ANAC Responds Politically for Community College Nursing Programs

I am very pleased that ANAC is taking the lead and seeking legislation to remedy several problems that affect nursing education and the scope of practice for nurses in California. Under its new name, The American Nurses Association of California, the professional nursing association is quickly rebuilding the political powerbase it held before 1995.

This legislative session, ANAC worked closely with Assemblyman Thomas Berryhill, Barbara Whitney, administrator from the Community College Chancellor’s Office and Diane Welch, chairperson of the Community College Nursing Advisory Board to support AB 1559. Assemblyman Thomas Berryhill authored the bill which successfully passed the Assembly and Senate in September. The Governor signed the bill into law in October. The law amends the California Education Code to permit impacted programs in the community college system to have admission criteria that includes academic performance. The law will permit each nursing program to determine the admission criteria that best meets the needs of the students in their district and provides qualified students the greatest opportunity to successfully complete the nursing program. The amended Education Code is expected to reduce the high attrition rates that currently exist in several community college nursing programs.

ANAC supported SB 139 authored by Senator Jack Scott. The bill provides funding to increase capacity in the Community College and the California State University nursing programs and provides loans for nurses seeking careers in nursing education. SB 139 includes a provision for the establishment of a statewide health workforce clearinghouse by the Office of Statewide Health Planning and Development. Annual reports will be provided to the Legislature and Governor identifying the shortages of health care workers, including nurses. Currently, California educates 50% of RNs needed in the state. SB 139 addresses the need to establish additional nursing programs in the CSU and UC systems to educate the state’s nursing workforce. If California hopes to educate its own nursing workforce of 400,000 RNs, the nursing programs will have to graduate 16,000 new nurses every year until 2030.

ANAC Provides Legal Assistance to School Nurses

ANAC assisted the California School Nurses Organization (CSNO) to pursue a legal remedy for school nurses regarding the administration of insulin to diabetic children in the grade schools. In addition, legal assistance was provided by the American Nurses Association to the California School Nurses Organization (CSNO). ANA crafted the document that described the liability of the California Department of Education if it continued its effort to allow the administration of insulin to children by unlicensed school personnel. The details of this effort are presented in another section.

ANAC Provides Assistance to Advanced Practice Nurses

ANAC took the lead to assist the advanced practice nurses in their effort to seek legislation for prescriptive authority to patients. Several advanced practice specialty nursing associations that include nurse practitioners, nurse mid-wives, clinical nurse specialists and psychiatric nurses are seeking similar legislation. ANAC is working with these specialty nursing organizations to craft legislation that will collectively meet their scopes of practice.

ANAC is committed to help all Registered Nurses in California

I hope all RNs in California will regard the American Nurses Association of California as their political advocate to protect their scope of practice, remedy (Continued on page 4)

The American Nurses Association, ANA\California File Lawsuit Against The California Department Of Education

Groups Urge School Administrators to Hire More RNs

The American Nurses Association and its state affiliate ANA\California filed a lawsuit with the Superior Court of the State of California against the Superintendent of Public Instruction and the California Department of Education to remedy violations of law arising from its directive that calls on unlicensed volunteer school employees to administer insulin to students with diabetes. Specifically, the groups claim the State Department of Education is in violation of the Nursing Practice Act by permitting unlicensed school personnel to administer insulin in the absence of a true emergency. Further, the complaint notes that requiring registered nurses to provide training and oversight to unlicensed personnel will place California nurses at risk of disciplinary action by the State Board of Nursing, including the possible loss of their license. The ANA and ANA\California also contend that the Department of Education failed to give notice and an opportunity to comment on its directive, thereby violating the California Administrative Procedure Act.

“Not only is the California Department of Education breaking state law with this directive by violating the established scope of nursing practice, but by negating the need for licensed nurses to administer insulin , they are placing the children at risk. We urge California school administrators: Meet federal non-discrimination and education requirements by hiring more school nurses,” remarked ANA President Rebecca M. Patton, MSN, RN, CNOR.

ANA believes all children in educational settings should have access to a full range of health services and recommends the assignment and daily availability of school nurses at a ratio of one for every 750 students. In California, the ratio of nurses to students is approximately 1 to 2700. ANA has supported numerous bills to require a school nurse in every school district but to no avail.

“We believe there should be a school nurse available to provide insulin and other medication needs for children (Continued on page 4)
Have you or one of your colleagues been recognized for an accomplishment, elected to office, won an award, or received a grant or scholarship, launched a new venture? Tell us about it! Send name, address, phone number, and material for an accomplishment, elected to office, won an award, or received a grant or scholarship, launched a new venture? Tell us about it! Send name, address, phone number, and 25x1042 accomplishes—

Article Submittal to The Nursing Voice

ANA California accepts and encourages manuscripts and editorials be submitted for publication in the association's quarterly newsletter, The Nursing Voice. We will determine which letters and articles are printed by the availability of publication space and appropriateness of the material. When there is space available, ANA California members will be given first consideration for publication. We welcome signed letters of 300 words or less, typed and double spaced and articles of 1,500 words or less. Articles printed in The Nursing Voice do not necessarily reflect the views of ANA California; its membership, the board of directors or its staff.

ANA California's official publication, 'The Nursing Voice' editorial guidelines and due dates for article submittal is as follows.

Next Article Submission Deadline:
January 14, 2008 for the March 2008 Edition

1. Manuscripts should be word processed and double-spaced on one side of 8 1/2 x 11 inch white paper. Manuscripts should be emailed to Editor at TheNursingVoice@yahoo.com.
   a. Manuscripts should include a cover page with the author's name, credentials, present position, address and telephone number. In case of multiple authors, list the names in order in which they should appear.
   b. The Nursing Voice reserves one-time publishing rights. Articles for reprint will be accepted if accompanied with written permission.
   c. The Nursing Voice reserves the right to edit manuscripts to meet style and space limitations.
   d. Manuscripts may be reviewed by the Editorial Staff.
   e. Manuscripts submitted by members of ANA California will be given first consideration when there is an availability of space in the newsletter.

2. Photographs should be of clear quality. Black and white photographs are preferred but not required. Write the correct name(s) on the back of each photo. Photographs will be returned if accompanied by a self-addressed, stamped envelope. Mail photographs to: Samantha Hunter, Editor, The Nursing Voice c/o ANA California, 1121 L Street Suite 409, Sacramento, CA 95814.

3. E-mail all narrative to TheNursingVoice@yahoo.com

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The official publication of the ANA California shall be The Nursing Voice. The purpose of this publication shall be to support the mission of ANA California through the communication of nursing issues, continuing education and significant events of interest. The statements and opinions expressed herein are those of the individual authors and do not necessarily represent the opinion or views of ANA California; its staff, the Board of Directors, or the publications editors. Likewise, the appearance of advertisers, and/or their views and opinions, do not constitute an endorsement of products or services featured in this, past or subsequent issues of this publication.

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The Nursing Voice is published quarterly and is complimentary to ANA California members, schools of nursing and their nursing students, affiliates of the association and their memberships. If you would like to submit an article for publication, please see 'Article Submission for The Nursing Voice' in this issue for deadlines and submission details.

If you would like to receive this publication, or you would like to stop receiving this publication, please write or call the ANA California at (916) 447-0225 or fax to (916) 442-4394. Please leave your full name, complete address or address correction and a phone number should we need to contact you. Or fill out and mail in the Update Request Form found in this newsletter.

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The legislative session has ended and we are still awaiting health care reform. It is October and the legislature has been called by Governor Swartzenegger but so far nothing has been proposed by the legislature. The Governor has released his proposal and there has been much public support in printed media and on television. ANA\C has attended information hearings, provided testimony and participated in phone conferences as an interested party. We applaud the efforts of the Governor to push California to provide universal health care. We recognize that no one is going to get everything they want but passing a package that provides healthcare for all Californians is a major step. To date only very small states have passed universal health care. If a state as large as California can pass health reform then we can be a model for the rest of the nation.

The legislature returns in January for the second year of the two year session. Everyone is gearing up for elections. All 80 seats of the State Assembly are up for election and 20 of the Senate seats are up for election. All the Congressional seats will be up for and election and we will have a Presidential primary as well. For the first time California will hold two primaries, a Presidential primary in February and a regular primary for everyone else in June. In our next edition of the Nursing Voice we hope to highlight nurses who are involved in different Presidential campaigns. If you are involved we would love to hear from you!

The ANA\C held its biannual General Assembly the first week in October. The agenda included a major bylaw revision to reflect the new structure of the ANA\C Board. The 2005 General Assembly had given the ANA\C Board permission to develop and implement the proposed new structure. For the last two years the board has developed the job descriptions, updated policy and procedure, restructured our financial reports and developed the working model that was passed by the membership this October! The General Assembly also passed resolutions relating to nursing mentorship, education and practice. These resolutions are what establish the policy for the ANA\C legislative and advocacy agenda.

The Golden State Nursing Foundation held a board meeting on Friday and their annual auction on Saturday night. The auction included numerous new and old items such as Cherry Ames books and a “real” Florence Nightingale lamp. The attendees decided to all chip in and “bid” on the lamp that was donated to the future nursing museum.

The GSNF held an ANA\C Disaster Task Force meeting in July. The task force has come a long way in identifying the needs for providing identified trained health care professionals for a disaster. The task force reviewed the data that has been collected to date and worked on tightening up the project goals. Myrna Allen, RN MS is leading the task force with Barbara Hanna and Kristine Warner, developing the final proposal. So much has happened in the state and nation around the issues of having an appropriate health care volunteer team. ANA has released for comment a white paper on health care services in a disaster. IF you wish to comment on this draft please visit the ANA website.

There have been three hearings, held by the Board of Registered Nursing and the California Medical Board, about who can provide clients with aesthetic procedures. Many nurses are functioning in this field including nurses who are in private practice. ANA\C is putting together a task force to develop a position paper on the practice for our General Assembly and ultimately to take to the American Nurses Association House of Delegates. These position papers helps ANA and ANA\C lobbyists provide testimony and advocacy that reflect the membership. There is a detailed article on these hearings in this paper. If this is your area of practice please notify the office and we will add you to the task force!
The 2007 NurseWeek Nursing Excellence Awards gala, held Sept. 28 at the Hilton Orange County/Costa Mesa during the week of the Harvest Moon, yielded an exceptional crop of achievements. In the words of keynote speaker Susan Odegard Turner, RN, MN, MBA, PhD, the statewide nurses officer for the California Prison Health Care ReceiverShip Corp., the winning nurses all sowed the seeds for success by displaying the characteristics of nurse-champions. Turner noted the tendency by sharing these characteristics, which included courage and a stick-to-it attitude.

Judith L. Papenhausen, RN, PhD, director of the California State University San Marcos School of Nursing, was also honored for exemplifying these nurse-champion qualities when she received the Diane F. Cooper Lifetime Awards. The nursing community regards Papenhausen, the founding faculty member of the school, as an inventive leader with the remarkable ability to turn her visions into reality.

How the winners were chosen
NurseWeek’s Excellence Awards recognize extraordinary contributions nurses make to their patients, each other, and the profession. Nominators submitted information about nurses’ professional roles, their contributions to the nursing profession in general, and specific examples that demonstrate the candidates’ excellence in a chosen category. Nominators submitted information about nurses’ professional roles.

Finalist nominations were blinded and ranked by regional nursing leaders on the judging panel. Regional winners in each category will be judged against other winners from across the country, with overall Nurse of the Year winners in each category to be announced at the end of the year. Finalist nominations were blinded and ranked by regional nursing leaders on the judging panel. Regional winners in each category will be judged against other winners from across the country.

Johnson and Johnson’s commitment to nursing
The Johnson & Johnson Campaign for Nursing’s Future is the national sponsor of the 2007 NurseWeek Excellence Awards. Johnson & Johnson’s mission is to bring attention to the severe shortage of faculty in our nation’s nursing schools, and the company launched a faculty scholarship program to help qualified RNs obtain the advanced education needed to transition into teaching.

To honor the efforts of Johnson & Johnson’s Campaign for Nursing’s Future, NurseWeek will donate $5,000 to the campaign’s faculty scholarship fund, which is administered by the Foundation of the National Student Nurses’ Association. This donation will be made in the name of the national winner in the teaching category of the NurseWeek Excellence Awards.

Advancing and Leading the Profession: RNs who have made contributions that have advanced, strengthened, and showed evidence of leading nursing as a profession.

Teaching
Christiana F. Lassen, RN—BC, MS, CRNN Lassen has a knack for guiding and inspiring nursing students toward career goals and leadership roles in the profession. Although taking a new job in January as director of management support services at Long Beach Memorial Medical Center, Kingsbury has dedicated weekends and off-work hours to remain mentor to the California Nursing Students’ Association (CNSA) and its 10-member board of directors. She gives priority to board member emails and phone calls and has even missed work to attend CNSA meetings and conferences to help students with personal and professional issues.

