



## **RESOLUTIONS 2014**

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National Student Nurses' Association, Inc.  
45 Main Street, Suite 606, Brooklyn, NY 11201  
(718) 210-0705 FAX (718) 797-1186  
[nsna@nsna.org](mailto:nsna@nsna.org) • [www.nsna.org](http://www.nsna.org) • [www.nsnaleadershipu.org](http://www.nsnaleadershipu.org)

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## TABLE OF CONTENTS

### IN SUPPORT OF:

1. Increased Awareness of Healthy People 2020 Sexually Transmitted Disease Objectives Aimed at Reducing Incidence Rates of Chlamydia Trachomatis and Neisseria Gonorrhoeae Infection Among Young People (15-24 Years)..... 1
2. Improving and Modernizing Advance-Care Planning. .... 3
3. Increasing Awareness, Education, and Research about Trisomy-18 (Edward’s Syndrome) .... 5
4. Further Evidence-Based Research and Increased Awareness of the Importance of Civility in the Nursing Workplace. .... 6
5. Promoting Mental Health Integration in Primary Care. .... 8
6. Increasing Awareness of the Benefits of Accurate and Appropriate Nutrition Education..... 10
7. Implementing Mandatory Cardiopulmonary Resuscitation (CPR) and Automated External Defibrillator (AED) Training for K-12 Teachers to Treat Sudden Cardiac Arrest (SCA) in School Settings..... 12
8. Providing Patient Protection by Establishing Safe Nurse Staffing Levels. .... 14
9. Ongoing and Increased Awareness of Suicide Prevention Resources for Veterans and their Families..... 15
10. Hospitals Adopting Established Policies and Procedures for Patients that have been Subjected to Human Trafficking. .... 16
11. Increasing Nurses’ Knowledge of Patient Expectations in the Emergency Department. .... 18
12. Encouraging Nursing Students to Participate in the National Student Nurses’ Association (NSNA) By Establishing a Method for Promoting Professional Growth and Leadership as Part of the Nursing Curriculum. .... 19
13. Increased Awareness of Decreasing the Risk of Hospital-Acquired Infections through Bathing Practices for Hospitalized Patients. .... 21
14. Educating Parents on the Advantages of Vaccinations Despite the Speculated Correlation Between Vaccines and Autism..... 22
15. Incorporation of Theoretical and Experiential Learning Experiences Related to Telehealth in Undergraduate Nursing Curricula to Optimize Generalist Nurse Competencies for Entry into Diverse Practice Healthcare Environments. .... 24

16. Implementation and Education Regarding the “Baby-Friendly Hospital Initiative.” .....	26
17. Increasing Culture Education for Nursing Students by Providing More International Study Abroad Opportunities. ....	28
18. Increasing Awareness and Education on the Effects of Polypharmacy in the Elderly. ....	30
19. Education and Research for Bacteriophage Therapy (also Known as Viral Therapy, or Phage Therapy) in Patients with Chronic, Drug-Resistant, or Difficult to Treat Wound Infections. ....	32
20. Increased Community Awareness and Education About Automated External Defibrillators (AED) for the Improvement of Out-of-Hospital Cardiac Arrest Survival Rates.....	34
21. Increasing Awareness of the Relationship between Food Environment and Diabetes in Minority and Rural Communities.....	36
22. Legislation Mandating that Cardiopulmonary Resuscitation (CPR) Training be Included in High School Curriculum and that Resources for Follow-Up Certification be Provided. ....	38
23. Increased Awareness Regarding the Health Risks of Air Pollution in Urban Populations.....	40
24. Advocating for the Use of Preoperative Pharmacological and Nonpharmacological Analgesia for Male Neonatal Circumcision Surgery. ....	41
25. Increased Education in Nursing Curricula Related to Managing Emotions Associated with Patient Death and Dying in the Clinical Setting. ....	42
26. Increasing Awareness Regarding the Prevalence of Depression in College Students.....	43
27. Legislation that Protects Children from Secondhand Smoke Exposure by Prohibiting Smoking in Any Vehicle While a Child is in the Vehicle. ....	44
28. Research and Education for a More Accurate Tool than the Body Mass Index (BMI) Scale to Better Identify Health Risks Related to People’s Percent Body Fat. ....	45
29. Pulse Oximetry Screening for Congenital Heart Defects in Newborns. ....	47
30. Enhanced Ovarian Cancer Awareness and Education by Practicing Nurses and Nursing Students. ....	48
31. Increasing Awareness of Assisted Outpatient Treatment for the Mentally Ill. ....	49
32. Increasing Awareness and Inclusion of Geropsychiatrics in Undergraduate Nursing Curricula.....	51

