



The Mississippi RN

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Summer 2019

A Message from the President

Debra Allen, MSN, RN



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According to U.S. National Health Interview data from 2010, almost 19% of working adults worked 48 hours or more per week, and over 7% worked 60 hours or more. Both shift work and long work hours have been associated with health and safety risks. Does this sound familiar to us? Shift work is an occupational hazard for nurses and has well-documented detrimental effects on health. It has been associated with cardiovascular disease, GI disorders, breast cancer risk, reproductive dysfunction, oxidative stress, common infections, and psychosocial disruptions. Additionally, it may exacerbate chronic medical conditions, such as heart disease, diabetes mellitus, epilepsy, sleep disorders and psychiatric disorders, and may impede the effects of antihypertensive and asthma drugs. The negative effects of shift work arise primarily from circadian rhythm disruption, sleep deprivation, and impaired melatonin production.

Sleep deprivation is something each of us has experienced at one time or another. For those of us who work shift work or multiple jobs with varying schedules, sleep deprivation oftentimes seems a constant battle. For nurses working night shifts, it's been confirmed that night shifts are a risk factor for nurses' health perception and working night shifts carries a considerable degree of strain. According to sleep researcher Eve Van Cauter, professor of medicine at the University of Chicago, night shift workers not only have displaced work schedules, they also have displaced meal schedules. Couple sleep deprivation with oftentimes poor nutrition, and you can see why nurses are frequently tired, or dare I say, exhausted.

Although science does not have the full answer about why we sleep, evidence is mounting that critical functions occur during sleep that are connected with maintaining health and life. Healthy sleep is linked to feelings of wellness, good mental health and body weight, safety, and preventing infections and the development of many types of chronic illnesses. Insufficient sleep, on the other hand, is associated with a broad range of health and safety risks including premature death, obesity, vehicle crashes, worker

errors, and various chronic diseases such as heart disease, diabetes, and cancer. When we are fatigued, we are more prone to make mistakes, negatively impacting our patients with nursing errors, or ourselves in motor vehicle accidents. Getting enough sleep may not be easy, but it is essential! The National Institutes of Health, National Heart, Lung, and Blood Institute recommends the following to create a good sleeping environment.

Make Your Bedroom Dark

Block Out Noise

Keep Bedroom Temperature Cool

Use a Comfortable Mattress and Pillows

Avoid Watching TV, Reading, or Working in the Bedroom

Turn the Clock Face Away

We know that working shifts means it's not always easy to find time to eat. A recent study supported by the federal Agency for Healthcare Research and Quality showed that nurses routinely miss meals to care for patients. The unexpected always seems to occur at about the time we were thinking about grabbing a bite to eat. If you work alternating shifts, having any type of routine meal schedule is almost impossible. When working alternate shifts, your circadian rhythm is disrupted and you may experience chronic fatigue, cluster headaches, and GI distress.

Eating well may seem a daunting task, but we must take care of ourselves and put forth the effort to eat healthy.

Tips for Healthy Eating for Nurses Who Work Shifts

Don't Skip Meals

When you skip a meal, your body goes into a fasting mode and uses less efficient energy sources. As your blood glucose level drops, your concentration suffers and you feel fatigued and irritable. Glucose, the brain's main fuel, is compromised within four to six hours of a missed meal. The deficiency forces the body to use less efficient energy sources, starting with protein. To preserve remaining protein stores, the body resorts to using fats in the form of ketone bodies. When ketosis sets in, fatigue, low blood pressure, and nausea may occur. As a result, your decision-making skills may slow down and you may become physically unsteady.

Skipping meals also may lead to cravings and sudden blood glucose spikes, which in turn may trigger increased triglyceride production. The triglycerides are stored as body fat, increasing the possibility of weight gain.

Don't Binge on a Single Big Meal

Eating just one large meal a day may contribute to calorie loading, which can overwhelm your body with calories it doesn't need and can't handle. It's best to divide your nutrient load over the course of the day instead of consuming it all at once.

Limit Caffeine Intake

While caffeine may increase alertness, consuming it in large quantities or within four hours of bedtime can cause insomnia, exacerbate GI symptoms, and act as a cardiac stimulant.

Stay Well Hydrated

Adequate hydration is essential to proper bowel function, circulation, and body temperature regulation. Water also carries nutrients throughout the body and removes waste. Dehydration, on the other hand, can stress the heart, increase core body temperature, and contribute to fatigue. Try to drink at least eight cups of decaffeinated beverages daily. Bring a large water bottle to work each day and keep it filled throughout your shift.

Take Your Meals and Snacks to Work

Buy a good insulated cooler and keep it stocked with healthy food options.

Relax When Eating

Many nurses cite stress as a reason for missing meals. Stress hormones can curb hunger, making it easy to miss meals—or making it hard to even think about eating. So before you take your first bite, try to relax and take a few deep breaths. This helps give your body more time to properly digest food.

Plan Ahead

If your facility has a cafeteria or restaurant facilities and you tend to buy your meals there instead of bringing food from home, read the menu in advance and decide what you'll have before you purchase food. This may decrease impulse buying.

Prepare for the Unexpected

Keep in mind that no two shifts are alike. During some shifts, you won't be able to sit down for a break. When this occurs, try to find at least a few minutes to eat a high-fiber protein bar (one with at least 5 g of fiber and 7 g of protein to increase satiety) or to consume a meal-replacement drink.

