Connecticut Nurses Celebrate 2007 Nurses Week

From L: Margaret Flinter, RN, MSN, president, Connecticut Nurses’ Association (CNA); Polly Barey, RN, MS, executive director, CNA; Liz Beaudin, RN, PhD, director, Nursing & Workforce Initiatives, CHA; Laura Caramanica, RN, PhD, deputy commissioner, Connecticut Department of Public Health; Linda Berger Spivack, RN, MSN, CHE, vice president of patient care services, MidState Medical Center. See Story on Page 17.

First Goal Reached!

The license plate celebrates nursing and recognizes nursing’s contributions to the citizens of Connecticut. While most people who are interested in purchasing the specialty plate are nurses, it can be purchased by any Connecticut resident who wishes to recognize and support the efforts of nurses and nursing in the state.

We’ve entered Phase II and are now in the process of collecting application forms and money for the purchase of the specialty plates. Once we’ve received the first 400 applications and checks, we can submit them to the DMV. From that point, it will take 2 to 3 months to receive your plate. The sooner we have the completed applications and checks – the sooner the plates will be available for your car.

This specialty license plate would make a great gift for recent graduates. It is a gift that will keep giving as each plate purchased results in a donation of $20 to the Foundation. As always, you may order a license plate at the Connecticut Nurses’ Foundation’s License Plate Project.

The Connecticut Nurses’ Foundation (CNF) has reached its first goal - obtaining 400 names for the special interest license plate project. Phase 1 is completed! The project was started in 2003 as a way to support nursing scholarships and other CNF initiatives.

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Questions about this program? Please contact Carolyn Squires at 203-238-1207 x 10 or email at membership@ctnurses.org.

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President’s Message

By Margaret Flinter, APRN, MSN, BC

Posting number 7: What brings us together, what keeps us apart

Have you ever wondered what the rewards are for taking on a leadership role in the Connecticut Nurses’ Association? I can tell you that they are many, varied, and rich. You’ve read my thoughts on the rewards of leadership in CNA over the past 18 months. I haven’t said so much about what keeps me awake at night since taking on the presidency. This seems like a good time to talk about those big questions that one ponders in the depths of the pre-dawn hours: What brings us together as nurses? What keeps us apart? What pulls people to membership and to action in the association? What drives them away? How does a small board and smaller staff speak for 1,000 members -- and 52,000 nurses -- and ensure we do it with integrity, foresight, courage, and sensitivity to the diversity of our profession?

The answers are occasionally clear but so often elusive and sometimes contradictory. I have tracked our membership closely over the last two years: the joiners, the drop-outs, the geographic membership clusters. The board has often taken it upon itself to call those of you in “grace” (great term?) or non-renewing to ask you why, and to ask you to consider re-joining. Many of you have. Meanwhile, an entire cohort of new members has emerged in response to CNA’s intense focus on the environment and environmental health issues. Clearly, this is an area that many nurses feel passionately committed to and it’s no surprise that nurses are among the first health-care groups to “connect the dots” and see environmental concerns as central to the concerns of nursing. Most speak of membership as their professional responsibility.

Why not membership?

In the spirit of pure curiosity, I’ve taken to asking non-member nurses, why aren’t you a CNA member? In different words, it seems to be that each person tells me he/she just hasn’t found his/her own compelling reason to do so. I respect that. Let me say that the work CNA does is intensely compelling, but often not seen by nurses as they engage with their practice and their lives.

“Let me say that the work CNA does is intensely compelling, but often not seen by nurses as they engage with their practice and their lives.”

Margaret Flinter

In conversation about issues of concern to nursing and the patients we serve. The conversation went far beyond the clinical issues to talk about systems, communities, poverty, education, and the political issues that affect the health of our patients. The issues are difficult; the pleasure of conversing with other nurses about our approach to those issues was pure pleasure. Building CNA from the grass roots provides a base for welcoming new members of the nursing profession, sustains and supports us in mid-careers, and creates a vehicle for learning from our nursing elders. It allows us to stand on each others shoulders, creating the “old boy/old girl” networks that reach out to help advance careers, create opportunity, and exert influence. Sound good? Let’s see what we can do with that.

Let me close with my most sincere congratulations to the hundreds of newly graduating nurses who will toss mortarboards into the air at graduation ceremonies across the state as they earn their first degrees in nursing. We know you will perform splendidly on the Boards, earn the RN license, join our ranks, and impress us with your brilliance and skill (ok, maybe not on the first day!) Every one of us remembers our first positions as LPNs, APRNs, RNs, and PhDs engaged in chronic disease management; nurses who have cancer; nurses who serve in our sites across Connecticut. Nurses representing practice areas as diverse as family practice, HIV care management, child psychiatry, and chronic disease management; nurses who are LPNs, APRNs, RNs, and PhDs engaged as registered nurses with intense clarity, and we promise as a profession to support you in yours. Congratulations as well to the hundreds receiving advanced degrees; we need you in so many areas. A recent issue of Health Affairs tells us that the projected nursing shortage has been revised slightly downwards (but still a crisis) due to the numbers of individuals entering the profession in their late 20s and early 30s, often after considerable educational preparation and professional experience in another area. We welcome the second-career nurses. We welcome everyone, as I have said before, with the intellect, commitment, and compassion for nursing practice.

Margaret Flinter

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Mission Statement

The Connecticut Nurses’ Association speaks with a unified voice for nurses across all specialties, in all forums. The Association exerts its organized influence on education, legislature, and compensation to protect and advance the practice of nursing and the health of the people in our care. We connect our members to each other and to our collective passion, power and purpose.
Connecticut Nurses Support Affordable Housing

By Shirley Girouard, RN, PhD, FAAN

Earlier this year, the Connecticut Nurses’ Association (CNA) joined in partnership with HomeConnecticut to promote affordable housing in our state. CNA is the only health care professional organization on the steering committee that includes leaders in business, banking, academia, land use, housing and government who have come together to address this concern.

The board of directors endorsed this collaboration as it supports CNA’s mission to influence factors affecting the health of the people of Connecticut and our vision to help to create the future the public needs. Our involvement, and support of SB 1057— the CT program for economic growth, derives from our concern for the health of those in our state and the ability to attract and retain health care professionals in Connecticut.

As nurses, we are well aware of the importance of safe and affordable housing and its role in health and well-being for the clients and patients we serve. CNA is also concerned about those in the health care workforce who have a difficult time living in our state because of high housing costs. This includes, for example, the new nurse with significant educational debt just starting her professional career. The professional nurse and others in the health care workforce may leave our state and thus, contribute to the growing shortage of health care workers. According to data compiled by Home Connecticut, our state loses a higher percentage of 25-34 year olds than any other state. Housing costs in Connecticut have risen 64% since 2000 while wages have increased less than 20%.

SB 1057, presently being considered by the legislature, would help to address this situation through a voluntary programs that provides towns control over future housing and provides incentives to towns to work with developers to provide affordable housing in their communities. For additional information, contact www.HOMEConnecticut.org.

If you are interested in becoming more active on this issue or would like to facilitate this effort for CNA, please contact us at info@ctnurses.org.

Hartford Diaper Bank Update

Thank you to all who donated diapers! We’ve received over 2000 diapers from the wonderful nurses in Connecticut.

Please Visit Our New Website: www.hartforddiaperbank.com
• Mayor Perez Rising Star Program donated $500.00 and this will be an annual donation
• Windsor High School donated over 500 diapers through their Child Development Program
• Special thank you to Nurse Nelson from Guilford who donated 508 diapers
• Nurse Roy donated over 400 diapers
• Hartford Diaper Bank received Community Project Award from University of Hartford

Since our last writing we have collected over 3000 diapers and distributed to over 25 families!

More Coming…
• Bill 756 – Diaper Bill has been approved for $300.00 grant to New Haven Diaper Bank for expansion into Bridgeport and name change to Connecticut Diaper Bank
• Hartford & Bridgeport will coordinate with New Haven Diaper Bank to become satellite offices
• Family Life Education, Inc. has become part of the collaborative in Hartford and has placed the Hartford Diaper Bank under their umbrella to accept monetary donations.

Thank you to you all…..
“Babies Need Diapers”
Sharon M. Gauthier RN,MSN
860-798-1910
sharon@hartforddiaperbank.com

RN Specialty Opportunities

If you have a passion for nursing, join a hospital that’s passionate about nurses! At The Hospital of Central Connecticut, we’ve created an environment that’s built on teamwork, state-of-the-art technology, and respect for the person and the professional that you are.

If you are an experienced acute care RN, there’s never been a better time to join us! We currently have the following positions available at our New Britain General campus in New Britain CT. All positions are Monday – Friday on the day shift.

