

2012 Resolution #1  
**Health Care Issues in the Schools**  
**NEW**

By Sharon Guthrie & Iowa School Nurse Organization

**WHEREAS**, health and academic success are related; and

**WHEREAS**, there is an increasing number of students with complex chronic illnesses and each student's health needs are unique to their response and stage to the disease process; and

**WHEREAS**, single disease legislation does not meet the health needs of all students and creates fragmented services; and

**WHEREAS**, health promotion and disease prevention are cost effective and are within the scope of school nursing; and

**WHEREAS**, SF277 (2008) requires each school district to have at least one professional registered school nurse and to work toward the ratio of 1 school nurse to 750 students; and

**WHEREAS**, school nurse roles include provision of health services, leadership in providing healthy environments, care of students, faculty and staff, case management and care coordination, and collaboration with other community services; and

**WHEREAS**, to fill the gaps in care in the school setting for students with health concerns, a number of state legislatures are being asked to consider legislation that would allow the training of nonmedical staff (teachers, paraprofessionals, and others) to provide routine as well as emergency care to students with health concerns; and

**WHEREAS**, health services in schools increase "seat time" of students and decrease unnecessary need for parents to leave work when a health concern can be assessed by a professional registered school nurse; and

**WHEREAS**, research indicates that presence of a professional registered school nurse increases student attendance in schools; and

**WHEREAS**, state nurse practice acts define the scope of practice, vary state to state, and delineate what or if nursing services may be delegated and the conditions under which the delegation takes place. (Nursing assessment is a function of the registered nurse and cannot be delegated); and

**WHEREAS**, professional registered school nurses who are licensed registered nurses are necessary to provide safe, quality, effective, efficient, coordinate, comprehensive, collaborative care to students including development of individualized health plans when needed; as well as working with parents and the school personnel to achieve supportive, appropriate self-management of student health concerns; and

**WHEREAS**, the best solution for caring for students with chronic health concerns and students without chronic health concerns is to ensure that there is a full-time (professional) registered

(school) nurse in every school building have a nurse to student ratio of at least 1 to 750 is a stated goal of Healthy Iowans 2020, Healthy People 2020, and National Association of School Nurses; and

**WHEREAS**, professional registered school nurses provide holistic care and education that includes physical, emotional, and social wellness; therefore be it

**RESOLVED** that the Iowa Nurses Association work with the Iowa School Nurse Organization to advocate and promote the management and safe delivery of comprehensive school health services provided by a professional registered school nurse hereafter referred to as registered nurse and include:

- Identification and collection of student health related data that will support outcome measurement of health services; and
- Delegation of health tasks for the care of students based on the nurse practice act; and (Does not support the delegation of those registered professional nursing services that require assessment and/or emergency care);
- Advocates for nursing services that require assessment and/or emergency care to be performed by a registered nurse; and
- Advocates that, if a registered nurse is not available to attend to an emergency situation involving a student with health concerns that school personnel should activate emergency services immediately by dialing 911 or the appropriate local emergency number for assessment and treatment by a qualified health care professional and trained personnel at school; and
- Will work collaboratively with other state organizations to advocate for policy, legislation and/or regulation related to the safe delivery of care in schools for all students that protect both the student and the registered nurses in these settings; and
- Will continue to advocate for public policy and funding that provides for at least one full-time registered nurse in every school building, every day.

**Implementation Steps:**

1. Educate registered nurses regarding the issue in various communication modes.
2. Advocate a legislative position to follow safe delivery of care.

**Budget:** \$500

2012 Resolution #2  
**Pandemic & Seasonal Influenza**  
**By Mary Moser & Lisa Caffery**

**WHEREAS**, registered nurses and other health care workers are essential responders and caregivers during any influenza outbreak, and

**WHEREAS**, the Centers for Disease Control and Prevention found healthcare workers still resist receiving seasonal influenza vaccine each year, therefore be it

**RESOLVED**, (therefore be it) that Iowa Nurses Association support the educational efforts designed to increase the overall percentage of healthcare workers (nurses) and the general population(s), who receive the vaccine, and, be it further

**RESOLVED**, that the Iowa Nurses Association promote primary public health promotion methods and disease prevention including the standard precautions of hand washing, cough and sneeze techniques,

**Implementation Steps:** Publish an article in *Iowa Nurse Reporter* and post current information on the website. Monitor legislative intent language and appropriations to support wider immunizations.