33. Awareness and Advocacy for Conservative Use of Diagnostic Procedures Involving Radiation. ....	52
34. Promoting Awareness of the Benefits of Service/Emotional Support Dogs for Children Diagnosed with Autism Spectrum Disorders. ....	53
35. Increased Awareness of Disaster Preparedness through the Use of Simulation Exercises in Undergraduate Nursing Curricula. ....	54
36. Decreasing the Incidence of Obesity Bias Among Nurses and Nursing Students by Promoting Education Regarding Causes of Obesity. ....	56
37. Increased Awareness, Prevention and Treatment of Cholera Using the Recent Epidemic in Haiti as a Case Study. ....	58
38. National Standardization of “Do-Not-Resuscitate” [DNR] Status Identification Using Color-Coded Wristbands. ....	59
39. Increasing Awareness and Education about Critical Incident Stress Debriefing. ....	61
40. The Public’s Increased Education for Women’s Personal Risks of Cardiovascular Disease. ..	63
41. Promoting Awareness of Multiple Sclerosis Symptoms and Diagnosis. ....	64
42. Increased Awareness Regarding Delayed Patient Reactions to Blood Transfusions. ....	65
43. Decreasing Thirty-Day Hospital Readmission Rates through the Implementation of Transitional Care Teams. ....	67
44. Patients’ Safe Prescribed Access to Therapeutic Medical Cannabis and Continued Further Research and Awareness of the Topic. ....	69
45. Increased Awareness of Motivational Interviewing. ....	70
46. Increasing Awareness of the Use of Real-Time Feedback Cardio-Pulmonary Resuscitation Devices in Clinical Practice. ....	71
47. Increasing Education and Awareness Regarding Causes of Hemolyzed Blood Specimens Drawn by Nursing Staff. ....	72
48. Smoke and Tobacco Free Health Sciences Colleges and Medical Facilities by Increasing Awareness and Education about the Benefits of Being Smoke and Tobacco Free. ....	74
49. Advocating for the Increased Implementation of Leadership Education in Undergraduate Nursing Curricula. ....	76

50. Advocate for a Decrease in Patient to Nursing Staff Ratio in Nursing Homes. ....	78
51. Increased Awareness of Shift Length Regulation for Nurses Working Shifts Over Twelve Hours. ....	79
52. Increased Awareness of Current Recommendations on the Use of Quadrivalent Human Papillomavirus (HPV) Vaccination in Men. ....	81
53. Reducing the Use of Pediatric Restraints during Clinical Procedures. ....	83
54. Using Interprofessional Education in Nursing Programs to Aid in the Transition from Prelicensure to Professional Practice. ....	85
55. Increasing Nursing Student Research Exposure to Address the Need for More Research-Focused Nurses. ....	87
56. Increasing Education and Awareness of the Current Guidelines for Management of Hypertension In Adults. ....	88
57. Nursing Preceptor Education to Improve the Learning Outcomes of Nursing Students in the Clinical Setting .....	89

**TOPIC: IN SUPPORT OF INCREASED AWARENESS OF HEALTHY PEOPLE 2020 SEXUALLY TRANSMITTED DISEASE OBJECTIVES AIMED AT REDUCING INCIDENCE RATES OF CHLAMYDIA TRACHOMATIS AND NEISSERIA GONORRHOEAE INFECTION AMONG YOUNG PEOPLE (15-24 YEARS)**

**SUBMITTED BY: Nursing Students of Georgia State University, Atlanta, GA**

WHEREAS, according to the Centers for Disease Control and Prevention, the two most common reportable infectious diseases in the United States are *Chlamydia trachomatis* (CT) and *Neisseria gonorrhoeae* (NG); and

WHEREAS, in 2011, nationally reported cases of CT numbered 1,412,791 and reported cases of NG numbered 321,849; and

WHEREAS, the majority of reported cases of CT (62%) and NG (70%) are documented in 0-24 year olds; and

WHEREAS, it is estimated that in the year 2000 alone, healthcare costs associated with chlamydia and gonorrhea were a minimum of \$325 million among 15-24 year olds; and

WHEREAS, chlamydia and gonorrhea are implicated in the etiology of “cervicitis and urethritis, as well as pelvic inflammatory disease, ectopic pregnancy, chronic pelvic pain and infertility... and can facilitate HIV infection”; and

WHEREAS, complications of chlamydia and gonorrhea related to pelvic inflammatory disease and infertility cost up to \$1.5 billion annually; and

WHEREAS, Black et al. reports that of the 48% of sexually active high school students surveyed, “almost 40% did not use a condom during their most recent sexual intercourse”; and

WHEREAS, both the Centers for Disease Control and Prevention and the United States Preventive Services Task Force recommend that all sexually active women under 25 years of age be screened for CT at a minimum of yearly and at-risk sexually active women be screened for NG; and

WHEREAS, CT and GN are largely asymptomatic and under-diagnosed despite ongoing efforts at increasing screening efforts. With no recommendations regarding when to begin screening, those who become sexually active at a young age often experience a delay in testing; and

WHEREAS, there are no recommendations for the screening of heterosexual men of any age, though there are recommendations for screening for CT and NG and other sexually transmitted infections for all sexually active homosexual men, bisexual men, and other men who have sex with men; therefore be it

RESOLVED, that the National Student Nurses’ Association (NSNA) encourage its constituents to advocate for increased awareness of Healthy People 2020 objectives regarding reduction in the prevalence of adolescents with CT and GN infections through educational programs and any other methods deemed appropriate by the NSNA Board of Directors, if feasible; and be it further

