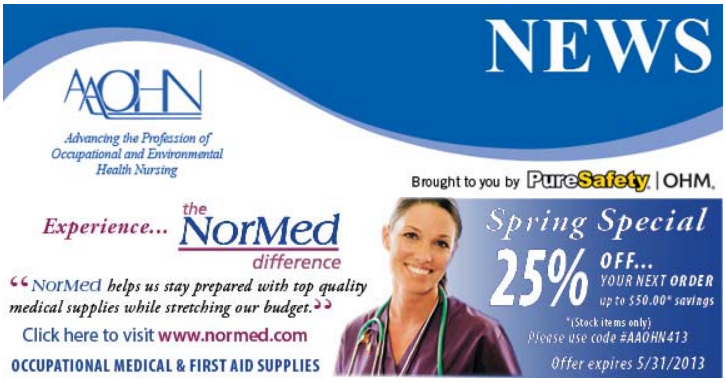

From the President's Desk

May 2013
Volume 34, Issue 5

Greetings from your new President! I would like to introduce myself and thank you for being a member of this great organization.

First, I would like to paint a picture: I am leaving Las Vegas, tired and worn out from seven days of non-stop activity. But I have a level of excitement like never before…thinking about how, together, we can take AAOHN to the next level. This is an exciting time in our organization--we have achieved financial stability and a solid infrastructure upon which to build. We wouldn't be where we are now without the hard work of the leaders who came before me.

With that said, where should we go from here? My vision is one of increased visibility through legislative efforts and increased international involvement. I had the honor of attending the Nurse in Washington Internship (NIWI) this year, along with Dr. Jennan Phillips; I learned that, with the passage of the Affordable Care Act, occupational health nursing is sitting in a very opportunistic seat. There will be an increased need for nurse practitioners to deliver healthcare services for those individuals who will finally have coverage. This talented and valuable group of providers needs to be able to work at the level of their training and be seen as equal players on the healthcare team. We have been promoting the concept of disease prevention for many years and finally, the policymakers listened. A section of the Affordable Care Act, Title IV, focuses on prevention of chronic disease and improving public health. Who better to develop and deliver total worker health services than occupational health nurses? We need to be at the table, actively participating in the development and implementation of these programs for the businesses and organizations that will be delivering services to their employee populations. We need to be viewed as the "go to" organization for our lawmakers when they need a resource around worker health and safety.

AAOHN is planning its 2nd Global Summit, to be held at the 2014 National Conference in Dallas, Texas, May 3-8. This event will provide the opportunity for occupational health nurses from all nations to come together to hear the state of the profession and learn how we can partner together to learn from each other.

I want to hear from you regarding our organization. Your voice is important. What would you like to see from a member's perspective? How are you willing to assist your organization to travel to the next level? Please e-mail me with your questions or the committee that you would like to serve on. We are now formulating the Governmental Affairs Committee, so if you have an interest in serving in that capacity, please let me know by e-mailing me at Pam.Carter@daikinmcquay.com. I promise you will hear back from me. If you don't, your e-mail may be lost in cyberspace; in that event, please contact our National Office at aaohn@dancyamc.com. I want to be sure we receive your communication.

I am excited to be your President and I promise that I am here to serve the membership. I want to help you to be the best occupational health nurse possible! So many people have believed in me, and now, it is time for me to pay it back to you!

Sincerely,

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Workplace Health & Safety: May Contents

Hepatitis Testing Day

Harvard Employee Health & Wellness Courses

Course: Strategies for Addressing Workplace Health Issues

Give the Gift of Education

Pam Carter, RN,
COHN-S, FAAOHN
AAOHN President

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Presidential Exit Message

Greetings,

"Coming together is a beginning. Keeping together is progress. Working together is success."
- Henry Ford

As the outgoing President of AAOHN, this will be my last letter to you. It has been my distinguished honor and privilege to serve as your President over the last two years; I am forever humbled to have served the AAOHN membership in this leadership role. Together, we have achieved great accomplishments, benefiting our members and the folks we serve every day. I have met so many strong, passionate, successful, and professional occupational health nurses with amazing stories of leadership and mentoring.

The foundation of AAOHN is strong today because of the work of many. I would like to personally thank the AAOHN Board of Directors for their dedicated work. Each has contributed so much to the tasks of the board, by serving on committees, mentoring leaders, and bringing forward the voices of the members. Without their support and hard work, it would have been a much more difficult path. It is equally important to recognize the AAOHN Staff's hard work and partnership. They have put in many extra hours to help us meet deadlines, hold terrific conferences, and create services and products for you, the members of AAOHN. Kay Campbell, AAOHN Executive Director, is to be applauded for her perseverance and passionate support of our desired growth through the development of many products and services. She has focused on reviewing position statements, publications, and building partnerships--not to mention the global expansion of AAOHN that we have come to enjoy. Kay does not know the word "no," and has often jumped in to personally see a project through. Kay's team is a reflection of her and demonstrates on a daily basis the strength of a true commitment and dedication to AAOHN, which has ultimately led AAOHN to enjoy the sweetness of many successes. Kay: Thank you from me and the entire membership!

"We are not creatures of circumstance; we are creators of circumstance."
- Benjamin Disraeli

If you attended the business meeting at conference, you heard of the progress on the 5-year strategic plan, set in 2011.I can proudly tell you that we have met all of the goals that were set, and in a few areas, exceeded them. These goals were all accomplished by the efforts of many! During my tenure, my focus was to strengthen the infrastructure, to identify and promote member leadership, and to continue the efforts toward AAOHN's recognition as the premier association for occupational and environmental health nurses globally. To my great pride, many members have represented AAOHN and serve as AAOHN's partner with other organizations. Our conferences have been very successful and each continues to be more outstanding than the last. More than 1,000 attendees sang the praises of the Conference Committee, led by Annette Haag and Pat Strasser, for an outstanding conference. Be sure to mark your calendars for the 2014 conference in Dallas, where you will have the opportunity to enjoy sessions from our international partners!

"Individually, we are one drop. Together, we are an ocean."
- Ryunosuke Satoro

Where do we go from here? The Board of Directors will continue to follow the strategic plan and will focus on increasing our governmental affiliations and presence under the leadership of Pam Carter. Membership is an area for us to focus on, and if you were at the business meeting, you heard from our Membership Committee and special guests, "Elvis," Dr. Tamara Blow, and Dave Emery, Membership Committee Chair, who have brought forth a challenge for all chapters. Read more about this challenge and what you can win for your chapter on the AAOHN website. I do want to send a big Thank you to Dr. Blow for singing the National Anthem during our business meeting. Her voice was strong, passionate, and engaging. Her performance allowed all of us to feel the power of strength, gratitude for all we have achieved, and the glory of our successes.

