NEWS

AAOHN
Advancing the Profession of Occupational and Environmental Health Nursing

From the President's Desk

Dear Members,

Can you believe that summer is almost over? Time does fly when we are having fun! I am not sure about you but sometimes I wish time would just slow down a bit! In the spirit of slowing down, I would like to take this opportunity to provide you with a brief Board update. I remember when your Board of Directors would meet three to four times a year. We would all come together for a face-to-face, 2-day meeting and then go home. Now your Board meets at least monthly for two hours. In addition to that time, each member serves on various committees and is bombarded at times with e-mail discussions.

Since leaving Las Vegas, the AAOHN Board and committees have been working on numerous projects. AAOHN started discussions with the Association of Occupational Health Professionals in Healthcare (AOHP) at the 2013 conference and, through continued discussion, we are seeking ways in which both organizations can partner on viable common projects. In addition, the Advocacy Committee is working on an educational piece about fracking. The Chapters Committee is working on revisions to your annual report in an effort to add value and make it easier to complete. Work continues on the Respiratory Protection Program, funded by a grant. The International Committee is working hard to develop the Global Summit for the 2014 AAOHN Conference--remember to mark your calendar for the Global Summit, to be held May 4-5, 2014 at the Sheraton in Dallas, Texas, during the 2014 AAOHN Conference, which runs May 3-8. Also, the Membership Committee continues to work diligently on the membership campaign. Look for updates on these efforts in next month's issue of *AAOHN News*. As you can see, your Board and committees members are extremely involved in a wide array of projects to support the membership. These are all excellent examples of successful partnerships that provide value to the AAOHN membership. We are here to serve you, the members of AAOHN! So just like time, we are not slowing down. Just the opposite--we are picking up speed to serve you better. Remember, I am just an e-mail away if you have suggestions or questions, or if you would like to volunteer on one of the committees! Enjoy those final days of summer… you deserve it!

Pam Carter

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

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AAOHN
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Pam Carter,
RN, COHN-S, FAAOHN

PRESIDENT-ELECT
Jeannie Hanna,

AAOHN Save the Date 2014

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Advocacy in Action

Your Advocacy Committee continues to evaluate federal policies related to the health and safety of our workforce and their families. Read on to discover some recent committee activities.

Hydraulic Fracturing

We were asked by the Board to review the current state of science related to hydraulic fracturing. The public media is replete with information about potential risks associated with the production process commonly referred to as "fracking." Hydraulic fracturing is used to extract oil and gas from rock formations deep within the earth. These "unconventional" resources like shale gas and shale oil are among the fastest growing energy sources in the United States, and account for more than 60 percent of the current supply of gas used in the U.S., according to the U.S. Geological Survey website. Committee members reviewed a number of websites of professional organizations and government entities for their positions on hydraulic fracturing. The review of this relatively new but growing body of evidence continues. The committee will submit a final report to the Board within the next few weeks. One of the potential work hazards during the hydraulic fracturing process is silica exposure; the committee is also reviewing updated permissible levels of silica exposure recently proposed by OSHA.

Women Veterans in Civilian Jobs

Occupational health nurses can play a vital role by advocating for the health of military veterans, especially women veterans. The recent wars in Iraq and Afghanistan produced record numbers of U.S. veterans from

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every state in this country. Many entered the service directly from high school and were still young when they began working in the civilian sector. According to the U.S. Department of Labor, the number of female military service veterans represents about 10 percent of the total U.S. military veteran population. These 2.2 million women are the fastest growing population of veterans. To address the specific healthcare needs of women, the Department of Veterans Affairs offers a Women's Health Services program to coordinate comprehensive healthcare services in primary care, mental health, cardiology, and pain management. The intent is to assure that women veterans are cared for in sensitive and safe environments at VA health facilities nationwide. All new employees need to be asked if they or a loved one are a military veteran. If the answer is affirmative, then the veteran can be given information on where to seek healthcare. If there is no veterans' healthcare facility in the local community, the OHN may need to advocate for veterans with local providers and find those most receptive to providing care to address their specific healthcare needs. Useful information is available at the Women Veterans Healthcare home page.

