

# MASSACHUSETTS NURSE

THE NEWSLETTER OF THE MASSACHUSETTS NURSES ASSOCIATION ■ www.massnurses.org ■ VOL. 74 No. 8

## New coalition rallies around safe-staffing legislation

### Group unveils consumer resources for tracking/reporting staffing concerns

Leaders from more than 60 of the state's most influential health care and consumer advocacy organizations are urging the Legislature to enact the safe patient care bill—and warn Massachusetts patients to take precautions when hospitalized in order to be certain that nurse understaffing does not jeopardize their care.

At a packed press conference in the State House's Nurse Hall last month, the Coalition to Protect Massachusetts Patients announced both its formation and its support for H.1282: An Act Ensuring Quality Patient Care and Safe RN Staffing. H.1282 is currently under review by the Joint Committee on Health Care. In an innovative move to help educate consumers, the coalition also unveiled a "Checklist of Key Questions" that patients need to ask when being admitted to a hospital in order to assess their safety. The questions include:

1. Am I being cared for by a registered nurse?
2. How many patients is my registered nurse caring for?
3. What type of hospital unit (surgical, medical, intensive care, etc.) am I in?
4. Where can I go to find the appropriate registered nurse-to-patient ratio for that unit?
5. Who should I contact if I want to report

an incident related to nurse understaffing?

"Knowing the answers to these questions is imperative for patients who are being cared for in acute-care facilities," remarked Phil Mamber, president of the Massachusetts Senior Action Council, during the press conference, "because the nation's leading medical journals have each reported that the higher the RN-to-patient ratio in a hospital the more likely there will be patient deaths or complications after surgery."

"The Quality Patient Care/Safe Staffing bill will have a profound impact on the safety and quality of care provided to patients," said Dr. Lisa McCoy of the American Cancer Society who also spoke at Nurses Hall. "This initiative will enhance the efforts of the cancer society and its wide volunteer base in ensuring that those who are afflicted with cancer have safe, quality care. As an on-going commitment to our mission we proudly support this important patient-safety initiative."

Joining Mamber and McCoy at the Sept. 17 event were members from Health Care for All; the Massachusetts Senior Action Council; the Massachusetts Association of Older Americans; the American Heart Association; the American Cancer Society, the American Diabetes Association; The National Asso-



Phil Mamber, president of Massachusetts Senior Action Council, speaking at the Statehouse in support of MNA's safe staffing legislation.

ciation of Social Workers; and the National Organization for Women.

"We are proud to be here today with more than 60 consumer and advocacy groups from across Massachusetts to support this important patient-safety initiative," said Carlos See *Coalition*, Page 6

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### Coming in next month's

# MASSACHUSETTS NURSE

A complete report on the annual MNA Convention featuring articles, photos and election results.

## MNA Convention 2003

100 Years of Caring  
for the Commonwealth



For the latest  
developments  
impacting nurses,  
visit the  
MNA Web site,  
[www.massnurses.org](http://www.massnurses.org)

## New technology makes writing to your legislator as easy as "1-2-3"

Have you been meaning to write to your state representative or senator about the importance of the MNA's proposed safe staffing legislation, but you just can't seem to find the time (or an appropriate note card...or the right mailing address...or a stamp...or maybe even their very name)?

Then the MNA has something that will make the life of every busy nurse-advocate just a little easier: an online tool that does all the work for you while still harnessing the power of a personal note.

With the availability of a new award-winning feature called CapWiz™, MNA members—via the MNA Web site at [www.massnurses.org](http://www.massnurses.org)—can now communicate with their elected officials quickly and effectively. The tool enables users to educate themselves on MNA issues; identify their elected representatives at the state and local levels; and communicate their views to lawmakers via targeted e-mails, letters, faxes or hand-delivered letters.

In the instance of safe staffing for example, visitors can access a complete copy of the proposed bill, including the specific nurse-to-patient ratios, through the "issues" link. From there, a simple click on the button entitled "Take Action Now" enables advocates to send a pre-written

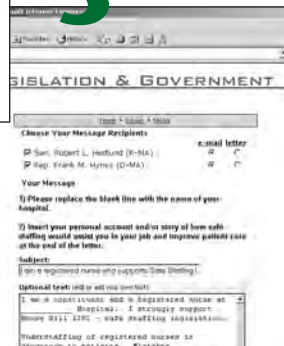
See *Web*, Page 3

**1...**  
Write to your  
LEGISLATORS  
Click here to  
contact your  
Massachusetts  
representatives

**2...**



**3**



Screen shots from the MNA Web site show how easy it is to send email messages to legislators.

## Nurses' guide to single-payer reform

### As JAMA report makes headlines, MNA continues advocacy for single-payer health care

As the issue of single-payer health care made headlines in mid-August following a special report in the *Journal of the American Medical Association* (JAMA), the MNA again expressed its support for the creation of a government-financed health insurance system.

"Our 22,000 members have long been advocating for a single-payer health care system in the state of Massachusetts," said Karen Higgins, RN and MNA president. "As front-line nurses, we are the first to see and care for patients who are uninsured. And because our current health care system is failing we see far too many of these patients on

a daily basis—patients who wait too long to be treated, patients who go without prescriptions and patients who can't take advantage of proper education and follow-up programs. Our present system of health care coverage is failing and the MNA applauds the more than 7,500 U.S. doctors who brought this issue directly to JAMA."

The report to JAMA, which was spearheaded by Marcia Angell, former editor of the *New England Journal of Medicine*, and former Surgeons General Julius Richmond and David Satcher, comes at a time when numerous local and national health care and

advocacy organizations have been rallying around the single-payer movement—including the 22,000 members of the MNA.

In January 2002, in response to the Report of the Governor's Health Task Force, the MNA issued a special report calling on the state legislature to adopt a publicly funded, single-payer health care system as proposed under the Massachusetts Health Care Trust Bill, legislation that is supported by MASS-CARE—a coalition of more than 70 health care, labor and citizen advocacy groups.

"Unfortunately, we are now part of a health

system that has replaced humanitarian values with the heartless tenets of the market," said Higgins, "and that needs to change. For a health system to meet the needs of those entrusted to our care as nurses, three essential issues must be addressed simultaneously and consistently: access, quality and affordability. The implementation of a single-payer system will do all three of things for the citizens of Massachusetts."

To gain access to this JAMA article, visit <http://jama.ama-assn.org/content/vol290/issue6/index.dtl>. ■

### Executive summary: proposal of the physicians' working group for single-payer national health insurance

Reprinted with permission from the Physicians for a National Health Program

The United States spends more than twice as much on health care as the average of other developed nations, all of which boast universal coverage. Yet over 39 million Americans have no health insurance whatsoever, and most others are underinsured, in the sense that they lack adequate coverage for all contingencies (e.g., long-term care and prescription drug costs).

Why is the U. S. so different? The short answer is that we alone treat health care as a commodity distributed according to the ability to pay, rather than as a social service to be distributed according to medical need. In our market-driven system, investor-owned firms compete not so much by increasing quality or lowering costs, but by avoiding unprofitable patients and shifting costs back to patients or to other payers. This creates the paradox of a health care system based on avoiding the sick. It generates huge administrative costs, which, along with profits, divert resources

from clinical care to the demands of business. In addition, burgeoning satellite businesses, such as consulting firms and marketing companies, consume an increasing fraction of the health care dollar.

We endorse a fundamental change in America's health care - the creation of a comprehensive national health insurance program. Such a program - which in essence would be an expanded and improved version of Medicare - would cover every American for all necessary medical care. Most hospitals and clinics would remain privately owned and operated, receiving a budget from the national health insurance program to cover all operating costs. Investor-owned facilities would be converted to not-for-profit status, and their former owners compensated for past investments. Physicians could continue to practice on a fee-for-service basis, or receive salaries from group practices, hospitals or clinics.

A national health insurance program would save at least \$150 billion annually by eliminating the high overhead and profits of the

private, investor-owned insurance industry and reducing spending for marketing and other satellite services. Doctors and hospitals would be freed from the concomitant burdens and expenses of paperwork created by having to deal with multiple insurers with different rules - often rules designed to avoid payment. During the transition to a national program, the savings on administration and profits would fully offset the costs of expanded and improved coverage. National health insurance program would make it possible to set and enforce overall spending limits for the health care system, slowing cost growth over the long run.

A national health insurance program is the only affordable option for universal, comprehensive coverage. Under the current system, expanding access to health care inevitably means increasing costs, and reducing costs inevitably means limiting access. But a national program could both expand access and reduce costs. It would squeeze out bureaucratic waste and eliminate the perverse incentives that threaten the quality of care and the ethical foundations of medicine.

The text of the entire proposal is available at [www.physiciansproposal.org](http://www.physiciansproposal.org). ■

### S.686 needs favorable report from committee

Many experts agree that the surest way to achieve a national system of universal, single-payer health care is by a number of states demonstrating its effectiveness and efficiency. S.686, The Massachusetts Health Care Trust, would make our state one of the first to do just that. The next step after the October 8 hearing, is for the Health Care Committee to give S. 686 a favorable report. Please contact the following members of the Health Care Committee and urge them to do so:

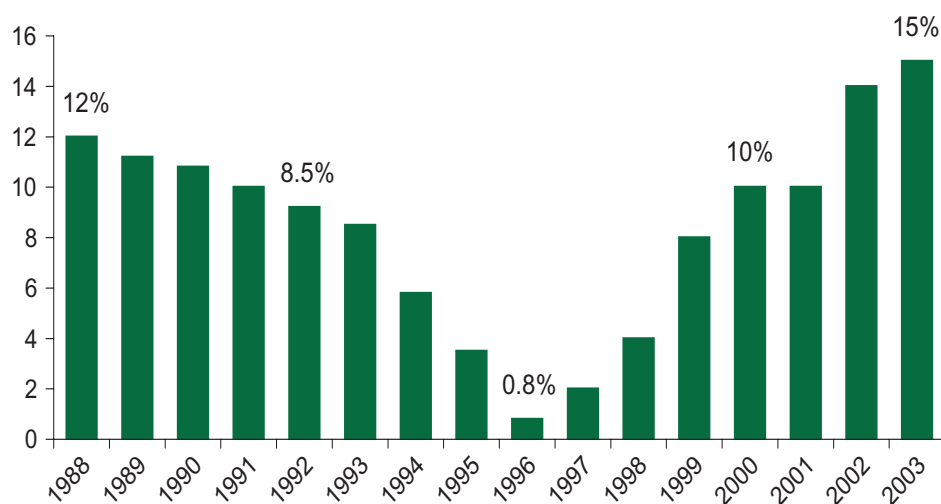
#### Health Care Committee members

Sen. Richard Moore, Uxbridge, Senate chair; Sen. Jarrett Barrios, Cambridge, Senate vice chair and co-sponsor, S.686; Sen. Harriet Chandler, Worcester; Sen. Susan Fargo, Lincoln, co-sponsor, S.686; Sen. Susan Tucker, Andover; Sen. Bruce Tarr, Gloucester.

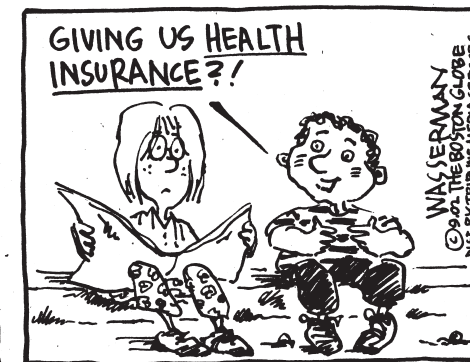
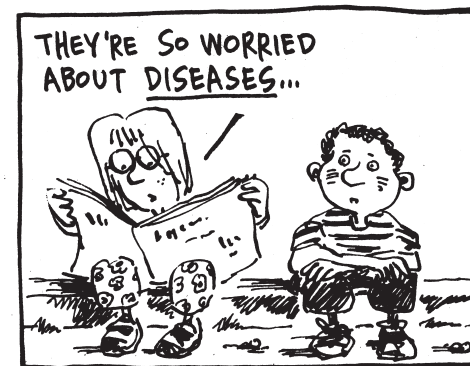
Rep. Peter Koutoujian, Newton; House chair; Rep. Christine Canavan, Brockton, House vice chair; Rep. William Galvin, Canton; Rep. Colleen Garry, Dracut; Rep. Thomas A. Golden Jr., Lowell; Rep. Rachel Kaprielian, Watertown, co-sponsor, S.686; Rep. Kathleen Teahan, Whitman, co-sponsor, S.686; Rep. Patricia Haddad, Somerset, co-sponsor, S.686; Rep. Robert Coughlin, Dedham; Rep. Shirley Gomes, Harwich; Rep. Susan Gifford, Wareham.