I challenge you to continue or to become more engaged by stepping up into leadership roles, mentoring other members, increasing our membership, and partaking in our many educational opportunities, services, and products. Step up to the opportunity to speak on behalf of AAOHN – after all, YOU are the face of AAOHN!

"Act as if you what do makes a difference. It does."
- William James

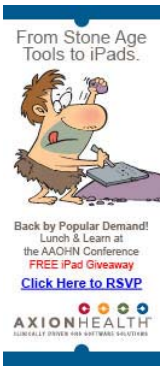
God Bless!

CSAOHN Save the Date

AAOHN Academy: Upcoming Webinars

Best Practices in OHN

AAOHN Welcomes New Members - March



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AAOHN President 2011-2013

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Brief Summaries of Plenary Sessions

AAOHN National Conference
April 2013, Las Vegas, NV

Conference Summaries
AAOHN members have access to the AAOHN 2013 National Conference presentations, which are now posted on aaohn.org. Following is a summary of each of the general session presentations.

Opening Session
Jack Groppel, PhD, is an internationally recognized authority and pioneer in the science of human performance, and an expert in fitness and nutrition. Dr. Groppel is an adjunct professor of management at the J. L. Kellogg School of Management at Northwestern University.

Author of *The Corporate Athlete* and co-author of *The Corporate Athlete Advantage*, Dr. Groppel has written more than 400 articles about stress, fitness, and nutrition. Together with Dr. Jim Loehr, he operates the Human Performance Institute.

Jack Groppel opened the conference with an enthusiastic presentation, titled, "The Fully-Engaged Occupational and Environmental Health Nurse." Here are some highlights that he shared with the audience:

Every day has the potential to be a storm– for you and your employees. You run out of time, lose energy, don't get enough sleep, and ignore your family. All of us have to flip the switch, become mission-specific, take better care of ourselves, and coach employees on how to take care of themselves. Comparing yourself or any employee with an athlete, you realize that athletes train 90 percent of the time and work only a few days out of a week for only a few years. Yet we work eight to 10 hours per day for a lifetime and spend less than 10 percent of our time training or taking care of our physical health (nutrition/activity/rest), mental health (focus), emotional health (connectedness) or spiritual health (passion/mission in life).

Turning this around makes you and your employees corporate athletes who manage their energy and are more fully engaged and higher-performing. The keys to doing this include:

- Balancing rest and recovery with your energy expenditure in both your personal and professional life.
- Strategically managing your nutrition for energy and moving to stay energized.
- Telling the positive stories; don't derail yourself with denial, blame, or numbing behaviors.
- Staying focused and being mission-driven.
- Building more brainpower and growing by pushing beyond your comfort zone.
- Establishing routines and practicing/training to build and maintain your energy.
- Avoiding multitasking; it is the enemy of being extraordinary.

General Session

Frank Leone is President and CEO of RYAN Associates. He is a past Board Member at OH+R, Director of Occupational Health Service at University of Massachusetts Medical Center, and Social Scientist at RAND Corporation. He is the author of *Marketing Healthcare Services to Employers: Strategies and Tactics*.

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EdD, RN-C, COHN-S,
FAAOHN

Frank Leone shared "Ten Lessons for Winning the Future in Occupational Health" that can be used to drive occupational health nursing practice, implement a program, or generally succeed:

1. Define your product. Now, while occupational health and the entire healthcare arena is changing, is the chance for the OHN to become a leader within the workplace.
2. Articulate value – not just economic value, but also the value to those you serve. Since performance is judged by economic impact, put a value on OHN services.
3. Hone your message. Communicate precisely and in a meaningful way to workers, your team of coworkers, management, and the community.
4. Good things come in threes. Do other things to hedge your bets. Avoid a single focus. Give yourself the flexibility to do other things, e.g., combine prevention, restoration and education.
5. It's all about them. Put yourself in another's shoes. Learn 'employer -speak.' Discover the hot buttons of different generations in order to communicate with them.
6. Perception = Reality. Success is based on the ability to project confidence and a positive attitude. Tout your success without being self-serving. Project an image that provides value.
7. Listen and learn. Listen and meet the employee, the organization, the team, and the healthcare community where they are. Practice listening 90 percent of the time, while talking and asking questions only 10 percent of the time.
8. Be technologically hip. Use mobile applications and text messaging, especially with your younger generation of workers and management.
9. Play to your strengths. Don't engage in battles that are not valuable.
10. ONE PERSON CAN MAKE A DIFFERENCE. Empower others. You never know where your influence begins or ends.

General Session

James Prochaska, PhD, is Professor of Psychology and Director of the Cancer Prevention Research Center at the University of Rhode Island, and the developer of the Transtheoretical Model of Behavior Change. He has done extensive research and is the author or co-author of more than 250 publications on the dynamics of behavioral change.

Dr. Prochaska opened "Enhancing the Health & Well-Being of Patients at Each Stage of Change" with a metaphor: "Most people cannot imagine that a couch can kill them." He used this to introduce the stages of change that have been demonstrated as effective in behavior modification:

Pre-contemplation

Contemplation

Maintenance

Self-liberation

In pre-contemplation, the cost of change is perceived as too great: "I've tried before" or "I've given up." Failure may be attributed to an external factor, such as genes, or the value of a change is underestimated. In this stage, an optimistic model is to determine when they may be ready for change.

The optimistic approach during the contemplation stage is to prepare by looking at pros and cons and to be realistic. Have many pros or incentives, e.g., walk for heart, bones, weight, immune system, family, etc. Preparation is key; e.g., six months. There will be relapses, so prepare for those, but also for success.

Maintenance can be defined as five years or recovery for a lifetime. Auto-control is critical; no matter what happens, stick to your plan because often, we weaken when faced with a decision, such as whether to forgo exercise or good nutrition, for example.

Self-liberation or reinforcement management and supportive relationships are important. Motivational interviewing is a good tool, along with stimulus control and telling others about your commitment. This is the stage where we hard-wire our brains to over-learn the desired behavior, so we can reinforce ourselves.