Another area in which advocacy is needed is helping military veterans find jobs. Unemployment among women veterans is higher (8.3%) when compared to that of male veterans (6.7%) and non-veteran females (7.7%). With the exception of the 35- to 44-year-old women veterans, unemployment is higher for all ages of veterans than for female non-veterans. Women in the 25- to 34-year-old range had the highest levels of unemployment (11.6%). Jobs in government industries (28.4%) and Education and Health Services (23.4) account for most of the jobs held by female veterans. More information about women veterans' employment and unemployment is available at: http://www.dol.gov/vets/womenveterans/

The Department of Labor offers four web-based resources to aid in the job search. One tool, My Next Move, helps U.S. veterans learn about their career options by discovering civilian jobs similar to their military duties. The Veterans Job Bank allows veterans to search worldwide for military-friendly employers, and the U.S. DOL Gold Card can be used at the local American Job Center to access intensive services and job follow-up. A final tool provides quick access to multiple sites where the veteran can apply for benefits and view their benefit status among other options. Links to these tools are also available at: http://www.dol.gov/vets/womenveterans/

Jennan A. Phillips, DSN, RN
Chair, Advocacy Committee

AAOHN Advocacy Committee members include:
Jennifer Beining, BSN, RN, JD; Kathleen Buckheit, MPH, COHN-S/CM/SM, FAAOHN; Pam Dannenberg, RN, COHN-S, CAE; Katherine Lind Evelyn, MS, RN, ANP, COHN-S; Daurice Holly, RN, COHN, CCM; Terri Johnson, RN, COHN, BA,; Jennan Phillips, DSN, RN; and Donna Zankowski, RN, BS, COHN; Grace Paranzino, EdD, RN, CHES, FAAOHN Board Liaison; and Nan Migliozzi, Staff Liasion

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Foundation Corner: Help Your Chapter Support the AAOHN Foundation

The AAOHN Foundation funds professional development scholarships and research grants that focus on improving the health and safety of the nation's workforce. Local and state chapters can support the Foundation in many ways, and you can help. One way to help is by donating an item to the annual silent auction, held each year at the national conference.

Does your company manufacture an item that would be a great draw for the silent auction? Are you creative and able to make a nice gift to donate? More information about the silent auction and a solicitation letter you can use to solicit auction items are available on the AAOHN website. The donor of an item for the silent auction is identified at the auction and the value of the item is tax-deductible.

Remember that it is easier than ever to make a donation to the AAOHN Foundation with the online giving process. All contributions to the Foundation are put to good use by promoting and developing the profession of occupational health nursing through research grants and continuing education scholarships.

Sheila M. Litchfield, BSN, RN, COHN-S, FAAOHN
AAOHN Foundation Trustee

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Recurrent Nationwide Shortage of Tuberculin Skin Test Antigen Solutions: CDC Recommendations for Patient Care and Public Health Practice

Summary: *In HAN 345* (http://emergency.cdc.gov/HAN/han00345.asp), *April 2013, CDC reported that TUBERSOL, a product of Sanofi Pasteur Limited, was in shortage nationwide. Although supplies were restored in early June 2013, TUBERSOL is in shortage again until at least the middle*

of October 2013. At the current time, the 5 tuberculin units/0.1 mL, 5 mL (50 tests), multiple dose vials are unavailable. The 5 tuberculin units/0.1 mL, 1 mL (10 tests), multiple dose vials are in limited supply. ***This notice updates and supersedes the advice in HAN 345 and advises public health officials, clinicians, and workers in occupational health and infection control about how to adapt testing protocols to the recurrent shortage.***

TUBERSOL is one of two purified-protein derivative (PPD) tuberculin antigen solutions that are licensed by the United States Food and Drug Administration (FDA). JHP Pharmaceuticals, LLC, manufactures APLISOL, the other PPD tuberculin product that is licensed by FDA. JHP Pharmaceuticals, LLC, has notified FDA that APLISOL is on allocation, meaning that historical customers have precedence for buying the product, and APLISOL is available in restricted quantity. Regional shortages of APLISOL have been reported since healthcare providers switched from TUBERSOL to APLISOL.