### National health insurance premiums are on the rise

(Percent increase from previous year)



Source: 1988-1997, ???; 1998-2003, Hewitt Associates at Modern Health Care, Outlook '03, Jan 6, 2003



Reprinted with permission of Dan Wasserman and The Boston Globe

*Executive Director's column***Starve them long enough and they will eat anything**

By Julie Pinkham  
Executive Director

A nasty side effect of the industry's decade of starving the professional livelihood of staff RNs is the tendency for some, albeit the minority, who remain at the bedside to lower their standards—and in doing so, lower the standards of the profession.

Over the years, many nurses consciously decided to leave the bedside because they no longer had the support, infrastructure and, more specifically, the staffing to allow them to practice safely. So while nurses remain employed, they do so in related areas away from the direct needs of hospital patients.

Those who remain in hospitals do so for a variety of reasons: they just can't imagine having a different career; they are made anxious by the prospect of change; or the number of years they have given to nursing makes such a change seem intolerable. Whatever the reason, we have to be careful not to allow the degradation of the profession by those who would choose to professionally starve us.

For those nurses who graduated in the early 90s and have been working for more than 10 years in an environment that has never given them the appropriate resources, it is difficult to fully appreciate the ability to actually regularly meeting standards of practice that are consistent with the way they were taught. Those who practiced in earlier settings—while painfully aware of the erosion of our work environment—are nonetheless

able to remember the satisfactions of our practice when we could do it with an assignment of four or five patients in a primary nursing model. Not surprisingly, the research is confirming that such a model makes a tangible difference for patients.

If you are caring for more than four patients in a med/surge unit, the research says each additional patient is associated with a seven percent increase in mortality. The difference between four to six and four to eight patients is accompanied by 14 and 31 percent increases in mortality. This is not because the nurse is incompetent or "cares less," it is simply logistically impossible to fully access and implement care to hospitalized patients when nurses are spread this thin. Things get missed, mistakes get made and patients get harmed.

So why did I entitle this column, "If you starve them long enough they'll eat anything?" Well, when the industry substituted RNs with techs in the 90s in order to cut costs (without any research supporting its move) it said there would be no adverse impact to patients. They were wrong and the data confirms that such models of care are not only



Julie Pinkham

less safe, they are more costly—and the side effect has been a stampede of nurses away from the bedside. And while staff nurses have worked hard to resolve this problem with the passage of safe staffing legislation and through negotiated language in their contracts, the situation has not been fully resolved. Thus, those nurses who are in the worst of circumstances may be too willing to "take anything" under the assumption that "it's better than nothing."

In the 1990s the "warm body" compromise was techs. In the first decade of this century the industry realized tech replacements were a proven failure and rather than embrace staff nurse solutions of mandated safe staffing, the "warm body" strategy that now seems to be gaining popularity is the replacement/substitution of RNs with EMTs and paramedics. Well, true to form, it does so without any supporting data—and even more alarming, it does so in violation of BORN regulations.

So remember this when you are starving and tempted: the BORN has made it clear that no RN manager or staff RN can delegate to an EMT or paramedic. To do so would have the EMT or paramedic practicing without a license outside their appropriate setting and the nurse would be in violation of his/her license.

The hospital has a responsibility to staff safely and you have a responsibility to practice safely and in accordance with your license. Do not be tempted by a false solu-

tion that will harm your patients and violate your license.

Instead, demand safe staffing. Your patients are counting on you to hold the line, because no one else will. ■

*If you are caring for more than four patients in a med/surge unit, the research says each additional patient is associated with a seven percent increase in mortality. The difference between four to six and four to eight patients is accompanied by 14 and 31 percent increases in mortality. This is not because the nurse is incompetent or "cares less," it is simply logistically impossible to fully access and implement care to hospitalized patients when nurses are spread this thin.*

**...Web**

From Page 1

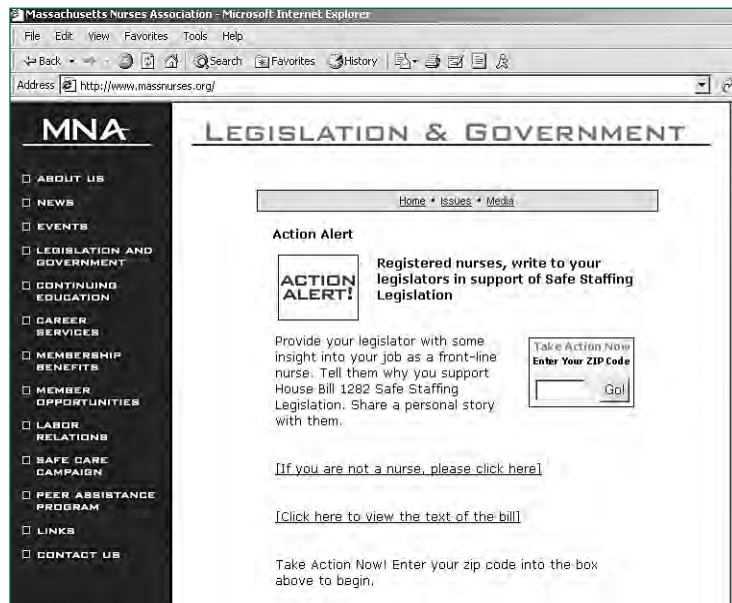
note to lawmakers—a process that includes just a few easy steps:

1. Select the recipients/legislators who will receive your letter
2. Choose a pre-written letter or compose a new letter
3. Add your name and contact information to the bottom of the page; and then just send your message

Within 24 hours, all messages are sent directly to the selected officials—

and the power of these messages cannot be denied, particularly given the fact that 80 percent of the nation's most powerful lobbying organizations utilize CapWiz as a way of influencing the legislative process, including the AARP, AFL-CIO, the American Medical Association and the American Hospital Association.

In addition to its legislative tools, the MNA's CapWiz program also lets users access a complete online media list that helps



**Contacting your state legislator by e-mail is as easy as 1-2-3 at MNA's Web site.**

to simplify the process of sending "letters to the editor." Users can also subscribe to an Action E-List that allows them to seamlessly receive MNA news and updates.

CapWiz is known nationally for its congressional directories and advocacy systems. Its purpose is to increase civic participation by connecting millions of citizens to their elected officials and it is the grassroots cornerstone to more than 1,200 associations and businesses across the political spectrum. ■

The Coalition to

## Protect Massachusetts Patients

Report your safe-staffing concerns, complaints and incidences today. Call the Coalition's telephone hotline at: **617-731-2813**

To get more information about safe staffing, including a complete list of ratios and up-to-the-minute news about House Bill 1282, visit:  
[www.protectmasspatients.org](http://www.protectmasspatients.org)



**"Because Safe Staffing Saves Lives"**

## MNA on Beacon Hill



# Nurses' stories in meetings with elected officials highlight need for safe staffing legislation

By Charlie Stefanini  
MNA Legislative Director

They aren't facts or figures. They aren't data or research studies. They aren't released by acclaimed medical journals or academics. They aren't highlighted on "60 Minutes" or New England Cable News.

They are the stories of front-line registered nurses in Massachusetts who are telling their stories to elected officials in an extensive series of meetings around the state that highlight the need to pass safe staffing legislation. The stories they tell put a face on the facts, figures, data, studies and research. They are personal, from-the-heart stories of RNs' efforts to provide the safe care they were trained and licensed to provide.

The data, statistics and medical research is in—safe staffing *does* save lives. Now it is our job to put a face to the data, statistics and medical research. For example, the survey and

data shows nurses, burned out with high patient loads, are leaving the bedside. That data was made real to State Sen. Robert Antonioni in a recent meeting with nurses in his district in which one nurse described her high patient load, its impact on her patients and how it was forcing her to leave the bedside for other work in nursing.

In another testimony to legislators, a nurse at a Boston-area teaching hospital said, "I am no longer able to ensure that my patients who need to be turned and repositioned every two



Charlie Stefanini

hours in order to prevent skin breakdown or bedsores are actually turned or repositioned on time. Patients lie in wet or soiled diapers for hours at a time. I have seen bedsores that tunnel inches into skin tissue, sometimes exposing tendons and bone. These bedsores greatly extend a patient's stay in our unit, costing our hospital many thousands of dollars in additional treatment as a result."

What stories like these do is make all the facts, figures and data real to our elected officials and policy makers. If you want safe staffing, you must tell your story.

Call or write to your legislator today. Use the sample note on this page as a way of telling your story, or utilize the MNA's new online letter-writing feature at [www.massnurses.org](http://www.massnurses.org). And remember that your personal stories are the most powerful tool in the fight to pass safe staffing legislation. ■

## Personal contact helps to make bills become laws: send a note today

Send your state legislator a hand-written note today and tell them why safe staffing is vital to patient care and the future of nursing. A list of the 102 legislators who have signed on to H.1282 is located on Page 6.

### Addressing your letter:

The Honorable \_\_\_\_\_  
State House, Room # \_\_\_\_\_  
Boston, MA 02133

### Tips:

- Remember to include your name, address, phone number and e-mail.
- If your legislator is a co-sponsor of H.1282, thank them for co-sponsoring the legislation.
- If your legislator is *not* a co-sponsor of H.1282, ask them to sign on and show support for patients and nurses.
- Include a personal anecdote about patient care, without divulging any confidential information.
- Follow up your letter with a phone call: the Senate switchboard is 617-722-1455, and the House switchboard is 617-722-2000.

### Sample 'talking' points:

- As an RN, I am writing to thank you for sponsoring (urge you to sponsor) House Bill 1282, An Act Ensuring Quality Patient Care and Safe Registered Nurse Staffing.
- Please urge your colleagues on the Health Care Committee to

support this bill.

- Massachusetts patients must share their nurse with too many other patients. This understaffing of RNs is dangerous.
- Mistakes, errors and complications become more likely when nurses are asked to take care of too many patients at once.
- A recent study in the *Journal of the American Medical Association* found that the higher the patient-to-nurse ratio in a hospital, the more likely there will be patient deaths or complications after surgery.
- H.1282 will save lives and protect Massachusetts patients from cost-cutting measures.
- Massachusetts has more RNs per capita than any other state in the nation, so the shortage can be corrected easily once safe staffing ratios are established.
- Safe staffing ratios mean less turnover among nurses, which saves money on training costs and the hiring of temporary nurses. Money will also be saved because patients will receive better care, experience fewer complications and will not need to stay in the hospital for as long.

The MNA has developed an easy way to contact your state senator and representative and let them know your personal experiences and the need for safe-staffing. Just visit the MNA Web site at [www.massnurses.org](http://www.massnurses.org) and follow the link to contact your legislators. ■

## The evidence is clear: Safe staffing saves lives

The MNA's call to regulate RN-to-patient ratios has been substantiated by a number of research studies and reports. Strong scientific evidence for this measure has come from some of the most respected medical/health care researchers.

The *Journal of the American Medical Association*:

A study of 232,000 surgical patient discharges found "the higher the patient-to-nurse ratio in a hospital, the more likely there will be patient deaths or complications after surgery."

Each additional patient per nurse is associated with a 7 percent increase in mortality. The researchers also found that each additional patient per nurse is associated with a 23 percent increase in burnout and a 15 percent increase in job dissatisfaction.

Harvard School of Public Health findings reported in the *New England Journal of Medicine*:

A study of more than 6 million patient discharges at 799 hospitals in 11 states, including Massachusetts, found that RN staffing has the biggest impact on patient outcomes. They found higher RN staffing is associated with up to a 12 percent percent reduction in these adverse outcomes.

