

## Adopted 2011 Resolutions of the Iowa Nurses Association

2011

### New Resolutions

1. Elimination of Healthcare Associated Infections
2. Youth Access to Indoor Tanning in Iowa

### Updated Resolutions

3. Impaired Nurses - Reaffirmation of 2005 Resolution # 5
4. Restraint of Trade Against ARNPs - Reaffirmation 2005 Resolution # 14 and 2000 # 3

## #1 Elimination of Healthcare Associated Infections

By Linda Opheim, Lisa Caffery, Barbara Livingston, and Pam Deichmann

**WHEREAS**, the incidence of healthcare associated infections have increased in all healthcare settings. This complication affects approximately two million people annually in our country. It is the fifth leading cause of death in acute care settings. Plus, the cost of hospital care was estimated to be at \$5.7 billion dollars in 2001. Overall, 70% of healthcare associated infections can be prevented with infection adherence to evidence based practices and infection prevention program

**WHEREAS**, there has been, in recent years, an increase in the number of health care workers employed in healthcare agencies, high patient to staff ratios, a lack of use of medical/surgical asepsis by healthcare workers, an increase in the acuity level of today's patient population along with an increase in the number of elderly patients both with lower immune capabilities, an increased use of biomedical equipment, such as urinary catheters, ventilators, respiratory equipment, and intravenous devices, an emergence of hospital and community acquired organisms resistant to antibiotics, and an increase in renovation projects in healthcare settings that have contributed to this growing problem.

**WHEREAS**, health care workers need to be taught to consistently use proper medical and surgical techniques, especially good hand hygiene techniques between patients, and before and after procedures along with the use of Personnel Protective Equipment as necessary. Each and every healthcare agency needs to formulate infection prevention policies and institute consistent surveillance of health care workers to insure compliance. The patient population needs to be empowered with more education to ensure compliance with infection prevention and control procedures as well. High risk patients need to be consistently assessed for early signs of infection to prevent complications. Proper isolation precautions need to be instituted to prevent the spread of infections in acute care agencies. Oral hygiene as well as other nursing strategies to prevent infection needs to be promoted.

**WHEREAS**, health care workers need to be educated to consistently use healthcare facility approved hand hygiene products such as alcohol based hand rub, soaps and lotion that will preserve skin integrity to reduce the spread of infection.

**WHEREAS**, an alcohol hand rub with an emollient can be used if hands are not visibly soiled, and proper hand washing techniques with a soap if hands are visibly soiled ; followed by application of an approved hand lotion to ensure that lotions will not interfere with the integrity of gloves and

**WHEREAS**, recent evidence has demonstrated that attention to the implementation of evidence based practices can lead to a reduction and in some cases the elimination of healthcare associated infections; therefore be it

- **RESOLVED**, that the Iowa Nurses Association promote that at least one registered nurse who has received special training in infection prevention and control be available, by staffing or consultation, for prevention and surveillance of infection in all healthcare settings; and be it further
- **RESOLVED**, that the Iowa Nurses Association support that each healthcare setting provide an adequate and standardized evidence based infection prevention program that includes consistent and proper use of hand hygiene for all employees; and be it further
- **RESOLVED**, that the Iowa Nurses Association support the continued education of all nurses encouraging implementation and education of infection prevention concepts in all settings.

#### **IMPLEMENTATION STEPS:**

1. Collaborate with the Association for Professionals in Infection Control and Epidemiology (APIC), Iowa Department of Public Health, Iowa Hospital Association, Iowa Medical Society, Iowa Healthcare Collaborative and other medical organizations to provide direction for public policy decision making in Iowa.
2. Participate in any Iowa Department of Public Health healthcare associated infection surveillance rule writing efforts
3. Prepare an article for the *Iowa Nurse Reporter* and INA website that includes and encourages nurses to educate and be advocates for infection prevention and control in healthcare settings.
4. Support the use of the National Health Safety Network (NHSN) within healthcare settings.
5. Continue participation in the State Healthcare Associated Infection Prevention Advisory Committee and support activities promoting infection prevention.

**Priority: High**

**Cost: \$250**

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## #2 Youth Access to Indoor Tanning in Iowa

By: Jill Kain, RN, MNHP, University of Iowa College of Nursing and Judy Collins, MA, RN, ARNP, CS, University of Iowa College of Nursing

**WHEREAS**, indoor tanning is the act of intentionally exposing one's skin to ultraviolet (UV) radiation lamps at a tanning facility; and

**WHEREAS**, ultraviolet radiation is classified as a Group 1 (i.e., carcinogenic to humans), placing it in the same category as tobacco and asbestos and

**WHEREAS**, exposure to ultraviolet radiation lamps is a risk factor for both melanoma and non-melanoma skin cancer and

**WHEREAS**, individuals who obtain tanning bed UV exposure prior to the age of 30 years are at 75% increased risk of melanoma and

**WHEREAS**, melanoma is the second most common form of cancer for and

**WHEREAS**, girls aged 14-17 years were seven times more likely than their male counterparts to use indoor tanning equipment and girls ages 15-18 years are most likely to engage in the high-risk behaviors such as smoking and binge drinking.

**WHEREAS**, a national sample of Caucasian teenagers ages 13-19 years reported 24% of respondents (i.e. 2.9 million teenagers) had used a tanning salon at least once .

**WHEREAS**, incidence of melanoma and non-melanoma skin cancer has increased 2.5 times among young women since 1973

**WHEREAS**, in 2010 the World Health Organization stated, “Of highest regulatory priority should be the restriction of use by persons under 18 years

**WHEREAS**, the American Medical Association<sup>3</sup>, American Academy of Pediatrics, and the American Academy of Dermatology Association, have published position statements recommending restriction of tanning to individuals under 18 years of age and the American Cancer Society recommends people avoid tanning beds altogether.