• Vascular Center Coordinator
• Bariatrics Program Clinical Coordinator
• Infection Control Nurse
• Clinical Manager – Med/Surg
• Staff Nurse – Positions are available in critical care, psych, operating room, emergency and med/surg.

The Hospital of Central Connecticut offers a competitive salary and benefits program, including pre-paid tuition of $5,000 per year and free parking. Please apply and forward your resume on-line at www.hccc.org, email your resume to plowici@hccc.org or send resume to Human Resources, The Hospital of Central Connecticut, (0) Grand Street, New Britain, CT 06050 or fax to (860) 224-5075. Equal Opportunity Employer M/F/D/V.

The Hospital of Central Connecticut at New Britain General
School Nurses Face Big Challenges, Gather Big Rewards

Eileen Murphy was naturally anxious about starting her fragile daughter in a new school, Tootin’ Hills Elementary in Simsbury. Cristin Murphy Zink has a rare, life-threatening metabolic disease that means she requires tube feeding and other specialized care every day. “She had to be safe,” Murphy remembers thinking. As soon as the mother met school nurse Diane Pomarico, she knew that Cristin would be.

Pomarico came to the family’s home before the school year began to map out a plan for Cristin’s health care during the school day. She made sure she had all the current information on Cristin’s care. The family had just moved from San Diego. Even though Cristin would have an aide during the day who was also a registered nurse, Pomarico took responsibility for everything from training other staff in Cristin’s needs to administering her tube feeding twice a day. “Because she handled the medical side so smoothly, that blended into background,” says Murphy. So Cristin was seen by the rest of the school community as a student, not a patient.

Pomarico, like most health care providers, had never seen Cristin’s disease. So she did extensive research and talked with specialists in California and Boston who had cared for the girl. She matched her technical knowledge with empathy for Cristin. For example, she was careful to make Cristin’s tube feedings a pleasant and normal part of the girl’s day. Cristin referred to mealtime as her “chat with Mrs. Pomarico”.

The fifth grade at Tootin’ Hills goes on an annual three-night trip to Camp Jewel. Cristin had never spent the night away from her parents at that point. The school nurse volunteered to go along on the trip so that Cristin could participate. “I really wanted to go,” Pomarico remembers. She also remembers that it was “great to see Cristin participate. She just shone.”

Murphy, backed by the Simsbury School System, nominated Pomarico for a Nightingale Award for Excellence in Nursing after reading about the event in a newspaper article. “She deserves some recognition,” the grateful mother says. In San Diego, there were no school nurses in Cristin’s preschool programs. Her mother describes the resulting health situation as “chaotic.” She wanted to call attention to the complex tasks that school nurses perform – far more than the stereotype of taking temperatures and handing out Band Aids.

Tootin’ Hills has a program for autistic children while Pomarico was school nurse there. Pomarico said that school nurses deal with a growing number of children with complex medical issues. They also address child abuse, food allergies and sometimes even adult issues among the staff, such as heart attacks. Most school nurses practice alone, so the role calls for a great deal of independent judgment. “You have to be prepared for it, and you have to be knowledgeable,” says Pomarico. The rewards are tremendous, she adds, most notably, the thank yous school nurses get from their young charges. “You do get a lot of that day-to-day gratification,” she says.

She has now moved on to a position at Johnson Memorial Hospital in infection control, the field she concentrated on in her education. But her office walls, she says, are covered with pictures of children from Tootin’ Hills.

Cristin Zink hugs her former school nurse and friend Diane Pomarico.
Musculoskeletal injuries resulting from patient handling are high among health-care workers. Nurses and nursing personnel are especially vulnerable because they perform high-risk patient handling tasks — transferring, lifting, repositioning, bathing, dressing or turning patient in bed — in high-risk patient care areas. When these tasks are performed repeatedly on residents who are dependent, have contractures, are unable to comprehend instructions, become agitated or combative during care due to the discomfort of being moved, the risks of musculoskeletal injuries increase.

These characteristics are common among residents in nursing homes, rendering caregivers in these settings more vulnerable to injuries. But studies confirm that the implementation of Safe Patient Handling and Movement Programs in health-care settings significantly reduces and prevents incidents of musculoskeletal injuries among caregivers.

This article describes the implementation and positive outcome of a Safe Patient Handling and Movement Program at Kimberly Hall North, a long-term care facility owned and operated by Genesis Health Care Corporation. This facility has a 150-bed capacity and a nursing staff close to 100.

The decision to implement the Safe Patient Handling and Movement Program was based on such factors as the overwhelming evidence from research, confirming significant reduction in care-related injuries and health-care costs (removed comma) associated with implementing the Safe Patient Handling and Movement Program; and reducing and preventing the increasing number of resident handling related injuries, and ultimately reducing health-care costs.

Information from the regional risk management department confirmed that a “safe lift” pilot program was implemented in 1999 in 10 centers throughout the company, including Kimberly Hall North. In this program, additional transfer equipment was provided. While initial results were quite positive, with a 57% decrease in claims the first year, the decrease was more modest over the next two years (22% and 9%) respectively. It was clear that having equipment alone was not effective in reducing injuries (including transfer-related injuries) and health-care costs. A major paradigm shift from ineffective to more effective methods was needed. The implementation of a Safe Patient Handling and Movement Program was a matter of “doing the right thing,” according to Donna LaBombard, regional safety and risk manager for the North Eastern region.

Components of the Program
With this new approach, Genesis Health Care Corporation made sure the necessary infrastructure was in place to support the smooth implementation of the program. The program included:
• No-lift policy
• Patient handling equipment (new, improved and adequate number)
• Education and training on the use of the equipment
• A resident specific patient handling assessment protocol

Photo shows the Total Lift (made by Invacare) used to transfer residents who cannot assist with the process. It is used to transfer from bed to chair and chair to bed, or when on the floor. On the L is Carlene Brown and the R is Avril Brown — both are certified nursing assistants (CNAs) and are completing their annual competency.

• Train the trainer team
• Lift coordinator
• Ongoing monitoring of staff compliance
To further guarantee its success during the planning and implementation of the program, two companies, Prevent, Inc. and Invacare, were incorporated. Invacare supplied the equipment, while Prevent, Inc. provided training and oversight of the program. This was a smart move by the decision makers who gathered willing to invest in acquiring the necessary equipment, but lacked all the expertise needed to implement the program.

Stage One: Orientation to the Program
During this initial phase, the overall program goals, staff roles and responsibilities were communicated at several meetings and in-services. The goals were to:
• Avoid manual lifting of patient,
• Perform safe patient handling using assistive equipment and devices,
• Reduce musculoskeletal disorders and decrease health-care cost.

Although nursing personnel were the primary users of the Safe Patient Handling and Movement equipment, an interdisciplinary team approach was initiated, to ensure that all aspects of the program was managed successfully. Persons from every department, except the therapy department, were directly involved with the program.

The staff development coordinator assumed the role of educator and lift coordinator. She assisted the entire program, assisted with the initial training of registered nurses and nursing aides, and conducted or supervised the training or retraining of all newly hired, and existing nursing staff, respectively. One of her major responsibilities was to encourage 100% compliance in caregiver training and resident ergonomic assessment.

Unit managers and charge nurses were identified and trained. These were registered nurses and nursing aides who demonstrated a willingness to be trained and work with others. After training, they became the team that assisted the staff development coordinator with the ongoing training of all nursing staff. Next, direct caregivers received hands-on training on the use of the Sit to Stand and Total lift. Six weeks later, staff received hands-on training on the use of the Gait Belt and Ergo Slide. In this way, staff were given adequate time to gain competency in using each piece of equipment. Annual mandatory retraining also is conducted to ensure that staff remained competent in using the equipment.

Infrequent users of the transfer equipment are especially grateful for the training on the use of the equipment. Photographs of the training aides and the trainers were printed, and proofs. Patient handling incidents declined by more than 75%. In addition to staff receiving fewer injuries, these injuries were also less severe. Safe resident handling results to date in centers where the program is fully implemented report a 26% reduction in the frequency of injuries and a 42% reduction in severity, with minor differences each
Appendix A: Number of transfer related injuries before (2003) and after (2004-2005) the SPH&M Program (Prevent, Inc., 2006). Average claim per employee was $13,500 month.

The staff expressed satisfaction with the program, as evidenced by some of their comments on the customer satisfaction survey:

“No-lift policy saved our backs.”

“Thank you Genesis Health Care for caring about us.”

“Every long-term-care facility should have this program.”

Nurses and other health-care workers are at high risk for receiving musculoskeletal injuries while performing high-risk patient handling tasks. Implementation of a Safe Patient Handling and Movement Program will increase patient safety, improve the health and safety of nurses and other health-care workers, and reduce health-care costs.


Clinical educators will find the book useful for graduate or undergraduate students. These strategies and the core competencies derived from the IOM reports will improve care on medical / surgical units. For more information, go to www.rwjf.org or call 1-800-637-0323. 

