



*Genesee Valley Nurses Association*

Improving Health Care Through VISION, VOICE, and ACTION

**Nursing Belize**  
By Linda Janelli

*I find it difficult to believe that I have been to Belize five times. The most recent trip was made this past March. All the trips have been made under the auspices of InterVol...*

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A poison for all seasons**

By Rick Russotti

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# Greetings from the GVNA President

September 2011

Every two years, a new GVNA president carries on locally with the mission and vision of the New York State Nurses Association (NYSNA). I eagerly move into this position poised to continue the job of the amazing presidents before me. Let me tell you a little about myself .....I have been a member of GVNA for several years serving on the nominating committee before becoming a board member. I am an adult nurse practitioner currently working as an Assistant Professor of Nursing at Monroe Community College. I also work per diem as a staff nurse at Rochester General Hospital.

I would like to take this opportunity to thank you our past president, Louise Amberger and the board for working so diligently over the past two years to successfully move GVNA forward technologically and for instituting cost-effective measures that will

hopefully allow us to present programs at a more affordable cost to our members. Louise has worked tirelessly for our organization and has been an excellent role model of leadership for our board.

Our board consists of a few new members and we will showcase them in our upcoming newsletters. We are enthused and energized to help our organization grow and promote the interests of RN's and their patients. Our board will continue to review the GVNA Strategic Plan and By-laws and offer educational and legislative events that interest our members. Additionally, I am committed to increasing our membership, especially encouraging the newest nurses to become involved. This goal will require all of us as GVNA members to talk about the organization with co-workers, nursing students and new graduates of our local programs. I am hopeful that our organizations' presence can be felt and observed in our area colleges and medical facilities as we share the message of NYSNA. I will continue to communicate the progress of this goal in future newsletters.

Please visit our website for important information and updates to our events calendar. We will be sending out an email soon with the list of our

upcoming events and the date of our annual fall business meeting. Lastly, please become involved with your time and or talents. We have many opportunities and we welcome your support. We have several committees that are in need of YOU!!! Please feel free to contact us at [gvna@gvna.us](mailto:gvna@gvna.us)

Be well,

Jackie Sayre Dorsey, MS, RN, ANP

**Belize** I find it difficult to believe that I have been to Belize five times. The most recent trip was made this past March. All the trips have been made under the auspices of InterVol which is a voluntary organization that is affiliated with Rochester General Hospital.

The organization collects medical supplies for third world countries and also provides medical services to those countries. Why do I keep going back? The short answer is that I see positive changes occurring with each visit. The people are warm, welcoming and appreciative – that is why I believe in Belize.

The Department of Nursing's curriculum at Nazareth College is framed within Leininger's Transcultural Model. As a faculty member I wanted to not only talk about how the model can be used, but I wanted to provide an opportunity for students to be exposed to other cultures – to be pushed out of their comfort zone. Initially, I did not know where Belize was even located – I thought it might be an island. Belize is located on the Caribbean coast of northern Central America. It shares a border on the north with Mexico, on the south with Guatemala, and to the east is the Caribbean Sea with the second largest barrier reef in the world. Belize is slightly larger than Massachusetts.

Once I found out the location of Belize, my next concern was I do not speak Spanish! As it turns out this was not a problem because Belize use to be British Honduras and English is what is taught in the schools. Belize is a tiny, third world country with a population of only about 312,971. – A jungle once you drive out of Belize City. There are "lobster claw", philodendron and bougainvillea flowers blooming everywhere. The main industry is tourism. Belize City is right on the coast and is where cruise ships dock. Further south is Dangriga where there are coral reefs and this area is known for snorkeling and scuba diving. What is amazing to me is that Belize is a very multicultural country with Mayans, Garinagu (mixture of African and Caribbean ancestry), Mennonites, Asians and Europeans all working and living together.