Catherine Dempsey Lecture

Debra A. Toney, PhD, RN, is the President and owner of TLC Health Care Services in Las Vegas. She is the Immediate Past President of the National Black Nurses Association. She serves on several advisory boards, including the National Institutes of Health, Office of Research on Women's Health, and Nevada State Office of Minority Health. In 2012, Debra carried the Olympic torch in Kirtlington, Oxfordshire, about 65 miles northwest of London, through a program sponsored by Coca-Cola that recognizes those who showed "personal and professional dedication to promoting healthy lifestyles and for empowering civic engagement in communities."

Dr. Toney opened and closed the Catherine Dempsey Lecture, "Future of Nursing Campaign for Action" by saying: "If occupational health nurses are not sitting at the table when decisions are made, someone else will make the decisions for them." She not only carried the Olympic torch, literally before the London games, but she is still carrying the torch for nursing, just as Catherine Dempsey carried the torch earlier in the history of occupational health nursing.

Much of her presentation centered on the Future of Nursing Campaign for Action or providing all Americans with access to high-quality, patient-centered care in a system where nurses participate as central partners. This includes areas of focus on leadership, practice and care, education, inter-professional collaboration, and diversity. She elaborated to indicate that when nurses are put in positions to influence practice and policies, there are improvements in quality of care, in wellness, and reduced errors. Nurses have a unique perspective because they spend the most time with the worker.

Those workers who have been impacted by nursing care advocate for us, so OHNs lead even though they only make up a small portion of higher positions in healthcare. But informal leadership is not enough. The OHN, like all nurses, has to speak out for the removal of barriers to practice, so all nurses can practice to the full extent of their education and training. Promote the specialty; promote education and certification; develop and share outcome data; and be involved on the state and national levels.

Closing Keynote

L. Casey Chosewood, MD, is senior medical officer for Total Worker Health, NIOSH, and the Centers for Disease Control and Prevention (CDC). In prior years, he served as Senior Medical Officer for Work/Life for NIOSH and Director of the Office of Health and Safety for CDC.

"This is the most important audience ever to be assembled for total worker health," Dr. Chosewood said as he opened the closing presentation of the AAOHN 2013 National Conference.

"Workers, whom you serve, are the essence of who we are as America and drive productivity and the economic foundation of the nation," he said. "The intersection of health and work is a very busy one."

Dr. Chosewood advocates removing, "It is not work-related" from our lexicon. Whether at home, getting to and from work, at work or on vacation, it is all work-related. He goes further to advise that OHNs need to take every opportunity to say, "I care about your health," because this is the message from the employer and may make the difference in profitability for any company. While a small percentage of an employer's earnings go to "work-related" health issues, a much larger percentage goes to non-work-related issues; so the OHN has to address total worker health.

He explained that health is having currency to spend where you like – to walk the dog, have fun, enjoy family, be independent – not just being healthy to work. The OHN can take this message and blend on-the-job protection with health promotion. However, the culture and environment at work has to support health; this is an OHN function. While providing a safe workplace, advocate for sidewalks for a lunchtime walk; create a walking map; select healthy on-site food choices; consider fitness classes or access to a center; get the parking lots located a block away to force walking; create flexible working arrangements and policies; get leadership involved; create jobs that avoid sitting; find and encourage the elimination of stress at work; create a climate of respect; make the workplace tobacco-free; pay close attention to low-wage and shift workers; use the health risk assessment to guide the investment of the health dollar, and give time off for wellness vs. illness.

He ended by inviting you to subscribe to the Total Worker Health newsletter and to submit your success stories for publication.

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AAOHN Foundation Corner

On April 14, 2013, I was attending the First Time Attendees/New Member session along with 250 other occupational health nurse colleagues, as part of the larger AAOHN National Conference held in Las Vegas, when we were all stunned by the tragic news of the events at the Boston marathon. As I am writing this, it is Occupational Health Nursing Week, and I just read an e-mail on how the Boston OHNs were involved with victims and their families at the university, in the hospital, as well as in the aftershocks that present themselves in the workplace. I am thankful to those in this profession for their dedication to practice, hours of volunteer work, and support of each other and AAOHN.

In the shadow of Boston and other dark events, the AAOHN Foundation is a way to focus rays of light (funding streams) to help our nurses be prepared, grow as leaders, and provide best practices. How? By bringing forth scholarships and grants to nurture and promote leadership, research, education, and advancement in occupational health nursing.

As your incoming AAOHN Foundation Chair, let me share that the Foundation is working on a strategic plan to sustain and continue growth. Please join me in recognizing your AAOHN Foundation Officers, Trustees, individuals, chapters, and supporters:

Dr. Grace Paranzino, outgoing AAOHN Foundation Chair, legacy-building Phoenix, tireless fundraiser, mentor extraordinaire, and incoming AAOHN Secretary and Sponsorship Committee Chair

Dr. Tamara Blow, outgoing, generous AAOHN Foundation Trustee and the wonderful singing voice of AAOHN

Our continuing benefactors:

- Axion Health, Patron Sponsor
- Annette B. Haag & Associates
- Healthways
- MediTrax
- Moore Medical
- United Parcel Service Foundation
- Medique Products
- Kelly Services
- Liberty Mutual Insurance
- H-Wave
- David Lockwood, Esq. - Banker, Lopez, and Gassler
- Derrick Cox, Esq. - Hurley, Rogner, Miller, Cox, Waranch, & Westcott
- Comprehensive Health Services
- Concentra

The donors, volunteers, and purchasers at the opening reception for the AAOHN Foundation Silent Auction, Laughter Yoga supported by

Healthways, the fabulous Las Vegas 2013 conference pin, and the conference honorarium speakers

The AAOHN Foundation Vice-Chair and AAOHN President-Elect: Jeannie Hanna

The continuing trio of Foundation Trustees and AAOHN Directors: Karen Barrett, Sheila Litchfield, and Barb Maxwell, Foundation Treasurer

The new and enthusiastic Foundation Trustees: Sandra Cinque and Ward Evenson

Our AAOHN staff: Kay Campbell, Jon Dancy, and Shelah Fletcher

And YOU, the Occupational Health Nurses, Professionals, and Supporters that keep this profession vibrant, alive, and growing

In closing, Occupational Health Nursing research and learning promotes our professional progress and the AAOHN mission to keep our workers healthy and safe. Please take a moment to look at the improved Foundation webpage. There are still openings to apply for research grants until July 1, 2013.

