



FLORIDA STATE ASSOCIATION of  
OCCUPATIONAL HEALTH NURSES



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**"I am only one; but still  
I AM ONE.**

I cannot do everything;  
but still I can do something. And  
because I cannot do everything,

I will not refuse  
to do the something that

**I CAN DO."**

— E.E. Hale, American writer

### *Florida Mission Statement*

*The mission of Florida State Association of Occupational Health Nurses, Inc. is to advance the profession of occupational and environmental nursing in the state of Florida.*

#### *To fulfill this mission, we:*

- *support the mission of the American Association of Occupational Health Nurses.*
- *promote professional excellence and opportunities through education and research.*
- *support standards of professional practice and a code of ethics.*
- *influence legislative, regulatory and policy issues.*
- *promote internal and external communications.*
- *establish strategic alliances and partnerships.*

### Practice

[The AAOHN Practice website](#) houses COVID-19 Resources, available to support Occupational Health Nurses who, like the AAOHN, place a high priority on the health and safety of our community members and colleagues. Visit the Practice website today to review webinar resources, COVID-19 FAQ's, and useful tools such as return to work algorithms, OSHA recording requirements, and industry-specific resources.

# Coronavirus

## LATEST ADVICE

## President's Report

### Stephanie Weinsier



FSAOHN had another successful election, with many Board members returning to serve the organization within a different capacity. I want to thank each FSAOHN member, volunteer, and leader for their continued support throughout my term. I feel fortunate to continue within the role of FSAOHN President and know that we have navigated many challenges and continue to look toward many uncertainties and changes. These changes may be personal, professional, or organizational but I continue to have faith and hope that we will navigate these rough waters together, drawing strength and inspiration from one another!

Now, more than ever, we must network, stay connected, and learn from each other. The opportunity to network with others who have varied expertise is ONE of the MANY benefits we gain from remaining active members of FSAOHN and AAOHN. As you know, membership classes have changed across AAOHN and FSAOHN, leaving members the choice to decide whether they want to remain members of the local, State or National chapters. This restructuring has led to Bylaw revisions, and changes to how we track membership, collect membership dues, and communicate with members; we have faced some challenges over the past year as we migrated to a new website platform, a new membership structure, and adapted to the changes in Bylaws to support this restructuring. One of the more prominent challenges has been tracking current membership and communicating with members about their membership dates, upcoming renewal requirements, and notifications of expiration. In addition to these challenges, all of our members have been hard at work protecting and serving their communities, businesses, patients, and colleagues, with little “extra” time to volunteer their time and energy. The Board Members are not immune to this and we have all faced the challenge of balancing our roles and prioritizing our work. On behalf of FSAOHN and the BOD, I apologize for any challenges you may have experienced as a result. I know many of you received multiple notifications of impending membership expiration dates and continued to receive reminders despite renewing. Please know we are continuing to work toward a solution and are confident this will improve.

Unfortunately, in an effort to support the health and safety of our members, presenters, exhibitors and sponsors, we faced the difficult decision to cancel the 2020 Florida Occupational Health Conference (FOHC). This decision was not made lightly as we have persevered through hurricanes and other major challenges to continue to offer FOHC in years past! Our 2021 FOHC planning committee is hard at work preparing a robust conference with plenty of CE's, great speakers, and wonderful networking opportunities. The 2021 conference will be planned with your educational and networking needs in mind, and it will include new safety protocols, in partnership with the host hotel, The Orlando World Center Marriott, to ensure all remain safe and as healthy as possible. Carson Faris is serving as this year's Conference Chairperson, in collaboration with MANY volunteers who are serving on the 2021 FOHC Committee. This will require ALL-HANDS-ON-DECK and we appreciate any support you can provide. If you would like to help with conference, please contact us at [fsaohnmail@gmail.com](mailto:fsaohnmail@gmail.com) or Carson @ [chfaris317@cox.net](mailto:chfaris317@cox.net). You can serve on any of the following committees: food and beverage, exhibitors/sponsors, program, registration, awards, or hospitality.