A Message from the President continued on page 13

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NOTICE OF HOUSE OF DELEGATES MEETING

The Mississippi Nurses' Association's House of Delegates will convene on

Wednesday, October 23, 2019 at 8:00 a.m.

at the MS Coast Coliseum & Convention Center, Biloxi, MS.



Upcoming Meeting & Events

MNA: Meeting the CNE Needs of Mississippi's RNs & APRNs

EVENT	DATE & LOCATION
Rural Clinician Airway Management	North Mississippi Medical Center – Eupora, MS June 21, 2019
Women’s Mental Health Conference (in conjunction w/ Pine Grove Behavioral Health & Addiction Services)	Hattiesburg, MS June 28, 2019
NRCME/FMCSA DOT Medical Examiner Course	Mississippi Center for Nursing – Madison, MS June 29, 2019
MS Opioid & Heroin Drug Summit with First Responders of MS & MNA	Broadmoor Baptist Church – Madison, MS July 24-26, 2019
NRCME/FMCSA DOT Medical Examiner Course (in conjunction w/NMMC Outcomes Conference)	Marriott Shoals Hotel & Spa – Florence, AL August 21, 2019
2019 Annual Convention	MS Coast Coliseum & Convention Center - Biloxi, MS October 22-25, 2019
NRCME/FMCSA DOT Medical Examiner Course	North Mississippi Medical Center – Tupelo, MS December 13, 2019
2019 TRAVEL TOURS	
South Pacific Wonders Featuring Fiji	August 6-23, 2019
Exploring Scotland & Ireland	October 6-18, 2019
Sunny Portugal	December 6-15, 2019



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Executive Director's Column

By special request from attendees, beautiful Natchez was the backdrop for the Spring APRN Conference, *Pride in APRNs: Aspire, Advocate, Innovate!* The fun started at registration with the selection of a conference tote from six spring styles and a photo op in front of the Natchez Steamboat.

The continuing nursing education topics were selected based on survey responses from APRNs and included emerging trends and hands-on workshops. We were honored to have Dr. Michael Manning as our opening speaker on Friday morning presenting *Recognizing the Signs and Symptoms of Lower Extremity Venous Disease*. Dr. Manning is renowned for his successful treatment of varicose veins, spider veins and venous ulcerations at the Mississippi Vein Institute which he founded. Dr. Scharmaine Lawson, DNP, FNP, FAANP, FAAN, award winning nurse practitioner who launched the first NP-owned house call practice in Louisiana, is nationally recognized for her multi-faceted success as a nurse entrepreneur. Dr.



Teresa Malone

Lawson's engaging presentation included personal experiences along with tips and advice for the aspiring nurse entrepreneur. We were privileged to have Dr. Melissa King, DNP, FNP-BC, ENP-BC, President of the Mississippi Board of Nursing present a comprehensive look at *APRNs at the Forefront of Improving Access to Care*, and Phyllis Johnson, MSN, RN, FNP-BC, Executive Director of the Mississippi Board of Nursing provide an update on regulatory and practice changes. APRNs must stay abreast of the health issues impacting Mississippians. We were honored to have Dr. Thomas Dobbs III, State Health Officer, discussing the current health issues and trends in our state and addressing questions from attendees. Concurrent to the regular Conference, a Psychiatric Mental Health Nurse Practitioner (PMHNP) Review Course was offered. We extend special appreciation to Dr. Cindy Luther, PhD, FNP-BC, AGPCNP-BC, FAANP and Dr. Janet McMillan, DSN, APRN, PMHNP-BC for their work to coordinate this sought-after review course.

We know that networking with vendors and colleagues is important to attendees, and this Conference offered numerous opportunities! Dedicated time with vendors was included to provide ample time for attendees to enjoy the Expo and interact with vendors. Although rain meant the Starry Night Street Party had to shine indoors,

twinkling lights, glow bracelets and necklaces, and sparkling tablespaces kept the Starry Night theme intact. Adding to the ambiance, Natchez band Bubba and Drew had guests on the dance floor moving to some old grooves and learning some new moves.

We extend our appreciation to all the attendees, vendors, and volunteers who made the APRN Conference a success! Thank you for your support of the Mississippi Nurses' Association!

To find out more about the many events planned for this summer, visit our newly redesigned website www.msnurses.org/events; follow Mississippi Nurses Association on Facebook, and follow us @mnurses on Instagram and Twitter. We are excited to continue hosting events across the state and welcome your suggestions for continuing nursing education events.

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Report from Council on Advanced Practice

Involvement is Essential!

Shonda Phelon, DNP, RN, FNP-BC, PMHNP-BC, GNP-BC, Director, Council on Advanced Practice

Recently a legislator in another state made a remark about nurses that set the internet and social media on fire. There has not been that much chatter about nurses since the “doctor’s stethoscope” comment several years ago. While she was debating a bill that would protect nurses and make sure that they received uninterrupted meal breaks, rest breaks, and mandatory overtime protection in all hospitals in that state, the senator argued that small hospitals should be excluded from the bill. She said that nurses working in those small rural hospitals “probably do get breaks” and “they probably play cards for a considerable amount of the day.” Her negative statement spread quickly throughout that state and the rest of the country. Nurses in Mississippi were also outraged. Rural hospitals and rural hospital nurses are vital to many of our small communities.

