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From our President



How did you all weather that earthquake? I was driving the Old Glenn Highway from Palmer, on my way into Anchorage for a meeting at Providence, when it hit me. My truck suddenly felt like I slid into ruts that grabbed the wheels, shaking the truck first left and then right, the tires screeching each time. It didn't feel like I was slipping on the ice; it was a rather weird feeling. At the same time, all the radio stations went dead except 98.1FM (the classical station).

I called my husband and asked if we had an earthquake. He said, "Man, did we! Your pantry just fell in on itself! I gotta go!" So I continued on to Anchorage, over the bridge and onto the New Glenn Highway. When I got to the Eklutna exit, the first earthquake warning came on the radio. When I was almost to the Mirror Lake exit, the second warning came on the radio – except this time it was for the tsunami. We are not having that meeting at Providence, I thought.

I drove on, intending to get off at the Mirror Lake exit, when I saw a small white light in the distance waving back and forth. Suddenly, the truck in front of me lurched back onto the highway. I quickly braked and saw what the truck had just narrowly missed: the colossal hole where the off ramp should have been. If it hadn't been for that little flashlight waving back and forth, I would have been in that hole.

The North Peters Creek exit was my next destination when I went over not one but two big cracks in the pavement. Luckily, I managed to make it to the exit and back on the highway heading to Palmer. As I was driving back, trooper car after trooper car raced past

me. I wondered where they were headed in such a rush. When I caught up to them, the reason became clear. They were blocking access to the bridges; the Old Glenn bridge looked intact, but the Palmer exit overpass looked a little askew. So I meandered to the Trunk Road exit, where all the traffic lights were out and it was stop-and-go at the four-way intersection on a Friday morning. I finally made it home only to find my pantry folded in on itself, but fortunately that was the only damage we sustained.

I have friends though who didn't fare so well. Some have lost all of their grandmothers' china as hutches fell over and some have lost all their dishes, spices, bakeware as cabinets fell off the walls. Others can't even get back into their house because the foundations have failed. My heart goes out to all who have lost everything. I can't even truly imagine the tragedy.

In this issue we will touch on how one can prepare for such tragedies. I know we need to have water stored, canned food stored, extra batteries and flashlights. If possible, a generator and extra fuel, too. But aside from that, how does one adequately prepare and how does one cope when disaster hits?

Send me your story of how you weathered the quake or how you coped with any other disaster to jane@aknurse.org. I look forward to reading your thoughts and stories.

Jane Erickson

Jane Erickson, ADN, RN, CCRN
President, Alaska Nurses Association

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A Wake-Up Call for Alaskans

Earthquake Preparation, Planning and Practice



by Andrea Nutty, with preparation guidance provided by the Center for Disease Control and Prevention



Friday, November 30 served as a literal wake-up call for many Alaskans. At 8:29 AM, a 7.0 magnitude earthquake stuck southcentral Alaska, the most severe since the 9.2 magnitude Good Friday earthquake of 1964. Despite extensive property damage to homes, roads and buildings, we were fortunate; unlike the 1964 quake, no lives were lost (though the November 30 earthquake did lead to 361 emergency room visits and one hospitalization in the week afterwards). In this, there is much to be thankful for.

The other type of wake-up call came next. In the aftermath of the earthquake, the snarl of traffic surrounding the few grocery stores that quickly reopened and the barren shelves where water bottles used to be served as a testament to how utterly unprepared for emergencies many of us are. To some, Alaska's 1964 earthquake was an event from the distant past, and preparing for disaster was an undertaking that could be put off for another day. The devastation on November 30 put Alaskans on notice: emergency preparedness can no longer wait.

Surviving an earthquake and reducing its health impact requires preparation, planning and practice. Far in advance, you can gather emergency supplies, identify and reduce possible hazards in your

home, and practice what to do during and after an earthquake.

Earthquake drills are an important piece of preparedness. Students across Alaska routinely practice these drills at school, but many families do not implement this practice at home. By planning and practicing what to do if an earthquake strikes, you and your family can learn to react correctly and automatically when the shaking begins. During an earthquake, most deaths and injuries are caused by collapsing building materials and heavy falling objects, such as bookcases, cabinets and heating units. Learn the safe spots in each room of your home and have the entire family practice going to these locations.

During your earthquake drill, everyone must DROP, COVER, and HOLD ON. DROP down onto your hands and knees before the earthquake would knock you down. This position protects you from falling but still allows you to move if necessary. COVER your head and neck (and entire body if possible) under the shelter of a sturdy table or desk. If there is no shelter nearby, get down near an interior wall or next to low-lying furniture that won't fall on you, and cover your head and neck with your arms and hands. Stay clear of windows or glass that could shatter and objects that could fall on you. HOLD ON to your shelter (or to

your head and neck) until the shaking stops. Be prepared to move with your shelter if the shaking shifts it around.

Two earthquake safety myths – the ideas that the best reaction to an earthquake is to stand in a doorway or to run outside – have persisted despite attempts to combat this misinformation. If you are inside during an earthquake, stay inside. Do not run outside or to other rooms during shaking. Instead, immediately follow the DROP, COVER, and HOLD ON procedure that you've been practicing. Do not stand in a doorway during an earthquake. You are safer under a table. In modern houses, doorways are no stronger than any other part of the house. The doorway does not protect you from the most likely source of injury – falling or flying objects. Covering under a sturdy table or near an interior wall protects from falling or flying objects (e.g. TVs, lamps, glass, bookcases) or by being knocked to the ground.

You can take other actions, even while an earthquake is happening, that will reduce your chances of being hurt. If possible within the few seconds before shaking intensifies, quickly move away from glass and hanging objects, and bookcases, china cabinets or other large furniture that could fall. Watch for falling objects, such as bricks from fireplaces and chimneys, light fixtures, wall hangings, high

shelves, and cabinets with doors that could swing open. If available nearby, grab something to shield your head and face from falling debris and broken glass. If you are in the kitchen, quickly turn off the stove and take cover at the first sign of shaking. If you are in bed, hold on and stay there, protecting your head with a pillow. You are less likely to be injured staying where you are. Broken glass on the floor can cause injury to those who have rolled to the floor or tried to get to doorways.

For those with impaired mobility who cannot drop to the ground, try to sit or remain seated so you are not knocked down. If you are in a wheelchair lock your wheels. Protect your head and neck with a large book, a pillow, or your arms. The goal is to prevent injuries from falling down or from objects that might fall or be thrown at you.

If you are outside during an earthquake, stay outside. Stay away from buildings, utility wires, and fuel and gaslines. The area near the exterior walls and doorways of a building is the most dangerous place to be. Windows and architectural details are often the first parts of the building to collapse. Also, shaking can be so strong that you will not be able to move far without falling down, and objects may fall or be thrown at you. Once in the open, get down low and stay there until the shaking stops.

If you are in a moving automobile, STOP as quickly and safely as possible. Move your car to the shoulder or curb, away from utility poles, overhead wires, and overpasses. Stay in the car and set the parking brake. A car may jiggle violently on its springs, but it is a good place to stay until the shaking stops. When you drive on, look for hazards created by the earthquake, such as breaks in

