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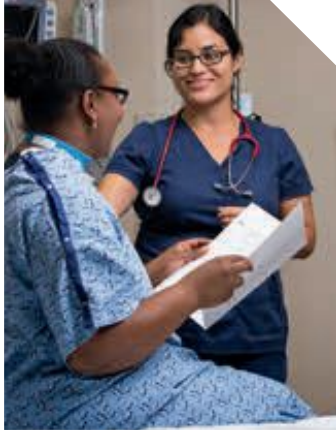


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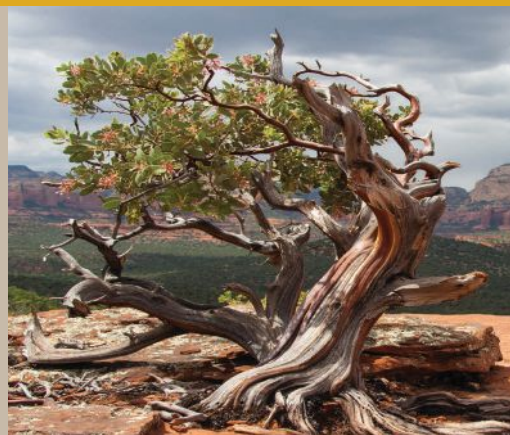
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From the Executive Director

JOEY RIDENOUR, RN, MN, FAAN

A Crime Nurses Must Learn to Identify

Despite being well-educated about child abuse, elder abuse, and domestic violence, most nurses and health care providers lack the training and ability to recognize victims of the sex-slave industry. Most victims of sexual exploitation.

Domestic minor sex trafficking (DMST) is the commercial sexual exploitation of American children within US borders. Sex trafficking is also called sex slavery or often mislabeled as prostitution. An estimated 100,000 children under age 18 become entrapped in the sex-slave market every year in the U.S. The average age of entry into the sex-trade industry in the U.S. is 12–14, according to a 2009 report by the National Center for Missing and Exploited Children.¹

Jessica Munoz, RN, BSN, MSN, APRN-RX, FNP-BC has spent the last five years working in the area of human trafficking. She asserts, “Despite being well-educated about child abuse, elder abuse, and domestic violence, most nurses and health care providers lack the training and ability to recognize victims of the sex-slave industry. Most victims of sexual exploitation.”

This edition of the Journal of Nursing Regulation specifically focuses on the nurse’s role in identifying a victim of human trafficking. As a nurse providing direct care in clinics or emergency care to a patient, he/she is positioned advantageously to recognize potential red flags signifying the victim is being trafficked. When victims of trafficking have serious health issues, victim sponsors will sporadically seek to obtain medical treatment for the victim. Some key indicators for a nurse to watch for would be:²

1. Lack of health care (evidence of numerous untreated or prolonged/ongoing health issues or medical problems/injuries)
2. Bruising, (all in different stages noted by the appearance of different coloring, yellow, purple, blue)
3. Signs of physical/sexual abuse, physical restraint, confinement, or torture
4. Presence of a third party who will not leave the individual alone, perhaps posing as the victim’s “translator”
5. Multiple or frequent pregnancies; multiple STD’s
6. Malnourishment
7. Pain/injury in lower back or back of head; important to note that sex industry victims are often beaten in areas where are not obviously visible that would damage their outward appearance.
8. Fear and depression
9. Exhibiting signs of being controlled. Unable to move or leave their job by choice

With the Super Bowl less than four months away, experts are projecting a surge in sex trafficking in Arizona and specifically in the Phoenix area. Victim identification and referral is the nurse’s first step in combating modern-day slavery. Nurses are a vital link in protecting vulnerable children and must learn to identify the red flags associated with this growing form of child abuse.

See more at: <http://www.nursetogether.com/nursing-professionals-human-trafficking#sthash.elZAzQdG.dpuf>

1. National Center for Missing and Exploited Children. Missing children statistics. 2009. Available at: www.missingkids.com.never report “sexual assault.” DMST victims frequently present to EDs, but are rarely detected as such.
2. How Nursing Professionals Can Identify Human Trafficking Victims by Wendy Brooks on Tue, Sep 24, 2013 - See more at: <http://www.nursetogether.com/nursing-professionals-human-trafficking#sthash.elZAzQdG.dpuf>

Joey Ridenour RN MN FAAN

Joey Ridenour RN MN FAAN

Information Regarding Ebola

The Arizona State Board of Nursing is committed to providing the public, including health care providers, with information about Ebola. Having accurate information is important for optimal care of patients, for nurse safety in managing this infectious disease, and public protection. Inside this issue is a letter from the Director of the Arizona Department of Health Services, Will Humble, providing the most up to date information about what is happening in Arizona on their website: www.azdhs.gov/phs/oids/ebola.



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SEX TRAFFICKING: WHAT NURSES NEED TO KNOW

As Mimi arrived in the emergency room, blood was trickling down the side of her head, which already ached from the blows she sustained in the attack against her. Blood soaked through what was left of her hair. She had lost a large patch after her assailant had grabbed her by the hair and slammed her face to the ground in the gravel alley, then kicked her multiple times in the stomach. She wished she hadn't taken this violent customer to such a private spot.

Earlier, she had stumbled to her feet, afraid she was badly hurt. She had struggled to get to the street where her trafficker waited. He was her help for any situation—as well as the one who sold her for sex multiple times every night. He had driven her to the hospital and stayed by her side, as pimps do, to protect their merchandise. As hospital staff asked Mimi questions he answered for her.

Although Mimi's story was relayed by another (Sabella, 2011), it is typical for victims of the sex slave trade (U.S. Department of State, 2011). Often traffickers identify themselves as a loving family member, boyfriend, or employer who is simply trying to help. Victims also may identify traffickers in these ways. For the trafficker, this is a financial decision. Mimi was a great source of income to her pimp. For those unfamiliar with sex trafficking, most don't realize that girls working the streets keep none of the money they receive for sex. All monies—100% including tips, is given to the pimp. Her pimp considers her his property and source of income.