The degrading and stereotyping of nurses is nothing new. Nurses have been the fodder of jokes and stereotypes for years. This has been a highly debated



Shonda Phelon, DNP, RN, FNP-BC, PMHNP-BC, GNP-BC

topic since the 1980’s when I was an undergraduate student. The issue being debated and discussed in professional settings for years. Nurses have often been portrayed as poorly educated, low skilled physician helpers, among other things. Nurses are often portrayed as “angels of mercy.” Let’s not forget the “naughty nurse” Halloween costumes that are often seen at parties. Nurse Ratched from the classic movie *One Flew Over the Cuckoo’s Nest* is too often the image that many have of the psychiatric nurse. Many of today’s current television and syndicated shows portray an image that nurses usually push gurneys, are involved in romantic plots, and provide an attractive backdrop for the show or other characters. These images are very disturbing but are very much a part of pop culture. The reality of professional nursing, however, is that nurses are highly skilled, well-educated, and are a part of a very demanding and crucial profession.

In general, and throughout the history of our society, nurses are usually undervalued. Part of this problem stems from a profession that for years has been comprised largely of women. The profession also continues to struggle with many issues regarding education requirements, practice, and unity. Many nurses see the profession as a “calling” and are reluctant to demand equal treatment and fair representation. The undervaluation of nurses is evident in that nursing often has inadequate resources for education, research and practice. This is evident in Mississippi with the current restrictions on nursing practice.

Challenging the media stereotypes regarding nursing can help generate discussion and solutions, but situations such as the most recent event of saying nurses “probably play cards for a considerable amount of the day” often leads to intense emotions which may make the nurse look less than professional. Social media groups were formed to discuss the matter. Funny, yet not so professional, MEMES and GIFS were posted and shared on numerous sites. Nurses and other health care colleagues were outraged. Patients and families even weighed in on the debate. Most of the press was very positive, but many of the old stereotypes emerged.

The “playing card debate” was also the subject of morning talk shows and a hot topic at water coolers everywhere. CBS news reported that the senator received about 1,700 decks of playing cards from angry nurses. Many people thought this was funny and it led to laughter and jokes. The whole ordeal caused a great deal of reflection on the situation. It is amazing how quickly nurses from all over the country can

unify to speak out against the devaluation of nurses. I could not help but think “What if we remained this passionate about our nursing profession on a consistent basis?”

The cost of a deck of playing cards, tax, shipping and handling are not very expensive. It probably cost the average nurse approximately \$20 to send the senator a deck of cards plus the time and effort. At the time of this article, about 1,700 nurses had sent the senator a deck of cards and many more talked about it. There are approximately 55,000 nurses and 6,000 APRN’s licensed in Mississippi. If all Mississippi nurses contributed \$20 to the Mississippi Nurses’ Association Political Action Committee (PAC) today, we would have well over a million dollars in the PAC.

While the contributions would make a huge impact on the PAC, imagine if all of us were active members of MNA and engaged in our professional organization. We already have a strong voice, but with full participation in our professional organization, Mississippi nurses would be an even greater driving force throughout the state. MNA is already the voice for all registered nurses and advanced practice registered nurses in Mississippi, but with increased participation and funding, we can substantially enhance our efforts to make a positive difference in issues impacting nurses, patients and our state as a whole.

Nurses have to be actively engaged in their professional association. Talking about and mailing playing cards definitely gets some attention, but in today’s political climate, we must have an active presence and an organization that advocates for us. MNA cannot do that without members and contributions to the PAC. Both of these things are very easy to accomplish. If you are not a member, go to our recently updated website at www.msnurses.org and join today! There are several options for membership and dues payments. If you are a member, please continue to contribute to the PAC. Any amount will help the efforts to protect and advance the nursing profession in Mississippi!

