Pandemic is causing. This pandemic has hit witness to the human devastation and loss this of you experience moral distress as you bear on the frontlines. I know that every day many sacrificing so much as you fight this pandemic periods of their lives. Many of you are some of their most intimate and vulnerable nurses, we are called to care for people during unprecedented and challenging moment. As though as a nation, we were ill-prepared for this are delivering the very best care you can, even delivered electronically via email to 310,000+ Registered Nurses in Florida nor any claims made in paid advertisements. proudly brought to you by FNA dues paying members.

President’s Message

George Peraza-Smith, DNP, RN, APRN, GNP, AGPCNP

On behalf of FNA, the board of directors, and myself, I want to take this opportunity to let you all know how much we appreciate you and to thank you for what you are doing. You are our unsung heroes serving your patients - sometimes at great peril to yourselves. I know you are delivering the very best care you can, even though as a nation, we were ill-prepared for this unprecedented and challenging moment. As nurses, we are called to care for people during some of their most intimate and vulnerable periods of their lives. Many of you are sacrificing so much as you fight this pandemic on the frontlines. I know that every day many of you experience moral distress as you bear witness to the human devastation and loss this pandemic is causing. This pandemic has hit close to our own hearts as we mourn the loss of nurses to this fight. We hold them in our hearts and pray for their families.

I also want you to know we are here for you. Headquarters is open, virtually of course. You can call the staff and they are available to assist you. Our staff have maintained their dedication and commitment to you, our members. We also have a COVID-19 Resource page on our Website. We are continuously updating the page with useful information. It is open to members and the public as well. FNA is also holding seminars via Zoom to provide another venue for up-to-date information and for sharing of resources. As members, join us on the FNA Community Page to dialogue on this pandemic and other issues that are impacting your day-to-day practice. Members are sharing practice tips, they are sharing what is working for them and what is not working for them, they are sharing experiences with PPE or the lack thereof and other workplace issues. The FNA Community Page is a powerful tool to dialogue and engage with your FNA colleagues.

Because we want to make sure your voice is heard, FNA has responded to many requests from the media to relay information that you have been sharing with us about your experiences. This has been featured in both print and television media. We are also communicating concerns and information through social media. The board has developed statements and positions related to COVID-19 and continue to do so as new issues are communicated with us.

I know that each of you are going above and beyond the call of duty. But I want to encourage you to take care of yourself. We cannot be there for our patients or our families unless we are also caring for ourselves. I know that this can seem impossible at times because of so many competing demands on us. You are important and you have value. Care is central to who we are. Take time to schedule exercise into your day, to take mental and physical breaks (my kids call them Brain Breaks), drink plenty of fluids, eat nutrient rich foods, and get plenty of rest and sleep. Find - no take - time for yourself and your own well-being.

We are grateful to you, for the work that you do and for the dedication you have for your patients and families. We wish you strength, health, and wellbeing. Stay safe and stay healthy.
The Complexity of Personhood: How We Respond in a Crisis

Willa Fuller, BSN, RN, Executive Director

Over the past few weeks, the coronavirus crisis has moved across the globe in a way that is akin to watching a massive explosion in slow motion. There are many aspects to this global event, but as nurses, one of the most profound is how people from all walks-of-life respond to it. With all the time we spend social distancing, this is a good time to contemplate how certain interactions and responses occur while undergoing a crisis. For direct care nurses, it is even more critical as the reactions of the masses have a direct impact on their work environment.

According to the Oxford dictionary, personhood is defined in the dictionary as the quality or condition of being an individual or person. One way to explore different phenomena is by examining how others view it. Philosopher Martin Buber explored human relationships and communication by the way the relationships define reality. He saw this as two-fold. A person can see relationships as focused on individual (person) or to an object (thing). He termed these perspectives as I-THOU in relation to a person and I-IT in terms of an object. (See article on terminology of the COVID Patient in this issue). This perspective influences how one interacts and communicates with persons who are taking risks and giving their all in carrying out their work. We are also cognizant, that those in leadership are under stress as well. But, if nurses and other health professionals were viewed as persons (THOU) rather than staff (IT) would that illicit a different interaction? Would work flow more efficiently? Would retention and loyalty be affected. In these days of change and innovation? The possibilities should be profound.

In an individualistic society like America, many people are concerned about their own personal rights, property and achievements. This was overtly demonstrated in several YouTube.com videos where people expressed that their rights were being violated and that those vulnerable people should just “stay home.” One video even featured a man who claimed he had just tested positive for COVID-19 and was quarantined at home.” One video even featured a man who claimed he had just tested positive for COVID-19 and was quarantined at home.” One video even featured a man who claimed he had just tested positive for COVID-19 and was quarantined at home. “In a collectivist culture, an honest and direct communication with a truthful response about the shortage of equipment might have been more palatable way to communicate with persons who are taking risks and giving their all in carrying out their work. We are also cognizant, that those in leadership are under stress as well. But, if nurses and other health professionals were viewed as persons (THOU) rather than staff (IT) would that illicit a different interaction? Would work flow more efficiently? Would retention and loyalty be affected. In these days of change and innovation? The possibilities should be profound.

There have been many lessons learned during this pandemic, and I suspect there will be many more. We can only skim the surface here, but the bottom line is that nurses is the center of the focus of care, but it would seem for the nurse to be able to deliver care and emerge healthy and whole, that same care should be afforded to them, even in a crisis.

References

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Notes from the Executive Director

The Florida Nurse

Published quarterly
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Marie Etienne, DNP, APRN, FNP, PNP, PLNC, South Region
Jill Van Der Like, DNP, MSN, RNC, Northwest Region
Maryño, BSN, RN, Executive Director
Lottie Cuthbertson, BSN, RN, East Central Region
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Willia Fuller, BSN, RN, Executive Director
John Berry, Jr., Director of Labor Relations & Government Affairs
John Calvin, BSN, RN, APRN, GNP, AGPCNP

NURSING ALD.com
Position Statement

Imperative for a Safe and Healthy Workplace for Nurses

George Byron Peraza-Smith, DNP, APRN, GNP, AGPCNP, President & Willa Fuller, BSN, RN, Executive Director

The Florida Nurses Association, through its mission of promoting a safe and healthy workplace for nurses, affirms the right of every nurse to practice in a workplace environment that provides the support and equipment necessary to ensure that they are able to deliver high quality, evidence-based nursing care. It is the position of the Florida Nurses Association that all healthcare workers providing direct care for persons with suspected and confirmed COVID-19 should be provided the appropriate personal protective equipment (PPE) necessary to safely care for these patients, including PPE that meets National Institute for Occupational Safety and Health (NIOSH) standards.