I, along with the other leaders of FSAOHN, urge you to get involved. It is a trying time for all of us, but we must secure our organizational succession plan now. This includes identifying, training, and mentoring potential

## President's Report



successors. Serving in a leadership role is a great way to develop professionally, build leadership skills, and stretch your knowledge. These skills will help you professionally and personally. With this in mind, I have established one major goal for 2021: building a leadership development program for FSAOHN. If you are interested in developing your leadership skills, being mentored by another Member or Board Member, or have expertise that you would like to share by serving as a mentor, please email me directly @ [stephanie.weinsier@aexp.com](mailto:stephanie.weinsier@aexp.com)

You may have heard me refer to 2020 as “[building the plane while flying it](#)”. This expression is not new to organizations who are undergoing innovation and we know “change” requires disruption. 2020 has been disruptive to healthcare, occupational health nursing, all types of industries, to our lives, our families, and our communities. We are all impacted; no one is immune. I have never been more proud to be in the Nursing field, within Occupational Health, in particular. I am in awe of what you have all achieved to support your workers, businesses, families, and communities. It has been a challenging journey and many have experienced loss and grief; we have witnessed profound losses-from lives lost, independence lost, jobs lost, and companies/organizations who were not able to persevere. Though we are all in this together, I believe we must each pause and take a moment to appreciate the sacrifice and the lessons learned, and look forward with faith and hope, knowing that we will persevere, somehow, TOGETHER. We all have varied levels of risk aversion or affinity to risk-taking; when we work together in unison, we can capitalize on each other's strengths and diverse experiences. We have much to look forward to in 2021 and 2022, as we establish our “new normal”. Your National, State and Local Chapters are here to serve you; we are open to ideas and want to incorporate changes that are meaningful to you, our members! Please, consider taking advantage of one of these opportunities for your own personal and professional development:

- AAOHN National Conference-Virtual for the first-time ever April 11-17, 2021 FAQ's: 
  - Earn up to 23 CNE credits; attend LIVE or view ON-DEMAND
  - Group rates now available (groups 5-49: \$50 discount per person; groups 50+: \$150 discount per person)
- Florida Occupational Health (FOHC) Conference Orlando World Center Marriott September 15-19<sup>th</sup>, 2021-watch for registration on the website: [Florida State Association of Occupational Health Nurses | Nursing Network](#)

Thank you all for everything you do for our organization and to keep “all the planes flying” during this Pandemic!

**[Stephanie Weinsier, DNP, APN-BC, COHN-S, FAAOHN](#)**





## Membership

### **We Need You!**

FSAOHN and the state Local Chapters (West Coast, Heart of Florida, Central Florida, and Space Coast) are looking for members. If you are not a member, we would love to have you join us.

So, you ask why would I join? What do I get out of it? Well you get the following:

- ✓ Members-only discounted conference costs for the Florida Occupational Health Conference (FOHC)
- ✓ Opportunities for scholarships
- ✓ Opportunities to be recognized by your peers or for you to recognize another member with chapter only awards
- ✓ Networking. This can be cliché, but your state and local chapter offer you the opportunities for mentorship, mentee-ship, and counsel of experienced OHN's
- ✓ Giving back. There are opportunities within your local and state chapter to serve in many capacities.

If you are interested in joining please contact [fsaohnmail@gmail.com](mailto:fsaohnmail@gmail.com) to request further information.

# Scholarship Money Available

Need Money to attend the upcoming FSAOHN state conference? AAOHN National Conference? Or how about tuition to further your education or get certified? There is money available to you in the Florida State Scholarship Fund. Many times this fund goes unused. So why don't you use it? Our goal this year is to have all of the scholarship money utilized to help YOU advance your career! **So please take the time to click on the link below to request a scholarship.** It only takes a few minutes to complete the form and send in. Thanks for your participation!



**Tessa Stanaland**  
Vice President  
FSAOHN Board of Directors

**FSAOHN Members can apply for scholarship money through FSAOHN. Go to the website <https://fsaohn.nursingnetwork.com> today and fill out your application. Submit ?'s & applications to [tstanaland@pivoths.com](mailto:tstanaland@pivoths.com)**

## What is Florida Occupational Health Conference (FOHC)?

This state conference is attended by several hundred nurses each fall. We have nurses that attend outside of the state but mostly within the state. The conference topics are timely, the exhibitors spend time with attendees as needed, and the networking is essential to your career and profession.