Report by the Joint Commission on Accreditation of Health Care Organizations (JCAHO):

Inadequate staffing levels have been a factor in nearly a quarter of most serious life-threatening events that have been reported in the last five years. The JCAHO report found that nurse staffing levels were a contributing factor in 50 percent of ventilator-related incidents, 42 percent of surgery-related incidents, 25 percent of transfusion incidents, 25 percent of delays in treatment, 25 percent of infant abductions, 19 percent of medication errors, 14 percent of inpatient suicides and 14 percent of patient falls. ■

# MASSACHUSETTS NURSE

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[www.massnurses.org](http://www.massnurses.org)

**MNA**  
MASSACHUSETTS NURSES ASSOCIATION



## MNA offers nurses' perspective on state's emergency preparedness

The State Senate's Post Audit and Oversight Committee, in conjunction with the Health Care and Public Safety Committees, recently held three days of hearings to examine our state's emergency readiness. The MNA participated in this unprecedented oversight hearing and offered the perspective of front-line registered nurses.

Below are some excerpts from the testimony that was given by MNA president Karen Higgins at the Sept. 9 hearing.

So as we begin this discussion today, I urge you all to understand our caution and concern for the health care system as we see it everyday. We have serious concerns as to whether this system, as currently constituted, could withstand the stresses of a typical flu epidemic—never mind a major catastrophic attack to our homeland security or a bioterrorism/chemical attack.

If you expect to use the acute care system, as it is today, to care and treat for catastrophic homeland attack/bioterrorism/chemical warfare, I think we need to pause with caution. The nurses on the front-line, at the bedside and in the emergency rooms don't think we are prepared. We must continue to expand our efforts to address the current crisis in health care, while at the same time implementing new strategies to prepare for the advent of this threat.

First of all, we must acknowledge that, as most agree, we are in a new world now, as demonstrated by this week's unprecedented series of hearings. Our first priority is to make sure that those in the entire health care system understand the ramifications of this threat, are thoroughly trained and educated as to their roles and responsibilities, and provided with the opportunity to participate in this process voluntarily. Will nurses rise to the occasion? There is no doubt. But we owe it to nurses and other front-line providers to do the planning and education and coordination to allow them to feel safe in the process. This includes ensuring that these front-line providers are safely and properly immunized and provided with the protections and precautions that are necessary.

There has been much work over the past two years since the tragic events of 9/11. Credit should go to those who have worked tirelessly to try to plan and prepare us for such a catastrophic event. But I think the most important message that we can convey today as front-line registered nurses is that whatever policies, procedures and plans are developed, that unless the front-line providers responsible for carrying them out have been briefed, educated and trained and drilled on what the plan of actions are, than all our work is for not. If the staff nurse in the emergency room doesn't know who in the community to contact in the event of a possible smallpox outbreak (who to call locally, who at DPH, where should they be sent, etc.) optimal care to the patient will be delayed and those staffing the emergency department will be placed at risk unnecessarily. Those agencies from within a community who will be called on to work together at the time of a disaster must have a solid working relationship prior to a catastrophic event. A disaster scene is the wrong place to be introduced to each other.

We have done an anecdotal survey of nurses, and they do not feel prepared to recognize and care for victims of a variety of threats that are out there. They are unaware

of the policies, protocols and systems to be implemented in the event of any such emergencies and they do not have the proper training and briefing. As one ICU nurse put it in a recent documentary of our preparedness by Channel 7's Hank Philipi Ryan, "When I walk through that door, I wonder what am I going to face in today's world. I'm concerned that we're not prepared."



**MNA President Karen Higgins testifying before legislators about the state's emergency readiness.**

Hospital based in-service training is lacking and we see this is a critical flaw in our emergency preparedness. Again, all the plans, procedures and protocols in the world won't work if we do not have properly trained front-line personnel to carry out these goals and objectives.

The MNA offers the following recommendations to assist with our state's emergency preparedness:

### Commitment to public health system

- A series of budget cuts continues to whittle away our public health infrastructure and system. We believe we need a strong and renewed commitment to our fragile health care, acute care and public health system.
- We also believe there is a need for a dramatic increase in funding for our public health infrastructure with an emphasis on increasing funding to municipalities and their public health departments, so that they are prepared to participate in effective early monitoring and detection efforts. These departments need increased staff, improved training for staff and improvements in technology and resources to carry out their duties.

### Education and training of front-line providers

- The MNA currently administers training for the Sexual Assault Nurse Examiner program—a successful program that creates the coordinated, expert forensic care necessary to increase prosecution of

sexual offenders and to deliver the highest level of care to sexual assault victims accessing hospital emergency department. The SANE certified professionals are specially trained to perform forensic medical-legal exams in the cases of rape and sexual assault. The MNA has also worked with the Mass. Coalition on the Prevention of Medical Errors to develop

effort for education and competency training for nurses. We recommend developing a training program that could be carried out throughout the state.

### School nurses

- RNs working in our schools are in prime positions to detect the early warning signs of bio-terrorism or similar outbreaks. More than 2,100 RNs work in our public and private schools, thus giving us the capability to recognize symptoms, deliver care and conduct mass immunization programs in the schools and communities. No other facility or agency, including the DPH, has this ability. These nurses are also first responders and part of the emergency teams in their communities. Massachusetts has been viewed by the rest of the country as a leader in providing health services to our school children. Registered nurses in schools are part of every school system's emergency plan and should be part of our emergency planning as well.

### Voluntary nurse corps

- There are thousands of nurses not practicing at the bedside today because of the conditions they must work under. Massachusetts has the highest level of registered nurses per capita in the nation. We must tap this resource.
- This 'reserve' of nurses must be prepared and trained to assist in a crisis of the magnitude we are currently discussing. We recommend funding for a volunteer emergency nurse corps, where nurses could be recruited to undergo training on a regular basis for response and treatment after a catastrophic attack. They could receive training and be placed in a database, where they could be easily identified and called upon for service in a time of crisis. Again, the MNA would be happy to work with the DPH to recruit and train these nurses. Internally, we began a similar program following 9/11 with a good response. To that end, in the hours and days after 9/11 we received endless calls from nurses seeking to help the victims of New York City. We must develop a database of these nurses and keep them trained.

### Housing/quarantine

- As to housing and treating large populations of victims of a bioterrorist/chemical attack, we recommend the state look into preparing and utilizing many of the now non-operational state facilities as centers for treatment. There are also many unused licensed beds and floors within our system that could be placed on readiness for an emergency, and staffed with nurses from the volunteer emergency nurse corps. Again, as currently constituted, our acute care system is ill prepared to house and treat the influx of patients that would result from an attack, and there are serious issues with isolating patients in a system overburdened with our current patient population.
- Availability to items such as negative pressure rooms remain in question (do we/will we have enough). These sites can be upgraded and have personnel trained and drilled in their usage. ■

a training program for nurses on how to prevent errors. In little over a year, MNA has conducted training programs at more than 60 facilities across the state. I propose a similar program to train RNs throughout the state in the detecting, monitoring and treating of bioterrorism. While I am proud to offer the assistance of the MNA in this effort, the program could be done with or through the Public Health Association or DPH.

### Regional-based training centers

- We suggest creating regional-based training centers. These centers could be used to train health care personnel on emergency preparedness/bioterrorism/chemical and related attacks and ensure proper credentialing of personnel prior to an event. A key element in providing good care is knowledge—knowing what your role is and how your role interacts within the system, knowing the people you are working with, knowing where stock/resources are, and knowing how to properly decontaminate and care for the victim of a chemical, biological, nuclear or radiological event while minimizing exposure to others.

### The Metropolitan Medical Response System (MMRS)

- Currently through the MMRS programs, Boston, Worcester and Springfield are at various levels of emergency preparedness plans and training within their communities, but there is no statewide coordinated

## ...Coalition

*From Page 1*  
Alvarez, executive director of the American Lung Association of Massachusetts. "Our organization works tirelessly to educate and inform citizens about a variety of lung-related diseases and their causes, and we work even harder at finding disease-prevention techniques and treatments. But if patients are not getting the appropriate nursing care when they're in the hospital, then our work is truly diminished."

The coalition also announced its establishment of a telephone hotline (617-731-2813) that patients can use to report their safe-staffing concerns, complaints and incidences, as well as a consumer-focused Web site ([www.protectmasspatients.org](http://www.protectmasspatients.org)). The patient checklist and other consumer-oriented resources—including details on RN-to-patient ratios and research on hospital staffing—are currently available on the coalition's Web site.

Julie Pinkham, RN, executive director of the MNA, said that the availability of these new consumer-advocacy tools underscores that the coalition will be "waging an all-out campaign to rally the public and urge lawmakers to vote for the Safe Patient Care Bill."

"The public needs this legislation,"

Pinkham said. "The public wants this legislation, and people are now mobilizing to help overcome special interest lobbying on the part of the health care industry."

A survey earlier this year by Opinion Dynamics found that 82 percent of registered voters support legislation to regulate RN-to-patient ratios and that 75 percent are willing to pay more for their health care in order to guarantee their safety. A separate June Opinion Dynamics survey of Massachusetts RNs found that 87 percent of nurses report having too many patients to care for, and that the results are devastating to patients: Nearly one in three nurses (29 percent) report patient deaths directly attributable to having too many patients to care for, and two-thirds report instances of patient complications or substandard care because of understaffing.

H.1282, which aims to mandate RN-to-patient ratios in all acute care hospitals in Massachusetts, was developed in response to studies by the New England Journal

of Medicine, The Journal of the American Medical Association, the Joint Commission on Accreditation of Healthcare Organizations, and other prestigious researchers revealing that the more patients a registered nurse cares for, the higher the risk of injury, illness and

mortality to those patients. H.1282 also aims to end the current nursing crisis that exists in the commonwealth, in light of findings that overwhelming patient loads are the single biggest reason why RNs are leaving the bedside in droves. ■



**MNA Executive Director Julie Pinkham speaking at the Statehouse news conference on safe staffing legislation.**

## Safe Staffing Saves Lives Pass H.1282

- ☑ Understaffing of registered nurses is dangerous to patients. Mistakes, errors and complications become more likely when nurses are asked to take care of too many patients at once.
- ☑ A study of six million patients reported in the New England Journal of Medicine show that patients without adequate nursing attention are more likely to die or suffer serious complications: the more nurses per patient the better the medical outcomes.
- ☑ The Journal of the American Medical Association reported that in a study of 232,000 surgical patients the higher the patient-to-nurse ratio, the more likely there will be a death or serious complication. Each additional patient above four that a nurse cared for produced a 7 percent increase in mortality. If a nurse is caring for eight patients instead of four, there is a 31 percent increase in mortality.
- ☑ The fact that nurses are burned out from high patient loads is causing them to leave the profession. One in three registered nurses under the age of 30 say they are planning to leave nursing within the next year.

### To Preserve Quality Care and Protect Patient Safety join a growing list of organizations that support H.1282

Ad Hoc Committee to Defend Health Care  
AIDS Action Committee of Massachusetts  
AIDS Care Project  
Alzheimer's Association, Mass. Chapter  
American Cancer Society  
American Diabetes Association of Greater Boston  
American Heart Association  
American Lung Association of Greater Norfolk County  
American Lung Association of Mass.  
American Psychiatric Nurses Association—New England Chapter  
Amyotrophic Lateral Sclerosis Association  
Arise for Social Justice  
Boston AIDS Consortium  
Boston Health Care for the Homeless Program  
Boston Women's Commission

Cambridge Women's Commission  
Cape Organization for Rights of the Disabled  
Family Economic Initiative  
Favorite Nurses Favorite Temps  
Gay and Lesbian Advocates and Defenders  
Greater Boston Diabetes Society  
Health Care for All  
Independent Living Center of North Shore and Cape Ann, Inc.  
Jobs with Justice  
Jonathan M. Cole Mental Health Consumer Resource Center  
Latin American Health Institute  
League of Women Voters of Mass.  
Lynn Health Task Force  
Mass. Asian AIDS Prevention Project  
Mass. Association of Councils on Aging  
Mass. Association of Nurse Anesthetists

Mass. Association of Older Americans  
Mass. Association of Public Health Nurses  
Mass. Brain Injury Association  
Mass. Breast Cancer Coalition  
Mass. Coalition of Nurse Practitioners  
Mass. Federation of Teachers  
Mass. Human Services Coalition  
Mass. Immigrant and Refugee Advocacy Coalition  
Massachusetts Nurses Association  
Mass. School Nurse Organization  
Mass. Senior Action Council  
Mass. Society of Eye Physicians and Surgeons  
Sister Rosellen Gallogly of Market Ministries, Inc.  
Mass NOW (National Organization for Women)  
Massachusetts Spina Bifida Association