Respectfully,
Margie Matsui, BSN, RN, CRRN, COHN-S, FAAOHN
AAOHN Foundation Chair

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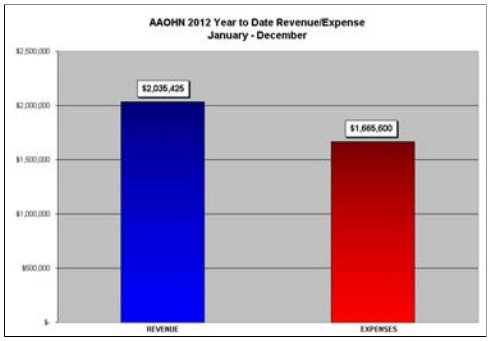
AAOHN Scorecard

The results are in, and in spite of the fact that overall membership numbers are a little lower than we had hoped for in 2012, AAOHN did well financially.



Total revenue for 2012 was $2,035,425. Expenses were 82% of revenue, leaving a healthy net operational margin of 18%. Net revenue for the year was $369,825, which is almost $90,000 more than the planned budget for 2012. Membership non-renewals in the 3rd and 4th quarter resulted in 6% less gross revenue than projected for the year. However, in December, 2012, AAOHN broke all previous records for membership renewals in a single month, with 1,285 renewals. Management held expenses to 11% below budget, so overall AAOHN's financial performance in 2012 was excellent. Our net gain exceeded expectations by 29%.

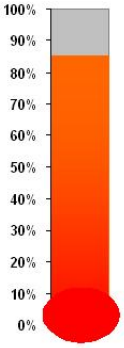
While controlling expenses was a large factor in our success, also contributing to AAOHN's financial success for the year were a successful 2012 Conference in Nashville with excellent sponsorship support, and outstanding investment performance. AAOHN gained more than $11,000 in investment returns.

In 2012, membership averaged 5,155. There was an overall loss of 3% in membership at year's end. Our projections for membership growth in 2012 to 6,070 members were overly optimistic. In today's economy, a growth rate of 10% does not seem to be realistic without a catalyst like a new membership category. A growth rate of 1% is very good. The bar graph shows a level membership in 2012 of about 5,150 active members. Since year's end, membership has reached a new plateau around 4,800 active members. The goal for 2013 is 5,237 members.

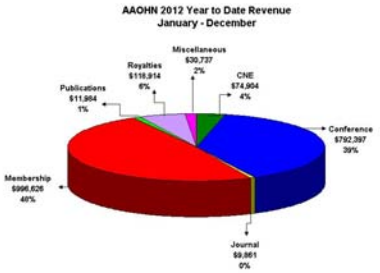
Almost half of AAOHN's revenue came from membership dues, with 40% coming from the National Conference proceeds. Royalty income exceeded the budget because AAOHN received payments from the previous year.

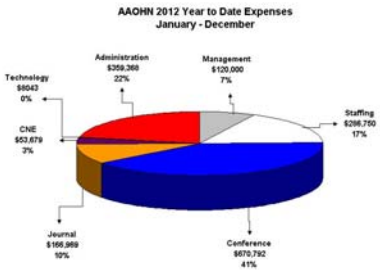
CNE education and publication income was less than the budgeted amounts for 2012.

While expenses were 11% less than budgeted, the website upgrades did cost almost twice the original budget. Special projects as a whole were far below budget. The 2012 Conference was the largest expense by far, accounting for 41% of spending. Management and staffing accounted for 24% and administrative costs 22%.



2012 Goal
6070
Members





As AAOHN moves forward with financial planning to meet future demands, it will become critical to reduce dependency on membership dues. Membership associations that are similar in size average 35% of total revenue from membership dues and our average is 50%. Sponsorship is one alternative revenue stream that AAOHN is working hard to develop.

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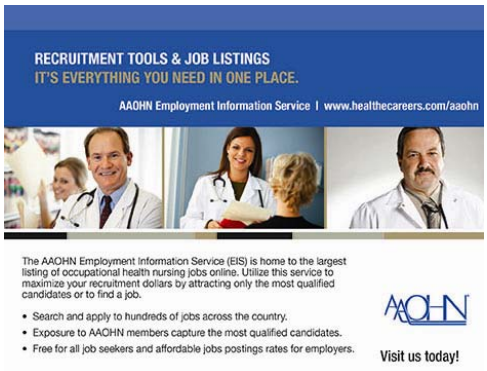

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AAOHN Joins Friends of NIOSH to Support Continued Funding

The American Association of Occupational Health Nurses (AAOHN) has joined Friends of NIOSH in urging Congress to support adequate, stable funding for the National Institute for Occupational Safety and Health (NIOSH) for Fiscal Year 2014.

Housed within the Centers for Disease Control and Prevention (CDC), NIOSH is the primary federal agency responsible for conducting research and making recommendations for work-related illness and injury prevention. NIOSH information and research generates products and services designed to help avert workplace illness, injury, disability, and death.

AAOHN is particularly supportive of continued funding to the NIOSH Education and Research Centers (ERCs) that help meet the demand for qualified occupational safety and health (OS&H) professionals in the United States. The ERCs conduct academic and research training programs as well as continuing education and outreach programs to help meet the training demand. This program has had a significant impact on the prevention of worker exposure to OS&H hazards by supplying OS&H practitioners, researchers, and leaders in the field.

Tell Congress Your ERC Story - We've made it easy!

Do you have experience with a NIOSH program, or have you benefitted from the ERCs' education opportunities and programs? AAOHN members are encouraged to contact members of Congress, especially those on the Appropriations Committees, to share their stories.

Add your name and story to the letter template:

A draft letter template is available for you to download and use to contact Congress.

Locate your Congressional representatives and use the contact form on their website to send your message:

House directory

Senate directory

Both the House and Senate Appropriations Committees have subcommittees on Labor, Health & Human Services, and Related Agencies. These subcommittee members are especially important to contact:

House subcommittee members

Senate subcommittee members

Your support is appreciated.

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Update on Federal Legislation Revisions

Recent revisions in significant federal legislation related to the Hazard Communication Standard and the Family Medical Leave Act are now in effect. Brief descriptions for each, along with links to pertinent websites for additional information, are provided below.

Hazard Communication Standard Revisions

The Hazard Communication Standard, 1910.1200, was revised to be consistent with the United Nations Globally Harmonized System of Classification and Labeling of Chemicals (HCS 2012). The following link provides an excellent comparison of the changes to the 1994 standard and the final rule in HCS 2012: http://www.osha.gov/dsg/hazcom/side-by-side.html

One key point from the side-by-side comparison is the revised HCS 2012, which takes a more direct approach for the classification and presentation of hazard information through more specific labeling and safety data sheets.