Recommendations for PPE should be evidence-based and not downgraded based on supply chain deficits. There has been significant debate regarding the “Crisis Guidelines” published by the Centers for Disease Control & Prevention (CDC). These guidelines were published as options for healthcare workers without further recourse. These guidelines for PPE are not acceptable as a routine policy for healthcare workers in any setting. The FNA supports the recent announcement by The Joint Commission (TJC), which states that there is no TJC standard nor a regulatory requirement that prohibits staff from using PPE brought from home. TJC relayed that while the benefit to nurses and other health care workers obtaining and using self-supplied PPE remains uncertain, the balance of the evidence suggests that it does.

Furthermore, FNA strongly cautions against the use of homemade or cloth masks by healthcare workers. Makeshift PPE, such as bandanas, scarves, and cloth masks are insufficient as PPE as there is currently no evidence that they provide any protection to the healthcare worker. In addition, there is the possibility of increased risk from handmade masks due to poor fit and the need for frequent adjustments.

Only as a last resort, after all options for obtaining appropriate respiratory protection have been exhausted—including working with manufacturers, state and local health departments, other local health care providers, and community resources—should homemade masks be used, in combination with a face shield that covers the entire front (that extends to the chin or below) and sides of the face.

The World Health Organization (WHO) declared 2020 to be the “Year of the Nurse & Midwife” to honor the impact nursing has had on human history. This commitment to the well-being of others is more evident than ever. In this time of considerable uncertainty and despite significant personal risk, nurses remain at the forefront of caring for the sick and dying. We must reaffirm our commitment to ensuring that those we send to care for these sick patients are adequately protected from becoming patients themselves.
Healthcare worker access to appropriate personal protective equipment (PPE) is imperative. PPE is the last line of defense for nurses and other direct care personnel caring for persons infected with SARS-CoV-2, commonly known as COVID-19. Per the Centers for Disease Control (CDC) and the Occupational Safety and Health Administration (OSHA), the N95 filtering facepiece respirator is the most effective PPE to control exposures to infections transmitted via the airborne route, including the virus that causes COVID-19. N95s are designed for single use prior to disposal and effectiveness is highly dependent upon proper fit. OSHA’s Respiratory Protection Standard for fit testing is temporarily suspended during the COVID-19 pandemic.

The current PPE shortage across the state and nation is unprecedented. The National Institute for Occupational Safety and Health (NIOSH) advises that crisis strategies can be considered during severe PPE shortages. For the past month, hospital and community healthcare agencies have required nurses to re-use one facemask or N95 for several days. Given the level of overtime necessary, that means a nurse may be wearing one facemask or N95 respirator for 60 hours or more in a single week. There is little guidance or oversight on how that mask is stored between shifts.

Recently, hospitals implemented untested methods to disinfect single-use N95 respirators and then return the used PPE to general supply. In many cases no effort is made to return the mask to the original user. On April 15, 2020 NIOSH reported the results of a small study conducted by National Institutes of Health scientists. Small sections of the N95 filter fabric exposed to SARS-CoV-2 was tested following trial decontamination and found free of detectable viable virus. Then “fully intact, clean respirators” were tested for durability over two hours. In this limited use capacity, N95 fit and seal was compromised after only two decontaminations. The risk of COVID-19 exposure from a decontaminated N95 appears minimal, however the protection from environmental exposure is severely limited. Personal Protection is compromised.

The Florida Nurses Association recognizes the need to employ contingency strategies as the COVID-19 pandemic continues to strain the capacity of the healthcare system.
• Crisis strategies must be evidence based and clearly communicated to affected healthcare personnel.
• Facilities must reconcile supply chain issues expeditiously via open communication with local, state, and federal partners and public health emergency preparedness and response staff.
• Facilities must make every effort to return decontaminated N95 respirators to the original user.
• Nurses should be allowed to use their own properly fitting Personal Protective Equipment when the employer is unable to supply this.

American Nurses Association president, Ernest Grant, best summarized our battle against this invisible, deadly enemy. Nurses “care for the sick and dying, putting their own health and safety at risk. It is both a moral and strategic imperative” to protect nurses and all healthcare workers.

Position Statement
Nurses Deserve Protection from Life Threatening Illness

George Byron Peraza-Smith, DNP, APRN, GNP, AGPCNP  President &
Willa Fuller, BSN, RN  Executive Director

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2020 Calendar of Events

Human Trafficking Education for Nurses
May 18: 6:00pm EST (5:00pm CST)
2.0 Contact Hour - Mandatory License Renewal Course

Fight, Flight, or Freeze and Mind-Body Medicine
May 19: 6:00pm EST (5:00pm CST)
1.0 Contact Hour - ANA Nurses Month Presentation - Self-Care

Historical Nursing Heroes: How They Inform Our Practice in These Extraordinary Times
May 21: 6:00pm EST (5:00pm CST)
1.0 Contact Hour - ANA Nurses Month Presentation - Professional Development

Domestic Violence Education for Nurses
May 27: 6:00pm EST (5:00pm CST)
2.0 Contact Hour - Mandatory License Renewal Course

COVID-19 Clinical Update
May 28: 1:00pm EST (12:00pm CST)
Nursing Research & Evidenced-Based Practice Conference
July 25
www.floridanurse.org/researchconference

FNA Membership Assembly
Sept 24-26
www.floridanurse.org/MembershipAssembly2020

View full calendar at www.floridanurse.org/events

We welcome all nursing students and registered Nurses regardless of membership status to all of our events unless otherwise noted. For registration and more information about FNA events, go to www.floridanurse.org/events.
Call to Membership Assembly

Imagine FNA: Creating an AMAZING Future

This constitutes the official notice of the 2020 Membership Assembly of the Florida Nurses Association, September 24-26, 2020 at the Mission Inn Resort in Howey-in-the-Hills, FL for the purpose of transacting the official business of the Association.