MASSPIRG  
Mental Health Association, Inc.  
MetroWest AIDS Program  
MetroWest Latin American Center  
National Association of Social Workers—Massachusetts Chapter  
National Kidney Foundation of Mass., RI, NH, Vermont, Inc.  
Neighbor-to-Neighbor  
New England Coalition for Cancer Survivorship  
New England Patients Rights Group, Inc.  
Search For A Cure  
The Abortion Access Project  
The Consortium for Psychotherapy  
The Episcopal Diocese of Western Mass.  
Victory Programs, Boston  
Vineyard Health Care Access Program

## The Coalition to Protect Massachusetts Patients

617-731-2813 • [www.protectmasspatients.org](http://www.protectmasspatients.org)



**MNA**  
PEER ASSISTANCE PROGRAM

*Help for Nurses with Substance Abuse Problems*

- ✓ **Are you a nurse who is self-prescribing medications for pain, stress or anxiety?**
- ✓ **Are you a nurse who is using alcohol or other drugs to cope with everyday stress?**
- ✓ **Would you appreciate the aid of a nurse who understands recovery and wants to help?**

CALL THE MNA  
PEER ASSISTANCE PROGRAM

ALL INFORMATION IS CONFIDENTIAL  
781-821-4625, EXT. 755  
OR 800-882-2056 (IN MASS ONLY)  
WWW.PEERASSISTANCE.COM

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**Support Groups for Nurses and Other Health Professionals with Substance Abuse Problems**

*Below is a list of self-help groups facilitated by volunteer nurses who understand addiction and the recovery process. Many nurses with substance abuse problems find it therapeutic to share their experiences with peers who understand the challenges of addiction in the health care profession.*

**BOSTON METROPOLITAN AREA**

- Bournwood Hospital—  
Health Care Professionals Support Group  
300 South St., Brookline  
Contact: Donna White or Gail Shaw, 617-469-0300 x305  
Meets: Wednesdays, 7:30–8:30 p.m.
- Caduceus Club  
260 Beacon Street, Somerville  
Contacts: Janice Kauffman, 617-661-5700  
Kathy Babel, 617-498-1418  
Meets: Thursdays, 6–7:30 p.m.
- McLean Hospital  
DeMarmeffe Building, Room 116  
Contact: LeRoy Kelly, 508-881-3192  
Meets: Thursdays, 5:30–6:30 p.m.
- Peer Group Therapy  
1354 Hancock Street, Suite 209, Quincy  
Contact: Terri O'Brien, 781-340-0405  
Meets: Tuesdays, 5:30 p.m., Wednesdays, 5:30 p.m. & coed Wednesdays, 7 p.m.
- Recovering Nurses Group  
Caritas Norwood Hospital, Norwood  
Contact: Mary Beth O'Duggan, 781-492-5930  
Meets: Thursdays, 7–8:30 p.m.

**CENTRAL MASSACHUSETTS**

- Professional Nurses Group  
University of Massachusetts Medical Center  
107 Lincoln Street, Worcester  
Contacts: Laurie, 508-853-0517  
Carole, 978-568-1995  
Meets: Mondays, 6–7 p.m.

**NORTHERN MASSACHUSETTS**

- Baldpate Hospital  
Bungalow 1, Baldpate Road, Georgetown  
Facilitator: Joyce Arlen, 978-352-2131, x19  
Meets: Tuesdays, 6–7:30 p.m.
- Nurses Recovery Group  
Center for Addiction Behavior  
27 Salem Street, Salem  
Contact: Jacqueline Lyons, 978-697-2733  
Meets: Mondays, 6–7 p.m.
- Recovery Lifestyles  
First Congregational Church, Room 1  
106 West Foster Street, Melrose  
Contact/Facilitator: Janice O'Neil, 617-979-0262  
Meets: Tuesdays, 6:30–7:30 p.m.

**WESTERN MASSACHUSETTS**

- Nurses Helping Nurses  
Bay State Medical Center, EAP Building  
50 Maple Street, Springfield  
Contact: Marge Babkiewitz  
Meets: Thursdays, 7:15–8:15 p.m.
- Professional Support Group  
60 Wells Street (Del Padre Building), Greenfield  
Contacts: Wayne Gavryck, 413-774-2351  
Elliott Smolensky, 413-774-2871  
Meets: Wednesdays, 8–9 p.m.

**SOUTHERN MASSACHUSETTS**

- PRN Group  
Pembroke Hospital  
199 Oak Street, Staff Dining Room, Pembroke  
Contact: Sharon Day, 508-375-6227  
Meets: Tuesdays, 6:30–8 p.m.

- Substance Abuse Support Group  
St. Luke's Hospital, New Bedford  
88 Faunce Corner Road  
Meets: Thursdays, 7–8:30 p.m.

**OTHER AREAS**

- Maguire Road Group  
*For those employed at private health care systems*  
Contact: John William, 508-834-7036  
Meets: Mondays
- Nurses for Nurses Group  
Hartford, Conn.  
Contacts: Joan, 203-623-3261  
Debbie, 203-871-906  
Rick, 203-237-1199  
Meets: Thursdays, 7–8:30 p.m.
- Nurses Peer Support Group  
RISNA Office, c/o Butler Hospital, Providence, R.I.  
Contact: Sharon Prusik, 800-445-1195  
Meets: Wednesdays, 6:30–8:00 p.m.
- Nurses Recovery Group  
Veteran's Administration Hospital  
5<sup>th</sup> Floor Lounge (take a right off of the elevators)  
Manchester, N.H.  
Contacts: Diede M., 603-647-8852  
Sandy, 603-666-6482  
Meets: Tuesdays, 7–8:30 p.m.

**For Additional Peer Assistance And Help  
Call The MNA Peer Assistance Program**

All information is confidential  
781-821-4625 or 800-882-2056 (in Mass only)  
[www.peerassistance.com](http://www.peerassistance.com)



**MNA**  
PEER ASSISTANCE PROGRAM

*Help for Nurses with Substance Abuse Problems*

## So you think it's safe at work? Notes from the Congress on Health and Safety

### OSHA's Local Emphasis Program benefits nurses at Jordan Hospital

By **Stephanie Stevens**  
chairperson, Jordan Hospital's bargaining unit  
and member, MNA's Board of Directors with

**Evie Bain**

Associate Director/Coordinator,  
Health and Safety Program

A recent issue of the *Massachusetts Nurse* reported that the New England Boston Regional Office of OSHA has implemented a Local Emphasis Program (LEP) for hospitals, general medical and surgical hospitals and psychiatric hospitals.

OSHA notes that inspections of hospitals in New England over the last 10 years have identified employee exposure to such health hazards as blood borne pathogens, tuberculosis, formaldehyde, and laboratory chemicals—as well as instances of inadequate training of emergency room workers who may have to treat victims of hazardous chemical releases. These inspections have also found employee exposures to safety hazards such as electrical hazards, unguarded machines and inadequate procedures for control of hazardous energy sources during machine repair and maintenance.

Jordan Hospital in Plymouth was the first MNA-associated hospital to be inspected as part of the LEP's efforts. Stephanie Stevens, chairperson of the hospital's bargaining unit, recently described the inspection process, as well as benefits received in added safety and health protection to the nursing staff as a result. Stevens and other Jordan Hospital nurses (MNA members) were interviewed by OSHA compliance officers and provided

input in the areas being inspected.

To prepare this article for the readers of the *Massachusetts Nurses*, Stevens responded to questions that Evie Bain, associate director/coordinator of the MNA's health and safety program, asked relative to the inspection.

**Bain:** What was discussed in terms of issues related to formalin exposure, sharps injuries and noise pollution in the operating room?

**Stevens:** Specimens in the operating room must be "fixed" to prevent degradation of tissue while waiting for examination by the pathologists. The OR nurses have been working with the hospital management and the pathologists to develop a "no pour" policy for fixing specimens in the operating room. This "no pour" policy was recommended by the Jordan's risk management manager. Prior to the OSHA visit, we had reached an impasse which dissolved following the OSHA inspection. We now have larger containers for specimens which are pre-filled with the fixative solution. This should eliminate the need to pour any fixatives on specimens.

**Bain:** What was discussed in terms of handling sharps in the OR?

**Stevens:** Nurses talked about the large volume of sharps typically maintained in



Evelyn Bain

the operating room, as well as what to do once the case over the table of instruments must be broken down and taken to central sterile processing for decontamination and reprocessing. We have been having a problem with sharps being inadvertently left on the tables and taken for sterilization. This of course presents a risk of sharps injury to personnel who are decontaminating and reprocessing the instrumentation on the tables. Although no personnel have to date been injured from operating room sharps being left on the tables, the nurses recognize this is still a significant and unacceptable risk, and they've have been working with management to put in place a system to prevent sharps from being left on tables. Several changes have been implemented since the inspection. We now conduct a "discard count" of sharps witnessed by both the circulating and scrub nurses on the case prior to the table being removed from the operating room.

**Bain:** What was discussed in terms of noise pollution in the operating room?

**Stevens:** Noise pollution in the operating room is a very real issue, primarily because of all the equipment that is used. It was very educational for us to learn what OSHA considers acceptable noise levels, and, as a result, we understand that this is a work in progress for us at Jordan. The hospital does hope to supply us with more quiet equipment, but, from the nurses' perspective, the combinations

of equipment could present a problem.

**Bain:** Can you talk about the confidentiality issues related to this inspection?

**Stevens:** Our work with OSHA compliance officers was kept as confidential as the nurse wished. They met with us anywhere we wanted and went to great lengths to assure as much confidentiality as we wished.

**Bain:** What are the next steps for Jordan Hospital, the nurses and OSHA?

**Stevens:** I believe there will be a continued assessment, as well as improvements to the sharps and noise pollution policies.

The report from OSHA also asked the hos-



pital to voluntarily provide progress reports on a number of ergonomic conditions that had the potential for causing injuries. The hazards noted by OSHA included lifting 3,000 cc (6 lb) bags onto IV poles, pushing and pulling full linen carts, patient lifting hazards and the lack of employee training in recognizing ergonomic hazards and identifying signs and symptoms of musculo-skeletal disorders.

To discuss visits from or concerns about any OSHA inspections, contact Evie Bain at 781-830-5776 or via e-mail at ebain@mnarn.org or Chris Pontus at 781-830-5754 or via e-mail at cpontus@mnarn.org. ■

## Health & Safety Notes

### Mass. conducts surveillance on work-related asthma

Tens of thousands of workers have job duties that include the use of chemical cleaning materials in industrial and non-industrial settings. Even more workers may be exposed as bystanders. Exposure may occur during prescribed use as well as after spills or inappropriate mixing, and may involve a variety of allergens and irritants.



These workers may be at risk of developing work-related asthma (WRA). Paradoxically, two home care products advertised to reduce dust mites to prevent allergy symptoms have been recalled for triggering asthma attacks.

Four states—Massachusetts, New York, New Jersey and Michigan—conduct surveillance of work-related asthma as part of the Sentinel Event Notification System for Occupational Risks (SENSOR). From 1993-1997, 1,915 confirmed cases of work-related asthma were reported to the four SENSOR states. Twelve percent of these cases (n=236) were reportedly associated with exposure to cleaning products.

Most of these cases were new-onset asthma (80 percent), although aggravation of pre-existing asthma was not uncom-

mon (20 percent). Among the new-onset asthma cases, 22 percent were defined as reactive airways dysfunction syndrome. The most frequently reported occupations included janitors/cleaners (22 percent), nurses/nurses' aides (20 percent), and clerical staff (13 percent). Individuals identified were predominantly white, non-Hispanic women, mid-30s or older. Individuals had most likely been exposed to cleaning products while working in medical settings (39 percent), schools (13 percent), and hotels (6 percent). Cleaning product ingredients identified by these cases included irritants such as acids, ammonia or bleach; and disinfectants such as formaldehyde, glutaraldehyde, and quaternary ammonia compounds. More than one-third of the cases could not identify the specific products or ingredients associated with their symptoms.

To learn more about WRA, contact the MNA's Health and Safety Program at 781-821-4625 or the Department of Public Health, Occupational Health Surveillance Program at 617-624-5632 or online at [www.state.ma.us/dph/bhsre/ohsp/htm](http://www.state.ma.us/dph/bhsre/ohsp/htm).