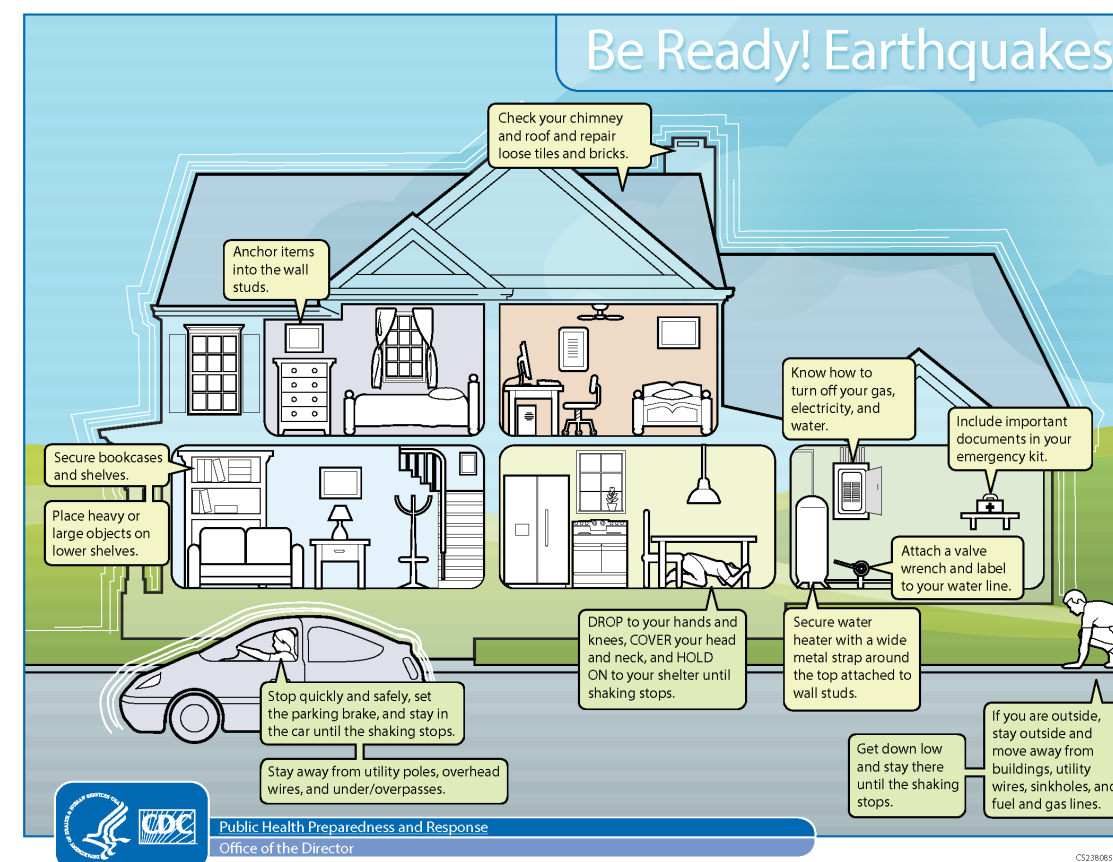
pavement, downed utility poles and wires, rising water levels, landslides, fallen overpasses and collapsed bridges.

Make sure you and your child also understand the school's emergency procedures for disasters. This will help you coordinate where, when and how to reunite with your child after an earthquake.

A second critical step in preparedness is to have an evacuation plan. If an earthquake occurs, you may need to evacuate a damaged area afterward. By planning and practicing for evacuation, you will be better prepared to respond appropriately and efficiently to signs of danger or to directions by civil authorities. Take a few minutes with your family to discuss a home evacuation plan. Sketch a floor plan of your home, walk through each room and discuss evacuation details. Plan a second way to exit from each room or area, if possible. If you need special equipment, such as a rope ladder, mark where it is located. Mark where your emergency food, water, first aid kits, and fire extinguishers are located. Mark where the utility switches or valves are located so that they can be turned off if necessary. Finally, indicate the location of your family's outdoor meeting place.

The third essential step in earthquake preparedness is to inspect your home and its surroundings for possible hazards and then take action to lessen those hazards. Remember: anything can move, fall, or break during an earthquake or its aftershocks. You will want to identify potential hazards in each room, such as windows and other glass that may shatter; areas that could be blocked by falling debris; heating units, fireplaces, chimneys and stoves that could move or fall; and unanchored bookcases, cabinets, refrigerators, water heaters and other furniture that could topple over during an earthquake.

Large home appliances should be secured with flexible cable, braided wire or metal strapping. Installing flexible gas and water connections on all gas appliances will significantly reduce your chances of having a major fire after an earthquake. The typical water heater weighs about 450 pounds when full. In an earthquake, the floor on which it is standing tends to move out from under the heater, often causing it to topple. The movement can also break the gas, electric, and water-line connectors, posing fire or electric shock



CONTINUED ON PAGE 6

hazards and can shatter the glass lining within the water heater. Here are two suggestions on how to secure your water heater:

- **Wrap at least a 1/2-inch wide metal strap around the top of the water heater and attach it to wall studs with 3-inch lag screws. Attach another strap about 2/3 of the way down from the top of the water heater. OR...**
- **Wrap steel plumber's tape around the entire water heater at least twice. Then secure the tape to two different wall studs with 3-inch lag screws.**

Hanging and overhead items should also be inspected and secured. Determine whether the full swing of your hanging lamps or plants will strike a window. If so, move them. Overhead light fixtures such as chandeliers should be anchored. Move heavy mirrors and pictures hanging above beds, chairs, and other places where you sit or sleep. Otherwise, anchor these items with wire through eyescrews bolted into wall studs or place screws on both sides, top, and bottom of the frame and screw these into the stud.

Furniture is another major earthquake hazard. Identify top-heavy, free-standing furniture, such as bookcases, china cabinets, dressers and shelving units that could topple during an earthquake. Furniture can be secured using "L" brackets, corner brackets or aluminum molding to secure furniture to the wall. Eyebolts can be used to secure items located a short distance from the wall. Attached a wooden or metal guardrail to open shelves to keep items from sliding or falling off. Fishing line can also be used as a less-visible means of securing an item. Place heavy or large objects onto lower shelves. Velcro fastenings can be used to secure some items to their shelves. Cabinet doors should be secured by installing sliding bolts or childproof latches. Entertainment systems should be anchored to the wall, and flat screen safety straps can be purchased online to secure TVs.

Step four: Gather emergency supplies. This will include a first aid kit, list of important information and documents, and survival kits with emergency food and water for your home, vehicle and workplace.

Not all first aid kits are created equal. Make sure you purchase or assemble a kit that is comprehensive enough to address a disaster situation. Your first aid kit should include wound dressings (bandage strips, ace bandages, rolled gauze, cotton swabs, adhesive tape), drugs and medications (hydrogen peroxide, antibiotic ointment, alcohol swabs, aspirin and non-aspirin tablets, prescriptions and any long-term medications, diarrhea medicine, eye drops, pain and fever medication for children, and other important first aid supplies (first aid book, scissors, tweezers, thermometer, bar soap, tissues, sunscreen, paper cups, pocket knife, small plastic bags, safety pins, needle and thread, instant cold packs, sanitary napkins, and splinting materials).

You should also gather and store important documents in a fireproof safe. Include birth certificates, vehicle titles, social security cards, insurance policies, wills, and a household inventory. Create a list of important information to add to your fire-proof safe, your survival kits and an additional location around in your home, such as on the refrigerator or hanging by the front door. You will want to include:

- Important phone numbers such as police, fire, paramedics, utilities and medical centers
- Insurance information including the names, phone numbers and addresses of your agents along with policy types and numbers
- Names and telephone numbers of neighbors
- Names and telephone numbers of your landlord or property manager
- Medical information such as allergies, prescriptions and other regular medications
- Financial information such as your bank's phone number and your account numbers
- Radio and television stations to tune into for emergency broadcast information

Finally, assemble your survival kits – one for home, one for each vehicle in your household, and one for your workplace. The following lists include the items you'll need in each kit:

HOME SURVIVAL KIT

- **Ax, shovel, broom**
- **Screwdriver, pliers, hammer, adjustable wrench**
- **Rope for towing or rescue**
- **Plastic sheeting andv tape**
- **Sturdy shoes that can provide protection from broken glass, nails and other debris**
- **Gloves (heavy and durable for cleaning up debris)**
- **Waterproof matches**
- **Change of clothing**
- **Knife**
- **Garden hose (for siphoning and firefighting)**
- **Tent**
- **Recreational supplies for children and adults**
- **Blankets or sleeping bags**
- **Portable radio, flashlight and extra batteries**
- **Essential medications and eyeglasses**
- **Fire extinguisher — multipurpose, dry chemical type**
- **Food and water for pets**
- **Toilet paper**
- **Cash**
- **Phone charger**

VEHICLE SURVIVAL KIT

- **Blankets**
- **Bottled water**
- **Change of clothes**
- **Coins for telephone calls**
- **Fire extinguisher — multipurpose, dry chemical type**
- **First aid kit and manual**
- **Emergency signal device (light sticks, battery-type flasher, reflector, etc.)**
- **Flashlight with fresh batteries**
- **Food (nonperishable — nutrition bars, trail mix, etc.)**
- **Gloves**
- **Local map and compass**
- **Rope for towing, rescue, etc.**
- **Paper and pencils**
- **Premoistened towelettes**
- **Prescription medicines**
- **Battery-operated radio with fresh batteries**
- **Small mirror for signaling**
- **Toilet tissue**
- **Tools (pliers, adjustable wrench, screwdriver, etc.)**
- **Whistle for signaling**
- **Jumper cables**
- **Duct tape**
- **Phone charger**

WORKPLACE SURVIVAL KIT

- **Food (nonperishable — nutrition bars, trail mix, etc.)**
- **Bottled water**
- **Jacket or sweatshirt**
- **Pair of sturdy shoes**
- **Flashlight with fresh batteries**
- **Battery-operated radio with fresh batteries**
- **Essential medications**
- **Blanket**
- **Small first aid kit**
- **Extra pair of eyeglasses and/or contact lens solution**
- **Whistle or other signaling device**
- **Phone charger**

An emergency water supply is one of the most critical components of disaster preparedness. The minimum drinking water supply is one gallon per person per day. You will also need water for food preparation, bathing, brushing teeth, and dish washing. Store a three- to five-day day supply of water (at least five gallons for each person). Water should be stored in sturdy plastic bottles with tight-fitting lids. Rinsed chlorine bleach bottles work well for water storage. Plastic containers for juice and milk do not work as well because they tend to crack and leak more readily. All containers should be labeled. Stored water should be changed every 6 months. Avoid placing water containers in areas where toxic substances, such as gasoline and pesticides, are present, since vapors may penetrate the plastic over time. Do not store water containers in direct sunlight. Select a place with a fairly constant, cool temperature.