**PROPOSED COSTS:** None

**PROPOSED PRIORITY:** Medium

2012 Resolution #3  
**Maintenance of Achievements in Tobacco Prevention & Control**  
**By Rosemary Holland**

**WHEREAS**, the American Lung Association has developed Report Cards for the individual states that measure how the individual state tobacco laws measure up to the best in the nation or the goals set by Federal. Agencies such as the CDC, and.

**WHEREAS**, in 2012 Iowa's Report Card reveals the following:

"F" for Tobacco Prevention and Control spending because state funding was cut by 55%,

"A" for Smoke free Air,

"D" for Cigarette Tax,

"F" for Cessation Coverage due to barriers to coverage, and

**WHEREAS** the State of Iowa is to be commended for passing the laws that prohibit smoking in public places, and

**WHEREAS** 92% of retailers will not sell tobacco to minors, and

**WHEREAS** the decrease in state funding has severely impacted the goals of The Division of Tobacco Use Prevention and Control, including Quitline Iowa cessation services, youth tobacco- use prevention programming, enforcement of Iowa's Smokefree Air Act, enforcement of laws prohibiting sales to minors and surveillance of tobacco use by adults and minors, and

**WHEREAS** tobacco is the leading preventable cause of death for 4400 adult Iowans, and

**WHEREAS** 15-19% of adolescents (depending on the survey) and 19% of adults use tobacco and

**WHEREAS** estimated annual health care costs due to tobacco use in Iowa are \$1,000,000,000 and

**WHEREAS** the tobacco industry spends \$1,000,000 per day on advertising in a variety of ways including retail store ads, incentivizing retailers with cash to decrease the cost of cigarettes to the consumer, and

**WHEREAS** the lobbyists for the tobacco industry continue to put pressure on Congress, state Legislatures and the FDA to weaken tobacco control and prevention Acts, and

**WHEREAS** there have been many successes such as Smokefree areas, smoking cessation programs, an increase in the tobacco tax and a decreased number of tobacco users, therefore be it

**RESOLVED** that the INA support the CDC best practices spending recommendations at the state level to maintain the gains in a Smokefree environment and the decreased use of tobacco, and be it further

**RESOLVED** that each INA member by action and discussion support the Tobacco Control and Prevention programs, and be it further

**RESOLVED** that each INA member in their work setting talk with their patients about tobacco use and the opportunities available to quit.

**Implementation Steps:**

1. Article in the INR re: the achievements of a Smokefree environment and the decreased use of tobacco and the need for continued vigilance to prevent erosion of these successes.
2. The Public Policy committee will monitor legislation that will have a negative effect on the Smokefree environment and Tobacco Control and Prevention programs and advise the membership.

**PROPOSED COSTS:** \$100

**PROPOSED PRIORITY:** High

Sources: American Lung Association

Iowa Department of Public Health

Iowa 2008 Adult Tobacco Survey

Division of Tobacco Use Control and Prevention

Youth Tobacco Prevention Program

Iowa Youth Survey

**2012 Resolution #4**

**Workplace Abuse and Harassment of Nurses**

**By 2012 Resolutions Committee**

**WHEREAS**, abusive behavior and/or abuse of authority and position can occur in any setting where nurses practice; and all forms of abuse and violence against nursing personnel, including sexual harassment, shall be condemned; and incidents of abuse against nursing personnel are considered to be violations of nurses' rights to personal dignity and integrity; and abuse and violence in the health workplace threatens the delivery of effective patient services; and if quality care is to be provided, nursing personnel must be ensured a safe work environment and respectful treatment; and

**WHEREAS**, the American Nurses Association has made workplace rights one of its core issues to promote healthy work environments in which all professional nurses work; and

**WHEREAS**, in 1993 the American Nurses Association House of Delegates supported a policy that identified making healthy and safe work environments for all nurses part of its strategic direction.; and

