

CN III - Infection Prevention

Reference: 046906 Location: Main Hospital

Salary Range: \$54.93 - \$76.26 hourly

Shifts

Hospital Epidemiology & Infection Prevention Number of Positions: One Percentage of Time: 100%

Hours: 8 hr shifts (5 days a week)

Must be willing to work weekends if necessary to help control an outbreak occurrence. Must be willing to arrive early and/or flex schedule. Must be willing to work occasional overtime if needed.

Union Information

This classification is represented by a union.

Division Descriptions

The Department of Hospital Epidemiology and Infection Control is involved in many facets of the control and prevention of infections at UC Davis Health System. In addition to their role in hospital epidemiology, the Department is an integral part of policy development for emergency preparedness pertaining to a pandemic or bioterror attack. They maintain a close association with State and County Health Departments as well as the Centers for Disease Control.

Responsibilities

Responsible for surveillance of all types of infections in assigned areas, analysis of surveillance data and reporting results; provide infection prevention-related education and consultation for the health system; assist with other projects and outbreak management, as needed.

Requirements

Minimum of three years paid RN experience in Infection Control preferred. Experience in performing surveillance using National Healthcare Safety Network (NHSN) definitions preferred. BSN required. Certification in Infection Prevention is preferred and is required within two years of employment.

Possession of valid California RN license. Graduation from an accredited school of nursing. Passing of UCDMC Performance Demonstration, Policy Review and Medication Exam. CPR Certification. ACLS preferred

Special Requirements

Skills, knowledge, and ability to perform functions of Clinical Nurse III job description at a proficient level. Knowledge of medications, indications, dosage ranges, side effects, and potential toxicity. Ability to safely lift 25 lbs. and assist in moving patients, and stand on feet over extended periods. Knowledge of legal implications for clinical practice. Knowledge of, and ability to utilize principles of adult learning. Knowledge of performance improvement and research process.

THIS POSITION MAY BE SUBJECT TO A CRIMINAL BACKGROUND INVESTIGATION, DRUG SCREEN, LIVE SCAN FINGERPRINTING, MEDICAL EVALUATION CLEARANCE, AND FUNCTIONAL CAPACITY ASSESSMENT.

Apply online at http://apptrkr.com/885997 to job # 046906.

UC Davis is an equal opportunity/affirmative action employer.



The new home of Cambridge Journals cambridge.org/core

Cambridge Core



Statement of Ownership, Management, and Circulation UNITED STATES

POSIAL SERVICE (All Periodicals Publications Except Requester Publications)				
Publication Title	2. Publication Number	3. Filing Date		
Infection Control and Hospital Epdemiology	519 – 330	10/1/2016		
4. Issue Frequency	5. Number of Issues Published Annually	6. Annual Subscription Price		
monthly	12	\$\$748 ins, \$224 indiv		
7. Complete Mailing Address of Known Office of Publication (Not printer) (Street	eet, city, county, state, and ZIP+4®)	Contact Person		
The Society for Healthcare Epidemiology of America (SHEA)		Nina lammatteo		
1300 Wilson Blvd, Suite 300		Telephone (Include area code)		
Arlington, VA 22209		212 337 5000		
8. Complete Mailing Address of Headquarters or General Business Office of I	Publisher (Not printer)			
The Society for Healthcare Epidemiology of America (SHEA)				

1300 Wilson Blvd, Suite 300

1300 Wilson Blvd, Suite 300
Arlington, VA 22209
9. Full Names and Complete Mailing Addresses of Publisher, Editor, and Managing Editor (Do not leave blank)
Publisher (Name and complete mailing address)
The Society for Healthcare Epidemiology of America (SHEA)
1300 Wilson Blvd, Suite 300
Arlington, VA 22209
Editor (Name and complete mailing address)
Suzanne F. Bradley, M.D., VA Ann Arbor Healthcare System Infectious Diseases 111i, Rm 804b
2125 Fuller Rd, Ann Arbor, MI 48105

Managing Editor (Name and complete mailing address)

