AAOHN News - March 2013

Send Date: Friday, March 8, 2013

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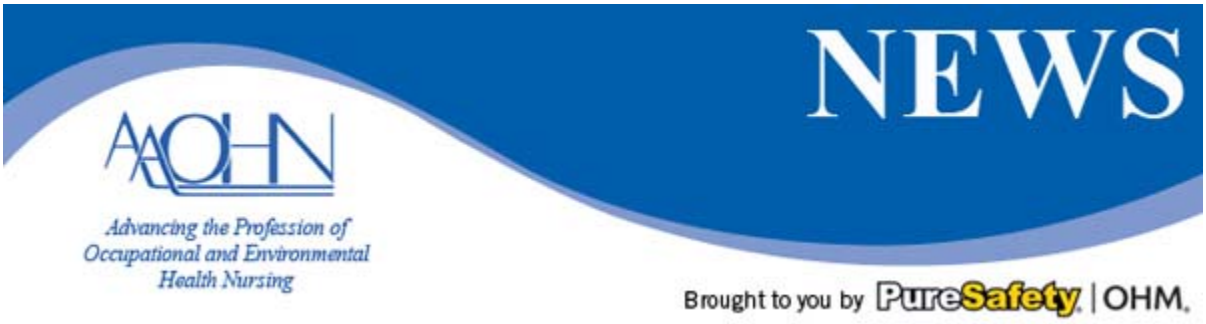

March 2013
Volume 34, Issue 3

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From the President's Desk

Dear Members,

"The achievements of an organization are the results of the combined effort of each individual."
- Vince Lombardi

Spring has arrived! This is one of my favorite times of year. New beginnings, new discoveries, new growth, warmer temperatures, and the emergence of celebrations are all reasons to take a moment to enjoy it all. With spring's arrival, we are quickly approaching the dates for our annual conference, to be held in Las Vegas at the Cosmopolitan. The upcoming conference feels extra special, as it will be held in a new hotel / conference facility. The Conference Planning Committee has once again done a fabulous job in planning and organizing this event. The marketing team has been hard at work in getting the word out to members and non-members alike to come experience this outstanding educational and networking opportunity.

One group we need to recognize is the AAOHN National Office staff. They

are behind the scenes planning, organizing, and managing all the details to ensure the conference is a meaningful experience for attendees. They will be at the booths registering folks, answering questions, providing support and guidance, pitching in when we need an extra hand, and cheering us on as we celebrate the achievements of members, chapters, and the association. These fine folks believe in us and work ever so diligently to ensure that we reach the goals we have set. While you are at conference, seek them out—get to know the person you speak to on the phone now and then, and don't forget to extend your hand and express your thanks for a job well done.

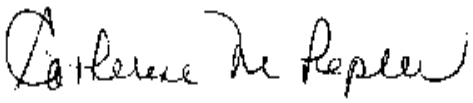
"A group becomes a team when all members are sure enough of themselves and their contributions to praise the skill of others."
- Anonymous

Recently, I was able to attend the Massachusetts AOHN (MAAOHN) F.A.M.E. annual conference. MAAOHN is made up of several local chapters—Central Massachusetts, Greater Boston, North of Boston, and Western Massachusetts. MAAOHN has found the secret ingredient that keeps members coming back, engaged, and stepping up into leadership roles. Their conference is modeled after the Oscars, with a Red Carpet, Oscar trophies, and recognition for those being recognized, complete with photography and a round of grand applause. F.A.M.E is an acronym: F = FUN, A = Amazing, M = Membership, E = Enthusiasm. I know you will want to know more about this concept. Reach out to any one of the MAAOHN Chapter Leaders to learn more, and look for members of MAAOHN at the conference in April. Seek them out and ask them to tell you their secret recipe for a dynamic membership!

"Strength is not measured in muscle, but in will."
- M. Morrow

We have come a very long way and our success is a direct result of the countless hours and hard work of many dedicated members. AAOHN would not be who we are without you. I am often asked, "How did AAOHN come to enjoy such victory over the many hurdles?" With smiling pride, I reply, "Although it may have looked like a very big mountain to climb, our members continued on, one step at a time, and looked for ways big and small to share the workload." And now we can celebrate the many successes AAOHN has come to enjoy.

I look forward to seeing you next month.