The HCS 2012 is written as a modification to the existing standard, and those parts of the standard that do not relate to the GHS, or are already consistent with it, remain unchanged. Additionally, some minor changes to terminology were made to align with language used in the GHS. For example, the term "hazard determination" was changed to "hazard classification" and "material safety data sheet" was changed to "safety data sheet." Primarily, there are terminology rather than substantive changes for the purpose as well as scope and application sections of the revised standard.

To be consistent with the GHS, the definitions section was updated and more detailed physical and health hazard criteria were moved into the appendices. Although the link for the side-by-side comparison provides an excellent snapshot of the changes in HCS 2012, you are advised to read the Summary and Explanation of the Final Rule for more in-depth understanding of the changes. The Final Rule, Summary, side-by-side comparison, and Appendices may all be accessed here.

Family Medical Leave Act Revisions Final Rule - Effective March 8, 2013

The recent revisions to the Family and Medical Leave Act (FMLA) are now in effect. For the most part, revisions were in response to the National Defense Authorization Act for Fiscal Year 2010 (FY 2010 NDAA), signed by President Obama on October 28, 2009. The FY 2010 NDAA amended the FMLA to extend the military caregiver leave entitlement to eligible family members of certain veterans and to extend the qualifying exigency leave entitlement to eligible family members of the Regular Armed Forces. The FMLA was also amended by the Airline Flight Crew Technical Corrections Act (AFCTCA) on December 21, 2009. The AFCTCA established a special FMLA hours of service eligibility requirement for airline flight crew members, such as airline pilots and flight attendants.

FMLA regulations related to military caregiver leave for a veteran, qualifying exigency leave for parental care, and the special leave calculation method for flight crew employees, became effective March 8, 2013. Other provisions for Fiscal Year 2010 NDAA and the Airline Flight Crew Technical Corrections Act, including the expansion of qualifying exigency leave to families of members of the Regular Armed Forces and the special eligibility hours of service requirement for flight crew employees, were effective with the enactment date of those statutes on Feb. 15, 2012.

Good background information is available online if you are unfamiliar with the FMLA. Fact Sheet #28A provides general information about Employee Protections under the Family and Medical Leave Act and is available here.

Fact Sheet #28F outlines Qualifying Reasons for Leave under the Family and Medical Leave Act and is available here.

Several websites provide updated information on the FMLA revisions. The final rule for the FMLA revisions effective in 2013, including links to a side-by-side comparison with the previous regulation, the military leave employee handbook, fact sheets, and information in Spanish is available here.

Fact Sheet #28M: The Military Family Leave Provisions under the Family and Medical Leave Act provides information specific to military families from the final rule.

Jennan Phillips, DSN, RN
Chair, Advocacy Committee

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Press Release: Patient Rights Coalition

FOR IMMEDIATE RELEASE: March 27, 2013

Contact: Deborah Danuser, (202) 591-4043 or deborah@jpa.com

Meeting Primary Care Needs of Patients Drives Debate, Discussion on Workforce Shortage

Unnecessary regulations hinder ability of many health professionals to provide much-needed primary care services.

WASHINGTON, DC – As the clock ticks toward 2014, when millions of Americans are expected to gain health insurance through the Affordable Care Act (ACA), a fundamental question continues to drive concern – are there enough primary care professionals to care for them?

Earlier this year, the Senate Health, Education, Labor, and Pensions Subcommittee on Primary Health and Aging issued a report warning that with 30 million newly insured individuals seeking care in 2014, at least 52,000 new primary care providers will be needed by 2025. The subcommittee also heard testimonies from experts about how the health system can accommodate this influx of newly insured patients and attract more physicians to practice primary care.

Researchers have also sounded alarms about a looming shortage, but a recent study in *Health Affairs* challenged the idea that a primary care shortage exists and made the case that there are sufficient numbers of healthcare professionals to meet the primary care needs of patients if non-MD/DO health professionals like nurse practitioners are well-leveraged and team-based practice models are adopted.

“The common thread in the discussions around ensuring a strong healthcare workforce is that we can’t leave any assets on the table,” said Jan Towers, PhD, NP-C, CRNP, FAAN, FAANP, a spokesperson for the Coalition for Patients’ Rights (CPR), a coalition representing more than 3 million licensed and certified health professionals, and the senior policy advisor for the American Association of Nurse Practitioners (AANP). “Every provider, including advanced practice registered nurses, physician assistants, chiropractic and naturopathic physicians, psychologists, therapists, and others, needs to be leveraged to the full extent of their skills and training to meet the primary care needs of the growing patient population.”

Though the ACA was crafted to include the valuable roles that all health professionals play in meeting the growing patient demand for care, CPR is tracking potential threats to effectively using the nation’s healthcare workforce. The National Conference of State Legislatures’ Scope of Practice Legislative Database contains more than 150 bills this year that

would impact many qualified healthcare professionals' ability to provide services. While some of the proposed laws support healthcare providers' ability to provide services, other measures threaten patient access to health services by unnecessarily restricting various healthcare professionals who are not medical or osteopathic physicians from providing the range of services they are educated, licensed and/or certified to offer.

In addition to these bills, states are beginning to roll out health insurance exchanges as part of ACA implementation. These exchanges will provide the framework for access to care, and depending on their structure, could promote or limit the access that patients have to a broad array of health professionals. This includes providers such as psychologists, chiropractors, and advanced practice registered nurses who are already providing quality care and affordable services.

"Too often, the invaluable contributions that non-physician health providers can make are hindered by unnecessary regulations," continued Towers. For example, advanced practice registered nurses (APRNs) in Connecticut are required to have a collaborative agreement with a physician in order to practice in the state. "In many cases, the talents of highly qualified APRNs are being squandered. They could be providing care for people with disabilities, mental health issues, elder care, or diabetes management, but many give up in frustration because they could not find a physician willing to collaborate or they were faced with prohibitively high 'collaboration' fees."

"The number of patients who need access to primary care is growing at a daily rate," said Towers. "With just months until the ACA expands insurance coverage, we need to eliminate unnecessary barriers to affordable care. This can only be done by allowing all healthcare professionals to practice to the full extent of their ability, training, certification, and licensure."

About the Coalition for Patients' Rights™

A national coalition of more than 35 professional membership organizations, the Coalition for Patients' Rights (CPR), represents more than three million licensed and certified healthcare professionals and is committed to ensuring comprehensive healthcare choices for all patients. Formed in 2006, the Coalition supports a patient's right to choose the healthcare professional who best meets their health needs. To that end, the CPR advocates for the ability of all healthcare professionals to practice to the full extent of their ability, training, certification, and licensure and works to ensure that transparent, patient-centered scope of practice guidelines promote consumer access to safe, high-quality, and cost-effective healthcare.