Simon Ross Cambridge University Press 1 Liberty Plaza, New York, NY 10006-1404

10. Owner (Do not leave blank. If the publication is owned by a corporation, give the name and address of the corporation immediately followed by the names and addresses of all stockholders owning or holding I percent or more of the total amount of stock. If not owned by a corporation, give the names and addresses of all stockholders owning or holding I percent or more of the total amount of stock. If not owned by a corporation, give the names and addresses of all stockholders owning or holding I percent or more of the total amount of stock. If not owned by a corporation is set to the name and addresses of all stockholders owning to holding I percent or more of the total amount of stock. If not owned by a corporation is set to the name and addresses of the corporation immediately followed by the names and addresses of all stockholders owning or holding I percent or more of the total amount of stock. If not owned by a corporation, give the names and addresses of all stockholders owning or holding I percent or more of the total amount of stock. If not owned by a corporation, give the names and addresses of all stockholders owning or holding I percent or more of the total amount of stock. If not owned by a corporation, give the name and addresses of all stockholders owning or holding I percent or more of the total amount of stock.

each individual owner. If the publication is published by a nonprofit org	
Full Name	Complete Mailing Address
The Society for Healthcare Epidemiology of America (SHEA)	1300 Wilson Blvd, Suite 300
	Arlington, VA 22209
Known Bondholders, Mortgagees, and Other Security Holders Owning Other Securities. If none, check box	g or Holding 1 Percent or More of Total Amount of Bonds, Mortgages, or → IX None
Other Securities. If none, check box	→ X None
Other Securities. If none, check box Full Name	➤ IX None Complete Mailing Address
Other Securities. If none, check box Full Name	➤ IX None Complete Mailing Address 1712 Euclid Ave
Other Securities. If none, check box Full Name	➤ IX None Complete Mailing Address 1712 Euclid Ave

PS Form 3526, July 2014 [Page 1 of 4 (see instructions page 4)] PSN: 7530-01-000-9931 PRIVACY NOTICE: See our privacy policy on www.usps.com.

Publication Titl	ublication Title 14. Issue Date for 0		14. Issue Date for Circu	irculation Data Below	
Infection Co	ntro	l and Hospital Epdemiology	SEPTEMBER 2016		
5. Extent and Na	ture	of Circulation	Average No. Copies Each Issue During Preceding 12 Months	No. Copies of Single Issue Published Nearest to Filing Date	
a. Total Number	er of	Copies (Net press run)	2763	2754	
	(1)	Mailed Outside-County Paid Subscriptions Stated on PS Form 3541 (Include paid distribution above nominal rate, advertiser's proof copies, and exchange copies)	636	0	
b. Paid Circulation (By Mail and	(2)	Mailed In-County Paid Subscriptions Stated on PS Form 3541 (Include paid distribution above nominal rate, advertiser's proof copies, and exchange copies)	0	0	
Outside the Mail)	(3)	Paid Distribution Outside the Mails Including Sales Through Dealers and Carriers, Street Vendors, Counter Sales, and Other Paid Distribution Outside USPS®	550	439	
(4)		Paid Distribution by Other Classes of Mail Through the USPS (e.g., First-Class Mail ⁹)	1215	1670	
c. Total Paid D	Distrib	oution [Sum of 15b (1), (2), (3), and (4)]	2401	2109	
d. Free or Nominal	(1)	Free or Nominal Rate Outside-County Copies included on PS Form 3541	0	0	
Rate Distribution (By Mail	(2)	Free or Nominal Rate In-County Copies Included on PS Form 3541	0	0	
and Outside the Mail)	(3)	Free or Nominal Rate Copies Mailed at Other Classes Through the USPS (e.g., First-Class Mail)	0	0	
	(4)	Free or Nominal Rate Distribution Outside the Mail (Carriers or other means)	9	2	
e. Total Free o	r No	minal Rate Distribution (Sum of 15d (1), (2), (3) and (4))	9	2	
f. Total Distrib	ution	(Sum of 15c and 15e)	2410	2111	
g. Copies not E	Distrit	outed (See Instructions to Publishers #4 (page #3))	353	643	
h. Total (Sum o	of 15	f and g)	2763	2754	
i. Percent Paid (15c divided		5f times 100)	99%	99%	

If you are claiming electronic copies, go to line 16 on page 3. If you are not claiming electronic copies, skip to line 17 on page 3.

