

**Alaska Nurses Association (AaNA)  
2011 Resolution #1**

*Unavailable at this time.*

**Alaska Nurses Association (AaNA)**  
**2011 Resolution #2**  
**Resolution on Polybrominated Diphenylethers (PBDEs)**  
**11/6/2011**

*Whereas*, PBDEs are persistent toxic, endocrine-disrupting flame retardant chemicals added to plastics, foam products and textiles; and

*Whereas*, prenatal exposures to PBDEs at levels commonly found in households have been shown in studies to be associated with adverse neurodevelopmental effects in young children; and

*Whereas*, people living in North America have levels of PDBEs that are 10-40 times higher than individuals living in Europe or Japan and people living in northern regions, such as the Arctic are particularly vulnerable to PBDE exposure; and

*Whereas*, safer and economically viable alternatives are available and are already being used by some manufacturers of computers and other products; and

*Whereas*, the American Public Health Association and International Association of Fire Fighters have urged the phase-out of PDBEs and other harmful chemicals when safe alternatives are readily available;

*Therefore be it resolved*, that the Alaska Nurses Association supports the passage of SB 27 and HB 63.

approved       rejected

**Alaska Nurses Association  
2011 Resolution #3  
Priorities for the 2012 Alaska Legislative Session**

Be it resolved that for the coming year the following will be the priorities for the Alaska Nurses Association's legislative efforts:

Monitoring for any proposed amendments to AS 18.20.400;

Support incentives and loan forgiveness for students in health occupations including nurses and advanced nursing education;

Ensure efforts to expand the number of Alaskans who can obtain reasonably priced health insurance through support of funding for the expansion of Denali KidCare program and supporting new and innovative programs that would make health insurance affordable for most, if not all Alaskans.

To ensure safer workplaces and to encourage safe patient handling;

To support reauthorization of the Board of Nursing;

Ensure the Alaska Nurse Practice Act is not amended in such a way as to harm the nursing practice;

Monitor activity pertaining to Title Protection for nursing professionals;

Support efforts to change AS 47.05.300-47.05.390 on the model of New Mexico legislation Section 29-17-5—Criminal History Screening, in order to make this statute more just and less onerous for Alaska health care workers;

Work to improve Alaska's disaster preparedness and;

Support expansion of the Alaska State funding for Immunizations.

Adopted

Rejected

**Alaska Nurses Association (AaNA)**  
**2011 Resolution #4**  
**Resolution on Disaster Ethics**  
**11/6/2011**

Whereas, Alaska has great potential to experience disasters such as earthquake, volcanic eruption, flooding, wildfires, tsunami and major disease outbreak; and

Whereas, Alaska's vast geography, isolation and vulnerability have an impact on interstate and intrastate movement of assistive personnel and resources with reliance and dependence on air delivery; and

Whereas, large-scale disasters can quickly overwhelm even the most sophisticated of health care systems; and

Whereas, other states have dealt with ethical issues of licensed health care workers and resource allocation during a disaster; and

Whereas, licensed health care professionals in Alaska have only a "Good Samaritan" law for protection out of the normal work day; and

Whereas, health care professionals (HCPs) and regulatory bodies must confront the need to alter ways in which health care is administered; more specifically, maximizing the number of lives saved may require prioritizing scarce equipment, supplies, and personnel, providing care in nonconventional settings and potentially changing thresholds for critical care; and

Whereas, in a disaster individual health care professionals (HCPs) may be forced to make independent decisions to prioritize scarce resources; and

Whereas, the weight of such decisions has the potential to cause great stress and significant liability concerns for HCP's as evidenced by the legal actions taken after the 2005 Gulf Coast hurricanes; these decisions can introduce significant legal and professional implications if not addressed in advance.

Therefore be it resolved that, the AaNA shall support legislation directed at remedying this problem, and shall support individuals and organizations that bring this issue to legislation; and,

Therefore be it resolved that, the AaNA shall distribute this resolution to all members to better educate and prepare them to encourage discussion

and future legislation to protect health care workers assisting in the time of disaster and,

Therefore be it resolved that, the AaNA calls upon all members to take this resolution to their worksites to distribute and discuss these issues,

Therefore be it resolved that, this resolution, upon passage, be released to state and regional broadcast, print media and Internet sources.

Accepted

Rejected

**Nurse Alaska Nurses Association  
2011 Resolution #5  
Health Care Worker Safety Resolution  
11/6/2011**

*Whereas* healthcare workers (HCWs) have injury rates of nearly double that of construction workers and farmers (*NIOSH 2000*) and

*Whereas* musculoskeletal injuries rank 2<sup>nd</sup> among all work related injuries with the greatest number among HCWs and

*Whereas* technology continues to improve to protect HCWs from musculoskeletal injury and

*Whereas* it took the passage of national needle stick legislation to mandate that the healthcare industry supply safe needle devices for HCWs and

*Whereas* the Coalition for Health Care Worker and Patient Safety (CHAPS) is a national organization comprised of many groups concerned for HCW safety *Therefore be it*

*Resolved* that the 2009 AaNA General Assembly supports a culture of no manual lifting and *therefore be it further*

*Resolved* that the AaNA BOD will have a liaison work with the National group CHAPS and *therefore be it further*

*Resolved* that AaNA members will be encouraged to write letters and speak to legislators on behalf of passage of National House Resolution, HR 2381

approved

rejected

**AaNA Resolution to Support the practice of Expedited Partner  
Therapy (EPT)  
2011 Resolution #6  
11/6/11**

Whereas, Alaska had the highest Chlamydia infection rate in the nation in 2010, and has consistently had the first or second highest rate in the nation since 2000, and

Whereas, there was a 13% increase in cases of Chlamydia from 2009 to 2010, with the highest rates noted in rural Alaska; and

Whereas, Alaska had the 6<sup>th</sup> highest Gonorrhea infection rate in the nation in 2010; and

Whereas, Expedited Partner Therapy (EPT) is the practice of treating the partners of individuals who have tested positive for Chlamydia and Gonorrhea without any clinical evaluation by practitioner's writing prescriptions for patients to give their partners or by directly giving patients the medication to give their partners, along with the proper patient education materials.

Whereas, the goal of EPT is to provide an extra measure or tool in preventing the spread of sexually transmitted infections, a major health issue in our state.

Whereas, the Center for Disease Control and Prevention has endorsed the practice of expedited partner therapy to prevent the transmission of Chlamydia and Gonorrhea.

THEREFORE BE IT RESOLVED, that the Alaska Nurses Association will support the practice of the use of Expedited Partner Therapy (EPT) as an extra tool in preventing the spread of sexually transmitted infections.

approved

rejected