TCAB School of Nursing Partnerships
Strengthen Communications Between
Education and Practice

Transforming Care at the Bedside (TCAB), a joint program of the Robert Wood Johnson Foundation (RWJF) and the Institute for Healthcare Improvement, is helping to empower nurses and other staff to develop, test and implement changes that will improve care on medical / surgical units. Ten hospitals that are participating in TCAB have formed strategic partnerships with 14 nursing schools to better prepare students for leadership roles in quality and safety initiatives once they enter the workforce. The TCAB School of Nursing Partnerships initiative is designed to strengthen nursing education around quality and safety and bolster the leadership skills of future nurses. To learn more about RWJF’s efforts in the area of transforming the quality of patient care go to: http://www.rwjf.org/
The Connecticut Department of Public Health (DPH) recently launched an initiative focused on promoting the public health nursing specialty. An informational meeting to introduce the initiative was held in February and included members of the Connecticut Public Health Nurses Association, nurses working in local health departments/districts, community/public health nurse educators, and other affiliates. The purpose of the meeting was to:

1) Provide a forum for nurses working in our health departments to discuss the uniqueness of the public health nursing profession and the range of issues affecting practice
2) Share updates on national efforts to enhance the public health nursing workforce
3) Introduce the DPH virtual Office of Public Health Nursing
4) Glean input from nurses affiliated with local health departments to determine priorities on ways for strengthening a public health nursing network.

Public health is an essential service guaranteed to all residents and encompasses sophisticated, science-based systems for identifying and dealing with real or potential health threats. Nurses providing services in Connecticut’s health departments (state and local) are a vital professional component of our public health workforce.

The Connecticut Department of Public Health Nursing Launches Initiative to Promote Public Health Nurses

Public health nursing is the practice of promoting and protecting the health of populations using knowledge from nursing, social, and public health sciences. Connecticut’s public health nurses work in a variety of settings as you will see from the following articles.

Ever Thought About The Specialty of Public Health Nursing? Form Celebrates Public Health Nursing Distinguishing Public Health Nurses and the People We Serve

The annual meeting of the Connecticut Association of Public Health Nurses (CAPHN) was held on May 3, 2007. Representatives from local and state health departments/districts, community based organizations, academia, and other not-for-profit agencies attended the conference. The meeting included election of officers, committee reports and a program panel of four talented public health nurses. The panel participants were Laurie St. John, RN, MSN from VNA Health Care, Inc (Hartford/Waterbury), Kaydee Schmidt, RN, MPH, MS, past president of the Massachusetts Association of Public Health Nurses, Melanie Smith, RN, MSN, PNP, from East Hartford (CT) School Based Health Center, and Nancy Beaudry, RN, COHN from the Northeast Health District, Pomfret, CT.

Laurie St. John shared a historical overview of public health nursing focusing on the development of services in CT, particularly Hartford. She presented information on current services offered by VNA Health Care highlighting the telemonitoring program for disease management of patients in the home and services to prevent falls at home.

Kaydee Schmidt reviewed a 2005 survey in Massachusetts of public health nurses. The survey is premised on the fact that nurses are the largest segment of the public health workforce, that data is key to documenting the future of public health and to begin to address a plan in light of the nursing shortage. The survey had responses which represented 83% of the state population and included data such as 51% of the public health nurses have a BSN or higher and the mean salary rate is about $27/hour with a range of $15 to $35/hour. A few of the goals of public health nurses in Massachusetts are to assure competency and preparedness, to engage policy makers in improving public health competency at all levels and maintain local and national alliances to advance public health nursing practice including salaries as a recruitment and retention tool.

Melanie Smith described her role as an advance practice nurse in a school setting of which her program is one of 66 such sites in CT. She identified multiple risk factors among this population including poverty, paucity of love and lack of consistent parental guidance for the children. This school based service created an after school program for 4th and 5th graders for purposes of teaching appropriate behaviors, encouraging a structure for completing homework and to promote teamwork using role models from high school athletes.

Nancy Beaudry is a certified occupational health nurse and together with a sanitarian work as a team for improving environmental health to the 12 towns in this health district located in the quiet corner of CT. The service includes interventions of homes where children present with asthma or elevated lead levels and assist with wild life threats (rabies), food borne illnesses as well as communicable disease follow up.

An election of officers resulted in the following:

- **Vice President**: Andrea Lombard, RN, MPH, State Department of Public Health
- **Secretary**: Margaret Balint, RN, BS, BC, Stratford Health Department
- **Member at large**: Sharon Enot, RN, Windsor Health Department
- **Member at large**: re-elected were Linda Bailey, RN, MPH, State Department of Public Health, Deborah Horvath, RN, MSN, Naugatuck Valley Health District and Beth Stringel, RN, MS, Stratford Health Department.

Lynn Abrahamson, MPH, RN, current CAPHN president, kicked off the afternoon program with a report of the activities this past year as well as the goals for 2007-2008. Strategic priorities for the upcoming year include:
1) continuing to improve public health nursing practice through education and professional development activities;
2) exploring academic initiatives that support students and new professionals;
3) improving organizational effectiveness by increasing finances and governance structures;
4) expanding our impact through partnerships at the local, state and regional level. This report and other association documents can be found on the CAPHN website at [http://caphn.org](http://caphn.org). This is a very exciting and challenging time for public health nurses. The needs are great and the resources are scarce. As the nursing shortage continues to grow nationally and in Connecticut, it is essential that we strengthen our leadership structures for efficient and effective collaboration and problem solving. CAPHN is working hard to be part of the solution through ongoing dialogue, the identification of opportunities and threats, and mutual support for activities that impact our communities. Public health nursing is indeed in action in Connecticut!
New Haven Regional Nightingale Gala

The 7th Nightingale evening was again a party, an event and an opportunity to publicly recognize 88 nurses from 32 area organizations who are at the top of their game. It is simply inspiring to be in a room of 500 strong celebrating nurses and publicly recognize 88 nurses from 32 area organizations who are at the top of their game.

Joanne Walsh, president & CEO, VNA of South Central CT, about the New Haven Regional Nightingale gala.
Hartford Regional Nightingale Gala

Carol Picard, PhD, RN, CS, president of Sigma Theta Tau International and the keynote speaker at the Hartford event identified the five attributes necessary to “keep the passion in compassion”: confidence, competence, conscience, commitment and compassion itself. “Dream big,” she encouraged the audience “to become the change we want to see. All things change when we do.”

Linda Boccielliti, RN, BSN
Kathy Brandi, RN, BSN
Judith Brown, RNC, OCN
Kristen Brown, RN
Judy Brusby, MS, APRN, BC

Ophealia Campo-Julian, RN, BSN
Penny Charanum, RN
Margaret Cheuffer, RN, BSN
Kara Cleveland, RN, AD
Patricia Coppola, RN
Nicole Cronan, RN
Eileen Darby, RN, BSN

Molly Davison-Price, RN, MSN
Ann deHertogh, RN, BSN, MBA
Krystyna Demusz, RN, BSN
Mary DiPietro, RN
Virginia Drapeau, RN, BSN
Anne Dukelhart, RN
Mary Kate Eanniello, RN, MSN, OCN, CHPN
Kathleen Emery, RNC

Karen Ewald, RN, BSN
Janice Fisher Costello, RN, MSN
Mary-Joan Forstbauer, RN, BSN
Priscilla Gadea, RN, BSN
Sue Gallagher, RN, BSN
Margaret Goodrich, RN
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Kathleen Higgins, RN
Louise Hominie, RN, BSN, MSN, CCRN, CPN
Katherine Hook, RN
Kathleen Johanns, RN, BSN, CNOR

Nadine Johnson, RN, AD
Anna Kaczor, RN, BSN
Kathy Karnolt, RN, BSN, COHN-S
Bernadette Kelley, RN, BS
Nancy Kelly, RN
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Nancy Kiely, RN, BSN, MA
Claudia Kimber, NNP, MS
Lynn Kobylemski-Kissner, RN, WOCN

Priscilla Kozak, RN
Arleen Lewis-Mesquita, RN, BS
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Deborah Macwilliams, RN, BSN
Kristy Mahon, RN
Susan Manganillo, RN, BSN
Dawn Mapp, RN, BSN