A disaster can also easily disrupt the food supply at any time, so plan to have at least a three-day supply of food on hand. Emergency foods should have a long storage life, meet the needs of babies or other family members on special diets, meet pets' needs, and require little to no cooking, water or refrigeration in case utilities are disrupted. Stay away from salty and spicy foods, as these increase the need for drinking water, which may be in short supply. Purchasing dehydrated or other

types of emergency food is not necessary, as canned foods and dry mixes will remain fresh for about two years. In the event of an emergency, use perishable food in your refrigerator or freezer before using food in your emergency supplies. Discard cooked, unrefrigerated foods after two hours at room temperature, regardless of appearance. Aluminum foil, paper plates, utensils, and manual non-electric can and bottle openers are good additions to your emergency food supplies.

A final step to earthquake preparedness is to develop a communications plan. Your family may not be together when an earthquake hits, so it is important to know how you will contact one another and how you will get back together in case of an emergency. Landline and cellular phone systems are often overwhelmed following a disaster, so you may need to use text messaging or social media to communicate with family and friends. Keep important numbers written down in your wallet in case you cannot access the contact list in your phone.

As aftershocks continue in the months following the November 30 earthquake, we are frequently reminded that the next "big one" could strike at any time. Take heed of these warnings, and take the steps to protect yourself, your family and your property today.

Disaster Preparedness

CONSIDERATIONS FOR SPECIFIC GROUPS



Many specific populations face special risks during disasters. Some emergency preparedness tasks – such as assembling an emergency supply kit and creating an emergency plan – are applicable to all of us. However, many specific populations face special risks during disasters. With these special risks come special considerations for disaster preparation.

FOR OLDER ADULTS

The health of older adults may decline during emergencies due to multiple factors. Older adults often have more chronic conditions than other age groups, the treatment of which may require daily medications, specialized equipment, and care coordination. Sensory, physiological, and cognitive changes that may occur in the normal course of aging can also make it more difficult for older adults to cope with disaster situations such as extreme temperatures or noisy, crowded shelters.

A majority of older adults have chronic illnesses. About 80 percent of older adults have at least one chronic condition such as heart disease, cancer or diabetes, and 50 percent have at least two. Many of these conditions must be taken into consideration when making an emergency plan that fits one's personal needs. For example, the prevalence of arthritis increases with age, often making it difficult to move quickly when leaving homes or workplaces or to stand

in line for lengthy periods. Sleeping on cold, hard, damp surfaces or getting up from low cots or mattresses on the floor can exacerbate chronic health problems.

A sizeable percentage of older adults are also considered frail, have difficulties with physical functioning, or use some type of assistive equipment. Frailty is considered distinct from the normal aging process and is characterized by muscle weakness, slow walking speed, unintentional weight loss, exhaustion and low physical activity. Difficulties with physical functioning, such as being able to walk two or three blocks or reach up over one's head, also imperil older adults during and after disaster.

Assistive equipment, including walkers, canes, wheelchairs, and medical equipment, such as oxygen, are utilized by many older adults. For home medical equipment that requires electricity to operate, talk with your healthcare provider about what you can do to prepare for its use during a power outage. Use contacts or glasses, hearing aids (and hearing aid batteries!), wheelchair batteries, or oxygen? Be sure you always have extras in your home.

Older adults with sensory and memory impairments are vulnerable during emergencies. Close to half of men age 65 and older and nearly one-third of women report hearing difficulties. Vision difficulties affect at least 18 percent of the older

population. Persons with cognitive impairments may need help in understanding the severity of the risk and in making timely decisions. Fifteen percent of men and 11 percent of women age 65 or older experience moderate to severe memory impairment; at age 85 those proportions rise to one-third of both men and women. If you wear hearing aids or glasses, consider storing them in a bedside container that is attached to your nightstand using Velcro. Some disasters, such as earthquakes, may shift items that are not secured, making them difficult to find quickly.

Prescription medication usage is another factor when considering disaster preparedness for older adults. Fifty-one percent of persons age 65 and older take three or more prescription drugs per month. Changes in medications can result in a host of serious consequences, ranging from confusion to falling to dangerous changes in blood pressure. Many older persons, and persons of any age with multiple chronic conditions, have complicated, individualized medication regimens that cannot be interrupted without serious, possibly fatal, complications.

If you take medicine or use a medical treatment on a daily basis, be sure you have what you need on hand to make it on your own for at least a week. You should also keep a copy of your prescriptions as well as dosage or treatment information. If it is not

possible to have a week-long supply of medication, keep as much as possible on hand and talk to your pharmacist or doctor about what else you should do to prepare. If you undergo routine treatments administered by a clinic or hospital or if you receive regular services such as home health care, treatment or transportation, talk to your service provider about their emergency plans. Work with them to identify back-up service providers within your area and the areas you might evacuate to.

FOR EXPECTANT AND NEW PARENTS

Disasters can be particularly frightening and stressful if you're expecting or have an infant. Pregnant and postpartum women and infants have special medical needs that can be affected during a disaster. Expectant parents should talk with their healthcare provider about what to do in case of an emergency, and where they will receive prenatal care or deliver their baby if their provider's office or hospital is closed after a disaster. Pregnant women should also learn the signs of labor – even if they are not close to their due date.

A disaster may greatly impact a pregnant or postpartum woman's access to a number of essential services, including those for food and nutrition, sexually transmitted infection treatment, mental health care, substance use treatment and contraceptives and family planning methods. Disasters may interrupt pre- and postnatal care and contribute to health problems during and after pregnancy. Family and social support networks can be disrupted or lost entirely.

Access to immunizations, safe sleep environments, infant care supplies, safe formula and foods, and well baby care may also be greatly impacted during and after a disaster. All families should familiarize themselves with the CDC's guidelines on food safety for infants after a disaster.

Emergency kits for expectant parents should include prenatal vitamins and prescription medications along with contact information for all healthcare providers. Emergency birth supplies are a smart addition to disaster kits for expectant parents. Include clean towels, sharp scissors, an infant bulb syringe, medical gloves, two white shoelaces, sheets, sanitary pads, blankets, and infant and maternity clothing.

Kits for families with infants should include all necessary infant care supplies, such as diapers and wipes, clothing, a thermometer, antibacterial wipes and hand sanitizer, baby food, bottles, blankets. For formula-fed infants, ready-to-feed formula is recommended during disasters. If this type of formula is unavailable, include plenty of clean water to mix with powdered formula and to clean bottles and nipples. A portable crib should be ready to go to ensure your baby has a safe sleep area.

FOR CHILDREN AND THEIR CAREGIVERS

Children are especially vulnerable during emergencies, and disasters affect children differently than they

do adults. Children also need help from adults in an emergency. They don't fully understand how to keep themselves safe, may not be able to explain what hurts or bothers them, and understand less about the situation than adults do.

One way disasters affect children differently is because children's bodies are different than adults' bodies. Because children breathe in more air per pound of body weight than adults do, children absorb harmful materials from the air more readily. They have thinner skin and more of it per pound of body weight. Fluid loss can have a bigger effect on children, and they are more likely to lose too much body heat.

Additionally, nearly 1 out of every 5 children in the United States has a special healthcare need. These can include physical, intellectual and developmental disabilities, as well as long-standing medical conditions, such as asthma or diabetes. A written emergency plan should include medications and assistive devices a child will need. Children with special healthcare needs may need special support services, including medicine and medical equipment, which typically are not available in traditional emergency shelters. In addition, children requiring medical services are not legally able to provide consent for treatment. If your child has specific equipment needs, and/or the needed equipment requires electricity to operate, notify local Emergency Medical Services and other responders of these needs in advance of an emergency. Children who have serious emotional and behavioral problems are at high risk for severe stress after a disaster or traumatic event. In many cases, it may help to maintain as much of a normal routine and environment as possible. It is important that parents, caregivers and healthcare providers know how to help children cope after an emergency to support their health and well-being.