Background

Two kinds of immunological methods are used for detecting *Mycobacterium tuberculosis* infection: tuberculin skin tests (TSTs) and interferon-γ release assay (IGRA) blood tests. The indications for using these tests are the same for both methods, although one or the other method is preferred for certain populations (*1*). When setting testing priorities because of the current shortage of antigen, these preferences may be considered as factors when one of the methods is unavailable. Together, these tests are the only means for detecting latent *M. tuberculosis* infection, and they contribute to diagnosing tuberculosis (TB) disease. When findings such as chest radiography and mycobacterial cultures are sufficient for confirming or excluding the TB diagnosis, the results from a TST or an IGRA blood test might be unnecessary (*2*). Nevertheless, most TB cases in the United States are diagnosed with a set of findings including results from one of these tests. When TB disease is strongly suspected, specific treatment should be started regardless of results from TST or an IGRA blood test (*1, 3*).

In cross-sectional controlled studies, TUBERSOL and APLISOL give similar results for most patients. The agreement between results from a TST and an IGRA blood test or between results from the two commercial IGRA blood tests is lower (*1*).

Recommendations

CDC recommends any of three general approaches for addressing the shortages of tuberculin skin test antigens:

1. Substitute IGRA blood tests for TSTs. The cost associated with using the blood tests can be greater than the cost of TST because the per-unit cost of the IGRA test materials is greater than for those of TST and, unlike TST, IGRAs entail services external to the point of care in some settings. The blood tests require phlebotomy, preparation of blood specimens, and specific laboratory services for analysis; therefore, these tests are not available in all practice settings. Clinicians who use the IGRA blood tests should be aware that the criteria for test interpretation are different from the criteria for interpreting TSTs (*1*). IGRAs do not utilize the risk-stratified cut-off measurements that are used for TST. Both IGRA products that are licensed in the United States can give indeterminate results, and one of these can also give borderline results (results between positive and negative). TST does not yield indeterminate or borderline results (*1*).
2. Substitute APLISOL for TUBERSOL for skin testing if APLISOL is available. In studies, the two products give similar results for most patients. The fixed availability of APLISOL has created a relative shortage because of increased demand at sites where TUBERSOL is unavailable, thus limiting the feasibility of this approach.
3. Allocate TSTs to priority usages, such as TB contact investigations, as determined by public health authorities. Priorities can be set in accordance to relative TB risks (*4*) and local TB epidemiology. A priority strategy might require deferment of testing some persons, and it might require modification of public health rules, regulations, or policies. CDC does not recommend testing persons who are not at risk for TB (*4*).

Some surveillance programs for TB infection control rely on routine serial TSTs. Switching products or methods might make serial changes in test results difficult to interpret. The apparent conversions of results from negative to positive or reversions from positive to negative could be caused by inherent inter-product or inter-method discordance (*1, 5*). In settings with a low likelihood of TB exposure, the deferment of routine serial testing should be considered in consultation with public health and occupational health authorities. Updates about the shortages of tuberculin skin test solutions are posted by the FDA Center for Biologics Evaluation and Research here.

References

1. CDC. Updated guidelines for using interferon gamma release assays to detect *Mycobacterium tuberculosis* infection — United States, 2010. *MMWR* 2010;59(RR-5). http://www.cdc.gov/mmwr/PDF/rr/rr5905.pdf
2. American Thoracic Society. Diagnostic standards and classification of tuberculosis in adults and children. *Am J Respir Crit Care Med* 2000;161:1376–95. http://www.cdc.gov/tb/publications/PDF/1376.pdf

3. CDC. Treatment of tuberculosis. *MMWR* 2003;52(RR-11). http://www.cdc.gov/mmwr/PDF/rr/rr5211.pdf
4. CDC. Targeted tuberculin testing and treatment of latent tuberculosis infection. *MMWR* 2000;49(RR-6). http://www.cdc.gov/mmwr/PDF/rr/rr4906.pdf
5. CDC. Guidelines for preventing the transmission of *Mycobacterium tuberculosis* in health-care settings, 2005. *MMWR* 2005;54(RR-17) http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf

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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New NIOSH Tool Targets Occupational Injuries Among Healthcare Personnel

Occupational Health and Safety Network (OHSN) - Enrollment Now Open

OHSN is a new electronic, voluntary, and secure surveillance system hosted by the National Institute for Occupational Safety and Health (NIOSH). OHSN offers the first detailed standard national framework for tracking and benchmarking occupational injury and illness among workers, starting with a focus on the healthcare sector.