Teaching
Christiana F. Lassen, RN—BC, MS, CRNN Lassen, assistant director of nursing education at Rancho Los Amigos National Rehabilitation Center in Downey, takes an interdisciplinary approach to teaching courses that range from wound care to disaster preparedness. She promotes continuing education and prepares RNs for an national certification exam in rehab nursing. Lassen, an enthusiastic motivator, acts as faculty liaison for affiliated nursing schools, assisting students with skills needed for working in the rehab environment, where she has spent more than 15 years of a 40-year nursing career.

Excerpts taken from John Leighty (who is a freelance writer for NurseWeek articles).

August 31, 2007
Re: Letter to the editor: One Nurse’s Response to Superintendent O’Connell Selling Out Nurses in California
I read with interest the article about Superintendent O’Connell selling out Nurses in the State of California and find the problem much deeper. As a Nurse, who has practiced solely in this state for over twenty years in a variety of rolls and a mother of four children who are attending, or have attended school in the Capistrano Unified School District within California’s School District, I feel that the school districts sold nurses out a long time ago!

Correcting each of my children repeatedly and consistently from calling some tech, or mother at their schools “nurses” had the ovaries to challenge a teacher or custodian, transporters, and other support personnel. The Nursing Practice Act defines in Section 2725, without holding a license which is in an active status issued under this chapter except as otherwise provided in this act;” Further, the Code provides in section 2725 that the practice of nursing encompasses treatment protocols that “require a substantial amount of scientific knowledge or technical skill.” such as “direct and indirect patient care services, including, but not limited to, the administration of medications...”

As a Nurse, who has practiced solely in this state for over twenty years in a variety of rolls and a mother of four children who are attending, or have attended school in the Capistrano Unified School District within California’s School District, I feel that the school districts sold nurses out a long time ago!

(Continued from page 1)
on every school campus,” said ANA/California Executive Director Tricia Hunter, RN. “This is unfortunate this self-serving rewards schools that have failed to pay their nurses. This settlement has put the nurses in an untenable situation. We do not agree that unlicensed, non-healthcare personnel will replace nurses in nursing schools.”

This California Board of Education decision is at odds with state law regarding the functions performed by unlicensed personnel. The Nursing Practice Act provides in Business and Professional Code 2723 that “No person shall engage in the practice of nursing, as defined in Section 2725, without holding a license which is in an active status issued under this chapter except as otherwise provided in this act;” Further, the Code provides in section 2725 that the practice of nursing encompasses treatment protocols that “require a substantial amount of scientific knowledge or technical skill.” such as “direct and indirect patient care services, including, but not limited to, the administration of medications...”

As a Nurse, who has practiced solely in this state for over twenty years in a variety of rolls and a mother of four children who are attending, or have attended school in the Capistrano Unified School District within California’s School District, I feel that the school districts sold nurses out a long time ago!

(Continued from page 1)
AfterCollege Partners with the American Nurses Association California to Provide Exclusive Job Opportunities for Experienced Nurses

New Partnership Offers Employers Unparalleled Access to Largest Population of Nurses in California

October 9th, 2007—San Francisco—AfterCollege, Inc., the nation’s largest career network specializing in recruitment at the college level, today announced a partnership with the American Nurses Association California (ANA/C), the primary nursing association for professional nurses in the state. This announcement represents AfterCollege’s entry into the professional nurse recruitment space.

AfterCollege will be the exclusive provider of the ANA/C job site, using its patented technology to create a Job Resource Center for the association to target relevant nursing jobs to the ANA/C membership. The site is designed to be an easy-to-use, cost-effective tool for nurses in the state to access job opportunities.

The addition of such an extensive and recognized nursing association to the AfterCollege network means that both nursing students and experienced nurses registered as the members of ANA/C will have greater resources available to them throughout their careers. By creating and fostering a relationship with ANA/C, AfterCollege offers both employers and jobseekers access to the information needed to make optimal career and hiring decisions.

“We are extremely excited about our partnership with AfterCollege and the many job opportunities it brings to our members” says Louise Timmer, President of ANA/C. “Everything from the ease of use of their services, to the highly reputable employers they work with make AfterCollege the obvious choice to host the ANA/C job site.”

“The addition of ANA/C to our network of partners will be beneficial for both AfterCollege and the association”, says Marc Dee, Director of University Relations. “We look forward to offering career resources to ANA/C members, as well as a group of highly qualified candidate pool to our healthcare employers.”

PrEsiDENtS PEN: AS i SEE it . . .

Problems in the Work Environment and Professional Development

The responsibility of ANA and all of the state membership associations, including ANA/C, was established in 1904 by the nation’s nurses to protect the scope of nursing practice, to advance the profession of nursing, to protect all RNs in their work environments, and to safeguard the general and economic welfare of nurses.

Membership provides Political Solidarity and Power—Dues Pay Expenses for RNs in California

Slowly but surely, nurses are renewing their membership in ANA. The reestablishment of ANA in California started in 1996. It has been 11 years and with the ANA/C newspaper, RNs are discovering that ANA is back in the state. ANA/C is quickly reestablishing former relationships and developing new relationships with the nursing organizations and collaborating with them to craft legislation and remedy problems that affect the scope of practice in California. ANA/C has three very active RN lobbyists who have very positive and respected working relationships with the legislators and Governor. The office is contacted on a regular basis to seek advice and information on issues that affect nursing education, nursing practice and health care. The ANA/C office is located directly across from the state Capitol and the Executive Director, President, and lobbyists can be accessed within minutes by the legislators and Governor.

If all 387,000 RNs belonged to ANA...

It is crucial that all 387,000 RNs join ANA. The office needs to know which RNs are available for information, to testify, to help with the work of the association, and to be appointed as a member of the state and national task forces, committees and commissions that address nursing education, nursing practice and health care. The dues provide the money for the RNs to address the state and across the country. Dues also help support the CE programs, press releases, and research endeavors. Dues support the nursing documentaries that inform the public about the issues and problems existing in the work environments. Dues support the efforts of the California Nursing Outcomes Coalition (CalNOC) to study the outcomes of nursing care in hospitals. Dues support studies to evaluate the innovative strategies used to prepare nursing students to meet the future needs of health care.

Dues make Money available for all RNs in California...

The amount of money available to ANA/C for the needs of nursing education and practice is determined by the number of RNs in California who belong to ANA. Of the yearly dues, 50% is returned to ANA/C to support activities and projects in the state. If all 387,000 RNs belong to ANA, the state association would receive several million dollars every year to assist RNs in California and dues would decrease making ANA/C very affordable. In addition, the annual membership, graduate and student membership should increase by 9,000 new members each year from California. The dues are tax deductible and the small amount each year gives all RNs immeasurable protection for their scope of practice, professional advancement, the quality of the work environment, and economic welfare throughout their nursing care.

If any RN has a problem, need or concern related to the work environment, scope of practice, professional development, general and economic welfare, please contact the office by phone: 916-447-0225 or email: info@anacalifornia.org. A response will be returned in a timely manner. Every nurse is valued by ANA/C and the office is open everyday to answer your questions and requests.

Become a Leader in Your Professional Organization

Become a leader in the professional organization that represents all California nurses no matter scope of practice by running for office in the 2009-2011 election. By deciding to run for an ANA/C elected position, you make a choice to invest in your future and the future of health care. ANA/C leaders have the capacity to influence public policy, professional nursing standards, and the advancement of the association. As a leader, you will become a part of the history and tradition of ANA/C and ANA—forging the way for the health care system of the future and ensuring that nurses remain essential providers in all practice settings. You will help ANA/C and the nursing profession remain strong and united.

The benefits of being an ANA/C leader can be both personal and professional, and can provide you with skills that can be applied to many areas of your life. Here are just a few to think about:

• Increase your opportunities to mentor, to be mentored, to gain peer recognition, to share your expertise and ideas.
• Enhance your development as an individual and as a professional through strengthened communication and organizational skills.
• Be on the cutting edge of a new and better health care for the American public.
• Develop marketable skills for articulating your views, engaging with a diverse membership and speaking publicly.

Any current ANA/C member, who does not concurrently serve in a leadership position of another professional organization if such participation might result in a conflict of interest with ANA/C, meets the criteria to run for an elected position. ANA/C expects the best from its leaders just as you have the right to expect the best from your association. As an association leader, you will:

• Support the goals of ANA/C for the association through participation in meetings, conference calls and electronic communications.
• prepare for each meeting and conference call by reviewing materials ahead of time.
• review mailings and respond to items requiring action between meetings.
• be available to serve on subcommittees.
• attend meetings of other health care organizations or organizational units as a representative of your structural unit.
• present reports or serve as a spokesperson for media-related activities.

Your time commitment to the association will depend upon the position to which you are elected. You may need to request your employer’s support for the time commitment you make. Most employers will view your leadership role as a benefit to them—through your increased knowledge and distinction as an ANA/C leader.

ANA/C Board of Directors

The Board of Directors (BOD) is the corporate body of ANA/C composed of four officers (President, Vice-President, Secretary and Treasurer) and five directors elected by the general membership. Refer to ANA/C bylaws, Article VII for a complete description of the responsibilities of the Board of Directors. Bylaws are available at www.anacalifornia.org or through the office at 916-447-0225.

Duties of Officers

The President of ANA/C shall serve as the Official representative of the association and its spokesperson on matters of association policy and position; as the chairperson of the General Assembly, the Board of Directors and the Executive Committee of the Board; and be a member of all committees except the Ballot Committee; and a delegate to the House of Delegates of ANA.

The Vice-President shall assume duties of the President in the President’s absence and shall oversee any necessary review of bylaws, strategic pathways, and Organizational Process and Appeals. The Vice-President shall also oversee planning and preparation for the General Assembly including Awards, Reference and Bylaws activities at the Assembly.

The Secretary shall be responsible for ensuring that all records are maintained from the meeting of the General Assembly and the BOD, and notifying members and chapters of meetings of the General Assembly.

The Treasurer shall be responsible for supervising the fiscal affairs of the association and providing reports and interpretations of the financial condition of ANA/C to the membership, General Assembly and the BOD.

Assistant Director, Nursing Practice shall focus on understanding, interpreting, and advocating for legislative, regulatory, and policy issues regarding nursing practice.

Director, Nursing Education shall focus on understanding, interpreting, and advocating for legislative, regulatory, and policy issues regarding nursing education.

Director, Health Issues shall focus on understanding, interpreting and advocating for legislative, regulatory and policy issues relating to health.

Director, Membership and Communications shall focus on membership recruitment, retention, and resources. This director’s responsibilities will include oversight of the newsletter, website, list-serves (Yahoo groups), archives, chapter development, and public relations.

Director, At-Large shall focus on assisting with transition to the new reorganization structure and function.

Contact ANA/C if you have further questions or if you would like to receive the necessary documents for the 2009-2001 elections. Deadline for completed consent to serve packets is November 1, 2008.
Every year the National Council of State Boards of Nursing has a delegate meeting. Each state board with a contract for the licensing examination for Registered Nurses and Licensed Vocational/Practical Nurses has two delegates. The Delegates vote on issues such as model practice acts, regulatory policy and who can be a member.

**Medicine Aide and APRN Board**

The two big issues this year were whether licensing boards for advanced practice could be members of the Delegate body and a model curriculum for medical assistants. The Delegate body was also given reports on research being done about nursing regulation and statistics about licensure.

Two states have separate boards for advanced practice. Illinois, whose board is an advisory board has combined the APRNs (Advanced Practice Registered Nurse) with the RN advisory board; Nebraska is the only state that still has a separate APRN board. The purpose of the NCSBN is to develop and contract for a licensing examination. There is much concern about adding members to the Delegate body who do not contract for the examination but yet would have a vote on the contract, examination plan and development. Many of us believe this would be setting a bad precedent. The Delegates accepted an amendment that is interpreted to give them the authority of vote on admittance of such a board. No action was taken at this meeting.

There are three types of boards in the United States. There are totally independent (North Carolina is an example), under an umbrella department (California with the Department of Consumer Affairs), or advisory (Hawaii). Many of us believe that opening the membership to any group that is not responsible for the licensing examination would open up the Council to a challenge as to whether the member could be the Departments instead of the actual nurses taking the examination.

The second major issue was the Medication Aide. The Delegate body directed the board to develop a model curriculum a year ago. The step the council is taking is to consider the board to a challenge as to whether the member could be the Departments instead of the actual nurses taking the examination.

The NCSBN is self-sustaining. They are frequently looking for ways to increase funding which sometimes takes them down a path that is not always the best for the council or the consumer. Many of us believe the medication aide is an example of this.