The Coalition is comprised of a diverse array of healthcare professionals, including registered nurses, naturopathic doctors, psychologists, speech-language pathologists, audiologists, marriage and family therapists, occupational therapists, physical therapists, advanced practice registered nurses (certified registered nurse anesthetists, nurse practitioners, certified nurse-midwives, and clinical nurse specialists), foot and ankle surgeons, and chiropractors. To view a full list of members and learn more about the Coalition, visit www.patientsrightscoalition.org.

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New OSHA Guidance Document Available

OSHA has posted a new guidance document: "Spirometry Testing in Occupational Health Programs: Best Practices for Healthcare Professionals" at http://www.osha.gov/Publications/OSHA3637.pdf

This document presents OSHA's detailed recommendations on:

1. Accurately measuring worker lung function, including recommended spirometer features when purchasing new equipment;
2. Interpreting test results;
3. QA reviews;
4. Spirometry Procedure Manuals; and
5. Recordkeeping.

Also included are the NHANES III reference values, tabled by height in inches, and a checklist for spirometry procedure manuals.

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CDC: Official Advisory

This is an official
CDC HEALTH ADVISORY

Distributed via the CDC Health Alert Network
March 8, 2013, 12 :00 p.m. ET
CDCHAN-00343

Notice to Health Care Providers: Updated Guidelines for Evaluation of Severe Respiratory Illness Associated with a Novel Coronavirus

Summary: *The Centers for Disease Control and Prevention (CDC) is working closely with the World Health Organization (WHO) and other*

partners to better understand the public health risk posed by a novel coronavirus that was first reported to cause human infection in September 2012. The purpose of this HAN Advisory is to provide guidance to state health departments and health care providers in the evaluation of patients for novel coronavirus infection. Please disseminate this information to infectious diseases specialists, intensive care physicians, internists, infection preventionists, as well as to emergency departments and microbiology laboratories.

Background

Novel coronavirus is a beta coronavirus that was first described in September 2012, when it was reported to have caused fatal acute lower respiratory illness in a man in Saudi Arabia. As of March 8, 2013, 14 laboratory-confirmed cases of novel coronavirus infection have been reported to WHO—seven from Saudi Arabia, two from Qatar, two from Jordan, and three from the United Kingdom (UK). Illness onsets were from April 2012 through February 2013. Of the 14 cases, eight were fatal. One of the 14 persons with novel coronavirus infection experienced a respiratory illness not requiring hospitalization. Diagnoses rely on testing with specific polymerase chain reaction (PCR) assays. Genetic sequence analyses have shown that this new virus is different from other known human coronaviruses, including the one that caused severe acute respiratory syndrome (SARS). There is no specific treatment for novel coronavirus infection; care is supportive. To date, no cases have been reported in the United States.

The three confirmed cases in the UK were reported in February 2013 as part of a cluster within one family; only the index patient had a history of recent travel outside the UK (to Pakistan and Saudi Arabia). This index patient is receiving intensive care treatment and tested positive for both novel coronavirus and influenza A (H1N1) virus. The other two patients became ill after contact with the index patient; one died, and one has recovered from mild illness. This cluster of illnesses is still under investigation by the UK Health Protection Agency, but provides the first clear evidence of human-to-human transmission of this novel coronavirus, co-infection of this novel coronavirus with another pathogen (influenza A), and a case of mild illness associated with this novel coronavirus infection. Additional details can be found in the March 7, 2013 MMWR Early Release.

Recommendations

In light of these developments, updated guidance has been posted on the CDC coronavirus website. Persons who develop severe acute lower respiratory illness within 10 days after traveling from the Arabian Peninsula or neighboring countries* should continue to be evaluated according to current guidelines. In particular, persons who meet the following criteria for "patient under investigation" (PUI) should be reported to state and local health departments and evaluated for novel coronavirus infection:

- A person with an acute respiratory infection, which may include fever (≥ 38°C , 100.4°F) and cough; AND
- suspicion of pulmonary parenchymal disease (e.g., pneumonia or acute respiratory distress syndrome based on clinical or radiological evidence of consolidation); AND
- history of travel from the Arabian Peninsula or neighboring countries* within 10 days; AND
- not already explained by any other infection or etiology, including all clinically indicated tests for community-acquired pneumonia† according to local management guidelines.

CDC requests that state and local health departments report PUIs for novel coronavirus to CDC. To collect data on PUIs, please use the CDC Novel Coronavirus Investigation Short Form. State health departments should FAX completed investigation forms to CDC at (770) 488-7107 or attach in an e-mail to eocreport@cdc.gov (subject line: NCV Patient Form).

In addition, the following persons may be considered for evaluation for novel coronavirus infection:

- Persons who develop severe acute lower respiratory illness of known etiology within 10 days after traveling from the Arabian Peninsula or neighboring countries* but who do not respond to appropriate therapy; OR
- Persons who develop severe acute lower respiratory illness who are close contacts† of a symptomatic traveler who developed fever and acute respiratory illness within 10 days of traveling from the Arabian Peninsula or neighboring countries.*

Testing of specimens for the novel coronavirus will be conducted at CDC. Recommendations and guidance on the case definitions, infection control (including use of personal protective equipment), case investigation, and specimen collection and shipment for testing, are available at the CDC coronavirus website. Additional information and potentially frequent updates will be posted on the CDC coronavirus website. State and local health departments with questions should contact the CDC Emergency Operations Center at (770) 488-7100.

* Countries considered to be on or neighboring the Arabian Peninsula include Bahrain, Iraq, Iran, Israel, Jordan, Kuwait, Lebanon, Oman, Palestinian territories, Qatar, Saudi Arabia, Syria, the United Arab Emirates (UAE), and Yemen.

† Examples of respiratory pathogens causing community-acquired pneumonia include influenzas A and B, respiratory syncytial virus, adenovirus, *Streptococcus pneumoniae*, and *Legionella pneumophila*.

‡ Close contact is defined as 1) any person who provided care for the patient, including a healthcare worker or family member, or who had other similarly close physical contact, or 2) any person who stayed at the same place (e.g., lived with or visited) as the patient while the patient was ill.

For more information:
For additional information, please consult the CDC coronavirus website.