This item was reported in the *SENSOR Occupational Lung Disease Bulletin*, Occupational Health Surveillance Program, Mass. DPH. To receive this bulletin by e-mail, send an e-mail message to [Occupational.Asthma@dph.state.ma.us](mailto:Occupational.Asthma@dph.state.ma.us). ■

### Work-related asthma is a reportable health condition in Mass.

Massachusetts law requires that asthma caused or aggravated by exposures or conditions at work be reported to the Massachusetts Department of Public Health's Occupational Safety and Health Program. A specific form is required for reporting and it can be obtained by calling the MNA's Health

and Safety Program at 781-830-5723.

The purpose of reporting is to identify chemical or other agents in the workplace that can cause or aggravate asthma so that exposures can be eliminated or controlled through engineering interventions. Your employer is required by law to provide a safe and healthful work environment that is free from recognized hazards. ■

### Massachusetts announces initiative on environmentally preferable cleaning products

The central purchasing office for the commonwealth recently awarded a statewide contract that enables all Massachusetts public entities and health and human services providers to purchase environmentally preferable cleaning products. The specifications for the contract were developed in collaboration with purchasing and environmental specialists from Minnesota to California and comply with Green Seal's standard for industrial and institutional cleaners (GS-37).

The standard requires that the products be less toxic to humans and aquatic life, biodegradable and not contain carcinogens or reproductive toxins. The contract specifications also address asthma-causing agents and skin sensitization. The products on the approved list were selected based on reducing environmental harm and protecting the health of the cleaning staff and building occupants, and were tested for performance.

For more information and/or to hear about state departments already using these products contact Dmitriy Nikolayev, environmental purchasing project specialist, at [dmitriy.nikolayev@osd.state.ma.us](mailto:dmitriy.nikolayev@osd.state.ma.us) or at 617-720-3351. ■

## Formaldehyde presents workplace hazard to nurses

The following information was compiled and written by Sandra Hottin and Chris Pontus. Sandra Hottin is an OR nurse at Mercy Medical Center in Springfield and a student at UMass Amherst. Chris Pontus is an associate director/health & safety staff specialist at the MNA.

Do you leave work feeling as good as you did when you arrived? Or do you leave work so fatigued that it is an effort to continue on with family, work and social commitments? Do you leave work with headaches, itchy eyes and/or a stuffy nose, scratchy throat, hoarse voice, back pain, neck pain, shoulder/wrist pain? Most importantly, do you associate these symptoms, not complaints, with your work environment?

When you leave work at the end of your shift you may feel tired, but you should feel as good as when we came in.

We recently spoke with someone from the Department of Labor/OSHA to ask about a specific chemical and were informed that hospitals have a duty to educate employees about just the questions we were asking. We replied, "The hospital I work for refers us to the Material Safety Data Sheets (MSDS)." The OSHA employee said, "That is not enough."

Who knew? We're supposed to be educated on a yearly basis about the hazards of

the chemicals we come into contact with. The hazardous material we inquired about was formaldehyde.

Surgical nurses often come into contact with this suspected human carcinogen. Formaldehyde is used by many hospitals as a tissue fixative, a disinfecting agent or in a sterilization process. It is commonly found in most laboratories as well as in the morgue.



Formaldehyde can be absorbed through the respiratory system when breathing in the fumes without proper personal protective equipment. It can also be absorbed through the skin. The use of proper chemical-resistant gloves such as nitrile (latex is not appropriate), should be used for protection. There should also be hazard labels warning people

that this is a suspected carcinogen and to take precautions. Monitoring of the air in our breathing space also needs to be conducted. Depending on the environmental conditions, engineering controls, such as hoods or closed systems, may be installed to lower the risk of exposure.

Nurses, at least in our experience, are neither educated about the risks of formaldehyde nor are they given the proper personal protective equipment. Supervisors and middle managers are often not educated in health and safety issues. They do not have the knowledge to respond appropriately or the proper procedures in place to bring the concerns to a forum where they can be resolved in an effective manner. Due to the lack of proper support systems, issues, symptoms or other health and safety concerns brought to supervisors and middle managers often falls on deaf ears. This is where an empowered safety committee, including representatives from every department, can play a crucial role.

A copy of an OSHA fact sheet about formaldehyde is included here, and also can be downloaded at [www.osha.gov/OshDoc/data\\_General\\_Facts/formaldehyde-factsheet.pdf](http://www.osha.gov/OshDoc/data_General_Facts/formaldehyde-factsheet.pdf). The MNA currently is investigating a possible formaldehyde substitute called Notoxand,

and a follow-up report is expected to appear in an upcoming edition of the *Massachusetts Nurse*.

For questions, contact Sandra Hottin or Chris Pontus call 781-830-5754 or via e-mail [cpontus@mnarn.org](mailto:cpontus@mnarn.org). ■

**Protect your patients,  
your family and yourself.**

**All health care workers  
should receive a flu  
vaccine every year.**

*Brought to you by the Mass. Department of Public  
Health, Adult Immunization Program*

## OSHA Fact Sheet/What is formaldehyde?

Formaldehyde is a colorless, strong-smelling gas. Commonly known as a preservative in medical laboratories and mortuaries, formaldehyde is also found in other products such as chemicals, particle board, household products, glues, permanent press fabrics, paper product coatings, fiberboard, and plywood. It is also widely used as an industrial fungicide, germicide and disinfectant.

Although the term formaldehyde describes various mixtures of formaldehyde, water and alcohol, the term "formalin" more precisely describes aqueous solutions, particularly those containing 37 to 50 percent formaldehyde and 6 to 15 percent alcohol stabilizer.

### What should employers know?

The OSHA standard that protects workers exposed to formaldehyde, Title 29 of the Code of Federal Regulations (CFR) Part 1910.1048, and equivalent regulations in states with OSHA-approved state plans apply to all occupational exposures to formaldehyde from formaldehyde gas, its solutions, and materials that release formaldehyde. The permissible exposure limits (PELs) for formaldehyde in the workplace covered by the standard are 0.75 parts formaldehyde per million parts of air (0.75 ppm) measured as an 8-hour time-weighted average (TWA). The standard includes a second PEL in the form of a short-term exposure limit (STEL) of 2 ppm that is the maximum exposure allowed during a 15-minute period. The action level—which is the threshold for increased industrial hygiene monitoring and initiation of employee medical surveillance—is 0.5 ppm when calculated as an 8-hour TWA.

### How can formaldehyde harm workers?

Formaldehyde is a sensitizing agent that can cause an immune system response upon initial exposure. It is also a suspected human carcinogen that is linked to nasal cancer and lung cancer. Acute exposure is highly irritating to the eyes, nose, and throat and can make you cough and wheeze. Subsequent exposure may cause severe allergic reactions of the skin, eyes, and respiratory tract. Ingestion of formaldehyde can be fatal, and long-term exposure to low levels in the air or on the skin can cause asthma-like respiratory problems and skin irritation such as dermatitis and itching.

Concentrations of 100 ppm are immediately dangerous to health or life.

### How can workers be exposed to formaldehyde?

Workers can inhale formaldehyde as a gas or vapor or absorb it through the skin as a liquid.

They can be exposed during the treatment of textiles and the production of resins. Besides health care professionals and medical lab technicians, groups at potentially high risk include mortuary employees as well as teachers and students who handle biological specimens preserved with formaldehyde or formalin.

### What must employers do to protect workers?

Airborne concentrations of formaldehyde above 0.1 ppm can cause irritation of the respiratory tract. The severity of irritation worsens as concentrations increase.

Some of the key provisions of the OSHA standard require employers to do the following:

- Identify all employees who may be exposed to formaldehyde at or above the action level or STEL through initial monitoring and determine their exposure.
- Reassign employees who suffer significant adverse effects from formaldehyde exposure to jobs with significantly less or no exposure until their condition improves. Reassignment protection can continue for up to 6 months until the employee is determined able to return to the original job or unable to return to work—whichever comes first.
- Implement engineering and work practice controls to reduce and maintain employee exposure to formaldehyde at or below the 8-hour TWA and the STEL. If these controls cannot reduce exposure to or below the PELs, you must provide your employees with respirators.
- Label all mixtures or solutions composed of greater than 0.1 percent formaldehyde and materials capable of releasing formaldehyde into the air at concentrations reaching or exceeding 0.1 ppm. For all materials capable of releasing formaldehyde at levels above 0.5 ppm during normal use, the label

must contain the words "potential cancer hazard."

- Train all employees exposed to formaldehyde concentrations of 0.1 ppm or greater at the time of initial job assignment and whenever a new exposure to formaldehyde is introduced into the work area. Repeat training annually.
- Select, provide and maintain appropriate personal protective equipment. Ensure that employees use this equipment such as impervious clothing, gloves, aprons, and chemical splash goggles to prevent skin and eye contact with formaldehyde.
- Provide showers and eyewash stations if splashing is likely.
- Provide medical surveillance for all employees exposed to formaldehyde at concentrations at or above the action level or exceeding the STEL, for those who develop signs and symptoms of overexposure, and for all employees exposed to formaldehyde in emergencies.

### Are there any recordkeeping requirements?

Employers are required to do the following regarding employee exposure records:

- Retain employee exposure records for 30 years.
- Retain employee medical records for 30 years after employment ends.
- Allow access to medical and exposure records by current and former employees or their designated representatives upon request.

### How can you get more health, safety information?

OSHA has various publications, standards, technical assistance, and compliance tools to help you, and offers extensive assistance through workplace consultation, voluntary protection programs, grants, strategic partnerships, state plans, training, and education. OSHA's Safety and Health Program Management Guidelines (Federal Register 54:3904-3916, January 26,

1989) detail elements critical to the development of a successful safety and health management system. This and other information are available on OSHA's Web site. ■

## Labor Relations News

*Despite 12 months of feedback and counsel from staff nurses*

### Administration at St. Vincent Hospital to move ahead with layoffs

After more than 12 months of discussions with hospital administrators, registered nurses at St. Vincent Hospital at the Worcester Medical Center were told recently that several specialty-RN positions would be eliminated on Nov. 3—despite feedback from RNs who say that the reduction in staff and changes in the makeup of these health care teams will jeopardize the safety of patients.

The positions slated for elimination include those associated with the hospital's intravenous specialty team, as well as RN positions in the crisis assessment team. The layoffs would entirely eliminate registered nurses from the crisis team and reduce day and evening IV RNs by 50 percent.

"We've known for more than a year that these layoffs were possible," said Patricia Mayo, co-chair of the bargaining unit at Worcester Medical Center that is represented by the MNA and a member of the hospital's IV team, "but we continued to talk extensively with the administration during that time about the risks to our patients and the potential damage that these reductions would cause. Unfortunately, the hospital ultimately decided that profits are more important than patients."

According to Mayo, the layoffs in the hospital's IV team will be devastating. "IV nurses provide comprehensive intravenous services to approximately 80 percent of the hospital's patients. It has been shown that the IV team is 104 percent productive and cost effective. But after these layoffs, the hospital administration will require non-specialized RNs to perform the duties of an IV nurse with minimal training," Mayo added. "Couple this with daily RN-staffing levels that exceed safe nurse-to-patient ratios, and you have a recipe

for disaster."

IV specialists identify the best veins for IV insertion; painlessly access veins; monitor the status of all IVs; provide thorough care in order to prevent the site from becoming infected; and provide specific treatment in the event of an infection. "Without an IV specialist, our patients run the risk of having to be 'stuck' several times and risk exposure to infection. We'll also see delays in the delivery of everything from saline to blood and blood products," said Mayo. "It is a 'lose lose' situation, and we suspect that it will be impossible to meet the standards of practice as outlined by the Infusion Nurses Society if these changes move forward." If the layoffs are implemented, the hospital unit will be left with just one IV nurse per shift.

Cuts will also be made to the hospital's crisis team if the administration's plans move forward. The team, which currently includes both RNs and social workers, provides psychiatric evaluations in the hospital's emergency room for patients who require this vital assessment. The crisis team also provides patients with appropriate disposition planning, which may include psychiatric or substance abuse hospitalization.

"This is a vital part of patients' care," said Sandy Ellis, a psychiatric RN at the facility and the bargaining unit's secretary. "RN's who are part of the crisis assessment team complete a full mental-health assessment for those who require it."

That is only part of the assessment process however. Patients also require a total, holistic,

global assessment that includes the evaluation of vital signs, lab results, potential drug side effects and other medical issues. "Only RNs can provide crisis patients with those services," explained Ellis. "Social workers are not qualified and able to do so."

