning and Processing of Equipment, Preparation of Sterile Products, and handling of food and Food Products

- a. These staff members will not wear artificial nails or nail extenders
- b. They will keep their natural nail tips less than ¼ inch long.
- c. They may wear nail polish (either clear or colored) as long as it is in good condition and not chipped.

## Exposure to Blood or Body Fluids

If an unprotected blood or body fluid exposure occurs, follow these steps.

- Immediately wash the area with soap and water. Scrub vigorously with lots of lather.
- If a splash to the eye, nose, or mouth is involved, flush the areas with water. Inform the person in charge and then go to the Emergency Department for evaluation.
- Fill out an Occupational Injury/Illness report.
- If the source of the exposure is known, list that person's name on the form.

## Tuberculosis (TB)

You must wear a special TB mask while caring for a patient with a known or suspected diagnosis of active TB. You should not care for these patients if you have not been fit-tested for this special mask.

## Precautions for Patients with Specific Infections

Patients who are suspected of having specific communicable diseases, or who are at high risk for contracting diseases due to compromised immune systems, are placed in private rooms with special equipment so that their infection does not spread to anyone else or so they are not exposed to someone else's germs. Precaution signs are placed outside the doors of patient rooms of patients on precautions and everyone who enters the room must follow the instructions on the signs. Precaution supplies are available in each patient care area and you should check with the nurse if you have questions about what precautions you should follow for each patient.

### Safety Guidelines - Glossary

<b>Bloodborne pathogens</b>	An infectious agent that can be spread via contaminated blood
<b>Mouth to mouth resuscitation</b>	An emergency procedure used to help restore circulation of the blood.
<b>OSHA (Occupational Safety and Health Administration)</b>	Government agency set up in 1970 to help assure "safe and healthful working conditions for working men and women"
<b>The Joint Commission</b>	An independent not-for-profit organization that accredits healthcare organizations in the United States
<b>Hostage</b>	A person taken captive by an abductor
<b>Hazardous Materials</b>	Any substance that through exposure is potentially dangerous. Many times these substances are chemicals or contaminated body fluids.
<b>Ambu or BMV (Air-Shields Manual Breathing Unit) bag</b>	A handheld medical device that is used in a medical emergency to help a patient who has stopped breathing or who has difficulty breathing
<b>Face shields</b>	Typically a plastic, flexible face guard that is used when treating patients that have open wounds and/or where body fluids may become airborne
<b>Code Cart (Crash Cart)</b>	A set of trays, shelves, drawers on wheels that is used in hospital emergency rooms. Typically they contain medications, medical instruments and equipment.

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OF THE ORDINARY  
SITUATIONS.

## President's Corner

Dear interpreter,  
Cross Cultural Communication Systems, Inc. (CCCS, Inc.) has created a new online training that will be offered annually as a complement to the 8-Hour Foundation Assessment. This training helps prepare interpreters to be able to act and react appropriately by using different case scenarios to promote critical thinking. We have also included a piece on how to manage and discard hazardous items, and on how to handle any out of the ordinary situations that may place patients and their families, staff members or even you, the interpreter, in danger. In this letter, we would like to outline a few reminders regarding situations that you may encounter while interpreting. When you enter an institution you become part of a team that must work together on managing any out of the ordinary situations. This may involve reporting all significant incidents that are observed whether they involve you, a patient or just something that was observed onsite. As an interpreter, you are now part of the healthcare community and are expected to follow the strict and clear guidelines set forth by OSHA, and the Office of Civil Rights. These organizations work closely with The Joint Commission and many other institutions in overseeing the well-being of each and every individual in the community.

### Staying Current

Each year our trainings may differ, as we will try to keep up to date with the most current laws and information as it relates to the interpreting field. In an effort to stay current, CCCS, Inc. has developed an effective Critical Incident team, where we welcome information regarding any out of the ordinary events, so that we can process the acquired information, learn from it, and then pass on the principles to the rest of the interpreters through new trainings and policies.

### Immunizations

As an institution, we take very seriously your safety and we want to minimize any health hazard risks to you and the communities that you serve. In order to protect you and others, on a yearly basis we ask for proof of your immunizations, such as PPD. Interpreters will not be assigned any cases if we do not have proof that your immunizations are up to date. As a reminder, you will be contacted about two months before your immunizations are due. Some institutions have even gone one step further regarding immunizations and are requiring that interpreters have flu shots done on a yearly basis. For institutions that are requiring this extra measure, they are offering the flu shot for free to all those that are willing to receive it.