State and local health departments with questions should contact the CDC Emergency Operations Center at (770)-488-7100.

The Centers for Disease Control and Prevention (CDC) protects people's health and safety by preventing and controlling diseases and injuries; enhances health decisions by providing credible information on critical health issues; and promotes healthy living through strong partnerships with local, national, and international organizations.

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Hepatitis Testing Day: May 19th

The Centers for Disease Control and Prevention (CDC) is preparing for the second annual Hepatitis Testing Day on May 19th and we invite you to help make testing day a success. CDC is launching the NPIN sponsored Hepatitis Testing Day Event page again this year! The page allows you to use your zip code to find a testing site, but to make the page useful to everyone across the U.S., CDC needs your help. If you are hosting an event, please go to Hepatitis Testing Day Event page and register your event today. Feel free to share this e-mail with others and have them register their events as well!

Stay tuned for additional e-mails that will include links to tools and resources to support your Hepatitis Testing Day and Hepatitis Awareness Month activities!

Also, you might want to check out the on-demand webinar section of the website at www.aaohn.org.

Webinar - 2013 Health Promotion/Wellness: Hepatitis: Prevention, Screening, and Education
Category: On-Demand Webinars
Course Type: Webinar
Contact Hours: 1.0
Summary: Join this webinar to find resources for your March Hepatitis Month programming and learn leading-edge research and recommendations about hepatitis prevention, screening, and education. Thelma provides brilliant analogies for client education, provides tips for a thorough liver history, and suggests how to incorporate hepatitis screening into your practice.

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Employee Health and Wellness Courses at Harvard

Comprehensive Industrial Hygiene: The Application of Basic Principles
June 3 - 7, 2013 | Boston, MA | $1,695
https://ecpe.sph.harvard.edu/Industrial-Hygiene

This program offers a comprehensive introduction to the fundamentals of industrial hygiene practice. Participants in this intensive, one-week program will benefit from discussions and workshops on the principles and practice of industrial hygiene and its basis in science, engineering, and medicine. Designed for professionals and technicians with responsibility for industrial hygiene and workplace health programs, participants learn the skills and concepts needed to protect the health and safety of workers through the control of workplace environmental factors.

Learning Objectives:

- Evaluate work practices and engineering control techniques for the prevention of occupational disease
- Recognize health hazards in occupational settings
- Select control measures specific to exposures
- Determine the physiological and toxicological effects of exposures to workplace hazards
- Understand the physical and chemical behavior of aerosols and gas mixtures
- Analyze industrial exhaust ventilation systems
- Identify methods to measure and control noise stress in the workplace
- Understand the effects of ionizing and non-ionizing radiation
- Analyze and control risk factors for musculoskeletal disorders and design workplace ergonomics programs

Ergonomics and Human Factors: Strategic Solutions for Workplace Safety and Health
October 7 - 11, 2013 | Boston, MA | $1,850
https://ecpe.sph.harvard.edu/Ergonomics

This practical human factors and ergonomics program is designed to give you the tools necessary to create effective, comprehensive, and strategic solutions to your workplace ergonomic issues. Participants will learn to analyze and control risk factors for musculoskeletal disorders, integrate employees with MSDs into the workplace, and learn to design workplace ergonomics programs for their benefit. Workshops, case studies, and team exercises offer the opportunity to learn and apply skills in a multidisciplinary, team-oriented environment.

Learning Objectives:

- Initiate or improve ergonomics programs to control health and performance problems
- Recognize and control risk factors that contribute to work-related musculoskeletal disorders (MSDs)
- Perform basic analysis to identify, evaluate, and control MSDs

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Updates in Occupational Health Nursing: Strategies for Addressing Workplace Health Issues

Where: Kensington Court Hotel, Ann Arbor, MI
When: June 4 - 5, 2013
Instructors: Sherry M. Bumpus, PhD(c), FNP-BC & Anne Thomas, PhD, ANP-BC, GNP, FAANP
AAOHN Member **Price**: $400

This 2-day course will provide you with an update in the best clinical practices for evaluating workers with chest pain, respiratory problems, head injuries, strains/sprains, back injuries, ergonomics design issues, lacerations, thermal injuries, and much more.

Click here to register for this course.

Click here to download more information.

Provided by: University of Michigan Center for Occupational Health and Safety Engineering
and
American Association of Occupational Health Nurses

American Association of Occupational Health Nurses, Inc. - Provider Unit is accredited as a provider of continuing nursing education 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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3. Give the gift to yourself, a peer, staff, or a friend, with the Coupon Code.
4. The recipient of the gift selects the on-demand webinar of his/her choice, entering the Coupon Code.

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Save the Date for CSAOHN 2013 – Capital Steps for Occupational and Environmental Health Nursing

The 2013 California State Association of Occupational Health Nurses (CSAOHN) State Conference will take place October 17 - 19 in Sacramento, CA at the Embassy Suites Hotel, adjacent to Old Town Sacramento – a unique 28-acre National Landmark District and State Historic Park on the Sacramento River. Additional details are available at http://http//www.csaohn.org/.

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Upcoming Webinars from AAOHN Academy

Health Promotion Series
May 23: Becoming Expert on the 2012 Hazard Communications Standard

Pharmacology Update Series
May 16: Bronchodilators and Other Respiratory Agents

All live webinars are available on demand so you can participate in past sessions.

Individual Webinars
May 7: Jo Manion Series: Positive Principles for Transforming Your Workplace
May 15: Your Career, Your Resume
May 29: Brain Trauma: How Awareness and Recognition Can Impact Your Workers' Compensation Costs

To register for these and all other courses offered by the AAOHN Academy, please visit aaohn.org.

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Caring is Contagious: Best Practices in Occupational Health Nursing

The Central Alabama Association of Occupational Health Nursing invites you to help their chapter celebrate *20 years of Excellence* on Friday, May 24, 2013 at Aldridge Gardens in Hoover, Alabama. This conference, co-sponsored with the Deep South Center for Occupational Safety and Health, will provide RNs 6.0 contact hours or 0.6 CEUs. Topics include: *The Returning Military Veteran; Review of Nurse Practice Laws; Women in the Workplace; Workplace Drug Testing; Emerging Topics in OH&S*; and *Dealing with Workplace Violence*.

View the online brochure here. Register online here.

For more information, email dsc@uab.edu or CAAOHN President Jennan Phillips japhil@uab.edu.

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AAOHN New Members - March 2013

AAOHN welcomes new members who joined in March 2013. Below are their names, listed with regional location and chapter information.