RESOLVED, that the NSNA encourage nursing schools throughout the United States to emphasize within their curriculum the importance of CT and NG prevention and

RESOLVED, treatment and encourage the use of resources through student health services, Planned Parenthood, and community health departments; and be it further that the NSNA participate in national *STD Awareness Month* by publishing an article on STD awareness in *Imprint*, including a factsheet, resources to identify at-risk youth, and a reminder to get tested, if feasible; and be it further

RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association, the American Association of Colleges of Nursing, the American Medical Association, the U.S. Department of Health and Human Services, the Centers for Disease Control and Prevention, the National League for Nursing, the Office of Disease Prevention and Health Promotion, and all others deemed appropriate by the NSNA Board of Directors.

**TOPIC: IN SUPPORT OF IMPROVING AND MODERNIZING ADVANCE- CARE PLANNING**

**SUBMITTED BY: New Jersey Student Nurses Association of The College of New Jersey, Ewing Township, NJ**

WHEREAS, the 2013 National Student Nurses’ Association (NSNA) adopted the resolution “In support of educating healthcare providers and patients about Do-Not-Resuscitate (DNR)/Allow-Natural-Death (AND) orders surrounding the perioperative period” submitted by Tulsa Community College Student Nurses’ Association, and the 2008 NSNA adopted the resolution “In support of nationally recognized end-of-life orders including advanced directives” submitted by the North Carolina Association of Nursing Students, and the 2005 NSNA adopted the resolution “In support of educating healthcare professionals about developing and maintaining current healthcare advance directives” submitted by the Florida Nursing Students Association Executive Board; and

WHEREAS, many individuals struggle to make their own health care decisions at the end of life, and may not have end-of-life wishes known or respected without health care provider and/or family end-of-life planning and accurate advanced directives and/or physician orders for life sustaining treatment; and

WHEREAS, programs for physicians’ orders related to life-sustaining treatment can improve quality care during end-of-life care; and

WHEREAS, adopting advance-care planning standards in electronic health records would enhance portability and accessibility of patient end-of-life preferences through all health care delivery systems; and

WHEREAS, Medicare and Medicaid coverage for advance-care planning consultations offer health care providers financial incentives to encourage open discussion about end-of-life care with patients; and

WHEREAS, voluntary advance-care planning consultations with health care providers could include educating patients about end-of-life care options, making end-of-life care preferences seem less controversial, establishing specific patient preferences, facilitating communication regarding personal preferences, and completing written documentation reflecting accurate end-of-life care wishes; and

WHEREAS, the Personalize Your Care Act of 2013 was introduced to the House of Representatives to fund expanded state programs for physicians’ orders for life-sustaining treatment, to create standardized electronic medical records that accurately reflect patient end-of-life care preferences (displaying advanced directive and/or Physician Orders for Life-sustaining Treatment (POLST)), and to require Medicare and Medicaid coverage for voluntary consultations about end-of-life care every five years or in the event of a change in health status; and

WHEREAS, the proposed legislation can enhance quality in end-of-life care by ensuring individuals’ end-of-life care preferences are identified and acknowledged by family members, surrogate decision-makers, and health care providers; therefore be it



- RESOLVED, that the National Student Nurses' Association (NSNA) support improved advance-care planning within clinical practice and within nursing education environments; and be it further
- RESOLVED, that the NSNA recognize the patient beneficence of federal funding to create and/or expand programs for POLST, the national adoption of standardized electronic medical records indicating patient care preferences, and the Medicare and Medicaid coverage of voluntary advance-care planning consultations with health care providers; and be it further
- RESOLVED, that the NSNA send a copy of this resolution to the House of Representatives Committee on Ways and Means and House Committee on Energy and Commerce: Health to support H.R.1173-Personalize Your Care Act of 2013, the American Nurses Association, the American Association of Colleges of Nursing, the National League for Nursing, the National Organization for Associate Degree Nursing, the American Association of Critical Care Nurses, the American Hospital Association, the Nursing Organizations Alliance, and all others deemed appropriate by the NSNA Board of Directors.

**TOPIC: IN SUPPORT OF INCREASING AWARENESS, EDUCATION, AND RESEARCH ABOUT TRISOMY-18 (EDWARD’S SYNDROME)**

**SUBMITTED BY: Duquesne University Student Nurses’ Association, Pittsburgh, PA**

WHEREAS, “Trisomy 18...is a condition which is caused by an error in cell division, known as meiotic disjunction”; and

WHEREAS, “Well-described clinical characteristics of trisomy 18 include severe psychomotor and growth restriction, microcephaly, micro-ophthalmia, micrognathia, cardiac malformations, pulmonary hypoplasia, omphalocele, ileal atresia, and adrenal hypoplasia "; and

WHEREAS, “After trisomy 21/Down's Syndrome, Trisomy 18...represent[s] the second...most common autosomal trisomy syndrome...[its] prevalence (elective termination of pregnancies, stillbirths, and live births), is approximately one of 1,800” ; and

