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Mission Statement

Advancing the profession of nursing and
promoting a healthy Florida

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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.

Inside this Issue

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Notes from the Executive Director

The Complexity of Personhood: How we Respond in a Crisis

Willa Fuller, BSN, RN, Executive Director



Willa Fuller

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 alone while social distancing, this is a good time to contemplate how and why certain events 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 with another.

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 shopping in Walmart without a mask while stating that he believed in the “survival of the fittest.” This individualist approach is also evident in the multitude of protests that have occurred across the nation.

By contrast, collectivist countries are concerned with the good of the community. Individuals in these cultures are considered “good” when they attend to the needs of others. Korea is an example of a collectivist country. They experience shame when they do something in which they feel they have let the community down.

On the other hand, there are those people who think collectively, and followed the guidelines for the good of the community, which frankly, includes them. They are equally inconvenienced as their counterparts but they can see the negative outcome. Certainly, we have those people in our community but conflict occurs when a community contains

strong factions of both types of people.

Direct care nurses are immersed in this crisis and therefore they have the privilege and the extreme difficulty of staring these patients in their eyes. They see those that recover but they are also seeing those that do not survive. There are new experiences created by this crisis, such as families now saying good-bye to their loved ones through technology when death is imminent. Nurses are expressing cognitive dissonance and extreme stress between what they are experiencing vs. some of the behaviors they observe from the public.

As caregivers, nurses in general, may naturally fall into the collectivist or I-THOU philosophy in their approach to how they interact with society. While we have not done formal research, but when we called for volunteers, only four nurses out of over 200 enquired about pay. One said they would take it if it was offered but they did not expect to be paid. This may serve as a snapshot of how many nurses view service.

The one issue that was of most concern to the nurses was the lack of personal protective equipment, and the response of the leadership in some healthcare institutions. Nurses were told they could not use their own PPE, even if they had it. Several that called FNA headquarters reported threats of termination. Nurses also expressed dismay at the lowering of standards by the CDC. The issuing of one mask for a week, sanitizing of used masks and other practices were found to be quite disturbing in the face of a lack of scientific evidence that this is a safe and effective practice. Also at issue, was the way this information was communicated to nurses in some institutions. Many reported that the response was, “Just do it or walk.” 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 explored, though it would be challenging.

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 the patient 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.

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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.

Now, more than ever,
we appreciate **your**
compassionate and
tireless care for the
community.

From all of us at PBA, we offer
a heartfelt **"thank you"** to our
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To our front-liners:

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Position Statement

Nurses Deserve Protection from Life Threatening Illness

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

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 at 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.



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.





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Region News



The Northeast Region was slated to participate in the QSEN International Forum in Jacksonville on March 27, 2020. Due to COVID-19, the forum was postponed until June 2021. We have not had any other Region activities but we do hope to schedule some as soon as it is safe to do so. FNA has been offering many virtual learning and engagement experiences over the last two months. We encourage members and non-members to participate in these activities and continue their engagement with the association. These are historical and challenging times for our profession and together we are stronger. We hope you all are staying healthy and safe.



The North Central Region has participated in the weekly COVID-19 webinars hosted by FNA. Region Director, Marsha Martin, participated as a panelist on some of the clinical updates, sharing her experiences as a critical care nurse during the outbreak. Currently, there are no face-to-face regional activities planned due to health and safety concerns. The FNA is continuing to offer many virtual learning and engagement experiences for members and non-members. Membership Assembly is scheduled for September 25-26 in Howey-in-the-Hills. Stay up-to-date with FNA by visiting www.floridanurse.org.

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!



Missing Something?

Attention FNA Members!

Have your emails from FNA suddenly disappeared?

If you are no longer receiving email alerts from FNA, please contact us at info@floridanurse.org or 407-896-3261.

We don't want you to miss anything!

Region News



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~

The Southeast Region has been very active over the last two months. Being one of the hardest hit areas of the state, our colleagues on the frontlines have firsthand experience of how this pandemic is affecting our community. Southeast Director, Darlene Dempsey, has led 16 COVID public health and clinical update webinars since February 27. These have been a team effort with nurses participating from all across the state and many from Southeast Florida. We have collaborated with members of the Association of Critical Care Nurses and Emergency Room Nurses Association to provide panels of clinicians with firsthand knowledge to share. Thank you to everyone who participated in these webinars as a presenter or as an audience member. The feedback we received has been overwhelmingly positive and the group effort really helped disseminate critical information, particularly in the beginning stages of the pandemic. We encourage you to join and engage with your professional or specialty association to keep those ties strong. We are stronger together!