Emotional distress experienced by children can be difficult to deal with during a disaster since children are less likely to be able to communicate their feelings. Mental stress from a disaster can be harder on children because they feel less of a sense of control, understand less about the situation, and have fewer experiences bouncing back from hard situations. Regardless of a child's age, they may feel upset or have other strong emotions after an emergency. Some children react right away, while others may show signs of difficulty much later. Children react, in part, on what they see from the adults around them. When parents and caregivers deal with a disaster calmly and confidently, they can provide the best support for children.

Many children are separated from their parents or caregivers every work day to attend school or child care. Prepare by finding out about the school's or childcare center's emergency plans. Every school and childcare center should have a written emergency plan with information, such as how to contact parents in an emergency and where children will go if evacuated. Ask how you can contact the school or childcare center during

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Transforming Nursing Education in Alaska



BY CYNTHIA D BOOHER PHD, CNE, RN

ASSISTANT PROFESSOR, PROGRAM COORDINATOR RN-BS, NURSING EXPANSION & STRATEGIC PROJECT MANAGER –
UNIVERSITY OF ALASKA ANCHORAGE SCHOOL OF NURSING

You may have heard the rumor and we want to acknowledge that yes, UAA is working on a complete overhaul of nursing education as you know it. The faculty and administration have spent the last year looking closely at the nursing programs and educational opportunities that we have to offer the state of Alaska and the healthcare agencies within our state. This process of evaluation started approximately a year ago when the University of Alaska Board of Regents issued a directive to the UAA College of Health to double the number of healthcare graduates. The School of Nursing as the largest School in the College of Health was asked how we could help double the number of graduates. As the largest degree program within the College of Health, nursing was in the unique position of being a leader in this effort. After being asked the question, the School of Nursing embarked on a yearlong journey that has culminated in a new curriculum for the Bachelor program, an overhaul of the RN-BSN program and changes in the AAS and the Graduate programs at the University.

The process began with the School of Nursing (SON) seeking input from stakeholders and determining what the priorities should be during the expansion. Three priorities were identified:

1. Expand nursing education with a focus on specialty areas

2. Expand access to nursing education in outreach sites and reduce strain on clinical sites

3. Streamline educational pathways

Once these priorities were established, workgroups were created and the effort began. Let's look at each priority and examine what has occurred to date.

EXPAND NURSING EDUCATION WITH A FOCUS ON SPECIALTY AREAS

After receiving input from the stakeholders, the following outcomes were established.

- **Increase number of nursing education options/slots, including specialty courses, available for students throughout Alaska by 15 students per year for four years.**
- **Increase number of nursing education options/slots, including specialty courses, available for students throughout Alaska.**
- **Create a centralized clinical placement center to streamline UAA nursing students clinical placement process in all six programs and 14 distance sites. Increase clinical sites in Anchorage by 15% by 2020.**

- **Obtain new clinical locations for all nursing programs and outreach sites in the AAS, BS, RN-BS, FNP, PMHNP, NLDR, DNP programs. Increase clinical outreach sites by 20% by 2020.**
- **Develop a qualified cohort of clinical teaching associates (CTA) at outreach sites and in Anchorage. Retain three part-time Clinical Teaching Associate positions in high demand nursing specialty areas.**
- **Improve collaboration with healthcare partners, especially in high-demand specialty nursing areas.**
- **Streamline communications with healthcare providers regarding clinical placement, clinical students and clinical faculty.**

In order to achieve these outcomes several changes were implemented including developing some new, key positions within the SON. These include a Remediation and Retention specialist, who will be helping to decrease the attrition rate of students. Part of this role is to identify those students who are having difficulty early on and provide them the extra help they may require. Another position created was the Academic Partnership Consortium Coordinator (APCC). This position is designed to give healthcare agencies one point of contact at the SON for establishing clinical sites that are willing to work with students in any program that is offered. Both of these positions were established early and have helped the school to increase the number of graduates in 2018 from 240 to 250 students. The Associate program shows an increase in admissions of 30 percent. We now have Bachelor programs established in both Fairbanks (16 students) and Kodiak (8 students), which means that we have 144 seats available for students who wish to obtain their Bachelor degree. As we continue to look for opportunities to establish new seats, we will be adding sites as resources allow.

The establishment of the Academic Partnership Consortium Coordinator has allowed the SON to reestablish

some old relationships and to develop new ones. We have reestablished our relationship with North Star Behavioral Health increasing the availability of clinic experiences within the behavioral health setting for our students. We have established partnership with the Salvation Army Social Services Division Adult Rehabilitation Center. This has increased the behavioral health specialty placements by 40 percent for our students. We have also worked with the Salvation Army Kings Lake Camp Health Center and established opportunities for student nurses to staff the health center, and the camp has offered us a place to house students that attend the Recruitment and Retention of Alaska Native Nurses (RRANN) camp during the summer.

Finally, the APCC has revamped the senior Practicum placement procedures, actively recruited 15 new adjunct faculty, and is piloting 12-hour shifts with the adjunct faculty with groups of 6 students. The SON is working on moving toward the clinical teaching associate (CTA) model by recruiting specialty trained nurses and establishing dedicated education units. Advantages of the clinical teaching associated teaching model include a larger presence on the unit as the CTA is part of the unit and understands the agency policies. The CTA will enhance student experiences because they understand the mission and vision of our partnering facilities and understand what type of patients that are on the clinical floor and can better plan student learning experiences. The SON faculty member will still be in charge of grading the students' work and overall performance, but the CTA will be a partner in that decision.

EXPAND ACCESS TO NURSING EDUCATION IN OUTREACH SITES AND REDUCE STRAIN ON CLINICAL SITES

The identified outcomes were as follows:

- **Focus on interdisciplinary simulations is a key component of healthcare education, as noted by the Institute of Medicine (IOM) Report. Interdisciplinary simulations have been shown to increase patient safety and improve patient outcomes through**

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an emergency and how parents and caregivers will reunite with their children. Make sure that the school has up-to-date emergency contact information for your child. Notify the school every time your address or phone number changes. Keeping a backpack emergency card with your child is one way to make sure that emergency contact information – as well as other important information like medications and allergies – is handy during a disaster.

Last but certainly not least, include children in disaster preparedness. All family members should be involved in making emergency plans. Discussing potential disasters ahead of time helps reduce fear, particularly for younger children, and also allows children to be educated and ready if disaster strikes.

One disaster preparation tip that applies to all populations with medical needs. Get a waterproof container to keep copies of your medical insurance, Medicaid, or Medicare cards; your list of prescription medications, including dosage and treatment information; and a list of all of your medical providers with contact information.

Understanding the special preparation tasks and potential health concerns for different populations is essential in order to appropriately plan for these issues before an emergency event. Knowing what to do will help you and your loved ones stay safer and healthier when disaster strikes.

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Workplace Violence... Part of the Job, or Not?

BY STACEY SEVER, BSN, RN, CCDS
AANA HEALTH AND SAFETY CHAIR

Take a stand: No more violence to healthcare workers

Forms of violence to healthcare workers

- Biting
- Kicking
- Punching
- Pushing
- Pinching
- Shoving
- Scratching
- Spitting
- Name calling
- Intimidating
- Threatening
- Yelling
- Harassing
- Stalking
- Beating
- Choking
- Stabbing
- Killing



Workplace violence has frequently been in the news lately. From the shooting at Mercy Hospital in Chicago, Illinois, as well as locally with a patient that was arrested for allegedly assaulting a healthcare worker and subsequently died while in custody. While violence in the workplace has been occurring for decades in healthcare, the frequency of these incidences has significantly risen in recent years. To understand why this is happening, one needs to understand the culture in healthcare today.

OSHA defines workplace violence as any act or threat of physical violence, harassment, intimidation or other threatening disruptive behavior that occurs at the work site. It ranges from threats and verbal abuse to physical assaults and even homicide. This is a complex issue in healthcare today based on multiple factors: lack of resources for mental health, the opioid epidemic, hospital understaffing, lack of education and training that leads to a culture and belief that violence is a part of the job.

But is it truly part of the job? For years, most healthcare workers would have probably answered that question with “yes.” They are educated and trained in an environment of caregiving, often putting the safety of the patient before their own and not being able to observe when they are placing themselves in harm’s way. Not

long ago, a nurse stated that they were more concerned about a patient’s risk for falling and did not realize when the patient was becoming increasingly agitated. When the nurse reached out to prevent the patient from getting hurt, the patient struck out and made physical contact with the nurse, causing minor injuries.



depth look at workplace violence, including risk factors and the effects on healthcare workers. Additionally, we will discuss what tools are available to address this problem such as improved training and education, better mental health care services, increased staffing, changes in the healthcare culture, and better reporting systems. We will then follow up with taking a look at House Bill 312 that was signed into law in June 2018 to get a better understanding of what the law means and when healthcare workers should consider using it.