The well-intentioned nurses, physicians, and other staff who cared for Mimi didn't question why this young girl, wearing excessive makeup, was out so late

in scantily clad clothing on a cold night. Additionally, no one seemed to realize the need to separate her from the man who accompanied her. If Mimi had been questioned alone, the truth may have been uncovered (Belles, 2012).

What is sex Trafficking?

Sex Trafficking and terms like “modern day slavery” usually conjure images of young girls being sold to sex tourists in faraway countries. Movies and documentaries feature scenes of tourists being kidnapped and forced into sexual servitude. Sex trafficking is a real and growing problem all over the world, including here in the United States. It defies stereotypes and experts continue to build new knowledge about the issue.

The sex trafficking market is driven by the laws of supply and demand. As long as there remains a demand for a commercial sex industry, there will remain a supply of individuals willing to profit from its sale. Sex trafficking is a highly profitable criminal enterprise generating several billion dollars annually, second only to illegal arms trafficking and the drug trade (FAS, 2000). Sex trafficking is a high profit, low risk business where the commodity, a human body, can be sold repeatedly, unlike drugs or weapons, where the product can only be sold once.

Along with a means to recruit victims, traffickers use technology to reach a wide client base for prostitution services. The perceived anonymity of online transactions has emboldened traffickers to openly recruit, buy and sell their victims via the internet (Boyd, 2012). Consequently, those looking to profit will continue to recruit, abduct, and exploit young people for the purpose of supplying the demand (Harris, 2012).

Although there is limited data to quantify the exact number of human trafficking incidences, we know that the sex trafficking of minors happens and has devastating physical and mental health consequences on victimized youth. It can be difficult to detect unless people who interact with victims are trained to recognize the signs.

Front-line health care settings where a victim may present for services include the emergency room, urgent care, primary care clinics, obstetrics/gynecology clinics, school nurse's office, community health centers, mobile clinics, Planned Parenthood and dental clinics. Common public health concerns often co-occurring with sex trafficking victimization include domestic violence, child abuse and neglect, HIV and other Sexually Transmitted Infections, unwanted pregnancies, unmet preventative healthcare needs, drug and alcohol abuse and addiction (Williamson et al., 2009).

Unfortunately, the majority of nurses have a limited understanding of the issue of sex trafficking and how it may present with their patients. The reality is that trafficked victims often endure physical violence and neglect, and are likely to present for medical care at some point during their abuse. In fact, nurses are one of the few groups of professionals who interact with victims while they are still under the control of their abuser or the person profiting from their abuse (Issac, Solak & Giardino, 2011).

WHO ARE THE VICTIMS?

While there is no commonly accepted profile for victims of minor sex trafficking, certain populations are more vulnerable than others. Pimps/traffickers target runaway or “throwaway” teens or those

who are having trouble at home. Runaway and homeless youth are at increased risk for predators as they have few resources, may not be old enough to legally get a job, and are often running away from difficult situations.

It is common for these adolescents to trade sex to meet their basic survival needs of food, clothing or shelter. According to a recent survey of homeless youth in New York, of those engaged in commercial sex, they said they did it for shelter because they needed someplace to stay (Bigelsen, 2013).

How do individuals become victims of trafficking?

- Recruitment by “Romeo/boyfriend” pimps who convince them that they love and care for them.
- Kidnapping by “gorilla pimp” and forced into the life.
- Gang related prostitution.
- A parent or family member pimps their child for drugs or money.

NURSES PLAY A CRUCIAL ROLE IN KEEPING CHILDREN SAFE. IF YOU SUSPECT OR HAVE REASON TO BELIEVE THAT A CHILD IN YOUR CARE HAS BEEN SEXUALLY ABUSED OR EXPLOITED IN ANY WAY, YOU MUST TRIAGE THE SITUATION AND ALERT THE APPROPRIATE AUTHORITIES IMMEDIATELY.



- Running away and living on the streets and are forced to exchange sex for survival.

MISSED OPPORTUNITIES

Despite chances for intervention, nurses can easily fail to identify victimized youth. With increased knowledge about the topic, and new screening tools and intervention strategies, you can begin to ask the right questions and help your clients avoid further exploitation and abuse.

Vulnerable youth can be lured into prostitution and other forms of sexual exploitation using promises, psychological manipulations, provision of drugs and alcohol, and violence. The trafficker’s main purpose is financial gain and will make every effort to establish trust and allegiance by wooing the victim in what feels like a loving and caring relationship.

TARGETED Pimps “shop” for their victims online, in shopping malls, bus stops, schools, after school programs, foster homes and other places where teens gather.

TRICKED Pimps invest a lot of time and effort in forming a bond with their victim. They often buy gifts, provide a place to stay, and give affection before

revealing their true intent to sexually exploit them. Traffickers use a powerful technique pioneered by religious cults known as “love bombing” in which a girl is showered with affection as a means of manipulating her (Dorais & Corriveau, 2009).

TRAUMATIZED The pimp’s use of psychological manipulation, physical violence and rape can make the victim feel trapped and powerless. The “trauma bond” is very difficult to break and may require intensive long term treatment and counseling (National Center for Missing and Exploited Youth, 2014).

THERE IS NO SUCH THING AS A WILLING CHILD PROSTITUTE

The Federal Trafficking Victims Protection Act (TVPA) defines the crime of trafficking as the recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act where such an act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age. The most important thing to understand from the federal definition is that anyone under the age of 18 who is induced to perform a commercial sex act is automatically a trafficking victim.

Victims are often reluctant to come forward because they have been taught by their victimizer that if they attempt to seek help, no one will believe them, and they will be treated like a criminal and a prostitute (Bigelsen, 2013). It is helpful to understand that there are many similarities in victimization between intimate partner violence and sex trafficking. Victims of sex trafficking and domestic violence tend to hide their situations and both victim groups are hesitant to disclose their victimization in medical or clinical settings (Roe-Sepowitz et al, 2013).