Catherine M. Pepler, MBA, BS, RN, COHN-S/CM, FAAOHN
AAOHN President

AAOHN Board of Directors 2012-2013

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Catherine M. Pepler, MBA, BS, RN, COHN-

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Foundation Corner

The AAOHN Foundation plays an important role in creating “A Winning Future for Occupational Health Nurses,” which is the theme of this year’s AAOHN Conference. Join us for the conference, April 15-18 in Las Vegas, NV. To help ensure the Foundation continues to support the education and development of OHNs, we invite you to participate in a variety of fundraising events during the conference. Your contributions help provide evidence-based research, which contributes to the knowledge of occupational health nursing and stronger practice guidance.

AAOHN Foundation Silent Auction

The annual silent auction is back with a host of great items to bid on. Through **March 15**, we are collecting items for auction: electronics, jewelry, purses, scarves, clothing, one-of-a-kind art objects, baskets, gift cards and more. Can you help? You, your chapter, or business can contribute items as a tax-deductible gift. For more information, please contact shelah.fletcher@dancyamc.com.

The 2013 Las Vegas AAOHN Foundation Pin

The Foundation Pin is always a popular, affordable memento you can conveniently carry back to your peers at home. We’ll unveil the 2013 pin design in the coming weeks. In the meantime, here are a couple of designs from past conferences. Many members collect them year after year and proudly display them when they come to conference. Don’t miss the chance to purchase yours!

Laughter Yoga presented by Healthways

You’ll be laughing all the way home after our first ever Laughter Yoga session. Sponsored by Healthways, this fun-filled event is a great way to unwind. Try it **Tuesday, April 16, 7-7:45 a.m.** for a contribution of only $10. It’s an activity you can take back home to spread laughter in your workplace, too. Each participant will receive a copy of Laughter Yoga trainer Jill Johnson’s "Laugh for the Health of It" CD. We promise a unique experience and lots of laughs!

Thanks to your support, we’ll continue to help build a winning future for

S/CM, FAAOHN

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Tamara Blow, EdD, RN, COHN-S/CM, PLNC, FAAOHN
(2008-2013) Second Term At Large Membership

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Be a Part of a Winning Future: Attend the AAOHN 2013 Conference

The 2013 AAOHN Conference, April 15-18, is now just a few weeks away. When you join us at The Cosmopolitan in Las Vegas, you can choose from more than 40 concurrent sessions, including seven 90-minute sessions covering topics in safety/compliance, disability case management, clinical practice, wellness/health promotion, and business/management. Plus there are classes designed for nurse practitioners, hospital/healthcare OHNs, and those who practice globally. Earn up to 17 nursing contact hours.

Practice Exchanges

Join your peers in one of 10 Practice Exchanges. Meet colleagues and network around issues common to your interest, such as:

- Clinical/NP
- Health/Wellness
- Case Management
- Consulting
- Corporate
- Educator
- Government/Military
- Hospital
- Safety/Environmental
- LPN

The practice exchanges are a great place to establish a benchmarking group for future contacts when you need to ask what others are doing.

Please visit www.aaohn.org for the complete conference brochure and continually updated information about the 2013 conference. You can register by phone, fax, or online directly through the AAOHN website.

The American Association of Occupational Health Nurses, Inc. is an Approved Provider of continuing nursing education by the American Association of Occupational Health Nurses, Inc., an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

The American Association of Occupational Health Nurses, Inc. is additionally approved as a CNE provider by the California Board of Registered Nursing (#CEP9283).

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Advocacy in Action

A primary task of the Advocacy Committee is to respond to requests of support for legislation and partner organizations' initiatives. Our committee continues to respond when called upon for action. The members of the committee are Jennifer Beining, Tamara Blow, Kathleen Buckheit (inactive/reserve), Pam Dannenberg, Daurice Holly, Judy Ostendorf (Liaison), Jennan Phillips (Chair), Ronda Weiss (Board Liaison) and Donna Zankowski. Here is a brief description of our recent activities.