### Safety

We encourage that you wear safe and professional attire; open toed sandals are not considered appropriate and we ask that you always wear shoes that cover your entire foot. You should also wear shoes that have a non-slip sole in order to avoid falls and accidents. Some departments may even ask you to remove scarves and any jewelry that you may be wearing.

If you happen to be taking the elevator and you do not feel safe because of the other people riding with you, get off on the next floor and document the encounter as soon as possible. Also, report the incident to the provider or appropriate staff member immediately.



## President's Corner (CONTINUED FROM PAGE 5)

Make sure that you eat well and stay properly hydrated. Also, please bear in mind that it is not always safe to consume food or drinks that you carry with you as these may become contaminated. As a general rule, avoid mucus and skin contact with those that may be sick. If you are put into a situation where there is a lot of blood present, you may have to wear special protection that may include goggles. In these scenarios, kindly ask the staff how to take appropriate safety precautions, as they will no doubt be happy to be of assistance.

When you get to the site, check for codes, exit doors, stairways, fire equipment and if you notice anything that may be a hazard, report it to the clinician present or to a unit supervisor. A hazardous situation may include something as serious as a patient smoking while in a room where oxygen tanks are used, or as simple as a broken chair that needs to be removed or repaired.

### **Critical Thinking**

The second step is regarding how to manage common situations. For example, you suddenly feel a sneeze coming on, remember to cover your mouth with your arm not your hands. Another example might be, you notice a syringe on the floor, so instead of picking it up, notify a staff member and wait for them to handle it. On the other hand, you are at an appointment in pediatrics and a baby is crying and bleeding, so the provider asks you to hold on to his legs so that he can suture the baby's chin. What should you do? Or how would you handle a situation where a patient drops a glass bottle and glass ends up shattered all over the floor? The interpreter should ask for help, but should never be the one picking up the glass as OSHA has very strict rules and procedures on how to handle such situations.

### **Hazardous materials**

The third step is regarding how to safely discard of potentially hazardous materials. If you have used protective gear during a visit, it is important to know how to properly remove and then discard of the protective clothing so that you don't expose yourself to contaminated fluids. One cannot just remove items and discard of them, there are special techniques involved in removing gloves, masks and gowns. Interpreters can learn these techniques by watching our video and by looking to staff for guidance in this matter. In conclusion, if you have any concerns, or you see that someone's safety is in jeopardy, be proactive and report it immediately to the institution, the staff involved, your direct supervisor and then CCCS. This should also be done in the case of a medical error. Thanks so much for being a willing partner and a great interpreter!

Zarita



IT IS IMPORTANT TO KNOW HOW  
TO PROPERLY REMOVE AND  
THEN DISCARD OF THE  
PROTECTIVE CLOTHING SO THAT  
YOU DON'T EXPOSE YOURSELF  
TO CONTAMINATED FLUIDS.

## Interpreter Services

**A**s technology advances, so does CCCS. The healthcare industry is becoming more and more automated. Computer technology helps save time and expenses and for these reasons among others we are seeing a shift in how we are receiving interpreter requests. In the past, many requests were done via phone calls or fax, but now as people become more and more comfortable with technology and the internet, email becomes the more preferred method of communication. CCCS has always strived to stay technologically current. As a result we are encouraging interpreters to frequently check their emails for updates on cases. An update may include information regarding a change in the appointment or any other relevant information pertaining to a certain case. In the near future, our system will become even more automated as we look for ways to improve our communication with both the interpreters and our customers. Therefore we encourage our interpreters to become familiar with using the internet and the different applications that are available. Another good reason to do so is because both the written and oral healthcare interpreter exams are computer based.

On a different note, but still related to technology we will soon be offer trainings regarding simultaneous interpreting and how to properly use the technology, involved in this field. Please see future Communicator Express editions for more information, or go to our website [www.EmbracingCulture.com](http://www.EmbracingCulture.com) for the most current information.

English Idioms		
Idiom	Explanation	Example
<b>Been Had</b>	Deceived, fooled	When Abelardo noticed that the check was a fake, he then realized that he had been had.
<b>Had it, fed up</b>	Run out of patience	Gautam had had it where he was working, so he quit his job.
<b>Nip it in the bud</b>	Terminate something before it fully develops	If this turns out to be something serious, we will want to nip it in the bud.
<b>Two left feet</b>	To be clumsy	Mariza could never take up ballet because as you know, she has two left feet.
<b>Play Hooky</b>	To be absent from work or school without a good reason	The weather was great, so Waskar decided to play hooky and hang out at the park with his friends rather than go to school.