The current modules in OHSN target common events that can cause traumatic injury among healthcare workers: slips, trips and falls; musculoskeletal disorders from patient handling; and workplace violence. A future module will include blood and body fluid exposures (needlesticks).

How Does OHSN Benefit Healthcare Facilities?
OHSN allows facilities to:

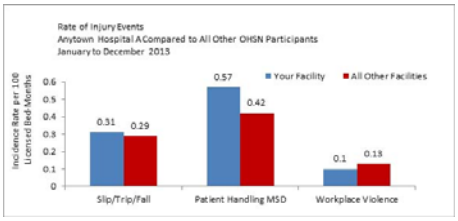
Benchmark their facility's rates and trends against data from similar facilities, letting them see how their facility is doing (See Sample Output below)

Compare patterns of injuries (e.g., risk factors, types of healthcare personnel involved, circumstances leading to injuries)

Identify effective interventional approaches shared by NIOSH and other OHSN-participating facilities, and add their own facility's best practices

Assess the impact of their prevention efforts on traumatic injuries over time

Standardize and manage their own data to meet the requirements of OSHA and The Joint Commission



There are five easy steps for healthcare facilities to participate:

1. Continue to use your current methods to track occupational injuries and illnesses.
2. Use NIOSH OHSN Tools to match existing facility data to OHSN required format. Upload monthly, without worker identifiers, to the secure OHSN Internet Portal.
3. New data submissions and benchmarking are available within 7-10 days, and historical data is available 24/7.
4. Review the data at your convenience:
    1. Analyze in minute detail, customizing output to fit your needs
    2. Benchmark against comparison groups of your choosing
    3. Track trends and assess interventions
    4. Evaluate the root causes of injury events
5. View the OHSN library of prevention resources through the internet portal. Participants can add best practices. Implement the interventions that meet your needs and measure their impact.

How to Enroll:
Go to http://www.cdc.gov/niosh/topics/ohsn/enrollment.html

Find More Information:
Visit www.cdc.gov/niosh/topics/ohsn or contact the OHSN team at NIOSHOHSN@cdc.gov.

Ahmed Gomaa, MD, ScD
Sara Luckhaupt, MD, MPH
Susan Sprigg, BSN, RN

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Why I Joined AAOHN

Debra Davis, an OHN in Florida, answers the question, "Why did you join AAOHN?":

"I became an occupation health nurse after 11 years of psychiatric nursing, and have been an OHN for 14 years. When I made this transition, I was out of my element. AAOHN was a great resource and helped educate me about the occupational health field," says Davis, who leads Employee Health Services at HCA-St. Lucie Medical Center. "I also appreciate AAOHN for the national network it provides," she adds. "I moved from metro Detroit to Florida and it was an easy transfer because of the peers I was able to meet through AAOHN."

Debra Davis, BSN, RN, COHN-S
Port St. Lucie, FL

Why did you join AAOHN?

Please respond to the questions below by either submitting (1) a written response along with your photo (.jpg), or (2) a brief video of you answering the question(s), such as can be recorded on most smartphones.

1. Why did you join AAOHN?
2. If you are a long-time member, why have you continued your membership in AAOHN through the years? What do you value about the organization?

All materials may be e-mailed to Amy Minchin, AAOHN Marketing, at amy.minchin@dancyamc.com.

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Celebrate Your Good Work—Apply for an AAOHN Award

The American Association of Occupational Health Nurses, Inc. (AAOHN), as the primary association for the largest group of healthcare professionals

serving the workforce, is committed to healthy and safe work and community environments. Each year AAOHN honors outstanding individuals and chapters for excellence in activities that promote, advance, guide, and protect the occupational and environmental health nursing profession.

A cameo from the AAOHN 2013 Awards Ceremony

Information regarding the 2014 AAOHN Awards and Recognition Program is now available on the AAOHN website. Please note: chapters or individuals may apply for more than one award.