**WHEREAS**, the American Nurses Association established a Code of Ethics for nurses with Interpretive Statements which mandates that registered nurses:

*Respect the inherent worth, dignity, and human rights of every individual;*  
*Maintain compassionate and caring relationships with colleagues and others with a commitment to the fair treatment of individuals, to integrity-preserving compromise, and to resolving conflict*  
*Be responsible for creating, maintaining, and contributing to environments that support the growth of virtues and excellences and enable nurses to fulfill their ethical obligations; and*

**WHEREAS**, the same Code of Ethics for Nurses with Interpretive Statements mandates that professional organizations:

*Support and assist nurses who report unethical, incompetent, illegal, or impaired practice and to protect the practice of those who chose to voice their concerns; and*  
*Maintain vigilance and take action to bring about social change and speak for nurses collectively on issues such as violations of human rights; and*

**WHEREAS**, the same Code of Ethics for Nurses with Interpretive Statements is not open to negotiation and may supersede specific policies of institutions, of employers, or of practices; therefore be it

**RESOLVED**, that the Iowa Nurses Association shall adopt the following principles related to nursing practice and promotion of healthy work environment for all nurses:

1. (RESOLVED, That) All nursing personnel have the right to work in healthy work environments free of abusive behavior such as hostility, abuse of authority and position, denial of due process, and reprisal for speaking out against abuses; and
2. (RESOLVED, That) The language of The Code of Ethics for Nurses with Interpretive Statements is nonnegotiable and the ethical precepts of the code encompasses all nursing activities in all settings in which nurses practice, learn, teach, research, and lead, and may supersede specific policies of institutions, of employers, or of practice; and
3. (RESOLVED, The) Registered nurses shall not voluntarily participate in any deliberate infliction of abuse; or intentional lateral abuse or bullying of another nurse. (and;)

#### **IMPLEMENTATION STEPS**

1. Prepare an article for Iowa Nurse Reporter and INA website of the principles related to abuse in the work environments where the environmental health of nurses is affected.
2. Discuss with (IONE and any) other (management) organizations in health care which supervise nurses regarding workplace abuse and harassment/bullying of nurses. Encourage members to respond with supportive interactions toward nurses that are being abused and harassed in the work place.
3. Encourage nurses to become knowledgeable and active on workplace abuse and harassment/bullying as addressed in articles in (in environmental health issues) (that have been addressed under ANA's Occupational and Environmental Health

Task Force; and as addressed in articles in) the American Nurse Today and other periodicals noted for their research and expertise in bullying.

**PROPOSED COSTS:** \$1

**PROPOSED PRIORITY:** Top

#### **2012 Resolution #5**

#### **Electronic Health Records and Regional Health Information Organization**

**By: Pam Deichmann**

**WHEREAS**, a nurse collects, stores and uses a Nursing Minimum Data Set (NMDS) to perform the nursing process for patients, families, students, employees, residents, communities and underserved populations. (Werley & Lang, 1988; Clinical Information Systems, A Framework for Reaching a Vision, ANA & NIWG of AMIA, 2003); and

**WHEREAS**, a nurse coordinates the activities of the health care delivery system in many settings: home, school, church, business, hospice, hospital, skilled and nursing home and clinic office practices and data are used to measure nursing-sensitive quality outcomes. (Nursing Facts, ANA - Nursing-Sensitive Quality Indicators for Acute Care Settings and ANA's Safety & Quality Initiative); and

**WHEREAS**, the nurse's assessments and findings serve as the first line of discovery and clinical decision support within the electronic health record; and (Zielstorff, RD, 1998: Characteristics of a Good Nursing Nomenclature from an Informatics Perspective *Online Journal of Issues in Nursing*. Available [http://www.nursingworld.org/ojin/tpc7/tpc7\\_4.htm](http://www.nursingworld.org/ojin/tpc7/tpc7_4.htm))

**WHEREAS**, Electronic Health Records (EHRs) have been and are being implemented within the State of Iowa health care organizations and agencies; and each of these unique areas required standardization in clinical nomenclature yet specialized data elements within data sets to deliver safe care using up-to-date evidence-based practices. (McCormick & Jones, 1998, Part Two: "Is One Taxonomy Needed for Health Care Vocabularies and Classifications?" Retrieved from ANA; and