The increasing incidence of injuries (including death) suffered by healthcare professionals have led to questions being raised about safety in the workplace. Violence is the third leading cause of death for healthcare workers (NSC, 2018). The Bureau of Labor Statistics reported that in 2016, 20% of workplace fatalities in Alaska were due to violence.

In the upcoming April/May installment of Alaska Nurse, we are going to take an in-

Statistics on violence against healthcare workers

- 25 percent of nurses reported being physically assaulted by a patient or a patient’s family member, and about half reported being bullied (ANA)
- Workers in healthcare settings are four times more likely to be victimized than workers in private industry (SIA and IAHSF)
- Healthcare workers have a 20 percent higher chance of being the victim of workplace violence than other workers (National Crime Victimization Survey)
- Violence-related injuries are four times more likely to cause health-care workers to take time off from work than other kinds of injuries (BLS)



75 percent of nearly 25,000 workplace assaults reported annually occurred in health-care and social service settings (OSHA)



Factors associated with perpetrators of violence

- Altered mental status or mental illness
- Patients in police custody
- Long wait times or crowding
- Being given “bad news” about a diagnosis
- Gang activity
- Domestic disputes among patients or visitors
- Presence of firearms or other weapons



Violence against healthcare workers is grossly underreported

Only 30 percent of nurses report incidents of violence



Only 26 percent of emergency department physicians report violent incidents



Healthcare workers

- think that violence is “part of the job”
- are sometimes uncertain what constitutes violence
- often believe their assailants are not responsible for their actions due to conditions affecting their mental state

References:

National Safety Council (2018) Is Your Workplace Prone to Violence? Retrieved from: <https://www.nsc.org/work-safety/safety-topics/workplace-violence>

Bureau of Labor Statistics (Dec. 19, 2017) Census of Fatal Occupational Injuries Summary 2016. Retrieved from: <https://www.bls.gov/news.release/foi.nr0.htm>

US Department of Labor: OSHA. Workplace Violence. Retrieved from: <https://www.osha.gov/SLTC/workplaceviolence/>

TJC (April 16, 2018) Physical and verbal violence against health care workers. Retrieved from: https://www.jointcommission.org/wpv_healthcare_joint_commission_newsletters/

high quality communication practices. Increase experiential education opportunities in the outreach nursing cohorts by adding one new simulation experience each semester.

- **Improve state capacity to provide student experience at all levels.**
- **Increase the use of current technologies and best teaching practices through intentional simulation training and outreach support in university and healthcare facilities.**
- **Improve simulation training and skills development for Alaska healthcare industries.**
- **Expand simulation experiences across the state, including nursing specialty areas, paramedic training and other healthcare fields.**

There has been significant work towards the achievement of these outcomes, and tremendous growth has been seen in simulation abilities. In the dominion of interprofessional simulation, the SON is participating with the many departments and colleges within the University to provide an annual interprofessional education simulation. Mat-Su nursing students have been participating in simulation with the paramedic departments, and many outreach programs are now planning and implementing their own simulations on their campuses. The nursing program itself has developed new scenarios for the students and increased the time spent in the simulation lab. All of our rural nursing outreach sites now have basic simulation capacity and have expressed a desire to increase use of simulation at their sites. In March of 2018, a Simulation Outreach coordinator was hired and now our rural community sites can have onsite support as well as on-call support for those faculty who wish to run their own simulation. Our industry partners have expressed a desire for a simulation symposium and the possibility of the creation of a simulation certification program. We are currently working on both of these proposals, so stayed tune for more information.

STREAMLINE EDUCATIONAL PATHWAYS

- **Increase number of nursing education options/ slots, including specialty courses, available for students throughout Alaska by 15 students per year for four years, with a total 60 students at our outreach sites.**
- **Decrease attrition rates in our outreach sites to 5% lower than the national average by 2022.**
- **Increase diverse student admission by 10% and diverse student completion by 5-10% by 2022.**
- **Improve support services for outreach and diverse students leading to higher levels of student success by collaborating with RRANN (Recruiting and Retention of Alaska Natives into Nursing) to identify academically vulnerable Alaska Native students. Increase diverse student**

graduation rate by 10% in outreach sites.

- **Improve support services leading to higher levels of student success.**

This year the focus for this priority has been the first outcome, especially revolving around the RN-BSN program. In 2017 there were a total of 9 students in the RN-BSN program. This is a dismally low number of students, considering that the SON graduates 120 Associate Degree students every year. By the end of 2018, the UAA RN-BS program had 52 students enrolled in the program. This was accomplished by surveying the community and finding out what was keeping students from coming back to UAA to finish their bridge program. The first challenge identified by students was a once-per-year admission policy that caused students to have to wait to begin school once they made the decision to come back. The SON now has a rolling admission policy, and students are admitted every semester. The second challenge was that RN-BS classes were only offered once a year. So that meant, if you missed a class, you had to wait a full year before continuing on. Classes are now offered every semester, and students can work with a faculty advisor closely to continue their educational journey with as few disruptions as possible. Potential RN-BS students also asked for a more personalized approach to advising and creating plans of study. The SON listened and students now receive more one-on-one attention with a faculty advisor, who will work with them every semester to facilitate a smooth transition.

In trying to streamline the educational process, the SON has worked with all programs to allow students to take electives that would help them progress into the next program. For example, students in the AAS degree program can take some classes for the RN-BS program while still pursuing their AAS degree. This way, as a student graduates and obtains their license, there is a seamless transition to continue onto their BS degree. Students who are in the RN_BS program have several choices for electives that are classes that can count toward their master's degree. All programs within the SON are currently working on curriculum changes that will allow the programs to be much more streamlined.

The result of all this work is that the School of Nursing has placed itself in a position to better meet the nursing needs of the state of Alaska in providing well-educated, excellent nurses and to provide easily manageable pathways for nurses to continue their educational journey. The ongoing dialogue with our clinical partners is providing insight into how the University can place itself to meet the needs of our partners into the future. We are grateful for the support from the Legislature, University administration, clinical partners and the nurses across the State that are allowing us to grow our nursing programs and supporting us in continuing to provide Alaska caring, competent, compassionate nurses who are needed to ensure the health of the state.



Disaster Preparedness & Recovery Resources

Ready.gov (www.ready.gov) Here you'll find a vast section on preparations for all types of possible emergencies ranging from natural disasters to active shooter situations and pandemics, plus information on financial preparedness, emergency alerts, hazard risks, safety skills, technology preparedness, and emergency kits.

Ready.gov KIDS (www.ready.gov/kids). Kids can play online games like "Disaster Master", while families and educators can access resources and information to help kids get prepared.

Alaska Emergency Management (www.ready.alaska.gov). Check out state information on disaster assistance, preparedness and planning.

Disaster Assistance Improvement Program (www.disasterassistance.gov). Find and apply for disaster assistance that meets your personal needs, learn about more than 70 forms of assistance from 17 federal agencies, find a FEMA disaster recovery center near you, find a hotel or new place to live, find programs to help with food and nutrition needs following a disaster, change the address for your social security or VA or other federal benefits, and learn about Small Business Administration Loans for homeowners, renters and businesses.

Emergency Prescription Assistance Program (www.phe.gov/Preparedness/planning/epap) This program helps people in a federally identified disaster area who do not have health insurance get the prescription drugs, vaccinations, medical supplies and equipment that they need. People who are eligible for EPAP can file a claim at more

than 72,000 pharmacies across the United States for prescription items that were lost, stolen, or destroyed because of a disaster.

Behavioral Health Disaster Response Mobile App (www.store.samhsa.gov/apps/samhsa-disaster). SAMHSA provides a mobile app through which users can easily access and share behavioral health resources updated in real-time, search for behavioral health care providers in an impacted area, review emergency preparedness materials, and send resources to colleagues.

Disaster Distress Helpline (www.samhsa.gov/find-help/disaster-distress-helpline). This national hotline of behavioral health experts provides year-round, free and confidential disaster crisis counseling. Call 1-800-985-5990 or text "TalkWithUs" to 66746.

Red Cross Disaster Relief and Recovery Services (www.redcross.org/get-help/disaster-relief-and-recovery-services). Visit the online Emergency Resource Library to view tips and strategies for preparing, responding and recovering from disasters and emergencies.

Family Readiness Kit (www.aap.org/en-us/Documents/disasters_family_readiness_kit.pdf). This kit from the American Academy of Pediatrics includes information by preparedness experts, parents and childcare providers to help families get disaster-ready.

Clinical Outreach and Communication Activity (www.emergency.cdc.gov/coca). A program of the CDC, COCA prepares clinicians to respond to emerging health threats and public health emergencies through calls and webinars, continuing education,

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newsletters, conferences and other training resources.

