An estimated 1.6 million new cancer cases are expected in the United States in 2012 (Siegel, Naishadham, and Jemal, 2012). Fortunately, early detection, improved screening and more effective cancer therapies are contributing to lower cancer mortality rates and improved survival rates in cancer patients. This progress results in a substantial increase in health care utilization. Health care delivery has evolved with a significant shift in the care of patients undergoing active cancer treatment or surveillance from the inpatient to the outpatient settings. More than one million cancer patients are estimated to receive outpatient chemotherapy, radiation therapy, or both each year (Halpern and Yabroff, 2008).

Immunosuppression in cancer patients resulting from the underlying disease and/or its treatment render many at risk for infection, including nosocomial infections. It is critical that care is provided to cancer patients under conditions that minimize or eliminate risks of hospital acquired infections (HAI). The consequences of health care workers’ failure to follow basic principles of infection control include infection transmission to patients and exposure to blood borne pathogens. In oncology patients, these consequences can be life threatening. Figure 1 lists common pathogens implicated in nosocomial infections in cancer patients (Kamboj and Sepkowitz, 2009). Figure 2 identifies types of HAI in pediatric cancer patients (Simon, et al., 2008).

Although ambulatory care settings have the same infection prevention and control requirements as inpatient hospital settings, oversight and accountability is often lacking (Flanagan, Chopra, and Mody, 2011). While hand hygiene is the simplest, most effective and least expensive infection control measure, literature shows low compliance rates, especially when gloves are worn (Flanagan, Chopra, and Mody, 2011; Fuller et al., 2011). Undoubtedly, opportunities exist to improve adherence to infection prevention and control practices in outpatient settings. Multiple reports of infection outbreaks and adverse events associated with breakdowns in basic infection prevention procedures underscore this reality (Radcliffe, et al., 2011; Wiersma, et al., 2007). Recent infectious disease outbreaks in outpatient clinics include Hepatitis B in a hematology-oncology office practice (Greeley et al, 2011), catheter-associated infection in an oncology chemotherapy center (Watson et al, 2005), and Hepatitis C in a hematology-oncology
clinic (Oliveria et al., 2005). In 2011, the Centers for Disease Control and Prevention (CDC) released its publication, “Basic Infection Control and Prevention Plan for Outpatient Oncology Settings”. Its purpose is to serve as a reference for the development of basic infection control and prevention plans for ambulatory oncology settings. The document provides key recommendations on:

- staff education and training,
- surveillance and reporting,
- standard precautions,
- transmission-based precautions and
- central venous catheters.

The document does not replace the guidelines developed by the Occupational Safety and Health Administration (OSHA) and National Institute for Occupational Safety (NIOSH) for safe handling of hazardous drugs.

Recommendations for staff training include initial and ongoing education to maintain competency. This training should begin with the orientation period and be repeated at least annually and whenever policies and procedures are updated. Job-specific training on infection prevention practices is essential for ancillary staff (e.g. medical assistants performing phlebotomy or injections) and specialty areas (e.g. operating room/Post Anesthesia Care Unit technicians caring for patients receiving intravesicular chemotherapy treatment). All competency training of staff must be documented. Surveillance activities should not be limited to monitoring hospital acquired infection (HAI) rates such as central line associated blood stream infections (CLABSI) but should include infection prevention measures such as hand hygiene compliance.

The guideline incorporates the following areas of practice as standard precautions:

- hand hygiene;
- use of personal protective equipment (PPE);
- respiratory hygiene and cough etiquette;
- safe injection practices;
- medication storage and handling;
- safe handling of potentially contaminated equipment and surfaces in the patient environment.

See Table 1 (p 4-6) for key standard precaution recommendations.

Patients in the outpatient clinic are at risk for exposure to transmissible infectious diseases. It is imperative that staff strictly adhere to standard precautions for all patients as well as additional precautions if the patient presents with communicable disease symptoms. Staff should be watchful for symptoms of communicable diseases which may include:

- tuberculosis symptoms such as cough, bloody sputum, night sweats, weight loss, anorexia, fever;
- flu symptoms such as fever, cough and/or sore throat, runny or stuffy nose, headaches and/or body aches, chills, fatigue;
- rash of unknown origin;
- diarrhea.

Respiratory hygiene and cough etiquette must be observed. Patients presenting with respiratory symptoms such as cough, congestion, rhinorrhea, or increased production of secretions, should be placed on droplet precautions until screening tests (i.e. rapid flu test) are negative. Upon entry to the clinic a facemask should be provided immediately and the patient should be directed to a separate waiting area or exam room away from other patients. Transmission- based (contact, droplet, and airborne) precaution recommendations are outlined in Table 2 (p 7). For facility-specific policies and procedures, always consult your facility infection control and prevention practitioner.
An estimated 80,000 central line associated bloodstream infections (CLABSI) occur in intensive care units annually (Mermel, 2007). The most common pathogens associated with catheter bloodstream infections are coagulase-negative Staphylococcus, Staphylococcus aureus, and Enterococcus spp. Evidence-based central line (CL) guidelines have been developed to reduce the incidence of CLABSI during insertion (O’Grady et al, 2011). Bundling central line care interventions are recommended to prevent CLABSI after insertion. Key central line maintenance measures are listed in Table 3 (p 8).

The CDC publication, “Basic Infection Control and Prevention Plan for Outpatient Oncology Settings”, establishes minimum expectations for safe care for ambulatory infusion and oncology clinics. Outpatient oncology practice clinic managers or supervisors should utilize this plan to evaluate current practices and identify opportunities for improvement. Infection control policies and procedures for patient protection should include all elements of the new standard precautions (respiratory hygiene and cough etiquette, safe injection practices, and safe handling of potentially contaminated equipment or surfaces in the patient environment) as well as transmission-based precautions.

Additionally, systems for early detection and management of potentially infectious patients at initial points of entry to the facility must be established. Partnership with the facility’s infection control and prevention experts is important for staff education and training. To ensure continuous compliance with infection prevention and control measures, processes for surveillance and monitoring should also be established. The oncology nurse’s responsibility includes ensuring strict adherence to these guidelines, understanding that failure to follow basic principles of infection control can have serious consequences for patients.

References


Fuller, C., Savage, J., Besser, S., Hayward, A., Cookson, B., Cooper, B., et al. (2011). “The dirty hand in the latex glove”: a study of hand hygiene compliance when gloves are worn. Infection Control and Hospital Epidemiology, 32(12), 1194-1199. doi: 10.1086/662619


### Table 1. Summary of CDC Standard Precaution Requirements

<table>
<thead>
<tr>
<th>PRACTICE AREA</th>
<th>KEY RECOMMENDATIONS</th>
</tr>
</thead>
</table>
| Hand Hygiene                   | Always perform hand hygiene:  
1. before and after touching a patient even if gloves are worn;  
2. before exiting patient’s environment, after touching patient or patient’s immediate environment;  
3. after contact with blood, body fluids or excretions, or wound dressings;  
4. prior to performing aseptic task;  
5. if hands will be moving from a contaminated body site to a clean body site during patient care;  
6. after glove removal.  
To ensure compliance:  
1. supplies necessary for hand hygiene must be readily available;  
2. hand hygiene stations must be strategically placed within area;  
3. monitor adherence to hand hygiene and provide feedback to staff regarding performance. |
| Personal Protective Equipment  | **Gloves**  
Wear gloves when there is potential for contact with blood, body fluids mucous membranes, non-intact skin or contaminated equipment.  
1. Wear gloves that fit appropriately.  
2. Do not wear the same pair of gloves for the care of more than one patient.  
3. Do not wash gloves for the purposes of reuse.  
4. Perform hand hygiene before and immediately after removing gloves.  
**Gowns**  
Wear gowns to protect skin and clothing during procedures or activities where contact with blood or body fluids is anticipated.  
1. Do not wear the same gown for the care of more than one person.  
2. Remove gown and perform hand hygiene before leaving the patient’s environment.  
**Facemasks**  
Wear a facemask:  
1. when there is a potential for contact with respiratory secretions and sprays of blood or body fluids;  
2. when placing a catheter or injecting material into the spinal canal or subdural space;  
3. when administering intrathecal chemotherapy.  
**Goggles, face shields**  
Wear eye protection for potential splash or spray of blood, respiratory secretions, and or other body fluids.  
*Personal eyeglasses and contact lenses are not considered adequate eye protection.*  
**Respirators**  
Wear N-95 or higher respirators for potential exposure to infectious agents transmitted via the airborne route. |

---

<table>
<thead>
<tr>
<th><strong>PRACTICE AREA</strong></th>
<th><strong>KEY RECOMMENDATIONS</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Respiratory Hygiene and Cough Etiquette</td>
<td>Promptly implement infection control measures at the first point of encounter (e.g., reception and triage areas).</td>
</tr>
</tbody>
</table>

The following measures are implemented to prevent transmission of respiratory infections.