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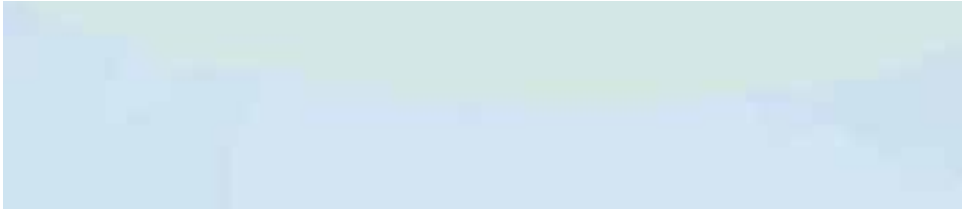
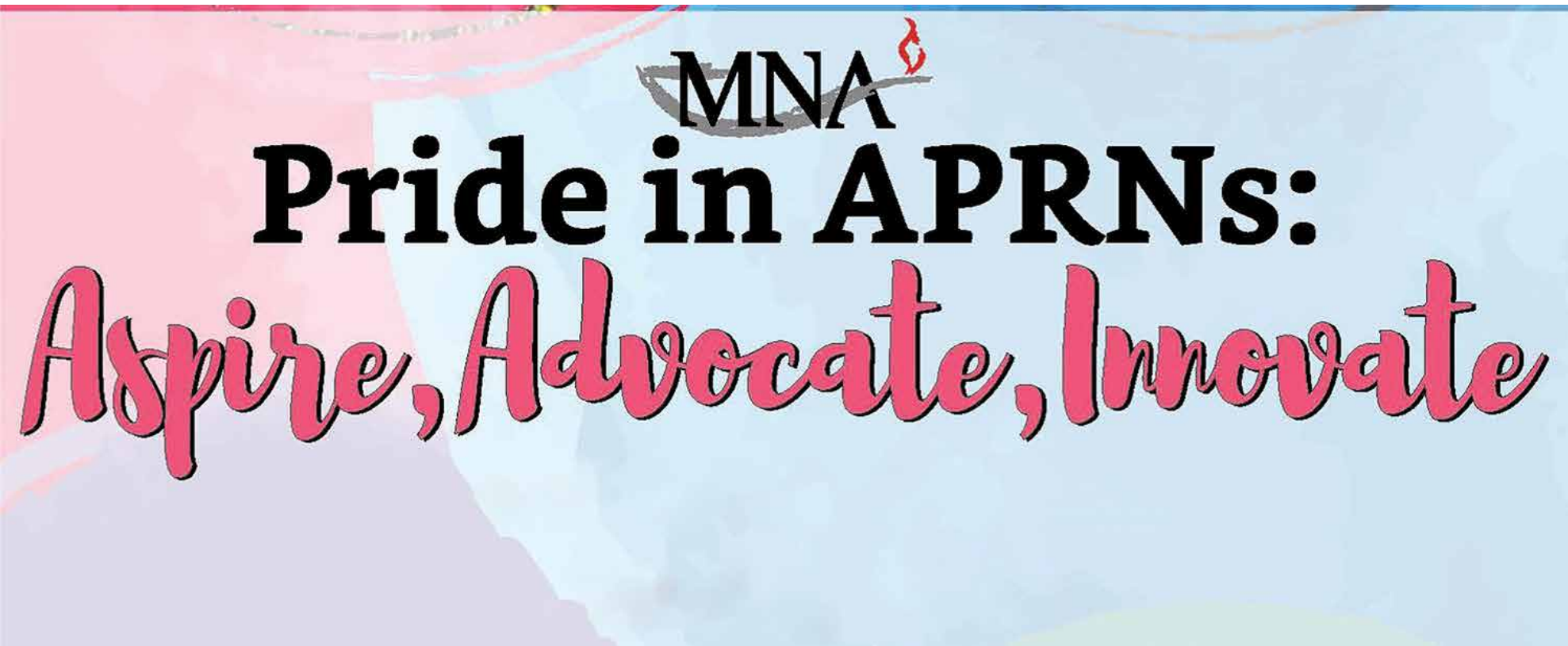
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Disaster Preparedness in the Nursing Profession

Carl Mangum, PhD, PMHNP

Hurricane season starts on June 1st, so now is a good time to start planning for disasters/emergencies. Many people think it will never happen to them. But it is a matter of time before something will reach that disaster level on your scale. There are many things to think about and plan. As a Registered Nurse or Advanced Practice Registered Nurse, one has to think about family and home, work, and travel.



Carl Mangum, PhD, PMHNP

Where do I start? You need a working knowledge of what disasters/emergencies you face in your community. Let's plan for family and home first.

The U.S. Department of Homeland Security (DHS) at ready.gov lists a four step process in making a plan.

Step 1: Discuss these four questions with your family and friends.

- 1. How will I receive emergency alerts and warnings?
- 2. What is my shelter plan?
- 3. What is my evacuation route?
- 4. What is my family/household communication plan?

Step 2: Consider specific needs in your household.

- Different ages of members within your household
- Responsibilities for assisting others
- Locations frequented
- Dietary needs
- Medical needs including prescriptions and equipment
- Disabilities or access, and functional needs including devices and equipment
- Languages spoken
- Cultural and religious considerations
- Pets or service animals
- Households with school-aged children

Step 3: Fill out a Family Emergency Plan.

Creating your Family Emergency Communication Plan starts with one simple question: "What if?" "What if something happens and I'm not with my family?" "Will I be able to reach them?" "How will I know they are safe?" "How can I let them know I'm OK?" During a disaster, you will need to send and receive information from your family. Communication networks, such as mobile phones and computers, could be unreliable during disasters, and electricity could be disrupted. Planning in advance will help ensure that all the members of your household—including children

and people with disabilities, and others with access and functional needs, as well as outside caregivers—know how to reach each other and where to meet in an emergency. Planning starts with three easy steps:

1. COLLECT. Create a paper copy of the contact information for your family and other important people/offices, such as medical facilities, healthcare providers, schools, or service providers.
2. SHARE. Make sure everyone carries a copy in his or her backpack, purse, or wallet. If you complete your Family Emergency Communication Plan online at ready.gov/make-a-plan, you can print it onto a wallet-sized card. You should also post a copy in a central location in your home, such as your refrigerator or family bulletin board.
3. PRACTICE. Have regular household meetings to review and practice your plan.

Step 4: Practice your plan with your family/household.

The next area is building a kit for you and your family. To assemble your kit, store items in airtight plastic bags and put your entire disaster supplies kit in one or two easy-to-carry containers such as plastic bins or a duffel bag.