My expertise is in geriatrics, and therefore I wanted to do volunteer work in that arena. There are only three nursing homes in Belize. One in Belize City, one in Belmopan, the capital and one in San Ignacio near the Guatemala border. InterVol recommended Octavia Waight Centre in San Ignacio and it turned out to be the right fit. I have since visited the other nursing homes which are below standard and would not be good learning experiences for students. The first three trips I only took graduate students in the NP program, and now I am taking undergraduate students so the focus has altered somewhat.

With each trip I have gained knowledge and have been able to adapt. For example, the first trip we were located at a resort in Belmopan which was an hour away from Octavia Waight not to mention expensive. So now we stay at a former monastery in Santa Elena the sister-town to San Ignacio. It is like staying in a dorm – comfortable and clean but no air conditioning, but for \$12.50 a night we can not complain.

Octavia Waight Centre (named after a former midwife who did much to provide health care in the area) has 27 beds with rooms that open up into a covered veranda. Florence Nightingale would be pleased with this fresh air approach. Two beds have been designated for hospice. The facilities motto is "It's your turn tomorrow, so help the aged today". In September Octavia Waight will celebrate its 25th anniversary! The Centre is supported by the Belizean government, but must receive donations and some monies from families in order to operate. The facility is always making improvements – currently they are expanding the Physical Therapy Room. While there are no Registered Nurses on staff, the facility would not be able to function without Dorothee Roth, RN, a retired missionary nurse from Switzerland. Dorothee has been instrumental in the quality of care that the residents receive. Dorothee acts as our liaison and lets us know what the needs of the residents are. The staff that provides the direct care learns through on-the-job training, unlike in the States where there are certified programs that must be attended. What the staff lacks in formal training they more than make-up for it in their caring approach with each resident. Each resident is treated with dignity as if they were a family member. No pressure ulcers here!

Like the nursing homes in the States, the Centre faces many challenges such as dealing with Alzheimer's which can lead to wandering off the premises, not having sufficient staff or medical resources. With each visit we load our suitcases with items that the Centre can use from medications, enemas, incontinent pads, dressings, to blood pressure cuffs, stethoscopes and even a pulse oximeter. What do we do at the Centre? We jump in with both feet so that we use our week wisely. We have completed physical exams and from the data develop plans of care that are culturally appropriate. We have taught the staff how to take blood pressures; provided in-service education e.g. on importance of hand washing; inspected and irrigated ears; and participated in recreational activities with the residents. We even helped in the kitchen by washing dishes and preparing the vegetables.

For the past three years we have been bringing much needed school supplies to the Howard Smith Nazarene Primary School located in Benque Viejo not far from the Centre. The school has approximately 500 students so are gifts just make a small dent but the appreciation is so great. Each

time we visit, the students sing for us – you come away feeling humbled by the experience. We always wish we could bring more and each year we do try!

To become immersed in the culture we eat where many of the locals eat, and go to the open market to buy fruit. In the past we have visited the Belize Zoo, the Blue Hole, caves, the National Park of Tikal which is in Guatemala, the Mayan ruins, the Five Sisters Waterfalls, and of course went shopping. The Maya civilization spread over Belize beginning around 1500 BC and then disappeared about A.D. 800. This year we went to Cahal Pech, a Mayan archeological site not far from San Ignacio. Another larger ruin which requires a ferry ride is Xunantunich. While I have been to this ruin five times it is still has the power to astonish me with the view of El Castillo, which is 130 feet above the main plaza. We visited the Iguana Conservation Project and learned all about the baby iguanas and then went on a medicine trail to learn about the use of plants and roots. We even tasted termites – I have eaten worse.

Leaving Belize at the end of the week is never easy. We have touched many lives and they in turn have touched us. On return to the States, one has a new appreciation for the resources and riches we have. The students often state that it has been a life altering experience, one they won't soon forget. If you want to learn more about Belize, and/or how you may be able to help, contact me at [ljanel6@naz.edu](mailto:ljanel6@naz.edu).