1. National Safe Patient Handling and Mobility Standards (draft)

The Safe Patient Handling and Mobility (SPHM) National Standards Working Group of the American Nurses Association issued a request for public comment on the new multi-disciplinary Draft National Safe Patient Handling and Mobility (SPHM) Standards. The stated goal of these standards is to provide evidence-based and outcomes-focused standards of care that will be applied by all disciplines across all settings where healthcare services are provided. The SPHM draft included the following eight standards:

Standard 1: Create a Culture of Safety
Standard 2: Implement and Sustain a SPHM Program
Standard 3: Incorporate Prevention through Design Providing a Safe Environment of Care
Standard 4: Select, Install, and Maintain SPHM Technology
Standard 5: Establish a System for Education, Training and Competency
Standard 6: Incorporate Healthcare Recipient-Centered Assessment, Care 280 Planning, and Use of Technology
Standard 7: Include SPHM in Reasonable Accommodation and Post Injury Return to Work
Standard 8: Establish a Comprehensive Evaluation Program

Advocacy Members were in complete agreement that there is an urgent need for development, implementation, and enforcement of national standards related to safe patient handling and mobility. This standard would impact health and safety for patients as well as that of healthcare workers, a worker population with a very high injury rate that has only

recently begun to attract attention from OSHA and NIOSH. There were several concerns identified with the Draft Standards:

a) written in very broad language
b) lack of clear authority for enforcement or evaluation of effectiveness of the Standards, and
c) lack of clearly identified group responsible for development of educational materials and training tools.

Of major concern was the lack of specific recommendations within the proposed standards that committee members feared could dilute the overall effectiveness. For example, while it would be difficult to recommend installation of ceiling lifts in existing buildings, a concise recommendation for mechanical lift capability in each care unit where patient handling or mobility occurs should be a requirement in all new construction or remodeling. Understandably, facilities management may reject the additional cost; however, the skyrocketing costs associated with patient falls and injuries must be factored into decisions regarding mechanical lifts.

Although the business component of healthcare delivery and safety concerns may seem to be on opposite sides of the equation, this issue must be addressed to assure a stable and injury-free healthcare work force. The average age of the nursing workforce is now in the mid-forties. Some states have already enacted SPH&M laws, but there is no consistency for enforcement or evaluation between these state mandates. A need exists for a national standard which clearly identifies who will enforce and evaluate the effectiveness of injury prevention strategies among patient and healthcare workers during patient handling and mobility.

Additionally, the proposed standards recommended employers should use evidenced-based educational and training tools related to safe patient handling and mobility. More specific guidance for employers to obtain the educational materials appropriate for their workforce is required, rather than relying on everyone to develop their own. Therefore, the Advocacy Committee recommended the standard be revised to identify a national clearinghouse type of agency to develop these educational materials for both patients and workers. Guidelines and teaching materials are needed for how to properly lift and promote mobility for patients; additional materials must be developed specific to prevention and management of injuries in workers.

2. U.S. Preventive Services Task Force (USPSTF) Hepatitis C Testing Recommendations

The USPSTF issued a “B” grade recommendation for Hepatitis C screening of high-risk adults, such as those who inject drugs or who received a blood transfusion before 1992. However, the USPSTF included a “C” grade recommendation for a one-time test to all persons born between 1945 and 1965 (“Baby Boomers”) regardless of risk factors. AAOHN received a request from the National Viral Hepatitis Roundtable

(NVHR)—a coalition of public, private, and voluntary organizations dedicated to reducing incidents of infection, morbidity, and mortality from viral hepatitis in the United States—to urge the USPSTF to upgrade the “C” recommendation. The “C” grade conflicts with the Centers for Disease Control and Prevention’s recommendation to screen every Baby Boomer one time for Hepatitis C, regardless of individual risk factors. Data indicate the overwhelming majority of Hepatitis C cases are in that age range, and many individuals do not realize they may have been at risk for contracting the disease. This “C” grade will also make it difficult to get public and private insurers to cover Hepatitis C testing for baby boomers and may keep many medical providers from testing their patients. The NVHR was concerned the “C” grade may result in many individuals living with Hepatitis C who will continue to go undiagnosed, and as a result, may needlessly die of liver failure, liver cancer, or other preventable complications.