Scholarships are granted by the FSAOHN to candidates that meet the criteria that is published. Once you complete an application, it will be reviewed and awarded. Most members use it to attend FOHC but there are other uses. FSAOHN offers two scholarships per year.

Award categories are listed on the [FSAOHN Website](#).

You will have access to experienced OHNs, members and board members that you may seek mentorship from. If you are interested in leadership or professional development as a board or committee member, you will have access to network with current and past board and committee members. FOHC enables you to network, whether you are a new OHN, or a more senior OHN. Reaching out to other OHNs is priceless!

## SAVE THE DATE

**Florida Occupational Health Conference**  
**September 15-19, 2021**  
**Orlando World Center Marriott**

# Register Now AAOHN National Conference

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## Legislative Update

When I was asked to take up the legislative committee for the state FSAOHN, at first, I was overwhelmed. I've never really researched how to get information about what is going on in our state, especially for nurses. Stephanie Weinsier suggested I look at the Florida Nurses Association website. There I found virtual bootcamps for newcomers to learn how to find your legislators and how to talk with them about the issues we are dealing with today. I would like to start this newsletter with educating everyone on what I've learned over the past couple of weeks. Over the next couple of months, I would like to continue to educate on how our state legislative process works and the issues that our legislators are working through.

The FNA provided websites to find your legislators and to get full information about them.

They are: <https://www.flsenate.gov/Senators/Find>;

<https://www.myfloridahouse.gov/Sections/Representatives/myrepresentative.aspx>;

<http://www.myfloridahouse.gov/>; and <http://www.flsenate.gov/>.

The bootcamp discussed the importance of communicating with your legislator about the issues important to you. I learned it is important to stick with YOUR legislator versus going to one outside of your district. The easiest way to communicate is through the mass media, Facebook, Instagram, etc. They each have emails also. While they are owned by the legislators, many are monitored by their aides. Emails are also a great way to communicate with them. The FNA highly recommends meetings with your legislators. I learned they can hold meetings either in person or virtually and take appointments both while they are "home" and while they are in Tallahassee during sessions. In the next newsletter we will discuss how to get the appointments and the proper ways to meet with them. In the meantime, if you want to learn more, please feel free to contact me!

Sherri Davidson (941) 232-9042 [Billnsherri2@verizon.net](mailto:Billnsherri2@verizon.net)

# Research Manuscripts

## February Heart Health Month



### Improving Cardiovascular Health in the Workplace

**Sarah Bustle**

**College of Nursing, University of South Florida**

Cardiovascular disease is a primary concern for adults in the United States. According to the American Heart Association (2019), roughly half of all U.S. adults suffer from some form of cardiovascular disease. With 61% of the population employed (U.S. Bureau of Labor Statistics, 2020), a vast majority of the time in adults' lives is spent at work. Therefore, Occupational Health Nurses (OHNs) have meaningful opportunities to provide screenings and education, as well as implement programs and strategies to improve the cardiovascular health of the workforce.

#### **Background**

Cardiovascular diseases (CVDs) are the number one cause of death in both men and women in the United States, killing one in four adults (Centers for Disease Control and Prevention [CDC], 2020). CVDs are characterized by disorders of the heart and or blood vessels in the body. They include coronary heart disease, hypertension, peripheral vascular and arterial disease, valvular disease, stroke, hypertension, and heart failure (World Health Organization [WHO], 2017). Many of these disorders involve atherosclerosis, the build-up of plaque in the body's blood vessels. As plaque continues to build, the vessels become increasingly narrow, causing stenosis and a decreased amount of blood flow (AHA, 2017). Extensive collections of plaque along arterial walls can also break off, causing plaques to potentially travel through the vessel until it becomes lodged and impedes blood flow. This lack of blood flow can ultimately lead to life-threatening circumstances, including stroke and damage to the myocardium, better known as a heart attack (AHA, 2017).