1. Identify patients with potential respiratory infection.
2. Staff should be instructed to remain alert for any person with the following respiratory symptoms: cough, congestion, rhinorrhea, or increased production of respiratory secretions.
3. Post signs in reception area for patients and accompanying persons to self-report symptoms during registration.
4. Provide supplies: facemasks, tissues, no-touch waste receptacles (for disposing used tissues) and alcohol-hand rub dispensers.
5. Emphasize respiratory hygiene and cough etiquette; post signs in reception area with the following instructions:
   - cover mouth and nose with a tissue with coughing or sneezing;
   - dispose used tissue in the nearest waste receptacle;
   - perform hand hygiene after contact with respiratory secretions and contaminated objects/materials.
6. Persons with respiratory symptoms must be masked and separated from others in the waiting area.
7. Place patient in a private room as soon as possible.
8. If private room is not available, provide patient with a facemask and place in a separate area as far as possible from other patients while awaiting care.
9. Instruct patient on proper respiratory and cough etiquette.

Additional action is taken during periods of increased community respiratory virus alert.

1. Pre-screen all patients when scheduling/and or confirming appointments for the following signs and symptoms of respiratory illness: cough, congestion, rhinorrhea, or increased production of respiratory secretions.
2. For patients with respiratory symptoms:
   - schedule appointment when the clinic is not crowded, if possible;
   - if the purpose of the visit is non-urgent, with physician approval, reschedule appointment after symptoms have resolved.
3. Instruct patients with respiratory symptoms to wear masks upon entry to the facility.
4. If possible, encourage family members, caregivers, and visitors with respiratory symptoms not to accompany patient during visit.

If patients and/or family members/visitors present to the facility or are identified at the registration desk with respiratory symptoms:

1. place patient in a private room as soon as possible;
2. if private room is not available, provide patient with a facemask and place in a separate area as far as possible from other patients while awaiting care;
3. instruct patient on proper respiratory and cough etiquette.

Healthcare personnel with a respiratory infection must avoid direct patient contact if possible. If not possible, staff should wear a facemask while providing patient care. Frequent hand hygiene should be observed.

Healthcare personnel must be up-to-date with all recommended vaccinations including annual influenza vaccine.
<table>
<thead>
<tr>
<th>PRACTICE AREA</th>
<th>KEY RECOMMENDATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Injection Safety</strong></td>
<td>Injection safety measures refer to proper use and handling of supplies for administering injections and infusions.</td>
</tr>
<tr>
<td></td>
<td>1. Prepare medications in a dedicated medication room if possible, or in a designated clean area.</td>
</tr>
<tr>
<td></td>
<td>2. Use aseptic technique when preparing and administering infusions or other intravenous medications (chemotherapy, hydration, IV premedications).</td>
</tr>
<tr>
<td></td>
<td>3. Avoid prefilling and storing batch prepared syringes except in accordance with pharmacy standards.</td>
</tr>
<tr>
<td></td>
<td>4. Avoid unwrapping syringes prior to time of use.</td>
</tr>
<tr>
<td></td>
<td>5. Never administer medications from the same syringe to multiple patients.</td>
</tr>
<tr>
<td></td>
<td>6. Do not reuse syringe to enter a medication vial or solution.</td>
</tr>
<tr>
<td></td>
<td>7. Use single dose or single use vials, ampoules, bags or bottles of IV solution for one patient only. Avoid using a saline bag as a common supply for saline flushes for multiple patients.</td>
</tr>
<tr>
<td></td>
<td>8. Cleanse the access diaphragms on medication vials with 70% alcohol pads (or chlorhexidine swabs depending on facility policy) and allow to dry before use. Similarly, cleanse the access IV ports before administration.</td>
</tr>
<tr>
<td></td>
<td>9. Dispose of used syringes and needles at the point of use in a sharps container that is closable and puncture- and leak-proof. Sharps containers should be strategically placed within treatment areas to ensure easy access.</td>
</tr>
<tr>
<td><strong>Phlebotomy</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1. Perform phlebotomy in a dedicated area if possible.</td>
</tr>
<tr>
<td></td>
<td>2. Use aseptic technique when performing phlebotomy.</td>
</tr>
<tr>
<td></td>
<td>3. Do not process or store blood specimens near medications or medication preparation area.</td>
</tr>
<tr>
<td><strong>Medication and Storage Handling</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1. Store all medications per manufacturer’s instructions.</td>
</tr>
<tr>
<td></td>
<td>2. Use dedicated, labeled, and temperature monitored refrigerator.</td>
</tr>
<tr>
<td></td>
<td>3. Prepare medications in the Medication Room or designated clean area.</td>
</tr>
<tr>
<td></td>
<td>4. Use aseptic technique.</td>
</tr>
<tr>
<td></td>
<td>5. Minimize multiple entries in IV fluid bag to add medications.</td>
</tr>
<tr>
<td></td>
<td>6. Frequently check for expiration dates and discard accordingly.</td>
</tr>
<tr>
<td></td>
<td>7. Discard medications if unsure of integrity of contents.</td>
</tr>
<tr>
<td></td>
<td>8. Multidose vials should be dated and discarded within 28 days unless manufacturer specifies differently. Any multiuse vials which are not dated should be discarded.</td>
</tr>
<tr>
<td><strong>Cleaning and Disinfection of Devices and Environmental Surfaces</strong></td>
<td>Medication Preparation Areas</td>
</tr>
<tr>
<td></td>
<td>1. Promptly clean and decontaminate spills of blood and other potentially infectious materials.</td>
</tr>
<tr>
<td></td>
<td>2. Clean medication preparation areas in medication room when visibly soiled.</td>
</tr>
<tr>
<td></td>
<td>3. In the patient treatment area, clean medication preparation area after each patient encounter.</td>
</tr>
<tr>
<td></td>
<td>Exam Rooms/Triage/Vital Sign Stations</td>
</tr>
<tr>
<td></td>
<td>1. Change exam table and pillow paper cover between each patient.</td>
</tr>
<tr>
<td></td>
<td>2. Place used linens in designated containers in each exam room.</td>
</tr>
<tr>
<td></td>
<td>3. Focus cleaning and decontaminate high-touch surfaces at least daily.</td>
</tr>
<tr>
<td></td>
<td>Chemotherapy Suites</td>
</tr>
<tr>
<td></td>
<td>1. Clean patient chair, IV poles/pumps, and side tables between each patient.</td>
</tr>
<tr>
<td></td>
<td>2. Clean any medication preparation area after each patient encounter.</td>
</tr>
</tbody>
</table>
### Table 2. Transmission Based Precautions