Linda Janelli

**CO Carbon monoxide exposure** is one of the most common poisonings in the United States. Although we often think of CO is a “winter time” problem, carbon monoxide exposure and poisonings can take place at any time of the year. Carbon monoxide exposure incidents tend to increase during the winter months and we see an increase in these events at any time when a population uses auxiliary heating or power generating equipment; such as seen during [major power failures or natural disasters](#).

Carbon monoxide is known as the “Great Imitator” and can mimic a variety of other medical problems such as cold and flu. In fact a study done in 2006 indicated that one in four patients presenting to a hospital with cold and flu symptoms actually had carbon monoxide exposure. Carbon monoxide has also been linked to cardiac events after chronic exposure. Failure to recognize the potential of carbon monoxide exposure can lead to a deadly missed diagnosis. In some cases, carbon monoxide exposure and poisoning has been mistaken for substance abuse.

Common signs and symptoms of carbon monoxide exposure include headache, drowsiness, confusion, tachycardia. Continued exposure to carbon monoxide also lead to impaired thinking and sensory perception. These effects of carbon monoxide reduce the ability of a person to recognize a hazard or self rescue from an environment.

[Symptoms of carbon monoxide](#) differ from person to person and level of exposure. Mild exposures (15 to 20% COHb) symptoms may include headache, nausea, vomiting, dizziness, and blurred vision. Moderate exposure is defined as 21 to 40% COHb and may present as confusion, syncope, chest pain, dyspnea, and general weakness. The severe exposure (41 to 59% COHb) may result in myocardial ischemia, rhythm disturbances seizures, and respiratory as well as cardiac arrest. Exposures

to levels of carbon monoxide greater than 60% are usually considered fatal. It's important to note that CO exposure and COHb levels do not have the same symptoms with all patients.

Carbon monoxide alarm technology is reliable and found in many residential and commercial structures. In general, there are two types of carbon monoxide detection equipment. The first type is known is a biomimetic style detector. This type of detector uses a synthetic hemoglobin that reacts to acute and chronic carbon monoxide. Biomimetic style detectors are very common and usually resemble smoke alarms or are manufactured in combination with a smoke alarm. These units typically have a module sensor built-in the battery compartment. Some of the most common manufacturers estimate a module life of two years and a total unit life of 10 years. This type of carbon monoxide detector can be influenced greatly by exposure to cooking products.

Another style of carbon monoxide alarm is the semiconductor style. this style of alarm uses an electronic sensor to measure carbon monoxide and is typically plugged into a power outlet or other power supply. The general recommendation is that the unit be replaced every 5 to 10 years. Most carbon monoxide alarms activate at an estimated 10% of carboxylhemoglobin or 100 ppm of carbon monoxide.

Are are a few carbon monoxide tips from the [Centers for Disease Control and Prevention](#)

**Do** have your heating system, water heater and any other gas, oil, or coal burning appliances serviced by a qualified technician every year.

**Do** install a battery-operated CO detector in your home and check or replace the battery when you change the time on your clocks each spring and fall. If the detector sounds leave your home immediately and call 911.

**Do** seek prompt medical attention if you suspect CO poisoning and are feeling dizzy, light-headed, or nauseous.

**Don't** use a generator, charcoal grill, camp stove, or other gasoline or charcoal-burning device inside your home, basement, or garage or near a window.

**Don't** run a car or truck inside a garage attached to your house, even if you leave the door open.

**Don't** burn anything in a stove or fireplace that isn't vented.

**Don't** heat your house with a gas oven.

For more on carbon monoxide, please visit the [CDC Carbon Monoxide Poisoning](#) page at <http://www.cdc.gov/co/default.htm#> or contact Rick Russotti at [russotti.rick@gmail.com](mailto:russotti.rick@gmail.com)



The Center for Health and Behavioral Training is offering a clinical course :

**Part I  
STD Intensive Course**

For clinicians working in STD, family planning, or other primary care clinics

**THIS COURSE IS OFFERED FREE OF CHARGE** through collaboration between CHBT and the Part I. Clinical, STD/HIV Prevention Training Center (PTC) in NYC. The New York City PTC is part of the National Network of STD/HIV Prevention Training Centers, which are funded by the Centers for Disease Control (CDC) in Atlanta, Georgia.