After careful review, the committee recommended AAOHN commend the USPSTF for the “B” grade recommendation for high-risk adults, but acknowledge controversy with the “C” grade recommendation for Hepatitis C testing for persons born between 1945 and 1965. We questioned requiring testing for everyone in this birth cohort, primarily due to the increased medical cost to employers during this time of severe economic hardship. Our comments referenced the value of healthcare providers using clinical judgment for decisions regarding selected medical tests. Many in this baby boomer population are not at risk for having been exposed to Hepatitis C. However, there is one group of baby boomers who may be at increased risk; the Committee recommends that AAOHN encourage the USPSTF to include healthcare providers born between 1945 and 1965 in the high risk category. Prior to heightened awareness of the dangers of blood borne pathogens, many healthcare providers were often exposed to blood and other body fluids. The CDC accurately recognized that the best way to identify individuals who can benefit from care and treatment before developing late stage liver disease is to ensure this population has an opportunity to be tested once. According to the CDC, one-time screening of high risk populations could result in identifying thousands of cases and avoiding many deaths. Thus, it would seem appropriate to recommend a one-time Hepatitis C test for all healthcare workers born between 1945 and 1965 and for everyone who worked in healthcare settings prior to the passage of the tightened Blood Borne Pathogen Standard. Until there is resolution of this issue, insurance may not pay for Hepatitis C testing unless the healthcare provider can document the high risk status of the patient.

3. Addition of Industry (NAICS) and Occupation (SOC) Coding to the Uniform Bill (UB)

The Advocacy Committee reviewed several requests for AAOHN support to add Industry (NAICS) and Occupation (SOC) coding to the Electronic Health Record (EHR) and Uniform Bill (UB). According to information submitted by the requesting parties, the UB is used by public and private payers to submit healthcare claims for reimbursement and for reporting

data to state governments. State reporting enables the use of hospitals' administrative data for the public good; including NAICS and SOC codes in administrative data will allow for the formation of a comprehensive database that can be used to benefit all workers. The addition of these standardized code sets to administrative data would allow states to compare rates, exposures, and outcomes for occupational injury/disease.

Through collaboration between the Council of State and Territorial Epidemiologists (CSTE) and the National Institute for Occupational Safety and Health (NIOSH), states have already begun exploring opportunities and methods for occupational health surveillance. CSTE's 2010 report on Occupational Health Indicators specifically identifies hospital discharge data as a key information source. In its 2011 National Prevention Strategy, the National Prevention Council, headed by the U.S. Surgeon General, recommends improving workplace safety and reducing occupational injuries through "electronic tracking systems [to] help identify hazards, information prevention and planning, and [to] measure progress." The National Prevention Strategy further suggests that businesses and employers "expand and improve occupational injury and illness reporting systems," while calling on healthcare systems, insurers, and clinicians to "include occupational and environmental risk assessment in patient medical history-taking." (National Prevention Council, 2011).

The initial request to AAOHN was for public comments to a preliminary set of recommendations for Stage 3 Definition of Meaningful Use of Electronic Health Records (EHRs) released by the Health IT Policy Committee (HITPC), a federal advisory committee to the Office of the National Coordinator for Health IT. These draft recommendations include Industry and Occupation as demographic elements under "EHR certification criteria," which means that EHR vendors would have to build these data fields (and likely specified functionality) into their EHR programs in order to be certified and sold. After thoughtful review, the Committee provided comments of support for the proposal from AAOHN.

Several weeks later, the Committee received a similar request from the Policy Coordinator for the Firefighter Injury Research & Safety Trends (FIRST) project at the Drexel University School of Public Health. FIRST is a FEMA-funded project, led by Dr. Jennifer Taylor in the Department of Environmental & Occupational Health. The goal of FIRST is to develop and test the architecture for a national non-fatal injury surveillance system for the U.S. Fire Service. This request for inclusion of the NAICS and SOC was specific to occupational injuries and illness in that worker population. A short time later, AAOHN received a request from Dr. Taylor to submit a letter of support directly to the National Uniform Billing Committee of the American Hospital Association.

The committee reviewed comments adapted from the Institute of Medicine Report, *Incorporating Occupational Information in Electronic Health Records: Letter Report*. For additional information, see the full report: *IOM (Institute of Medicine)* [2011], available online. Many of our comments are

directly from this document. Adding NAICS/SOC codes to the UB will make it possible to identify the industry (NAICS) and occupation (SOC) of all persons presenting to hospitals, thereby enabling healthcare providers, hospitals, physicians, public health authorities, and researchers to better identify and understand illnesses and injuries associated with particular occupations, and ultimately improve our collective efforts in illness and injury prevention. By using existing federal standards such as NAICS and SOC, creating a new standards system (a time- and cost-intensive process) is not necessary. Adding industry and occupation (I/O) to hospital data collection is a critical step toward building a comprehensive database of non-fatal events that will be used to prevent future injuries and illness.