<table>
<thead>
<tr>
<th>PRACTICE AREA</th>
<th>KEY RECOMMENDATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Contact Precautions</strong></td>
<td>Initiate contact precautions for patients with:</td>
</tr>
<tr>
<td></td>
<td>- stool incontinence (may include patients with norovirus, rotavirus, or Clostridium difficile);</td>
</tr>
<tr>
<td></td>
<td>- draining wounds;</td>
</tr>
<tr>
<td></td>
<td>- uncontrolled secretions;</td>
</tr>
<tr>
<td></td>
<td>- pressure ulcers;</td>
</tr>
<tr>
<td></td>
<td>- presence of generalized rash.</td>
</tr>
<tr>
<td></td>
<td><strong>Staff must:</strong></td>
</tr>
<tr>
<td></td>
<td>1. place patients in an exam room immediately;</td>
</tr>
<tr>
<td></td>
<td>2. wear appropriate PPE;</td>
</tr>
<tr>
<td></td>
<td>3. perform hand hygiene before and immediately after patient and or environment contact;</td>
</tr>
<tr>
<td></td>
<td>4. clean/decontaminate area with approved disinfectants after patient leaves.</td>
</tr>
<tr>
<td><strong>Droplet Precautions</strong></td>
<td>Initiate droplet precautions for patients presenting with:</td>
</tr>
<tr>
<td></td>
<td>- respiratory viruses (e.g., influenza, parainfluenza virus, adenovirus, respiratory syncytial virus, human metapneumovirus);</td>
</tr>
<tr>
<td></td>
<td>- Bordetella pertussis or for first 24 hours of therapy;</td>
</tr>
<tr>
<td></td>
<td>- Neisseria meningitidis;</td>
</tr>
<tr>
<td></td>
<td>- group A streptococcus.</td>
</tr>
<tr>
<td></td>
<td><strong>See Respiratory Hygiene and Etiquette section in Table 1.</strong></td>
</tr>
<tr>
<td></td>
<td><strong>If affected patient already arrived in the facility:</strong></td>
</tr>
<tr>
<td></td>
<td>1. place patient in an exam room;</td>
</tr>
<tr>
<td></td>
<td>2. provide facemask;</td>
</tr>
<tr>
<td></td>
<td>3. instruct patient to keep mask on for the duration of the visit and to avoid contact with others;</td>
</tr>
<tr>
<td></td>
<td>4. disinfect room and environment accordingly.</td>
</tr>
<tr>
<td><strong>Airborne Precautions</strong></td>
<td>Initiate airborne precautions for patients known or suspected to be infected with:</td>
</tr>
<tr>
<td></td>
<td>- tuberculosis;</td>
</tr>
<tr>
<td></td>
<td>- measles;</td>
</tr>
<tr>
<td></td>
<td>- chickenpox (until lesions are crusted over);</td>
</tr>
<tr>
<td></td>
<td>- disseminated herpes zoster (until lesions are crusted over).</td>
</tr>
<tr>
<td></td>
<td>1. If possible, have patient enter through a separate entrance to the facility.</td>
</tr>
<tr>
<td></td>
<td>2. Encourage patient to avoid the reception and registration area.</td>
</tr>
<tr>
<td></td>
<td>3. If available, place the patient immediately in an airborne infection isolation room.</td>
</tr>
<tr>
<td></td>
<td>4. Provide a facemask (e.g., procedure or surgical mask) to the patient and place the patient immediately in an exam room with a closed door if an isolation room is not available.</td>
</tr>
<tr>
<td></td>
<td>5. Instruct the patient to keep the facemask on while in the exam room, if possible.</td>
</tr>
<tr>
<td></td>
<td>6. Change the mask if it becomes wet.</td>
</tr>
<tr>
<td></td>
<td>7. Staff are to wear a fit-tested N-95 or higher level disposable respirator, if available, when caring for the patient. Wear respirator prior to room entry and remove after exiting room.</td>
</tr>
<tr>
<td></td>
<td>8. After the patient leaves, the exam room should remain vacant for one hour. If staff must enter the room during the wait time, they are required to use respiratory protection.</td>
</tr>
</tbody>
</table>

### Table 3. Central Line Maintenance Guidelines

<table>
<thead>
<tr>
<th>KEY RECOMMENDATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Perform hand hygiene.</td>
</tr>
<tr>
<td>2. Maintain aseptic technique.</td>
</tr>
<tr>
<td>3. Disinfect catheter hubs, needleless connectors, and injection ports with appropriate antiseptic cleanser before accessing the catheter.</td>
</tr>
<tr>
<td>4. Remove nonessential catheters.</td>
</tr>
<tr>
<td>5. Replace administration sets not used for blood, blood products, or lipids at intervals not longer than 96 hours.</td>
</tr>
<tr>
<td>6. Replace catheter site dressing if the dressing becomes damp, loosened, or visibly soiled.</td>
</tr>
<tr>
<td>7. PICC line dressing change:</td>
</tr>
<tr>
<td>a. Change 24 hours after insertion.</td>
</tr>
<tr>
<td>b. Transparent dressing: change every 5-7 days unless soiled or loose.</td>
</tr>
<tr>
<td>c. Gauze dressing: change every 2 days or as needed if wet, soiled, or non-occlusive.</td>
</tr>
<tr>
<td>8. Tunneled catheter dressing change:</td>
</tr>
<tr>
<td>a. Change 24 hours after insertion.</td>
</tr>
<tr>
<td>b. Transparent dressing: change not more than once a week unless soiled or loose.</td>
</tr>
<tr>
<td>c. Gauze and tape dressing: change every 2 days or as needed if wet, soiled, or non-occlusive.</td>
</tr>
<tr>
<td>9. Use a chlorhexidine-impregnated sponge dressing for temporary short-term catheters in patients older than 2 months of age.</td>
</tr>
<tr>
<td>10. Avoid topical antibiotic ointment or creams on the insertion site because of their potential to promote fungal infection and antimicrobial resistance.</td>
</tr>
<tr>
<td>11. Monitor the catheter site visually when changing the dressing or by palpation through an intact dressing on a regular basis.</td>
</tr>
<tr>
<td>12. Encourage patients to report any changes in their catheter site or any new discomfort to their provider.</td>
</tr>
</tbody>
</table>

FREE EDUCATIONAL OPPORTUNITY

The Lymphoma Research Foundation (LRF), in collaboration with the Chicago Chapter of the Oncology Nursing Society (ONS) and Rush University Medical Center is pleased to present:

Caring for the Lymphoma Patient
A FREE educational opportunity for nurses

May 10, 2012
Chicago Westin River North
3:45 PM - 7:00 PM

Learn from leading lymphoma experts to increase knowledge of:

• Lymphoma and its subtypes
• Latest therapies used to treat lymphoma
• Management of treatment side effects
• The role of nutrition for the lymphoma patient
• Financial resources available to patients during treatment

Participants will earn 3 hours of free CEU credits. To learn more or to register, visit www.lymphoma.org/CLP.

CCONS November 2011 Membership Meeting, West Bank Club, Chicago
As oncology nurses, we are always attuned to the risks of infection faced by our patients, and we take great pains to teach them how to protect themselves from these risks.

⇒ We tell them how important it is to wash their hands.
⇒ We encourage them to be vaccinated for the flu.
⇒ We instruct patients at risk of developing mucositis on the tenets of good oral hygiene.
⇒ We teach them how to take their temperature, and we emphasize the potential severity of a fever in a neutropenic patient.

We try to cover all the bases so that they and their caregivers are aware of the risks of infection and how to mitigate them.

We probably need to add a few more pointers to our patient teaching materials to help protect patients from infection, according to the One and Only Campaign. This safe injection practice campaign suggests that patients ask their healthcare providers the following questions:

1. Will there be a new needle, new syringe, and a new vial for this procedure or injection?
2. Can you tell me how you prevent the spread of infections in your facility?
3. What steps are you taking to keep me safe?

Unfortunately, for far too many patients, their exposure to infection results from lapses in the infection control practices of their healthcare providers. Several recent outbreaks of disease, such as hepatitis, provide evidence that patients are exposed to undue and needless danger when practitioners are either unfamiliar with or lax in their adherence to infection control principles.

You may think that the care you deliver is devoid of these risks, but you may want to rethink that assumption. Some practices you may encounter, particularly in the outpatient setting, may be viewed as acceptable, but are clear violations of safe practice.

Let's take injection safety as an example.

♦ Have you ever reused a syringe, even for the same patient? Unless the syringe was handled aseptically after the first use, the syringe is considered contaminated and should be disposed of after use. Syringes should be used only one time. The same is true for needles, which should be used just once, and then discarded.

♦ Do you use a single-dose vial for more than one patient? Single-use vials should not be used for more than one patient, regardless of the vial size. Single-use vials should be disposed of immediately after use. Never save leftover medication, or “overfill,” for future use. The Centers for Disease Control and Prevention (CDC) recommends that after a single-dose or single-use vial has been “opened or accessed (e.g. needle-punctured), the vial should be discarded…at the end of the case for which it is being used”. (See next page, “CDC Frequently Asked Questions About Single Use Vials.)