WHEREAS, "Early studies found high mortality rates for newborns with full T18, citing only approximately 10% of newborns surviving to their first birthday”; and

WHEREAS, “Available research does not address aspects of long-term survival of this population”; and

WHEREAS, Early editions of previous study entries regarding trisomy 18 state “once the diagnosis has been established... limitation of all medical means for prolongation of life” is recommended; and

WHEREAS, “Neonatal nurses are in a key position to offer information, assistance and encouragement, but only with a clear understanding of the treatment needs of this unique population”; therefore be it

RESOLVED, that the National Student Nurses’ Association (NSNA) encourage its members to collaborate with health and nursing related organizations to increase education, research, and awareness of Trisomy-18; and be it further

RESOLVED, that the NSNA publish articles in *Imprint* and offer workshops at the Annual Convention to increase members’ awareness and education on the subject of Trisomy-18, if feasible; and be it further

RESOLVED, that the NSNA encourage its members to advocate for more research so that all students and healthcare professionals can become educated on treatments of Trisomy-18 and can be able to effectively teach families dealing with Trisomy-18; and be it further

RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association, the National League for Nursing, the American Association of Colleges of Nursing, the National Organization for Associate Degree Nursing, the Council on Education for Public Health, the American Academy of Pediatrics, the Society of Pediatric Nurses, the Association of Women’s Health, Obstetric and Neonatal Nurses, and all others deemed appropriate by the NSNA Board of Directors.

**TOPIC: IN SUPPORT OF FURTHER EVIDENCE-BASED RESEARCH AND INCREASED AWARENESS OF THE IMPORTANCE OF CIVILITY IN THE NURSING WORKPLACE**

**SUBMITTED BY: Sinclair School of Nursing, Columbia, MO**

WHEREAS, The lack of civility in nursing remains a continuing issue that needs to be addressed on a regular basis, as current research and new findings regarding the lack of civility in nursing are established each year. This resolution re-affirms the prevalence and value of the 2010 National Student Nurses' Association (NSNA) resolution titled, "In support of policy development and increased funding for research on lateral violence in nursing" submitted by University of Illinois at Chicago Student Nurses Association; and the 2006 NSNA resolution titled, "In support of professional workplace culture and decreasing horizontal violence" submitted by the NSNA Board of Directors; and the 2001 NSNA resolution "In support of the prevention of workplace violence in healthcare settings through increased education and awareness" submitted by the Student Nurses' Association of Pennsylvania. The persisting issue of civility indicates the necessity for further research related to development of interventions addressing the lack of civility in the nursing workplace; and

WHEREAS, "Civility is behavior that shows respect toward another person, makes that person feel valued, and contributes to mutual respect, effective communication, and team collaboration"; and

WHEREAS, "More than 700 nurses told the Maryland Commission on the Crisis in Nursing that civility was one of their top three workplace concerns"; and

WHEREAS, "Out of the 117 nurse participants, 90.4% reported experiencing co-worker incivility and 77.8% reported experiencing supervisor incivility"; and

WHEREAS, according to a report by the Institute of Medicine, "retaining a stable, satisfied nursing workforce was critical for ensuring high-quality patient care and patient safety"; and

WHEREAS, there is evidence that incivility in the workplace is linked to decreased patient safety and increased nursing turnover rates, further decreasing patient outcomes; and

WHEREAS, nurses were more likely to make medication errors due to intimidation caused by workplace incivility regarding appropriate medication administration for fear of being perceived as incompetent; and

WHEREAS, "Incivility in the work environment is a major source of dissatisfaction and new graduate nurses are especially vulnerable. Incivility contributes to the high levels of turnover associated within the first two years of new graduate nurse employment"; and

WHEREAS, although there is evidence that incivility in the workplace is an imperative problem, there is insufficient research conducted to address incivility and to establish interventions for improvement; and

WHEREAS, "The financial costs to an organization are high. Nurses who feel tormented by co-workers have high rates of absenteeism, turnover intentions, and patient care errors"; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) publish an article about this resolution in *Imprint*, if feasible; and be it further

RESOLVED, that the NSNA support an increased awareness of incivility in the nursing work environment by providing informative focus sessions at the Mid Year Conference and Annual Convention, if feasible; and be it further

RESOLVED, that the NSNA collaborate with professional nursing organizations to increase research on the implications of incivility and possible interventions in the nursing work environment, if feasible; and be it further

RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association, the National League for Nursing, the American Association of Colleges of Nursing, the National Organization for Associate Degree Nursing, the Joint Commission, and all others deemed appropriate by the NSNA Board of Directors.