In all three requests, the committee issued a recommendation for AAOHN to support the inclusion of industry (NAICS) and occupation (SOC) codes in the EHR and ultimately, the Uniform Bill. The following comments were included in our recommendation for AAOHN Board considerations. As the primary association for the largest group of healthcare professionals serving the workplace, AAOHN is dedicated to advancing and maximizing the health, safety, and productivity of domestic and global workforces. AAOHN supports the importance of collecting SOC and NAICS codes for all patients, regardless of whether the presenting problem is reported as work-related. Adding Industry and Occupational coding to the UB could provide a national database for work-related injuries and illnesses. This more precise knowledge of the jobs and industries that contribute to injuries and illnesses in American workers could help AAOHN fulfill our mission to provide education, research, health policy, and practice resources for occupational and environmental health nurses. Most importantly, this national database could enable our members to design prevention strategies to protect workers' health and safety.

Dr. Jennan A. Phillips
Advocacy Committee Chairperson

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AAOHN Comes Together to Fight Hunger

As occupational and environmental health professionals, we can come together to ensure a winning future for those in need. At the AAOHN 2013 Conference, you'll have two ways to help:

1. Bring a **canned good or non-perishable food item** to the AAOHN national conference. Items will be collected Monday, April 15 from 7 a.m. - 2 p.m.
2. **Make a financial contribution online**. Details forthcoming.

All items and monies collected will benefit Three Squared food bank in Las Vegas.

Look for more details to come on http://www.aaohn.org/.

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U.S. Department of Labor: 20th Anniversary of the Family and Medical Leave Act

The department's observance of the 20th anniversary of the Family and Medical Leave Act included a Feb. 5 ceremony hosted by acting Secretary Harris and featuring instrumental and influential supporters of the FMLA — former president Bill Clinton, former senator Christopher J. Dodd of Connecticut, Rep. Rosa DeLauro of Connecticut, and Tina Tchen, chief of staff to the First Lady and executive director of the White House Council on Women and Girls. View the webcast here.

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Psychosocial Stress and Multi-site Musculoskeletal Pain: A Cross-sectional Survey of Patient Care Workers
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HEALTH UPDATES

Diabetic Foot Examination
Stephanie Thatcher Weinsier, DNP, ANP-BC, COHN-S

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OSHA Updates

New OSHA Web Page Warns of Hydrogen Sulfide Exposure

OSHA's new Hydrogen Sulfide Web page warns employers and workers of the dangerous health effects from breathing hydrogen sulfide and provides methods for controlling exposure to this toxic gas. Hydrogen sulfide, or H2S, is a colorless and highly flammable gas produced in industries such as mining, oil, and gas refining, and paper and pulp processing. Bureau of Labor Statistics indicate H2S caused 60 worker deaths between 2001 and 2010. The effects on workers' health depend on how much of the gas workers breathe, but symptoms can range from headaches, nausea, and fatigue to respiratory tract irritation, unconsciousness, and death. The Web page explains how training and the use of exhaust/ventilation systems and personal protective equipment can protect workers from harmful H2S exposure.

Hazard Communication Resources Available to Help Employers Comply with New Training and Labeling Requirements

Two new compliance assistance resources are available for employers to assist them in meeting the requirements of OSHA's revised Hazard Communication Standard. A new fact sheet discusses the training topics

that employers must cover for the initial Dec. 1, 2013 deadline. By this date, employers must train workers on the new label elements and safety data sheet format. In addition, a new OSHA brief explains the new labeling elements, identifies what goes on a label, and describes what pictograms are and how to use them. The brief also provides manufacturers, importers, distributors, and other employers with a step-by-step guide to creating a label that meets the requirements of the revised standard. The deadline for adopting the new labels and pictograms is June 1, 2015. OSHA's updated standard, which is aligned with the United Nations' Globally Harmonized System of Classification and Labeling of Chemicals, provides a common and coherent approach to classifying chemicals and communicating hazard information on labels and safety data sheets. The revised standard is improving the quality and consistency of hazard information in the workplace, making it safer for workers by providing easily understandable information on appropriate handling and safe use of hazardous chemicals. Additional information and resources are available on OSHA's Hazard Communications page.