♦ Have you ever saved a single-dose vial for the same patient for future use? Human error can occur, and the vial you intended for a specific patient may be mistakenly picked up by you or others and used for subsequent patients.

♦ Have you ever used an IV bag of saline to fill flush syringes for more than one patient? Intravenous solution bags are labeled as single use, and if reaccessed, they can expose patients to contamination. Several outbreaks have been described where this practice was implicated in infection transmission. Bags or bottles of intravenous solution should not be used as a source of fluids for more than one patient.

♦ If you use multi-dose vials for more than one patient, are they stored away from direct patient care areas? Storage in patient care areas increases the risk of contamination of the vials. Any multi-use vials brought into the patient care area must be discarded after use with the current patient.

♦ Have you ever used the same syringe for a second patient after changing the needle? As incredible as it may seem, some healthcare providers have adopted this practice, thinking that only the needle is contaminated. A needle and syringe must be considered as

(Continued on page 11)
one unit from an infection control standpoint, and each should be used only once. Syringe reuse is a dangerous practice.

These are just a few of the common lapses seen in infection control in the outpatient setting. Many resources addressing infection prevention in the outpatient area have recently been developed and provide a good starting point for analyzing your practice for areas of improvement.

RESOURCES FOR HEALTH CARE PROFESSIONALS

**Basic Infection Control and Prevention Plan for Outpatient Oncology Settings**

As noted in the lead article of this edition, this document serves as a comprehensive resource highlighting the fundamental principles of infection prevention in the outpatient setting and is a must-read for oncology nurses working in those settings. Included are sections on standard and transmission-based precautions, education and training, surveillance and reporting, central venous catheters and additional resources.


**Infection Prevention Checklist for Outpatient Settings: Minimum Expectations for Safe Care**

This companion guide to the Basic Infection Control and Prevention Plan reviews the policies and procedures needed for infection control and provides a guideline for assessment of infection control practices in your setting.


**CDC Frequently Asked Questions About Single Use Vials**

Frequently asked questions about single-use and single-dose vials are presented, so this page is another essential resource for oncology nurses. The same material is also available in the resources section of the One and Only Campaign web site in the form of a handout.

http://www.cdc.gov/injectionsafety/providers/provider_faqssinglevials.html

**One and Only Campaign**

The Safe Injection Practices Coalition (SIPC) and the CDC have collaborated to create the One & Only Campaign, which is designed to educate health care providers and patients about safe injection practices. This is a multi-faceted web site with resources for patients and providers. Posters, brochures, pocket cards and frequently asked questions are available. Several of the patient materials are also available in Spanish.

http://www.oneandonlycampaign.org/

**Injection Safety Video**

The Safe Injection Practices Coalition (SIPC) produced this video featuring vignettes scripted to illustrate key injection safety principles. The first section of the video features a breast cancer patient who contracted Hepatitis C at an outpatient oncology clinic. This video is available on YouTube and on the One and Only Campaign web site.

http://www.youtube.com/watch?v=mscJA9WMCM&context=C4537c07ADvjVQa1PpcFNhpNASfd7vCJHnn3x7zjhFQMLAN_ArDLc=

**Take 3 Steps Toward Preventing Infections During Cancer Treatment Prepare. Prevent. Protect**

An interactive web site for patients, care providers and healthcare providers featuring a risk assessment tool based on patient-related factors, such as age, gender, primary cancer site, prior experience with treatment, and performance status. When the level of risk is identified, the program generates a list of printable handouts on a variety of topics such as basic hygiene, catheter care, pet care, food and kitchen safety, gardening and housekeeping, vaccinations, effects of a low white blood cell count, and risk of infection during chemotherapy. This site was developed with the cooperation and support of Amgen and the CDC Foundation as part of the larger CDC infection prevention initiative.


**Hand Hygiene for Health Care Workers**

The Association for Professionals in Infection Control and Epidemiology (APIC) includes a review of key terms and important hand hygiene tips for healthcare workers.


CONTINUING EDUCATION (CE) RESOURCES

**Unsafe Injection Practices: Outbreaks, Incidents and Root Causes**

Medscape presents a CE program on unsafe injection practices that highlights many of the common breaches in infection control and also reviews myths and misconceptions about infection control. Free CE is available.


(Continued on page 12)
Strategic Patient Education Program to Prevent Catheter-Related Bloodstream Infection

The Infusion Therapy Team at M.D. Anderson Cancer Center places and provides care for approximately 8,400 percutaneous CVCs, PICCs and implanted ports each year, so their experience provides an invaluable resource to oncology nurses about prevention of catheter-related bloodstream infections (CRBSIs). This Clinical Journal of Oncology online exclusive article, written by DeLa Cruz, Caillouet and Guerrero, provides a glimpse of their approach to patient education about catheter care. As part of the consent for catheter insertion, patients are required to participate in a formal educational program on catheter care which includes attendance at class sessions, video viewing and hands-on practice. CE is available.

Hand Hygiene—It is everyone’s responsibility

Included on this tool is a notification to patients that they may receive a survey on hand hygiene, which could be a helpful strategy to increase handwashing compliance when this is an area for improvement.


Preventing Infection During Your Chemotherapy Treatment

This pamphlet from the Association for Professionals in Infection Control and Epidemiology (APIC) provides basic information about basic self-care, hand-washing, food preparation and personal hygiene.


The Society for Healthcare Epidemiology of America (SHEA)

Patient Guides on Healthcare-Associated Infections, most based on SHEA work and endorsed by healthcare organizations, such as APIC and the Joint Commission, provide information for patients about surgical site infection, central line-associated bloodstream infections, catheter-associated urinary tract infection, ventilator-associated pneumonia, Clostridium difficile, Methicillin-resistant staphylococcus aureus, and vancomycin-resistant enterococcus. These free materials can be downloaded and printed, and are available in Spanish, Arabic and Polish translations, as well as in large print versions.

http://www.shea-online.org/ForPatients.aspx

PATIENT EDUCATION RESOURCES

The Seattle Cancer Control Alliance (SCCA) developed the first real-time tracking and surveillance system for outpatient infections, allowing its infection control team to have an early warning system for the identification of infection patterns or trends. Several patient education tools are available on the SCCA web site. Including general resources on respiratory etiquette, flu prevention, and hand hygiene. Of interest to oncology nurses are the resources below on hand hygiene, infection prevention during chemotherapy and food safety when dining out.

News Letter Award

This year CCONS created a new award to recognize excellence in communication or long term service within the newsletter committee. The first recipient of this award is our

Net Nurse, Josie Howard-Ruben.

Josie has been active in committee meetings as we plan the editions, contributing ideas for topics and authors. She has excellent writing skills and her articles require very little editing. Through her Net Nurse column for at least the last 6 years, she enhances the lead topic by providing a wealth of web resources to which the reader can link for more information. She always comes through with an amazing piece; her energy and passion for the Net Nurse feature and CCONS are endless.

Congratulations, Josie, on this well deserved award! We appreciate your writing skill, resourcefulness, energy, and enthusiasm!
THANK YOU

A special thank you to

Marge Pierce!

Marge is the outgoing Secretary of CCONS and has loyally served in this role on the Board of Directors for several years. Marge is reliable and conscientious and always gets the job done. She has faithfully attended meetings and her accuracy in recording minutes is without fault.

Thank you Marge for your tireless work and energy.

CCONS members still have bragging rights!

Way to go, Mary Ellyn Witt and Carrie Daly! Mary Ellyn and Carrie are authors in the Oncology Nursing Society Manual for Radiation Oncology Nursing Practice and Education, 4th Edition., published in 2012. Mary Ellyn co-authored the sections on Site-Specific Management: Head and Neck and Radiation Special Interest Group (SIG). Carrie authored the section on Radioprotectors.

Congrats also to Lynn MacMillan who won the 2012 Roberta Scofield Memorial Certification Award.

Keep up the great work, girls!

I know we have more members doing some great work out there...both personally and professionally! Pass some of that good news on! Send any and all information to Ann Cuvala at acuvala@gmail.com. I look forward to seeing your name in print in the next edition.

