

2010 Resolutions

RESOLVEDS OF THE TOP 10 RESOLUTIONS

Resolveds are given by rank order for the 10 high priority resolutions.

1) Resolution #36SB Immunization Registry

RESOLVED, that the Academy work to create a mechanism that allows pediatricians ready access to existing vaccine registries in all states; and be it further

RESOLVED, that the Academy support the establishment of, and consider the feasibility of sponsorship of, a national vaccine registry/clearinghouse with common electronic gateways to state registries, allowing ready access to vaccine histories of patients.

2) Resolution #LR4 Council on Obesity

RESOLVED, that the Academy urgently form the Council on Obesity to position itself to move forward in a stronger, broader, and more organized fashion to address the pediatric obesity epidemic.

3) Resolution #LR2 AAP Support for Chapters Opposing Anti-immunization Efforts

RESOLVED, that the Academy provide all appropriate, reasonable, legal, and fiscally sound support possible to any AAP Chapter that requests assistance in its efforts to combat legislative or electoral attempts to roll back immunization efforts in its state.

4) Resolution #40SB An American Academy of Pediatrics Action Plan for Cough and Cold Medications

RESOLVED, that the Academy work with retailers and manufacturers to engage in an educational campaign for the public and healthcare professionals about the hazards of cough and cold medication in order to discourage sale and use of cough and cold medications for children 4 and under.

5) Resolution #44 Childhood Obesity and Vending Machines in Schools

RESOLVED, that the Academy develop a policy statement stating that snack and drink machines on school grounds serving children kindergarten through grade 12 only provide options that are labeled as “Healthy Options” by the Federal Drug Administration (FDA) (or Department of Agriculture).

6) Resolution #51 Concussion in Youth: Prevention, Treatment and Return to Play Guidelines

RESOLVED, that the Academy work to encourage increased knowledge in the area of concussion and head injury prevention and return to play guidelines

RESOLVED through education of coaches, parents, athletic trainers and health care providers, and be it further that the Academy advocate for ongoing athletic team trainer education along with parental notification, so that consistent evaluation occurs with community health care providers and appropriate utilization of the referral services for post-concussive evaluation.

7) Resolution #89 American Board of Pediatrics Lifetime Certificate Holders

RESOLVED, that the Academy publicly insist that the American Board of Pediatrics respond to inquiries, and show on their Web site, only the designation of board certified for all pediatricians who have completed the required (at the time) certifying process regardless of participation in the maintenance of certification program.

8) Resolution #28 Teens Texting While Driving

RESOLVED, that the Academy encourage all pediatricians to provide anticipatory guidance to parents and teens about the dangers of texting while driving, and be it further

RESOLVED, that the Academy make available to the membership-at-large the emerging evidence of morbidity and mortality related to teens, texting and driving.

9) Resolution #13 Promotion of a National Safe Sleep Campaign

RESOLVED, that the Academy update and promote a national infant safe sleep education and awareness program (in collaboration with other national organizations/agencies where feasible) whose goal shall be the universal dissemination of knowledge of the principles and practice of creating a safe sleeping environment for infants. This will reduce injuries and save infant lives, while strengthening the Academy's efforts to promote and support breastfeeding.

10) Resolution #46SB Pre-participation Sports Examinations in the Medical Home

RESOLVED, that the Academy develop a policy recommending that pre-participation sports physical examinations be at least an every 2 year comprehensive examination conducted in the medical home using the 4th edition of the Pre-participation Physical Evaluation (PPE) monograph focusing on the musculoskeletal system examination, screening for concussion and cardiac and other risk factors for exertional sudden death. The pre-participation exam is not a substitute for the annual comprehensive health supervision visit in the medical home.