As an on-site nurse who cares for patients on St. Vincent's inpatient psychiatric unit, Ellis can imagine what it will be like to receive a transferred patient who *has not* been assessed by an RN. "If these layoffs move forward, we'll see patients arrive on the unit who haven't even received a complete assessment," she said. "And that's scary, particularly for nurses at St. Vincent."

The psychiatric unit at Tenet-owned St. Vincent Hospital at the Worcester Medical Center is the only off-site inpatient unit, and its nursing staff specializes in the care of psychiatric patients. In addition to the often inadequate RN-to-patient ratios that currently exist at St. Vincent, the staff on the psychiatric unit do not have on-site, 24-hour access to a physician or medical backup—and the combination of these two circumstances makes the quality of a patient's initial assessment all the more important.

"If RNs at St. Vincent are forced to care for psychiatric patients who haven't been initially assessed and treated by another RN, the risks for everyone will be much greater," said Debra Rigiero, an RN in the hospital's intensive care unit and co-chair of the MNA bargaining unit. "Every patient deserves the best care possible, whether that means a mental health assessment by an RN or a pain-free IV insertion on the first try. But under the administration's proposed changes only one thing will be guaranteed for patients: substandard care." ■



### Nurses at Tobey Hospital protest elimination of targeted insurance benefits

The administration at Tobey Hospital, under the leadership of president and CEO John B. Day, recently notified several of its part-time RNs that they are no longer eligible to purchase additional insurance benefits—despite the facts that they have been available to many part-time RNs for more than five years *and* that nurses pay for these benefits directly.

The administration at Tobey originally planned to eliminate access to these benefits, which include long and short-term disability as well as additional life insurance for RNs and their families, on Oct. 1. But following a Sept. 30 negotiation meeting, the deadline was extended by another week.

The nurses who are most at risk for being hurt by these efforts have long histories at Tobey, with one RN giving more than 32 years of service to the Wareham-based hospital. These nurses also work in many of the hospital's most stressful units, including the emergency department, the intensive care unit and medical surgical units.

The MNA met with the hospital administration once it learned of the proposed cuts, at which point the hospital stated that "allowing these nurses to purchase the additional benefits was a five-year mistake." In an ironic twist though, these benefits had cost the hos-

pital nothing over the last five years. Instead, the nurses had paid for these benefits out of their salaries through payroll deductions.

Nurses who attended the meeting with Tobey administrators characterized the proposed benefit elimination as "a slap in the face."

Mary Ellen Boisvert, RN and co-chairperson of the MNA bargaining unit at Tobey, is one of the 16-hour-a-week nurses who will be affected by the change in benefits. Boisvert is a maternity nurse who regularly works extra shifts and has never called in sick. She is an active supporter of Tobey's mission—promoting the hospital to the new nurses she mentors and within her community.

"I used my short-term disability for my maternity leave, so I know that it gives me and my family the financial protection that every household deserves," said Boisvert. "Nursing is a physical job and the injury rate for nurses is almost as high as it is for police officers and fire fighters. It angers me that the hospital administration wants to take away my safety net—a safety net *that I pay for* out of my own pocket—while stating that it was a mistake that I was ever offered these benefits in the first place."

Nurses everywhere at Tobey expressed the same feelings as Boisvert, and as a sign of

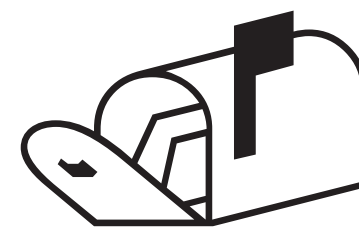
their solidarity the RNs circulated a petition asking Day to maintain the threatened insurance benefits.

In an effort to resolve the situation, Tobey administrators recently said they were prepared to offer any of the affected nurses 20-hour schedules, which would make them "properly eligible for these benefits."

According to Boisvert, most of her co-workers with 16-hour schedules do not want to commit to 20 hours. "Nurses for the most part

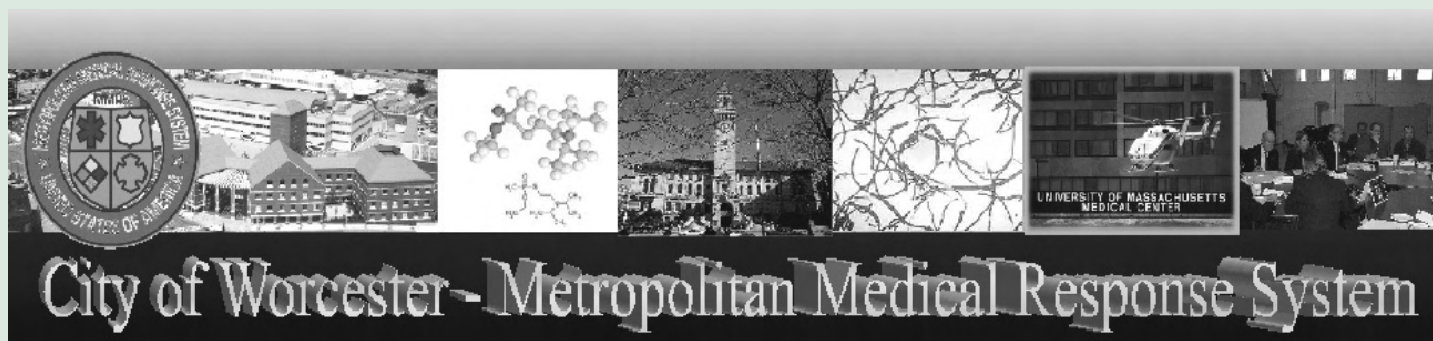
are women and they often work part-time, possibly as the single income for the family," she said. "Would we have applied for more hours if we knew this was going to happen? Maybe—but as a mom with kids I want the flexibility of only working two days a week."

The nurses have filed an internal grievance that could go to arbitration if it is not resolved. The grievance comes at a time when Tobey nurses are re-negotiating compensation as part of their contract. ■



### Have you moved?

Please notify the MNA  
of your new address:  
800-882-2056, x726



## Announcing the Worcester Metropolitan Medical Response System Clinical Lecture Series

*The Worcester MMRS in cooperation with the Worcester Department of Public Health, and its planning partners are pleased to present*

# Bombs, Dirty and Clean

*A lecture by Dr. Jonathan L. Burstein, Thursday November 20, 2003*

The most common terrorist threat is still conventional explosives. Blast injuries, and the accompanying crush injuries caused by building collapse, are unusual clinical situations. In addition, there is a theoretical threat of an "improvised radiologic device" or dirty bomb that would spread radioactive material as well as causing explosive injuries. This talk will focus on the triage and treatment of blast injuries and the special situation of the "dirty bomb".

Dr. Burstein's professional activities focus on developing public health policy for the nation and the Commonwealth of Massachusetts; providing excellent emergency medical care in the field (emergency medical services), hospital, and disaster situations; teaching and supervising medical students, residents, and ancillary staff in those environments; and conducting research in disaster medicine. Dr. Burstein is the Massachusetts State Emergency Medical Services (EMS) Medical Director. In addition, he holds the position of Medical Director for Emergency Preparedness and Response at the Massachusetts Department of Public Health, working directly for the Assistant Commissioner for Health Care Quality to prepare the Massachusetts health care and public health systems for disasters and terrorist events. Dr. Burstein teaches at the Harvard School of Public Health where he also serves as the Assistant Director of Science and Technology at the CDCfunded Harvard Center for Public Health Preparedness. Dr. Burstein has recently published, (as co-editor), a textbook on Disaster Medicine and is working on a text on Medical Response to Terrorism. Dr. Burstein is an emergency care physician at Beth Israel Deaconess Medical Center.

### **Presentations will be delivered at:**

U-Mass Medical School, Amphitheatre One	8:00am
St Vincent Hospital at Worcester Medical Center, 5 North Conference Room	10:30am
The Four Points Hotel Amphitheatre, 99 Erdman Way, Leominster Mass.	2:00pm

*Please RSVP to "Clinical Lecture Series" Worcester Department of Public Health, MMRS Office, 25 Meade Street Worcester, Massachusetts 01610. Participants may also call, email or fax using the contact information listed below*

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<i>Name</i>	<i>Professional Degree/certification</i>	<i>Institution</i>
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<i>Email</i>	<i>Mailing Address</i>	<i>Telephone</i>
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**FOR MORE INFORMATION PLEASE CALL 508-799-8566 / 8567, FAX 508-799-8530 OR EMAIL [connellt@ci.worcester.ma.us](mailto:connellt@ci.worcester.ma.us)**

**Benefits Corner**brought to you by... **cingular**  
WIRELESS**Save at all Anheuser-Busch Adventure Parks**

The MNA is proud to announce our newest addition to the money saving benefits available to members. Discount cards are now available for the Anheuser-Busch Adventure Parks. Members will receive \$5 off admission to Busch Gardens (Tampa or Williamsburg) or Sea World (Orlando or San Antonio) and \$3 off admission to Sesame Place (Langhorne, Pa.), Water Country USA (Williamsburg) or Adventure Island (Tampa).

As well as the discount card which provides immediate admission savings, members will have access to special seasonal offers including culinary specials, guided tours, vacation values and more.

Contact the MNA membership department at 800-882-2056, x726 to request your discount card. ■

**MASSACHUSETTS  
NURSE**

*Massachusetts Nurse* accepts unsolicited articles, photography, press releases, and other pieces for consideration as editorial material. Submission by deadline dates does not ensure publication in any issue. All submission copies and ideas should be sent to:

Editor, Massachusetts Nurse  
340 Turnpike Street  
Canton, MA 02021  
781-830-5718 or 800-882-2056, x718  
e-mail: [jjohnson@mnarn.org](mailto:jjohnson@mnarn.org)

**A PEDIATRIC SANE  
CERTIFICATION TRAINING**

to be held within the commonwealth,  
Spring 2004, dates/location TBD

The Massachusetts Pediatric SANE Program will provide compassionate, coordinated, comprehensive and child-centered medical care for children reporting sexual abuse or assault.

SANE nurses will conduct developmentally appropriate physical examinations and time sensitive forensic evidence collection in designated settings.

Pediatric Nurse Practitioners and Family Nurse Practitioners with at least three years of current clinical experience in working with children and families are encouraged to apply.

For further information or an application, contact Ginhee Sohn, SANE Program Coordinator, at 617-624-5432 or [Ginhee.Sohn@state.ma.us](mailto:Ginhee.Sohn@state.ma.us).



*The Massachusetts Department of Public Health  
Sexual Assault Nurse Examiner Program*

**MNA Announces****More Exciting Group Travel Trips****Reserve Early, Space is Limited****Western Caribbean Cruise: \$799\* inside cabin/\$899\* outside cabin  
Feb. 1-8, 2004**

Join this exotic cruise to four ports in the Western Caribbean. The ship will depart Tampa and arrive in Grand Cayman early Tuesday morning for a full day to explore the international shops of George Town or indulge in the many water sports along Seven Mile Beach. We will sail overnight to Costa Maya, Mexico, to enjoy a wide variety of activities at the newly built entertainment complex with shops, lagoons and water sports. Your fun in Mexico continues in Cozumel, the jewel of the Yucatan. Your last destination is Belize a country lush with vivid tropical flowers and beauty beyond belief. Cruise aboard Carnival Cruise Line's "Inspiration." Carnival has transformed itself into a far more upscale cruise product with a contemporary vacation for all age groups. Most everything has been dramatically upgraded from food to service, and its onboard entertainment has always been the best afloat! Includes air from Boston, transfers, seven-night cruise with all meals and complete day and evening social and entertainment programs. You also have the option to obtain your year's worth of contact hours (7.5) while on board the ship during the days at sea!\*\*

**Northern Italy lakes tour: \$1,599\*  
May 19-27, or May 26-June 3, 2004**

Back by popular demand, the MNA is offering this nine day/seven night, all-inclusive tour of Italy. This trip will feature Innsbruck Austria and the Italian cities of Venice, Trento, Milan, Verona, and Padua as well as the wonderful village towns in the famous Lake Garda Region. During this tour we will visit the Imperial Palace in Innsbruck, the Dolomites, the Brenner Pass, the Duomo in Milan, and see Leonardo da Vinci's famous painting of the "Last Supper." You will also tour the Grand Canal to St. Marks Square in Venice, visit the setting for Shakespeare's "Romeo and Juliet" and tour the university city of Padua. Air, transfers, hotel and all meals are included in this wonderful tour. This trip is sure to fill quickly.

