

# **Report of the 2018 Professional Policy Committee**

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# Report of the 2018 Professional Policy Committee

**Presented by: Rita Munley Gallagher, PhD, RN**

**Chair, ANA Professional Policy Committee**

Madam Chair and ANA Membership Assembly Representatives:

## **Dialogue Forum #1: Secondary Opioid Exposure Considerations in Caring for Patients with Overdose**

The Dialogue Forum, *Secondary Opioid Exposure Considerations in Caring for Patients with Overdose*, was submitted by the Ohio Nurses Association (ONA).

### ***Issue Summary***

The purpose of this Dialogue Forum was to a) discuss the overall impact of secondary exposure to chemical agents on first responders and other health professionals while caring for patients of overdose during emergency situations; b) review the current literature related to healthcare personnel's occupational risk of exposure to illicit substances; and c) consider unified, scientific, evidence-based recommendations for personal protection guidelines.

With the opioid epidemic projected to increase, there is a burning need to address the safety concerns voiced by nurses currently working in the front lines. Growing fear about the potential harmful effects of secondary opioid exposure is being fueled by frequent media reports; however, according to official sources and experts, the numerous cases presented in these reports include a variety of symptoms not consistent with opioid toxicity and do not include enough details to definitively confirm that opioid exposure with associated toxicity indeed occurred. It has been inferred that standard precautions have failed to provide adequate safety to healthcare personnel during various instances presented in the media accounts and the long-term effects of such exposure to the drug and/or the reversal agent on those affected are still unknown. To date, there is very limited scientific literature and empirical evidence on unintentional, secondary opioid exposure and its consequences and no federal consensus on the occupational exposure limits for fentanyl and/or its analogues.

### ***Overarching Comments from the Ohio Nurses Association***

- New occupational health hazard for nurses and first responders
- Rapid evolution of synthetic opioids on the black market; in 2016 alone, nine new synthetic products on the market
- Increased mortality

- Don't want sensationalized media reporting to lead first responders and registered nurses from caring for patients with symptoms of overdose
- Sparked a public outcry; stronger drugs require higher levels of reversal agents; increased harm to first responders and registered nurses
- Limited information on whether this is true toxicity or a stress response
- Two issues:
  1. *Personal Protection*: Absence of empirical data and lack of clear guidelines; need to protect the health care worker and the patient; nurses protecting themselves as well as the patient
  2. *Patient Safety*: If treatment is delayed, due to fear or lack of unified guidelines, what will be the outcome?

### ***Discussion Questions***

The Membership Assembly discussed the following questions:

#### ***1. What concerns have been voiced by nurses working in the front lines?***

- Use of Personal Protective Equipment (PPE) to protect the Health care worker and the patient
- Consider various areas of practice and environments (e.g., oncology, community-based employers, home health aides, hospice, shelters, schools, etc.)
- Consider other "hazards" (e.g., needles, violence, other miscellaneous paraphernalia on the patient or brought in, substances that are unknown, etc.)
- Collect data on the impact of first responders and registered nurses when a reversal agent is administered to inform standards of practice

#### ***2. What workplace policies are in place to protect health care personnel from exposure?***

- No feedback was provided.

#### ***3. Are nurses familiar with workplace policies?***

- Approximately 25% of participants indicated that nurses are familiar with workplace policies (e.g., removing and disposing of Narcan packets).

#### ***4. Are you familiar with government/NIOSH recommendations?***

- At the Red Cross there are no policies; Narcan can be obtained from the state health department, if needed
- Some state hospitals may not have to comply with OSHA or NIOSH requirements

- Can't just provide a Narcan "packet"; need to provide education so the packets are in the hands of those who know when and how to administer the Narcan
- Pharmacists, teachers, Emergency Medical Services (EMS) providers are being trained in the administration of Narcan
- Be cautious: the absence of evidence is NOT evidence of absence
- Focus on "evidence-based" research and policy

**5. *Do we need to consider changes to the standard of practices to ensure safety during care of patients with potential overdose?***

**6. *With the opioid epidemic continuing to grow, are there considerations for training and education that should be considered to educate frontline providers, nurses, and families?***

**7. *What are the short and long term consequences of secondary exposure on health care workers, first responders, and family members?***

- Need information on when it is safe to care for a patient when there is a history of overdose
- School Nurses Association: School nurses are isolated in the school environment; no other professional looking after them if they are dealing with a student who has overdosed
- Need education on what happens to the individual after the medication is administered and what to expect when the patient comes out of the "high"
- National Student Nurses Association: Nursing students need to be part of the conversation and need training and education on this issue
- Incorporate into undergraduate and graduate curricula; transition to practice for nursing students; and residency programs
- Expand routine barrier protection, beyond blood and body fluids.