**WHEREAS**, Electronic Health Records require rigor and control with security access, HL7 messaging standards, recognized clinical terminology standards, Nursing Information and Data Set Evaluation Center (NIDSEC) nursing standards, and master patient index identifiers to share patient/client demographic elements, nursing care elements and service elements identified within the nursing minimum data set (NMDS) between agencies and organizations. (ANA, NURSING INFORMATION AND DATA SET EVALUATION CENTER (NIDSEC). Retrieved from [http://nursingworld.org/nidsec/index\\_v1.htm](http://nursingworld.org/nidsec/index_v1.htm)<http://nursingworld.org/nidsec/indexv1.htm>)

**WHEREAS**, the National Minimum Data Set (NMDS) are to provide nursing sensitive quality indicator and outcomes data and information about nursing care to influence practice, administrative and health policy decision making as well as stimulate nursing research and knowledge to improve the safety and quality care. (Nurse Facts, ANA, 2006); therefore be it

**RESOLVED**, that the Iowa Nurses Association establish and sustain a nurse position on the committee structure for development of the State of Iowa regional health information organization which sets forth data sharing standards, which comply with HIPAA law, for data collected and used within electronic health records/electronic medical records between entities, and be it further

**RESOLVED**, that the Iowa Nurses Association endorse education for nurses to learn about the experience of other states who have developed health information exchange networks to ensure a smooth transition of electronic medical record keeping in accordance to standardized nursing terminologies, NIDSEC standards, nursing minimum data sets and federal standards for health information technology, and be it further

**RESOLVED**, that the Iowa Nurses Association promote nurses participation in the development of Electronic Health Records within their practice environments, and be it further

**RESOLVED**, that the Iowa Nurses Association supports the American Nurses Association recommendations in use of nationally recognized and approved nursing terminologies within Electronic Health Records for uniform documentation of nursing care elements as defined for the Nursing Minimum Data Set, and be it further

**RESOLVED**, that the Iowa Nurses Association supports the American Nurses Association to ensure the Electronic Health Record contain the Nursing Minimum data Set with functions to meet the requirements of the NIDSEC standards to support a safe and quality nursing practice, and be it further

**RESOLVED**, that the Iowa Nurses Association seek the voice of nurses when state officials use data from any regional health information organization that directly or indirectly impacts the profession of nursing and ensures any extraction of data complies with the standards of the NMDS and NMMDS data elements within in a regional health information organization, and be it further

**RESOLVED** that the Iowa Nurses Association promote nursing leadership be involved in the development of quality indicator selections within electronic records.

**Implementation Steps:**

1. Promote legislation on use of the electronic health record.
2. Educate members about this issue in the *Iowa Nurse Reporter*.
3. Assure the nursing community is represented in any public discussion of electronic health records.

**PROPOSED Costs:** \$500

**PROPOSED Priority:** High

**2012 Resolution #6**  
**Proper Pharmaceutical Disposal and Effecting Change in Environmental Health**  
**By: Lisa Abbott & Kari Teeter**  
**Grand View Nursing Students**

**WHEREAS**, as research continues to develop, the effects of environmental pollution contributes to adverse health consequences (Smith, Garbaharran, Edwards, & Murdock, 2004; Bent, 2003; Severtson, Baumann, & Will, 2002; Schecter, Pavuk, Papke, Ryan, Birnbaum, & Rosen, 2003); and

**WHEREAS**, environmental hazards stem from pharmaceuticals, contaminated waters, air, soil, household products, improper sanitation, improper food disposal, leaking chemicals at industrial sites, and hazardous waste sites (Severtson, Baumann, & Will, 2002; Smith, Garbaharran, Edwards, Murdock, 2004; Cramer, Mueller, & Harrop, 2003; Bent, 2003; Schecter, Pavuk, Papke, Ryan, Birnbaum, & Rosen, 2003; Carruth, Gilbert, & Lewis, 1997); and