The theme for the conference is Imagine FNA: Creating an Amazing Future. Innovation and Imagination is the core inspiration for the theme of the 2020 FNA Membership Assembly. Participate with us as we explore ideas for ensuring that our association grows and evolves based on member needs. We honor and treasure the past while we look toward an exciting future forged by our members.

Join us at this year’s assembly for dynamic presentations focused on future innovation. To see more of the conference program, go to www.floridanurse.org/MembershipAssembly2020.

Call for Award Nominations: Nominate Your Nursing Peers for an ICON Award

FNA is seeking nominations for the 2020 FNA ICON Awards to recognize the contribution of outstanding nurses who live and practice in Florida.

The categories are:
- Registered Nurse Practice Award
- Advanced Practice Nursing Award
- Nursing Administration Award
- Undine Sams Award
- Communications Media Award
- Mary Cash Award
- Heather Scaglione Award
- Special Recognition Award
- Promoting Environment for Excellence in Nursing Practice
- Nurse Educator Award
- Nursing Research Award
- Barbara Lumpkin Award
- Community Action Award
- Education and Advocacy Award
- Innovation Award

Nominators must submit a letter of nomination and two additional letters of recommendation supporting the way the nurse demonstrates the behaviors that define the nomination category. For detailed descriptions of each category and nomination forms, go to www.floridanurse.org/ma20awards. Deadline for submissions is July 5.

Call for Reference Proposals

FNA Reference Proposals allow constituent groups (Regions, Units, FNPAC, Foundation, etc.) as well as individual members to voice their concerns or express their thoughts on matters of significance to nursing, nurses, and health needs of the public. Reference Proposals include a statement of concern, rationale, a statement of position and recommended actions. Proposals are reviewed at Membership Assembly and if adopted may develop into an official position statement of the Association.

The Reference Committee is now accepting proposals for the 2020 Membership Assembly; September 24-26 in Howey-in-the-Hills, FL. All proposals are due by August 1 to info@floridanurse.org. To view submission guidelines and see past proposals go to www.floridanurse.org/MembershipAssembly2020.

Heartfelt thanks to all our frontline heroes

Every day is a day for lifesaving work. Thank you to our physicians, nurses, social workers, and clinic staff serving our patients at more than 130 centers in Florida. FreseniusKidneyCare.com

If you’re interested in joining our heroic clinical staff or exploring our current openings, please email Kevin.Kuchar@fmc-na.com
Greetings to my Fellow Nurses,

Although we are forced to live in this unprecedented time due to the Coronavirus COVID-19 pandemic, we are reminded of the true and ultimate reason why we became nurses to begin with, which is caring and nurturing selflessly by positively impacting others and making a difference in the lives of patients and families. I am pleased to report that South Region Florida Nurses Association (FNA) Leadership Council convened via Zoom in the midst of COVID-19 on April 15, 2020 to share their feelings, coping mechanisms, and how they are handling the multiple challenges during this crisis. The 10th Annual Symposium & Awards is still postponed until further notice. The deadline for scholarship awards was extended to May 15.

We participated in a few Webinars on COVID-19 and What We Need to Know, and its impact in the Long-Term Care Facilities hosted by the Florida Nurses Association. We also conducted and participated webinars in collaboration with other organizations on COVID-19 and its implications in the community. We remain steadfast in staying abreast with the latest updates by providing education on social distancing, hand hygiene, and safety for our members and the community via various virtual platforms (Zoom, Webex, Go to Webinar, and Google Hangout). We encourage everyone to follow and adhere to the Center for Disease Control (CDC) guidelines on the prevention of COVID-19, Government, State and Local Officials and the Florida Department of Health website on safety measures regarding COVID-19, as well visiting the website of the Florida Nurses Association website.

As an important reminder, since 2020 has been proclaimed by the World Health Organization (WHO) and the American Nurses Association (ANA) as the Year of the Nurse and Nurse Midwives, I take this opportunity to thank all nurses for their dedication, compassion, and outstanding devotion to the nursing profession. I also commend and salute all the frontline nurses and healthcare professionals and others who are working tirelessly to saving lives during this crisis. I also urge all nurses to be mindful of their own health as they care for others. As a gentle reminder, if you are not a member of FNA, I encourage you to join today or renew your commitment by paying your membership. You can visit FNA website at www.floridanurse.org for additional information and updates on South Region FNA upcoming events. I can be reached at metienne777@icloud.com.

Happy Nurses Month and Stay safe!
Greetings nurses! Our thoughts are with you and your families during these trying times. Earlier in the year, the West Central Region Leadership Council planned a continuing education event originally scheduled for March 21 at the Center for Health Equity in Tampa. We invited speakers to present on Human Trafficking, Pain Management, and Controlled Substance Prescribing. Due to impending health risks, we decided in early March to postpone the conference. At this time, we do not have a reschedule date. Updates will be posted to www.floridanurse.org and emailed to our members. Thank you to everyone who participated in the planning of this event!

Hello Northwest Region,

You remain in my thoughts for health and safety as the COVID-19 pandemic continues to challenge our nursing profession. Please know that you can be proud of the response from FNA with a dedicated Board of Directors, staff, and members representing nurse and patient advocacy in the best possible way! We are contributing to population health with our FNA mission to continue advancing the profession of nursing, and promoting a healthy Florida. I am so grateful for our beautiful state, and I am making time to appreciate the nature that thrives in Florida. I wish the same for you. Stay safe and strong~

FNA would like to thank Susan Torres for her service as Southwest Region Director from 2017-2020. She has helped guide the association through her participation with the Board of Directors over the last three years, including setting strategic goals and initiatives for the association. She also initiated engagement opportunities for the Southwest Region including an event with the Ft. Myers baseball team and several educational conferences. Thank you, Susan, for your service to FNA!

A call for volunteers to fulfill the Southwest Region Director position has been sent to FNA members. Announcements will be made soon regarding the new appointee.