**WHEREAS**, the state of Iowa (Iowa Code Chapter 46) does not currently have a law prohibiting individuals under 18 years of age from obtaining indoor tanning exposure nor does Iowa have a parental consent law.

**WHEREAS**, the American Nurses Association identifies disease prevention and health promotion among individuals, groups, and populations as a nursing priority; therefore be it

**RESOLVED** that the Iowa Nurses Association shall:

Promote and support a legislative initiative in the state of Iowa created to limit youth access to indoor tanning for individuals under the age of 18 years.

**IMPLEMENTATION STEPS:**

1. Identify and contact organizations within the state of Iowa (e.g. Iowa Consortium on Comprehensive Cancer Control) who are interested in partnering on the issue.
2. Publish an article in the Iowa Nurse Reporter to increase awareness (of) among Iowa nurses about the topic and recommendations from groups such as the World Health Organization, American Academy of Pediatrics, American Academy of Dermatology, and the American Medical Association.
3. Collaborate with identified organizations in the development and introduction of legislation limiting indoor tanning use for individuals under age 18 in the state of Iowa.

**Cost: \$250**

**Priority: High**

**References:**

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### **#3 Impaired Nurses**

Reaffirmation of 2005 Resolution # 5

By Betty Lord Dinan

**WHEREAS**, nurses are two to three times more likely to be impaired by chemical dependency than the general population; and

**WHEREAS**, nurses have more than a casual relationship to pharmaceutical agents, understanding that they can treat or cure many conditions and routinely administer or prescribe them for this effect; and

**WHEREAS**, a high rate of nurses come from addicted family systems, up to 80% of practicing nurses suffer from codependency; and

**WHEREAS**, nursing and feelings of moral distress lead to the development of skills to postpone or avoid nurses' feelings, leading impaired individuals to believe that their drug use is under their control;

**WHEREAS**, there are drug and alcohol treatment centers in many areas of Iowa; therefore be it leading impaired individuals to believe that their drug use is under their control; and

**WHEREAS**, according to the 2002 ANA Code of Ethics, "an impaired nurse may have difficulty remaining accountable for themselves and others for their actions or in assessing self competence";

**WHEREAS**, the 1990 Americans with Disabilities Act prohibits discrimination in the workplace because of a disability and now protects nurses suffering from substance abuse; and

**WHEREAS**, during the period of time that American healthcare is experiencing a severe nursing shortage and experienced nurses remain the key to low cost, effective health care, the importance of keeping experienced nurses providing care is of prime importance; and

**RESOLVED**, that the Iowa Nurses' Association:

- 1) provides support for immediately diverting impaired nurses from practice before harm or injury to the patient population can be realized
- 2) endorses the use of a nurse diversion program, in affiliation with the Iowa Board of Nursing and regional treatment centers in Iowa
- 3) continues to promote and monitor legislation which supports the rehabilitation and reinstatement of impaired nurses

**IMPLEMENTATION STEPS:**

1. Publish an article in INR on impaired nurses, patient safety, role of the co worker, and resources available through the Iowa Board of Nursing.
2. Support the Iowa Board of Nursing in their efforts to provide patient safety and rehabilitate nurses with chemical dependency.

3. Support legislation that encourages reporting of and rehabilitation of nurses who are working in the impaired nurse capacity.

**Cost: \$200**

**Priority: High**

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## # 4 Restraint of Trade Against ARNPs

### Reaffirmation 2005 Resolution # 14 and 2000 # 3

By Diane Anderson and Lynn Boes

**WHEREAS**, over the past three decades, research has continued to demonstrate that advanced registered nurse practitioners (ARNPs) have established and built upon a record of delivering quality health care (Mundinger, 2000); and

**WHEREAS**, great strides have been made in recent years to establish ARNPs as independent providers of health care services; and

**WHEREAS**, the Balanced Budget Act of 1997, section 4511 (Public Law 105-33) provided for the direct reimbursement to nurse practitioners (NPs) and clinical nurse specialists (CNSs) in all geographic locations and practice settings while these nurses function within their scope of practice and in collaboration with physicians (as state law defines these terms); and

**WHEREAS**, the Institute of Medicine (IOM) has recommended in the Future of Nursing report that nurse practitioners should be able to work to the full extent of their education and training (2010), and

**WHEREAS**, despite these achievements there are continuing indications that ARNPs face significant barriers in the health care marketplace that, in part, could be considered restraint of trade; and

**WHEREAS**, the Iowa Society of Anesthesiologists and the Iowa Medical Society, with admitted support from the American Medical Association, have brought suit against the Iowa Board of Nursing and Iowa Department of Public Health affecting individual practitioners related to the rulemaking allowing ARNPs to supervise those who utilize fluoroscopy in the performance of a variety of health care procedures, claiming that it is not legally proper for the ARNPs exercise this authority;

**WHEREAS**, these attempts to place barriers to access ARNP services will adversely effect health care delivery in Iowa; therefore be it

**RESOLVED**, that the Iowa Nurses Association work collaboratively with ARNPs across Iowa to identify attempts by other professionals to limit the scope of ARNP practice and reimbursement; and be it further

**RESOLVED**, that the Iowa Nurses Association take necessary steps to address attempts to limit advanced nursing practice by other professions, and be it further

**RESOLVED**, that the Iowa Nurses Association support education about advanced practice nursing

**IMPLEMENTATION STEPS:**

1. The Iowa Nurses Association will make materials available to parties upon request addressing the restraint of trade issue.
2. Publish an article in the INR about restraint of trade against advanced practice nurses.

**Cost: \$500**

**Priority: High**