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Nurses can apply their knowledge about domestic violence, trauma and sexual abuse to better understand a trafficking victim’s fear and reluctance to leave the relationship. In addition, common myths and stereotypes about sex trafficking can affect judgment and response. Common myths include “that only happens abroad” or “it was consensual.” The more health care providers know about this population, including the mindset of a victim, the better equipped they will be to identify victims and focus on prevention strategies.

UNDERSTANDING THE MINDSET OF A VICTIM

- Victims often do not see themselves as victims.
- Victims may feel shame, self –blame and feelings of unworthiness of a better life.
- Victims may be coached to lie to nurses and other health professionals and often give fabricated histories with scripted stories.
- Victims are often fearful and distrust law enforcement and government services due to fear of arrest.
- Victims often fear for their own safety and the safety of their loved ones due to threats of violence
- Victims may have formed a trauma bond with their exploiter and may have deep loyalties and positive feeling for their abuser.
- Drugs often play a role in sex trafficking situations – sometime as a way to cope or victims sometime enter “the life” to support a drug habit.

POSSIBLE PHYSICAL SEX TRAFFICKING INDICATORS

- Evidence of sexual trauma
- Cigarette burns
- Fractures
- Bruises and or contusions
- Tattoos found on the body may serve as a “brand” that the victim belongs to a certain trafficker
- Respiratory infections
- Drug related health issues such as

- asthma, Hepatitis C, skin infections
- Tension headaches, back pain, stomach pains
- Malnutrition and poor diet
- Dehydration
- Unexplained scars
- Injuries to head and mouth
- Bladder damage, injury or infection
- Temporal Mandibular joint problems from oral sex
- Bite marks
- Stab or gunshot wounds
- Hearing loss from head trauma
- Traumatic Brain Injury (TBI)
- Bald patches from having hair pulled
- Dental problems

(Dovydaitis, 2010; Sabella 2010 & 2013)

RED FLAGS

- Discrepancy in reported age and apparent age
- Resistance to gynecological exam
- Homelessness
- Chronic runaway
- History of abuse
- Traveling with an older male
- Presence of an older “boyfriend” or older peer
- Unusual tattoos or branding marks
- Involvement with the juvenile justice system through truancy, curfew violations and other status offenses
- Companion who refuses use of an interpreter
- Use of street lingo with references to “the game” “the life”
- Lack of identification
- Dominating or controlling “boyfriend” or companion in the room who refuses to leave
- Claim that the patient is “just visiting” the area and unable to provide a home address

Randy Christensen, founder and director of a mobile health clinic for homeless youth in Phoenix, Arizona shares many stories of interacting with victims of sex trafficking in his book, “Ask Me Why I Hurt: The Kids Nobody Wants and the Doctor Who Heals Them.”

In one case, Dr. Christensen reports

seeing both vaginal and rectal tearing from a violent rape. The victim didn’t want to call the police for fear they would not believe her because she thought there was no such thing as raping a prostitute. His nurse commented, “Whatever happens to her she thinks she deserves it.”

Some excerpts from the book:

“Oh, I’m eighteen. We’re always eighteen, unless you want me to be twelve, a lot of “Johns” (customers) do.”

“She was physically there, but not emotionally present at all. I learned what I had read about sexual abuse victims and how they learned to disassociate from their bodies. Reading about it was different than actually patient on my exam table, a child who lay there like a defenseless puppet.”

“These kids have built fortresses around their hearts. They seemed so shut down that I wasn’t sure if anyone could reach them. I wondered if it would be possible to act professional yet also connect as a caring adult.”

DID YOU KNOW

Between 244,000 and 325,000 American youth are considered at risk for sexual exploitation, and an estimated 199,000 incidents of sexual exploitation of minors occur each year in the United States (Estes & Weiner, 2001).

The average age at which girls first become exploited through prostitution is 12–14 years old (US Department of Health and Human Services, 2013).

Minors in sex trafficking nearly always have a pimp — someone who they view as their protector but who in fact is managing and benefitting from the sexual exploitation of the child (Shared Hope International, 2009).

Adolescent boys and lesbian, gay, bisexual, transgendered and queer/questioning (LGBTQ) can also be victims. According to a recently released study, boys make up almost half of the victim population (Bigelsen, 2013).

THE ROLE OF TRAUMA

Instead of asking
**WHAT'S WRONG
WITH YOU?"** or
**"WHY ARE YOU
DOING THIS?"**

ask

**"WHAT HAS HAPPENED
TO YOU?"**

This change reduces the blame and shame that some people experience when being labeled. It also builds an understanding of how the past impacts the present, which effectively makes the connections that progress toward healing.

Sex trafficking victims have endured a high level of trauma and require services and interventions that do not inflict further trauma such as physical restraint, isolation or harsh verbal interrogation. Traumatic experiences can be dehumanizing, shocking or terrifying and often include a loss of safety and the betrayal by a trusted person or institution (National Center for Trauma-Informed Care, 2013).

If you suspect your client could be a victim of sex trafficking, the first step is to get them alone in a confidential location for an interview. If the client is in immediate danger, call 911.

Sample messages to use with a victim to gain trust:

- "You can trust me."
- "I am here to help you."
- "My first priority is your safety."
- "We will give you the care you need."
- "We can help you find a safe place to stay."
- "No one has the right to hurt you or make you do things against your will"

Screening questions to ask:

- "Can you come and go as you please?"
- "Has anyone ever paid someone else to have sex with you (like a boyfriend, boss, manager, etc")
- "Tell me about that tattoo."
- "Do you have to work to contribute money to your 'family'?"