**Administration of NCLEX in Foreign Countries (2006)**

The NCSBN started giving NCLEX examinations overseas a couple of years ago. To be eligible to take the examination in another country the applicant must apply to a state board and be approved for licensure. The majority of foreign nurses apply for licensure through the states of California (3915), New York (3028), New Mexico (1853) and Vermont (1908). All other states admitted less than 500 foreign nurses. There were a total of 13,640 nurses that took the NCLEX in a foreign country.

The foreign nurses who applied to California primarily took the examination in Hong Kong (2803) and London (559). The foreign nurses who came into New York took the examination in Southern Korea (2586) which was closed due to problems with the security of the test and in Hong Kong (144). The majority of nurses coming to New Mexico took the examination in London (755) and in Hong Kong (654) and India (121). India (634), London (301), and Hong Kong (763) were the choice of nurses going to Vermont.

The foreign nurses who are taking advantage of taking the NCLEX examination in foreign countries come primarily from the Philippines (6696) who chose to take the test in Hong Kong and London. Since the Philippines have been approved to be a testing site most of these nurses will probably be staying home in the future. South Korea (2597) had the second largest group of nurses wishing to take the NCLEX. Since the South Korea site has been closed these nurses will have to take the test elsewhere in the near future. Taiwan (225) was the next largest group of immigrants with most of these nurses going to Hong Kong or Taiwan to take the test. The next largest group of potential immigrants was from the United Kingdom with the nurses taking the test in their home country (181).

The rate pass for the different test sites varied with the highest pass rate being in India at 83% (593). The nurses from Hong Kong passed the test at 64% (5734); from the United Kingdom (2014) 50%, and South Korea (2692) 60%.

**NCLEX Examination in the United States (2006)**

The overall volume of candidates for nursing taking the exams was higher for both the NCLEX-RN (an increase of 14.3%) and NCLEX-PN (an increase of 8.3%).

**NCLEX-RN**

- 177,029 candidates took the RN Examination
- 310,712 U.S. educated candidates took the examination for the first time
- The overall passing rate was 73.8%
- The average time to take the examination was 2.45 hours

**NCLEX-PN**

- 70,822 candidates took the Vocational/Practical Nursing Examination
- 56,846 U.S. educated candidates took the examination for the first time
- The overall passing rate was 78.8%
- The average time to take the examination was 2.14 hours

**Transition Report**

In 2006, the Practice, Regulation and Education Committee of the NCSBN, was charged with developing an evidence-based model(s) for transitioning new nurses to practice. A driving force in looking at these issues was the change in how the examination is administered and the decrease in time the interim permit nurse has under the supervision of another registered nurse. It used to take up to six months for a nurse to get their permanent license as an RN or LVN. During this time they worked under the license of a registered nurse. Today a nurse can receive her license without a month of graduation and is put in a “real” position immediately.

The research done by the NCSBN indicated that the orientation programs varied widely across the country and that LVNs were assigned to patient care for patients earlier than RN’s and the loads were heavier. Additionally, more RN’s than LVNs participated in internships/externships, Preceptorships and mentorships along with out-of-faculty. A 2007 NCSBN study addressed clinical competence and safe nursing practice errors and risk for practice breakdown. The findings indicated that the first three months of practice new nurses who had primary preceptors practiced at higher competency levels. There was a significant relationship between decreased competence and increased numbers of f practice issues. There was a significant relationship between the number of practice errors and the amount of stress reported by the new nurses. The study indicated that the first three months due to inexperience.

The NCSBN is considering a transition regulatory model for six to 12 months in length, based on the evidence. Some of the premises for this model are:

- Failure of transition new nurses to practice is a public safety issue
- Transition is facilitated by a preceptor
- A transition program can improve practice, decrease errors and prevent harm
- A transition program can improve nurse retention

**Faculty Shortage Survey 2007**

The NCSBN conducted a survey to determine the extent of the faculty shortage in their jurisdictions and the actions they are taking to effect change. A total of 36 Boards of Nursing replied with 20 of these stating they had faculty shortages and 12 saying they did not have a shortage. No state said they did not have a shortage and no state reported a severe shortage.

The most common action taken to assist educators was to waive faculty qualifications. Most of the boards reported they did not have rules that limit the use of preceptors. Few boards had rules about the use of simulation (five allow its use instead of clinical experience and six did not). Of those boards addressing the percent of simulation to be used in lieu of clinical experience those percents ranged from 15 to 30 percent. Faculty salaries were a common problem.

**Simulation Experience Clinical versus Bed Side Clinical Experience**

A randomized controlled study with repeated measures pre and post simulations/clinical was done by the NCSBN to compare the effects of clinical experiences of simulation alone and in combination with clinical on knowledge, and the impact on acquisition/retention, self-confidence, and clinical performance. The first phase of the data collection was completed and an interim analysis was performed. The second phase is in progress and a final report will be available by the end of the year.

A statistically significant knowledge loss occurred after a 2-week period despite the simulation/clinical experiences. The student’s confidence in taking care of critically ill patients was significantly increased after the clinical...
A Study of Recidivism and Discipline

The potential of a nurse repeating an offense after probation or entry into a board sponsored program increased significantly if the nurse had a legal history before they became a nurse. If a nurse changed employment during probation the chances of repeat offending increased significantly and if you are younger or male your chances of repeat offending are significantly greater.

Continued Competence Report

The NCSBN still continues to struggle with their role in defining continued competence. A survey was done in 2005 of the 58 jurisdictions. 28 states require continuing education, four states require practice hours, six states have a combination requirement of continuing education and practice hours and nine states require state specific version with various options such as peer review and reflective practice. After reviewing the literature and examining specialty nursing the committee believed that core competencies across specialty could be defined.

The 2006-2007 Continued Competence Advisory Panel has continued to address the following charges from the NCSBN Delegate body: develop a content outline for continued competence assessments; conduct preliminary feasibility studies for continued competence assessments; continue to develop and implement a communication plan on continued competence; continue development of a continued competence regulatory model that can be used by Member Boards to assure the continued competence of the nursing profession.

The six major content areas for LVN continued competence were identified as: provisions of care (40%), legal/ethical responsibilities (15%), communication (15%), interdisciplinary collaboration (9%), supervision/management (6%), and safety (28%).

The next step is to develop a tool and test the assessment tool.

This is an issue professional nursing must monitor. Competence can be measured in many ways and both Medicine and Nursing have developed certification specialty examinations and a process to renew that certification that keeps this out of legislation. Legislation never keeps up with practice, and the LVN will not be in five years. Continued competence should be the purview of the professional association not the regulatory body. We should not support a method to raise money through another examination or review process for the NCSBN.

Nursing Education

An Insider’s View: The Value of Support Groups To Facilitate The Teacher/Student DYAD

by Diane Alvy RN, LMFT and J. A. Norton CNA, HHA, & Mary Rodriguez, S.N.

Without teachers, there would be no students. Without students, the nursing shortage worsens. Teachers are entrusted with an important job they are asked to convey their skills and knowledge to students under stress, who are attempting to rapidly receive, integrate and translate the information into a very rapidly changing world. When the 2005-2006 nursing survey, the second highest reason why students drop out of nursing school is due to their failure to quickly and competently translate the knowledge they gain from lecture and study into their performance on the nursing floor.

The need to quickly adapt and find a continual balance between the tasks they are treated, the unusually demanding nursing floor competencies and continual home life demands results in the likely development of stress overload, occurring continuously from three directions. Just as the student adapts to one rotation and set of clinical rules and teacher-student relationships, the rotation setting ends and shifts to a different clinical setting, sometimes even a different hospital entirely. Each setting has a completely different set of rules, a different culture and a set of unspoken expectations and assumptions. The teachers leave, just as a possible rapport was beginning to build. The topic of study and the expected level of competency increases significantly with every rotation change.

The student’s family members remain “on hold” indefinitely, and they are, in many cases, not understanding why the student is anxious or stressed; so, when most families are greatly improved family support system, the family has probably already been stretched to the limit for years, waiting for the end of the nursing school process. The student often views his/her situation from a very different viewpoint than the supportive, simply wanting all family member back into the normal family structure without delay. While the student seeks to regain equilibrium at home, they are also coping with any internal doubts about their fledging nursing abilities, as well as struggling with the stress of being “outsiders” on the nursing floor. Sometimes students require support. Providing psychological support what likely is an “unseen” support system, the students in groups where psychological issues are discussed learn how to navigate anxiety, improve communication and assert themselves. These three skills are the measurable markers of success that the clinical instructor looks for to prove that the nursing student has demonstrated improvement and competence on the nursing floor while delivering complete patient care. These groups also provide a place in which students begin to transform themselves into a professional role, one which emulates excellence and pride; a place where little successes are acknowledged and mistakes are considered fertile ground for learning.

Many milestones occur during a nurses training that quickly go unnoticed. The first time a student is “signed off” for safely giving an injection is an important accomplishment. Ask any licensed RN to recall their first injection and their pride is evident. The student may receive a performance improvement note and the instructor should ask the student, “What do you want to learn?” Accepting the triumphs of the nursing student as they occur, will help the student feel pride about their decision joining nursing, and it brings them closer to their peers and future colleagues.

Support groups send a message to our students that they are valued. Reasons most commonly given by nurses that leave the profession is that they ‘don’t feel valued’. Let us address our student’s needs early and show them that they do matter and that they are valuable, by providing them with support throughout their journey from eager novice to competent professional.

Diane Alvy is a member of the Educational Task Force of the ANA/C. She has recently authored a resolution favoring support groups within all pre-licensing nursing programs. For more information regarding and implementing support groups call 323.304.9771. For a copy of the resolution, please send an email with the word RESOLUTION in the subject line, to: dalvy@earthlink.net

J.A. Norton has a private practice in Santa Monica, California focused on integrating breathing and visualization techniques to improve goal-accomplishment and stress-reduction for medical and nursing professionals.

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(Continued from page 6)
Nursing Practice

Board of Registered Nursing and California Medical Board Hold Hearings on Who Can Provide “Aesthetic” Procedures

Have you heard the term “aesthetic nurse” or “aesthetic technician”? The California Board of Registered Nursing (BRN) and California Medical Board (CMB) hold three hearings on the practice of aesthetic procedures and who is doing them! The Federal Drug Administration passed regulations in 2006 defining the laser or intense light pulse devices as being a medical device and requiring a license to be purchased. This requirement spurred introduction of legislation to define the training to provide the procedure and who was authorized to do the procedures. The legislation was modified to require hearings to make recommendations to the legislature.

Legislation (SB 1423) was signed into law at the end of 2006 requiring the California Medical Board (CMB) to hold hearings with the Board of Nursing (BRN) and in consultation with the Physician Assistant Committee and other persons of interest in the field, to review issues and problems surrounding the use of laser or intense light pulse devices for elective cosmetic procedures by physicians and surgeons, nurses, and physicians’ assistants. The legislation required the CMB and BRN to determine whether regulations or legislation should be passed to address the following issues:

• The appropriate level of physician supervision needed
• The appropriate level of training to ensure safety
• Guidelines for standardized procedures and protocols that address at a minimum, all of the following:
  - Procedure
  - Patient education, instruction, and informed consent
  - Use of topical agents

Other State Law

Washington recognized a nurse’s ability to do hair removal, for example. A registered nurse (RN) who has received the required supervision for the laser procedures. Oklahoma stated that laser has been deemed that light amplification by stimulation emission of radiation (laser) is within the scope of practice of medicine and surgery. It is within the scope of practice of nurses to perform laser hair removal if certain criteria are met such as under the supervision of a physician. The Board of Nursing of Oklahoma defined the parameters for the nurse to work in this area.

Connecticut stated “It was determined by the previous court cases, defining the statutory requirement for required supervision for the laser procedures. Numerous court cases have upheld the Medical Practice Act to mean that unless you have statutory authority (a bill has been passed by the California Legislature), you cannot exceed the scope of practice as the practice physician.”

Any person who practices or attempts to practice, or who advertises or holds himself or herself out as practicing, any system or mode of treating the sick or afflicted in this state, or who diagnoses, treats, operates for, or prescribes for any ailment, blemish, deformity, disease, disfigurement, disorder, injury or other physical or mental condition of any person, without having been duly licensed and examined; and, or, unsuspended certificate as provided in this chapter, or without being authorized to perform such act pursuant to a certificate obtained in accordance with some other provision of law, is guilty of a misdemeanor.

Numerous court cases have upheld the Medical Practice Act to mean that unless you have statutory authority (a bill has been passed by the California Legislature), you cannot exceed the scope of practice as the practice physician.

Anna L. Oishi, BRN, testified in Sacramento. Hunter’s testimony included the issues:

• Public awareness and patient expectation: Are the public aware of the standard of care to ensure patient safety?
• Training and education: Should there be additional training and education for medical professionals?
• Aftercare and follow-up: What is being done to ensure the safety and efficacy of the treatments?
• The Standardized Procedure meets all the issues described above. It is not a need for additional legislation or regulation. The Standardized Procedure covers all the issues described above. The Standardized Procedure is a model that should be used for laser procedures.