Read more health and safety news and updates on policy and workplace health and safety on the OSHA website at http://www.osha.gov. Sign up here for the bimonthly e-newsletter, OSHA QuickTakes.

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CDC News

Below is some recent news from the Centers for Disease Control (CDC). You can sign up to receive newsletters from CDC online at http://www.cdc.gov, where you can choose from a wide variety of newsletter topics.

Updates to the PCV13 Vaccine Information Statement

The **PCV13** vaccine information statement has recently been updated and is now available. This update incorporates information associated with new ACIP recommendations on vaccinating adults. It also uses a new slightly simplified format, designed to make VISs easier to read and process, and also to standardize the format. You may notice that some types of information not relevant to the patient at the time of the vaccination (for example, detailed information about indications or catch-up schedules) have been eliminated. A second document, designed as a quick reference for providers, gives additional information about the vaccine, including guidance on precautions and contraindications and links to appropriate ACIP recommendations—information that should enable providers to answer questions patients might ask. It is linked from the PCV13 section of the VIS webpage as NOTE TO PROVIDERS. One of these notes will accompany each VIS updated from now on. Existing stocks of the current PCV13 VIS may continue to be used, particularly when vaccinating children.

ATSDR Toxic Substances Update

The Toxicological Profile for Natural and Depleted Uranium has recently been updated, and is now available. Please visit this page to view the updated profile.

Chlamydia 2011 Profiles Now Available

The Chlamydia Profiles, 2011, include national, regional, and state profiles of Chlamydia morbidity and positivity in 2011. These graphs and tables provide a detailed look at Chlamydia rates and positivity in your area based on data from national surveillance and screening programs in local areas. View Chlamydia Profiles, 2011.

Doxycycline and Tetracycline Shortage Update

The U.S. Food and Drug Administration (FDA) continues to report that doxycycline is available in limited supply and tetracycline is unavailable. Doxycycline and/or Tetracycline are recommended therapy for some sexually transmitted infections and syndromes including Chlamydia, nongonococcal urethritis, epididymitis, and pelvic inflammatory disease. For treatment alternatives and more information: View Doxycycline/Tetracycline Shortage

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AAOHN New Members February

AAOHN welcomes its new members who joined in February, 2013. Below are the names of the new members, listed along with location and chapter information.

Miriam Alexander, North Texas, Texas State, South Central/Southwest

Deborah Allred, Mountain/Western

Lorraine Azzarone, MEd, Natrona Heights, PA, Southwestern Pennsylvania, Pennsylvania State, Northeast

Lila Bareford, BSN, RN, CIC, Gloucester, MA, North of Boston, Massachusetts, Massachusetts State, Northeast

Rangineh Bassir, ANP-BC, San Francisco, CA

Maria Becerra, Mountain/Western

Veronica Benain, OHN, Kingston, Jamaica

Christina Benner, BSN, RN, COHN-S, Dillsburg, PA, Central Pennsylvania, Pennsylvania State, Northeast

Barbara Berger, Berks County, Pennsylvania, Pennsylvania State, Northeast

Christine Bogart, RN, Laguna Niguel, CA, Orange County, California, California State, Mountain/Western

Phyllis Bordner, Greater Kansas City, Missouri, Missouri State, North Central

Michele Brown, BSN, RN, Robinson, IL, Heart of Illinois, Illinois State, North Central

Betsy Brown, RN, Vermilion, OH, Northeast Ohio, Ohio State, South Central/Southwest

Barbara Burdette, MSN, RN, Big Flats, NY

Pamela Bush, RN, Cantonment, FL, South Alabama, Florida State, Southeast

Barbara Carlin, North of Boston, Massachusetts, Maine State, Northeast

Angela Catalini, North of Boston, Massachusetts, Massachusetts State, Northeast

Anna M. Cisneros, Central Florida, Florida State, Southeast

Rachel Cole, RN, Fayetteville, AR

Kevin Connors, CTP/MBA, Naperville, IL, Illinois Hospital, Illinois State, North Central