We wish you all safety and health as we continue to navigate this global pandemic.

Hello Everyone! A lot has been going on in the past few months! I know how stressful this has been for everyone but things will eventually get better. I know a lot of information has been circulating about the virus going around our World! I think if everyone will adhere to the guidelines provided we will weather this storm. Please check the FNA website for information that is posted. Knowing nurses, I’m sure many have been busy making masks to donate and we thank everyone for the participation. I know everyone is ready to get out and about but please stay safe and use masks and gloves. We don’t know how long this is going to last but I’d rather take precautions and be safe. I hope everyone has accomplished tasks since being home. I’m sure it’s not easy entertaining the kids while out of school but has given you much quality time with your children. We’ve been doing teleconferencing for our board of directors communication. If you have needs or concerns please contact our office.

Wishing everyone a safe and healthy next quarter.

Shirley Hill
East Central Director
In January, we began to hear reports of a new SARS like virus outbreak in China. Our ears perked up and we began to consider the potential impacts to the U.S. In February, we hosted our first webinar about the new virus – at that time, there were 14 confirmed cases in the United States. By March, we knew that life as we knew it was about to change. As the U.S. and the World entered into a new pandemic-era world of social distancing, cancelled events, and transition to telework for those who were able, the FNA staff quickly readjusted and took it in stride. Before Governor de Santis issued Florida’s stay-at-home order effective April 3, the Florida Nurses Association staff had already transitioned to working safely from home for over two weeks, ensuring we were able to continue serving as a resource for nurses across Florida. Throughout March and April, we began offering weekly updates on the pandemic with the support of nurses from critical care, ER nursing, public health, and epidemiology.

The transition to telework was smoother than anyone anticipated. Since we began working from home, almost two months ago, we have been busier than ever. Internet-based phones and communication technology platforms have allowed us to continue faithfully serving our members, many of whom continue to make daily sacrifices on the front lines of healthcare. Like everyone else, we’ve had to change our mindset and be more adaptable and creative in the ways we approach our jobs. While we have had to cancel or postpone some face-to-face events, we have been able to offer more digital learning and engagement opportunities than ever before. Our membership is as strong as ever with new members joining every day. While we continue navigating the challenges of this crisis, please know that we are here for you. While our new offices may be separated by miles rather than feet, we continue to work as a cohesive team to support our members and all nurses in the state of Florida. Please reach out to us if you need anything.

To learn more about our virtual learning resources, please go to www.floridanurse.org.

How the FNA Staff Has Adapted to the “New Normal”

Kaitlin Scarbary – Director of Member Programs and Technology

Willa Fuller – Executive Director

John Berry – Director of Labor Relations

Bibi Lowton – Program Specialist, Governmental Affairs

Leslie Homsted – Program Specialist, Labor Relations & Governmental Affairs

Iris Lopez – Executive Assistant and Membership Specialist

John Berry – Director of Labor Relations

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Willa Fuller – Executive Director

Kaitlin Scarbary – Director of Member Programs and Technology

John Berry – Director of Labor Relations

Bibi Lowton – Program Specialist, Labor Relations & Governmental Affairs

Iris Lopez – Executive Assistant and Membership Specialist

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Dear Public Health Heroes,

Where do we begin to tell you how grateful we are for your public health service? Please know that the FNA Health Care Professional Bargaining Unit is here to support you all.

On behalf of all of us,

Thank you all for your courage and dedication in protecting the people of Florida, both from COVID-19, as well as other environmental hazards. We know of all your efforts and are grateful!

Thank you for your continued efforts to provide surveillance of COVID-19 and to any of the contagious diseases that may threaten.

Thank you for your efforts to find resources to increase testing for COVID-19, for both antigens and antibodies.

Thank you for continuing your work in protecting us against other possible public health challenges, through monitoring of our air, water and food.

Thank you for your work to meet the nutritional needs of our Florida families, including women, infants and children.

Thank you for meeting the needs of our at-risk population in our public health specialty clinics.

Thank you for monitoring the wards of our state in our state institutions.

Thank you for protecting the health of all of us.

Thank you at this critical and challenging time, for fighting for public health safeguards.

We are eternally grateful.

Debbie Hogan, RN, MPH
President, FNA HCP Bargaining Unit

Facebook, Instagram, Twitter, etc. I actually googled social media sites before writing this article. There were way too many to write down or even look up to see what they were even all for, and I normally use two out of the three I mentioned at the beginning of the article as a way to keep in touch and informed.

I’m just like everyone else. I like to keep in contact with my friends. Whether they are current, or friends that I’ve grown apart from over the years, that social media has given me the opportunity as well as pretty much society as a whole, as a way to communicate with each other.

Tell me, who doesn’t enjoy hitting the “like” button or commenting on someone’s posting? Sure you do, we all like doing it. I can also tell you the number of times when I would literally “cringe” over something that I just read on someone’s posting. Everything they would write would be such a display of anger, frustration, and sometimes cruelty that I knew that when they wrote it, they just weren’t thinking before they hit the “post” button. Whether someone actually meant to post something negative or not, it’s too late, the damage has been done. You might realize after your comments have been posted for a while, and how people respond to it, and trust me, people are definitely going to respond, but someone is going to see it, that you didn’t realize at the time was going to see it, and you didn’t want that person to see it. So, the next thing to do is to take the posting down off the site. That’s the smart thing to do. Or, sometimes you’ll have people say, I don’t have to remove anything and it’s my right to post whatever I want. It’s Freedom of Speech. How you display your emotions can often times hurt you, more than they can heal you.

Postings about your employer, whether it be the company itself or a specific person from work is the biggest example of how you can get yourself into an extreme amount of trouble. Bargaining unit members, especially our union leadership team, should keep in mind that all social media public outreach is not protected by federal or state labor laws. As an example, messages which are widely and publicly distributed through Facebook accounts, can come back to take a “bite” out of one’s future employment. The National Labor Relations Board has determined that not all public communications about employment issues are legitimate concerted activities protected by Section 7 of the National Labor Relations Act. Thus, they may provide the employer with grounds for discipline or dismissal. Additionally, courts have held that there are limitations to a government employee’s First Amendment protections when social media is used to improperly attack their employer. Be careful and judicious about what you post on social media, it’s in your best interest.