The California Nurses Association (CNA) testified that the nurses working in this area need to be regulated. They stated the board needs to put in regulation the parameters for the nurse to work in this area.

The California Association of Nurse Practitioners stated that nurses may be involved within the area of practice. That the additional education they had prepared them to do independent practice and that the laws that existed covered the issues being discussed. The California Nurses Association testified that the American Nurses Association (ANA) also testified in Sacramento. Hunter’s testimony included the issues:

The American Nurses Association/California (ANAC) testified at all three hearings. Tricia Hunter, RN, testified in Los Angeles. Dr. Andrew Bourne, RN, testified in Sacramento. Hunter’s testimony included that we believe that there are laws in place already that provide for training and supervision of laser practitioners and these laws need to be enforced. Specifically for the registered nurse the process of standardized procedure that is defined in the Nurse Practice Act, Medical Practice Act, and Title 22 (Facility Licensing) establishes clear requirements between a registered nurse, physician, and administration, when appropriate, through nine steps for work for this area as well. They believe the CNA’s practice act, defining supervision, is the model that should be used in this area.

The American Nurses Association/California (ANAC) testified that the laws in effect should be enforced and that ANAC did not believe the issue was with the laser technology but the lack of training in this area. Many questions have been raised in this area. We believe the issues addressed by the bill are already clearly defined in the Registered Nurse’s Board of nursing’s regulations.

The American Nurses Association/California (ANAC) testified that the laws in effect should be enforced and that ANAC did not believe the issue was with the laser technology but the lack of training in this area. Many questions have been raised in this area. We believe the issues addressed by the bill are already clearly defined in the Registered Nurse’s Board of nursing’s regulations.
here. To date no nurse has been disciplined in this area.

The California Society of Plastic Surgeons stated they believed that these procedures were a part of the practice of medicine and that many times they were being done in a nonmedical setting which is inappropriate. They believe that laws already exist that cover non licensed personal but they want direct supervision. They want physician to see patient first and write an order. They want direct supervision but believe current law provides for this. They believe the training is the same for physician and nurses using equipment. Patient’s have a right to know who is treating them, what training they have and what are the expected results.

The Ca Society of Facial Plastic Surgeons stated they worked well with PAs and NPs. They also expressed that you cannot regulate equipment training because everything is changing so fast. They described the problem as being nonspecialty physicians being medical directors for spas. These physicians have no training. They believe it is very important that a physician evaluate and propose a treatment plan. They also believe we should enforce existing law. We do not need additional laws. The Society also suggested a Patient Bill of Rights for these procedures. This was a suggestion taken positively by almost all the groups represented.

Public testimony was provided by a number of people including additional nurses and physicians. Nurses spoke on behalf of the aesthetic nurse association about the education they described for the nurse in this position and the certification process they are developing. They believe patient safety is important and believe the education they recommend develops a safe quality practitioner.

An attorney spoke and stated that there needed to be an examination and/or certification process for all practitioners, no matter what kind of license they had. She has seen just as many bad procedures done by doctors as others providers.

A nurse practitioner described her aesthetic practice. She was trained by the Dermatologists who hired her. She has practiced in the field of Aesthetics for seven or eight years. She has obtained additional training on her own. She now works in office of plastic surgeon. She actually does training and many companies have wanted her to do one day training. She believed who is doing the training is important.

A physician addressed the issue of “Ghost Medical Directors.” There are known medical directors who are one day training. She believed who is doing the training is very important. She stated that it may bring some understanding about the direction the Society is going. She also suggested a Patient Bill of rights for these procedures.

As the new Board of Director of Communication and Membership, I would like to take this opportunity to reach out to all RNs in California and ask that you take a few minutes to read this article and consider that you might just learn something new about our Nursing Profession. Dynamic changes are occurring within the Health Care System, and in order to keep up with these changes, nursing leaders have adapted and added new roles within the nursing profession. It is unfortunate that with these added roles massive role confusion has become widespread. Thus the purpose of this article: It’s time to put the pieces together and make sense of it all.

Rather than utilize the typical algorithm I found humor in using a turkey to build a bigger picture of how we as nurse’s can and should work together to move forward. Let’s call it a puzzle and put all the pieces together for a perfect fit. It’s time we all stop being turkey’s and collaborate and function as one group, the way it was intended to be.

Let’s start with the foundation of nursing. Registered nurses are our foundation. These are our experts of clinical practice at the bedside. Nurses are the most trusted profession. Who else does the public at large trust when they are at their most vulnerable? Doctors diagnose and prescribe medicine, but nurses are at the bedside 24/7. We hear complaints that physicians don’t spend enough time explaining problems, so who do people turn to: nurses. When we bring new life into the world; fall ill or have accidents throughout our life time; or when our loved ones are leaving this world, who is there standing at the bedside? You got it, the bedside nurse. Bedside nurses are invaluable, and they carry a heavy load. At higher levels of education the registered nurse brings something more to the table. They do not take away from the bedside nurse, they add to it. Let’s talk advanced practice nursing roles. Advanced practice nurses are mastered prepared nurses with additional education which brings something fresh and new to nursing. Not to take away from what the bedside nurse does, but to collaborate and give a better rounded approach with additional expertise.

So what is the purpose of the APN? Well, that depends on what sub-speciality area they are educated in. Nurse Practitioners have hands on clinical expertise in different sub-specialties. Much like a Physician Assistant, they take on more of a role in managing their own caseloads of patients. The Clinical Nurse Specialists acts as a consultant for problem solving; educator for new practices and new product; a facilitator between multidisciplinary teams; a coach/mentor for new nurses; and a researcher of current practices. The Nurse Midwifery person again is much like a NP in that they similarly have their own case loads and care for moms and assist in the delivery of babies. The Nurse Anesthetist acts as a collaborator with surgeons in the care of surgery patients. The Nurse Educator teaches; the Nurse Administrator functions in the operations and budgets of organizations; the School Nurse and Public Health Nurses care for our children and the public at large; and our Psych/Mental Health RNs care for our mental health. There are other sub-specialties that I have not mentioned, like our Nurse Lobbyists and Pain Management Specialists, Infusion Nurse Specialists and many more. I have listed merely a spattering of what each sub-specialty does. My point is we all serve a different purpose and each has a unique perspective from which to add to the whole. The overarching goal is that we work together as a team to bring about the best possible outcomes for our patients.

Now our nursing leaders have created another role, that of the Doctorate of Nursing Practice DNP. This role will be utilized to bridge the gap between research done by PhDs and nursing practice. The DNP is yet another role which could lead to more confusion, however, through increased communication between all RNs it does not have to be that way. We are first and foremost a profession of RNs. We can work together to build and empower each other in our unique positions. Through collaboration and communication we will be a dynamic force to deal with. It’s all about understanding how we fit together and add to each other’s work.

I appreciate that I have this opportunity to speak out to all nurses at every level. And I appreciate that we have professional organizations that continue to develop each unique sub-specialty area. But most of all, I appreciate ANA&C which makes it possible for all our subspecialities to unite under one umbrella of protection. ANA&C continuously is watching our backs at the legislative level. Our lobbyist’s watch every bill that comes through the legislature. They’re taken care of. This Newsletter is worth its weight in gold if we are able to communicate and collaborate together in order to bring about the best possible outcomes for our patients. Our website is another avenue for communication on what’s going on at the State level and within our profession.

We need to keep in mind that not everyone can fill the shoes of each different area in nursing. “We are Big!” If we all work together we will be one strong and powerful voice to be reckoned with. Not everyone has the energy and motivation to volunteer to be involved in ANA&C, but everyone who is a Registered Nurse should belong and support this organization and everything it does for us. My message to you: through understanding of how our different roles function and work together; through open communication and collaboration; through appreciating our differences and uniqueness we can all contribute to the growth of the nursing profession and to the overall better outcomes for our patients! And most of all, I appreciate that you have taken the time to read this article and pray that it may bring some understanding about the direction nursing is moving towards and clear up some of the role confusion that comes from changes.
The 2007 Legislative Session was one of surprise and disappointment—we still have not comprehensively addressed the key issues for this session—water and health care. Much of the reluctance to address these key issues can be attributed to the long budget delay and the rush to do “something” before the end of the session. As this sessions time ran out the Governor called a special session (one for each issue) Health Care Reform 1st Extraordinary Session and Water 2nd Extraordinary Session.

Water—is the issue that is being addressed in the 2nd Special Session. There is and continues to be a huge concern about a possible water crisis in California. The crisis is related to the Sacramento—San Joaquin Delta which collects 40% of the runoff in the state and sends it to 20+ million people and to millions of acres of farm land in the state. This issue rose to the fore when in late August a federal judge ruled that Delta pumping may have to be reduced by 37% to protect fish. Additionally, it was shown that the Delta levees could suffer catastrophic damage from earth quakes, floods or rising sea levels. Our increasing population also puts pressure on the water supply and it is predicted we can expect an increase of 25 million more people in 20 years.

The Governor supports a total water package costing $9 billion; $5.9 billion of the bond will be for 3 new dams—the Sites Dam, near Maxwell in Colusa County, and Temperature Flat on the San Joaquin River near Fresno—and expanding Los Vaqueros Reservoir in Contra Costa County, along with new canals and conversation programs. Senator Perata’s proposal is a $5.4 billion bond for water projects to include water storage, groundwater storage, cleanup and restoration of the Delta, conservation and desalination projects. His proposal also allows the locals to determine how this should occur. There were a number of Assembly committees appointed to address the issue:

- Special Committee on Water Assembly Working Group on Water
- The Assembly Republican Working Group on Water Storage

The first two committees were controlled by the Democrats and their approach was different from the approaches raised by the Republicans. The Special Committee on Water held an informational hearing bringing in various state experts on the issue of water but as of this writing no formal report of the findings or conclusions has been issued.

The Senate, as far as I can tell, had only one committee

- Senate Natural Resources and Water Committee which met October 8th, heard the bills authored by Senator Cogdill - SB 3b and SB 4b which contain the Governor’s proposals;
- the version was released on October 9th. It is now called the “Health Care Security and Reduction Act,” the newly revised language contains the following changes:
  - Maintains individual mandate and offers subsidies:
  - Requires all employers to offer health care
  - Families 151-200% FPL get no subsidies; employers pay 4%
  - Families 250-300% of FPL, get a tax credit if insurance costs exceed 5% of gross income
  - Governor wants to “lease” the state lottery to pay for health care expansion
  - Maintains guarantee issue which ensures that all Californians will be able to buy health insurance regardless of their medical history or age; requires insurers to spend 85% of premiums on medical care
  - Mandates employers offer Section 125 Plans—allows employees the opportunity to pay for benefits on a pretax basis, also called “flexible spending accounts” also allows for personal tax deductions of costs
  - Employer payments are now on a sliding scale:
    - No contributions by employers if payrolls don’t exceed $100,000.
    - If payrolls range from $100,000-$200,000, employers pay 2% of payroll.
    - If payrolls exceed $200,000, employers pay 4%
  - Physicians are no longer part of “shared responsibility,” they do not have to pay the 2% in the original plan
  - The Secretary of Health & Services now can establish the minimum benefit level via the regulatory process; the minimum benefit must cover medical, hospital, prescription drugs, promote access to care and must be set at a level where premiums are affordable
  - It is predicted the money received from leasing the lottery can be put to use to create $2 billion to defray costs of health care expansion. In my discussions with staff it appears that a constitutional amendment is needed to allow the leasing of the state lottery to which is about $2 billion. It also appears the other initiative as a 2/3 vote this is necessary for the lottery to occur. One of the “selling points” for the establishment of the lottery was a percentage of money would to the schools; however, the amount of funding to schools varies greatly and the Governor has promised more consistent funding from the general fund.

As far as I can determine, the one cent sales tax increase (proposed by the California Restaurant Association) is still viable as well as the agreement with the Governor and the 4% payment by the hospitals; both will be part of the final plan that will be necessary for passage for the 2008 ballot. I think we are aware that sales taxes are regressive and it is rather ironic that those that are least likely to have health care will be called upon to pay the most for any reforms. Additionally, in many discussions with staff from both sides and the Governor’s people there are no discussions to cover only uninsured children, what I call Plan B.

The Governor’s plan is now in bill form (http://gov.ca.gov/ pdf/gov/HCR-ANR72963.pdf) and a “courtesy author” has been promised to introduce the Governor’s proposal. As of this writing, no author has been “chosen.”