- "Do you have a boyfriend? If so, how old is he and what do you like to do together?"
"Where did you meet?"
- "Have you ever run away from home? If so, where did you stay and who did you stay with?"
- "Have you ever had to do things in order to stay somewhere that you did not want to do?"
- "Has anyone ever taken pictures of you and put them on the internet?"
- "Have you been physically harmed in any way?"
- "Where are you staying?"
- "Are you or your boyfriend a member of a gang?"

(Ohio Human Trafficking Task Force Human Trafficking Screening Tool, 2013)

AFTER VICTIM IDENTIFICATION, WHAT DO I DO?

If the victim is under 18, it is mandatory under state and federal law to report sexual exploitation of children. Notify the police and Child Protective Services.

Call the National Human Trafficking Resource Center to report the incident and ask for help.

The center's phone number is 1-888-3737-888.

WHERE CAN I GET MORE INFORMATION?

www.endsextrafficking.az.gov

<https://ssw.asu.edu/research/stir>

www.polarisproject.org

www.sharedhope.org

The information contained in this Article is from What You Need to Know, Sex Trafficking and Sexual Exploitation: A Training Tool for Health Care Providers written by:

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The Arizona Human Trafficking Council



SOURCES:

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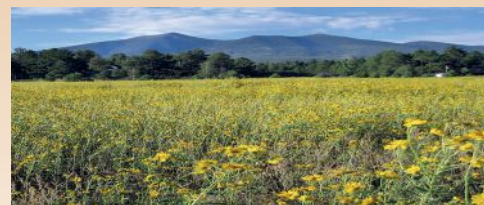
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JANICE K. BREWER, GOVERNOR
WILL HUMBLE, DIRECTOR

October 28, 2014

Recommendation: Clinicians Are Prepared to Screen, Isolate, and Manage Cases of Ebola

Ebola has arrived in the United States. It is imperative that every practitioner, infection preventionist, healthcare clinic and health department is prepared to screen, isolate and manage suspected and confirmed cases of Ebola.

To assist with clinician preparedness, the Arizona Department of Health Services has created a number of [Ebola Toolkits](#). These toolkits provide concise checklists, screening guidelines, recommendations and posters for clinicians in various settings to augment their Ebola readiness.

The Arizona Department of Health Services strongly urges every clinician to screen for Ebola and be familiar with their role in an Ebola Response. All clinicians are responsible for screening, isolating and contacting Public Health in suspected cases of Ebola. The key to Ebola control in Arizona relies on the specific training and response of each and every clinician.

To begin, clinicians can perform the following actions immediately:

- Complete the [Clinician Checklist for Ebola Preparedness](#)
- Review the [ADHS Ebola Preparedness webpage for clinicians](#)
- Confirm that a facility-specific screening protocol for Ebola virus is being practiced.
- Schedule a tabletop exercise or drill for the management of a suspect Ebola patient.

As the situation is continually evolving, Arizona's Ebola toolkits and website (www.azdhs.gov/ebola) will be updated frequently. Interim questions should be directed to [local health departments](#) or to the Office of Infectious Diseases at the Arizona Department of Health Services at 602-364-3676.

Sincerely,

A handwritten signature in black ink, appearing to read "W. Humble", enclosed in a thin black rectangular border.

Will Humble, MPH
Director
Arizona Department of Health Services

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Frequently Asked Questions about Ebola for Clinicians in Arizona

How should I screen patients for Ebola?

Early recognition and isolation is critical to controlling the spread of Ebola. It is strongly recommended that all clinicians screen all patients for Ebola.

Screening methods can depend on each practice's capability and staffing. Screening for Ebola can occur during intake, scheduling or completing the electronic medical record through the use of the [Ebola screening tool](#).

Screening guidance is continually changing, and ADHS will post updates of CDC recommendations as soon as they are available on the Ebola Preparedness [website](#).

My practice does not see infectious patients. Do I still need to screen for Ebola?

While fever is a common presentation of Ebola, it is not the only presentation. Rash, fatigue, and muscle aches are also common symptoms.

It is strongly recommended that all clinicians screen all patients for Ebola, using the [Ebola screening tool](#).

What do I do if I think my patient has Ebola?

There are two immediate actions that must be taken if your patient has a positive screen for Ebola.

1. **Isolate the patient.** Patients should be isolated in a single patient room (containing a private bathroom, if available) with the door closed. Visitors should be restricted.
2. **Contact Public Health.** Call the [county health department](#) for further Ebola risk assessment and management.

For clinically stable patients that still require immediate attention, healthcare workers should wear the highest level of personal protective equipment available. For many practices, this constitutes a face shield and surgical face mask, impermeable gown and 2 pairs of gloves. Here is the [current CDC guidance](#) for PPE.

Clinically unstable patients should have an ambulance called for them immediately. 911 should be alerted that this is a patient with suspected Ebola.

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What if a patient notifies a clinician over the phone of a travel history and Ebola-like symptoms?

Performing Ebola screening over the phone is perfectly acceptable. In the case of meeting Ebola screening criteria over the phone, the clinician will request multiple contacts for the patient, and then will contact the local health department for further management. Each county has its own protocol for managing patients with positive Ebola screens.

How do I transfer a patient to the hospital?

Unless the patient is unstable, contact your [local health department](#) for guidance on transfer as well as a destination hospital.

How do I protect staff at my hospital/clinic?

The risk of Ebola transmission from an Ebola patient to your clinical staff is low. In the case of a confirmed Ebola patient, the local county health department will help to determine whether any contact investigations or isolations are needed.

There is a much higher risk of respiratory illnesses being spread from patients to your clinic staff. There are healthy habits to enforce in order to prevent the spread of infectious disease:

- Utilize personal protective equipment and proper hand hygiene when interacting with sick patients.
- Follow protocols in place for cleaning and disinfecting equipment and areas where patients are being cared for.
- Encourage and/or provide influenza vaccinations for your clinical staff.

What if my patient has visited Guinea, Liberia, or Sierra Leone in the last 21 days?

Travel is only one of the screening criteria for Ebola. Advise the patient to contact the [local health department](#) for required monitoring of returned travelers. Reassure your staff that not all fevers are caused by Ebola and not all patients with recent travel history to West Africa have Ebola.