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VNA HealthCare
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Home and Community Health Services
University of Connecticut Health Center
Connecticut VNA
St. Francis Hospital and Medical Center
Hartford Hospital
Connecticut Children’s Medical Center
Hartford Hospital
Hartford Hospital
Visiting Nurse Association of Central Connecticut
Goodwin College
The Hospital of Central Connecticut
The Hospital of Central Connecticut
Hartford Hospital
Seabury
Women’s Health Connection
The Hospital of Central Connecticut
Hartford Hospital
Eastern Connecticut Health Network
St. Francis Hospital and Medical Center
Hospital for Special Care
Connecticut Children’s Medical Center
Pratt and Whitney
Eastern Connecticut Health Network
Hartford Hospital
Eastern Connecticut Health Network
Hebrew Community Services
Adult Day Center
University of Connecticut
Health Center
Visiting Nurse and Health Services of Connecticut
The Hospital of the Central Connecticut Correctional Managed Health Care
St. Francis Hospital and Medical Center
St. Francis Hospital and Medical Center
MidState Medical Center
Connecticut VNA
The Hospital of Central Connecticut

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Bitty McCormick, RN, BSN
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Hartford Hospital
The Hospital of Central Connecticut
Connecticut Children’s Medical Center
St. Francis Hospital and Medical Center
Correctional Managed Health Care
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Email: dwolf@vnahealthcare.org

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Connecticut Nursing News - June, July & August 2007 - Page 11
The summer of 2006 was a busy one for three nurses at the Department of Public Health. Betty C. Jung, Barbara Dingfelder, and Valerie Fisher were on a quest to discover the extent to which genetics is taught in schools of nursing in Connecticut. After trying online searches and other methods, they surveyed colleges and universities to assess the health care workforce and the important information that has set in motion a host of follow-up activities at the Department of Public Health.

What motivated them to undertake this effort, conducted top of their already busy schedules? The answer is perhaps best understood by describing how what could be termed as the “old genetics” stands in stark contrast to “new genetics”. To most, genetics has been thought of in terms of reproductive decisions and rare inherited disorders impacting only a small percentage of the general population. Traditionally, “old genetics” services have involved mainly prenatal genetic counseling and the identification of birth defects, pediatric disorders, and some rare adult genetic disorders. New genetic and technological advances, however, are helping to clarify how genetic changes affect not only human variation, but also the development of diseases that are prevalent in addition to their potential curative, such as cancer and diabetes, among others.

The New Genetics and Nursing

Specifically, research from the Human Genome Project, an important research landmark, produced a more complete understanding of the relationship between genes and disease – including common diseases. It has boosted the development of targeted drug therapies and genetic tests to determine the risk for or diagnosis of genetic diseases. The resulting explosion of knowledge caused a rapid shift to a “new genetics” paradigm under which most diseases are believed to be caused by a genetic component. It is now recognized that many common human diseases, including heart attack, certain cancers, mental illness, diabetes, and Alzheimer’s disease, may result from complex interactions between multiple genes, health risk behaviors, and a variety of environmental factors.

This genetics revolution has created a demand for health professionals in a number of clinical settings who understand the genetic contribution to disease and disease risk, treatment implications, and the knowledge of genetics to help patients and families. Nationally, efforts have been underway to address the need for an up-to-date genetics workforce. In 2002, the National Coalition for Health Professional Education in Genetics released a set of competencies mandating new directions for nursing education and practice to ensure the competence of critical care nurses and help patients understand both the promise and limitations of genetic discovery. Additionally, at a 2005 meeting held by the American Nurses Association, minimal core competencies for all nurses were endorsed with the development of the American Nurses Association’s Nursing Competencies and Curricula Guidelines for Genetics and Genomics.

“Nurses today need to understand the role that genetics plays in health and disease, and how genetics is opening up new opportunities for diagnosis, prevention, and treatment of many common diseases.”

- Dr. Susan Capasso

“Nurses today need to understand the role that genetics plays in health and disease, and how genetics is opening up new opportunities for diagnosis, prevention, and treatment of many common diseases.”

- Betty C. Jung, RN, MPH, CHES; Barbara Dingfelder, APRN, MPH, CHES, BC; and Valerie Fisher, RN CD-N, CCM, MS of the Connecticut Department of Public Health

By Beverly Burke, MSW, DPH, lead planner/genomics

Although all surveyed nursing schools are accredited, they varied in curriculum content. In fact, coverage/integration of genetics varied by school. Though genetics/genomics is not consistently taught in nursing schools, the concepts are part of some courses.

• Nurses at various settings: In general, individuals (nurses and non-nurses) conducting community and/or in-service health education. They do not have to follow any particular curriculum. Individual employer/company policies and interests of the educator usually dictate subject matter, and genetics education is not usually an offered topic.

The DPH nurses group concluded that the genetics content of nursing curricula offered across Connecticut are difficult to assess definitively. They recommended that work with a nursing faculty subcommittee be undertaken to review current offerings and develop a core curriculum for genetics/genomics education, including genetics/genealogies competencies that can be adapted to the curriculum of all schools of nursing in Connecticut.

They also recommended that the Connecticut Board of Examiners for Nursing, nursing school accreditation bodies and NCLEX-RN be conferred to discuss strategies for integrating genetic/genomic modules into existing nursing curricula and offer new curricula on the NCLEX-RN. The recommended approach for nursing education was an “across the lifespan” approach, which would enhance the introduction of various aspects of genetics/genomics information in a systematic manner. As it was also learned that not all anatomy and physiology courses taught in Connecticut contain a unit in genetics, Dr. Capasso is developing an online review course in anatomy and physiology with a genetics module for nurses and allied health students to help with retention, and which reviews the genetics content needed to fulfill the genetic and nursing competencies. She stressed the importance of this course because without a background in genetics, many students will not understand the complex and integrated genetics concepts that will be taught in their clinical courses.

Lastly, the group advised that nursing school faculty become familiar with web-based genetics/genomics education offerings, and current registered nurses explore continuing education programs available online, many of which are free, to develop a knowledge base in genetics/genomics.

In response to this recommendation, DPH has training resources listed on the DPH genetics web page at: http://www.dph.state.ct.us/genomics/education.htm

It is clear that academicians and practitioners will need to come together to find ways to incorporate core competencies in genetics into current nursing education and professional nursing practice. Prompted by the efforts of these three dedicated nurses, Betty C. Jung, Barbara Dingfelder, and Valerie Fisher the field of nursing in Connecticut will have much to look forward to in the future.

References: Please e-mail info@ctnurses.org
Assuring first cervical cancer vaccine (Gardasil) last year, there has been a flurry of legislative activity within 39 states plus the District of Columbia, much of which seeks to mandate administration of the vaccine to girls in order for entry into school. The debate, in large part, has centered with the failure to acknowledge parents’ rights. Other concerns include funding the costs of immunization (for the three injections) which are not necessarily covered by insurance and limited clinical studies and experience to date as to the vaccine’s safety and efficacy. ANA’s Committee on Legislation approved and the Board of Directors adopted principles associated with the HPV vaccine. The principles are as follows; ANA: 1. Supports the implementation of policies, regulatory and legislative strategies that promote childhood and adolescent health, including immunizations recommended by the Advisory Committee on Immunization Practices (ACIP). 2. Recommends that HPV vaccine legislation, at the very least, include provisions for: parental choice; the opportunity to “opt out” after having received education as to the relationship between HPV and cervical cancer funding for access, should a health plan not provide coverage for those individuals who are uninsured. 3. Supports continued research to monitor the continued efficacy of this vaccine; support the development of new and refined vaccines; and determine appropriateness for expanding coverage to males.

“School nurses play a fundamental role in teaching students how to improve their overall health, and reduce unhealthy behaviors. School nurses serve to optimize a student’s health, safety, and capacity for learning.”

ANA Advocates for Daily Availability of School Nurses for Nation’s Children

Students’ health and health needs must be addressed in schools to achieve optimum learning.

The American Nurses Association (ANA) supports a collaborative school health model which best protects the fundamental public health and educational priority our nation’s children represent. Based in part on the success of public health planning, it requires the cooperation and participation of health care professionals, teachers, school administrators and staff, students, families, and the community. Assuring Safe, High Quality Health Care in Pre-K Through 12 Educational Settings, ANA Statement of Position, paragraph 1. The American Nurses Association (ANA) recommends the assignment and daily availability of school nurses in educational settings to address the safety and health care needs of the nation’s children. Students’ health and health needs must be addressed in schools to achieve optimum learning, and registered nurses, at a ratio of one for every 750 students, are essential in promoting health, preventing injury, and providing direct health care services to school students to achieve a safe and healthy learning environment. “Children should be healthy to learn, and learn to be healthy,” said ANA President Rebecca M. Patton, MSN, RN, CNOR. “School nurses play a fundamental role in teaching students how to improve their overall health, and reduce unhealthy behaviors. School nurses serve to optimize a student’s health, safety, and capacity for learning.”

Positives of good health on academic potential; link of school nurse and attendance.

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Full-time/Part-time APRN Clinical Nurse Specialist in child and adolescent psychiatry

Send resume to Dee Jackson, Director of Outpatient Department, 180 Fairfield Avenue, Bridgeport, CT 06604 or Fax to (203) 394-6534.