Recordings of COVID webinars are available on our resource page: www.floridanurse.org/coronavirus



Passiflora in Pensacola

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



Stronger Together

www.floridanurse.org/join



YEAR OF THE
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News from Headquarters

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

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.



Willa Fuller – Executive Director



Kaitlin Scarbary – Director of Member Programs and Technology



John Berry – Director of Labor Relations



Leslie Homsted – Membership and Communication Specialist




Bibi Lowton – Program Specialist, Labor Relations & Governmental Affairs



Iris Lopez – Executive Assistant and Membership Specialist

REGISTRATION WILL OPEN IN LATE MAY






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Social Media: Friend or Foe?



Debbie Hogan

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 our special needs children and their families.

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

Thank you for monitoring the regulations that protect 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

John Berry, Director of Labor Relations & Governmental Affairs &
Don Slesnick, FNA Labor Counsel



John Berry



Don Slesnick

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!

Florida's HIV/STD Testing Law for Pregnant Women

(64-D-3.042, F.A.C.)

All pregnant women are to be tested for
HIV, syphilis, hepatitis B, chlamydia and gonorrhea

- At initial prenatal care visit
- Again at 28-32 weeks, and
- At labor and delivery

For more information, visit:
floridahealth.gov/diseases-and-conditions/aids/prevention/perinatal.html
or call 850-245-4422

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



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

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.

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.

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.

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.



Model designed by:
(left) Rebecca Nordness, MSN, RN, CNOR, Clinical Quality Nurse Leader
(middle) Melissa Ann Seabaugh, MSN, RN, Clinical Education Specialist Preop and PACU
(right) Toni Levette, MSN, RN, CNOR, Clinical Education Specialist OR



Room wrapping to prevent cross contamination



OR Team in simulation



Navigating Uncharted Waters: How Our Education Team Responded to New Demands

Submitted by Wendi Froedge, MSN, RN, NPD-BC, 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 Zonak
- Marsha Martin
- Jennifer Dennis
- Penny Blake
- Barbara Russell
- Jill Van Der Like
- Marie O. Etienne
- Linda Washington-Brown
- Lottie Cuthbertson
- George Byron Peraza-Smith
- Jean Davis

Thank you for your service to the profession!

Feature



Brazil, worked cleaning houses, learned English, and eventually worked in a U.S. government job in Iraq, where she became a U.S. citizen. She completed her EMT, LPN (two years in practice), ASN, and now our online RN to BSN. Jany is in the top of her class at NWFSC. She is a meticulous, caring, and knowledgeable nurse. In March she signed a contract to go to NYC and work in a Covid-19 only hospital. Jany said, "Those nurses are worn-out and they need help! I can go there and help them!" She was assigned to Lincoln Medical and Mental Health Center-Bronx, NYC, a 362-bed hospital that now has at least 700 Covid-19 only patients. Due to supply shortages, the nurses are given a new N95 mask only every five days. Death and dying are everywhere, ventilators are everywhere, and the alarms don't seem to ever stop. She said the suffering is far worse than what she saw when she was working in Iraq.

Since arriving at Lincoln Medical, Jany has worked the ED and ICU, and has recently been

assigned to provide Prone Therapy for patients. She's indicated they are having success – seeing people weaned off the ventilators and moved to regular rooms from ICU. Jany is dedicated to her work there and plans to stay until June 25. Through all of this, she has continued earning high grades on all assignments, doesn't complain, and hardly ever requests a delayed due date.

Her story is an example of the sacrifices and courage that nurses demonstrate every day.

Grief, Compassion, and Support During Pandemic

Submitted by: **Pauline Peterkin, APRN, MSN**



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 is 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.