How much PPE should I buy?

Purchasing PPE depends on the scope of your facility's practice AND what fits into your facility's [Ebola Response Plan](#). Here is the current CDC [Guidance for PPE](#). Check the website frequently as these recommendations are routinely updated.

How do I send specimens for testing?

Clinicians and healthcare facilities should NOT routinely send specimens for Ebola testing. Ebola testing must be facilitated through the [local health department](#). Do not gather or transport specimens for Ebola testing until the patient has been approved for testing through Public Health given approval.

Are Arizona hospitals and the State of Arizona prepared for an outbreak such as Ebola?

Yes. Arizona hospitals are prepared to respond to any public health emergency, such as Ebola or any other potential health threat. While the likelihood that an Ebola patient will present at your particular facility is low, Arizona has systems in place to respond quickly and coordinate with key response partners to control the spread of infection.

Last Updated: 10/28/2014

How is the State of Arizona helping to protect us from Ebola?

- The Arizona Department of Health Services and local health agencies work with healthcare partners to be prepared for a patient with Ebola. Information and Preparation Toolkits are available on the [ADHS Website](#).
- ADHS and local health agencies work to provide information to the public.
- Refer to <http://www.azhealth.gov/ebola> for updates and more information. This website is frequently updated with latest guidance and recommendations.

How do I make sure I am doing my part in controlling the spread of Ebola?

Early recognition and management is critical to controlling the spread of Ebola.

- All clinicians are strongly encouraged to screen their patients (use the [screening tool](#)) and to be ready to isolate the patients and contact Public Health.
- Clinicians are strongly recommended to maintain awareness of current protocols and screening procedures, as they are continually changing. The [ADHS Ebola website](#) will reflect these changes as they occur.
- Clinicians are strongly encouraged to run drills or to tabletop exercises at their facility, no matter how large or small, to ensure that all patients are being screened and able to be managed appropriately.
- Clinicians can complete a [Clinician checklist](#) to confirm their Ebola readiness.

For more information, contact your local health department:

[Apache County Health Department](#) - 928-337-4364

[Cochise County Health Department](#) - 520-432-9400

[Coconino County Public Health Services District](#) - 928-679-7272

[Gila County Health Department](#) - 928-402-8811

[Graham County Health Department](#) - 928-428-1962

[Greenlee County Health Department](#) - 928-865-2601

[La Paz County Health Department](#) - 928-669-1100

[Maricopa County Health Department](#) - 602-506-6767

[Mohave County Health Department](#) - 928-753-0714

[Navajo County Health Department](#) - 928-524-4750

[Pima County Health Department](#) - 520-243-7770

[Pinal County Health Department](#) - 520-866-7325

[Santa Cruz County Health Department](#) - 520-375-7900

[Yavapai County Health Department](#) - 928-771-3134

[Yuma County Health Department](#) - 928-317-4450

CDC Ebola Website: <http://www.cdc.gov/vhf/ebola/index.html>

ADHS Ebola Website: <http://azdhs.gov/phs/oids/ebola/>

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Topic: Beyond the Basics: Boundaries and Frontiers

Date: January 9, 2015



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Agenda

7:30 am – 8:30 am – Registration – Continental Breakfast

8:30 am – Welcome • Ronda Doolen, RN, BSN, MSN

8:35 am | **Board Reports\Regulatory Update** by Pamela Randolph, RN, MS, FRE; Frannie Breed, RN, BSN; Ronda Doolen, RN, BSN, MSN

9:15 am – **New Horizons: Teaching Strategies for Diverse Learners** by Adriana Perez, PhD, ANP-BC

10:15 am – Morning Break

10:30 am – **Boundaries: Maintaining a Professional Classroom** by Pamela Randolph, RN, MS, FRE

11:30 am – Buffet Lunch

12:45 pm – **CNA Exam Update /Review** by Teresa Whitney, D & S Diversified Technologies

1:30 pm – **Expanding Knowledge: Identifying and Managing Pain in Persons with Dementia** by Amy McLean, MS, ANP-BC

2:30 pm – Afternoon Break – Vendor Displays Open

2:45 pm – **Panel Discussion** – Amy McLean, Frannie Breed, Adriana Perez, Bill Adams, Teresa Whitney, Judy Bontrager

3:15 pm – Evaluations and Closing Remarks



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Nurses on Boards Survey Results

DEBORAH MAUST MARTIN, DNP, MBA, RN, NE-BC, FACHE
CO-CHAIR OF THE LEADERSHIP TASKFORCE, ARIZONA ACTION COALITION
BOARD OF DIRECTORS, ARIZONA ACTION COALITION

During the summer of 2014 nurses licensed in the state of Arizona were given the opportunity to respond to an electronic survey related to the topic of nurses serving on boards. The survey was conducted by the Arizona Action Coalition to establish a baseline related to the Institute of Medicine's recommendation #2: expand opportunities for nurses to lead and diffuse collaborative improvement efforts. This recommendation was a part of the groundbreaking report: *The Future of Nursing: Leading Change, Advancing Health* (2011).



The Coalition received an overwhelming response from 4,305 participants. Of those who responded, 257 indicated they are currently serving on boards, and of those, 125 indicated they would be willing to mentor other nurses who are interested in serving on boards. A large number, 1,882, indicated that they were moderately or highly interested in serving on a health-related board of directors.

Over 1,000 indicated that they would like to have additional information and/or activities to prepare them to serve on a board of directors. The Leadership Taskforce of the Arizona Action Coalition will be using the data from the survey to plan activities for 2015 to meet the needs of Arizona nurse leaders.

If you would like to become involved with the Arizona Action Coalition, visit the website at <http://www.futureofnursingaz.com>. Participation is encouraged through monetary donation and/or your time and involvement.

A resounding thank you to the 4,305 nurses who gave of their time to complete the survey!