**TOPIC: IN SUPPORT OF PROMOTING MENTAL HEALTH INTEGRATION IN PRIMARY CARE**

**SUBMITTED BY: Student Nurses at Penn, University of Pennsylvania, Philadelphia, PA**

WHEREAS, in 2010, the National Student Nurses' Association (NSNA) House of Delegates passed a resolution "In support of increasing awareness of mental healthcare treatment outcomes" submitted by Student Nurses at Penn Board of Directors and in 2005, the NSNA House of Delegates passed a resolution "In support of comprehensive mental health parity legislation" submitted by North Central State College Student Nurses Association; and

WHEREAS, "The World Health Organization's (WHO) World Health Report 2001 called for the integration of mental health into primary care, acknowledging the burden of mental, neurological, and substance use (MNS) disorders globally"; and

WHEREAS, "Despite the increasing burden of MNS disorders around the world and their frequent co-morbidities, affected individuals often lack access to mental health care"; and

WHEREAS, "Primary care nurses are not adequately prepared to treat the complex mental health needs of these patients"; and

WHEREAS, "Mental and physical health problems are interwoven...so integrated primary care services help ensure that people are treated in a holistic manner"; and

WHEREAS, "When mental health is integrated into primary care, people can access mental health services closer to their homes, thus keeping their families together and maintaining their daily activities"; and

WHEREAS, "Primary care for mental health is affordable and cost effective, with primary mental health care services being less expensive than psychiatric hospitals"; and

WHEREAS, "Initiation of PC-MHI [primary care - mental health integration] programs was associated with elevated diagnosis patterns, which may enhance recognition of mental health needs among primary care patients"; and

WHEREAS, "The establishment of a depression care management program has successfully helped primary care providers manage patients with depression in the primary care setting"; and

WHEREAS, "An intervention... integrating the management of medical and psychological illnesses... improved both medical outcomes and depression in depressed patients with diabetes, coronary heart disease, or both"; therefore be it

RESOLVED, that the NSNA promote the integration of mental health services in primary care through increased pre-service and/or in-service training of primary care workers on mental health issues, including relationships between mental and physical health and illness, and how to communicate regarding mental health in a patient-centered and positive manner; and be it further

RESOLVED, that the NSNA encourage strategies for testing and redirecting prospective mental health patients in primary care to be incorporated into future diploma, ADN, BSN, MSN, and doctorate nursing curricula; and be it further

RESOLVED, that the NSNA encourage more widespread education in healthcare technology and informatics to promote continuity of care; and be it further

RESOLVED,

that the NSNA send a copy of this resolution to the American Nurses Association, the National League for Nursing, the American Association of Colleges of Nursing, the National Organization for Associate Degree Nursing, and all others deemed appropriate by the NSNA Board of Directors.

**TOPIC: IN SUPPORT OF INCREASING AWARENESS OF THE BENEFITS OF ACCURATE AND APPROPRIATE NUTRITION EDUCATION**

**SUBMITTED BY: University of South Carolina, Columbia, SC**

WHEREAS, the 2004 National Student Nurses' Association (NSNA) adopted the resolution titled, "In support of legislation aimed at increased education on the consequences of a high calorie, high fat diet" submitted by Armstrong Atlantic Association of Nursing Students; and

WHEREAS, "Forty-five million Americans diet each year," and it has been reported that Americans "have found success mainly through dieting, while relatively few succeeded strictly through exercise," but rather a multifaceted approach was more effective; and

WHEREAS, fad diets typically do not support permanent weight loss or "allow consumers to eat a well-balanced diet...which causes the lack of nutrients to the body"; and

WHEREAS, the United States Department of Agriculture's (USDA) Food and Nutrition Service (FNS) has found that "[m]ost Americans eat too few fruits, vegetables, whole grains, and fat free or low-fat milk products, while consuming too much of fat, sweetened beverages, and sodium"; and

WHEREAS, fad diets "often cut out key foods"; therefore, these diets may cause symptoms including "dehydration, weakness and fatigue, nausea and headaches, constipation, and inadequate vitamin and mineral intake"; and

WHEREAS, mass media has become "Americans' leading source of nutrition information, followed by...doctors, and family and friends. When these sources convey overly negative messages or exaggerated good/bad food distinctions, it can result in categorical rejection of nutrition guidance"; and

WHEREAS, the FNS has concluded that "the choices people make are influenced by...the resources available to select and prepare a nutritious diet, and to be physically active"; and

WHEREAS, "[M]any people lack the information or motivation needed to achieve and maintain healthy nutrition...more consumer education is needed on achieving calorie balance [and] meeting nutrient needs..."; and

WHEREAS, nutrition education has the ability to make "significant contribution[s] to improved dietary practices," by "motivat[ing]...and provid[ing]...the knowledge and skills to make healthy food choices in the context of [individual] lifestyles"; and

WHEREAS, "[W]e have a growing body of evidence and approaches that we know can help reduce obesity, improve nutrition and increase physical activity based on making healthier choices easier for Americans"; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) and its constituents support accurate, evidence-based sources of nutrition education pertaining to healthy diets for weight control such as the USDA, the Academy of Nutrition and Dietetics, and all others deemed appropriate by the NSNA Board of Directors, with an emphasis and awareness focused on weight control through lifestyle changes; and be it further

- RESOLVED, that the NSNA encourage its constituents to support a professional, individualized approach to becoming healthy by losing or maintaining weight in a beneficial way by using nutrition assessment and targeted intervention; and be it further
- RESOLVED, that the NSNA consider this resolution as a permanent project and initiative, if feasible; and be it further
- RESOLVED, that the NSNA publish informative articles in *Imprint* and on the NSNA website regarding nutrition and health, if feasible; and be it further
- RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association, the National League for Nursing, the American Association of Colleges of Nursing, the National Organization for Associate Degree Nursing, the American Public Health Administration, the U.S. Department of Health and Human Services, the Food and Nutrition Service, the U.S. Food and Drug Administration, the Academy of Nutrition and Dietetics, and all others deemed appropriate by the NSNA Board of Directors.