CHBT provides training in the prevention and management of STDs/HIV/TB and the use of behavioral and social science to improve public health prevention programs

**NOTE: "Continuing Medical Education credits is available for this activity to Please check website for details"**

WHEN:  
**October 25-27, 2011**

WHERE:  
**Center for Health and Behavioral Training  
853 West Main Street  
Rochester, NY 14611**

\* Directions will be emailed to each participant.  
Morning refreshments will be provided.

For information on registering please call us at 585-753-5382 or  
visit us on the internet at [www.chbt.org](http://www.chbt.org)

**"CHBT is a Division of the University of Rochester and Partner of the Monroe County Department of Public Health"**

The Center for Health and Behavioral Training is offering:

**STD/HIV Mini-Residency Program**

For RNs, NPs, PAs, and MDs  
(practicing in New York and New Jersey)  
who are interested in learning more about  
STDs and HIV

WHEN:  
**Tailored to your availability**

WHERE:  
**Center for Health and Behavioral Training  
853 West Main Street  
Rochester, NY 14611**

\* Directions will be emailed to each participant.  
Morning refreshments will be provided.

**NOTE: The Rochester Academy of Medicine designates this Live Activity for a maximum of 35 AMA PRA Category 1 Credits. Physicians should only claim credit commensurate with the extent of their participants in this activity.**

**Interested? For more information or to register, visit us on the internet at [www.chbt.org](http://www.chbt.org)  
or call Julie Eichhorn, Mini-Residency Coordinator @ (585) 753-5490**

**"CHBT is a Division of the University of Rochester and Partner of the Monroe County Department of Public Health"**  
CHBT provides training, technical assistance and capacity building assistance related to the prevention and management of STDs/HIV/Hepatitis/TB and the use of behavioral and social science to improve public health prevention programs.

# Reminders

*Important dates and times for meetings, programs, classes, GVNA special events and messages.*

## **CPR for the**

### **Professional Rescuer**

If you missed our CPR for the Professional Rescuer held on **Wednesday Sept. 21**, don't despair. We'll be scheduling additional classes in the near future.

## **Your Info Here**

If you have a topic or area of interest you'd like to promote in the newsletter or [GVNA blog](#), please contact Rick Russotti. russotti.rick@gmail.com

## **GVNA Officers**

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Jackie Dorsey

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### Program:

Laura Markwick

### Newsletter

Rick Russotti



## **Editors Note: Rick Russotti, RN, Paramedic**

Rick Russotti retired in 2009 as a Battalion Chief from a local fire department to pursue a career in nursing. he holds an A.A.S in Fire Protection Technology, Nursing and a certificate in Disaster and Emergency

Management and frequently trains cross-discipline responders in domestic preparedness, hospital preparedness and chemical/biological/nuclear topics. Rick has received numerous decorations for line of duty service and leadership.

Rick is also the producer and host of [Mitigation Journal](#), a popular domestic preparedness blog and podcast. His voice is heard by thousands of healthcare professionals around the world each week.

Rick enjoys spending off duty time in the Adirondack Park.

Rick lives in Greece, NY with his wife and five children.

## **We've got our own blog!**

GVNA now has a (web)blog established to keep you updated. Our blog functions like a mini newsletter or on-line magazine with frequent informational posting and announcements. Simply go to <http://geneseevalleynurse.blogspot.com/> or click the hyperlinked text to get a sneak preview. Members can also subscribe to the blogs "feed". Also known as real simple syndication, or RSS, subscribing to a blog feed allows content to be added to your email or reader services (such as Google Reader) immediately upon update. With a blog you'll have access to information, CME material, news and GVNA updates without waiting for a monthly newsletter. Please visit the GVNA blog today! Please [email](#) content submissions to the newsletter editor. [russotti.rick@gmail.com](mailto:russotti.rick@gmail.com)