**Taormina, Sicily tour: 1,599\*  
Oct. 27-Nov. 4, or Oct. 29-Nov. 6, 2004**

Taormina—a world class resort area situated on the east coast of Sicily—was rated by a *Travel and Leisure* magazine readers' poll to be the number one destination in Europe. This nine day/seven night, all-inclusive trip will feature a tour of Siracusa, the city with the largest concentration of Greek ruins outside of Greece; a fascinating sightseeing trip to Mt. Etna; an excursion to Milazzo for a wine tasting and tour; a visit to Tindari and the sanctuary of the Black Madonna; a tour of a ceramic factory in Funari; and a scenic tour along the spectacular east coast of Sicily to Messina. Air, transfers, hotel and all meals are included in this wonderful tour.

\*Prices listed are per person, double occupancy based on check purchase.

\*\*Minimum of 20 passengers required to host contact hour programs.

More information on the contact hour programs will be distributed with the flyer for this trip.

Applicable departure taxes are not included in the listed prices above.

For more information, contact Carol Mallia at 781-830-5755 or via e-mail at [cmallia@mnarn.org](mailto:cmallia@mnarn.org).

# MNA Member Benefits Save You Money

## Personal & Financial Services

### PORTABLE HEALTH INSURANCE

ELLEN KAPLAN, GROUP HEALTH SPECIALISTS.....800-604-3303 OR 508-875-3288  
Managed care & comprehensive indemnity plans through Blue Cross/Blue Shield as well as other carriers.

### PROFESSIONAL LIABILITY INSURANCE

NURSES SERVICE ORGANIZATION .....800-247-1500 (8:00 a.m. to 6:00 p.m.)  
Leading provider of professional liability insurance for nursing professionals with over 650,000 health care professionals insured.

### CREDIT CARD PROGRAM

MBNA AMERICA.....800-847-7378  
Exceptional credit card at a competitive rate.

### TERM LIFE INSURANCE

LEAD BROKERAGE GROUP .....800-842-0804  
Term life insurance offered at special cost discounts.

### LONG TERM CARE INSURANCE

WILLIAM CLIFFORD.....800-878-9921, x110  
Flexible and comprehensive long-term care insurance at discount rates.

### SHORT TERM DISABILITY INSURANCE

NEW ENGLAND INSURANCE SPECIALIST LLC .....800-959-9931 OR 617-242-0909  
Six-month disability protection program for non-occupational illnesses & accidents.

### LONG TERM DISABILITY INSURANCE

LEAD BROKERAGE GROUP .....800-842-0804  
Provides income when you are unable to work due to an illness or injury.

### RETIREMENT PROGRAM

AMERICAN GENERAL FINANCIAL GROUP/VALIC.....800-448-2542  
Specializing in providing retirement programs including 403(b), 401(k), IRA, NQDA, Mutual Funds, etc.

### DISCOUNT TAX PREPARATION SERVICE

TAXMAN INC. ....800-7TAXMAN  
20% discount on tax preparation services.

## Products & Services

### AUTO/HOMEOWNERS INSURANCE

MANSFIELD  
COLONIAL INSURANCE SERVICES .....800-571-7773 OR 508-339-3047  
WEST SPRINGFIELD  
BATES FULLAM INSURANCE AGENCY ..... 413-737-3539  
BOSTON  
ROBERT S. CLARK INSURANCE AGENCY.....800-660-0168  
LOWELL  
JAMES L. CONNEY INSURANCE AGENCY ..... 978 459-0505  
WOBURN  
LENNON INSURANCE AGENCY .....781-937-0050  
FALMOUTH & POCASSET  
MURRAY & MACDONALD INSURANCE SERVICES.....800-800-8990  
TURNERS FALLS  
PARTRIDGE ZCHAU INSURANCE AGENCY.....413-863-4331  
Save up to 18% for all household members. For a no obligation quote visit [www.nursesinsurance.com](http://www.nursesinsurance.com)

### DISCOUNT DENTAL & EYEWEAR PROGRAM

CREATIVE SOLUTIONS GROUP.....800-308-0374  
Best benefits—a healthcare savings plan that cuts the cost of healthcare expenses. Discounts on dental, eyecare and chiropractic expenses.

### DIGITAL PAGERS

INTERNET PAGING.....800-977-1997  
Discount digital pager program.

### LONG DISTANCE TELEPHONE SERVICE

ALLIANCE SERVICES.....888-922-SAVE  
4.9 cents/minute for long distance calls & 5% discount (vs. Verizon) on local service—7 days a week, 24 hours a day! Prepaid discount international calling cards also available.

### CELLULAR TELEPHONE SERVICE

CINGULAR WIRELESS.....800-894-5500  
Lowest rate possible \$8.95/month plus \$.37/minute peak with free nights (7:00 p.m. to 6:59 a.m.)—an MNA exclusive) & free weekends.

### JIFFY LUBE DISCOUNT

MNA MEMBERSHIP DEPARTMENT .....800-882-2056, x726  
Obtain an MNA Discount card to receive 15% discount on automobile products & services.

### CONSUMER REFERRAL SERVICE

MASS BUYING POWER.....781-829-4900  
A consumer referral service offering super savings on products & services. Visit their Web site at [www.massbuy.com](http://www.massbuy.com) (Password MBP)

### DISCOUNT ELECTRONICS & APPLIANCES

HOME ENTERTAINMENT DISTRIBUTORS.....800-232-0872 OR 781-828-4555  
Home electronics & appliances available at discount prices for MNA members.

### OIL NETWORK DISCOUNT

COMFORT CRAFTED OIL BUYING NETWORK .....800-649-7473  
Lower your home heating oil costs by 10 – 15%.

### WRENTHAM VILLAGE PREMIUM OUTLETS

Simply present your valid MNA membership card at the information desk at the Wrentham Village Premium Outlets to receive a VIP coupon book offering hundreds of dollars in savings.

### SIGHT CARE VISION SAVINGS PLAN

MNA MEMBERSHIP DEPARTMENT .....800-882-2056, x726  
Obtain your Sight Care ID card to receive discounts on eye exams, eyeglasses & contact lenses at Cambridge Eye Doctors or Vision World locations.

### HEALTH CARE APPAREL

WORK 'N GEAR DISCOUNT.....800-WORKNGEAR (FOR STORE LOCATIONS)  
Receive 15% discount off all regularly priced merchandise. Simply present your valid MNA membership card to pick up your MNA/Work 'n Gear discount card at any Massachusetts Work 'n Gear store.

## Travel & Leisure

### HERTZ CAR RENTAL DISCOUNT

HERTZ .....800-654-2200  
MNA members discounts range from 5 – 20% mention MNA discount CDP#1281147.

### DISCOUNT MOVIE PASSES

MNA MEMBERSHIP DEPARTMENT .....800-882-2056, x726  
Purchase discount movie passes for Showcase/National Amusements & AMC Theaters. Call to order over the telephone with Mastercard or Visa.

### DISCOUNT HOTEL & TRAVEL PRIVILEGES

CHOICE HOTELS INTERNATIONAL (SOS PROGRAM).....800-258-2847  
20% discount on participating Comfort, Quality, Clarion, Sleep, Econo Lodge, Rodeway & MainStay Suites, Inns & Hotels. Advanced reservations required mention SOS Program #00801502. Membership in Guest Privileges Frequent Traveler Program.

### DISCOUNT TRAVEL PROGRAM TO FLORIDA, BAHAMAS & LAS VEGAS

EXECUTIVE TOUR & TRAVEL SERVICE.....800-272-4707 (RESERVATIONS)  
4 day/3 night discount on "Getaway Vacations" to Florida, Bahamas & Las Vegas. Visit Web site at [www.exectourtravel.com](http://www.exectourtravel.com). Mention MNA group number 15187.

### CENTRAL FLORIDA AREA ATTRACTIONS

THE OFFICIAL TICKET CENTER .....877-406-4836  
Discount admission to Orlando area attractions.

### ANHEUSER-BUSCH ADVENTURE PARKS DISCOUNT

MNA MEMBERSHIP DEPARTMENT .....800-882-2056, x726  
Obtain Adventure Card to receive discount admission to Busch Gardens, Sea World, Sesame Place, Water Country USA & Adventure Island in Tampa, Fla.

### UNIVERSAL STUDIOS MEMBER EXTRAS

Log onto the MNA Web site at [www.massnurses.org](http://www.massnurses.org) and click on the Universal Studios Link to obtain special discount prices or e-mail [member.extras@universolorlando.com](mailto:member.extras@universolorlando.com) for information.

**MNA's premier group benefits programs help you get more out of your membership and your hard-earned money! Take advantage of these special benefits specifically designed for MNA members. For information on our discount programs, contact the representative listed or call Chris Stetkiewicz in the MNA membership department, 800-882-2056, x726.**

# MNA CONTINUING EDUCATION COURSES

*Your source for career training and advancement*

## Oncology Series for Nurses

### Description



A three-part series for nurses to increase their knowledge in oncology nursing. Session one of the series includes an overview of cancer management, tumor physiology and staging, relevant laboratory testing and treatment strategies and safe handling of neoplastic agents. Session two will discuss chemotherapy administration, classification of chemotherapeutic agents, management of toxicities and adverse effects of treatments and oncological emergencies. Session three will include pain and symptom management, palliative care and an overview of hospice care.

**Speaker** Marylou Gregory-Lee, MSN, RNCS, OCN, Adult Nurse Practitioner

**Dates** Oct. 21, 28 & Nov. 4

**Time** 5:30- 9:00 p.m. (*Light supper provided*)

**Place** MNA Headquarters, Canton

**Fee** Series: MNA members, \$175; all others, \$225

Each session: MNA members, \$65; all others, \$95

**Contact hours\*** 3.6 per program. Total for series: 10.8

**Special note** **Completion of Session 1 is required for attendance at Session 2**

**MNA contact** Theresa Yannetty, 781-830-5727 or 800-882-2056, x727

## Diabetes 2003: What Nurses Need to Know

### Description



**Session 1:** This session will discuss the pathophysiology and classification of Diabetes Type 1 and 2. The nursing implications of blood glucose monitoring will be discussed. Non-pharmacological interventions such as exercise and meal planning will be explained. The program will conclude with a discussion of oral pharmacological agents.

**Session 2:** This session is designed to provide the nurse with a comprehensive update on insulin therapy. The nursing management of the newly diagnosed diabetic patient, both complicated and not, will be explored. Nursing management of the diabetic patient in the pre/post operative, ambulatory care, home care and school setting will be discussed.

**Speaker** Ann Miller, MS, RN, CS, CDE

**Dates** **Session 1:** Oct. 23

**Session 2:** Oct. 30

**Time** 5:30 – 9:00 p.m. (*Light supper provided*)

**Place** MNA Headquarters, Canton

**Fee** MNA members, \$65 all others, \$95 (Each session)

**Contact hours\*** 3.6 per session

**MNA contact** Theresa Yannetty, 781-830-5727 or 800-882-2056, x727

## Compassion Fatigue

### Description

This program will discuss the occupational risk factors and the stressors associated with the helping profession. A profile of the health care professional prone to compassion fatigue will be identified, with specific application for nurses. The program will conclude with a discussion about various methodologies that can be used to reduce occupational stress.

**Speaker** Donna White, RN, MSN, CADAC-II, CARN, NCCDN

**Date** Nov. 6

**Time** 5:00 – 9:00 p.m. (*Light supper provided*)

**Place** MNA Headquarters, Canton

**Fee** MNA members, \$65; all others, \$95

**Contact hours\*** Will be awarded

**MNA contact** Theresa Yannetty, 781-830-5727 or 800-882-2056, x727

## Nursing Management of Central Lines

### Description



This program describes the multiple venous access devices used in central line therapy. Indications for tunneled vs. non-tunneled lines and potential complications will be discussed. The nursing management and legal aspects in managing the care of these devices will be described in detail.