#### **Epidemiology**

53% of those who suffer from CVDs are less than 60 years old (National Institute for Occupational Safety and Health

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[NIOSH], 2017), making CVDs a significant health concern among the United States' working population. CVDs, specifically circulatory diseases, are a primary contributor to permanent disability among the workforce population (NIOSH, 2017). Permanent disability creates a burden not only on the workforce but on employers as well. According to the AHA (2019), employees with CVDs lost 56 hours more per year in productivity and resulted in an average of 13 lost workdays per year.

### **Prevention**

Prevention is the best treatment for cardiovascular disease, and understanding risk factors is imperative to prevention. Risk factors for CVDs include poor diet, lack of physical activity, tobacco use, being overweight, hyperlipidemia, hypertension, and high blood glucose levels (WHO, 2017). Many of these conditions are modifiable through behavioral changes such as losing weight, smoking cessation, following a low fat, low salt diet, and regularly exercising. From 2014 to 2015, the United States spent 219 billion dollars on heart disease from health care services, prescription medications, and lost productivity (CDC, 2020). Reducing risk factors and the overall incidence of CVDs can increase overall health and be cost-effective.

### **Implications for Occupational Health Nurses**

While much is still being researched in terms of understanding occupational risk factors in relation to cardiovascular disease, OHNs must know about the incidence of heart disease in the United States to better contribute to the overall health of the workers that they serve. OHNs have opportunities, whether through onsite or off-site clinics, to identify risk factors, educate patients, and help develop referrals for those at risk of or already suffering from CVDs. OHNs can improve cardiovascular health in the workplace by obtaining employee health histories, organizing health fairs, and implementing employee wellness programs.

### **Employee Health History**

When an OHN encounters an employee, one of the first tasks completed is obtaining a health history to establish any ongoing or resolved health issues (Drew-Nord, 2014). Getting a health history also allows the OHN to determine individual risk factors and conditions that may be of concern to the employee, such as hypertension, hyperlipidemia, high BMI, or diabetes. Examples of circumstances when an employee's health history may be completed is during a pre-



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employment physical or when an injury occurs on the job.

OHNs perform pre-employment screenings and physicals for new employees hired in the workplace. These tend to be more comprehensive, and the extent of the screening requirements varies based on the employee's job. The OHN may obtain personal health, family, work, exposure, and environmental histories (Drew-Nord, 2014). At a minimum, the employee's blood pressure, height, weight, and tobacco use should be assessed during this time. Routine labs may also be ordered to provide a baseline lipid panel and blood glucose level. OHNs will also obtain a problem-focused history when employees present to the clinic with work injuries. Though this assessment may not be as comprehensive as the initial health history assessment, the OHN can still identify specific risk factors for CVDs during this time.

By obtaining these histories from employees, the OHN can identify problems and provide referrals to primary care to manage hypertension, hyperlipidemia, and diabetes. The OHN can also provide education, counseling, and resources to employees related to CVDs and associated risk factors such as increasing physical activity, smoking cessation, and the importance of a nutritious low-salt, low-fat diet.

### **Employee Health Fairs**

OHNs can implement a vital intervention to identify CVD risk factors in employees through annual health fairs and health risk assessments. Recommended components include tobacco prevention, weight management, nutrition, physical activity, and stress management (Carnethon et al., 2009). Employee health fairs should consist of workshops that provide preventative screenings for employees, such as blood pressure readings and glucose and cholesterol screenings. These interventions can be especially crucial to those unaware of a condition they may have, such as hypertension, and allow for early intervention of CVDs. Health fairs are also necessary to provide employees with education regarding CVDs and what behavioral changes they can make to improve their heart health.

### **Wellness Programs**

One of the most significant heart-healthy interventions that OHNs can implement for employees is wellness programs within the workplace. Studies have found that large employers with complex health programs corresponded with lower employee rates of hypertension, hyperlipidemia, and tobacco use (Goetzel et al., 2017). The American Heart

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Association offers suggestions and guidelines for effective wellness programs in the workplace and can prove a valuable tool for OHNs (Carnethon et al., 2009). Employers can provide various incentives for OHNs to facilitate employee participation within programs, such as financial incentives, vacation time, and reduced health insurance rates. Creating challenges for employees within the program, for example, daily or weekly step challenges, can help motivate employees to increase their physical activity and connect with other members of the workplace.