Applications for the Nurse in Washington Internship (NIWI) Grant, which provides funding to offset the costs of attending NIWI, are due on **November 1**. The deadline for other awards is **December 1**.

Three packets are available for download:

1. Individual awards
2. Chapter awards
3. NIWI Grant

For more information regarding the awards and recognition program, please visit the AAOHN website or contact the AAOHN National Office at aaohngov@dancyamc.com.

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Learn and Earn Your CNE with AAOHN Webinars in September

The following webinars are scheduled for September. Learn more about all of the educational opportunities available from AAOHN on the new AAOHN Academy page of the AAOHN website.

Pharmacology Updates Series
Presented by: Yolanda C. Lang, DrPH, MSN, CRNP, COHN, FAAOHN

"Antidysrhythmic Agents, Antianginal Agents"
8th in Series - Thursday, September 19, 2013
11 a.m.-12 p.m. CDT
Learn more and register for this webinar.

"Head to Toe Physical Assessments for OHNs"
webinar series beginning Sept. 10
with
Kerri L. Rupe, ARNP, FNP-C, COHN-S, DNP, FAANP
Learn more and register for this series.

"Integrating Evidence-Based Health Coaching into Clinical Practice"
with
Melinda Huffman, Colleen Miller
Tuesday, September 17, 2013
11 a.m.-12 p.m. CDT
Learn more and register for this webinar.

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DOT Medical Examiner Training

AAOHN Academy

Orlando, FL - September 19, 2013
Faculty: Kellie Collins, MPH, MSN, ARNP-C
Pre-conference to Florida Occupational Health Conference 2013

Nashville, TN - October 20, 2013
Faculty: Alice Warren, MEd, MSN, APN-BC
Patricia Kinman, MSN, RN-C, FNP
Pre-conference to National Association of Occupational Health Professionals (NAOHP) Ryan Associates 27th Annual National Conference

This certificate course meets the core curriculum requirements for medical examiner training, according to the Federal Motor Carrier Safety Administration (FMCSA). Upon satisfactory completion of this program, those eligible to serve as examiners will be prepared to sit for the National

Registry of Certified Medical Examiners (NRCME) certification examination.

Register at aaohn.org or call (800) 241-8014.

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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CDC Offers Online Workplace Violence Prevention Course

Please see the great new resource: a free online workplace violence prevention course for nurses and direct-care healthcare professionals.

The National Institute for Occupational Safety and Health (NIOSH) partnered with several other organizations to develop this interactive online course. Workplace violence incident videos and nurse testimonials are incorporated throughout the course to enhance the learning experience. Continuing education units are available to assist with licensing requirements.

The American Nurses Association (ANA) was instrumental in the development of this resource.

The course is divided into 13 units, each expected to take approximately 15 minutes to complete. Participants can restart the course where they last left it, allowing them to manage their time when taking the course.

Feel free to disseminate this notice to your colleagues and organizations.

The course is available on the NIOSH website at:
http://www.cdc.gov/niosh/topics/violence/training_nurses.html

For more information about NIOSH's research and recommendations on workplace violence, visit http://www.cdc.gov/niosh/topics/violence/. NIOSH is the federal agency that conducts research and makes recommendations for preventing work-related injuries, illnesses, and deaths. For more information about our work visit http://www.cdc.gov/niosh/.

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Physical Assessment Course for the Occupational Health Nurse

"Physical Assessment for the Occupational Health Nurse"
Presented by the University of Michigan Center for Occupational Health and Safety Engineering & AAOHN
When: November 20-22, 2013
Where: Ann Arbor, MI
18.75 CNE
Faculty: Sherry M. Bumpus, PhD, FNP-BC & Anne Thomas, PhD, ANP-BC, GNP

This 3□]day course consists of lectures, demonstrations, and practice to provide the occupational health nurse with knowledge needed to assess the physical health status of individuals specific to a variety of occupational health settings. Body organs and systems to be covered include: the skin, head, ears, eyes, nose, throat, and the respiratory, gastrointestinal, musculoskeletal, cardiovascular, and neurological systems. Information related to collecting a medical history, documenting findings, and adherence to HIPAA regulations will be included.

Learn more at aaohn.org or call (800) 241-8014.