**TOPIC: IN SUPPORT OF IMPLEMENTING MANDATORY CARDIOPULMONARY RESUSCITATION (CPR) AND AUTOMATED EXTERNAL DEFIBRILLATOR (AED) TRAINING FOR K-12 TEACHERS TO TREAT SUDDEN CARDIAC ARREST (SCA) IN SCHOOL SETTINGS**

**SUBMITTED BY: Oregon Student Nurses Association, Portland, OR**

WHEREAS, in 2011 the National Student Nurses' Association (NSNA) House of Delegates passed a resolution titled "Increased awareness of national automated external defibrillator (AED) installation and training in all K thru 12 schools for students and staff", submitted by Drexel University Student Nurses Association, and in 2013 the NSNA House of Delegates passed a resolution titled "In support of infant and pediatric cardiopulmonary resuscitation training for caregivers, especially caregivers of high-risk children", submitted by Maryland Association of Nursing Students Board of Directors; and

WHEREAS, "the death of a young student from sudden cardiac arrest stirs deep emotions within the family and the community and raises concerns about the vulnerability of other school-age children"; and

WHEREAS, on average, school-aged children spend 28% of the day in school; and

WHEREAS, school-based cardiac arrests account for 13.1% of public location cardiac arrests and 4.4% of all cardiac arrest among children 3 to 18 years of age; and

WHEREAS, every year, one in every 73 high schools will experience a cardiac arrest event among either staff or students; and

WHEREAS, "many schools lack a licensed health care professional on site to respond to individual student medical emergencies"; and

WHEREAS, only 30% of children experiencing a cardiac event actually receive bystander CPR; and

WHEREAS, survival from SCA decreases by 7-10% with each minute of delay in defibrillation when no CPR is provided; and

WHEREAS, bystander CPR more than doubles the survival rate of a cardiac event; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) encourage its constituents to collaborate with other professional organizations to promote the use of CPR and AED in the event of a sudden cardiac or respiratory event leading to cardiac arrest, therefore requiring K-12 teachers who currently hold a license, are renewing their license, or are obtaining a new license to become certified in CPR/AED; and be it further

RESOLVED, that the NSNA support this initiative to implement CPR training for teachers by publishing this resolution in the *Imprint* magazine, if feasible; and be it further

RESOLVED, that the NSNA encourage its constituents to support future legislation that requires applicants for first-time license or registration as a teacher, or applicants for renewal of license or registration as a teacher, to provide evidence of current certification in CPR training in all 50 states; and be it further

RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association, the National League for Nursing, the American Association of Colleges of

Nursing, Sigma Theta Tau International, the American Medical Association, the American College of Cardiology, the American Heart Association, the Emergency Medical Services for Children National Resource Center, the U.S. Department of Health and Human Services, the U.S. Department of Education, the Association of American Educators, the American Federation of Teachers, the National Council of State Boards of Nursing, the National Association of Pediatric Nurse Practitioners, the Academic Pediatric Association, the American Academy of Pediatrics, the Society of Pediatric Nurses, the American Medical Students' Association, the Association of Schools and Programs of Public Health, the National Organization for Associate Degree Nursing, the American Public Health Association-Public Health Nursing Section, the National Association of School Nurses, the National Association of Rural Health Clinics, and all others deemed appropriate by the NSNA Board of Directors.

**TOPIC: IN SUPPORT OF PROVIDING PATIENT PROTECTION BY ESTABLISHING SAFE NURSE STAFFING LEVELS**

**SUBMITTED BY: Tennessee Association of Student Nurses (TASN)**

WHEREAS, this resolution re-affirms the importance of the 2003 NSNA resolution titled, “In support of mandatory patient: nurse staffing ratios to maximize patient safety and quality of care, and minimize professional burnout in practicing nurses”; and

WHEREAS, research shows that patient safety in hospitals is directly proportionate to the number of registered nurses working in the hospital. Higher staffing levels by experienced registered nurses are related to lower rates of harmful patient outcomes; and

WHEREAS, adding Registered Nurses to unit staffing has been shown to eliminate almost one-fifth of hospital deaths and to reduce the relative risk of adverse patient events; and

WHEREAS, a 2012 study of serious patient events reported to the Joint Commission reveals that one of the primary causes of all hospital sentinel events is human factors, including staffing and staffing skill mix; and

WHEREAS, health care worker fatigue has been identified as a major patient safety hazard, and appropriate staffing policies and practices are indicated as a practical strategy to reduce this fatigue and to protect patients; and