The prevalence and complexity of children’s health problems affect every US classroom, with the US Agency for Healthcare Research and Quality (AHRQ) reporting that roughly 20 million of the nation’s children suffering from at least one chronic health problem. It is essential that the school nurse have the professional knowledge and the skill to manage and provide a full range of health services in educational settings. While the school nurse provides direct health care to students in emergencies, she or he must also manage the collaborative care of chronic health conditions, as well as acute injury and illness.

In addition, the school nurse provides the leadership, management and health planning knowledge and experience to pursue many additional responsibilities. These include, but are not limited to, health education and promotion, screening and referrals for health conditions, monitoring and counseling students for a variety of physical and psychological conditions or problems, the development and evaluation of health programs and policies, field trip planning, assessing and monitoring the school environment for health hazards, as well as assisting with emergency and disaster planning and preparedness.

Collaborative school health model needed for successful health planning

ANA believes that successful health planning requires the cooperation and participation of healthcare professionals, teachers, school administrators and staff along with students, families and their communities. As part of that collaborative school health model, and to assure children’s safety, ANA believes that other responsible people in the school setting should be trained and drilled in various health care protocols, under the direction of the school nurse. The lack of a school nurse on the premises should never hinder the school’s ability to respond to emergencies and urgent situations; either by telephone or through well-rehearsed protocols, the school nurse can assist others in providing the high quality care that all school children deserve. On any given weekday, as much as 20% of the combined US population of children and adults can be found in schools. ANA strongly believes that public policy must guarantee a central health care professional - educated, knowledgeable and with up-to-date skills - to be available daily to students in the educational setting, to best protect the fundamental public health and educational priority our nation’s children represent. That professional is the registered school nurse.

For more information about ANA’s position on school nurses and children’s health and safety in schools, please go to http://www.nursingworld.org/readroom/position/practice/AssuringSafeHealthCareP rEck.pdf.
SAVE THE DATE!
Monday, October 29, 2007
Connecticut Nurses’ Association’s 101st Annual Convention!

“Nursing: Our Profession, Practice and Passion”
Our profession unites us all as we practice in the multitude of varied settings. Our faculty presenters will bring their passion for nursing practice and issues that are of interest and concern for all nurses.

Please join us for a day of education, networking and celebration!

Annual Healthy Child Care CT Child Care Consultant Training

What: This Child Care Consultant Trainings is presented by the Connecticut Nurses’ Association. The training continues to offer exciting new curriculum for consultants in the early care and education community. The curriculum is based on a model developed by the National Training Institute for Child Care Health Consultants at the University of North Carolina School of Public Health. In addition, representatives from each discipline (health, mental health and education), and the Healthy Child Care America grantees in the six New England states, as well as staff from the Region 1 Head Start Quality Initiative, have participated in developing this training. The face-to-face trainings are supplemented with self-study assignments done through CD ROMs. In addition, each participant receives CD-ROMs that contain resources from the National Training Institute for Child Care Health Consultation.

Who: Health consultants in child care and school readiness programs and Head Start health managers • New consultants in early care and education • Education consultants in child care and school readiness programs and Head Start education managers • Mental Health consultants • Early intervention nurses • Directors/owners of ECE programs

**We encourage teams of consultants (health, mental health, education) to attend the training together, team tuition rates may be available.

Where: to be determined, once dates are set.

When: The dates for this year’s training series will be announced. Generally it is a four or five day training, continuing for one/two days a month to complete the days.

Registration Information: Participants must register for all days of training. The cost for the training this year has yet to be determined. Registration material will be posted on the CT Nurses’ Association website – www.ctnurses.org – and through our email list serves. If you are not on our list serve please email Pat Anderson at andersonpw66@sbcglobal.net to be added to our list. Registration is handled through the CT Nurses’ Association.

Questions: Please email Kim Sandor at K.Sandor@comcast.net

Information about presenters, topics, materials provided, curriculum, learning and networking opportunities and more... available at www.ctnurses.org and click on Child Care Health Consultants,

Directors of child care, Head Start and school readiness programs • New health consultants in child care and school readiness programs • Mental Health consultants • Early intervention nurses • Directors/owners of ECE programs

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American Nurses Foundation (ANF) of the American Nurses Association to call attention to adolescent smoking and encourage nurses in many settings to intervene. Resources and opportunities for tobacco prevention and cessation are described.

If any Sponsor or Provider has not purchased the 2007 manual, please do so soon - as the changes that went into effect January 1, 2007 - affect each of you, even if it is not time to re-apply. Manual order forms are available to download from CNA's website - www.ctnurses.org.

Activities Approved form 1/1/2007 to 5/15/2007

Open  QBS, LLC Behavioral Incident Prevention and Management  2.0CH
Open  DPH - Applied Epidemiology for Public Health Nurses: An Independent Study  7.5 CH
2/27/07  Jeannette Perlman - Individual Motivation that Influences Treatment  2.0CH
3/21/07  CSPAN - Coagulation Abnormalities and Interventional Treatment in the Perioperative setting  1.5 CH
3/24/07  MedOptions, Inc - Dementia Behaviors: New Guidelines for Treatment  3.1CH
3/28/07  DPH - Diabetes Mellitus 2007: Review and Update  7.0CH
4/3/07  CCMC - Nursing Professionalism: Taking Care of the Next Level  6.5CH
4/3/07  CT Chapter IAFN - A Pebble in the Water: Surviving Sexual Violence  4.0CH
4/5/07  CT Chapter of the Alzheimer’s Disease and Related Disorders Association, Inc - Quality of Life Throughout the Continuum of Care  5.75CH
4/12/07  VNA- South Central CT - Understanding Stroke  1.75CH
5/2/07  CPA - When Childbirth Becomes a Crisis  3.0CH
5/5/07  Hospital for Special Care – Care of the Child with Complex Medical Needs  5.75CH
5/7/07-6/15/07  Quinnipiac University Department of Nursing - SAFE and Intercultural Violence Education for Health Professionals  48.0CH
5/9/07  CCMC - Pediatric Practices Today  5.75CH
5/10/07  CT Clinical Nursing Associates, LLC – Skin Failure: Pathophysiological Event or Nursing Catastrophe?  1.0CH
5/10/07  The Hospital of Central CT - Schwartz Rounds  1.0CH
5/16/07  MedOptions, Inc.- Documentation: Evaluation and Management of the Medical and Psychiatric Care of Residents in LTC  2.0CH

CE Available - Nurses Role in Tobacco Prevention and Cessation for Adolescents

The Nurses Role in Tobacco Prevention and Cessation for Adolescents is the latest online continuing education offering. Tobacco use is the single most preventable cause of morbidity and mortality in the United States today. Almost all of today's current smokers started in their teen years. The goal/purpose of this independent study module is to call attention to adolescent smoking and encourage nurses in many settings to intervene. Resources and opportunities for tobacco prevention and cessation are described.

This Independent Study Module (ISM) was developed for Partners in Program Planning for Adolescent Health (PIPPAH), a federally funded program administered by the American Nurses Foundation (ANF) of the American Nurses Association.

Go to: http://www.nursingworld.org/mods/mod424/tobaccoadolabs.htm

Cardiac - Vascular Review ‘07

Review seminars offer practical applications, valuable study tips, and solid strategies that you can use immediately in preparation for certification exams. Core concentration areas pertaining to specialty area are:

- Cardiac and Vascular Risk • Risk Reduction • Hypertension Management
- Dyslipidemia Management • Pathophysiologic Processes
- Cardiac and Vascular Assessment • Cardiac and Vascular Disease Manifestations
- Invasive Management of Cardiac and Vascular Disease
- Cardiovascular Pharmacology • Special Situations
- Psychosocial Aspects

Continuing Education Hours will be awarded with this seminar. A content slide handbook is included with this seminar.

WHEN: Monday September 10, 2007 8:00a.m.– 4:00 p.m. (ETZ)
WHERE: Hartford Hospital, 80 Seymour Street, Hartford, Connecticut 06102
FEE: Cardiovascular Seminar Hartford Hospital Employees $148.00
Cardiac/ Vascular General Registration $165.00
Please send all pre-registration interests via e-mail to Christina Case at case@hartlinp.org Limited spaces available. Please include full name, e-mail address, phone number and hospital affiliation.

If you need assistance with the registration process, please call Christina Case at 860-545-3556 x 2080 or e-mail her at case@hartlinp.org.
Almost 20 percent of the patients surveyed were said to have been least satisfied with overall and nursing care, with effective nurse retention strategies to a high quality of care in combination—note that “overall hospital commitment to nurse staffing” is not necessarily causal because they are not necessarily statistically correlated.