Think before you post!
Navigating a Global Pandemic: How Nurses in Florida Responded

Navigating Changes to Academia and Research During the COVID-19 Pandemic
Submitted by Victoria K. Marshall, PhD, RN

The COVID-19 pandemic has created historic challenges for all levels of nursing. As an Assistant Professor at the University of South Florida, this viral outbreak has changed education delivery, halted research projects, and cancelled scholarly presentations. Nurse leaders must ensure that students, especially licensed nursing students, have the support needed to be successful with remote instruction and to offer encouragement, understanding, and flexibility as they bravely work the front lines of this pandemic.

Victoria K. Marshall, PhD, RN
Assistant Professor
University of South Florida

Negative Consequences of COVID-19 on Cancer Care
Submitted by Victoria K. Marshall, PhD, RN

The COVID-19 outbreak has created remarkable challenges to cancer care. Oncology patients face barriers to care specific to the pandemic including: 1) treatment interruptions or modifications; 2) postponement of diagnostic/laboratory testing; 3) postponed surgeries/procedures; 4) rapid introduction of telehealth; 5) effects of social distancing that may impede social support and; 6) halted involvement in clinical trials, which impacts access to beneficial treatment options. Long-term effects of the pandemic are not known and need future research.

UF Health Jacksonville perioperative services has created an innovative model to care for patients with COVID-19.

The model is collaborative, evidence based and uses a custom code system to reduce potential cross contamination. Seventeen experts were chosen for the team to ensure precise implementation of the model. Training included four hours of didactic and simulation and has received outstanding reviews. We were invited to apply for a grant to share this program with other organizations.

An APRN’s Motto for Her COVID-19 Hospital Day
Submitted by Stefanie La Manna, PhD, MPH, APRN, FNP-C, AGACNP-BC

As an infectious disease APRN, I was walking in the hospital one day and this motto came to me: “Lead with Competency and Compassion for all the patients I am taking care of today. Have Hope and Faith that they will soon be with their loved ones”.

Whether the patients are diagnosed with COVID-19 or other reasons— it is so hard for these patients not to have their loved ones by their side. The most heartbreaking is when we lose patients to COVID-19 and the goodbyes are silent. As APRN we must continue to lead with competency and compassion and pray that loved ones will find closure.

Navigating Uncharted Waters: How Our Education Team Responded to New Demands
Submitted by Wendi Freodge, MSN, RN, NPDB-C, CCRN-K, NEA-BC

The nursing education team at Advent Health, Tampa found ourselves in uncharted waters. What if the worst-case scenario became a reality and all the nurses had to become critical care nurses overnight? What would that look like? And what could our team do to help? Luckily, I work with an amazing group of educators who immediately dove in. We turned to what evidence there was on code blue situations, adopted the best practices, and rolled out educational sessions nights and days, every day of the week until we hit saturation. We took our critical care educators and quickly put together a Bridge program of basic ICU skills which we could teach our step-down units to safely perform. We identified safe proning techniques and educated the critical care nurses, as well as titration of paralytics and sedation. The team began to work weekend shifts in order to be present and available 24/7. And, every time the FNA offered a webinar on the latest situation, we were there hanging on every word, especially in the beginning when it was all so new and terrifying. Never has it been more challenging to be a nurse, but never have I been prouder to be one!

One Nurse’s Inspiring Journey to Serving on the Front lines
Submitted by Faculty from Northwest Florida State College

Jany Youngs immigrated to the U.S., earned U.S. citizenship, LPN, ASN, and will soon earn her BSN at NWFSC. Since March, she’s been fighting on the front lines of the pandemic in a NYC, Covid-19 only hospital. When asked about her choice to serve, she replied, “I am no hero. I feel fortunate to have received an education that allows me to serve with confidence under these circumstances.”

Jany Youngs has blown us away in the nursing department at NWFSC. She emigrated from

Thank you

The following nurses donated their time and expertise across over 20 webinars over several weeks related to various aspects of caring for COVID-19 patients. Also a special thanks to the Emergency Nurses Association, the American Association of Critical Care Nurses and the Florida Professionals in Infection Control to which some of these presenters belong. We have received very positive feedback for this effort.

- Darlene Dempsey
- Debbie Hogan
- Ronela Arandela
- Christie Jandora
- Anna Juez
- Jennifer Kuretski
- Kirsten Pancione
- Leah Devery
- Joy Stout
- Michael Zanak
- Marsha Martin
- Jennifer Dennis
- Penny Blake
- Barbara Russell
- Jill Van Der Like
- Marie O. Etienne
- Linda Washington-Brown
- Lottie Cuthbertson
- George Byron Perez-Smith
- Jean Davis

Thank you for your service to the profession!
Grief, Compassion, and Support During Pandemic

Submitted by: Pauline Peterkin, APRN, MSN

Restrictions caused by COVID-19 left me unable to visit my mother during her dying moments. On April 27, 2020 I received a phone call notifying me of my mother’s death. I was heartbroken and left in a quandary. As we continue to face life struggles with COVID-19, it will be pivotal to demonstrate compassion, kindness, and support towards each other. Nurses must continue to streamline healthcare measures and mitigate disparities related to this catastrophic pandemic.

Pauline Peterkin, APRN, MSN

I am a primary care nurse practitioner who works with an indigent population. Nearing social isolation warnings from the CDC and governor, I began working from home on March 23. The agency Executive Officer wasn’t quite ready for that step, but I held my ground on that debate. It was essential to minimize COVID-19 exposure risk to staff and reinforce to patients the need to stay home. My colleagues followed suit over the next week as clinic staff scrambled to reach hundreds of patients to explain telehealth communication. Encrypted Zoom codes were set up for each provider and private home offices were created. For patients without Internet access we learned the importance of “67” when calling patients from personal telephones. The clinic remained open as an essential service. I was grateful to have access to support staff and happy that they did not suffer loss of income. I know that many of our staff live on that financial cliff where one missed paycheck is catastrophic. This also provided a care option for patients who lacked access to technology. In the first couple of weeks, it was a challenge to keep up with near daily changes in CDC guidelines and policy updates from Centers for Medicare and Medicaid (CMS). Everyone recognized the anxiety this caused and made an effort to be supportive and calming for each other. I write this at the end of week six working from home and patience is wearing thin for us all.