#### **RECOMMENDATION:**

Based on the feedback provided by the Membership Assembly, the Professional Policy Committee recommends that ANA:

1. Identify informational tools to inform students and nurses about responding to patients who have potential opioid overdose, including, but not be limited to:
  - Use of PPE to prevent secondary exposure and other protocols applicable to nursing practice
  - The management of individuals who have received Narcan or other antagonists
2. Advocate for funding and other support for research and development of evidence based protocols

**Background Document - [Secondary Opioid Exposure Considerations in Caring for Patients with Overdose](#)**

## **Dialogue Forum #2: ANA Presidential Endorsement Process**

The Dialogue Forum Topic, *ANA Presidential Endorsement Process*, was submitted by the ANA Board of Directors.

### ***Issue Summary***

The purpose of this Dialogue Forum was to discuss the current policy, *Establishment of a Policy Regarding Presidential Candidate Endorsement*, and the related procedure, *Presidential Endorsement Procedure*, both of which were adopted by ANA's former House of Delegates in 1985. The policy memorializes ANA's involvement in the endorsement of a candidate for President of the United States and the procedure delineates the process to be followed.

Given sweeping changes to the political landscape since the policy and procedure were developed 34 years ago and recent revisions to campaign finance laws impacting presidential campaigns, the previous ANA Political Action Committee (ANA-PAC) Board of Trustees voted to submit a recommendation to the ANA Board that a proposal be forwarded to the ANA Professional Policy Committee requesting that the ANA Membership Assembly consider a) the degree to which endorsing a Presidential candidate continues to advance ANA's mission and promote ANA's professional policies on the national stage and b) other approaches, in lieu of endorsement, that could serve to inform and educate ANA members about Presidential candidates.

### ***Observations of the Professional Policy Committee***

The Committee recognizes that the current policy and procedure on presidential endorsement may result in a decision to *either* endorse or to not endorse a presidential candidate. The committee did not hear consensus among Membership Assembly participants who spoke during the dialogue forum. Several commenters on both sides of the debate raised concerns about making a decision too quickly.

### **PROS for the Endorsement Process**

Some members of the current ANA-PAC Board of Trustees spoke out in opposition to rescinding the policy.

#### ***Ethical Responsibility (3)***

- It is nurses' ethical responsibility to endorse a candidate that espouses our values and to speak out against a candidate who does not
- Candidates aligned with nursing's value should be recognized by ANA

#### ***Other approaches***

- Consider other avenues of support that demonstrate ANA's commitment to advocacy
- Rather than rescind, consider revising the current endorsement process

- Retain the practice of ANA endorsing but revise the process (4)

*Support for the current endorsement process (4)*

*Advocacy*

- Important for ANA to take a stand
- Important for ANA to have a voice
- Endorsement process promotes our identity and values
- Support issues as opposed to individuals

**CONS for the Endorsement Process**

- Focus resources on congressional and other down ballot candidates in lieu of presidential candidates (5)
- Endorse “issues” in lieu of an individual (2)
- Educate members on candidates’ views on issues of importance to nursing in lieu of a formal endorsement process (6)
- Endorsement results in loss of members for state associations (3)
- Endorsement is polarizing (1)
- Our funding level is insufficient to significantly influence a candidate and the overall election. (1)

**Recommendations:**

Based on the feedback provided by the Membership Assembly, the Professional Policy Committee recommends that the consideration of the ANA Presidential Endorsement Procedure be referred back to the ANA Board of Directors for development of a revised proposal following further input from ANA members and stakeholders. Consideration should include, but not be limited to:

- Member Education
- ANA visibility, influence, and role
- Resource capacity
- Impact on membership growth and retention
- Report back to the 2019 ANA Membership Assembly for consideration of a revised proposal

**Background Document:** [ANA Presidential Endorsement Process](#)

### Dialogue Forum #3: An Ethics Debate: The Right to Die

The Dialogue Forum Topic, *An Ethics Debate: The Right to Die*, was submitted by the ANA Ethics and Human Rights Advisory Board.