A basic emergency supply kit could include the following recommended items:

- Water - one gallon of water per person per day for at least three days, for drinking and sanitation
- Food - at least a three-day supply of non-perishable food
- Battery-powered or hand crank radio and a NOAA Weather Radio with tone alert
- Flashlight
- First aid kit
- Extra batteries
- Whistle to signal for help
- Dust mask to help filter contaminated air and plastic sheeting and duct tape to shelter-in-place
- Moist towelettes, garbage bags and plastic ties for personal sanitation
- Wrench or pliers to turn off utilities
- Manual can opener for food
- Local maps
- Cell phone with chargers and a backup battery
- Cash
- Add anything else that you think your family will need.

Let's talk about work. As nurses, if a disaster strikes your area you may not be able to go home when your shift is over. Things to think about:

- Home plan, will the rest of the family know what to do? Can they take care of themselves until you can join them? (Back to practice the plan at home)
- What items will you need to stay at work for up to 72 hours?
Clothes, underwear, shoes, toiletries, food, personal medications, contact information of

others, chargers for phones and electronics, maybe an outlet strip.

- What is the policy of the place that you work for internal and external disasters? They do effect you differently.
- Do you know where the emergency equipment and supplies are located where you work?
- Do you have emergency equipment in your vehicle for daily trips and then for long distance trips?

In case you are stranded, keep an emergency supply kit in your car along with these automobile extras:

- Jumper cables
- Flares or reflective triangle
- Ice scraper
- Car cell phone charger
- Blanket
- Map
- Cat litter or sand for better tire traction
- Food and drinking water
- Anything else you think you might need

Vehicle Safety Tips

- **Keep your gas tank full** in case of evacuation or power outages. A full tank will also keep the fuel line from freezing.
- **Install good winter tires** and ensure they have adequate tread or any jurisdiction-required chains or studs.
- **Do not drive through flooded areas.** Six inches of water can cause a vehicle to lose control or possibly stall. A foot of water will float many cars.
- **Be aware of areas where floodwaters have receded.** Roads may have weakened and could collapse under the weight of a car.
- **If a power line falls** on your car you are at risk of electrical shock; stay inside until a trained person removes the wire.
- **If there is an explosion** or other factor that makes it difficult to control the vehicle, pull over, stop the car and set the parking brake.
- **If the emergency could impact the physical stability of the roadway,** avoid overpasses, bridges, power lines, signs and other hazards.

Please begin to plan and prepare your family. As the old adage goes: failing to plan is planning to fail.

There are many resources to assist you in starting the planning/preparedness process:

The U.S. Department of Homeland Security (DHS) has www.ready.gov.

The U.S. Department of Health and Human Services (DHHS) has <https://www.acf.hhs.gov/ohsepr>.

The Mississippi Office of Homeland Security (MOHS) has <https://www.homelandsecurity.ms.gov/Pages/default.aspx>.

The Mississippi State Department of Health has <https://www.msdh.ms.gov/msdhsite/static/44.0.122.html>.

Reference: www.ready.gov.



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- Two (2) years of full-time, or equivalent, clinical experience as a practicing registered nurse and/or teaching expertise in mental health, acute care or FNP;
- A current, unrestricted RN licensure in the State of Tennessee and/or eligibility for licensure in Tennessee.

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Continued Measles Resurgence Impacting Mississippi

Paul Byers, MD, State Epidemiologist

Introduction: Measles was declared eliminated in the United States in 2000 with the interruption of continuous endemic transmission of measles due to a highly effective vaccination program! Since that time, the number of measles cases in the US ranged from a low of 37 cases in 2004 to a previous high of 667 cases in 2014. However, the 704 measles cases so far in 2019 as of April 26 have already exceeded the number for all of 2014, and are the most in the US since 1994. In the last several years the number of cases and outbreaks in the US have continued to trend upwards, fueled by imported cases among travelers abroad returning to US communities with pockets of unvaccinated persons. Measles is still endemic in many parts of Europe, Asia, the Pacific and Africa with outbreaks occurring in places like Israel, the Philippines and the Ukraine. Each year worldwide there are nearly 10 million measles cases with over 100,000 deaths, mostly in children.



Paul Byers, MD, State Epidemiologist

The increase in cases in 2019 is centered around 13 outbreaks in multiple states (see the Centers for Disease Control and Prevention website on measles outbreaks at <https://www.cdc.gov/measles/cases-outbreaks.html>). These outbreaks started with the introduction of imported cases to communities where vaccination rates are low and almost 90% of the cases are among unvaccinated persons or those with unknown vaccination history.

Mississippi Experiences: No cases of measles have been reported among Mississippi residents since 1992, when a large outbreak of measles occurred at a Mississippi University after exposures from an imported case. Even though there have been no Mississippi cases, there have been measles exposures in the state. In 2016 an outbreak of measles in the Memphis, Tennessee area led to multiple exposures among Mississippians, but no cases. More recently, April 9 through April 11, 2019, a measles case from out of state was in Mississippi while contagious, resulting in exposure in more than 20 close contacts, and many potential contacts in several public settings. To date no acute cases of measles have been identified in Mississippi as a result of these exposures.