(Continued on page 11)
Finally, on October 12th AB 8 (Nunez) was vetoed by the Governor as promised. The Governor’s veto message stated that “this plan doesn’t address necessary cost controls, doesn’t cover all Californians and places the entire burden on working families.”

The Republicans are opposed to any plan that requires employers to contribute to health care coverage and as such are opposing both the Governor’s and the Democrats’ plans. On October 10th the Republican Caucus released their health proposal—CalCarePlus. The Republican caucus has introduced 24 bills that address the various issues included in their plan; the key issues of their plan include:

- Increase Access—will increase the number of clinics to improve access in urban and underserved areas; they say “people have to wait in line to see a doctor or nurse; coverage is meaningless without access. Patients are better served if there are more community based clinics which have expanded hours and lower costs.”
- Make it affordable—will reduce costs by establishing 40(k) style plans. Health care cost is a major expense for employers.
- More choices & better quality—by eliminating regulations that limit the types of available health care insurance and create more choices. Californians has a right to know the cost of health care services; a bill to encourage insurance companies, doctors and other providers to make the prices of their services more available.

I will not review all the bills they have been introduced but a few of the bills include:

- SB 5a (Hollingsworth)—Health Care Savings Account (40K) plans offered to civil servants
- SB 5a (Cox)—Children and Families Program: funding. Takes funds from Children and Families Trust Fund to provide health care services and various health care initiatives
- SB 5a (Runner)—Hospital: Preventative Medical Service. Allow hospitals to offer preventive medical services delivered thru the hospitals primary care or community based clinic
- SB 7a (Ainsworth) increases Medi-Cal reimbursement over the next 8 years
- SB 13 a (Maldonado)—requires Health Facilities Financing Authority (HFFA) to establish a low interest loan for development of information technology system
- SB 8 a (Aamstad)—Personal Income Taxes—allows MDs to take a credit amounting to 50% of cost of uncompensated care
- SB 16 a (McClintock)—Out of State Carriers—allows carriers in one state to offer, sell or renew health care service plan contracts or policies without being licensed by DMHC or DOI
- SB 24 a (Ashburn)—Nurse Practitioners: Scope of Practice makes changes relating to certification and scope of practice issues.

As I review these bills, some of them have been introduced into regular session over the last few years and have not progressed or were not moved. For more detail on CalCare Plus please go to http://republicanсен.ca.gov/calcare/

Finally, the federal government will determine the plight of Healthy Families on Thursday when the House votes to override President Bush’s veto of SCHIP. SCHIP currently covers 6.6 million children in working families who can’t afford health insurance; California covers over 800,000, which is the largest program in the country. The bill—HR976—covers 4 million more children and therein lays the problem. The funding that comes with SCHIP comes in a block grant which means that states do not cover all eligible children. Schwarzenegger and other Governor’s have stepped up to proclaim that we need to reduce the numbers of uninsured children and over turning the President’s veto will assist in that effort. Unfortunately, the President’s veto was not overturned on October 18th, falling short by 13 votes.

Election Politics—as usual there are initiatives planned for upcoming ballots.

On the February 5, 2008 ballot, 3 have qualified:

- Prop 91—Transportation Funding. Initiative Constitutional Amendment and Statute: Prohibits referendums to take a credit marked for the Transportation Investment Fund in the General Fund for use unrelated to transportation after 7/1/08. Requires repayment by 6/30/17 of transportation funds retained in the General Fund in years prior to 2007-08. Eliminates General Fund borrowing of specified transportation funds, except for cash-flow purposes (repayment required within 30 days of adoption of budget); current law allows borrowing for three years where Governor declares transfer would cause significant negative fiscal impact on governmental functions and Legislature enacts authorizing statute.
- Prop 92—Community Colleges. Funding, Governance, Fees, Initiative Constitutional Amendment and Statute: Establishes in state constitution a system of independent public community college districts and Board of Governor’s. Generally, requires minimum levels of state funding for school districts and community college districts to be calculated separately, using different criteria and separately appropriated. Allocates 10.46 percent of current Proposition 98 - school funding maintenance factor to community colleges. Sets community college fees at $51/unit per semester; limits future fee increases. Promotes different form from when they were introduced. The funding that comes with SCHIP comes in a block grant which means that states do not cover all eligible children. Schwarzenegger and other Governor’s have stepped up to proclaim that we need to reduce the numbers of uninsured children and over turning the President’s veto will assist in that effort. Unfortunately, the President’s veto was not overturned on October 18th, falling short by 13 votes. 

- Prop 93—Limits on Legislators’ Terms in Office. Initiative Constitutional Amendment: Reduces the total amount of time a person may serve in the state legislature from 14 years to 12 years. Allows a person to serve a total of 12 years either in the Assembly; the Senate; or a combination of both. Provides a transition period to allow current members to serve a total of 12 consecutive years in the house in which they are currently serving, regardless of any prior service in another house.

While Prop 91 and 92 are important and key to Californians, Prop 93 has gained notoriety. Yet again we are being asked if we think term limits are good for California. A constitutional amendment to change redistricting failed to qualify for the ballot. In March, the Governor moved our primary date from June to February so that California “can get the respect it deserves.” With this move we join a number of other states who hold their primaries in February which may result in what pundits called a “national primary,” with the candidates and issues being determined at an earlier time.

Finally, the legislature introduced 3084 bills this session with only 964 completing the process, many in a much different form from when they were introduced. The Governor signed 750 bills and vetoed 214. The measures covered a wide range of issues from children to conservation to education to environment bills. Environmental bills:

- AB 1108 (Ma), Chapter 672—P х thalates in children’s toys
- SB 775 (Riclid-Thomas)—Childhood Lead Poisoning—2 year bill
- SB 676 (Ridley-Thomas) Pertussis—held in Assembly

Nursing issues:

- AB 1193 (Ruskin)—Mercury-Added Thermostats: Collection program—held in suspense
- SB 1201(Leno)—Collective Bargaining: Direct Care Registered Nurses

- AB 106 (Huesman)—held in Senate Appropriations
- AB 106 (Herandez)—held in Senate Appropriations
- AB 106 (Barber)—held in Senate Appropriations
- SB 775 (Ridley-Thomas)—Childhood Lead Poisoning—held in Assembly
- SB 632 (Cox)—Children and Families Program: funding, Governance, Fees, Initiative Constitutional Amendment and Statute: Establishes in state constitution a system of independent public community college districts and Board of Governor’s. Generally, requires minimum levels of state funding for school districts and community college districts to be calculated separately, using different criteria and separately appropriated. Allocates 10.46 percent of current Proposition 98 - school funding maintenance factor to community colleges. Sets community college fees at $51/unit per semester; limits future fee increases. Promotes different form from when they were introduced. The funding that comes with SCHIP comes in a block grant which means that states do not cover all eligible children. Schwarzenegger and other Governor’s have stepped up to proclaim that we need to reduce the numbers of uninsured children and over turning the President’s veto will assist in that effort. Unfortunately, the President’s veto was not overturned on October 18th, falling short by 13 votes.

Election Politics—as usual there are initiatives planned for upcoming ballots.

- Prop 91—Transportation Funding. Initiative Constitutional Amendment and Statute: Prohibits referendums to take a credit marked for the Transportation Investment Fund in the General Fund for use unrelated to transportation after 7/1/08. Requires repayment by 6/30/17 of transportation funds retained in the General Fund in years prior to 2007-08. Eliminates General Fund borrowing of specified transportation funds, except for cash-flow purposes (repayment
Governor Arnold Schwarzenegger today released language in bill form for the Health Care Security and Cost Reduction Act (the Act), legislation that reflects feedback from more than 1,000 meetings he and his health care team held with stakeholders and legislative leaders regarding the comprehensive health care reform proposal he announced in January. The Act brings affordable health care coverage to every Californian by:

- Ensuring access to health coverage for all.
- Increasing affordability to put coverage within everyone’s reach.
- Guaranteeing that everyone can get insurance.
- Giving working Californians tax breaks.
- Promoting prevention, wellness and personal responsibility.
- Reducing regulatory barriers to improve efficiency and cost-effectiveness of care.
- Providing Californians lower cost, more convenient options for accessing health care services.
- Saving lives and reducing costs through Health Information Technology, such as e-prescribing.

“Everyone is working so hard on this because what’s at stake is a health care delivery system that works for all Californians,” said Gov. Schwarzenegger. “We have the best opportunity for comprehensive health care reform in one hundred years because the more people study our plan, the more they agree with what we have been saying since day one: if everyone pitches in and does their part, then everyone will benefit.”

The Act maintains the core principles of the proposal that Governor Schwarzenegger introduced in January. While continuing to reduce the hidden tax, lower costs and provide access to coverage for all Californians, differences in the compromise legislation include:

### Core Principles: January Proposal vs. Health Care Security And Cost Reduction Act

<table>
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<tr>
<th>Core Principles:</th>
<th>January Proposal</th>
<th>Health Care Security And Cost Reduction Act</th>
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<tbody>
<tr>
<td>Universal Coverage</td>
<td>Required all Californians to have health insurance coverage.</td>
<td>Maintains requirement that all Californians obtain coverage, and strengthens provisions to increase affordability for working families.</td>
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<tr>
<td>Affordability</td>
<td>Provided state financial assistance through a purchasing pool to Californians with incomes between 100-250% of the poverty level.</td>
<td>Increases affordability for working families even further by reducing the amount that low and moderate income individuals will have to pay for coverage in the state subsidized pool, limits premiums based on income, and creates a tax credit for individuals/families between 250-350% of the federal poverty level.</td>
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<td>Guarantee Issue</td>
<td>Required insurance to guarantee coverage, with limits on how much they can charge based on age or health status, so that all individuals have access to affordable products.</td>
<td>Maintains guarantee issue by ensuring that all Californians will be able to buy health insurance regardless of their medical history or age. Phases in elimination of medical rating and protects consumers against significant rate spikes based on their health status by putting parameters on what insurers can charge above or below a standard rate.</td>
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<tr>
<td>Financing</td>
<td>Doctor’s participation: Required that doctors contribute a 2% fee to subsidize a purchasing pool for low income Californians and, in return, receive more insured patients and higher Medi-Cal reimbursement.</td>
<td>The basic premise of shared responsibility is that everyone who benefits from the reforms must contribute in a meaningful way. Although doctors are no longer required to contribute to the financing under the act, they have additional responsibilities and incentives to care for many newly insured individuals.</td>
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<td></td>
<td>Employer Contribution: Required employers with 10 or more employees who choose not to offer health coverage to contribute an amount equal to 4% of payroll toward the cost of employees’ health coverage.</td>
<td>Protects small businesses by basing contributions on payroll. Under the plan employers who do not offer health care coverage will make a contribution based upon a sliding scale fee from 0-4 percent based on their total payroll.</td>
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<td>Lottery: Not included.</td>
<td>The bill proposes to lease the California Lottery to help pay for health care costs.</td>
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<td>Public Hospitals</td>
<td>Counties would retain $1 billion in current funding (primarily for outpatient services) and county and UC hospitals will retain $1 billion in federal Disproportionate Share Hospital (DSH) funds and in addition, some “safety net” funds for primarily inpatient services.</td>
<td>California's public hospitals make significant financial gains under the new reforms. In addition to the funding increases included in the January 2007 proposal, the new legislation includes $500 million in additional funding for public hospitals. The Act includes protections to support county hospitals in the context of universal coverage.</td>
</tr>
<tr>
<td>Minimum Benefit</td>
<td>$5,000 deductible plan with maximum out-of-pocket limits of $7,500 per person and $10,000 per family.</td>
<td>Does not define the minimum health insurance level. Instead, it directs the Secretary of Health and Human Services to establish and adopt the minimum benefit level via the regulatory process, which can no longer be changed except by legislative action. The minimum benefit level must: cover medical, hospital, preventive and prescription drug services; promote access to care; and must be set at a level where premiums are affordable.</td>
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A January 2007 study by MIT economist Dr. Don Gruber shows that the Governor’s health care proposal will provide health insurance for an additional 4.1 million Californians out of the 4.8 million uninsured Californians at any given time, and that the reforms will have little impact on how many employers cover their workers.

According to a recent U.S. Census Bureau report, approximately 6.7 million Californians—more than ever before—are uninsured.
professional advocacy

how to access title 22 for information

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<td>3—Administra tion</td>
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<td>Standardized Procedures</td>
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ana/c testifies for ab 1559: admissions criteria for community college nursing programs

ana/c president louise timmer, ed.d., rn, worked closely with assemblyman thomas berryhill (ad25 r), diane welch, ana/c member and chairperson of the community college nursing advisory board and barbara whitney, administrator for the community college chancellor’s office to support ab 1559. the legislation amended section 78261.5 of the education code relating to public postsecondary education. the bill requires a community college registered nursing program that uses a multi-criteria screening process to provide a report of its nursing program admissions policies to the chancellor’s office. the admissions policies must include the weight given to any criteria used by the program, and include demographic information relating to both the students admitted to the program and the students in the cohort group who successfully completed that program. in addition, the bill encourages the chancellor to develop and make available a model admissions process to community college registered nursing programs by july 1, 2008.