#### Issue Summary

The purpose of this Dialogue Forum was to discuss the current American Nurses Association (ANA) position statement Euthanasia, Assisted Suicide and Aid in Dying (AID). The current statement posits that nurses are prohibited from any participation in aid in dying, even in states where it is legal. This topic is nationally relevant as stated in the position statement, "Historically, nurses have played a key role in caring for patients at end-of-life across healthcare settings. Nurses provide expert care throughout life's continuum and at end-of-life in managing the bio-psychosocial and spiritual needs of patients and families both independently and in collaboration with other members of the interprofessional healthcare team" (ANA, 2013).

The current ANA position statement was developed when aid in dying was illegal in most states in the US. Aid in dying is now legal in six states and the District of Columbia (DC) (ProCon, 2018). The current ANA position statement does not support nurses' practicing in these states and therefore must be re-evaluated:

"The American Nurses Association (ANA) prohibits nurses' participation in assisted suicide and euthanasia because these acts are in direct violation of Code of Ethics for Nurses with Interpretive Statements (ANA, 2001; herein referred to as The Code), the ethical traditions and goals of the profession, and its covenant with society. "

#### Polling Responses

Do you believe that as part of ANA's position statement, nurses should be obligated to have insight into their own feelings and biases regarding AID?

Yes	85%
No	12%
Not Sure	4%

Should the nurse be expected to have knowledge of the laws and regulations regarding AID in the states in which they practice?

Yes	100%
No	
Not Sure	

Should nurses be obligated to respect a patient's decision to request AID?

Yes	86%
No	10%
Not Sure	4%

Should the nurse be able to be present as the patient consumes their AID?

Yes	81%
No	11%
Not Sure	8%

Should the nurse have the ability to conscientiously object to involvement in caring for the patient and family receiving AID?

Yes	87%
No	11%
Not Sure	2%

### Participant Comments

- Clinically-competent, terminally ill adults can get a prescription and then ingest the medication (MT, OR, DC, VT, CO, and will be legal in HI in 2019)
- Increasing numbers of patients have access to "aid in dying" legally
- ANA's current Position Statement, *Euthanasia, Assisted Suicide, and Aid in Dying* (2013), prohibits nurses' participation in aid in dying as it is in direct violation of the Code of Ethics...may not act with the sole intent to end life
- Conscientious objection should be retained
- ANA's position statement should not prohibit nurses from engaging in AID when it is legal in the state
- Nurses are going to lead and transform palliative care; we SHOULD be with people as they have these conversations with themselves and with their families. We need to lead in this area. We are equipped and ready to do this.
- Want to have consideration given to pediatrics and teenagers

- Need to include information on AID in nursing education
- Dichotomy in opinions; younger nurses
- Educate patients and families about their choices.....while none of the choices may be good. ANA believes that individuals have the right to privacy and to make personal decisions related to their health. Should do this for people who are dying.
- Hospice and Palliative Nurses Association no longer opposes legalization of physician assisted suicide
- One individual spoke in favor of Statement #4 within the background document. We will restrict nurses from practicing to the full extent of their scope of practice if we don't support this.

### **Recommendations**

Based upon the feedback from the Membership Assembly, the Committee recommends that the following be incorporated into a revised position statement by the ANA Ethics and Human Rights Advisory Board:

- Nurses must respect patients' right to request aid in dying.
- Nurses must be knowledgeable of the law regarding aid in dying in the state or territory in which they practice.
- While nurses are ethically permitted to participate in aid in dying, in states or territories where it is legal, they retain the right to conscientiously object.
- Nurses must be able to provide information on aid in dying and provide emotional support to patients and families who face this decision at the end of life.

The revised position statement should be considered at the 2019 ANA Membership Assembly.

**Background Document:** [An Ethics Debate: The Right to Die](#)