UNITED STATES	Statement of Ownership, Management, and Circulation
POSTAL SERVICE ⊗ (A	Statement of Ownership, Management, and Circulation II Periodicals Publications Except Requester Publications

. Electronic Copy Circulation		Average No. Copies Each Issue During Preceding 12 Months	No. Copies of Single Issue Published Nearest to Filing Date
a. Paid Electronic Copies	•	0	0
b. Total Paid Print Copies (Line 15c) + Paid Electronic Copies (Line 16a))	2401	2109
c. Total Print Distribution (Line 15f) + Paid Electronic Copies (Line 16a))	2410	2111
d. Percent Paid (Both Print & Electronic Copies) (16b divided by 16c × 100))	99%	99%
☐ certify that 50% of all my distributed copies (electronic and print) are paid ab	ove a nomina	Inrico	

d. Percent Paid (Both Print & Electronic Copies) (16b divided by 16c × 100)	99%	99%
☑ I certify that 50% of all my distributed copies (electronic and print) are paid above a nominal	price.	
17. Publication of Statement of Ownership		
If the publication is a general publication, publication of this statement is required. Will be printed in the	Publicat	ion not required.
 Signature and Title of Editor, Publisher, Business Manager, or Owner 	Date)
Men Lutt		10/1/2016
I certify that all information furnished on this form is true and complete. I understand that anyone who furnished		information on this form

^{12.} Tax Status (For completion by nonprofit organizations authorized to mail at nonprofit rates) (Check one)
The purpose, function, and nonprofit status of this organization and the exempt status for federal income tax purposes:

B Has Not Changed During Preceding 12 Months (Publisher must submit explanation of change with this statement)

Has Changed During Preceding 12 Months (Publisher must submit explanation of change with this statement)

Medicine

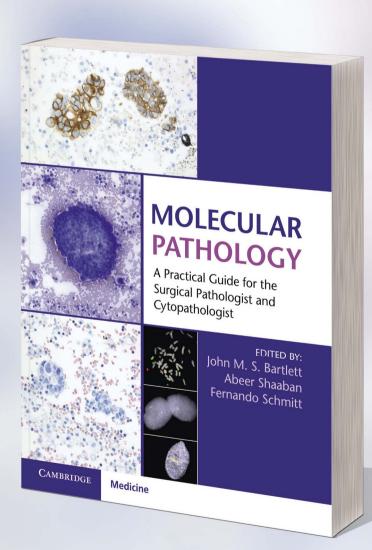
OUT NOW!

MOLECULAR PATHOLOGY

Edited by **John M. S. Bartlett**, Ontario Institute for Cancer Research, Toronto **Abeer Shaaban**.

University Hospitals Birmingham NHS Foundation Trust **Fernando Schmitt**,

Laboratoire National de Santé, Luxembourg



Print/Online Bundle 414 pages / 86 color illus. 38 tables 9781107443464 / \$135.00 / £84.99 This practical manual provides a comprehensive yet concise guide to state-of-the-art molecular techniques and their applications. It starts with an overview of the essential principles of molecular techniques, followed by separate chapters detailing the use of these techniques in particular tissues and organs, and describing recommended treatment plans. Each chapter covers the tests available, their advantages, limitations, and use as diagnostic and prognostic tools, with key learning points at the end of each topic. Using both histologic and cytologic samples, it discusses how to interpret test results in a pathologic context and enables trainees and practicing pathologists to gain an in-depth understanding of molecular diagnostic techniques and how to incorporate them into routine diagnostic practice. Aiding the daily practice of refining diagnosis, as well as offering a didactic approach, this book is an essential reference for practicing pathologists and cytopathologists as well as trainees in pathology.

- Offers a system-specific molecular approach in tissues and cytological preparations and covers current and future trends in molecular pathology to familiarize pathologists and cytopathologists with molecular diagnostic and prognostic criteria
- Describes the application of molecular techniques in diagnostic histopathology, cytopathology and clinical management
- Each chapter ends with a set of key learning points, offering a summary as well as a learning tool to surgical pathologists and cytopathologists

For more information, please go to www.cambridge.org/molecularpathology



Cambridge Journals Digital Archive



journals.cambridge.org/archives