COVID Story: Primary Care

Patient visits in April dropped to about 20% of usual. This will have a long term impact on budget. Deferred follow ups visits left huge gaps in the schedule as routine blood work was moved to May and June (with the prayer that re-scheduling will not be necessary). Acute minor illness complaints also plummeted. I haven’t seen any “I need an antibiotic for my sore throat that started yesterday” in a month. Either patients gained some perspective about minor illness or they understood it was a bad idea to call because they stay home and wash their hands a lot. Any patient describing possible COVID-19 symptoms was referred to local resources for testing. I am aware of only two who were able to obtain testing and that is because they are working nurses. Everyone else was told they didn’t meet criteria, i.e. not sick enough. I wonder now if those were subclinical cases and did the testing gap contribute to what is now recognized as widespread community transmission? This largely uninsured patient population will be unable to afford antibody testing. Conducting visits via camera, I am reminded how much of the physical assessment is observation. I pay attention to general demeanor, skin color, and respiratory effort during the interview. I ask the patient to take a deep breath, and to relax. Then, I turn on the camera and examine by self-palpating neck and abdomen and reporting mass or tenderness. When they can’t do this, I may be able to see how well a person moves their neck and arms, I can see if there is grimacing or an overt goiter. Often, the person walks around during the interview and I can see fluidity of movement. If needed, I ask the person to step back from the camera and demonstrate lumbar range of motion or to point the camera toward an area of concern, such as skin lesion or swollen ankle. Some are able to report blood pressure and heart rate, many are not. If vital signs are essential for clinical decision making then I ask the patient to go to the clinic.

It is comfortable working at home with no shoes and the dog at my feet. I am almost never in people’s homes and appreciate the quietness. I realized during video chats with people at the clinic that there is tremendous background noise and it drowns out the patient. A new routine when I am expected back in the clinic. It will be nice to see and talk to colleagues. However, I will have to get out of bed an hour earlier and put on shoes and leave the house (and dog). I will face the fear of leaving the safety of home and mingling with others. Wearing a mask may become a new habit that is uncomfortable and an anxiety-producing reminder of health risk. I do not look forward to the fatiguing noise and schedule packed with everyone who was deferred from April and May.
Welcome New FNA Members!

Khamphou Mosley
Carmen Nunez
Lydia Onatunde
Kari Patterson
Shayla Pinsky
Maria Quintero
Lori Roffey
Osmel Santiesteban
Lisa Sayegh
Kimberly Schrier Hoang
Regina Schuett
Elizabeth Thomas
Patrice Thomas
Gary Timmer
Magda Valdes
Elizabeth Vaughn
Molly Webb
Gacis Weise
Southwest
Willie Ainsworth
Pamela Anderson
Sigrun Barker
Theresa Barker
Yadile Benoit
Ronald Bernard
Michelle Blankenship
Rebecca Brestel
Samantha Bushay
Wanda Camilus
Ann Cary
Kimberly Cobb
Craig Connolly
Betty Coscia
Megan Cozzetto
Susan Declet
Denise Deemer
Kelly Forte
Jill Hamon
Kyle Herring
Brooke Jacobs
Elizabeth Johnson
Susan Johnson
Jacquelyn Langerbach
Maria Lapidus
Michelle Lott
Lauren Martin
Terri McGuire
Laura Minerva
Sharon Occhino
Lisbeth Ozaqza Ramirez
Shylysa Ortiz
Rafael Perez
Angel Poska
Elle Pierre
Miguel Reynoso
Stephanie Robinson
Myrine Shaw
Joy Tashjian
Lisa Tittel
Jennifer Vargas
Javier Vilarino
Peilina Corilo
Jason Chan
Marie Charles
Charmaine Chen
Carlos M Cordero
Shervin Croiz
Deborah Greceveuer
Paytra Cruz
Suzie Damier
Simone Darville
Adrienne Davis
Leroy Densance
Alexandra Dorschel
Charly Escobar
Bianca Escoria
Kimar Estes
Frances Forde
Conchita Freitag
Lynne Garrison
Dale Gavilo
Jonathan George
Zion Gibbs
Erika Gonzalez
Angela Gordon
Deena-Kaye Gordon
Barry Graham
Fabienne Guerrier
Ada Gutierrez
Edward Gutierrez
Donnett Hall-Ozehomya
Peggy Hammoud
Sharonia Hankerson
Stephanie Hanna
Katherine Harrington
Natalia Harris
Dannette Danielle
Leslie Herrera
EDina Hilson
Deica Houstou
Marie Innocent-Augustin
Cassandra Jackson
Frances Jara
Christian Jean Baptiste
Martine Jean Pierre
Merinda Jean-Louis
Diana Jenkins
Oldene Johnson
Michelle Johnson
Sade Joyce
Vita Julie
Layda Labiste
Barbara Lerman
Shereene Lewin
Wilikna Lewis
Cristiano Lino
Pamela Livermore
Ray Lopez Moreno
Jennifer Lucy
Sophia Mainieri
Kodian Mair
Hellen Marencio
Angella McCarthy
Anmarrie McHale
Theroni McLean
Daniel Mejia
Oly Mendez
Johanne Monfiston Desir
Jennifer Mortazavi
Christine Nordet
Susanna Ocan
Andrew Osofue
Astrid Ortiz
Clement Partap
Jeanette Pena
Amanda Penton
Yasminne Perez
Yosmit De la Perez
Pauline Peterkin
Anabelle Petisco
Alettya Pita
Ivan Ponce
Cari Potter
Devita Price
Kyndall Pritchard
Marie Renot
Nina Rich
Marisol Rodriguez
Duice Rodriguez
Angela Rohrbaugh
Adilghail Julio Ros Suarez
Macon Rosales
Natalie Ruiz
Visky Salazar
Jenifer Salmeron
Roselle Samson-Mojaras
Trevor Sanders
Judith Seme
Vardah Seraphin
Rachel Shaver
Charmianne Shaw
Tomioka Smith
Donni Stephens
Katherine Sterneleb
Rashida Stewart
Kelly Stewart
Cassandra Sturup
Karja Suzuki
Juliana Thompson
Sarybeth Tirado Martinez
Melissa Turnier
Rosa Utref
Merissa Vargas
Norleen Velasco
Paulette Vital-Herne
Maria Walwena
David Warren
Carlene Wilford
Evika Williams
Yovana Woods
Arcelis Wynn
Marline Young
Other
Gabrielle Childs
Cassie Harrison
Kevin Kinney
Demarguiste Nedd
Betzaida Santana