Vaccination is Key: Measles is a highly contagious viral illness spread person to person through airborne respiratory droplets; 90% of unvaccinated persons will become infected after exposure. While overall vaccination rates are high in the US (>90%), there are pockets of unvaccinated persons where measles outbreaks can occur. When measles is introduced to these areas, outbreaks are more likely to occur and are then difficult to control.

When measles is imported into a community with a highly vaccinated population, outbreaks either don't happen or are usually small. To achieve herd or population immunity, a community measles vaccination rate of 95% is required to protect those who may be unvaccinated due to age or medical reasons. The Measles, Mumps and Rubella (MMR)

vaccine is very effective providing 93% protection against measles infection after one dose and 97% protection after two doses. In Mississippi, due to strong immunization laws, more than 99% of all children entering kindergarten for the first time are up to date on all vaccines, including measles vaccination.

Clinical Presentation: Measles is characterized by prodromal fever (as high as 105°F) and the three C's (cough, coryza and conjunctivitis), often with Koplik spots (white spots on an erythematous base on the buccal mucosa). On about the 3rd to 7th day of the illness (usually about 14 days after a person is exposed) patients develop a maculopapular rash spreading from the head to the trunk and lower extremities, becoming generalized over a three day period. Individuals are considered contagious from four days before to four days after the onset of rash. The incubation period ranges from seven to 21 days.

What if you Suspect Measles: Measles is a Class 1 reportable condition in Mississippi requiring immediate reporting to the Mississippi State Department of Health (MSDH) within 24 hours of first knowledge or suspicion.

- Consider the possibility of measles when evaluating susceptible patients with an acute febrile rash illness, especially if the individual reports contact to a known case of measles.
- Place any suspect measles patients in airborne isolation in a negative pressure room and immediately notify MSDH at 601-576-7725 (601-576-7400 after hours).

Final Thoughts: The increases in measles are part of a global trend seen over the last several years with declining vaccination rates seen in several areas. With the ongoing measles outbreaks in parts of the US and with outbreaks overseas there is a potential that more Mississippians could be exposed to measles in the future, and we as healthcare professionals must be prepared. Know your vaccination status! Evidence of immunity for healthcare personnel includes either documentation of two doses of MMR, laboratory evidence of immunity or prior disease, or birth before 1957. Healthcare facilities are encouraged to use the awareness raised around the recent exposures and confirm the vaccination status of all individuals who work in the facility. See <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6007a1.htm> for complete CDC recommendations for the immunization of healthcare personnel.



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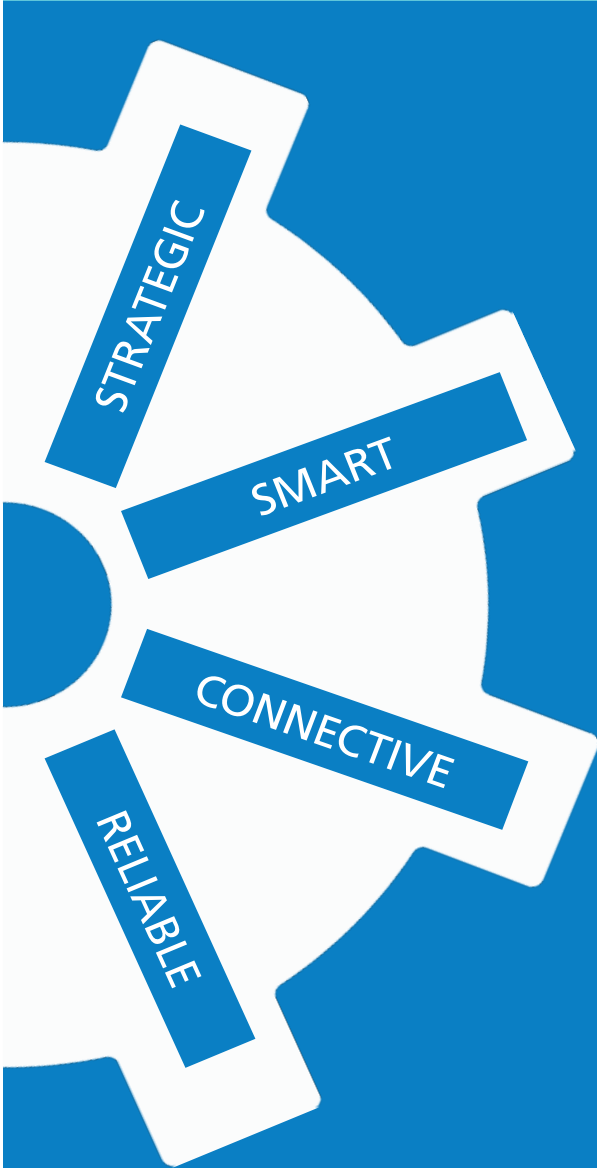
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It's Time to Vote

Alena Lester, DNP, APRN, FNP-C, ONP-C, Director, Council on Health Affairs

Registered nurses and advanced practice registered nurses can make a positive impact on the nursing profession and healthcare in Mississippi by voting in the upcoming elections. You can be instrumental in determining who gets elected at the state and local level. It's important to get to know candidates' positions on those issues that are important to you! How can you do this? Candidates running for the House of Representatives and/or the Senate will frequently attend local community events. This provides you the opportunity to not only become familiar with the candidate's platform, but frequently provides you the opportunity to interact with the candidate and ask about the candidate's position on issues that are important to you. If a town hall meeting is being held in your area, plan on attending and have your questions ready ahead of time. You may also want to email a candidate to ask for information on his/her stance on an issue.