Laura Cranfill

Sharon Crocco, MPH, MBA, Denver, CO, Mountain/Western

Patricia Davenport, North Texas, Texas State, South Central/Southwest

Kathy Dayvault, MPH, BSN, RN, COHN-S/CM, Kennesaw, GA, Atlanta, Georgia, Georgia State, Southeast

Mary Ann DeMarco, Central New York, New York State, Northeast

Cheryl Deppert, Florida West Coast, Florida State, Southeast

Dennis Doss, RN, Warrior, AL, Central Alabama, Southeast

Greg Douglas, RN, Cincinnati, OH, Southwestern Ohio, Ohio State, South Central/Southwest

Shannan Evans, Arizona Kachina, Mountain/Western

Daniel Fauvell, RN, American Falls, ID, Idaho State, Mountain/Western

Mickey Feeney, Arizona Kachina, Mountain/Western

Linda Filion, MSN, RN-BC, Glendale, AZ, Arizona Valle del Sol, Mountain/Western

Therese Finn, BS, RN, Greenville, NC

Meg Flaherty, North of Boston, Massachusetts, New Hampshire State, Northeast

Marie Fleurimond, Central Florida, Florida State, Southeast

Elma Franceware, Texas State, South Central/Southwest

Bryant Franklin, RN, Spring, TX, Houston, Texas, Texas State, South Central/Southwest

Alisa Goodson, Western North Carolina, Tennessee State, Southeast

Jacqueline, Gordon, MA, BSN, RN, Houston, TX, Houston, Texas, Texas State, South Central/Southwest

Charles Gregory, Florida West Coast, Florida State, Southeast

Amy Guidi, RN, Morgantown, WV

Natalia Hammond, North of Boston, Massachusetts, New Hampshire State, Northeast

Kathryn Hanna, MSN, RN, Tinton Falls, NJ, New York Capital District, New York State, Northeast

Rhonda Hargraves, FNP, Winnie, TX, Houston, Texas, Texas State, South Central/Southwest

Lisa R. Hart, Washington State, Mountain/Western

Michelle R. Hertenberger, RN, Texas City, TX, Houston, Texas, Texas State, South Central/Southwest

Ronnie Houle, BSN, RN, Leominster School Committee Rep, Leominster, MA, Central Massachusetts, Massachusetts State, Northeast

Michelle Humphrey, RN, Waldorf, MD, Maryland Area, Southeast

Valerie Imburgia, MSN, RN, COHN-S/CM, Rochester, NY, Greater Rochester, New York, New York State, Northeast

Ruth Janos, BSN, RN, Plano, TX, North Texas, Texas State, South Central/Southwest

Brigitte Jones, Northern Virginia, Virginia State, Southeast

Haley Kaufman, RN, Macon, GA, Middle Georgia, Georgia State, Southeast

Jung Kim, California Harbor Area, California State, Mountain/Western

Donna Klaaren, RN, Ocoee, TN, Chattanooga, Tennessee, Tennessee State, South Central/Southwest

Doug Koehler, North Central

Jody Latimer, MPH, BSN, RN, Fort Collins, CO, Mountain/Western

Kathy Lawhorn, RN, Toledo, OH

Susan Lawrence, Western North Carolina, North Carolina State, Southeast

Kara Layton, RN, Overland Park, KS, Greater Kansas City, Missouri, Missouri State, North Central

Geunjae Lee, Southwestern Ohio, Ohio State, South Central/Southwest

Regina Lewis, RN, Detroit, MI, Detroit, Michigan, Michigan State, North Central

June Listi, RN, Aliso Viejo, CA, Orange County, California, California State, Mountain/Western

Sarah Lowther, BSN, RN, Stafford, VA, Northern Virginia, Virginia State, Southeast

Vanessa Lozada, RN, McKinney, TX, North Texas, Texas State, South Central/Southwest

Brittany Marsh, Central Alabama, Southeast

Marie Massaro, Heart of Florida, Florida State, Southeast

Jennifer McCleary, Detroit Michigan, Michigan State, North Central

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Scott Meier, Mountain/Western

Brittani Milford, Texas State, South Central/Southwest

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Katelyn Elizabeth Reece, Virginia Piedmont, Virginia State, Southeast

Mary Richardson, Arizona Kachina, Mountain/Western

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Jeanene Valdez, Arizona Valle del Sol, Mountain/Western

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Dayle Walsh, Southwestern Ohio, Ohio State, South Central/Southwest

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