## Ask Dr. Lane — What is Alcoholism?

### Alcohol Intoxication

Alcohol intoxication is evaluated, not by the quantity and how often a person drinks, but by how the drinking affects the person's life at work, at home and socially. A person must have one or more of the following signs that are not related to a medical cause occurring after or shortly after alcohol use: slurred speech, lack of coordination, unsteady gait, nystagmus, impairment in attention or memory, and stupor or coma.

The following is a generally accepted guide to the effects of alcohol.

### Alcohol and Food

Because alcohol is absorbed most efficiently in the small intestine, eating slows down the body's absorption of alcohol. What happens is that the pyloric valve at the bottom of the stomach will close to hold food for digestion, thus keeping the alcohol from reaching the small intestine. While alcohol can be absorbed from the stomach, it is a slower and less efficient transition. Also, alcohol elimination rates are inversely proportional to alcohol concentration in the blood. This means that the reduced levels of alcohol due to food ingestion cause the body to eliminate the alcohol that is absorbed at a faster rate. The larger the meal and the shorter the interval between eating and drinking, the greater the diminution of peak alcohol concentration.

To illustrate, 75% to 80% of the alcohol consumed by the fasting person is absorbed from the small intestine. Thus, fasting people achieve peak alcohol concentrations within a half an hour to 2 hours of alcohol consumption, while non-fasting people exhibit peak concentrations within 1 to 6 hours.

### Metabolism

While the liver metabolizes 95% of the alcohol in the body, the remaining alcohol leaves the body through excretion in breath, urine, sweat, feces, milk and saliva. The body uses several different metabolic pathways in its oxidation of alcohol to acetaldehyde, to acetic acid, to carbon dioxide and water.

Healthy people metabolize alcohol at a fairly consistent rate, generally at a rate of 0.5 oz (15ml) per hour. A person's rate of alcohol elimination will tend to be higher when his/her blood alcohol is either very high or very low. Interestingly, chronic alcoholics often metabolize alcohol at a significantly higher rate than the average person.

### Alcohol Withdrawal

In general, the less you weigh the more you will be affected by a given amount of alcohol. Simply put, a person's blood alcohol concentration is the total amount of alcohol in his/her system divided by total body water. Therefore, it is generally accepted that, if two people have similar body compositions but different weights the larger individual will exhibit lower alcohol concentrations than the smaller one ingesting the same amount of alcohol. However, since fatty tissue does not contain much water and will not absorb much alcohol, a muscular person will be less affected than a person of the same weight with a higher percentage of fat will.

Women often have a higher percentage of body fat and a lower percentage of body water. Therefore, if a man and a woman both weigh the same and consume the same amount of alcohol, the woman will probably exhibit a higher alcohol concentration, unless she is physically fit and the man is obese. In addition, total body water tends to decrease with age, so an older person will probably be more affected by the same amount of alcohol.



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### Alcohol Tolerance

The repeated performance of a particular task in association with alcohol consumption can lead to the development of a form of adaptation referred to as "learned" or "behavioral" tolerance. Learned tolerance can reduce the alcohol-induced impairment that would ordinarily accompany the performance of that particular task. However, when conditions change or when something unexpected occurs, the tolerance acquired for that task can be negated. These findings may be applicable to the performance of tasks involved in drinking and driving. A driver who has developed behavior tolerance to driving a familiar car over a particular route under routine





## Going Green

### Green Commute

In this edition of the Communicator Express, we would like to talk about being a green commuter. Commuting on a daily basis is something with which our interpreters are very familiar. Commuting can be challenging as we can't predict what lies ahead on the roads. However, due to modern technology and the conveniences of public transportation, here are some useful tips that not only save time and money, but also the environment.

### Public transportation

The MBTA also known as the "T" is a very reliable source of transportation connecting the greater Boston area either by bus, train, commuter rail or boat. The T has also launched apps that provide passengers with the exact time and location of their desired mode of transportation. You can also customize your trip on the MBTA website. For more information or to download your app, please visit: [www.mbta.com](http://www.mbta.com). These apps can be used on both Apple and Android systems.