### Conclusion

Cardiovascular diseases are prominent in the United States among adults and can be debilitating, affect quality of life, and have drastic financial impacts, making them a significant concern for OHNs. By acknowledging these concerns and implementing heart-healthy recommendations for the workplace, OHNs can provide education and quality care that helps identify risk factors and decrease the overall incidence of CVDs, leading to a healthier and happier workforce.

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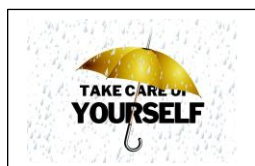
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# Research Manuscripts

## The Impact of COVID-19 in The Prevalence of Compassion



### Fatigue Among Nurse Caretakers



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#### Abstract

Compassion fatigue (CF) is the phenomenon experienced by care givers of traumatized individuals. It has been described as mental exhaustion due to inability to endure or cope and is based on a caring dependency. While caring could be emotionally draining, the emergency of Covid-19 outbreak increased the chances of caregivers developing CF. The pandemic caused a disruption in healthcare delivery and family life, putting a great demand on healthcare workers to put in more work hours and work under pressure, with limited resources. The Occupational Health Nurse (OHN) has a great role in educating nurse caretakers on how to recognize and manage CF. The OHN will also be helpful in changing the culture and design programs that will help the management to listen more to nurses and allow nurses to voice their concerns without the fear of being misunderstood or misjudged. It would also be helpful if the OHN designed crash causes for employees during epidemic situations.

#### Background and Epidemiology

Mathieu (2007) has described compassion fatigue (CF) as an occupational hazard which caregivers will experience due to exposure to traumatized individuals and not from the exposure to trauma itself (Cocker & Joss, 2016). CF has been noted to affect approximately 16% to 39 % of registered nurses (Durning, 2016). According to Peters (2018), the continuous effect of the suffering of other people, stressful work environments, and the unceasing offering of self puts the nurses at risk for developing CF. Covid-19 emerged as an unparalleled health crisis with an increase in the demand of work from health professionals (Azoulay et al, 2020).

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The purpose of this paper is to examine the impact of Covid-19 on the development of CF among nurse caretakers.

### Literature Review

The concept of CF has been noted as first coined by a critical care nurse, Joinson, who described it as the “cost of caring” to illustrate her work with emergency room staff (Lombardo, 2011; Mathieu, 2007). Nolte et al., (2017) have noted that the mental exhaustion depends on a nurturing relationship where the natural ability to care is lost. It is also described as a physio psychological disquiet in caregivers resulting from continuous and intensified demand for caring for the needy. (Mol et al., 2015). CF is also referred to as “second-hand shock and secondary stress reaction” (GoodTherapy.org, 2020) or as “running on empty” (Mathieu, 2007).

CF is a process which begins with exposure to suffering and occurs over a period of time leading to concern for the traumatized person, empathic ability and response, detachment, and sense of satisfaction. The American Institute of Stress (AIS), (n.d) states that prolonged exposure, traumatic memories, and other life demands overtime cause individuals to lose the ability to feel and care for others due to an erosion of the skill of compassion, It should also be understood that CF is a continuum signifying that within an organization, employees will experience CF at various times (Mathieu, 2007).

Covid-19 emerged as an unparalleled health crisis leading to an increase in the prevalence of psychological distress among healthcare workers. The pandemic has increased the burden of caretakers due to a break in healthcare delivery as well as limited resources. (Azoulay et al., 2020). According to Albott et al. (2020), the pandemic posed uncommon challenges related to the unpredictability about the magnitude or the span of the disease. Furthermore, the unavailability of adequate medical supplies, and personal protective equipment (PPE), the fear of not being safe, the risk of contracting the disease and passing it on to family and loved ones put a toll on the caregivers. Thus, if not well-managed, these challenges have the potential to cause CF.