Jill Arendt, RN, Menomonee Falls, WI, Southeastern Wisconsin, Wisconsin State, North Central

Dorothy Austin, BSN, COHN-S, Jacksonville, FL, Northeast Florida, Florida State, Southeast

Marsha Baskin, MS, RN, COHN-S, CCM, Memphis, TN, Orange County, California, California State, Mountain/Western

Gandy Becker, BSN, RN, Anchorage, AK, Mountain/Western

Robin Bell, BSN, RN, Arlington, TX, North Texas, Texas State, South Central/Southwest

Grace Benedick, RN, COHN, Port Lavaca, TX, San Antonio, Texas, Texas State, South Central/Southwest

Cynthia Brandt, BSN, RN, Henderson, NV, Southern California, Mountain/Western

Lisa Brennan, BSN, Stratford, CT, Greater New York, Connecticut State, Northeast

Barbara Burnette, COHN-S, RN, CCM, Gainesville, GA, Atlanta Georgia, Georgia State, Southeast

Charla Bush, Mountain/Western

Maureen Camacho, Mountain/Western

Irma Cervantes, RN, Midland, TX, Texas State, South Central/Southwest

John Cheavens, Central Missouri, Missouri State, North Central

Maureen Clark-Gallagher, Northern Virginia, Virginia State, Southeast

Linda Connell, BSN, RN, Huron, OH, Northeast Ohio, Ohio State, South Central/Southwest

John Cook, Central New York, New York State, Northeast

Mary Dunn, North Carolina Triad, North Carolina State, Southeast

Teresa Egger, LPN, North Charleston, SC, Coastal Georgia, Georgia State, Southeast

Judy Ewell, BSN, Painted Post, NY, Finger Lakes New York, New York State, Northeast

Mark Foster, BBA, Columbus, GA, Columbus Georgia, Georgia State, Southeast

Rosanne Galle, Hudson Valley, New York, New Jersey State, Northeast

Kathy Garcia, RN, Lake Geneva, FL, Northeast Florida, Florida State, Southeast

Brad Gardner, Metrolina of North Carolina, North Carolina State, Southeast

Rita Garlin, Memphis, Tennessee, Arkansas State, South Central/Southwest

Kristin Gay, RN, Sturgis, MI, Detroit, Michigan, Michigan State, North Central

Gwendolyn Goble, BSN, RN, CEN, Jacksonville, FL, Northeast Florida, Florida State, Southeast

Jose Grajales, BSN, RN, COHN, COHC, Aguadilla, Puerto Rico

Shelli Grapp, ARNP, Charles City, IA, Northeast Iowa, North Central

Kyndel Gray, North Texas, Texas State, South Central/Southwest

Mary Ellen Grecco, Maryland Area, Southeast

Glenda Greer, COHN-S, Arlington, VA, Metropolitan Washington, DC, Virginia State, Southeast

Ranita Hahm, RN, South Pasadena, CA, Southern California, California State, Mountain/Western

Deborah Haile, North Texas, Texas State, South Central/Southwest

Lorraine Highlander, Central Virginia, Virginia State, Southeast

Carol Hough, RN, OCN, CCRN, Lewiston, ID, Mountain/Western

Helen Hunt, BSN, RN, Orange Park, FL, Northeast Florida, Florida State, Southeast

Janie Jassman, OHNC, Okotoks, AB, Canada

Christine Langston, BSN, RN, Surprise, AZ, Arizona Valle del Sol, Mountain/Western

Peggy Leslie-Smith, BSN, RN, Sioux Falls, SD, Northwest Iowa, North Central

Reagan Leyva, BSN, RN, Carlsbad, NM, Mountain/Western

Susan Lynch, Mountain/Western

Valerie Magdich, BSN, RN, Endwell, NY, Finger Lakes, New York, New York State, Northeast

Sherel Marlin, Greater New York, New York State, Northeast

Teresa Martin, St. Louis, Missouri, Missouri State, North Central

Nylsa Martinez

Pam Mason, LPN, Savannah, GA, Coastal Georgia, Georgia State, Southeast

Nancy Mathes Horan, Nurse Practitioner, Metropolitan Washington, DC, Southeast

Sally Matthews, Houston, Texas, Texas State, South Central/Southwest

Bonnie McDonald, LPN, Russellville, AR, Arkansas State, South Central/Southwest

Debra Miller, RN, McKinney, TX, North Texas, Texas State, South Central/Southwest

Ward Miller, Idaho Rocky Mountain, Washington State, Mountain/Western

Phyllis Montgomery, Maryland Area, Southeast

Lori Muller, Berks County, Pennsylvania, Pennsylvania State, Northeast

Stephanie Murphy, RN, Elk Ridge, UT, Utah State, Mountain/Western

Linda Nichols, North Central

Michael Ogea, BSN, RN, Westlake, LA, Southwest Louisiana, Louisiana State, South Central/Southwest

Kathy Pierpoline, RN, Seabrook, TX, Houston, Texas, Texas State, South Central/Southwest

Deborah Pruim, MSN, RN, APN, CNS, OHN, Crestwood, IL, Southwest Suburban Chicago, IL, Illinois State, North Central

Nylay Quist, Washington State, Mountain/Western

Alyssa Rakoto, RN, Albert Lea, MN, Northeast Iowa, Minnesota State, North Central

Robin Regula, RN, West Mansfield, OH, Central Ohio, Ohio State, South Central/Southwest

Jody Rine, Southwestern Pennsylvania, Northeast

Regina Robertson, North Texas, Texas State, South Central/Southwest

Lauren Skelly, North Carolina Tarheel, North Carolina State, Southeast

Graciela Trejo, RN, Pasadena, TX, Houston, Texas, Texas State, South Central/Southwest

Paula Van Enkenvoort, Southeastern Wisconsin, Wisconsin State, North Central

Pamela Waldron, Philadelphia, Pennsylvania, Pennsylvania State, Northeast

Amy Jo Walter, MSN, North Bend, OR, Oregon State, Mountain/Western

Lynn Warmerdam, BSN, RN, CCM, PHN, Modesto, CA, California El Camino Real, California State, Mountain/Western

Sheila Webb, RN, Ashland, KY, South Central/Southwest

Marnie Weiss, Greater New York, New Jersey State, Northeast

Patrick Wheeler, Mountain/Western

Terry Wilson, RN, Fort Morgan, CO, Mountain/Western

Lynette Wright, OHN, Blackfoot, ID, Mountain/Western

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