WHEREAS, the ANA supports the Registered Nurse Safe Staffing Act which would require that Medicare participating hospitals, through a committee comprised of at least 55% direct care nurses or their representatives, establish and publicly report unit-by-unit staffing plans; and

WHEREAS, a 2009 study demonstrated that improved patient approval due to increased and appropriate nurse staffing is reflected in hospital scores on Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS), which is a key measure for value based payment programs under the Medicare program; and

WHEREAS, collaborative efforts have resulted in balanced staffing legislation that benefits hospitals, nurses, and patients; therefore be it

RESOLVED, that the National Student Nurses’ Association (NSNA) encourage its constituents to support patient protection by increasing awareness of the importance of safe nurse staffing levels; and be it further

RESOLVED, that the NSNA publish an informative article in *Imprint*, if feasible; and be it further

RESOLVED, that the NSNA send a copy of this resolution to the American Association of Colleges of Nursing, the American Nurses Association, the National League for Nursing, the National Organization for Associate Degree Nursing, and all others deemed appropriate by the NSNA Board of Directors.

**TOPIC:** **IN SUPPORT OF ONGOING AND INCREASED AWARENESS OF SUICIDE PREVENTION RESOURCES FOR VETERANS AND THEIR FAMILIES**

**SUBMITTED BY:** **University of Alabama at Birmingham Student Nurses' Association, Birmingham, AL**

**AUTHORS:** **Selena DaCosta, Cassandra Dudley, Alana Reid, and Timothy Scruggs**

WHEREAS, “suicide and other forms of suicidal self-directed violence are a persistent and growing public health problem for America and for its veterans”; and

WHEREAS, the CDC and Veteran’s Affairs estimated in 2010 of the 38,600 suicides nationwide that 20-22% are veterans or approximately 18-22 veterans a day; and

WHEREAS, it is “estimated that for every suicide death, six survivors would suffer severely from grief”; and

WHEREAS, “people bereaved by suicide are likely to encounter considerable negative feelings, such as guilt, grief responsibility for the death, anger...shame, stigma, embarrassment, isolation, resentment toward the deceased, and sheer pain”; and

WHEREAS, suicide prevention resources such as Veterans Crisis Line offer specially trained professionals, warning signs of suicide, and text/call/internet services; and

WHEREAS, evidence-based research (EBR) documents that suicide prevention hotlines are effective; therefore be it

RESOLVED, that the National Student Nurses’ Association (NSNA) promote awareness of suicide prevention resources by educating its constituents at informative break-out sessions at the Mid-Year Conference and Annual Convention, if feasible, and that the NSNA encourage break-out sessions at the state level, if feasible; and be it further

RESOLVED, that the NSNA publish an article on this topic in *Imprint*, if feasible; and be it further

RESOLVED, that the NSNA collaborate with the Veterans Crisis Line in promoting their educational resources through a link from the NSNA homepage and other organizations' websites deemed appropriate by the NSNA Board of Directors, if feasible; and be it further

RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association, the National League for Nursing, the American Association of Colleges of Nursing, the National Organization for Associate Degree Nursing, Sigma Theta Tau International, the Department of Veterans Affairs, and all others deemed appropriate by the NSNA Board of Directors.

**TOPIC: IN SUPPORT OF HOSPITALS ADOPTING ESTABLISHED POLICIES AND PROCEDURES FOR PATIENTS THAT HAVE BEEN SUBJECTED TO HUMAN TRAFFICKING**

**SUBMITTED BY: Georgia Association of Nursing Students**

WHEREAS, the 2010 National Student Nurses' Association (NSNA) House of Delegates adopted a resolution titled "In support of increasing awareness of human trafficking" submitted by the Oregon Student Nurses' Association Board of Directors; and

WHEREAS, in 2012, the United States Department of State estimated 27 million people were enslaved to human trafficking around the world; and

WHEREAS, in 2013, the National Center for State Courts reported Atlanta, Chicago, Detroit, Las Vegas, Miami, Minneapolis, New York, San Diego, San Francisco, St. Louis, Tampa, and Washington, D.C. to have the highest trafficking of youth with more than 90% of incidence of prosecuted sex trafficking cases; and

WHEREAS, victims face psychological harms such as disassociated ego states, shame, grief, self-hatred, insomnia, posttraumatic stress disorder, traumatic bonding (a form of coercive control in which the perpetrator instills fear in the victim, as well as gratitude for being allowed to live) and physical risks including broken bones, vaginal/anal tearing, sexually transmitted diseases, sterility, and miscarriages; and

WHEREAS, as frontline responders, nurses are often the first health care professionals to interact with human trafficking victims because of the brutal nature of the business and are the link between victims and other service providers; and

WHEREAS, nurses need to be skilled in identifying victims, providing appropriate interventions, and working collaboratively with other agencies to protect victims from further harm; and