El-Hage et al. (2020) have indicated that the rapid spread of Covid-19, lack of expertise in the disease, its severity, and death among caregivers could potentially increase the risk for CF. In addition to these, the lack of understanding of the disease, lack of specific/proven treatment regimen for the infection and subsequent death of the patient lead to caretakers’ feeling not useful and a sense of helplessness. The pandemic creates a possible emotional dilemma between being true to



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one's professional duty and taking precautions for personal safety for oneself ('stay at home') and loved ones.

### **Recognizing Compassion Fatigue**

According to Digwood (2019), CF originates from the emotional connection associated with witnessing tragedy and can be manifested as an emotional or physical exhaustion that leads to a remarkable decrease in the capacity to show empathy. The warning signs, ("red flags") of CF include anger, blaming, chronic lateness, emotional and physical exhaustion, feelings of hopelessness, increased irritability, frequent headaches, a low self-esteem, sleep disturbances and a decreased sense of personal accomplishment among others (Pfifferling & Gilley, 2000). Similarly, feelings of inequity toward the caregiver, self-contempt, depersonalization and poor job satisfaction, losing compassion for some people, regularly waking up tired in the morning and struggling to get to work, routinely feeling bored have also been identified as symptoms of CF (GoodTherapy.org, 2020, AIS, n.d). Above all, the Substance Abuse and Mental Health Services Administration (SAHMSA) states that people who experience CF often feel as if nothing they can do will help, as though they are not doing their job well, or that they need to use alcohol or other mind-altering substances to cope.

### **Management/Prevention of Compassion Fatigue**

The management and or prevention of CF begins with understanding the precipitating or contributing factors. Mathieu (2007) has identified that the care-giver's current personal circumstances and working conditions (organizational) contribute greatly to the development of CF. The prevention strategies should therefore be approached from both angles. Studies have shown that the best prevention of CF is by putting a priority on self-care.

Personal self-care strategies include maintaining a work life balance, ensuring good nutrition, use of humor, hydration, regular exercise, and rest. Physical rest will demand taking some time off work, enough sleep, and massage. On the other hand, emotional/spiritual wellbeing calls for meditation, deep breathing, being grateful, and mindfulness. It is also important for the caregiver to seek professional help when the symptoms last for more than two weeks by making use of the employee assistance program. (Mathieu, 2007; Choudhary, 2020; AIS, n.d).

### **Ten Laws Governing Healthy Caregiving**

To help individual to care for themselves, the Compassion Fatigue Awareness Project (CFAP) has put together the following

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laws:

1. Sustain Your Compassion
2. Practice authentic, sustainable self-care daily
3. Build a support system
4. Create a work/life balance
5. Apply empathic discernment
6. Recognize the humor
7. Learn to let go
8. Acknowledge your successes
9. Remain optimistic
10. Elevate levels of compassion satisfaction

At the organizational level, the supervisors/managers can help in the prevention of CF by maintaining open communication with caregivers, providing clear guidelines about the use of personal protective equipment to avoid transmission of the virus, and addressing the fear of the caregivers by acknowledging the magnitude of the outbreak/pandemic. They can also make use of peer support system, acknowledge the uncertainty and change while fostering hope among the caregivers (Albott, 2020). Moreover, Mathieu (2007) states that the management can promote resilience and help prevent compassion fatigue among the Covid-19 caregivers by

“developing a supportive work environment that will encourage proper debriefing, regular breaks, mental health days, peer support, assessing and changing workloads, improved access to further professional development and regular check-in times where staff can safely discuss the impact of the work on their personal and professional lives” (Mathieu, 2007).