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the bill requires the legislative analyst’s office (lao) to evaluate the use and efficacy of the admissions process for community college registered nursing programs. furthermore, commencing with the 2009-2010 fiscal year, the lao is to report its findings and any related recommendations to the legislature as part of the annual analysis of the budget bill.

the community college deans and directors were in support of this bill and provided several letters in support for it. the csu faculty and nursing students sent numerous letters of support to the legislators and to governor schwarzenegger’s office. this was a very good example of a united faculty and student voice acting together to affect a very powerful political advocacy role to meet the needs of the community college nursing programs.

the bill is referred to the department of education for specific regulations developed with the assistance of the community college chancellor’s office personnel. the law remains in effect until january 1, 2016, unless a later enacted statute is enacted before january 1, 2016, that deletes or extends that date.

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The Jo Anne Powell Innovation in Nursing Award

The Jo Anne Powell Innovation in Nursing Award provides monetary recognition to Registered Nurses who have been creative in their practice.

AWARD AND NOMINATION

A $1000.00 award may be given to a Registered Nurse, group of nurses, or nursing organization in the state of California instituting an innovative project that contributes to the enhancement of health for a target population. Anyone may submit a nomination. Self-nominations are accepted. Nominations are accepted at any time with a deadline of March 31 of each year. Awardees will be recognized and asked to present a verbal update of activities at the biennial General Assembly of ANA\C or an annual GSNF event. Recipients of this award are required to submit (electronically) pictures of themselves for publicity use.

ELIGIBILITY

The purpose of the award is to recognize and reward creative nursing endeavors with the goal of improving the health status of all people. Nurses registered in the state of California from any practice field in nursing or any employment setting, are eligible for this award. Innovative projects considered for this award may be in progress, ongoing, or completed within the past two years. Any specific project may receive this award only (1) one time.

CRITERIA

Nominators must submit the following by March 31:
(Extended deadline for 2007 to August 1)
• A completed “Innovations in Nursing Award” nomination form.
• A one-page essay describing the project and its impact on a population.
• 2 letters of support that address the creativity and success of the project.

SUBMISSION

All materials must be submitted together in one packet via email to: gsnf@anacalifornia.org or mail to:
Golden State Nursing Foundation
Scholarships and Awards
1121 L Street, Suite 409
Sacramento CA 95814
The Betty Curtis Career Advancement Award

The Betty Curtis Career Advancement Award provides funds for Registered Nurses embarking on an activity that will result in significant career advancement within nursing.

AWARD AND APPLICATION
Up to $1000.00 may be awarded to individual Registered Nurses to offset costs of advancing their careers. Activities considered for this award include, but are not limited to: attending a workshop, program, or professional meeting; coordinating a project or research study. Career advancement awards may be given for travel expenses, workshop or conference fees, books or supplies contributing to career advancement that will not be reimbursed with other funding. Applications will be received and awarded at any time throughout the year and awardees will be recognized and asked to present a verbal update of activities at the biennial General Assembly of ANA/C or an annual GSNF event. Recipients of this award are required to submit (electronically) pictures of themselves for publicity use by GSNF.

ELIGIBILITY
The purpose of the award is to provide financial support to registered nurses in California to enable them to improve patient care. Nurses registered in the state of California from any practice field in nursing, any employment setting, and with any educational background are eligible for this award. Applicants must explain how these funds will be used to aid in advancing his/her career and ultimately improve patient care. Any individual nurse may receive this award only once in a five year period of time.

CRITERIA
Registered Nurses must submit the following to be considered for this award:
• A completed Scholarship/Award application form.
• Itemized list of costs associated with the career advancement activity.
• A one-page written description of the activity relating to it how it will improve patient care and advance your nursing career.

SUBMISSION
All materials must be submitted together in one packet and sent to GSNF via email: gsnf@anacalifornia.org or mail to: Golden State Nursing Foundation Scholarships and Awards 1121 L Street, Suite 409 Sacramento CA 95814

GOLDEN STATE NURSING FOUNDATION SCHOLARSHIP/AWARD APPLICATION FORMAT
Please check the name of the scholarship or award you are seeking:
___ Catherine J. Dodd Health Policy Scholarship for graduate education
___ Tony Leone RN-BSN Scholarship
___ Betty Curtis Career Advancement Award

Name: __________________________
Address: __________________________
City: __________  State: ______ Zip: ______
Phone: __________________________
Email: __________________________
California RN license #: __________
ANAC member? ___ yes ___ no

On a separate piece of paper please answer the following questions:
1. Name of academic program or career advancement activity you are pursuing:
2. Current employment:
3. Educational background:
4. Involvement in nursing organizations:

The Catherine J. Dodd Health Policy Scholarship

The Catherine J. Dodd Health Policy Scholarship program ensures that the purposes of ANA/C and the GSNF will be advanced through new leadership and provide funds for a registered Nurse accepted or enrolled into a graduate level academic program who have demonstrated some experience in government relations or health policy activities and express an intent to pursue health policy issues and activities in the future.

AWARD AND APPLICATION
An annual award of up to $1000.00 may be given to a Registered Nurse accepted or enrolled into a graduate level academic program leading to an advanced degree in nursing. Applications are accepted at any time during the year with a deadline of December 31 of the year prior to the year of the award. Awards are presented each spring and awardees will be recognized and asked to present a verbal update of activities at the biennial General Assembly of ANA/C or an annual GSNF event. Recipients of this award are required to submit (electronically) pictures of themselves for publicity use.

ELIGIBILITY
The purpose of the award is to recognize the past government relations or health policy activities of Registered Nurses and provide financial support for their continued efforts in health policy issues as they pursue advanced education in nursing. Nurses registered in the state of California from any practice field in nursing or any employment setting, are eligible for this award. Applicants must show evidence of past government relations or health policy activities and identify intent to remain active in health policy issues. Applicants must have been accepted into a graduate level academic program or be currently enrolled in one. Any individual nurse may receive this award only one time.

CRITERIA
Registered Nurse applicants must submit the following by December 31:
• A completed Scholarship/Award application form.
• Proof of acceptance or enrollment in a graduate level academic program in nursing.
• 2 letters of support that address your prior or current government relations/health policy activities.
• A one-page essay describing your personal vision of your future involvement in government relations/health policy issues.

SUBMISSION
All materials must be submitted together in one packet via email to: gsnf@anacalifornia.org or mail to: Golden State Nursing Foundation Scholarships and Awards 1121 L Street, Suite 409 Sacramento CA 95814

The Tony Leone RN-BSN Scholarship

The Tony Leone RN-BSN Scholarship provides funds for Registered Nurses seeking a Bachelor's degree in nursing.

AWARD AND APPLICATION
An annual award of up to $1000.00 may be given to a Registered Nurse accepted or enrolled into an academic program leading to a bachelor's degree in nursing. Applications are accepted at any time during the year with a deadline of December 31 of the year prior to the year of the award. Awards are presented each spring and awardees will be recognized and asked to present a verbal update of activities at the biennial General Assembly of ANA/C or an annual GSNF event. Recipients of this award are required to submit (electronically) a picture of themselves for publicity use by GSNF.

ELIGIBILITY
The purpose of the award is to recognize and support the academic endeavors of Registered Nurses seeking a baccalaureate degree in nursing. Nurses registered in the state of California from any practice field in nursing and any employment setting, are eligible for this award. Applicants must have been accepted into a baccalaureate level academic program in nursing or be currently enrolled in one. Any individual nurse may receive this award only one time.

CRITERIA
Registered Nurse applicants must submit the following by December 31:
• A completed Scholarship/Award application form.
• Proof of acceptance or enrollment in an RN to BSN academic program in nursing.
• 2 letters of support that address your ability and commitment to succeed in the program.
• A one-page essay describing your commitment to succeed in the program and your personal vision of your nursing career following completion of the degree.

SUBMISSION
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The American Nurses Association (ANA) and the New York State Nurses Association (NYSNA) condemned the exploitation of immigrant RNs by unscrupulous U.S. employers and called for better enforcement of immigration laws.

They cited the case of 26 registered nurses from the Philippines who say they were brought to New York under false pretenses and denied the rights guaranteed by their employment contract. When the nurses resigned, they were sued by their former employer and accused of professional misconduct. On March 22, ten of the RNs were indicted in Suffolk County Supreme Court on charges of endangering their patients. Remarkably, the nurses’ employment attorney was also indicted, for conspiracy; they all plead not guilty.

The nurses had been hired through a recruitment agency to work at specific nursing home facilities on Long Island. When they arrived in the U.S., they discovered they actually were working for another agency. Over a period of months, the nurses said, the agency refused to pay them according to the terms of their contracts. They also said they were not properly trained for their new jobs and were required to care for more patients than they believed was safe.

“This case may be just the tip of the iceberg. Nurses who come to the U.S. deserve to have their rights respected,” said ANA President Geraldine Gerardi, RN, MSN, CNOR.

Gerardi said NYSNA became aware of the nurses’ situation in May 2006 and assisted them in getting a hearing before the State Board for Nursing after the recruitment agency accused them of professional misconduct. “They couldn't get work because the issuance of their licenses was on hold pending investigation of an allegation of patient abandonment,” Gerardi said. “Those charges were dismissed by the state board. We are greatly concerned these RNs are now being prosecuted for the same actions.”

“The real patient endangerment lies in the deplorable conditions that led the nurses to leave. After exhausting all possibilities to resolve their concerns with the facility and the agency, the nurses left without providing two weeks notice. These brave nurses deserve the nursing community’s full support because they refused to remain in a situation where patients were being denied the kind of care and staffing they deserved,” said ANA President Rebecca M. Patton, RN, MSN, CNO.

The nurses’ plight has become a cause célèbre in both the Philippines and the New York City Filipino community. The RNs participated in the New York Filipino Independence Day parade on June 3, where they received support from both the Filipino and nursing communities.

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“This case may be just the tip of the iceberg. Nurses who come to the U.S. deserve to have their rights respected,” said ANA President Geraldine Gerardi, RN, MSN, CNOR.

Gerardi said NYSNA became aware of the nurses’ situation in May 2006 and assisted them in getting a hearing before the State Board for Nursing after the recruitment agency accused them of professional misconduct. “They couldn't get work because the issuance of their licenses was on hold pending investigation of an allegation of patient abandonment,” Gerardi said. “Those charges were dismissed by the state board. We are greatly concerned these RNs are now being prosecuted for the same actions.”

“The real patient endangerment lies in the deplorable conditions that led the nurses to leave. After exhausting all possibilities to resolve their concerns with the facility and the agency, the nurses left without providing two weeks notice. These brave nurses deserve the nursing community’s full support because they refused to remain in a situation where patients were being denied the kind of care and staffing they deserved,” said ANA President Rebecca M. Patton, RN, MSN, CNO.

The nurses’ plight has become a cause célèbre in both the Philippines and the New York City Filipino community. The RNs participated in the New York Filipino Independence Day parade on June 3, where they received support from both the Filipino and nursing communities.
I had the privilege of attending the Advanced Practice Directors Meeting, representing ANA/C, on Thursday, October 11th, 2007 in Temecula, California. The agenda consisted of updates on Advanced Practice Nursing programs throughout the state, with news about programs being planned for the future. This included opening or re-opening some Clinical Nurse Specialist (CNS) programs, Nurse Practitioner (NP) programs, Doctorate of Nursing Practice (DNP) programs and Clinical Nurse Leader (CNL) programs. The meeting packet also included a list of the APRN (CNS, NP, Certified Nurse Midwives (CNM) and Certified Nurse Anesthetists (CAN)) programs in California.

There was discussion about “Standardized Procedures,” what they are and the fact that many nurses do not seem to understand what they are and why they are needed. The BRN staff noted that the most common disciplinary action against APRNs is when their practice overlaps with medicine and they have no standardized procedures. There was some brief discussion about changing specialties and being held to the standard of an APRN educated in that specialty, and additional training that may be needed. In this discussion they also noted that there are still two NP certificate programs in California. National Certification was discussed in the context of what is required for whom. The California Nurse Practice Act recognizes national certification for advanced practice as a validation of meeting education and clinical criteria. Also the recertification process is recognized for ongoing competency. Legislation proposals from the 2007 Legislature was addressed, particularly two bills AB 139 and SB 102. These bills would have allowed the Nurse Practitioner’s scope of practice to be defined by their education. When the Nurse Practitioner received his/her certification as a family practitioner, the areas that were part of the education program would not require a standardized procedure.