The Mississippi Nurses' Association Political Action Committee (PAC) is an easy way for all registered nurses and advanced practice registered nurses to join together to support candidates who support nurses and their patients. MNA PAC supports candidates who are in support of MNA's legislative agenda without regard to party affiliation. The PAC provides maximum utilization of small and large donations that are pooled together to support efforts to ensure that the nursing profession's voice resonates in all areas of healthcare. This is an important election year and we need your assistance! The MNA PAC has a goal of increasing the PAC funds by \$15,000! A contribution of just \$20 from each nurse would equate to over \$1 million. Isn't it worth \$20 to ensure that the candidates who understand the importance of nurses and will support our efforts receive campaign donations from nurses? Contributing to the PAC is easy! You may make a one-time contribution, or if you prefer, you may make a monthly contribution. Access the PAC Brochure on the MNA website at www.msurses.org/advocacy/pac, or call the MNA office at 601-898-0670 should you need any additional information.

A great resource for information on the list of individuals running for office in Mississippi and important dates is the Mississippi Secretary of State website <http://www.sos.ms.gov/Elections-Voting>. A list of candidates is available under **2019**



Alena Lester, DNP, APRN, FNP-C, ONP-C, Director, Council on Health Affairs

Candidate Qualifying List and a list of important dates is available under **2019 Elections Calendar**.

Below are just a few of the dates that you may find useful, but refer to the Mississippi Secretary of State website for a complete list of dates.

June 7th - Applications for the August Primary Elections must be available in the Circuit Clerks' Offices to eligible absentee voters. (*Miss. Code Ann. § 23-15-625*)

June 17th - Primary Election Sample Ballot Deadline: The Secretary of State's Office publishes the Primary Election sample ballot in SEMS. (*Miss. Code Ann. § 23-15-331*)

June 22nd - Absentee Ballots Available: Absentee ballots must be available in the Circuit Clerks' Offices as of this date. Absentee ballots must be mailed within 24 hours to voters who submitted an application before ballots became available, once ballots are available. (*Miss. Code Ann. § 23-15-715*)

July 6th - Voter Registration: Circuit Clerks' Offices must remain open from 8:00 a.m. until 12:00 p.m. for voter registration. (*Miss. Code Ann. § 23-15-37(2)*)

July 8th - Voter Registration Deadline, 5:00 p.m.: Applicants who register in-person in the Circuit Clerks' Offices no later than 5:00 p.m. today and those who mail registration applications post-marked no later than today (7/8/2019) are eligible to vote in the August Primary Elections. (*Miss. Code Ann. §§ 23-15-37(2), 23-15-47(2)(a)*)

August 3rd - In-Person Absentee Voting Deadline, 12:00 p.m.: Circuit Clerks' Offices OPEN from 8:00 a.m. until 12:00 p.m. (*Miss. Code Ann. § 23-15-653*)

August 5th - Absentee Ballot by Mail Deadline, 5:00 p.m.: Circuit Clerks' Offices must be in actual receipt of absentee ballots returned by mail for ballots to be timely. This is not a postmark deadline but an actual receipt deadline. (*Miss. Code Ann. § 23-15-637*)

August 6th - **PRIMARY ELECTION DAY** for Statewide, State District, Legislative, County and County District Offices. Polling places open from 7:00 a.m. until 7:00 p.m. (*Miss. Code Ann. § 23-15-1031*)

Make a positive impact on the nursing profession and the patients in Mississippi by voting in the upcoming elections and contributing to the MNA PAC!

Swimming-Related Illnesses



Illnesses associated with swimming are on the rise. Summer is a time to enjoy the water, but also to take steps to remain healthy while you do.

Contrary to popular belief, chlorine does not kill all germs immediately. Some germs are very tolerant of chlorine and can cause serious illness. It can take anywhere from minutes to days for chlorine to kill them. Swallowing just a little water that contains these germs can make you sick.

What's in the Water

Germs in pools and other recreational water can cause digestive system illnesses and infections of the skin, ears and lungs. Wound infections can be especially dangerous.

Cryptosporidiosis germs, which can stay alive for days even in well-maintained pools, have become the leading cause of swimming pool-related outbreaks of diarrheal illness. From 2004 to 2008, reported Crypto cases more than doubled.

The risk isn't just in pools. Hot tubs, jacuzzis and fountains can harbor these germs as well, and beaches, lakes and streams exposed to sewage runoff can be sources of illness to swimmers and boaters, even from a brief exposure to water.

Special Groups

Cryptosporidiosis and other infections can be especially severe for children, pregnant women, and people with weakened immune systems – for example, people who have received an organ transplant, or who are taking certain medications, or who are living with AIDS. Crypto can cause a life-threatening infection to people in these groups, and precautions are especially important.

What You Can Do

Swimmers themselves can make an important difference in their health risk. You can take an active role to protect yourself and prevent the spread of germs by remembering six simple steps.