Ann Cuvala, Column Author
As I write this the snowing is falling and everything outside looks beautiful. This is the first serious snow storm of the season but I can’t complain as the snow is one of the many reasons I love this town. Snow makes the bare trees and ground of winter into a beautiful landscape. Another big reason I love Chicago is the wonderful oncology nurses I have the pleasure to work with as president. Right now I am preparing the annual report and reviewing the many outstanding accomplishments of the Chicago Chapter in 2011. The board, committees, and members have all worked hard this year and I want to share some of the highlights with you.

CCONS and the family of Sandy Purl raised over $38,000 to fully fund a mentorship scholarship in Sandy Purl’s name through the Oncology Nursing Foundation. Sandy Purl was a role model to nurses all around the United States and a pivotal member of the CCONS. The money was raised in only 8 months. What an accomplishment! I wish to express my thanks to all of you who donated and to Mary Ellyn Witt who was in charge of the effort. The first recipient, Melanie Nittinger from the New York Southern Tier Chapter, clearly demonstrated the same type of passion for oncology nurses as our beloved friend & mentor Sandy did.

The CCONS Update Newsletter won an ONS outstanding newsletter award again this year! Congratulations and thanks to the entire newsletter committee. Another accomplishment that required many hours of work was the electronic conversion of our newsletter. The two co-chairs, Carol Knop & Ima Garcia, worked many long hours to make this happen and save the chapter thousands of dollars a year! The newsletters have retained the same excellent award winning style and content. One advantage of the electronic form is the ability to use more color in the newsletter than before. Due to her hard work and leadership in this process Carol Knop was nominated and won the Sandy Purl Spirit of CCONS award for 2011!

Membership led by Christa Lappin & Mary Lappe has been very busy this year as well! Many efforts were made to recruit new members including 4 town hall meetings and presentations at many nursing schools. To encourage more participation in CCONS programs and events a new position called the CCONS liaison was created. These liaisons are institutional representatives at the major centers who will keep nurses at their institutions informed about CCONS and encourage attendance at events. Lasty, the First Annual Sandy Purl Memorial Oncology Nursing Certification Reception was held in December at Café BaBa Reeba in Chicago. This was funded in part by a grant from the Oncology Nursing Foundation and over 50 nurses attended. Each certified nurse brought a non-certified nurse who they planned on mentoring through the certification process in 2012.

Community outreach led by Maggie Smith was extremely productive this year! CCONS members volunteered in four separate events to provide support of patient with melanoma, breast cancer and prostate cancer. For details see her report. Way to go Maggie and her community outreach volunteers!!

The Program Committee, led by Katharine Szubski, has also had an exceptional year. They had seven excellent programs including the annual exhibitor fair in October. We co-sponsored with IMER two all day educational events: the first a Hematology Update in March with over 200 nurses in attendance and the second on Breast Cancer in October with 75 nurses in the audience. I want to extend many thanks to Katharine Szubski, the program chair and all the members of her committee for all their hard work.

Our Virtual Community led by Bev Caraher and Janet Golick is second to none in terms of quality and timely announcements. Our CCONS web page is outstanding and a great source for news and information as well as job postings in our community. The announcements they send out are always well written and keep us up to date on meetings and events. Thanks Bev & Jan!!

In closing, I want to remember my friend Laurel Barbour, another important CCONS member & past president who died unexpectedly in October. Laurel was not only an accomplished oncology advance practice nurse but also an author, speaker, teacher, researcher and loving mother. Her daughter Alexis established the “Laurel Barbour Oncology Nursing Research Fund” at Advocate Christ Hospital where Laurel worked. Through donations received from the CCONS board, CCONS members as well as family and friends the first year of funding has been obtained. Laurel, we miss you already.

As oncology nurses we deal with death frequently but somehow we are never prepared for the passing of our own. The past couple years have been rough on many of us “old timers” with the deaths of Sandy and Laurel, long time CCONS leaders. I like this quote from Abraham Lincoln “It’s the Life in your years, not the years in your life that count.” Both Laurel & Sandy had lots of life in their years that they shared with us at the CCONS. I thank them both for all they gave our organization and me personally.

Dani
COMMUNITY OUTREACH
MAGGIE A. SMITH
DIRECTOR AT LARGE

On February 28, 2011, CCONS collaborated with the Jack Marston’s Fund to volunteer at Glenbard West High School for our first community outreach of the year. Mary Szyska, Laurel Barbour and I were the CCONS members present for this event and we helped to deliver the primary message to teens on the dangers of tanning. We passed out literature on sun safety & tanning dangers; sunscreen and lip balm were also given to the teens to promote proactive behaviors to protect themselves from UV exposure. For the third year we helped staff their booth at the Chicago Marathon during October. There we had the support of Catherine Moran, RN, NP and nursing student Liz Martin, both from Rush University.

On Saturday, June 25, 2011 CCONS Members Victoria Frazier-Warmack of the University of Chicago Hospitals and Clinics, Ava Thomas of University of Illinois at Chicago, Georgina Menyah of Rush University and I completed training for the Beating Breast Cancer Program. This program targets African-American communities at high-risk for health disparities. Our primary intervention was to deliver education on breast cancer awareness, self-breast examinations and to provide uninsured or underinsured individuals with information on whom they can contact to receive free and or discounted mammograms and/or pap-smears. We completed approximately 20 educational sessions last year.

On Sunday, September 18th CCONS partnered with Us Too®, Prostate Cancer, Education and Support Foundation for their seventh annual walk/run held at Lincoln Park. We passed out literature on prostate health and awareness, educated participants, and registered the walkers/runners for this event. This is the longest running prostate cancer event in the Chicago-land area. Catherine Moran, Toreend Enecio, and Amy Schock (nursing student), all from Rush University Medical Center, volunteered with me to make this event a success.

NOMINATING REPORT
CHRISTA LAPPIN

Be on the lookout for opportunities to run for office this 2012 election year.
ONS will be updating all Virtual Community Sites with new software in the near future! This should make our site more user-friendly and facilitate finding the information you are looking for. There may be a transition period, so send us an email if you encounter issues or problems with the VC.

In the meantime visit our site at https://ccons.vc.ons.org to find chapter news, events, and job opportunities. Remember, there is no charge to CCONS members who wish to place a job posting to our site. Jobs posted on our site result in an automatic email blast to each chapter member. There is a job posting form that must be filled out and submitted for each job, and this form can be downloaded directly from the VC home page.

Send upcoming events in your work place or job postings to Bev or Janet. The event posting form must be filled out, and can also be found on the VC home page. You may attach a flyer to your email (that can be attached to a posting by hyperlink), but all event submissions must also be accompanied by the event posting form.

We are also looking for members to join our VC committee. This will be an exciting opportunity as we create a new look for our Virtual Community together and find better ways to meet the informational needs of our membership!

We can be reached at: bcaraher@amgen.com or janetgolick@comcast.net

Check out the VC for information about upcoming events at www.ccons.vc.ons.org

MEMBERSHIP COMMITTEE  
MARY LAPPE

Membership committee is in full swing as this is yearly membership renewal time. For those of you that have already responded and renewed your 2012 membership, thank you, and for those that have yet to do so, please use our virtual community to download an application. We do realize that the process of renewal may need to be addressed, and we are hoping to make the process easier for everyone next year.

You may have noticed a couple of new questions on the application form. This information will be evaluated as necessary to meet the needs of our members.

Congratulations to Carol Flanagan who won a free membership to CCONS for 2012. Her name was randomly chosen from those who responded to the membership survey. Congratulations!

We would like to welcome the newest member to membership, Catherine Moran. Catherine works at Rush University, and we welcome her valuable input.

And as always, new members are welcome.
Our last meeting for 2011 was “New therapies in Malignant Melanoma”. We had three speakers; Dr Gerami, Dr Hallmeyer and Jill Titze APN. Dr. Gerami provided us with an overview of the role of the dermatologist in diagnosis and pathology of Malignant Melanoma and the new molecular tools that have been developed. These new tools, FISH testing and BRAV v600E, aid the oncologist in providing appropriate therapy. Dr Hallmeyer discussed newly approved therapies such as Zelboraf (vemurafenib) and Yervoy (ipilimumab). She further discussed the mechanisms of actions, the response profile, and the limits of these new therapies. Jill Titze finished off the lecture by identifying the common adverse events and best approaches for managing these adverse events. She stressed that the most important step to nursing management is a thorough assessment of the patient.