### GPS

Technology allows us to now have a faster and greener commute. Most of the new GPS devices are enabled with "Real Time Traffic" which alerts drivers to heavy traffic on their chosen route. Garmin has introduced a new device that offers an "eco route" as an option.

For more information about these devices please visit:

[www.garminusa.com](http://www.garminusa.com)

[www.mio.com](http://www.mio.com)

[www.tomtom.com](http://www.tomtom.com)

[www.bestbuy.com](http://www.bestbuy.com)

Please plan your commute accordingly. For tips on how to commute efficiently, please visit: [www.fueleconomy.gov](http://www.fueleconomy.gov)

circumstances may drive without being involved in a crash, despite consumption of some alcohol. However, when entering a novel environment-for example, a detour or an unexpected situation, such as a bicycle darting in front of the car, this same driver would be at the same risk for a crash as a novice driver at the same BAC, due to lack of prior learning opportunities for these unexpected events.

A typical story that we hear from patients is an almost glorification of the fact that they now can drink a lot more and not feel "as drunk," completely denying the behavior and psychological changes that the drinking has caused. Also we may see patients beginning to get worried because all of a sudden they begin to feel drunk after consuming fewer drinks. In both cases the body has reacted and adapted to or rejected the intake of alcohol. According to Dr. Thomas Clarke Kravis, a person who does not report any side effects of alcohol or intoxication and has a blood level at or higher than 100mg/dl most likely suffers from alcoholism. It means that the nervous tissues have adapted to the level of alcohol and have developed a certain level of tolerance.

### Alcohol Dependence

Red flags rise when patients deny that their drinking has an effect on their family and work and they respond positively to the CAGE questionnaire. According to the DSM IV, alcohol dependence is diagnosed when a patient continues with the drinking after periods of withdrawal as a way to treat the side effects of the withdrawal such as tremors, shakes and anxiety. At this point, the drinking has taken over the person's life, and most decisions, if not all, are made around it.

*In the next addition of Ask Dr. Lane, he will be explaining the side effects of alcoholism.*



15.	FIRE
14.	EMAILS
13.	NAILS
11.	DSMIV
9.	BEEN HAD
8.	WASH HANDS
7.	CRASH CART
6.	GPS
5.	IMMUNIZATIONS
4.	OSHA
3.	CODE PINK
2.	DOWN
1.	ACROSS

Answer to the CCCS Crossword-February



## Interpreter Award of Excellence

### Grasielle Kane

I appreciate being nominated for the Interpreter Award of Excellence. It's just wonderful to work for people that recognize your work and that are always there when you need them, and that's Cross Cultural Communication Systems! Being able to be out there helping LEP patients, establish connections with their providers is really rewarding to me. Special thanks to all of the staff but in particular to Daniel, Debbie and Karla for their dedication and great work. As far as me away from work, I have two great children and a supportive husband. I also have a love for running, and in fact I will be running my third marathon this fall.

## Upcoming Trainings / Courses (Woburn, MA)

### THE ART OF MEDICAL INTERPRETATION: 60-HOUR CERTIFICATE PROGRAM

Pre-requisites: Applicant must be at least 18 years of age, with a minimum of a HS diploma or GED, and must pass a mandatory screening examination in English and the target foreign language(s) prior to acceptance in the program. Applicants must pass the screening at a minimum of "Advanced Mid-Level," according to the industry standards. Click here to download the catalogue. If you are interested in more information, please contact us at 781-729-3736 X111 or by email, [info@embracingculture.com](mailto:info@embracingculture.com).

The American Translators Association has approved the Art of Medical Interpretation 60-hour training program for 10 Continuing Education Points.

#### Spring Intensive

**April 28-30, May 2-6, 2011 (Daily 8:30am-5:00pm)**

#### Late Spring Evening Classes

**May 10-July 5, 2011 (Tuesdays and Thursdays, 6:00pm-10:00pm)**

### GETTING READY FOR YOUR WRITTEN HEALTHCARE CERTIFICATION EXAM

This course will help prepare active qualified healthcare interpreters for both of the national certification written exams. In order to simulate the written certification exams, students will have the opportunity to take online tests during class time. These exams will help prepare the student to get the feel of how the certification exam will be presented and will allow them to receive instant feedback on their progress. Students will be able to use these exams as a tool to help gauge their progress, and as an indicator to help them determine their readiness for the certification exam. [Click here](#) for a complete overview of the course.