Household Communications

Plan (www.ready.gov/make-a-plan). Creating your family emergency communication plan is simple with this toolkit from Ready, Gov.

Get Ready! Toolkit for People with Disabilities (dhss.alaska.gov/dph/wcfh/Documents/disability/GetReadyWebaccessible.pdf). This toolkit from the State of Alaska will help people with disabilities prepare for an emergency and includes tips for specific disabilities as well as a resources section.

Toolkit for Families of Children with Special Healthcare Needs (dhss.alaska.gov/dph/wcfh/Documents/disability/CYSHCNBookletWebAccessible.pdf). This toolkit from the State of Alaska takes parents through

the basic steps of creating an emergency kit and developing a family communication plan while keeping in mind the health concerns of children with special needs.

7-Day Survival Kit Guide (ready.alaska.gov/Documents/Alaska%207-day%20Emergency%20Kit.pdf). Some find it difficult to put together a disaster preparedness kit, but using this easy-to-follow Preparedness Supplies Calendar will help you and your family take the anxiety and frustration out of preparing for emergencies or disasters by ensuring you have enough supplies to last seven days or until help arrives.

ShakeOut (www.shakeout.org/resources). Find earthquake drill manuals and other planning documents, flyers and posters, and an earthquake safety video series

here. You can also register to be part of the 2019 Great Alaska ShakeOut.

USGS Earthquake Information for Kids (earthquake.usgs.gov/learn/kids). Children can access cool earthquake facts, animations and photos, plus information on how to become an earthquake scientist and neat ideas for earthquake science fair projects on this USGS webpage for kids.

First Aid and CPR Training (www.redcross.org/take-a-class). First aid and CPR training for your entire family is a smart idea.

Preparedness for Pets (www.aspca.org/pet-care/general-pet-care/disaster-preparedness). The ASPCA has useful information on how to prepare for and protect your pets from disaster.

FEMA App (www.fema.gov/mobile-app). Install the FEMA app to receive real-time alerts from the National Weather Service, learn emergency safety tips for over 20 types of disasters, and locate open emergency shelters and disaster recovery centers in your area.

Financial Assistance After A Disaster (www.usa.gov/disaster-financial-help). Find out how to get emergency financial help from the government if you've been the victim of a disaster. This can include disaster unemployment assistance, special home loans for disaster victims and disaster tax relief.

Guides on Disaster Recovery (<http://sbpusa.org/start-here>). This nonprofit offers free guides on navigating FEMA and the SBA process, insurance claims, contractor fraud and more.

A Resource for Public Health Emergencies: THE STRATEGIC NATIONAL STOCKPILE



The Strategic National Stockpile is the nation's largest supply of potentially life-saving pharmaceuticals and medical supplies for use in a public health emergency severe enough to cause local supplies to run out. Examples might be emergencies resulting from a major earthquake, pandemic flu, a smallpox event, and terrorist events of chemical, biological, radiological/nuclear or explosive incidents.

The stockpile is not considered a first response tool, but rather as a support mechanism to state and local response efforts. When state, local, tribal and territorial responders request federal assistance to support their response efforts, the stockpile ensures that the right medicines and supplies get to those who need them most during an emergency. Organized for scalable response to a variety of public health threats, this repository contains enough supplies to respond to multiple large-scale emergencies simultaneously.

The stockpile has medicines and supplies stored in strategically located secured warehouses throughout the country, ready for deployment. The declaration of a federal or state public health emergency is not required to deploy the stockpile, and its contents can be deployed in advance of a public health emergency.

Maintaining a supply of medications and medical supplies for specific health threats allows the stockpile to

respond with the right product when a specific disease or agent is known. Immediately shipping a variety of items to the affected state allows authorities to begin or sustain response efforts. All states have plans to receive and distribute these medical countermeasures quickly to local jurisdictions.

If a community experiences a large-scale public health incident in which the disease or agent is unknown, the first line of support from the stockpile is to send a broad-range of pharmaceuticals and medical supplies. These initial "push packs" can address a range of needs arising from what may be an ill-defined threat in the early hours of an emergency event. Push packs contain broad-spectrum oral and intravenous antibiotics, other medicines for emergency conditions, IV fluids and fluid administration kits, bandages, and airway equipment such as ET tubes, stylettes, oropharyngeal airways and Ambu-Bags. Contents are prepacked and configured in transport-ready containers for rapid delivery anywhere in the United States within 12 hours of the federal decision to deploy. Each package contains 50 tons of emergency medical resources.

If an event requires specific or additional medicines and supplies, a deployment from managed inventory

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provides an added 12 to 24 months of extended shelf life. More testing can lead to even longer extensions. Products that fail FDA testing are removed from stockpile inventory.

The stockpile also manages Federal Medical Stations. Somewhere between a temporary shelter and temporary hospital, a Federal Medical Station is a non-emergency medical center set up during a natural disaster to care for displaced persons with special health needs—including those with chronic health conditions, limited mobility, or common mental health issues—that cannot be met in a shelter for the general population during an incident.

The modular and rapidly deployable reserve of beds, supplies and medicines provides equipment to care for 50–250 people for 3 days before resupply is needed. Flexible and scalable, it can be tailored to meet the requirements of each incident and has the ability to increase local healthcare capabilities in mass casualty events or in response to potential public health threats. Each Federal Medical Station is modeled for all age populations and can be transported by air, water or ground for maximum geographic distribution.

Federal Medical Stations operate through the cooperation of federal, state and local authorities and require preplanning and preidentification of potential locations, based on specific selection criteria. Prior to an emergency event, state, local, tribal and territorial agencies collaborate with the U.S. Department of Health and Human Services Regional Emergency Coordinators to survey sites and identify any gaps that may need addressing during a response.

The Federal Medical Station Strike Team is a group of technical specialists with specific, in-depth knowledge of the stockpile and supply operations. This specialized team can assist federal and state responders, clinicians and public health staff with identifying a suitable facility, receiving and staging equipment, and on-the-spot training to volunteers who will assemble the equipment (e.g., beds and nurses stations). The strike team can also request additional material as needed.

The Strategic National Stockpile has responded to multiple large-scale emergencies including floods, hurricanes and influenza pandemics. It has also support various small-scale deployments for the treatment of individuals with life-threatening infectious disease such as anthrax, smallpox and botulism.

In 2017, the stockpile deployed 6 federal medical stations and 12 strike team members in response to Hurricanes Harvey and Irma. Two federal medical stations were set up in Houston, while four were ready on standby – two in Texas and two in Louisiana – so they could be set up at a moment's notice.

Also in 2017, the stockpile responded to Hurricane Maria in Puerto Rico, setting up six federal medical stations in Manati, Bayamón, Ponce and Arecibo.

supplies is delivered within 24-36 hours. Where the disease or agent is well-defined, appropriate medicines and supplies would be deployed immediately. These shipments can be modified depending on the nature of the emergency and the suspected or confirmed disease or agent. Managed inventories include vaccines, antitoxins, ventilators and additional quantities of push pack items.

CHEMPACKs are also deployed through the stockpile, both at a national level and as forward-deployed CHEMPACKs at a local level. CHEMPACKs are containers of nerve agent antidotes placed in secure locations in local jurisdictions around the country to allow rapid response to a chemical incident. These medications treat the symptoms of nerve agent exposure and can be used even when the actual agent is unknown.

Because these antidotes must be administered quickly, the CHEMPACK team maintains 1,960 containers strategically placed in more than 1,340 locations in the United States. More than 90 percent of the U.S. population is within 1 hour of a CHEMPACK location. Most are located in hospitals or fire stations selected by local authorities to support a rapid hazmat response and can be accessed quickly if hospitals or first responders need them.

Products in the stockpile may require an Emergency Use Authorization, which is granted by the U.S. Food and Drug Administration (FDA). The authorization allows for the emergency use of an unapproved medical product (e.g., drugs, vaccines, and devices) or unapproved use of an approved medical product to diagnose, treat or prevent serious or life-threatening diseases or conditions for which no adequate, FDA-approved alternative is available.

The stockpile participates in the Federal Shelf Life Extension Program (for federal stockpiles) which is managed by the Department of Defense and the FDA. Once the FDA conducts stability testing and determines that products are stable and safe for continued use, the program will extend the use-by dates of pharmaceuticals beyond their original expiration dates. Testing typically

The stockpile established warehouse service and ground transportation, including a 10,000 square foot medical distribution center supporting all medical supplies for the disaster medical assistance teams and federal medical stations across the island. Vaccines for hepatitis A and B, tetanus, pneumococcal, rabies and influenza were deployed by the stockpile to assist in Puerto Rico's public health needs.