2012 started with a meeting at McCormick’s and Schmick’s in Skokie which was well attend by over 70 CCONS members. We had the pleasure of hearing Vicki Longfield speak on “Helping Patients Transition to Surviviorship”. Patients have various stages of survivorship: the Acute phase at the time of diagnosis; the Extended phase at the completion of initial treatment; and the Permanent phase evolving from the disease-free interval when the likelihood of the cancer recurring is small. Vicki discussed a few case studies. This showed us how interviews with patients can provide us with a better understanding of the patient’s coping skills, understanding of illness, and appreciation for disruption in home life. By using this information from the interview process we can help patients embrace the transition to survivorship.

The Program Committee has made some changes to this year’s programs (please see attached outline in the newsletter). Meetings will sometimes vary in day of the week or locations. These changes were made to aid in increasing attendance. We will be providing 4 CEU programs this year including the ONS Regional Meeting. I encourage everyone to provide comments to the Program Committee via program evaluations, email, or in person. We take the information from evaluations and the membership survey into account to plan meetings that our membership can enjoy and find valuable. Please keep the ideas coming throughout the year.

Please check for future program announcements through e-mail and on the calendar that is found on the CCONS website. As a reminder please RSVP if you plan on attending a meeting. RSVP to the phone number or e-mail supplied on the flyer by the deadline date. Again this will ensure we have adequate amounts of food and handouts.

New members welcome!

CCONS Program Committee Members
Carol Blendowski
Kathy Bonnefoi
Carol Flanagan
Barb Kinast
Lynn MacMillan
Pam Nosse
Noreen O’Connor
Marge Pierce
Katharine Szubski
Teresa Yang

New members welcome!
### 2012 CCONS Meeting Calendar

Please visit our Virtual Community for program dates, job postings, newsletters, and awards. [www.ccons.vc.ons.org](http://www.ccons.vc.ons.org)

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Details</th>
</tr>
</thead>
</table>
| Thursday, February 16, 2012 | Helping Patients Transition to Survivorship  
Vicki Longfield  
McCormick’s and Schmicks in Skokie |
| Wednesday, April 18, 2012 | Neuro-Oncology Primary Brain Tumors  
Meg Schwartz  
Advocate Health Care, Oakbrook  
CEU and a Raffle offered at this meeting |
| May 3-6, 2012       | ONS 37th Annual Congress  
New Orleans, LA. |
| Wednesday, May 23, 2012 | Update on Pain  
Judith Paice  
Gilda’s Club  
CEU and a Raffle offered at this meeting |
| July 2012           | Exhibitor Fair  
FDA’s Tools  
CEU and a Raffle offered at this meeting |
| September 2012      | ONS Regional Meeting in Chicago  
Location: TBA  
2 day conference with CEU's offered |
| Wednesday, November 28, 2012 | Healing Conversations  
Location: TBA  
Awards for 2012 will be announced |

*Our meetings are from 6:00 - 8:30 PM  
CEU’s will be offered at noted meetings  
Buffet dinner, social networking, chapter business meeting, and an educational presentation will be provided.*
Chicago Chapter of the Oncology Nursing Society

Presents

*Neuro-Oncology*

*Adult Brain Tumors*

Speaker:

Meg Schwartz APN

**Wednesday, April 18, 2012**

REGISTRATION AND DINNER WILL START AT 6PM.

Light dinner will be provided

THE CHAPTER BUSINESS MEETING

WILL BE AT 6:30-7:00PM.

EDUCATIONAL PROGRAM STARTS AT 7:00PM-8:30PM.

Location: Advocate Health Care

1400 Kensington Road

Oakbrook, IL 60523

630-575-3200

Please enter on west side (Front Entrance)

Cost: CCONS membership-Free

Non-Members-$5.00

Please Contact Katharine Szubski if you have questions via e-mail KLSZUBSKI@yahoo.com or cell number 847-845-7978

“This activity has been submitted to the Oncology Nursing Society for approval to award contact hours. ONS is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's COA.”
DIRECTIONS TO ADVOCATE HEALTH CARE FOR CCONS MEETING ON APRIL 18, 2012

The Advocate Health Care Support Center is located at 1400 Kensington Road, just south of 22nd St. and west of the Tri-State Tollway (I-294), in Oak Brook, a western suburb of Chicago.

From the north, take the Tri-State Tollway (I-294) south, exit on Cermak Road (22nd St.) and turn left. Continue on 22nd St. until you reach Jorie Blvd. and make a left turn. Take Jorie Blvd. to Kensington Road and make a right turn.

From the south, take the Tri-State Tollway (I-294) north, exit west on Ogden Ave. Take Ogden to York Road. Take York Road to 31st St. and make a left turn. 31st St. to Jorie Blvd. and make a right turn. Jorie Blvd. to Kensington Road and make a left turn.
Happy New Year CCONS members! What better way to start the new year off than with an exciting volunteer opportunity! Are you looking for a way to get involved with CCONS and you just do not have the time to dedicate after work or on the weekends? Well, we have found the perfect solution for you! CCONS will be partnering with Beautiful Lengths for human hair donations for women diagnosed with cancer. Beautiful Lengths has a partnership with Pantene and the American Cancer Society for this endeavor. As oncology nurses, we care so much about our patients and this is a great opportunity to go even one step further to acknowledge their struggles and show our ongoing support of their battles. The hair collections will take place at Northwestern during this May; but we wanted to get the word out to ask your support of this event immediately! Donating hair is not the only way to volunteer. For more information or if you are interested in volunteering please contact Maggie Smith at, smith.maggie@comcast.net. If you would like to learn more information about this program you can review their website at Beautifullengths.com. I hope you can join us for this important initiative and stay tuned as more details will be forthcoming.

Thanks to Barb Gobel of Northwestern Memorial Hospital for bringing this exciting opportunity to the attention of CCONS.
Top 10 Reasons to Become an ONS Member

1. Save 20-30% on online courses like Symptom Management, CINV, and Access Devices.
2. Stay up-to-date on oncology nursing issues through email and the ONS website.
3. Looking to get oncology certified? Save $120 on your ONCC certification fees.
4. Receive full subscriptions to the *Clinical Journal of Oncology Nursing* (with free CNE in every issue!), *Oncology Nursing Forum*, and *ONS Connect*, the news magazine exclusively catering to the needs of oncology nurses.
5. Enjoy discounts on ONS conferences! Join your colleagues from around the country in the spring for the ONS Congress (save $125) and in the fall for the Advanced Oncology Nursing Conference.
6. Meet up with your local colleagues at chapter meetings and events.
7. Save money on everyday purchases such as T-Mobile monthly service, Dell computers (hardware and software), Hertz car rentals, and more!
8. Save 20-30% on ONS publications like *Chemotherapy and Biotherapy Scenarios*, *Chemotherapy and You: Answers to Your Questions*, and *Cancer Basics*.
9. Get tips from experienced oncology nurses through one of the ONS mentoring programs.
10. Network through virtual communities for special interest groups, students, and chapters; and check out the ONS Facebook page.

Thank you to Fastway Printing for all the years of service to CCONS Update!
### PROJECTED REVENUE/EXPENSES BY COMMITTEE

<table>
<thead>
<tr>
<th>COMMITTEE</th>
<th>REVENUE</th>
<th>EXPENSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>AWARDS</td>
<td>2500</td>
<td>7002</td>
</tr>
<tr>
<td>BOARD/INTEREST</td>
<td>75</td>
<td>5350</td>
</tr>
<tr>
<td>COMMUNITY</td>
<td></td>
<td>500</td>
</tr>
<tr>
<td>MEMBERSHIP</td>
<td>3300</td>
<td>175</td>
</tr>
<tr>
<td>NEWSLETTER</td>
<td></td>
<td>175</td>
</tr>
<tr>
<td>NOMINATING</td>
<td></td>
<td>100</td>
</tr>
<tr>
<td>PROGRAM</td>
<td>24000</td>
<td>15760</td>
</tr>
<tr>
<td>RESEARCH</td>
<td></td>
<td>500</td>
</tr>
<tr>
<td>VIRTUAL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TREASURER</td>
<td></td>
<td>200</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>29875</td>
<td>29762</td>
</tr>
</tbody>
</table>