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Deductions will be on or before the 25th of each month. Enrolled in the first monthly payment for processing of future deductions. FNA is authorized to change the amount by giving the undersigned 30 days written notice. The undersigned may cancel this authorization by written notification to FNA within 30 days prior to deduction date.

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Optional Monthly Donations

Donate to FPNAC Monthly: $ amounts

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Join a Special Interest Group (SIG) and make a difference!

Clinical Nurse Specialist SIG

Ethics SIG

Health Literacy SIG

Health Policy SIG

Nursing Research SIG

New Grad SIG
The Florida Nurses Foundation has initiated a fundraiser with the goal of increasing the amount in our Nurses In Need Fund in the event that Florida nurses need some financial assistance related to COVID-19. Any donation will add to our Nurses in Need Fund, but these donations will specifically be designated for COVID-19 related issues and will go to Florida Nurses only. We encourage members of the public to donate and show their appreciation to nurses. To donate, go to www.floridanurse.org/nurses-coronavirus-fund.

The American Nurses Foundation has also initiated a Coronavirus Response Fund to assist nurses with issues related to COVID-19. The fund will enable the public to support and thank nurses. The national fund will address the identified, emerging needs of nurses and will focus on:

- Providing direct financial assistance to nurses
- Supporting the mental health of nurses – today and in the future
- Ensuring nurses everywhere have access to the latest science-based information to protect themselves, prevent infection, and care for those in need
- Driving the national advocacy focused on nurses and patients

This national effort was kicked off with a $1.5 million grant from Johnson & Johnson and the TYLENOL brand. Together, we encourage like-minded organizations and individuals to come together and join us by donating to this fund at nursingworld.org/foundation/programs/coronavirus-response-fund.

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The Legislature adjourned sine die on Thursday, March 19, after voting on the state’s 2020-2021 fiscal year spending plan. The unknown fiscal impacts on state revenues due to COVID-19 caused lawmakers to extend the regularly scheduled Session by nearly one additional week, giving themselves more time to craft the budget and provide legislators the constitutionally mandated 72-hour review period.

Governor DeSantis wields budget line-item veto authority, meaning he can remove individual appropriations from the budget once it is presented for gubernatorial review. The potential for substantial vetoes, or even a full veto of the budget – which would require lawmakers to return for a Special Session – cannot be ruled out given the current situation with COVID-19, and the attendant financial blows to the state’s tourism-dependent economy.

Although the fall 2019 legislative committee weeks saw multiple meeting cancellations and little progress with policy legislation being heard and passed, the Legislature ultimately tackled multiple recurring issues this session, including scope expansion for advanced practice registered nurses and pharmacists, teacher salary increases, state worker pay raises, comprehensive water quality policy, and full funding for affordable housing trust funds, which historically have been swept to help pay for other areas of the budget. In total, 3,578 bills were filed for consideration during the 2020 Legislative Session, but only 210 made it across the finish line – representing just under 2020 Legislative Session, but only 210 made it across the finish line – representing just under

2020 Florida Legislature Post-Session Report

The budget also includes an additional cash reserve of $300 million to prepare for the impacts of COVID-19, boosting the state’s rainy-day fund to $3.9 billion.

The General Appropriations Act also provided the following allocations for nursing-related programs:

- $500,000 in nonrecurring funds for the University of Central Florida Center for Nursing
- $1,233,006 in nursing student loan reimbursement/scholarships from the Nursing Student Loan Forgiveness Trust Fund
- $895,000 in nonrecurring funds for the Daytona State College Critical Nursing and Health Sciences in Flagler County program
- $3,800,000 in nonrecurring funds for the Nursing Center of Excellence at the State College of Florida, Sarasota-Manatee
- $725,000 in nonrecurring funds for the expansion of the Nursing Simulation program at St. Petersburg College
- $650,000 in nonrecurring funds to expand the nursing program at Tallahassee Community College

The General Appropriations Act also provided $2 billion more than the prior fiscal year. The budget allocates:

- $6.6 billion for Agriculture, Environment, and General Government.
- $13.7 billion for Transportation, Tourism, and General Government.
- $5.6 billion for Criminal and Civil Justice, and General Government.
- $39.4 billion to Health and Human Services.
- $35.9 billion to Education.

The $93.2 billion 2020-2021 spending plan is the largest budget in state history, and almost $2 billion more than the prior fiscal year. The budget allocates:

- $35.9 billion to Education.
- $39.4 billion to Health and Human Services.
- $5.6 billion for Criminal and Civil Justice.
- $13.7 billion for Transportation, Tourism, and Economic Development.
- $6.6 billion for Agriculture, Environment, and General Government.

Could it be COPD?

More than 16 million people in the U.S. have been diagnosed with COPD, and millions more do not realize they may have it. If you have patients who are experiencing any of the following symptoms, consider a spirometry test:

- ongoing cough
- shortness of breath
- wheezing
- chest tightness
- excess mucus production

TALK TO YOUR PATIENTS ABOUT THEIR RISK FOR COPD.
The Health Policy Special Interest group (HP-SIG) meets the second Tuesday of each month to address issues of importance to nursing. Recent meetings have focused on identifying issues that can move forward as organizational position statements to be brought before the FNA Membership Assembly in September.

Karen Perez serves as chair of the Special Interest Group and each meeting she encourages members to engage with their local legislators to assist in establishing or supporting relationships that allow us to facilitate advocacy. She also encourages members to utilize our online resources, such as a Legislative Toolkit. Nurses are able to identify their legislator and even communicate with them by email on our site at www.floridanurse.org/FindMyLegislator.