**WHEREAS**, the Environmental Protection Agency (EPA) has identified problems due to Pharmaceuticals and Personal Care Products (PPCPs) that are disposed directly into the sewage system, landfills, and other sources that could leak into the water system (Iowa Pharmacy Association, 2004); and

**WHEREAS**, PPCPs found include: “antibiotics, hormones, painkillers, antidepressants, and an array of other medications...” (National Environmental Health Association, 2004, p. 42) resulting in alarming uncertainties regarding health and environmental damages

**WHEREAS**, a U.S. Geological Survey study detailed the presence of prescription and non-prescription drugs, hormones, and other compounds, in a network of 139 targeted streams across the United States (Smith, 2002)

**WHEREAS**, flushing medications down the toilet is no longer recommended because treatment plants do not have standards to remove PPCP residue from water (Wick, 2003)

**WHEREAS**, limits in education and research regarding environmental concerns have kept nurses from fully exploring the depth of the consequences that the environment plays upon human well-being (Bent, 2003; Neuffer & Narkunas, 1994; Bent 2003; Carruth, Gilbert & Lewis, 1997); and

**WHEREAS**, Now in the past few years show the value that community coalitions, which include nurses, played in creating legislation that affects change, solving community problems, and addressing community needs in the areas of proper disposal and environmental health (Perry, 2005; Cramer, Mueller, & Harrop, 2003); and

**WHEREAS**, “our vast numbers and ubiquitous presence has provided nursing with opportunities to assume leadership roles in local and national efforts to reduce environmental health threats to our citizens” (Butterfield, 2002, p.33); and through INA nurse participation in ANA Occupational and Environmental Health Task Force

**WHEREAS**, “the main reason to continue nursing efforts in environmental health is our constituents—clients, consumers, and communities—are seeking guidance on how to respond effectively to environmental health threats” (Butterfield, 2002, p.41); and

**WHEREAS**, research has indicated a lack of health promotion, disease prevention, financial constraints, and knowledge barriers are hindering formal education on environmental health effects (Smith, Garbaharran, Edwards, & Murdock, 2004; Bent, 2003; Huang, 2005); and



**WHEREAS**, in the past few years, most of these areas are now in the process of being implemented or have been implemented in Iowa and in many State Nurses Associations with the support of the ANA Occupational & Environmental Health Task Force research. This has indicated that the following benefits of improved educational awareness on environmental hazards include: increased health seeking behaviors, decreased health disparity, public and political awareness of detrimental effects, increased quality of health, and better understanding of human illness experiences (Smith, Garbaharran, Edwards, & Murdock, 2004; Huang, 2005; Bent, 2003; Carruth, Gilbert & Lewis, 1997; Neuffer & Narkunas 1994); therefore be it

**RESOLVED**, that the American Nurses Association (ANA) and the Iowa Nurses Association (INA) continue to promote awareness among practicing nurses, administrators, and educators of the effects that improper pharmaceutical disposal played on individual health and include:

- That nurse educators continue to evaluate their curriculum and make changes to create awareness or education of nursing students on their environmental responsibility to safely dispose of pharmaceuticals and personal care products (PPCPs); and be it further
- That training sessions be available to educate and inform practicing nurses and administrators on practical and economical solutions to safely dispose of pharmaceuticals and personal care products (PPCPs); and be it further
- That American Nurses Association and Iowa Nurses Association and the Department of Public Health, local hospitals, clinics, and other health care providers (have been) continue to be supportive in continuing to address these environmental health issues; and be it further
- That there is a continued effort(s) of INA nurse representatives to participate in the ANA Occupational and Environmental Health Task Force and share the progress with the INA membership. (in all Environmental Health issues being made across the 50 states).

**IMPLEMENTATION STEPS:**

1. Publish an article in the *Iowa Nurse Reporter* on the progress made in this environmental health issue.
2. Support a working coalition of multidisciplinary organizations on this issue, to include the Iowa Pharmacy Association
3. Participate actively and support the Pharmaceutical endeavors currently in place in Iowa
4. Educate community about present programs promoting the safe disposal of pharmaceuticals.

**PROPOSED COSTS:** \$400

**PROPOSED PRIORITY:** Medium