### PROJECTED REVENUE/EXPENSE BY ITEMIZED

<table>
<thead>
<tr>
<th>ITEM</th>
<th>REVENUE</th>
<th>EXPENSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>DUES</td>
<td>3300</td>
<td></td>
</tr>
<tr>
<td>OCTOBER DINNER FEES</td>
<td>24000</td>
<td>6000</td>
</tr>
<tr>
<td>MEMBER DINNER FEES/PARKING</td>
<td></td>
<td></td>
</tr>
<tr>
<td>INTEREST</td>
<td></td>
<td>75</td>
</tr>
<tr>
<td>AWARDS</td>
<td></td>
<td>4502</td>
</tr>
<tr>
<td>VIRTUAL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FUND RAISING</td>
<td></td>
<td>600</td>
</tr>
<tr>
<td>PRINTING</td>
<td></td>
<td>700</td>
</tr>
<tr>
<td>POSTAGE</td>
<td></td>
<td>400</td>
</tr>
<tr>
<td>SUPPLIES</td>
<td></td>
<td>400</td>
</tr>
<tr>
<td>MEETINGS PROGRAMS</td>
<td></td>
<td>2800</td>
</tr>
<tr>
<td>FOOD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRAVEL</td>
<td></td>
<td>1000</td>
</tr>
<tr>
<td>HONORARIA</td>
<td></td>
<td>4200</td>
</tr>
<tr>
<td>GRANT</td>
<td>2500</td>
<td>2500</td>
</tr>
<tr>
<td>GIFTS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RESEARCH PROJECT</td>
<td></td>
<td>500</td>
</tr>
<tr>
<td>CEU</td>
<td></td>
<td>560</td>
</tr>
<tr>
<td>COMMUNITY PROJECT</td>
<td></td>
<td>500</td>
</tr>
<tr>
<td>COMMITTEE/BOARD PARKING</td>
<td></td>
<td>1500</td>
</tr>
<tr>
<td>FEES/MISC</td>
<td></td>
<td>600</td>
</tr>
<tr>
<td>ONF DONATION</td>
<td></td>
<td>500</td>
</tr>
<tr>
<td>LDI</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRESIDENT'S ONS</td>
<td></td>
<td>2000</td>
</tr>
<tr>
<td>CHAPTER LEADERSHIP WORKSHOP</td>
<td></td>
<td>500</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>29875</td>
<td>29762</td>
</tr>
</tbody>
</table>

---

CCONS BUDGET
FISCAL YEAR 1/01/12 TO 12/31/12

<table>
<thead>
<tr>
<th>CHECKING</th>
<th>13,710.24</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAVINGS</td>
<td>20,000.66</td>
</tr>
<tr>
<td>CD</td>
<td>30,157.68</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>63,868.58</td>
</tr>
</tbody>
</table>

CCONS commends Kathy Bonnefoi, immediate past treasurer, for her years of service and dedication.
Thank you, Kathy for all you have done!
On February 23, 2012, CCONS celebrated the accomplishments of members by awarding the 2011 scholarships and honors.

Undergraduate Nursing School Scholarship
Amy Deal, Resurrection University

ONCC Certification Scholarships
Karen Kiley, AOCN
and
Beth Hurter, AOCNP

Nursing Education Scholarship
Paula Franson, PhD Program

Nursing Education Scholarship
Rheta Bredesen, BSN Program

Newsletter Award
Josie Howard-Ruben

Sandy Purl Spirit of CCONS
Carol Knop

Pictured left to right: Paula Franson, Rheta Bredesen, Josie Howard-Ruben, Carol Knop.
The Multi-Faceted Oncology Nurse
Anna Liza Rodriguez, Column Author

Featuring

Carol Flanagan, RN, MSN, OCN

CCONS member since: 1990
ONS member since: 1984

Where are you currently working and in what capacity?
I am the Clinical Coordinator of the Living in the Future (LIFE) Cancer Survivorship Program of NorthShore University HealthSystem. I tell patients, “I am the ‘Now what?’ Nurse”. I meet with people individually after they complete their acute treatment. During the LIFE visit, they receive a customized survivorship care plan which summarizes the treatment they have received and gives them a plan for surveillance, a review of late and long term effects of their treatment, strategies for reducing their risk of other cancers and the promotion of their overall health.

What person(s) or event(s) directed you toward Oncology Nursing?
My mom was diagnosed with breast cancer when I was in grade school. Later, when she recurred, I was working as a nurse’s aide and in nursing school. The support I received from the people I worked with and trusted to care for my mother was overwhelming. I remember thinking how frightening it must be for people who have to put their trust in strangers. I wanted to go into oncology and hopefully give some of that comfort and support back.

Tell us about an accomplishment you are particularly pleased about.
It is not my direct accomplishment, but watching new nurses or nurses new to oncology with whom I have been privileged to work become Oncology Nurses. Witnessing their growth, professionalism and expertise flavored with kindness and compassion, any small contribution I may have made is very rewarding.

Is there a secret area of interest that you would like to pursue someday?
Honestly, I want to be the third base coach for the Cubs. Unfortunately, my prospects are very slim.

Is there one bit of Wisdom that stays with you and directs your course?
Find what feeds your soul and nourish it. I once read a quote from a well travelled nurse in her nineties who said, “See as much of the earth as you can before they put you in it”. It became my motto.

Talk about someone who has touched your Heart and why.
I had a wonderful patient, Bill, in the early days of AIDS. The first time I met him, he just assumed we were the best of friends and we were for many years.

(Continued on page 27)
Who in your world is most proud of you?
My family.

What would you like to tell Nurses who are interested in working in Oncology?
Don’t be afraid to share yourself with patients. You won’t always be able to give them the outcome we all hope for, but you can make it easier. The caring we provide is at least as important as the care. Oncology will spoil you for any other kind of nursing.

What is something that helps you to relax and unwind?
Good friends who understand the importance of laughing no matter how bad things are.

What is your idea of a perfect vacation?
I have had a lot of marvelous vacations, but nothing topped seeing the wonder on my nieces’ faces during their first trip to Disney World.

If you could pick anyone in the world to have dinner with, who would you select, why, and where would you go?
J.K. Rowling. I am a complete Harry Potter nerd. Over dinner in Italy. I would love to understand how she created that whole alternate world.

What is the lasting impression you hope to make on others?
That I am sincere and a value to others.

Regional ONS Chapter Contacts
Mary Phelan Lappe, Column Author

Below are the contacts for information on other local ONS Chapter meetings.

Northern Fox Valley Chapter ONS
Meetings held 3rd Tuesday of each month March through November
Mary Damhauser
njmmmd@aol.com

Chicago Western Suburbs Chapter ONS
Meetings held quarterly
Lisa Pittman
lpittman@comcast.net

Southeastern Wisconsin Chapter ONS
Mary Ann Biederwolf
moncm@gmail.com

and

Caroline Mangan
Mangan.c@comcast.net

Northwest Indiana Chapter ONS
Meetings held 4th Monday of most months
Lisa Crabtree
ONS Bulletin Board

Chapter Relations Welcomes Micayla Felicion, New Chapter Activities Coordinator

ONS is delighted to announce a new addition to our staff, Micayla Felicion. Before joining ONS, Micayla was the coordinator of professional development and training at Worldwide ERC, a nonprofit relocation association in Washington DC. In her new job at ONS, Micayla will serve as the primary contact for chapters and provide a variety of day-to-day support activities for chapter leaders. This includes assisting chapters with operational information and resources, plus helping chapters with the new ONS virtual communities program (see article below for more details on the new VCs). You can reach Micayla at chapters@ons.org, or call (412) 859-6320. Please join us in welcoming Micayla!

New Virtual Community Program

As many of you are aware, the roll-out of the new virtual communities program has experienced some delays. Although we had hoped to have the new virtual communities launched in 2011, this project was delayed by unforeseen technical problems on the vendor’s end. We believe that these technical problems have now been resolved, and that we will be able to begin beta testing of the software within the next couple of weeks. If all goes well, we can expect to begin beta testing in March. We appreciate your patience and understanding as we continue to develop these improved sites for you. Once completed, you will find the new software provides more functionality and ease-of-use that will enhance chapter-to-ONS and chapter-to-chapter communications. Stay tuned for more details very soon!

