Divisions of Practice were also formed: District #2 member on the Council. At that time, five and it is interesting to note that Dr. Lucille Joel was a was adopted, forming the Council on Nursing Practice, 1969 NJSNA Annual Meeting, a Bylaws amendment about the work of this Committee:

"During the year the major concern of the Committee on Professional Practice has been the establishment of policies, procedures and definitions of role, authority and responsibility of the nurse in cardiac resuscitation. A joint statement by the New State Johns Nurses Association, the New Jersey Hospital Association and the New Jersey Medical Society seems imperative. The joint statement was drafted and entitled: External Cardiopulmonary Resuscitation (including Defibrillation) and the Registered Professional Nurse."

Basically it was a position statement on CPR! At the 1969 NJSNA Annual Meeting, a Bylaws amendment was adopted, forming the Council on Nursing Practice, and it is interesting to note that�� Excellence was a District #2 member on the Council. At that time, five Divisions of Practice were also formed:

1. Community Health Nursing
2. Geriatric Nursing
3. Maternal and Child Nursing
4. Medical-Surgical Nursing
5. Psychiatric and Mental Health Nursing

The Council on Nursing Practice was renamed the Council on Practice in 1976 with the same Five Divisions of Practice. In the archives, there is a wonderful document entitled A Primer on Implementing Standards of Practice, which was prepared by the NJSNA Council on Practice. It contained the role of the nurse, along with tools for nursing history, patient care plan and teaching.

At the 1984 NJSNA Annual Meeting, it was proposed that the Council on Practice and their Divisions of Practice would transition to Four Cabinets:

1. Cabinet on Education
2. Cabinet on Practice
3. Cabinet on Continuing Education
4. Cabinet on Nursing Research

Also in 1984, a column was started in the New Jersey Nurse entitled, “Ask the Council.” In 2011, more than 25 years later, we are attempting to achieve this goal with this Council on Policy and Practice column.

In 1988 the Goals for the Cabinet on Practice were:

- Monitor the Legislative Committee, Board of Nursing, New Jersey Register, and Capital Update.
- Maintain a current packet of position statements.
- Identify current nursing practice issues and implement plans to address them.
- Increase communication with Legislative Committee.
- Educate RNs about nursing practice issues through publication in New Jersey Nurse and continuing education programs.

At the 1992 NJSNA Annual Meeting, a Bylaws amendment was adopted to form the Congress on Policy and Practice, i.e., what happened to the Cabinet on Practice? The answer was in the archives at NJSNA Headquarters; so I journeyed there for a look into the past.

"Now we return to our regularly scheduled time..."

The Congress on Policy and Practice has been the Committee dealing with practice issues in New Jersey. For instance, when should we use Shackles for prisoners who are in labor? Should we use Shackles for patients who have overdosed? Is it appropriate that responders may administer Narcan, Naloxone, in emergency situations? These are just some of the topics being investigated by the Congress on Policy and Practice, also known as COPP. For more than 25 years COPP has focused on practice issues in New Jersey. For instance, in the October 1967 edition of New Jersey Nurse the following was written about the work of this Committee:

“During the year the major concern of the Committee on Professional Practice has been the establishment of policies, procedures and definitions of role, authority and responsibility of the nurse in cardiac resuscitation. A joint statement by the New Jersey Nurses Association, the New Jersey Hospital Association and the New Jersey Medical Society seems imperative.”

COPP focuses on practice issues in NJ, using the expertise of dynamic members of the COPP to develop Position Statements on issues, such as Medication Administration by Unlicensed Personnel, and Nurses Role in End of Life Decision Making. The Congress on Policy and Practice and COPP members are encouraged to work with NJSNA and those interested are encouraged to run for open positions. COPP will provide regular updates about its work in the New Jersey Nurse. Please send any practice issues/questions to the COPP addressed to: Jamie@njsna.org.

COPP Should NJSNA support legislation stating first responders may administer Narcan, Naloxone, in situations where there is a possible overdose? Is it appropriate that Shackles be used for prisoners who are in labor? What nurse residency programs are available to new graduate nurses in New Jersey? These are just some of the topics being investigated by the Congress on Policy and Practice, also known as COPP. For almost 45 years COPP has focused on professional nursing practice issues in New Jersey. For instance, in the October 1967 edition of New Jersey Nurse the following was written about the work of this Committee:

“During the year the major concern of the Committee on Professional Practice has been the establishment of policies, procedures and definitions of role, authority and responsibility of the nurse in cardiac resuscitation. A joint statement by the New Jersey Nurses Association, the New Jersey Hospital Association and the New Jersey Medical Society seems imperative.”

The joint statement was drafted and entitled "External Cardiopulmonary Resuscitation (including Defibrillation) and the Registered Professional Nurse," which is basically a position statement on CPR! Today COPP ensures that the NJSNA Position Statements are current and has recently revised the position statements on medication administration for unlicensed personnel and nurses role in end of life decision making. COPP members are also planning and developing a March 2012 educational program for NJSNA members on End of Life Care.

COPP encourages NJSNA members to send any practice issues, concerns, or questions to the COPP by emailing Jamie@njsna.org.