In the case of the researchers from Vanderbilt University Medical Center and Massachusetts General Hospital, they examined the results of three surveys conducted by Harris Interactive in 2004 and 2005. Researchers found that even some of the highest-performing RNs and chief nursing officers (CNOs) expressed considerable concern about the shortage’s impact on nurses’ ability to ensure patient safety and promptly detect patient complications. Most physicians and chief executive officers (CEOs), however, did not share similar views. In addition, physicians and nurses were more likely than CEOs and CNOs to report that most of the Institute of Medicine’s six aims for improving health care—which include increasing time for team collaboration, nurses’ time with patients and the quality of nurses’ work life—have been negated by the nurse shortage. Furthermore, 91 percent of RNs said the shortage would prompt nurses to leave the profession, compared with 79 percent of hospital CEOs. In addition, 94 percent of CEOs said the shortage would result in higher nurse pay, compared with only 48 percent of RNs.

The disconnect is troubling. In light of the findings, researchers suggest that hospital CEOs are not fully aware of the role that nurses play in patient safety, a “disconnect” that is troubling and warrants further consideration. Researchers add that the variance in perceptions reinforces the importance of strengthening communication and collaboration among hospital staff members, particularly in promoting positive nurse-physician teamwork to improve patient safety. They conclude that, although future nurse shortages may occur, “improvements in interdisciplinary teamwork could mitigate their harmful impacts.”

The recommendations focus on using protocols to reduce risks and ensuring prescription legibility or the use of preprinted orders or electronic prescribing. Patient Identification The recommendations continue to identify patients often leads to medication, transfusion and testing errors; wrong person procedures; and the discharge of patients to the wrong facility. The recommendations place emphasis on methods for verifying patient identity, including patient involvement in this process; standardization of identification methods across hospitals in a health care system; and patient participation in this confirmation; and use of protocols for distinguishing the identity of patients with the same name.

Performance of Correct Procedure at Correct Body Site - Considered totally preventable, cases of wrong procedure or wrong site surgery are largely the result of miscommunication and unavoidable, or incorrect, information. A major contributing factor to these types of errors is the lack of a standardized preoperative process. The recommendations to prevent these types of errors rely on the conduct of a preoperative verification process; marking of the operative site by the practitioner who will do the procedure; and having the team involved in the procedure take a “time out” immediately before starting the procedure to confirm patient identity, procedure, and operative site.

Control of Concentrated Electrolyte Solutions - While all drugs, biologics, and medical devices have a defined risk profile, concentrated electrolyte solutions that are used for injection are especially dangerous. The recommendations address standardization of the dosing, units of measure and terminology for the mix-ups of specific concentrated electrolyte solutions.

Assuring Medication Accuracy at Transition Points - Medications are most commonly at transitions. Medication reconciliation is a process designed to prevent medication errors at patient transitions.

The recommendations address creation of the most complete and accurate list of medications the patient is currently taking—also called the “home” medication list comparison of the list against the admission order set, discharge orders when writing medication orders and communication of the list to the next provider of care whenever the patient is transferred or discharged.

Avoiding Cather and Tubing Mis-Connections - The design of tubing, catheters, and syringes currently in use is such that it is possible to inadvertently cause patient harm through connecting the wrong syringes and tubing and then delivering medication or fluids through an unintended wrong route. The recommendations address the need for meticulous attention to detail when administering medications and feedings (i.e., the right route of administration), and when connecting devices to patients (i.e., using the right connection/tubing).

Single Use of Injection Devices - One of the biggest threats in the spread of Human Immunodeficiency Virus (HIV), the Hepatitis B Virus (HBV), and the Hepatitis C Virus (HCV) because of the reuse of injection needles. The recommendations address the need for prohibitions on the reuse of needles at health care facilities; periodic training of practitioners and other health care workers regarding infection control principles; education of patients and families regarding transmission of blood borne pathogens; and safe needle disposal practices.

Improved Hand Hygiene to Prevent Health Care-Associated Infection (HAI) It is estimated that at any point in time more than 1.4 million people worldwide are suffering from infections acquired in hospitals. Effective hand hygiene is the primary preventive measure for avoiding this problem. The recommendations encourage the implementation of strategies that make alcohol-based hand-rubs readily available at points of patient care; access to a safe, continuous water supply at all taps/faucets; staff education on correct hand hygiene techniques; use of hand hygiene reminders in the workplace; and measurement of hand hygiene compliance through observational monitoring and other techniques. The Patient Safety Solutions were developed with the assistance of an International Steering Committee of patient safety experts and patient representatives, as well as Regional Advisory Councils in Europe, the Middle East, and the Asia-Pacific region. A major international field review of the proposed solutions was also conducted to gather feedback from leading patient safety entities, accrediting bodies, ministries of health, international health professional organizations and practitioners, and other experts.

For more information or to view the complete Patient Safety Solutions, please access www.jointcommissioninternational.org/solutions
Connecticut Nurses Celebrate 2007 Nurses Week

Nursing: A Profession and a Passion – theme for week

Each year, National Nurses Week is celebrated between May 6, also known as National Nurses Day, and May 12, Florence Nightingale’s birthday. Most facilities in the state celebrated the week with events honoring their nursing staff. There were also statewide events including a celebration at the Capitol.

Proclamations were issued by Governor M. Jodi Rell and the General Assembly in honor of Nurses Week and were presented at the Capitol during the Leadership and Policy Work Group of the Future of Nursing’s event.

Norma Gyle, RN, PhD, deputy commissioner of the Department of Public Health, presented the Governor’s proclamation. The legislature’s proclamation was presented by Senator William Nickerson (R-Greenwich / Stamford). Nickerson played a key role in helping to arrange the event. Other speakers included Lieutenant Governor Michael Fedele and Vivienne Friday, RN, MSN, staff development coordinator, Genesis Health Care Corporation.

At a celebratory program held on May 24, 2007 nurses who work in state of Connecticut facilities and departments were honored. Anne D. Gnazzo, commissioner, Department of Administrative Services hosted the annual event at the Old Judiciary Room in the Capitol.

The nurses were honored in two categories – administrative/education and direct care nurses. Barbara Dingfelder, APRN, MSN, MPH, CHES from the Department of Public Health was honored as the 2007 State Nurse of the Year in the administrative/education category and Maureen Worley, RN, BSN, UConn Health Center, John Dempsey Hospital received the 2007 State Nurse of the Year honor in the direct care category.

Nominees from other departments and facilities were:

Administrative/Education
Karen Barna, APRN, Department of Mental Health and Addiction Services
Katherine Pellerin, RN, Department of Education, Norwich Technical High School
Lillian Rafeldt, RN, Three Rivers Community College

Direct Care Nurse
Brenda Chyra, RN, Department of Mental Retardation
Linda Dame, RN, Norwich Technical High School
Juanita Durham, APRN, UConn Health Center, Correctional Managed Health Care
Madeline Gonzalez, RN, Department of Children and Families
Deborah Howley, Department of Mental Health and Addiction Services
Debora Sutherland, APRN, Department of Veterans Affairs

Also receiving honorable mention recognition were Ann Bello, RN, Norwalk Community College; Dr. Barbara Piscopo, Western Connecticut State University and Dorothy Phillips, RN, Eastern Connecticut State University.

Connecticut Nurses
State Nurses of the Year 2007

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Connecticut Nursing News

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Harborside Healthcare - The Reservoir
1. Emily Way, West Hartford, CT 06107

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--- Acute Care ---

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  Must have Staffing/Scheduling;
  Float Pool/Per Diem Experience
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- Accreditation Manager - Salary DOE
- Quality Improvement Coordinator
  - Salary DOE

--- Long Term Care ---

- Assistant Director of Nurses
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- MDS Coordinator - Salary DOE

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Nurse and English Professor

On March 1, 2007 The Middletown Press (CT) ran a story about Rose Quiello, who is both a veteran nurse and a professor of English at Southern Connecticut State University. Shannon Becker wrote the piece, “Professor, nurse to lead novel discussion series.” The article uses a short series of talks Quiello has planned at a local library to bring out links between Quiello’s two careers, and between health care and literature generally. The piece gives the public a good profile of a literate, articulate nurse. Quiello rightly suggests that looking closely at literature can improve nurses’ powers of clinical assessment and empathy. We would go even further: because textual analysis can help us understand and respond to human behavior, it can help nurses become better advocates for their patients—and themselves. We thank Shannon Becker and the Middletown Press for this helpful, interesting piece.

Center for Nursing Advocacy [news_alerts@nursingadvocacy.org] retrieved on 5/24/07

Nurses in the News

Judy Ellsworth Named School Nurse of the Year

Judy Ellsworth, school nurse for Coginchaug High School in Durham, was honored as Connecticut School Nurse of the Year at the Association of School Nurses of Connecticut dinner, held recently at the Hawthorne Inn in Berlin. One of her colleagues described her as the epitome of what a Nurse of the Year nominee should be for any setting (hospital or community) and how fortunate it is for Durham that she chose school nursing.