"I am just doing my job"

"I am just doing my job" will be the words you will hear most often from a professional nurse. They will take no credit for doing extraordinary things, and they will never brag about anything they do because to them "I am just doing my job." In the 27 years since joining this remarkable profession, I have watched self-sacrificing professionals serve different positions, locations, under strenuous circumstances, and times of war, and no matter what, the one consistent thing is that they are happy to serve anyone anywhere needed.

I have had the distinct honor of serving next to these noble soldiers as a nurse, first, while serving in the United States Navy and now while serving in higher education. I have watched as they kiss their family's goodbye, never knowing when they would return. They have and will miss birthdays, anniversaries, weddings, graduations, and funerals to serve anytime. They have taken whole curriculums and put them online to ensure the continuity and quality of nursing student's education, and created virtual convocations because students deserve it and if you should ask them how they did it? The answer is simple "I am just doing my job."

The truth is nurses are remarkable; you must be to do what they do, but it is only now it seems that the general public are understanding or acknowledging what they have always done without question. A self-less group of quality care providers, educators, and researchers who will do anything they have to, go anywhere they need to, and when asked "how do you do this?" will always say, "I am doing my job" with pride.

Catherine Godoy, DNP, APRN-BC, ACNS-BC
Assistant Professor
School of Nursing
Brooks College of Health
University of North Florida
Jacksonville, Florida

COVID Story: Primary Care

Mavra Kear, PHD, APRN, BC



Mavra Kear

I am a primary care nurse practitioner who works with an indigent population. Heeding 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.

Patient visits in April dropped to about 20% of usual. This will have a long term impact on budget. Deferred follow up 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 transient symptoms, or no one is getting sick 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 help with their examination by self-palpating neck and abdomen and reporting mass or tenderness. When they do this, I am 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 musculoskeletal 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 late for work and appreciate the quietness. I realized during video chats with people at the clinic that there is tremendous background noise. In June I will begin 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.



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5 Tell us what you're passionate about

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☐ Clinical Nurse Specialist SIG
☐ Ethics SIG
☐ Health Literacy SIG
☐ Health Policy SIG
☐ Nursing Research SIG
☐ New Grad SIG


Focus on the Foundation

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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Legislative Update

2020 Florida Legislature Post-Session Report

Excerpt from Report by GrayRobinson, P.A.

The Legislature adjourned sine die on Thursday, March 19, after voting on the state's 2020-2021 fiscal year spending plan. The unknown fiscal impact 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 six percent of all bills filed.

BUDGET

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, and
- \$6.6 billion for Agriculture, Environment, and General Government.

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

ENROLLED LEGISLATION

HB 59 – AUTOMATED PHARMACY SYSTEMS

HB 115 – KEEP OUR GRADUATES WORKING ACT

SB 322 – COURTS

SB 400 – ELDER ABUSE FATALITY REVIEW TEAMS

HB 437 – NURSE REGISTRIES

HB 607 – DIRECT CARE WORKERS

SB 664 – VERIFICATION OF EMPLOYMENT ELIGIBILITY

HB 713 – DEPARTMENT OF HEALTH

HB 763 – PATIENT SAFETY CULTURE SURVEYS

HB 767 – ASSISTED LIVING FACILITIES

HB 835 – ALZHEIMER'S DISEASE

HB 5005 – COLLECTIVE BARGAINING.

SB 7012 – SUBSTANCE ABUSE AND MENTAL HEALTH

APRN Independent Practice Bill Signed by Governor DeSantis

House Bill 607, the bill creating an independent practice category for APRNs has

passed and has been signed by the Governor. The bill has many components, some of which we voiced our concerns about and asked our members to do the same. In the end, we can acknowledge the progress and set goals for future sessions. We applauded the work of the Florida Coalition of Advanced Practice Nurses of which we are a founding member. Over the years, each of the groups has collaborated and compromised to make strides for advanced practice in the state. We would like to acknowledge those legislators, such as Dr. Cary Pigman who was relentless in this issue.

According to the FL Board of Nursing, the new law takes effect July 1. APRNs will not automatically assume autonomous practice on July 1 - there will be a registration application to complete and submit to the Board of Nursing for approval. The Board staff cannot predetermine eligibility for the autonomous practice registration requirements. Additional information will be posted on the Board's website once the Board has confirmed an implementation plan for the new law following its June 5th meeting. This link has current information which is available related to the bill: <https://floridasnursing.gov/hb-607-passes-legislature-impact-to-rns-cn-as-and-aprns/>.