In the midst of the Zika virus outbreak in 2016, the stockpile collaborated with the CDC Foundation to help obtain Zika prevention products including educational materials, insect repellent, larvicides, mosquito netting, and condoms to prevent sexual transmission of the virus. Staff rapidly assembled and delivered approximately 31,000 Zika prevention kits for distribution to pregnant women in affected areas.

The stockpile also responded to the September 11, 2001 terrorist attacks, deploying pharmaceuticals and medical supplies to New York City within 7 hours and responding to the subsequent anthrax attacks by delivering vaccines and medicines for oral prophylaxis to more than 50 sites in 11 states and Washington, DC within 5 hours.

Originally created in 1999 as the CDC's National Pharmaceutical Stockpile, the program was expanded and renamed in 2003, becoming jointly managed by the Department of Homeland Security and the Department of Health and Human Services. One year later, the Strategic National Stockpile was returned to HHS for oversight and guidance. On October 1, 2018, the Strategic National Stockpile was shifted from the CDC to the HHS Assistant Secretary for Preparedness and Response, which now controls the \$7 billion repository.

CONGRATULATIONS CHARTER COLLEGE SCHOOL OF NURSING JANUARY 2019 GRADUATES

ASSOCIATE DEGREE PROGRAM GRADUATES

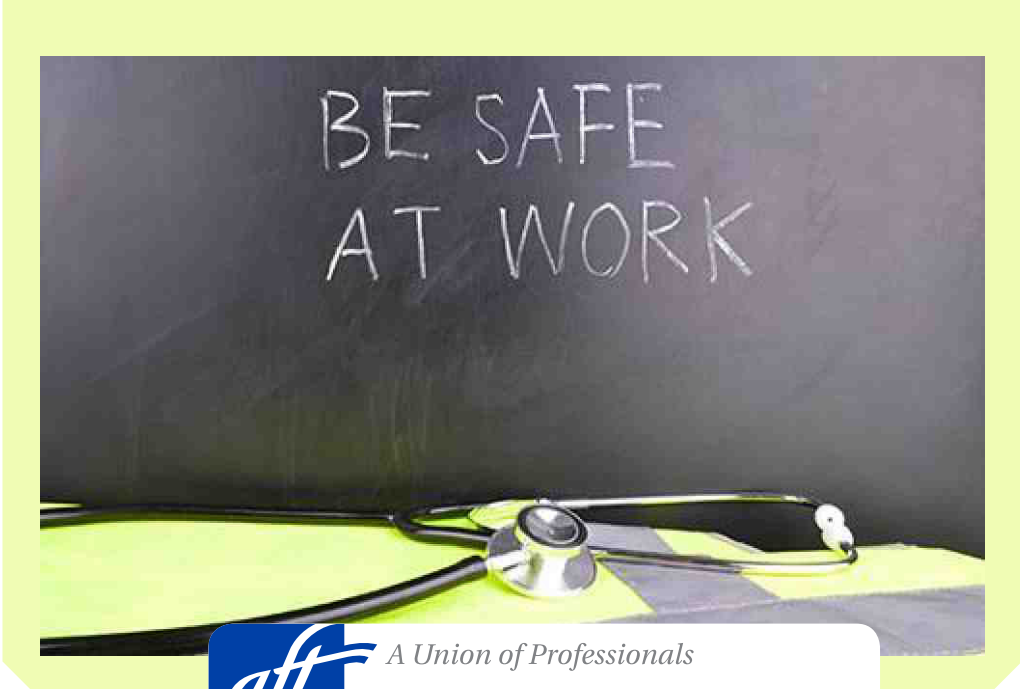


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|------------------------|-----------------------|---------------------------|
| Jenifer Aguirre-Tena | Jon Droska | Kim Nguyen |
| Ty Beckenbach | Ashley Grant | Myla Odom |
| Keeton Bower | Robert Guay | Kyle Kristine Pagsolingan |
| John Brooke | Jeremy Hill | Danell Shafer |
| Sierra Brown | Gellian Mie Holland | Elizabeth Smarr |
| Elsa Johnson (Carroll) | William Hughes | Raechyl Thompson |
| Justin Castellanos | Shannon Hutchins | Kasey Vieu |
| Elizabeth Coste | Donna May Manalo | Johanna Wilson |
| Kristin Davidson | Zackary McNulty | |
| Elhadj Diallo | Sandra Merica-Nazuruk | |

Peer Award Recipients: Keeton Bower & Zackary McNulty

The Peer Award, sponsored by the Alaska Nurses Association, is awarded by the senior class to an inspiring student who served as an outstanding peer and positively impacted fellow students while successfully balancing their nursing studies with the daily demands of life.





A Union of Professionals

AFT Nurses and Health Professionals ❤️

News Roundup

AFT is a union of 1.7 million professionals that champions fairness, democracy, economic opportunity, and high-quality public education, healthcare, and public services for our students, our families and our communities. AFT is the national affiliate of the Alaska Nurses Association.

HEALTHCARE WORKERS NEED MORE PROTECTIONS

Violence is a daily threat for 15 million healthcare workers in the United States, which is why union activists, including members of AFT affiliates, have fought for a federal standard that requires protections against workplace violence. That's why we support the Workplace Violence Prevention for Health Care and Social Service Workers Act recently proposed in Congress by Rep. Joe Courtney (D-Conn.). "No one should face violence, intimidation or fear for their safety while they're on the job," AFT President Randi Weingarten says. "As a union of healthcare professionals, educators and public employees, we welcome this legislation because it outlines protections and specific safety standards for the people who care for the sick, treat the injured and work in other frontline care jobs."

Find out how this legislation could change your workplace: www.aft.org/news/legislation-would-create-federal-standard-prevent-workplace-violence

CELEBRATE A WIN FOR OUR UNION FAMILY

Nurses at Jersey Shore University Medical Center and Southern Ocean Medical Center, represented by AFT affiliate Health Professionals and Allied Employees, have ratified new contracts with Hackensack-Meridian Health. Nurses defeated more than two dozen management proposals at each facility; the proposals

would have required givebacks of existing protections, potentially eroding patient and worker safety in some cases. The nurses also negotiated a provision to take one week of leave to participate in medical missions. This stems from the AFT's work to provide relief and support to our members in Puerto Rico and the U.S. Virgin Islands after devastating hurricanes in 2017. Dozens of nurses, health professionals and public employees volunteered their time to participate in relief efforts. The inclusion of the proposal is key for members interested in taking part in future missions and serves as an example of how locals are bargaining for the common good—essentially expanding the union focus beyond wages and benefits to address broader community issues.

Read about their win: www.aft.org/news/persistence-pays-nurses-fighting-quality-care

YOUNG PEOPLE SEE SCHOOL SHOOTINGS AS OUR BIGGEST THREAT

In a new poll released by Axios, 68 percent of young people (ages 14 to 29) said school shootings are the most important issue facing this nation. Gun violence is now the second leading cause of death for American children, overall and among black children and teens, it's the leading cause of death. These massacres have come to define an era for young people and have created a new

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Read. Learn. Earn

READ – Enjoy this issue of The Alaska Nurse

LEARN – Discover new information and gain knowledge

EARN – Earn free contact hours when you pass the online post-test

How to Earn Contact Hours:

After you've read this issue of The Alaska Nurse, visit AaNA's online CE center (alaskanurse.litmos.com/online-courses) and find the CE offering for this issue (February / March 2019) - The Alaska Nurse). Add the course to your cart and sign-in or register for a new account. Follow the course instructions to complete the post-test and evaluation. Your CE certificate will be awarded upon successful completion of the course!

The Alaska Nurses Association is an approved provider of continuing nursing education by the Montana Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

generation of activists dedicated to fighting back. We know that this problem can be solved. Gun violence is not a predetermined fact of life that we must be prepared for—it is a consequence of decisions made by our elected leaders.

Find out more: everytown.org/press/axios-school-shootings-are-this-generations-9-11/

NURSES WARN THEY ARE OVERWORKED

Members of the Ohio State University Nurses Organization delivered 1,000 letters to administrators at the Ohio State Wexner Medical Center with one clear message: OSU nurses are overworked, and it's jeopardizing patient care. Nurses at the hospital regularly work mandatory overtime and 12-hour shifts; it's a grueling schedule that leaves them fatigued and puts patients at risk. It doesn't have to be this way.

Watch the video: www.facebook.com/ohiostateRN/videos/275784862774419/

AMERICANS WANT CONGRESS TO SOLVE THE STUDENT DEBT CRISIS, IMPROVE K-12 FUNDING

In a new poll from Harvard University's T.H. Chan School of Public Health and Politico, Americans say they have an assignment for Congress: cut student debt and

fund public education. Politico reports, "Respondents were given a list of six education policy areas and asked which they believe are 'extremely important' for Congress to tackle." Both priorities carried broad bipartisan support in the poll with seventy-nine percent who identified cutting student debt as 'extremely important', making it first on the list. Public education funding came in a close second, at seventy-six percent.