**Online-TBA, scheduled to be available in early May, 2011**

**June 16, 18, and 19 -Woburn, MA (Thursday 5pm-10pm, Saturday & Sunday 9:00am-4:30pm)**

## Upcoming Conferences

### MAY 13-15, 2011 NAJIT'S 32ND ANNUAL CONFERENCE, LONG BEACH, CALIFORNIA

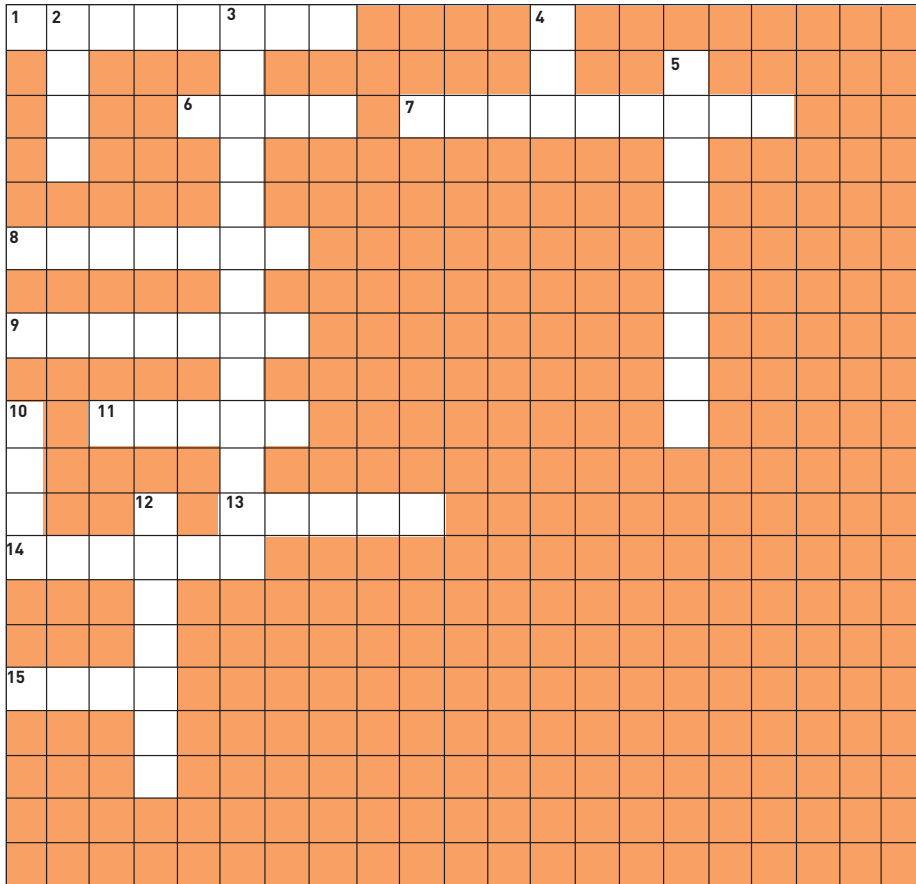
The National Association of Judiciary Interpreters & Translators (NAJIT) mission is to "promote quality services in the field of legal interpreting and translating." For more information or to register for the conference, please visit NAJIT's website at [www.najit.org](http://www.najit.org).

### CONFERENCE-PAVING THE WAY

On Friday May 6th at the UMASS Medical School's Hoagland-Pincus Conference Center in Shrewsbury, MA, UMASS Medical School will be holding their 6th annual Paving the Way to Health Care Access Conference. This conference is an excellent way for interpreters to receive quality continuous education and at the same time network with other interpreters and health care professionals. [Click here](#) for more information.

**Registration closes on April 22, 2011.**

## Crossword



### Across

1. Infant abduction (2 words)
6. A bag that saves lives
7. Medical Equipment in the ER (2 words)
8. Name of valve at the bottom of the stomach
9. Fooled (2 words)
11. Manual that classifies and defines disorders
13. Short, real, and in good condition
14. Interpreters should check these regularly
15. Code red

### Down

2. Agency set up to monitor working conditions
3. Help prevent diseases
4. Drive green with this device
5. Before and after each patient encountered (2 words)
10. Alcoholism test
12. Conjunctivitis (2 words)

**CCCS Interpreters can go to [www.embracingcultureonline.com](http://www.embracingcultureonline.com) to take their continuing education quiz.**