Reference

IOM (Institute of Medicine) (2011)
The Future of Nursing: Leading Change, Advancing Health. Washington, DC: The National Academies Press.



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9/29/2014	Aguilera Ramos, Abigail	CNA Applicant	Decree of Censure
9/2/2014	Ahumada, Joanna	CNA1000026250	Decree of Censure
8/21/2014	Anaya, Paola S.	CNA1000043852	Decree of Censure
9/3/2014	Arellano, Nicole M.	CNA999996098	Decree of Censure
9/10/2014	Armstrong, Patsy R.	CNA Applicant	Certificate Denied
6/24/2014	Barker, Kristina A.	CNA999952755	Revoked
6/26/2014	Barnett, Julie A.	CNA Applicant	Certificate Denied
6/24/2014	Belk, Shannon E.	CNA1000029593	Revoked
9/2/2014	Bernal, Tammie L.	CNA1000028425	Decree of Censure
9/10/2014	Brashear, Robert W.	CNA Applicant	Certificate Denied
9/10/2014	Briney, Erin E.	CNA Applicant	Certificate Denied
9/6/2014	Burden, Ava M.	CNA Applicant	Certificate Denied
6/23/2014	Butler, Taylor D.	CNA Applicant	Certificate Denied
6/26/2014	Carter, Mallory C.	CNA Applicant	Certificate Denied
6/24/2014	Chavez, Erika J.	CNA1000016220	Revoked
7/14/2014	Clark, Sue A.	CNA Applicant	Civil Penalty
7/23/2014	Contreras, Barbara	CNA1000022361	Revoked
6/23/2014	Corley, Tracy E.	CNA Applicant	Certificate Denied
8/26/2014	Cornejo, Roxanne	CNA1000018474	Decree of Censure
8/19/2014	Cowan, Aimee C.	CNA Applicant	Certificate Denied
9/10/2014	Cragg, Estella F.	CNA Applicant	Certificate Denied
9/18/2014	Curley, Waylon T.	CNA1000044172	Civil Penalty
9/9/2014	Cusher, Savanna R.	CNA Applicant	Certificate Denied
9/9/2014	Davis, Aisha L.	CNA Applicant	Certificate Denied
6/27/2014	Dennison, Angelina R.	CNA Applicant	Certificate Denied
6/17/2014	Diggins, Violeta L.	CNA637528813	Civil Penalty
8/27/2014	Dolan, Shirley J.	CNA999951934	Decree of Censure
9/23/2014	Duran, Mark A.	CNA Applicant	Certificate Denied
9/4/2014	Eason, Jennifer M.	CNA1000014074	Revoked
6/23/2014	Ena, Pete D.	CNA Applicant	Certificate Denied
9/2/2014	Esmaili, Yasiman E.	CNA1000036238	Revoked
8/21/2014	Feagins, Amanda R.	CNA1000043851	Decree of Censure
8/8/2014	Gilbert, Austyn T.	CNA1000043690	Decree of Censure
8/21/2014	Grayson, Daria M.	CNA1000043859	Revoked
9/3/2014	Gregory, Angela	CNA1000019165	Revoked
6/25/2014	Haney, Renda R.	CNA960179441	Revoked
7/5/2014	Hart, Ginger A.	CNA Applicant	Certificate Denied
9/3/2014	Heyde, Deanna H.	CNA1000014910	Decree of Censure
6/27/2014	Holmstrom, Michael J.	CNA Applicant	Certificate Denied
9/3/2014	Jones, Casaundra L.	CNA1000029579	Decree of Censure
6/27/2014	Kappus, Lisa A.	CNA Applicant	Certificate Denied
6/23/2014	Kennedy, Kevin L.	CNA Applicant	Certificate Denied
9/3/2014	Limbrick, Amanda M.	CNA1000021988	Revoked

EFFECTIVE DATE	NAME	CERTIFICATE	DISCIPLINE
9/3/2014	Mack, Christina G.	CNA1000009327	Revoked
8/26/2014	Makau, Robert K.	CNA1000043969	Civil Penalty
6/27/2014	Malm, Jessica A.	CNA Applicant	Certificate Denied
6/30/2014	Marlatt, Mercedes N.	CNA1000042958	Stayed Suspension
9/3/2014	Mease, Dawn M.	CNA285008744	Revoked
9/10/2014	Mester, Patricia M.	CNA Applicant	Certificate Denied
6/25/2014	Montano, Brooke A.	CNA1000028065	Revoked
6/25/2014	Morton, Emily J.	CNA1000016464	Revoked
7/5/2014	Moultrie, James M.	CNA Applicant	Certificate Denied
6/25/2014	Mthembu, Happiness M.	CNA1000009946	Revoked
7/11/2014	Muchow, Eric. C.	CNA1000041504	Voluntary Surrender
9/10/2014	Oglesby, Alexander E.	CNA Applicant	Certificate Denied
9/3/2014	Ozaeta, Samantha L.	CNA Applicant	Certificate Denied
6/26/2014	Paul, Melissa G.	CNA1000024934	Revoked
6/26/2014	Peterson, Karen M.	CNA1000027825	Revoked
9/3/2014	Phillips, Roberta	CNA1000006615	Revoked
9/10/2014	Ponce, Medea M.	CNA Applicant	Certificate Denied
9/10/2014	Powyszynski, Daniel F.	CNA Applicant	Certificate Denied
6/26/2014	Rascon, Magdalena T.	CNA866405641	Revoked
7/5/2014	Reyes, Selina M.	CNA Applicant	Certificate Denied
8/28/2014	Richards, Nicholas H.	CNA1000043954	Decree of Censure
6/24/2014	Rivera, Araceli L.	CNA1000042830	Suspension
6/26/2014	Robles, Ernesto B.	CNA1000014270	Revoked
9/6/2014	Rork, Gail L.	CNA Applicant	Certificate Denied
9/4/2014	Ross, Rebecca L.	CNA935773641	Revoked
7/9/2014	Sampson, Steven J.	CNA Applicant	Certificate Denied
8/19/2014	Sexton, Noni S.	CNA Applicant	Certificate Denied
8/8/2014	Sindayigaya, Victor	CNA1000014230	Stayed Suspension
9/4/2014	Solomon, Camille D.	CNA1000034062	Revoked
7/14/2014	Steinmann, Stephanie L.	CNA1000020506	Voluntary Surrender
8/4/2014	Stewart, Charlene T.	CNA1000020703	Probation
9/2/2014	Tate, Frances K.	CNA1000012560	Revoked
8/22/2014	Valencia, Guillermo T.	CNA Applicant	Certificate Denied
9/4/2014	Vargas, Ramon P.	CNA1000036152	Revoked
6/23/2014	Velarde, Breanna R.	CNA Applicant	Certificate Denied
8/21/2014	Walters, Tracey L.	CNA Applicant	Certificate Denied
6/27/2014	Weaver, Katrice L.	CNA Applicant	Certificate Denied
6/27/2014	White, Natasha R.	CNA999991759	Denial of Reissuance
7/10/2014	Williams Spross, Jonathan P.	CNA Applicant	Certificate Denied
8/29/2014	Wilson, Kenneth T.	CNA999994832	Revoked
7/5/2014	Wolfe, Laura M.	CNA Applicant	Certificate Denied
9/4/2014	Yates, Kellie A.	CNA083363803	Revoked
6/9/2014	Yazzie, Everlene	CNA1000035644	Revoked