There was an update on the National Council of State Boards of Nursing (NCSBN) in reference to APRN Model Practice Act and the fact that the CNS role was clarified. The NCSBN has an APRN consensus group, and APRN Advisory Panel and an “APRN Call” about which our BRN will keep us informed. There is also an APRN Joint Dialogue Group that is a subgroup of members of the consensus group and the advisory panel. The APRN Joint Dialogue Group plans to write a joint paper re, its recommendations on the future regulation of APRNs. The APRN Advisory Panel’s work for the coming year is to develop regulatory language for the new APRN regulatory model.

Lasers for cosmetic procedures was briefly addressed, the problems, the liability, the need for RNs who work in this area to have special Dermatology training, and that public hearings will be conducted. This issue is addressed in detail in this newsletter.

The new CNS regulations were discussed, as well as CNS certification. There was then some discussion about Advanced Pharmacology Continuing Education Courses, and what must be included. Prescriptive authority for the CNS is an ongoing issue of the profession. Having the appropriate pharmacology courses within the curriculum would give future CNS’s an advantage when the legislative authority occurs.

All in all, it was an interesting meeting. It was an opportunity to hear what the program directors are doing and the positive and not so positive happenings with their programs. Their were directors or faculty from most all of the APRN programs, including school nurses as well, so the discussion was very good and brought in everyone’s unique perspective. Participants also shared some suggestions, including providing more specific guidance in their programs for students—while preparing them for the real world.
The standard requires employers to do the following:

- Provide information and training to employees, upon hire and at any time even after initially declining it.
- Post signs to identify restricted areas and regulated waste and signs to identify restricted areas.
- Inform and instruct employees to use PPE as designated by the employer.
- Provide special work practices, engineering controls, and PPE to protect employees.
- Keep a record of exposure incidents in a summary log.
- Provide postexposure follow-up to any employee who may be exposed.
- Provide hepatitis B vaccination to all employees who are exposed to blood or other potentially infectious materials.
- Provide postexposure prophylaxis (PEP) to any employee who may be exposed.
- Give a copy of the vaccination record to the employee upon request.

Upon completion of this course, you will be able to:

- List the components of OSHA’s bloodborne pathogens standard.
- Describe two common bloodborne diseases and their effects.
- Explain the purpose of the hepatitis B vaccine.
- Identify several types of personal protective equipment (PPE), work practices, and engineering controls that can help to decrease your risk of exposure.
- Recognize warning labels.
- Define exposure incident and describe the follow-up required.

OSHA STANDARD TO PROTECT EMPLOYEES

The Occupational Safety and Health Administration of the U.S. Department of Labor (OSHA) first published the Occupational Exposure to Bloodborne Pathogens standard, 29 CFR 1910.1030, on August 8, 1991. The standard details what employers must do to protect their workers from being exposed to blood or other potentially infectious materials. OSHA regularly inspects healthcare facilities and agencies for compliance, and may fine employers if they are not in compliance.

The symptoms of hepatitis B are often much like a mild flu. Initially there is fatigue, possible stomach pain, loss of appetite, fever, and jaundice. Typically, the virus will remain active in the liver for 2 to 6 months. Many people experience no symptoms.

Hepatitis C is a serious infection of the liver caused by the hepatitis C virus (HCV), a bloodborne pathogen. About 3.9 million Americans have been infected with HCV, Hepatitis C is becoming a bigger and more dangerous problem than hepatitis B (CDC, 2005). Transmission of the virus occurs when blood or body fluids from an infected person enter the body of a person who is not infected. HCV is spread through sharing needles when using drugs, through needle sticks or sharps exposures on the job, through blood transfusions, or from an infected mother to her baby during birth or through breastfeeding after birth. Some people infected early in life take years to present with the disease symptoms. The symptoms of hepatitis C include jaundice, fatigue, dark urine, abdominal pain, loss of appetite and nausea. Eighty percent of infected individuals have no signs or symptoms (CDC, 2005). Treatment is not always effective for HCV, and all infected persons are not candidates for treatment. Interferon and Ribavirin are two recent medications used to treat the disease.

There is no vaccine to prevent hepatitis C. At this time, there is no recommendation for the use of antiviral agents upon exposure to an infected person. Adherence to Universal Precautions and Body Substance Isolation (BSI) is the most effective way for healthcare workers to prevent exposure to the virus.

Human Immunodeficiency Virus (HIV)

As noted earlier, the human immunodeficiency virus (HIV) causes acquired immune deficiency syndrome, or AIDS. HIV attacks the body’s immune system, weakening it so that it cannot fight other deadly diseases. Though a person has been infected with HIV, it may be many years before AIDS develops. AIDS is a fatal disease, and while treatment for it is improving, there is no known cure.

HIV is spread by sexual contact with an infected person, by sharing needles and/or syringes with someone who is infected, and, less commonly, through transfusions of infected blood or blood clotting factors. Babies born to HIV-infected women are at risk of being infected during birth or through breastfeeding after birth. HIV is not spread through contaminated food or by casual contact.

In the healthcare setting, personnel have been infected with HIV after being stuck with needles containing HIV-infected blood or, less frequently, after infected blood gets into a worker’s open cuts or into a mucous membrane such as the eye, mouth, or nostril. By December 2002, occupational exposure to HIV had resulted in 57 documented cases of HIV/AIDS among healthcare personnel in the United States (CDC, 2003).

The symptoms of HIV infection vary, but often include weakness, mild viral illness within 6 weeks, fever, sore
thrust, nausea, headaches, diarrhea, a white coating on the tongue, weight loss, and swollen lymph glands. HIV/AIDS infects the retina in broad stages. In the first stage, the person is actually infected with HIV. After the initial infection, the infected individual may show few, or no, signs of illness for many years. During the second stage, the individual may suffer swollen lymph glands or other lesser diseases that begin to take advantage of the body’s weakened immune system. The second stage is heralded by the appearance of postexposure prophylaxis. The AIDS stage of the infection begins with broad stage, that of AIDS itself, the body becomes completely unable to fight off life-threatening diseases and infections. 

Transmission of a bloodborne pathogen can occur through:

- Contact between mucous membranes and infected body fluids
- Accidental puncture from contaminated needles, other sharps, and other potentially infectious body fluids such as semen, vaginal secretions, cerebrospinal fluid, pleural and peritoneal fluid, amniotic fluid, saliva in dental procedures, and any body fluid that is visibly contaminated with blood. Transmission of a bloodborne pathogen can occur through:

  • Sexual contact without a condom
  • Sharing of hypodermic needles
  • From mothers to their babies at or before birth
  • Accidental puncture from contaminated needles, broken glass, or other sharps
  • Contact between broken/damaged skin and infected body fluids
  • Contact between mucous membranes and infected body fluids
  • Unbroken skin forms an impervious barrier against blood. However, any breach in the skin allows blood and other potentially infectious body fluids such as semen and vaginal secretions, cerebrospinal fluid, pleural and peritoneal fluid, amniotic fluid, saliva in dental procedures, and any body fluid that is visibly contaminated with blood. Transmission of a bloodborne pathogen can occur through:

  • Personal protective equipment (PPE) and clothing free from blood and other potentially infectious materials. Employers are required to implement a variety of exposure controls, personal protective equipment (PPE), and vaccination. 

  - Always wear PPE in exposure situations.
  - Remove and replace PPE that is torn, punctured, or has lost its ability to function.
  - Remove clothing that becomes contaminated with blood or body fluids as soon as possible.
  - Remove PPE before leaving the work area.
  - Handle contaminated laundry as little as possible.
  - Place contaminated gloves, sharps, and other PPE securely in rigid, impervious bags or containers until disposed of, decontaminated, or laundered.
  - Know where these bags or containers are located in your work area.

WORK PRACTICE CONTROLS

Work practice controls refer to the processes and procedures used to ensure that work is conducted in a safe and healthy manner. Work practice controls are an essential component of a safe work environment.

Work practices to learn and follow include: proper and timely handwashing; minimize splashing, spraying of any potentially infectious material; proper decontamination and sterilization of equipment and supplies; cleanup, care, and maintenance of supplies and equipment; proper disposal of used supplies and equipment; keeping all food and drink away from areas where blood or potentially infectious materials are present; no eating, drinking, smoking, applying cosmetics or lip balm, or handling contact lenses where there is a risk of contamination.

Decontamination

To minimize exposure to bloodborne pathogens, effective decontamination is essential. Use either a 10% household bleach solution, Lysol, or another EPA-registered disinfectant. Check the label of all disinfectants to be sure they meet this requirement.

If you are cleaning up a blood spill, carefully cover the spill with paper towels or rags. Pour disinfectant solution over the rags or towels and let it sit for 15 minutes or follow the manufacturer’s recommendations.

Handwashing

Handwashing is one of the most important—and easiest—practices used to prevent transmission of bloodborne pathogens. Hands or other exposed skin should be thoroughly washed as soon as possible following an exposure incident. Hands should also be washed immediately or as soon as feasible after removal of gloves or PPE. Use soft antibacterial soap, if possible. Avoid harsh abrasive soaps, as these may open fragile scabs or cuts. Because handwashing is so important, you should situation yourself with the location of the handwashing facilities nearest to you. Public restrooms, janitor closets, and so forth may be used for handwashing if they are not contaminated with soap. If you are working in an area without access to such facilities, you may use an antiseptic cleanser in conjunction with clean cloth/paper towels or antiseptic hand wipes. If these alternatives are not available, the hands should be washed with soap and running water as soon as feasible.

ENGINEERING CONTROLS

Engineering controls are controls that isolate or remove the bloodborne pathogens hazard from the workplace. Engineering controls include any physical device or

Continuing Education Course Wild iris
equipment used or installed to prevent occupational hazard exposure, a person, or injury. Examples of engineering controls include sharps disposal containers, self-sharpening needles and safer medical devices, such as needleless systems.

Employers must select and implement appropriate engineering controls to reduce or eliminate employee exposure. It is important for you to learn and use the engineering controls available to you in your work environment.

Sharps Handling
Sharps are anything that can puncture the skin, such as needles, blades, scissors, or broken glass. A needle stick or a cut from a contaminated sharps can lead to infection from a bloodborne pathogen. Proper handling and disposal of sharps greatly reduces this risk. Sharps containers should be closable, puncture-resistant, and leak-proof on the sides and the bottom. They must be labeled or color-coded. Keep the following guidelines in mind when handling sharps:

- Never recap, break, or shear needles.
- To move or pick up needles, use a mechanical device or tool such as forceps, pliers, or borer and dastam.
- Dispose of needles in labeled sharps containers only.
- When transporting sharps containers, close the containers immediately before removal or replacement to prevent spillage or protrusion of contents during handling or transport.
- Fill a sharps container up to the fill line, or two-thirds full. Do not overfill the container.

Warning Labels
Warning labels need to be affixed to containers of regulated waste; refrigerators and freezers containing blood or OPIM, and other containers used to store, transport, or ship blood or OPIM. These labels are fluorescent orange, red, or orange-red. Bags used to dispose of regulated waste must be red or orange-red, and they too must have the biohazard symbol readily visible upon them.

Regulated waste refers to any liquid or semi-liquid blood or other OPIM, contaminated items that would release blood or OPIM in a liquid or semi-liquid state if compressed, items that are caked with dried blood or OPIM and are capable of releasing these materials during handling, and contaminated sharps.

EXPOSURE INCIDENT
If you experienced a needle stick or other sharps injury or were exposed to the blood or other body fluids of a patient during the course of your work, immediately follow these steps:

- Wash needle sticks and cuts with soap and water.
- Flush splashes to the nose, mouth, or skin with water.
- Wash needle sticks and cuts with soap and water.
- If your eyes were involved in the exposure, irrigate your eyes with clean water, saline, or sterile irrigation solution.
- Report the incident to your supervisor—including how, when, where, and who—and describing events in as much detail as possible.
- Immediately seek medical treatment.

POSTEXPOSURE FOLLOW-UP
Your employer must provide you with a written report telling you how a bloodborne pathogen might have entered your body and a description of what happened when you were exposed. Your employer must identify the source individual (the person who might have infected you) and, unless the source individual is unknown or state or local law prohibits disclosure. If the source person is known, many states require that the person be tested for HBV and HIV and notified of the results. Your blood must also be collected and tested, after you have agreed to the test.

Medical care will be provided by your employer at no charge to you. All test results are confidential. You must be given a copy of the healthcare professional's written opinion with 15 days after your medical evaluation is finished. You will be given postexposure prophylaxis if medically necessary, as recommended by the U.S. Public Health Service. If you wish, you will be given counseling that includes recommendations for transmission and prevention of HIV.

FREQUENTLY ASKED QUESTIONS

QUESTION
If I accidentally get a patient’s blood on my hands, do I need to treat the incident as an exposure?