### **Implications/Recommendations for Occupation Health Nurses**

These studies highlighted the possible reasons why Covid-19 could lead to an increased prevalence of CF among nurse caretakers. Understanding the impact of Covid-19 on CF, the OHN can design programs to cater for nurses who were

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directly involved in the care of patients during the pandemic. For instance, the OHN can work with the hospital management arrange for confidential onsite counselling where nurses and other health care workers can seek assistance without the fear of being victimized/retaliation or losing their job. Alternatively, the OHN may design a mechanism that enables emotional outlets (open communication and shared governance) as nurses voice their concerns without the fear of retribution. It would benefit the organization to put in place trainings geared toward raising awareness about CF, as well as do periodic self-screening to determine risk for CF. The OHN can help managers to arrange for debriefing at the end of the shift, increase the number of staff, rotate the staff, and decrease the workload in attempt to prevent or mitigate CF.

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## Elections

Greetings from your Election Committee! 2021 is a voting year for FSAOHN and your Election Committee composed of Annabelle Harte (Chair) and Chris Seymour (Member) are accepting nominations for the following positions for 2022: **Vice President, Secretary, and one member of the Election Committee.**

**Below are general descriptions of the duties entailed for each position:**

The **Vice President** assumes the duties of the President (in the absence of the President), succeeds to the office of the President for the unexpired term in the event of office vacancy, serves as the chair of the Education Committee, and assumes other duties assigned by the Bylaws, governance policies, or the Board of Directors.

The **Secretary** is responsible for the integrity of the Board's documents by conducting the general correspondence and recording the minutes of all meetings of FSAOHN and the Board of Directors and promptly sending copies of the minutes to each board member. Additionally, all officers are notified of their election and all committees of their appointments.

The **Election Committee** duties include: requesting that members recommend the names of candidates for each elective position, considers the qualifications of all candidates proposed by the membership or by members of the Election Committee and shall select nominees for each office and vacancy on the Election Committee, secures consent of all persons whose names appear on the ballot, prepares the ballot with all qualified nominees, and secures ballot approval by the BOD.

We welcome and strongly encourage members who have not served and meet the membership requirement to consider running for these positions. The time spent volunteering is rewarding. Serving on the board allows you the opportunity to learn a leadership role through mentoring, to network with other chapter presidents, and have an active role in deciding the path for our organization. The Chair has been active with FSAOHN positions for several years and has found volunteering as a great way to continue to advance the role of occupational health nursing in the state of Florida.

Please consider placing yourself on the ballot or nominating someone you feel would be a great candidate. **The deadline to submit nominations is July 1<sup>st</sup>, 2021.** If you have any questions about these positions and would like more information, feel free to reach out to either of us on the Elections Committee; Chair, Annabelle Harte [Annabelle.harte@premisehealth.com](mailto:Annabelle.harte@premisehealth.com) or Elections Committee Member Chris Seymour [ffcseymour@gmail.com](mailto:ffcseymour@gmail.com) Let's make this an election year with great nominees on the ballot!



# Leadership Link

## WELCOME 2021 BOARD OF DIRECTORS

**President:** Stephanie Weinsier, DNP, ANP-BC, COHN-S, FAAOHN

**Vice President:** Tessa Stanaland, RN, BSN

**Treasurer:** Carson Faris, RN, COHN-S

**Secretary:** Donna Schaubert, RN, COHN-S, EMT-P, CHT

### CHAPTER PRESIDENTS

**President, Florida West Coast Chapter:** Karen Shumar, RN, COHN-S, CCM, COHC

**President, Heart of Florida Chapter:** Donna Schaubert, RN, EMT-P, COHN-S, CNT

**President, Space Coast Chapter:** Catherine DiBiase, RN, COHN-S

**President, Central Florida Chapter:** Annabelle Harte, RN, BSN

### COMITTEE MEMBERS

**Membership Chair:** Catherine DiBiase, RN, BOHN-S

**Professional Affairs and Education Chair:** Tessa Stanaland, RN, BSN

**Governmental Affairs Chair:** Sherri Davidson, MSN, APRN-BC, COHN-S

**Elections Chair:** Annabelle Harte, RN, BSN

**FOHC Chair 2021:** Carson Faris, RN, COHN-S

**Web Master:** Vacant-Temporary Stephanie Weinsier, DNP, ANP-BC, COHN-S, FAAOHN

**CUE Editor:** Stephanie Weinsier, DNP, ANP-BC, COHN-S, FAAOHN

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