EFFECTIVE DATE	NAME	LICENSE	DISCIPLINE
6/19/2014	Adams, Kenneth S.	RN173066	Decree of Censure
7/25/2014	Addison, George A.	RN Exam	Civil Penalty
9/24/2014	Anderson, Gail E.	RN173803	Stayed Revocation with Suspension
6/13/2014	Arnold, April L.	LP049682	Decree of Censure
7/25/2014	Babb, Adam D.	RN142708	Summary Suspension
6/24/2014	Bachelier, Arthur J.	LP044332	Revocation
9/4/2014	Basil, Candace B.	RN137253	Revocation
6/15/2014	Byrd, Kaye W.	RN074197/AP2151	Probation
6/24/2014	Campione, Sharla A.	RN095676	Revocation
7/8/2014	Cashman, Colin B.	RN145242/CNA1000001157	Voluntary Surrender
9/3/2014	Chiasson, Brian C.	RN Endorsement	License Denied
8/17/2014	Chreene, Anna M.	RN169764	Decree of Censure
9/2/2014	Clarke , Margeret N.	RN124758	Revocation
8/18/2014	Clem, Patricia A.	RN Endorsement	Decree of Censure with Fine
8/13/2014	Coventry, Jonathan C.	LP049261	Voluntary Surrender
6/24/2014	Crilly, Jean	RN124252	Revocation
8/27/2014	Criswell, Kristal M.	LP049445	Decree of Censure
9/29/2014	Daniels, Suzanne M.	RN165488	Decree of Censure
9/12/2014	David, Sandra K.	RN100893/LP032156	Revocation
8/18/2014	Dawson, Brian R.	LP044463	Voluntary Surrender
6/24/2014	Dewey, Carrie P.	RN076361	Revocation
9/18/2014	Dorley, Bomie M.	RN184530	Decree of Censure
9/2/2014	Epium, Benedette	LP047864/CNA431082803	Revocation
6/9/2014	Ferolie, Nicholas W.	RN171136	Voluntary Surrender
7/31/2014	Fidler, Frederick L.	RN Exam	License Denied
6/6/2014	Fiecke, Cynthia S.	RN186590	Civil Penalty
7/14/2014	Fochtman, Brenda K.	RN Endorsement	License Denied
8/6/2014	Foley, Raelene B.	RN044319	Voluntary Surrender
8/22/2014	Galante, Clair E.	RN165015/CNA060493803	Voluntary Surrender
8/8/2014	Gillis, Daniel S.	RN182831	Probation
9/3/2014	Grau, Elizabeth S.	LP026517	Revocation
7/7/2014	Green, Rebecca L.	RN095478/AP2242	Probation
6/20/2014	Griffin, Mary E.	LP011505	Stayed Revocation with Probation
6/24/2014	Gum, Anmarie	RN149795/LP043019	Revocation
8/28/2014	Haines, Lynn M.	RN129257	Probation
9/12/2014	Hall, Shelby L.	RN162934	Stayed Suspension with Probation
6/17/2014	Hashagen, Mary L.	RN162910	Decree of Censure
08/01/2014	Haydon, Lovella P.	RN147947	Stayed Revocation with Suspension
6/10/2014	Huffman, Cynthia V.	RN093519	Reissuance with Probation
7/21/2014	Hyman, Norene M.	RN105937	Voluntary Surrender
9/30/2014	Jeffrey, MaryEllen H.	RN079790/LP023755	Voluntary Surrender