Prior to school nursing, Ellsworth was a nurse manager at Yale-New Haven Hospital. She was recognized for her outstanding organizational skills, dedication, and accountability. She has often helped injuries during athletic games after school as she frequently stays until 5 p.m. to finish paper work. Her generosity does not stop with lending the students lunch money. She is the first to supply a dinner or a ride to someone in need in her quiet and calm, no thanks needed manner.

Marylyn Kusek Receives “Distinguished Service Award” From Connecticut Assisted Living Association

Marylyn Kusek, a registered nurse and director of wellness for Sterling Glen of Darien, an independent and assisted living senior residence, was recently honored at the Connecticut Assisted Living Association’s (CALA) annual awards dinner. Kusek received the 2006 “Distinguished Service Award” for her long-time, dedicated level of service to the organization.

Kusek is a leading spokesperson for matters on assisted living and has worked in the assisted living field for twenty years. She has served as Sterling Glen of Darien’s director of wellness since its opening in 1997 and prior to that was wellness director for Sterling Glen of Stamford. In addition, she has played an integral role in developing and maintaining CALA’s training and education program for newly hired assisted living supervisors. She has emphasized a particular focus for these training sessions in the areas of documentation and medication management issues. In her distinguished career, Kusek has also served for several years as a co-chairperson on the Nursing Supervisory Committee for CALA.
VNHSC is seeking to add the following positions to our growing homecare agency:

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Monday - Friday and minimal weekend commitment with one year of med/surg required.

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Oncology/Hospice experience and one year med/surg experience preferred.

**RN WEEKENDS ON-CALL**
$5,000 Sign-on Bonus
Work Fri. 11 pm - 8 am, Sat & Sun. 4:30 pm - 8 am. Trige patient calls, and make scheduled and unscheduled visits. Recent med/surg experience is required; home care and hospice experience is preferred. We offer generous on call pay plus additional pay for visits.

VNHSC is committed to a smoke-free, drug-free environment.

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“I was always proud of the work I did. But I felt that I was going to die. When a friend told me that I was staying behind, I knew I had to be there. I wanted to see my patients.”

— Linda Williams, RN, Case Manager

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Eastern Connecticut Health Network has a 450-bed not-for-profit health system that consists of two hospitals, a long-term care facility, two wellness centers and many other healthcare providers. We serve the eastern Connecticut community, providing both inpatient and outpatient services, with a continuum of acute to long-term care from prenatal to geriatric care.

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**New ED expansion recently completed.**

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- Emergency
- Obstetrics
- Critical Care
- Per Diem Opportunities Also Available

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Pick up your coupon and save $5 on any purchase over $50.00 or more.

**We carry Nursing uniforms, clogs, support stockings, and Chef uniforms.**

**Offer starts 4/30/07 to 6/30/07.**

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**Norwalk Hospital**

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Volume 80, Issue 2
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Groton branch: 1154 Pequonnock Road (877) 295-2268

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- Anna Parker, Ed.D., RN, Associate Professor of Nursing

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For further information contact,
Anne Slam - Practice Administrator
at: 860-886-8362 Ext. 240
www.echoassociates.org
Environmental Health

Information - Disposal of Medications

Connecticut Nurses’ Association is leading nursing efforts in Connecticut to make changes that will benefit our patients, our families and friends, our communities and our workplaces. The long term benefits of this work are invaluable. Central to our role as nurses is prevention. The Association is committed to creating the future that nurses want and the public needs.

Cancer and Cosmetics

A recent article in the Toronto Globe and Mail pointed out that while Canadians have become savvy about chemicals in their food, little mention has been made of the chemicals that clean our hair and moisturize our skin day in and day out.

The article relates to the 2006 ANA HOD Resolution entitled “Nursing Practice, Chemical Exposure, and the Right-to-Know” which:

- RESOLVED, that ANA supports industry research that results in the development of safe cosmetics and personal care products.
- RESOLVED, that the ANA endorse and sign on to the “National Campaign for Safe Cosmetics” and encourages CMAs to do the same in order to educate nurses and the public to take precautions when using cosmetics and personal care products, and to urge United States cosmetic companies to sign a compact to remove untested chemicals from cosmetics by 2010.”

This brief reference to hazards found in commonly used cosmetics is included at the end of the article:

- Pretty dangerous
- Some compounds in personal-care products are worth watching out for.
  - Lead acetate: A known reproductive toxin banned in the European Union but found in some hair dyes and cleansers in North America.
  - Formaldehyde: A known carcinogen found in some nail products.
  - Toluene: A possible reproductive or developmental toxin found in some nail polishes.
  - Petroleum distillates: Possible carcinogen prohibited in the EU, but found in some mascara, perfume and lipstick in North America.
  - Ethyl acrylate: A possible carcinogen found in some mascara.
  - Coal tar: A known carcinogen found in dandruff shampoos, anti-itch creams and hair dyes.
  - Dibutyl phthalate: An endocrine disruptor and possible reproductive or developmental toxin found in some nail polish, perfume and hair spray.
  - Sodium lauryl sulfate: A skin irritant prone to contamination by a probable carcinogen called 1,4-dioxane used in many soaps and shampoos for its foaming properties.
  - Methyl, propyl, butyl and ethyl paraben: Endocrine disruptors and possible breast carcinogens used as a preservative in cosmetics such as lotions and shampoos. Margaret Philp; Source: Campaign for Safe Cosmetics, Environmental Working Group

Second Year Funding for Environmental Health Efforts

Officials of the Connecticut Nurses’ Association are proud to announce that the Association will be funded for a second year to work with the Coalition for a Safe and Healthy CT. The 2007-2008 efforts will continue education and advocacy with nurses and the public about using safer alternatives for toxic chemicals found in a range of products that are used in households, health care facilities and in personal care products.

Opportunities

The Association continues to collect the names of nurses who are interested in this work. To learn more about this opportunity – please contact info@ctnurses.org or call 203-238-1207.

Environmental Health Resources

Resources for environmental health are available at www.ctnurses.org and click on Environmental Health.

The Coalition for a Safe and Healthy Connecticut is a network of health, consumer, environmental justice, labor, and community groups uniting to prevent harm to our health from toxic chemicals.
Legislative Day 2007 “Nurses: Our Impact in the Political Arena”

From left: Mary Jane Williams, chair, Government Relations Committee, Rep. James Spallone and Margaret Flinter, president, Connecticut Nurses’ Association

Margaret Flinter, president of CNA (left) with Karen Duley, keynote speaker.

Senator Edith Prague (left) with Marily Richard, treasurer, CT Nurses Political Action Committee

Nurses who presented “Nurses Finding Their Voices” from left: Sharon Gauthier, Kathy Visinski, Jane Olmstead-MacFarlane and Maria Sanzo.

From left: Mary Jane Williams, chair, Government Relations Committee, Rep. James Spallone and Margaret Flinter, president, Connecticut Nurses’ Association

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Nurses who presented “Nurses Finding Their Voices” from left: Sharon Gauthier, Kathy Visinski, Jane Olmstead-MacFarlane and Maria Sanzo.

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for more information check www.Nursingworld.org to join today

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<th>Last Name</th>
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<th>Work Phone Number</th>
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<th>Member of Collective Bargaining Unit other than UAN (Please specify)</th>
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Please mail your completed application with payment to our address above or to our billing agent: AMERICAN NURSES ASSOCIATION, Customer and Member Billing, P.O. Box 17298, Baltimore, MD 21218-1729.

### Choice of Payment (please check)

- **E-Pay (Monthly Electronic Payment)**
- **Full Annual Payment**

**Payment Authorization**, you are authorizing ANA to charge the amount by giving the above signed thirty (30) days advance written notice. Above signed may cancel this authorization upon receipt of ANA of written notification of termination twenty (20) days prior to deduction date designated above. Membership will continue unless this notice is received. ANA will charge a $5 fee for any returned drafts or charge backs.

### Payment Schedule

<table>
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<tr>
<th>Membership Category</th>
<th>Membership Investment</th>
<th>Monthly Payment (dollars)</th>
<th>Annual Payment</th>
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<td>Regular</td>
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<tr>
<td>Reduced</td>
<td>12.00</td>
<td>138.00</td>
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<tr>
<td>Special</td>
<td>6.25</td>
<td>69.00</td>
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<tr>
<td>State-Only</td>
<td>12.00</td>
<td>138.00</td>
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Any questions concerning dues or eligibility may be directed to CNA office at 203-238-1000 or info@ctnurses.org.