Six Steps for Healthy Swimming

Three Steps for All Swimmers

- Don't swim when you have diarrhea. You can spread germs in the water and make other people sick.
- Don't swallow water from a pool, lake or beach. Avoid getting water in your mouth.
- Practice good hygiene. Shower with soap **before** swimming, and wash your hands after using the toilet or changing diapers. Germs on your body will quickly enter the water otherwise.

Three Steps for Parents of Young Kids

- Take your kids on bathroom breaks or check diapers often. Waiting to hear "I have to go" may mean that it's too late.
- Change diapers in a bathroom or a diaper-changing area and **not** at poolside. Germs can spread in and around the pool.
- Wash your child thoroughly (especially the diaper area) with soap and water **before** swimming. Even very small amounts of fecal matter can end up in the pool and infect many people.

Reference: "Swimming-Related Illnesses." Mississippi State Department of Health. <https://msdh.ms.gov/msdhsite/static/23,13835,195,505.html>

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Pine Belt Mental Healthcare Resources has entered into a collaborative partnership with Family Health Center in Laurel, MS with a mission to provide community-based integrated healthcare. In an effort to decrease stigma, treatment will focus on the whole person utilizing a holistic approach to healthcare. PBMHR is actively seeking a full-time Psychiatric Nurse Practitioner (FPMHNP) to join this collaborative behavioral health team.

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The scholarship is made possible by the support of Dr. Judith K. Leavitt, and is intended to increase the number and quality of Registered Nurses trained in health policy at the state and national level.

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- Bari Kaitlyn Berry - Hinds Community College
- Kelsey Smith - Holmes Community College
- Timothy Harris - Itawamba Community College
- Margaret "Maggie" Pittman - Jones County Jr. College
- Grant Clement - Meridian Community College
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- Quilesya Odom - Mississippi Gulf Coast Community College
- Anna Littlejohn - Mississippi University for Women
- Shelby Taylor - Northeast Mississippi Community College
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Espresso Level

\$4,000 to \$5,000----Two packages of MNF signature coffee and two coffee mugs, four tickets to all upcoming events sponsored by the Foundation, recognition at MNF's Philanthropy Day, Recognition on MNF's website, newsletter, recognition at the Mississippi Nurses Association Annual Convention and a 4" X 8" engraved brick in the Mary E. Stainton Center for Nursing Garden.

Cappuccino Level

\$2,000 to \$3,999---Two packages of MNF signature coffee and two coffee mugs, two tickets to all upcoming events sponsored by the Foundation, recognition at MNF's Philanthropy Day, Recognition on MNF's website, newsletter and recognition at the Mississippi Nurses Association Annual Convention.

Mocha Level

\$500 to \$1,999-----One package of MNF signature coffee and coffee mug, two tickets to one of MNF's sponsored events, recognition at MNF's Philanthropy Day, Recognition on MNF's website, newsletter and recognition at the Mississippi Nurses Association Annual Convention.

Coffee Level

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Mississippi Nurses Foundation

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A campaign to support Make-A-Wish Mississippi in granting wishes

Our Campaign was a Success!

With the support of nurses, friends of nurses, and nursing students, our Wishes and Kisses Campaign was a huge success. We raised over \$10,000 to grant Jaidyn her wish. Special recognition goes to the following schools of nursing for their support: Southwest Mississippi Community College; East Central Community College; Holmes Community College; Itawamba Community College; Mississippi Organization for Associate Degree Nursing - Student Association; Mississippi University for Women; and Pearl River Community College.

MNF hosted a party to celebrate with Jaidyn and her family, friends, and representatives from Make-A-Wish Mississippi. Jaidyn and her family will be cruising on the Disney Cruise to make her Wish come true.

Nurses Touch Lives... and grant wishes



Jaidyn 11 - Byram, MS,
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For more information call 601-898-0850.

A Message from the President continued from page 1

Limit Vending-Machine Snacks

Keep a steady supply of healthy snacks on hand. If the vending machine is your only option at any given time, choose a more nutritious snack (a granola bar, wheat chips, or peanut butter crackers, for instance) instead of candy.

Schedule Routine Mealtimes

Stick to your meal schedule as much as possible. Inconsistent or sporadic meals may contribute to fatigue and weight gain. While mealtimes may vary with the shift, avoid going longer than six hours between meals.

Eat One or Two Healthy Snacks Instead of One Large Meal

If you work afternoons, try to eat your largest meal in the middle of the day. If you work nights, eat lightly throughout your shift and then have a small to moderate-sized breakfast. Eating a large or greasy meal can make digestion difficult at bedtime.

As nurses, we must know ourselves first and strive to meet our own needs. Taking care of you is not a selfish act, rather, staying healthy and taking care of yourself is essential to ensure that you are able to remain focused and on top of your game for your patients and yourself!

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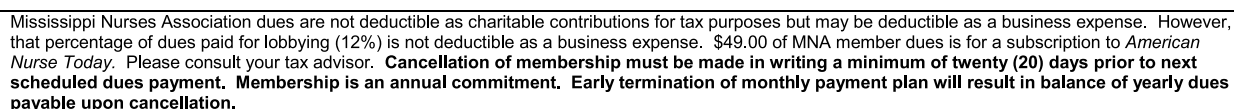


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