**Speakers** Mary Walsh, RN, BS, CRNI, Infusion Therapy Specialist

Marilyn Bernard, RN, CRNI, Infusion Therapy Specialist

**Date** Nov. 13

**Time** 5:30 – 8:30 p.m. (*Light supper provided*)

**Place** MNA Headquarters, Canton

**Fee** MNA members, \$65 all others, \$95

**Contact hours\*** 3.0

**Special notes** Class limited to 20.

**MNA contact** Susan Clish, 781-830-5723 or 800-882-2056, x723

## Advanced Dysrhythmia Interpretation

### Description



This course is designed for nurses who have had a basic course in monitoring patients for cardiac rhythm disturbances and wish to enhance that knowledge base with more complex monitoring of advanced dysrhythmias. The course will describe the EKG changes related to ischemia, injury, and infarction, the EKG abnormalities associated with toxic drug levels and electrolyte imbalances. The course will conclude with an overview of pacemakers and common pacemaker rhythm disturbances.

**Speaker** Carol Mallia, RN, MSN

**Date** Nov. 18

**Time** 5:00- 9:00 p.m. (*Light supper provided*)

**Place** MNA Headquarters, Canton

**Fee** MNA members, \$45; all others, \$65

**Contact hours\*** 3.2

**MNA contact** Susan Clish, 781-830-5723 or 800-882-2056, x723

## Cardiac and Pulmonary Pharmacology

### Description



This program will provide nurses from all clinical practice settings a better understanding of how cardiac and pulmonary medications work. The actions, indications, and nursing considerations will be discussed for the major categories of cardiac and pulmonary medications.

**Speaker** Carol Mallia, RN, MSN

**Date** Dec. 2

**Time** 5:00- 9:00 p.m. (*Light supper provided*)

**Place** MNA Headquarters, Canton

**Fee** MNA members, \$45; all others, \$65

**Contact hours\*** 4.2

**MNA contact** Theresa Yannetty, 781-830-5727 or 800-882-2056, x727

## Emergency Medical Response to Hazardous Materials and Acts of Terrorism

### Description



The Massachusetts Emergency Management Agency (MEMA) is sponsoring this program on emergency medical services in response to hazardous materials and acts of terrorism. The program is specifically designed for physicians, nurses, EMTs, and hospital support staff to provide education in the treatment of individuals exposed to chemical and biological agents. The program will include identification of hazardous materials, toxicological and biological effects of chemicals and biological acts of terrorism. The chemical profile of common agents, decontamination procedures and personal protective equipment will be discussed. CDC guidelines for surveillance of exposed nurses and other health care workers and nursing interventions for patient care will be identified.

**Speakers** Anthony Fucaloro, EMT

Capt. Lawrence P. Ferazani

Christine Pontus, RN, MS, COHN-S

**Date** Dec. 3

**Time** 9:00 a.m. – 5:00 p.m. (*Lunch provided*)

**Place** MNA Headquarters, Canton

**Fee** MNA members, \$45; all others, \$65

**Contact hours\*** 6.9

**Special notes** Class limited to 25.

**MNA contact** Theresa Yannetty, 781-830-5727 or 800-882-2056, x727

## Wound Care—Dressing for Success

### Description



This program will provide a comprehensive overview of the factors affecting wound care and strategies for managing complex wounds. A thorough review of wound products will enable the attendee to select the optimal dressing based on clinical findings. New dimensions of wound care, such as growth factors, hyperbaric oxygen, electrical stimulation, cultured skin replacements and vacuum-assisted closure devices will also be discussed.

**Speaker** Carol Mallia, RN, MSN, CWOCN

**Date** Dec. 9

**Time** 5:00 – 9:00 p.m. (*Light supper provided*)

**Place** MNA Headquarters, Canton

**Fee** MNA members, \$45; all others, \$65

**Contact hours\*** 4.5

**MNA contact** Susan Clish, 781-830-5723 or 800-882-2056, x723

## MNA CONTINUING EDUCATION COURSES

### Cardiac and Pulmonary Pharmacology

**Description** This program will provide nurses from all clinical practice settings a better understanding of how cardiac and pulmonary medications work. The actions, indications, and nursing considerations will be discussed for the major categories of cardiac and pulmonary medications. This is a special C.E. program presented by the MNA and the District 1 Education Committee



**Speaker** Carol Mallia, RN, MSN

**Date** Nov. 4

**Place** Springfield Marriott

**Program** 4:00 p.m. Cocktails, Registration and Networking

4:45 p.m. Buffet Dinner

5:00 p.m. "Cardiac & Pulmonary Pharmacology"

9:00 p.m. Evaluations and Contact Hour Distribution

**Contact hours\*** 4.2

**Fee** Member, \$25 B.U. Chair/Student/Retiree, \$20 Non-Member, \$30

**Registration deadline** October 22 (no refunds after that date)

**Make check payable to** District 1, MNA, 243 King St., Northampton, MA 01060

### IMPORTANT INFORMATION FOR ALL COURSES

**Registration** Registration will be processed on a space available basis. Enrollment is limited for all courses.

**Payment** Payment may be made with MasterCard or Visa by calling MNA or by mailing a check to MNA, 340 Turnpike St., Canton, MA 02021

**Refunds** Refunds are issued up to two weeks before the program date minus a 25% processing fee. No refunds are made less than 14 days before the program's first session or for subsequent sessions of a multi-day program.

**Program Cancellation** MNA reserves the right to change speakers or cancel programs when registration is insufficient.

**\*Contact Hours** Continuing Education Contact Hours are provided for all programs except "Advanced Cardiac Life Support" by the Massachusetts Nurses Association, which is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation. Contact hours for "Advanced Cardiac Life Support" are provided by the Rhode Island State Nurses Association, which is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

**To successfully complete a program and receive contact hours or a certificate of attendance, you must: 1) sign in, 2) be present for the entire time period of the session and 3) complete the evaluation.**

**Chemical Sensitivity** Scents may trigger responses in those with chemical sensitivity. Participants are requested to avoid wearing scented personal products and refrain from smoking when attending MNA continuing education programs.



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### Limited Edition, 100<sup>th</sup> Anniversary MNA Jackets!



High-quality, American-made wind-breakers with MNA emblazoned on the back and the MNA 100<sup>th</sup> Anniversary logo on the front.

Front zipper close, full hood, royal blue/black accents with white printing. Perfect for the picket line, union gatherings, and MNA events.

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### NursePLAN Contribution Form

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\*state law requires that contributors of \$200 or more per year provide this information

Please circle jacket size (men's sizes) S M L XL XXL XXXL XXXXL

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Sign me up to become a monthly NursePLAN donor via Union Direct.

I would like to contribute the additional amount of (PLEASE CIRCLE ONE)

\$5/month \$10/month \$20/month OTHER \$\_\_\_\_/month

to be deducted from my account that I have designated for my monthly MNA dues.

Signature \_\_\_\_\_ Date \_\_\_\_\_

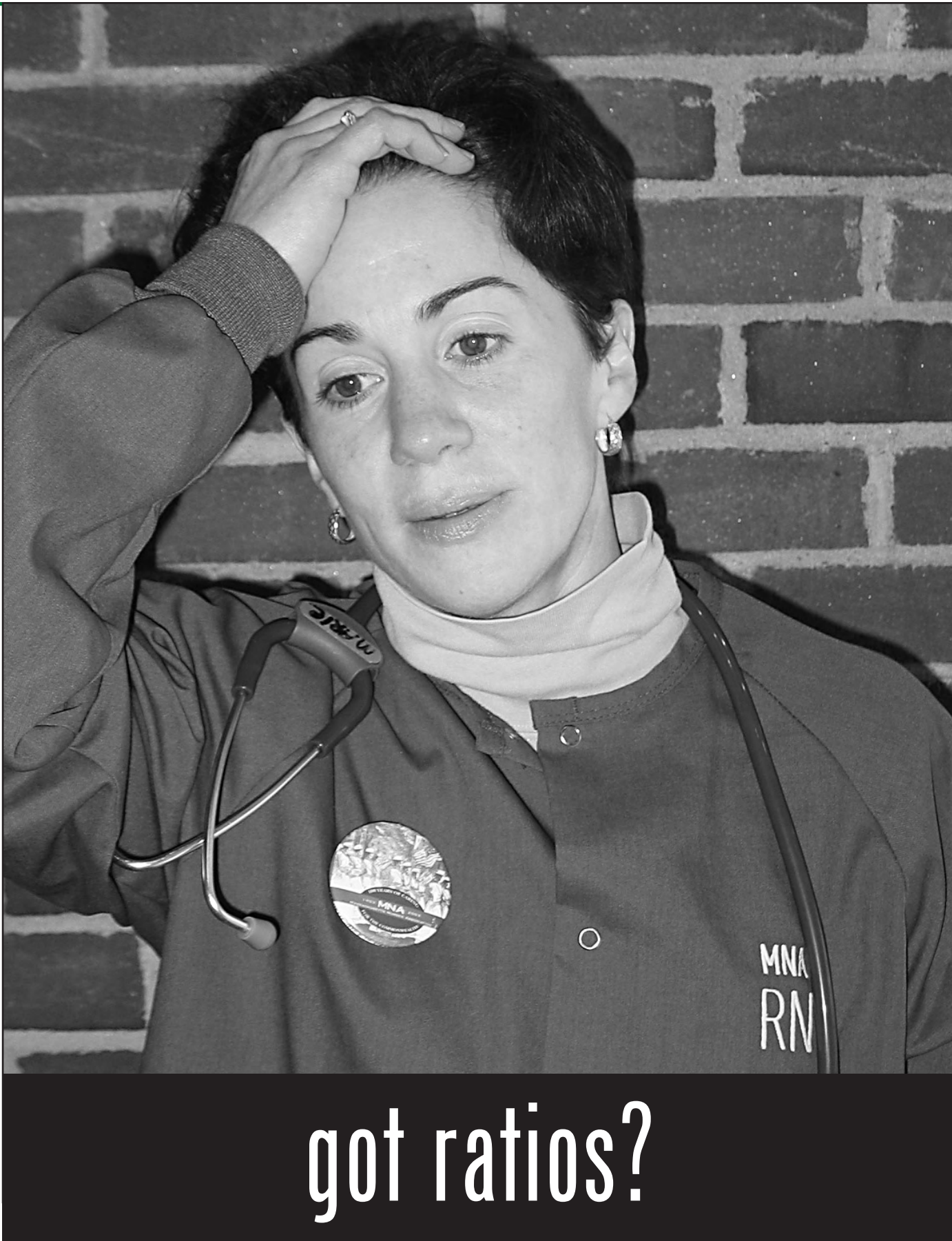
Some sizes are special order and will take up to 8 weeks to be delivered.

*NursePLAN is the voluntary, non-profit, political action committee for the MNA whose mission is to further the political education of all nurses, and to raise funds/make contributions to political candidates who support related issues.*

### MNA baseball cap makes a fashion statement



Available for \$11 each or two for \$19 (including postage), these 100 percent cotton hats have a navy blue rim and a beige cap. The MNA logo is silk screened in navy blue on the front. To order, contact Rosemary Smith in the MNA's membership department, 781-830-5741 or send checks directly to: MNA Membership Dept., 340 Turnpike Street, Canton, MA 02021.



got ratios?

**Support H.1282: A Bill to Set Mandatory RN-to-Patient Ratios**

**RN-to-patient ratios called for by H.1282**

Intensive Care Unit .....	1:2	Emergency Department 1:3*	Pediatrics .....	1:4
Critical Care Unit .....	1:2	» Emergency Critical Care.....	Psychiatric .....	1:4
Neo-natal Intensive Care .....	1:2	» Emergency Trauma .....	Medical and Surgical .....	1:4
Burn Unit .....	1:2	* triage, radio or other specialty RN shall	Telemetry .....	1:4
Step-down/Intermediate Care .....	1:3	not be counted as part of this number.	Observational/Out patient treatment .....	1:4
Operating Room		Labor and Delivery	Transitional Care .....	1:5
» Under Anesthesia .....	1:1	» Active Labor .....	Rehabilitation Unit .....	1:5
» Post Anesthesia .....	1:2	» Immediate Postpartum (one couplet) .....	Specialty Care Unit† .....	1:4
Post Anesthesia Care Unit		» Postpartum (three couplets).....	† any unit not otherwise listed above shall be	
» Under Anesthesia .....	1:1	» Intermediate Care Nursery .....	considered a specialty care unit	
» Post Anesthesia .....	1:2	» Well-baby Nursery .....		

**MNA**

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