Chapter Leadership Workshop (formerly ‘Mentorship Weekend’)

Please mark your calendars for the 2012 Chapter Leadership Workshop to be held July 20-22, in Pittsburgh. The project team is close to finalizing a fantastic agenda for the workshop. Also note that this year’s workshop is geared to presidents-elect. Next week ONS will be emailing all registration materials, so watch your email for more details. (Keep in mind that all chapters are now required to send at least one representative—preferably the incoming president-elect—in order to remain in good standing. Also keep in mind that ONS pays all travel/hotel expenses for your primary representative.)

Coming to Congress? Check out the Volunteer Connection Center!

If you will be at the ONS Congress this May, be sure to stop by the Volunteer Connection Center. This will be a dedicated area for volunteer leaders at all levels—national, chapter, and SIG—to meet with one another, and to meet with ONS staff, in a quiet and comfortable location. This will also be a place where aspiring volunteer leaders can come to learn more about available opportunities and ways to get involved. In addition, this will be the location for SIG Coordinators to receive, and then return, their SIG meeting packets. The Center will be open Thursday, Friday, and Saturday at Congress. We look forward to seeing you there!

2012 ONS Awards Announced

The ONS Awards Advisory Panel is pleased to announce the 2012 ONS Award recipients. View the full list of 2012 recipients.
ONS Revamps Approach to Leadership Development
Paula Rieger, RN, MSN, CAE, FAAN, ONS Chief Executive Officer

A frequent dinner party question might be, "If you could have dinner with a famous leader, who would you choose?" Often when we ponder the question of leadership, we tend to think of someone famous or with an important title or position. And yet, in ways large and small, each oncology nurse exhibits "leadership" each and every day. From advocating for patients to secure treatment for their symptoms, to sharing opinions on how a new treatment center should be designed, to letting your Congressional representative know your thoughts on healthcare reform—these all represent examples of your leadership.

As an organization, ONS values the leadership its members exhibit and has invested in helping members to enhance their leadership skills. The ONS Leadership Development Institute (LDI) was held annually from 1998–2010. Although the program was well received, the number of nurses participating was limited to a small number each year. In response to the current economic climate, the ONS Board of Directors and staff decided to step back and reevaluate the program, as well as define the leadership needs of the ONS membership and the organization as a whole moving forward.

Twenty nurses, staff members, and association professionals met in April 2011 for the ONS Leadership Think Tank to look at nursing leadership conceptually and to generate discussion on the needs of nursing leadership education and development. The group discussed the needs and interests among nurses in the workforce today and the vision of how leadership education and training might advance the profession into the future. The think tank offered short- and long-term recommendations to the ONS Board of Directors for the future of leadership development through ONS. A virtual leadership education resource and webcourse are being planned and should be ready to launch as pilots shortly. The program will incorporate successful aspects of LDI plus distance-learning and flexible scheduling; it is intended to serve as a bridge between the former LDI and future programming.

ONS also will define a leadership framework. This is essential to succession planning and will incorporate leadership competencies essential to governance and nurses in practice. Many of you have served in volunteer leadership roles at the local and national levels. As an organization, we strive to build those skills and experiences that will ensure the next generation of leaders for the organization, or for our members to represent the profession at national meetings where the voice of nursing will help to shape the future of health care.

Preparing oncology nursing leaders has been part of the core work of the Society, as identified in the 2009–2012 strategic plan. In the 2012–2016 strategic plan, leadership becomes one of the pillars, with the goal of equipping members to be leaders and advocates in their workplaces, communities, and the organization.

Along with the ONS Board of Directors, I am eager to see what the next evolution of leadership programs will look like at ONS.
EDITOR’S MESSAGE

As I write this, I am feeling the freshness of Spring already upon us, even though technically it IS still Winter! Just like the freshness of Spring, we have some fresh ideas for your newsletter. We want to know more about YOU. After all, CCONS IS it’s members.

So, you may be asking yourself, “What is unique about me, my work, my life?” Some ideas that the membership may find interesting include new initiatives in your workplace; a publication or presentation; a move to a new job and what led you there; a volunteer opportunity that you found exceptionally rewarding; other organizations you belong to and what their mission is; a new skill; a great vacation; a beautiful or unique picture you took on that vacation; a new in-law, child, or grandchild; a really creative project you’ve completed and are proud of; the list is endless! You never know who your news may inspire, in whom a chord may be struck or a light bulb illuminated. An AH-HA moment that changes one forever.

Send us your ideas; we’ll do the rest!

We have 3 new committee members to introduce also: Beth Vaclavik, Mary Ellyn Witt, and Carol White as our resident photographer. Welcome; we are SO excited to have you join us!

We are equally excited about the members we have retained: Ann Cuvala, Josie Howard-Ruben, Mary Phelan Lappe, and Anna Liza Rodriguez. Thank you for all you do!

So, here’s to a fresh new year and fresh ideas for YOUR newsletter!

Carol
2012 CCONS
BOARD OF DIRECTORS AND COMMITTEE CHAIRS

PRESIDENT
Dani Gale, ND, AOCNP®
630.248.5546
dani.gale74@yahoo.com

PRESIDENT-ELECT
Christa Lappin, RN, BSN, OCN®
708.846.0627
christalappin71@gmail.com

SECRETARY
Marc Epstein-Reeves, APN, C-NP, OCN®
312.415-1822
marcerrn@gmail.com

TREASURER
Denise Lapka, RN, MS, AOCN®
708-408-1978
lapka.denise@gene.com

TREASURER-ELECT
Marcia Mickle, ACNP, AOCN®
312-695-4780
mmickle@nmff.org

DIRECTOR-AT-LARGE
Maggie Smith, MSN/Ed, RN, OCN®
773.251.9707
Smith.maggie@comcast.net

DIRECTOR-AT-LARGE
Josie Howard-Ruben, MS, RN, APN-CNS, AOCN®
847-208-8284
josiehowardruben@gmail.com

ARCHIVES
Maryjo Osowski, RN, MSN, AOCN®
708.352.2998
mosowski@gmail.com

MEMBERSHIP
Mary Phelan Lappe, RN, BSN, OCN®
847.268.8668
mphelanlappe@gmail.com

NEWSLETTER CO-CHAIRS
Ima Garcia, RN, MSN, AOCNP®
312.758.4626
Ima_garcia@hotmail.com

NOMINATING
Christa Lappin, RN, BSN, OCN®
708.846.0627
christalappin71@gmail.com

PROGRAM CO-CHAIRS
Katharine Szubski, RN, BSN, OCN®
847.845.7978
kliszubski@yahoo.com

RESEARCH
Barbara Holmes Gobel, RN, MS, AOCN®
312-926-6443
bgobel@nmh.org

VIRTUAL COMMUNITY CO-CHAIRS
Bev Caraher, MSN, APRN-BC, AOCN®
708.655-5339
bcaraher@amgen.com

FAMILY LIAISON FOR SANDY PURL SCHOLARSHIP FUND
Mary Ellyn Witt, RN, MS, AOCN®
773.702.0284
mwitt@radonc.uchicago.edu
2012 CCONS MEMBERSHIP APPLICATION

ONS# (required for CCONS membership): _____________
Expiration Date (required): _____________

No membership will be processed without the required ONS# and expiration date

Membership Category: New Member_____ Student_____ Physically challenged_____
Renewal _______ Retired _____

Recruited by: ______________________________________________________________________

MAILING ADDRESS

Name (please include all credentials): _____________________________________________

Address: ______________________________________________________________________

City: ______________________________________________________________________

State: ______________________ Zip Code: ______________________

Preferred Phone Number: ____________________________

Email: ____________________________

Are you on Facebook? Yes: ______ No: ______

Place of employment: ____________________________

Age: _______ Years in Nursing: _______ Years in Oncology Nursing: _______

Specialty area: ____________________________ Inpatient: _____ Outpatient: _______

Change in any information from previous year: yes _____ no_____

I do not want to be included in the Chapter Directory: _____

Interested in being active in a CCONS committee:
Program _____ Membership _____ Research _____ Newsletter _____ Nominating _____

Dues are $25 (student, physically challenged, or retired is $10) payable to CCONS. Mail fees to CCONS, PO BOX 11073, Chicago, IL 60611. Membership is January through December. Persons joining after November 1st will be members as of the following year.