See the poll results: www.politico.com/story/2019/01/07/congress-education-policy-student-debt-k-12-1082566

STRIKES ARE BACK

AFT public school educators and healthcare workers took to the picket lines in states across the country last year. So did hotel workers, truck drivers and even Google employees. "I think you're going to see more activism," Weingarten says, reflecting on the year ahead. "At some places there may be walkouts; in some places there will be other types of activism. People are much less afraid nowadays. The feeling is, 'We won't just despair.' People are taking the risk to make something happen, to achieve change."

Learn about the uprising: prospect.org/article/return-strike

Calendar of Events

AaNA

UPCOMING MEETINGS

AaNA Board of Directors Meeting

4th Wednesday each month 4:30-6pm

AaNA Labor Council Meeting

4th Wednesday each month 6-7pm

Providence Registered Nurses

3rd Thursday each month 4-6pm

RNs United of Central Peninsula Hospital

Contact for times: 907-252-5276

KTN – Ketchikan Registered Nurses (PHKMC)

Contact for times: 907-247-3828

Alaska State Board of Nursing

Juneau or Anchorage February 20-22, 2019

Agenda deadline: January 22, 2019

Anchorage Atwood Bldg, TBA May 21-23, 2019

Agenda deadline: April 19, 2019

Anchorage Atwood Bldg, TBA August 7-9, 2019

Agenda deadline: July 14, 2019

Fairbanks or Anchorage November 13-15, 2019

Agenda deadline: October 14, 2019

Meetings of the Alaska Board of Nursing, except for executive sessions, are open to the public. If feasible, executive sessions are scheduled on the second day of the meeting. While we plan ahead, there are, on occasion, last minute changes in the meeting agenda and location. Please call 907.269.8161 to reconfirm if you plan to attend. Audio-conferencing is available. The access number is 800-315-6338 and code 34727.

The Alaska Board of Nursing has a listserv that is used to send out the latest information about upcoming meetings, agenda items, regulations being considered and other topics of interest to nurses, employers and the public. To sign up for this free service, visit www.nursing.alaska.gov.

Education and Events

Mindfulness-Based Stress Reduction Program

February 6, 2019 – April 17, 2019 (Wednesday evenings) – Anchorage
www.akcfm.com

Certified Hospice & Palliative Nurse (CHPN) Exam Prep Course

February 14-15, 2019 – Alaska Regional Hospital
akcache.org/Training/Class/92286

TUESDAY TALKS

Patients with Challenging Personalities: How to Care for Them without Losing Your Mind
Presenter: Nan Magrath, PGC-NP, ANP, CNS-BC, PMHNP-BC
Tuesday, February 19th @ 6 PM
AaNA Office – Anchorage
FREE CE: Earn 1.25 contact hours
RSVP to chantal@aknurse.org
www.facebook.com/AlaskaNurses

TUESDAY TALKS

Technological Advances That Will Impact Nursing and Patient Care
Presenter: Marianne Murray, DNP, MSN, RN, CHSE

Tuesday, March 19th @ 6 PM

AaNA Office – Anchorage
FREE CE: Earn 1.25 contact hours
RSVP to chantal@aknurse.org
www.facebook.com/AlaskaNurses

Alaska Brain Institute Conference

March 21-22, 2019 – Anchorage Downtown Marriott
alaskabraininjury.net/education/brain-institute-conference/

Healthy Student, Healthy World

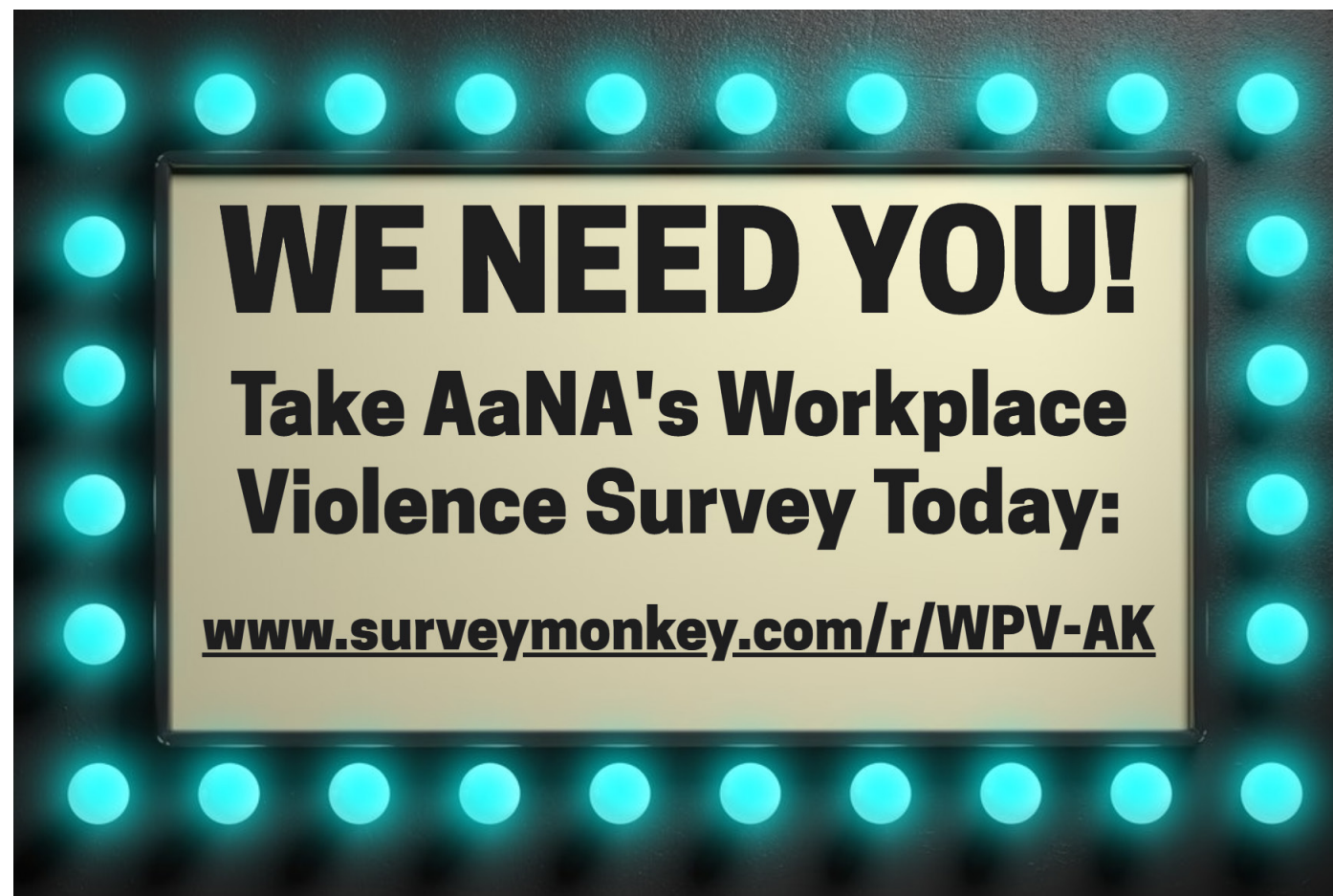
Alaska School Nurses Association 2019 Conference
April 5-7, 2019 – Crowne Plaza Anchorage
alaskasna.nursingnetwork.com

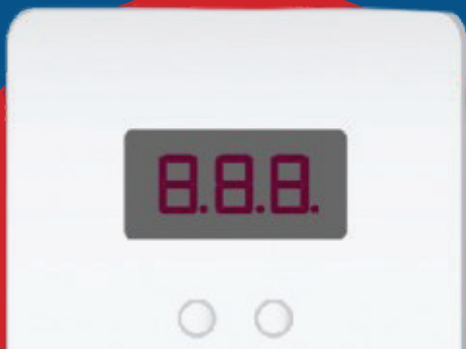
Alaska Breastfeeding Coalition Conference

April 25-26, 2019 – Anchorage
alaskabreastfeeding.org

Remember to visit www.facebook.com/AlaskaNurses for current events and www.aknurse.org/index.cfm/education for frequent updates and information on local nursing continuing education opportunities and conferences

Want to list your event in The Alaska Nurse Calendar of Events and at www.aknurse.org? Send information to andrea@aknurse.org





Install and test carbon monoxide (CO) alarms at least once a month.

CO is called the “invisible killer” because it’s a colorless, odorless, poisonous gas. Breathing in CO at high levels can be fatal.

U.S. Fire Administration



FEMA



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