ANSWER
Yes, wash the area with soap and water and report the occurrence to your supervisor as soon as possible. Your supervisor will determine the type of follow-up needed.

QUESTION
How great is my risk for hepatitis B?

ANSWER
One out of 20 people living in the United States will get infected with HBV at some time during their lives. Your risk is higher if you have a job that involves contact with human blood.

QUESTION
How do I know if I have hepatitis?

ANSWER
A blood test is the only way to diagnose hepatitis.

QUESTION
When should I get the hepatitis B vaccine?

ANSWER
The vaccination must be offered within 10 days of initial assignment to a job where exposure to blood or other potentially infectious materials can be anticipated.

QUESTION
If I decline to take the vaccination, can I change my mind later?

ANSWER
Yes, you can decide to begin the vaccination series at any time.

QUESTION
If I think I’ve been infected with HIV, how soon can I find out?

ANSWER
You will usually develop antibodies against the HIV virus within 6 to 12 weeks after becoming infected. Tests will not reveal whether you had been infected before that time.

QUESTION
Can I get HBV, HIV, or AIDS from being bitten by an infected mosquito?

ANSWER
No. There is no evidence that the HBV or HIV virus is transmitted through insects such as mosquitoes.

QUESTION
If dried blood were to get wet, could the HIV virus become active again?

ANSWER
No. Once a virus is no longer active, it cannot be “reconstituted” by adding water.

QUESTION
Can I catch HIV from being in the same room or vehicle with someone who has the infection if they cough or sneeze?

ANSWER
No, HIV cannot be transmitted through sneezing or coughing (you cannot catch it like the common cold), not by shaking hands or hugging, not by sharing the water fountain, and not by sharing the rest room or work equipment.

QUESTION
If the chances of being exposed to a patient with a contagious disease are low, why do I need to take precautions all the time?

ANSWER
Universal Precautions is the most effective way to safeguard against exposure to bloodborne pathogens. It is not always possible to predict when an exposure will occur. Bloodborne pathogens are not visible and you don’t know if the patient you are working with is infected.

QUESTION
Can I refuse to do a job that will expose me to potential infection?

ANSWER
No. Universal Standards do not allow you to refuse to take an assignment. Your employer is required to provide you with the appropriate personal protective equipment and training to minimize your risk.

REFERENCES


POST TEST

1. The OSHA bloodborne pathogens standard requires employers to do all of the following except:
   a. Provide PPE to employees who are at risk for exposure to bloodborne pathogens.
   b. Write and regularly evaluate an exposure control plan.
   c. Offer the hepatitis B blood test to employees at no charge.
   d. Provide information and training to employees, upon hire and at least annually.

2. Which of the following two diseases are caused by bloodborne pathogens?
   a. Syphilis and tuberculosis
   b. Hepatitis B and AIDS
   c. Hepatitis C and pneumonia
   d. Hepatitis A and influenza

3. Bloodborne pathogens are carried in blood and sometimes in:
   a. Saliva
   b. Hair
   c. Eyelashes
   d. Fingernails

4. A definitive diagnosis of hepatitis B can be made by:
   a. Testing a stool specimen.
   b. Evaluating the person's symptoms.
   c. Testing saliva.
   d. A blood test.

5. The human immunodeficiency virus (HIV) is resilient and can survive outside of the human body on wet or dry surfaces for up to 7 days.
   a. True
   b. False

6. The hepatitis B virus and the human immunodeficiency virus are commonly transmitted from one infected person to another through:
   a. Holding hands.
   b. Having sex.
   c. Sneezing.
   d. Coughing.

7. Universal Precautions means the first thing you do is determine if the patient is contagious.
   a. True
   b. False

8. Three types of personal protective equipment that can protect you from exposure to blood or OPIUM include:
   a. Hard hats, surgical scrubs, and gloves.
   b. Gloves, mask, and hand wash.
   c. Gloves, goggles, and gown.
   d. Particulate respirator mask, eye protection, and hand wash.

9. Which is one example of engineering controls that may isolate or remove the hazard of bloodborne pathogens from the workplace?
   a. Rules prohibiting food storage in a medication refrigerator
   b. Record review to identify proper documentation of clinical data
   c. Use of self-sheathing needles to prepare and administer medications
   d. Handwashing after a possible exposure to infectious material

10. Containers used to store, transport, and dispose of regulated waste must be identified with warning labels of which color?
    a. Orange, red or orange-red
    b. Black, brown, or grey
    c. Yellow or gold
    d. Blue or blue-green

COURSE EVALUATION

Select one answer for each question by clicking in the circle next to your choice.

1. This course covered the objectives.
   Agree  Somewhat Agree  Neutral  Somewhat Disagree  Disagree

2. The content of this course was relevant to the objectives.
   Agree  Somewhat Agree  Neutral  Somewhat Disagree  Disagree

3. This offering met my professional and educational learning needs.
   Agree  Somewhat Agree  Neutral  Somewhat Disagree  Disagree

4. The manner in which this material was presented was effective.
   Agree  Somewhat Agree  Neutral  Somewhat Disagree  Disagree

5. The course material was presented in an understandable manner.
   Agree  Somewhat Agree  Neutral  Somewhat Disagree  Disagree

6. The educational level of this course was appropriate.
   Agree  Somewhat Agree  Neutral  Somewhat Disagree  Disagree

7. The course material was accurate and current.
   Agree  Somewhat Agree  Neutral  Somewhat Disagree  Disagree

8. The course took 50 minutes per contact hour to complete.
   Agree  Somewhat Agree  Neutral  Somewhat Disagree  Disagree

Comments:

Registration Information for Bloodborne Pathogens

To receive contact hours and a certificate of completion for this module, complete the posttest and send it along with the completed registration form and a $10.00 *check to Wild Iris Medical Education, PO Box 257, Comptche, CA 95427. If your score is below 70%, a new copy of the posttest will be sent to you at no extra charge.

You can also take the test, pay, and receive your certificate online at: http://www.WildIrisMedical.com/bloodbornepath.

Name: ___________________________________________________________
Home Address: ____________________________________________________
City/State/Zip: _____________________________________________________
Professional license and number: _____________________________________
License expiration: _________________________________________________
E-mail address: ____________________________________________________
Payment enclosed: Check/Money Order
Credit card # (MasterCard/Visa/Discover/Amex): _______________________
Exp. Date: ________________________________________________________
Signature: ________________________________________________________

Make checks payable to: Wild Iris Medical Education. For more information call: (707) 937-0518. *Ten percent of the course fee will be donated to the American Nurses Association/California.
Call for Consent to Serve Forms for ANA\C 2009-2011 Elections

The ANAC Ballot Committee has issued the call for consent to serve forms for a slate of candidates to be presented to the membership for a vote in January 2009. The deadline for ANAC’s receipt of all complete consent to serve forms for the initial slate is November 1, 2008. Consent to Serve Forms will be accepted by mail, email or fax.

The following are the open slots which are available: President, Vice President, Secretary, Treasurer, Directors-at-Large, Director of Nursing Practice, Director of Nursing Education, Director of Legislation, Director of Communication/Membership, Ballot Committee (three positions available) and ANA\C Delegate to the ANA House of Delegates (eight positions and ten alternate positions available).

Lois Bergquist

My colleague, Lois Bergquist, taught microbiology to pre-nursing students at Los Angeles Valley College for several decades. She has launched the careers of many a nurse and taught them well. I wanted to announce to her former students, which would now be nurses, of her passing. She was a great lady and I know her former students would want to know of her passing. Thank you for your time and attention to this matter.

Professor Lynn Polasek

IRS Lobbying Notification for Dues

20% of the 126.00 ANA\C dues are not deductible because they are lobbying expenses and 35.10% of the ANA dues are not deductible because they are lobbying expenses.

If a member pays full membership dues
20% of 128.00 = 25.60
35.1% of 130.00 = 45.63
Of the total ANA and ANA\C dues paid 71.23 is lobbying expenses and not deductible.

Order Form: “Celebrate Nursing” License Plate Frame

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Shipping/Handling Charges:
Upon order receipt, please allow 15 business days for shipping

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Total Amount Due

Payment Method:
❑ Check or money order (must be made payable to ANA\California
❑ Credit Card:
❑ American Express
❑ Visa
❑ MasterCard

The Nurse Practice Act defines one component of nursing practice as being a patient advocate. ANA\C believes that patient advocacy not only happens at the bedside but when we are supporting and developing programs and proposals to improve the quality of health care, the workplace and tools for the individual nurse, and access of our patients to health care and health care providers.

Honorable Tricia Hunter, MN, RN
Executive Director ANA\California

The goal of ANAC is to have all registered nurses in California join their professional association.

Louise F. Timmer, EdD., RN
President ANAC 2007-2009
### Membership and Communication

#### ANA|California Calendar of Events

All ANA|California members are welcome and encouraged to attend meetings of the Board of Directors. Meetings are held in Sacramento at ANA|California offices, 1121 L Street, Suite 409, Sacramento, CA 95814 and begin at 10:00 a.m. unless otherwise noted. Any member interested in attending a Board meeting is asked to notify the ANA|California staff at least one week prior to the meeting date by calling 916-447-0225. Members will receive instructions for parking and entry into the office building at that time. Thank you.

**December 2007**
- 31st Golden State Nursing Foundation deadline for the Tony Leone and Catherine Dodd Scholarship applications—Completed applications must be post-marked and/or received in the ANA|California offices no later than this date. Should you have questions or would like more information please feel free to give a call to 916-447-0225.

**January 2008**
- ANA|California Ballot Committee—1st notice to membership. Publish positions and consent to serve form.
- 1st California Statutes take effect
- 7th California Legislature reconvenes

**February 2008**
- 27th-29th Third National Pay for Performance Summit—The Leading National Forum on Pay for Performance, Transparency and Value Driven Healthcare, Los Angeles, CA
- For more information: Toll-free: 800-684-4549

**March 2008**
- 26th-30th NSNA’s 56th Annual Convention: “Blazing Trails: The New Age of Nursing,” Gaylord Texan Resort and Convention Center, Grapevine, TX
- For more information please visit www.nsna.org

**April 2008**
- ANA|California Ballot Committee—2nd notice to membership. Publish positions and consent to serve form.

**May 2008**
- For more information: Leadership Services 301-628-9039

### American Nurses Association \ California Membership Application

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**MEMBERSHIP DUES VARY BY STATE**

- **Membership Category (Check one)**
  - M Full Membership Dues - $255
    - Employed - Full Time
    - Employed - Part Time
  - R Reduced Membership Dues - $127.50
    - Not Employed
    - Full Time Student
    - New graduate from basic nursing education program, within six months after graduation (first membership year only)
    - Grad. Date
    - 62 years of age or over and not earning more than Social Security
  - S Special Membership Dues - $63.75
    - 62 years of age or over and not employed
    - Totally Disabled

**Payment Plan (Check one)**
- Full Annual Payment
- Check
- Master Card or VISA Bank Card (Available for Annual payment only)

**Bank Card Number and Expiration Date**

**Signature of Card Holder**

Note:
- $7.50 of the SNA member dues is for subscription to The American Nurse. A percentage of your dues may or may not be applied to an SNA/NANA subscription.

State nurses association dues are not deductible as charitable contributions for tax purposes, but may be deductible as a business expense. However, that percentage of dues used for lobbying by the SNA is not deductible as a business expense. Please check with your SNA for the correct amount.

**Payment Plan (continued)**
- Electronic Dues Payment Plan (EDPP) Read, sign the authorization, and enclose a check for the first month’s EDPP payment (contact your SNA/NANA for appropriate rate). 1/12 of your annual dues will be withdrawn from your checking account each month in addition to a monthly service fee.

### Authorization to provide monthly electronic payments to American Nurses Association (ANA)

This is to authorize ANA to withdraw 1/12 of my annual dues and any additional service fees from my checking account designated by the enclosed check for the first month’s payment. ANA is authorized to change the amount by giving the undersigned thirty (30) days written notice. The undersigned may cancel this authorization upon receipt by ANA of written notification of termination twenty (20) days prior to the deduction date as designated above. ANA will charge a $5.00 fee for any return drafts.

**Mail with payment to:**
American Nurses Association/California
1121 L Street, Suite 409
Sacramento, CA 95814

**Signature for EDPP Authorization**

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### Help us stay in touch: Do you have a new address or e-mail address?

You can help American Nurses Association/California stay in touch by updating your contact information. Call ANA|California at 916-447-0225, e-mail us at anac@anacalifornia.org or return this form to:

American Nurses Association/California
1121 L Street, Suite 409
Sacramento, CA 95814

Name:
New Address:

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**This is not to update your license information with the Board of Registered Nursing.**

AMERICAN NURSES ASSOCIATION/ CALIFORNIA
AN AFFILIATE CHAPTER OF THE AMERICAN NURSES ASSOCIATION