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STG News

Health Policy Update

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 our 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 Institute of the Florida Nurses Foundation to help support health policy education for FNA members by supporting their attendance

for Advocacy Days or the American Nurses Association Advocacy Institute. If you are interested in participating on these calls, please email Bibi Lowton at govt@floridanurse.org to be added to this important group.

Ethics Update

The Ethics Special Interest Group held a specially called meeting in April (in addition to their regular monthly meeting) to discuss some of the ethical challenges that have arisen during the current COVID pandemic. Concerns over lack of appropriate PPE were discussed as well as challenges around training non-ICU nurses to care for critical care patients, and the need for mental health support for nurses serving on the frontlines. The group provided suggestions for addressing some of those concerns. Subsequently, two webinars were presented by Ethics Chair Jean Davis – one on emotional resilience-building methods and the other on ethical principles application to pandemics and disasters. The Ethics SIG regularly meets via Zoom on the third Tuesday of the month at 8pm EST. More details at www.floridanurse.org/events.

Student Forum

How the Shift to Digital has Affected Nursing Students

Katherine Moore, BSN
FNSA President



Katherine Moore, BSN

COVID-19 has brought a lot of new ways of living for many people worldwide, especially for nursing schools and students. I never thought I would be going through a pandemic or complete my last semester of nursing school during this uncertain time. Nursing school is very interactive, and the face to face learning has always been the standard, but COVID-19 gave colleges, professors,

and students a new challenge to overcome.

My last few classes were abruptly postponed while the university and professors quickly schemed plans to teach their students through distance learning. Our professors recorded their lectures. Pre-recorded lectures were humorous because our professors still tried to talk to students as if the classroom was in full attendance. The pre-recorded lectures did give the flexibility of access at your own time, making it relatively convenient. All students had full responsibility to watch those lectures. Attendance and participation can be counted through quizzes.

Colleges showed the capability of transferring the classroom portion to online in a short time, yet the hands-on skills that clinical provides were still undetermined. Thankfully, being in my last semester, I was able to complete my practicum. My biggest concern is for the following semester nursing students. How will they achieve their clinical or practicum? Clinical is an exciting time to learn and practice those hands-on skills. There have been suggestions of virtual clinical and skill labs. Technology is rapidly evolving, and rumors have been mentioned of using virtual reality for nursing skills. Nursing school may be taking a new direction with a push into the future with the assistance of COVID-19.

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Focus on New Grad



Kathryn Barrows,
BSN, RN

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. After completing ICU hospital training, becomes "frontline worker" on designated floor for patients with COVID-19.

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/FLrecentgraduatenurses/

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Words Matter: The Importance of Person-First Language

Marissa Delveaux, Taylor Johnson, Erin Sundook and Heather Underwood & Alyssa Zukowsky Recent graduates of the FAU Christine E. Lynn College of Nursing, 2020 & Faculty Charlotte Barry, Beth King, Dawn Hawthorne, & Faye Postell

News outlets and the public are commonly referring to individuals impacted by COVID-19 as “COVID-19 patients” or “Coronavirus victims.” Referring to these individuals by their diagnosis is dehumanizing, stigmatizing, and runs counter to the American Nurses Association Code of Ethics (2015), the American Disabilities Act (1990) and the American Psychological Association (2020). Calling patients by their diagnosis or disease process did not begin with the coronavirus pandemic, but it can be where it ends.

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.

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



Originally published May 4th 2020 on <https://www.nursingworld.org/news/news-releases/2020/ana-extends-nurses-week-to-a-month-of-recognition-to-honor-our-nations-nurse-heroes/>

Honoring our nation’s nurse heroes is more profoundly significant than the American Nurses Association (ANA) anticipated when we extended the traditional National Nurses Week to a month of recognition in May. The COVID-19 pandemic quickly shifted the focus from the Year of the Nurse and Midwife, but now more than ever we must support and recognize nurses who

work with courage and compassion and under extremely challenging circumstances. Whether it is a national health emergency or routine daily care, nurses’ vital contributions impact the health and well-being of our communities, 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://anayearofthenurse.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-rooms/>

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