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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Save the Date: PAAOHN 2014 Conference

PAAOHN 2014 Conference

The Pennsylvania Association of Occupational Health Nurses (PAAOHN) 2014 Conference is set for **March 26-28 in Lancaster, PA** at the Marriott, so ***please mark your calendars***. The conference committee has a firm commitment from all of the speakers.

Some of the topics include:
Returning the veteran to work and special issues
Women and heart disease
Functional task analysis
Utilization of opioids and work-related injuries
…And many more!

Visit the PAAOHN website for updates. Registration will open after November 10.

PAAOHN Grants and Awards
PAAOHN members are eligible for a variety of awards, grants, and FREE registration. Available grants and awards include:

Dorothy Saller Outstanding Occupational Health Nurse

Betty Mouldar Clinical Practice Award

Delaware Grant

Certification Grant

Chapter Award

AND each Chapter has been given one FREE registration for a member to attend the conference

It is never too early to apply! To view full details, visit http://www.paaohn.org/.

Looking for a Job?
Visit http://www.paaohn.org/ to view job postings. Scroll down and look for the left navigational menu titled, "What's New?" to view opportunities.

For questions or assistance, contact Yolanda Lang at langyc@upmc.edu or (412) 647-3407.

Yolanda C. Lang, DrPH, MSN, CRNP, COHN, FAAOHN
President, PAAOHN

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Save the Date: CSAOHN State Conference

The 2013 California State Association of Occupational Health Nurses (CSAOHN) 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. Pam Carter, AAOHN President, will be speaking. Approval has been received for continuing education.

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Save the Date:
IAOHN Annual Conference

Theme: Wake Up To Well-Being
Date: October 3-4, 2013
Location: Marriott Doubletree, Bloomington, IL

Topics Include:
Total joint replacements
Sleep disorders
Cancer as a chronic disease
Therapeutic yoga

The keynote speaker on October 3rd is Deborah Delk, BSN, RN, BA. She is a nurse, veteran, actress, comedian, and motivational speaker. She will be speaking on the topic: "Employees Are Our Patients."

The brochure can be downloaded at http://iaohn.nursingnetwork.com/.

Contact Marcia Nielsen with questions at m.nielsen51@yahoo.com.

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AAOHN Welcomes New Members

AAOHN welcomes new members who joined in August 2013. Below are their names, listed with region and chapter information.

Ingrid Anisits, RN, Oshaw, Canada

Lydia Burke, Southwestern Ohio, Ohio State, South Central/Southwest

Josephine Castillo, BS, RN, Williston, ND, North Central

Peter Coggiola, Western New York, New York State, Northeast

Pertinna Davis, MS, RN, FNP-C, Stone Mountain, GA, Atlanta, Georgia, Georgia State, Southeast

Marisa De La Rosa, RN, Storm Lake, IA, Northwest Iowa, North Central

Jennifer Harris, RN, McDonough, GA, Atlanta, Georgia, Georgia State, Southeast

Roberta Maly, RN, Enid, OK, South Central/Southwest

Jane Martin, RN, Kansas City, KS, Greater Kansas City, Missouri, Missouri State, North Central

Barbara McCarthy, MSED, BSN, RN, COHN, Camden, NC, Hampton Roads, Virginia, Virginia State, Southeast

Leigh McKenzie, North Carolina Tarheel, North Carolina State, Southeast

Nakeisha Micheaux, APRN, Nashville, TN, Tennessee State

Maureen Power, MPH, RN, LNCC, Elmhurst, IL, Southeastern Wisconsin, Wisconsin State, North Central

Tonya Price, Columbus, GA, Columbus, Georgia, Georgia State, Southeast

Anna Serratos, BSN, RN, San Antonio, TX, Texas State, South Central/Southwest

Jacqueline Shukla, Southwestern Ohio, Ohio State, South Central/Southwest

Kate Snyder-Taylor, Maryland Area, Southeast

Lucille Tussey, Northern Virginia, Virginia State, Southeast

Renee Zakaryan, BSN, RN, Greater Kansas City, Missouri, Missouri State, North Central

Amy Zavala, Texas State, South Central/Southwest

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Contact AAOHN National Office
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