At the past meeting, participants on the call worked to identify questions or issues for the Florida Nurses Political Action Committee (FNPAC) to ask candidates on a questionnaire. Availability of personal protective equipment, public health funding and other issues relating to the COVID-19 Pandemic were central to the conversation. Members are also encouraged to donate to FNPAC or to the Barbara Lumpkin (FNPAC) to ask candidates on a questionnaire.

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Five Reasons to give to the Florida Nurses - Political Action Committee

• FNPAC endorses candidates that have stated that they will support FNA issues.

• FNPAC vets candidates to determine their positions on nursing and healthcare issues.

• Legislators and candidates actively seek the FNA endorsement through FNPAC.

• FNPAC has a record of success with endorsements over many years.

• Donations to FNPAC provide a way to contribute to the political advocacy for FNA and for nurses and patients throughout the state.
To the graduating class of 2020, congratulations on successfully completing nursing school! Though the commencement ceremonies and celebrations were cancelled or postponed, we can’t let these circumstances diminish this meaningful milestone. Those of you graduating have worked hard to achieve your nursing degree and you’ve started your career during a unique time that will surely go down in history! The Florida Nurses Association is here to offer support as you navigate from student to nurse. We welcome you and your eagerness to the profession.

A New Grad’s Perspective During the COVID-19 Pandemic: An Interview with Ryan Curley, BSN, RN.

1. As a new nurse with limited bedside experience, how are you managing the responsibility to care for patients with COVID-19?

   [It] can be frightening at times because these patients’ health status can change so drastically. Sometimes new nurses do not have the intuition or experience to know what to do. Like the rest of the country, this is new to all of us and we are all learning this new disease together. [It] is a learning curve for all active nurses.

2. How has your mental health been impacted?

   After some shifts I [feel] I do not want to go back to work. We are so mentally, physically and emotionally drained. I try to stay positive and not have it affect me, but our bodies are tired and we are expected to just keep running like well-oiled machines. Nurses are humans too and we need time to reflect on ourselves.

3. What barriers have you experienced regarding your own health caring for patients with COVID-19?

   Not having an ample supply of PPE in the beginning stages of the COVID-19 transition. We had to reuse our turtle-shell or duckbill masks when we came in and out of the COVID-19 positive rooms. We felt that we were not protected adequately because the masks lost their integrity over time and did not have a good form fitting seal around the bridge of our nose. It felt like we had to “jump through hoops” just to get a new mask.

4. How has your experience been when your unit transitioned to only treat patients with COVID-19?

   [It’s best] described as “organized chaos.” As the weeks progressed and we battled this pandemic the flow got “easier” because we all had a rhythm, like most nurses do while caring for patients. [These] patients [are] no different than caring for other [ICU] patients. They are intubated, sedated, require meticulous care and are very sick. It is [similar to] taking care of a tuberculosis positive patient, except that COVID-19 positive patients require additional PPE. The most frustrating event is being inside a room and needing something; looking through the glass window hoping someone walks by. The transition has not been as bad as I expected, [and with the] awesome teamwork of a “family” unit, the job can be accomplished.

The Florida Nurses Association has become more strategic in building a community for nursing students transitioning to RN’s and GN’s within their first year at the bedside. Here is a “safe space” to ask questions, find support, and access resources to develop your career and professional goals. If you are a graduate nurse, please join our Recent Graduate Nurse Facebook Group for more info and event updates: www.facebook.com/FLrecentgradnurses/
Words matter. Person-first language preserves the dignity of the person and decreases stigma associated with any illness, especially persons with COVID-19. The ADA National Network Guidelines (2017) recommends using language that recognizes the person first, not the disability, condition, or diagnosis of the person. Evidence-based nursing practice supports the use of caring science and a person-centered model of care. Therefore, person-first language should be used by all healthcare professionals.

Patient advocacy is a pillar of nursing. Let us join together and change the current use of disease first language to the language of caring. By using first person language, we convey the value of the person, demonstrate respect, and model caring behaviors. As the country’s most trusted profession, nurses are a force for change. By bringing this issue to the attention of the nursing community, we would like to enlist your powerful voice to stop the language of disease first, to person first, specifically, for the person with COVID-19.

References:

ANA Extends Nurses Week to a Month of Recognition to Honor Our Nation’s Nurse Heroes

Honoring our nation’s nurse heroes is more than the Year of Recognition-to-honor-our-nations-nurse-heroes/ANA Extends Nurses Week to a Month of Recognition to Honor Our Nation's Nurse Heroes.

Nurses have always been heroes. Nurses are change agents in every community, which is why ANA selected the theme for May as Nurses Make a Difference. While continued physical distancing may limit our face-to-face activities, we encourage everyone to think of creative ways to virtually engage and celebrate nurses for their invaluable contributions to our nation and the world. More information at https://www.nursingworld.org/nurses-month-week-2-remembrance

ANA Partners with Hilton to Provide One Million Free Room Nights

Nothing keeps you from giving the best patient care. But ANA knows that nurses are worried about what they might bring home at the end of their shift — how can they keep their families safe while working in this pandemic?

That is why ANA is so excited to partner with the American Nurses Foundation, Hilton, and American Express to bring our members this exciting new Member benefit. Starting Monday April 13th, ANA members can reserve free rooms at Hilton hotels to free you from the worry of contaminating your home.

What is the offer?
- Hilton is offering 1 million free room nights to frontline medical personnel — including nurses who are ANA members.
- Reserve up to 7 consecutive nights at Hilton hotels across the US — for free.
- The offer runs April 13th through the end of May.

For more information go to https://www.nursingworld.org/membership/member-benefits/one-million-room-nights

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Separate informed consent for HIV testing is no longer required in health care settings. Patients need only to be notified that the HIV test is planned and that they have the option to decline. When patients opt out of HIV testing it must be documented in the medical record. Examples of notification for opt-out HIV testing in health care settings can include, but are not limited to: information on HIV testing in the general medical consent; a patient brochure; exam room signage; and/or verbally notify the patient that an HIV test will be performed.