### CREDIT CARD INFORMATION

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<th>Bank Card Number</th>
<th>Expiration Date</th>
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**Authorization Signature**

**Printed Name**

**Amount**: $_____
of organizations can request a legislator to introduce a bill. This is where the process starts and where the concepts are created. Legislators can have requests from constituents throughout the year and unlike a “short session,” where only committee bills are raised, a long session provides the opportunity for individual legislators to introduce bills. When you realize that we have 151 state representatives and 36 senators, it’s understandable why thousands of bills can be introduced.

So why does this affect me? Health policy affects nurses every day in every practice area! The practice that consumes most of a nurse’s time and thinking is only possible with protection and advocacy of issues that will make a difference in that practice and how a nurse’s licenses is protected.

The following grid has information that was available on May 23. Please note that, often, support or opposition to a bill has recommendations that are made during the time of hearing, when testimony is provided. Also, there are bills that are of interest to nurses that are tracked but testimony is not provided for a variety of reasons.

The final results of this session will be available in the September issue of Connecticut Nursing News, which is also available at the association’s website, www.ctnurses.org.

<table>
<thead>
<tr>
<th>Bill Number</th>
<th>Title</th>
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<th>Testimony</th>
<th>Outcome</th>
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<tr>
<td>1</td>
<td>AN ACT INCREASING ACCESS TO AFFORDABLE, QUALITY HEALTH CARE.</td>
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<tr>
<td>47</td>
<td>AN ACT CONCERNING THE SHORTAGE OF NURSES.</td>
<td>T</td>
<td>S</td>
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<tr>
<td>80</td>
<td>AN ACT CONCERNING YOUTH CAMP LICENSURE REQUIREMENTS AND CERTAIN BOYS &amp; GIRLS CLUBS OPERATING DROP-IN CENTER PROGRAMS.</td>
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<td></td>
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<tr>
<td>81</td>
<td>AN ACT CONCERNING DISCLOSURE OF INVESTIGATIVE REPORTS BY THE DEPARTMENT OF PUBLIC HEALTH.</td>
<td>T</td>
<td></td>
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<tr>
<td>85</td>
<td>AN ACT CONCERNING PATIENT SAFETY TRAINING PROGRAMS.</td>
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<tr>
<td>89</td>
<td>AN ACT ESTABLISHING A STATE-WIDE SYSTEM OF PRIMARY CARE HEALTH CLINICS.</td>
<td>T</td>
<td></td>
<td>Dead</td>
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<tr>
<td>91</td>
<td>AN ACT ALLOWING NURSING HOMES TO ESTABLISH TRAINING PROGRAMS FOR FEEDING ASSISTANTS.</td>
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<td>AN ACT REQUIRING INCREASED DIRECT CARE STAFFING LEVELS.</td>
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<td>S</td>
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<td>136</td>
<td>AN ACT CONCERNING DIVERSITY IN THE HEALTH CARE WORKFORCE.</td>
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<td>230</td>
<td>AN ACT CONCERNING ASSIGNMENT OF BENEFITS TO A PHYSICIAN.</td>
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<td>AN ACT CONCERNING COVERAGE FOR COMMUNITY-BASED MENTAL HEALTH PROGRAMS FOR CHILDREN</td>
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<td>AN ACT CONCERNING A LOAN FORGIVENESS PROGRAM FOR HISTORICALLY UNDERREPRESENTED STUDENTS PURSING CAREERS IN THE HEALTH PROFESSION.</td>
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<td>AN ACT ESTABLISHING A FALL PREVENTION PROGRAM.</td>
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<td>682</td>
<td>AN ACT CONCERNING THE PROVISION OF FORENSIC NURSING SERVICES TO VICTIMS OF PHYSICAL OR SEXUAL ASSAULT.</td>
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<td>AN ACT CONCERNING SCREENING FOR EARLY CHILDHOOD LEAD POISONING.</td>
<td>T</td>
<td>S with R</td>
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<td>742</td>
<td>AN ACT CONCERNING A VETERANS’ HEALTH REGISTRY.</td>
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<td>AN ACT CONCERNING DIAPERS FOR CHILDREN LIVING IN POVERTY.</td>
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<td>758</td>
<td>AN ACT CONCERNING A COMPREHENSIVE PLAN TO ERADICATE CHILDHOOD LEAD POISONING.</td>
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<td>799</td>
<td>AN ACT CONCERNING A NURSING FACULTY STUDENT LOAN PROGRAM.</td>
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<td>912</td>
<td>AN ACT CONCERNING AVAILABILITY OF TRAINED EMERGENCY PERSONNEL AT SCHOOL ATHLETIC EVENTS.</td>
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<td>933</td>
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<td>AN ACT REQUIRING ACUTE CARE HOSPITALS TO MAKE FORENSIC NURSING SERVICES AVAILABLE TO PATIENTS.</td>
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<td>AN ACT CONCERNING TOXIC SUBSTANCES IN THE WORKPLACE.</td>
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<td>1032</td>
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<td>AN ACT ESTABLISHING A PROGRAM OF HOUSING FOR ECONOMIC GROWTH.</td>
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<td>AN ACT CONCERNING WORKFORCE DEVELOPMENT AND PROGRAMMATIC EXPANSION AT THE COMMUNITY-TECHNICAL COLLEGES.</td>
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<td>1114</td>
<td>AN ACT IMPLEMENTING THE GOVERNOR’S BUDGET RECOMMENDATIONS REGARDING EDUCATION</td>
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<td>5234</td>
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<td>T</td>
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<td>AN ACT CONCERNING THE PREVENTION OF CHILDHOOD OBESITY.</td>
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<td>5543</td>
<td>AN ACT ENSURING FUNDS FOR UNIVERSAL HEALTH INSURANCE FOR ALL CONNECTICUT RESIDENTS.</td>
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<td>AN ACT PROVIDING FUNDING FOR ACADEMIC NURSING PROGRAMS.</td>
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<td>AN ACT ESTABLISHING A PILOT PROJECT FOR FAMILY NURSE PRACTITIONERS.</td>
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<td>5760</td>
<td>AN ACT CONCERNING PREVENTION STRATEGIES FOR VISION PROBLEMS IN YOUNG CHILDREN</td>
<td>O</td>
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<tr>
<td>6024</td>
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<td>6155</td>
<td>AN ACT CONCERNING SCHOOL RECESS.</td>
<td>S with R ASNC</td>
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<td>6273</td>
<td>AN ACT CONCERNING THE PREVENTION OF CHILDHOOD LEAD POISONING</td>
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<td>6332</td>
<td>AN ACT INCREASING ACCESS TO HEALTH CARE.</td>
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<td>6396</td>
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<td>6512</td>
<td>AN ACT ALLOWING STUDENTS WITH FOOD ALLERGIES OR ASTHMA TO SELF-ADMINISTER MEDICATION.</td>
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<td>6655</td>
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<td>6693</td>
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<td>AN ACT CONCERNING THE PALLIATIVE USE OF MARIJUANA.</td>
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<td>6722</td>
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<td>AN ACT CONCERNING THE EDUCATIONAL NEEDS OF CHILDREN AFFECTED BY LEAD POISONING.</td>
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<td>AN ACT CONCERNING THE REPORTING OF STUDENT OBESEITY DATA</td>
<td>O with R ASNC</td>
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<td>6838</td>
<td>AN ACT CONCERNING THE USE OF TELEMEDICINE TO PROMOTE EFFICIENCY IN THE DELIVERY OF HEALTH CARE SERVICES.</td>
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<td>7020</td>
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<td>AN ACT CONCERNING PESTICIDE APPLICATIONS AT SCHOOLS AND THE USE OF ENVIRONMENTALLY SENSITIVE CLEANING AND MAINTENANCE PRODUCTS IN SCHOOLS</td>
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<td>AN ACT ADOPTING THE RECOMMENDATIONS OF THE CONNECTICUT ALLIED HEALTH WORKFORCE POLICY BOARD</td>
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<td>7111</td>
<td>AN ACT CONCERNING ONLINE LICENSE RENEWAL FOR NURSES, PHYSICIANS AND SURGEONS</td>
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<td>7155</td>
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<td>AN ACT MANDATING INTEGRATED PEST MANAGEMENT AT SCHOOLS</td>
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</table>
Margaret Trost

In 1997 Margaret’s husband died suddenly. During her time away to grieve, her income actually grew. “The freedom my business gives me, allows me to set up a charity to feed 2000 hungry kids in Haiti. I couldn’t do that without this. My income last year was over $70,000!”

Jennifer Glacken

“After my husband lost his corporate job we were devastated. We didn’t know what to do. It wasn’t long before we were able to replace that income with this business!” “Now I’m able to home school my kids and I earn $7000 a month working from home!”

Barb Lagoni

Has had her own business for over 25 years. She is an author, taught at the college level and as an avid environmentalist loves the products. “I love helping people – one of the ladies I’m working with earned over $30,000 PT!”

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