EFFECTIVE DATE	NAME	LICENSE	DISCIPLINE
6/4/2014	Jernigan, Dianna M.	RN103678/LP032766	Decree of Censure
6/9/2014	Jones, Martha M.	RN059962	Reissuance with Stayed Revocation Probation
6/25/2014	Keats, Ronald D.	RN083406	Revocation
7/25/2014	Keith, Tracy J.	RN184648	Summary Suspension
8/28/2014	Keith, Tracy J.	RN184648	Voluntary Surrender
7/25/2014	Kelly, Sylvia A.	RN030564	Voluntary Surrender
9/17/2014	Klausner, Deborah L.	RN108642	Voluntary Surrender
8/14/2014	Kneeling, Tiffany A.	RN187595/CNA999947708	Civil Penalty
7/16/2014	Lancaster, Lisa C.	RN069264	Voluntary Surrender
6/9/2014	Laningham, Lindsay R.	RN158672	Revocation
7/10/2014	Lee, Travis S.	LP Exam	License Denied
6/17/2014	Lehman, Christopher E.	LP043004	Civil Penalty
7/15/2014	Levy, Jacquelyn L.	TRN177108	Decree of Censure
7/25/2014	Lewis, Aubrey R.	RN177821	Summary Suspension
7/30/2014	Lewis, Aubrey R.	RN177821	Stayed Revocation with Suspension
6/27/2014	Littlefield, Deloris D.	RN Endorsement	License Denied
6/10/2014	Long, Kimberley	RN039852	Decree of Censure
8/8/2014	Long, Cadis	LP047292	Decree of Censure with Fine
9/23/2014	Malvini, Cecily T.	RN079859	Voluntary Surrender
7/25/2014	Martinez, Michelle M.	RN129204	Summary Suspension
6/3/2014	Mbachu, Ikenna K.	RN Exam	License Denied
6/23/2014	McCoy, James T.	RN Endorsement	License Denied
7/25/2014	McIssac, Debra A.	RN129308/LP038737	Stayed Revocation with Suspension
6/11/2014	McLin, Jacqueline D.	RN173451	Decree of Censure
6/18/2014	McMaster, Christy L.	RN166483	Voluntary Surrender
6/9/2014	Megggers, Karen L.	RN146529/CNA1000004494	Voluntary Surrender
9/3/2014	Mellen, Rebecca L.	RN166108	Revocation
7/3/2014	Merrill, Shannil L.	RN120207/LP036178	Stayed Revocation with Probation
6/27/2014	Miner, Laura B.	LP040432/CNA999997636	Decree of Censure
9/9/2014	Moody, Cresfield W.	RN091127/AP2197	Voluntary Surrender
6/24/2014	Mounts, Ronald P.	RN137362/LP040381	Revocation
7/7/2014	Olson, Rebecca	RN098724	Voluntary Surrender
9/4/2014	Oquita, Rolando R.	RN107753	Revocation
7/2/2014	Osborne, Dennis W.	RN Endorsement	License Denied
9/19/2014	Oswald, Kyle S.	RN176980	Summary Suspension
8/27/14	Owens, Anne Marie	RN115007	Stayed Revocation with Suspension
9/19/2014	Peralta, Christina A.	LP036643	Summary Suspension
9/3/2014	Pierce, Deborah M.	RN136819	Revocation
6/27/2014	Pyron, Joseph M.	RN Endorsement	License Denied
8/26/2014	Quiroz, Sapphire S.	RN158606	Voluntary Surrender
9/9/2014	Robinette, Ashley B.	LP042395	Voluntary Surrender

EFFECTIVE DATE	NAME	LICENSE	DISCIPLINE
6/11/2014	Roldan, Tara	RN186353	Decree of Censure
7/21/2014	Sanders, Ruth D.	RN063927/AP1151/AP0328	Voluntary Surrender
6/26/2014	Schmidt, Mary J.	LP023051	Revocation
8/27/2014	Schmidt, Sherill A.	RN098931	Voluntary Surrender
7/10/2014	Semock, Sherry A.	RN/CRNA Endorsement	License Denied
7/21/2014	Shiver, Marie-Paule S.	RN063768	Voluntary Surrender
6/16/2014	Smith, Barbara R.	RN135381	Revocation
9/4/2014	Stallings, Thomas J.	RN092604	Revocation
6/20/2014	Stempel, Brett S.	RN187803	Stayed Revocation with Suspension
7/25/2014	Tabla, Philipnoel T.	RN088263	Summary Suspension
8/18/2014	Tabla, Philipnoel T.	RN088263	Voluntary Surrender
8/21/2014	Tash, Donna J.	RN106766	Probation
4/15/2014*	Tate, Frances	LPN EXAM	License Denied
9/15/2014	Tekulve, Jessica P.	RN161383/CNA1000004014	Voluntary Surrender
8/27/2014	Terrazas, Shelly L.	RN120428/CNA999988740	Voluntary Surrender
6/27/2014	Tolentino, Tracy A.	LP036193/CNA138706441	Stayed Revocation with Probation
8/18/2014	Tucci, Lindsay J.	LP049610	Voluntary Surrender
9/29/2014	Underwood, Kenneth L.	RN078143	License Renewal Denied
7/16/2014	Uy, Anecita P.	LP Exam	License Denied
9/4/2014	Vavaroutsou, Theodore A.	RN118675/CNA008654490	Revocation
6/18/2014	Vogel, Rosemary	RN103979	Voluntary Surrender
6/5/2014	Warren, Cheninna A.	LP050177/CNA421283103	Decree of Censure
9/4/2014	Waugh, Kelley M.	RN171463	Revocation
6/18/2014	Webb, Jean Pablo B.	LP045783	Decree of Censure
9/1/2014	Westley, James P.	RN Endorsement	License Denied
9/11/2014	Williams, Tammy L.	RN Endorsement	License Denied
9/10/2014	Wilson, Danielle F.	RN128941	Reissuance Denied
9/10/2014	Witek, Dawn E.	RN177125, WI	Revocation of Multi-State Licensure Privilege
7/30/2014	Wolfe-Sepulveda, Lara L.	RN154301/AP7265	Probation
9/4/2014	Xenos, Loretta J.	RN111990	Revocation
9/4/2014	Yedlin, Ira N.	RN162970/AP3666	Revocation
7/15/2014	Yonan, Alan I.	LP040734	Decree of Censure

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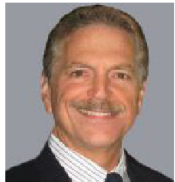
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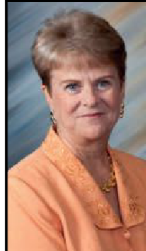
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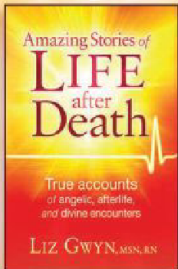
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