WHEREAS, procedures for nurses on human trafficking should include training of staff to recognize the signs of human trafficking, provide safety for the patient and staff, differentiate victims of trafficking from patients who have experienced other forms of child abuse or intimate partner violence, refer for follow-up, and report to authorities; and

WHEREAS, nurses can play a role in identifying, intervening, and advocating for victims of human trafficking as they currently do for patients who are the victims of other types of violent crimes; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) encourage its constituents to support health care providers, hospitals, and emergency departments in adopting established policies and procedures on human trafficking; and be it further

RESOLVED, that the NSNA support education on human trafficking by hosting sessions at the Annual Convention and encourage nursing curriculum education on human trafficking policy and procedures by dispersing information through publishing *Imprint* articles, fact sheets, and resources on how to identify and educate at-risk youth, if feasible; and be it further

RESOLVED,

that the NSNA encourage its constituents to advocate for vulnerable populations, at-risk youth, and those currently controlled by human trafficking by developing collaborative projects to support organizations currently in place to end human trafficking in the United States, if feasible; and be it further

RESOLVED,

that the NSNA send a copy of this resolution to the American Nurses Association, the National League for Nursing, the American Association of Colleges of Nursing, the National Organization for Associate Degree Nursing, the American Medical Association, Sigma Theta Tau International, the American Academy of Nursing, the Emergency Nurses Association, the National Association of Pediatric Nurse Associates and Practitioners, the Society of Pediatric Nurses, the Nursing Alliance for Quality Care, the American Hospital Association, the Institute for Healthcare Improvement, the International Council of Nurses, and all others deemed appropriate by the NSNA Board of Directors.

**TOPIC: IN SUPPORT OF INCREASING NURSES' KNOWLEDGE OF PATIENT EXPECTATIONS IN THE EMERGENCY DEPARTMENT**

**SUBMITTED BY: University of Alabama in Huntsville (UAH), Huntsville, AL**

WHEREAS, according to a research study examining patient expectations in the emergency department, 70% of litigation relates to communication problems, influencing patients' expectations; and

WHEREAS, in another study examining the percentage of physician and nurses who ask their patients about their expectations, only 20.1% of nurses reported asking their patients about their expectations; and

WHEREAS, in this same study 84.7% of nurses acknowledge the fact that achieving high levels of patient satisfaction was important for clinical success; and

WHEREAS, research has found that a majority of issues surrounding patient complaints in the Emergency Department revolved around unmet expectations regarding staff behavior; and

WHEREAS, a study points out that general expectations of patients include: the need to be listened to, the need to receive clear explanations, the need to be treated by staff who show genuine concern and compassion, and the desire to be treated by individuals who are professionals; and

WHEREAS, not only can unmet patient expectations result in unhappy patients, they can also lead to compliance issues leading to poor healthcare outcomes; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) encourage the education of nursing students regarding general patient expectations as well as the knowledge of how to question patients regarding their expectations; and be it further

RESOLVED, that the NSNA encourage its constituents to communicate with Emergency Department staff in their communities about the importance of being aware of patient expectations and trying to meet these expectations when providing patient care; and be it further

RESOLVED, that the NSNA increase awareness of this topic by publishing an article in *Imprint* and by holding sessions at the Mid-Year Conference or Annual Convention, if feasible; and be it further

RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association, the American Association of Colleges of Nursing, the National League for Nursing, the National Organization for Associate Degree Nursing, the Emergency Nurses Association, the National Council of State Boards of Nursing to be distributed to educational institutions as deemed appropriate, and all others deemed appropriate by the NSNA Board of Directors.

**TOPIC: IN SUPPORT OF ENCOURAGING NURSING STUDENTS TO PARTICIPATE IN THE NATIONAL STUDENT NURSES' ASSOCIATION (NSNA) BY ESTABLISHING A METHOD FOR PROMOTING PROFESSIONAL GROWTH AND LEADERSHIP AS PART OF THE NURSING CURRICULUM**

**SUBMITTED BY: University of the Incarnate Word Student Nurses' Association, San Antonio, TX**

WHEREAS, the 2013 National Student Nurses' Association (NSNA) approved the resolution titled "Increased Awareness of the Importance of Leadership Development Among Nursing Students" submitted by the Georgia Association of Nursing Students, and this continues to be of key importance; and

WHEREAS, "Students who are overburdened with classroom and clinical courses may not value or recognize the possible benefits of leadership and the development of other nursing values that may result from the time and effort required for participation in the organization"; and

WHEREAS, "Nursing students, as future leaders, should have an understanding that nurses as members of a large profession could contribute to the health care system and can impact and have influence as leaders beyond the classroom"; and

WHEREAS, "Membership in a [student nursing association] (SNA) is a requirement in some nursing programs and voluntary in others"; and

WHEREAS, active membership is offered to any students in Associate Degree, Diploma, Baccalaureate, generic Masters and generic Doctoral programs preparing students for Registered Nurse licensure, as well as RNs in BSN completion programs; and

WHEREAS, any school chapter or state association whose membership is composed of active or associate NSNA members and who have submitted the Official Application for NSNA Constituency Status containing the areas of conformity, and upon meeting such other policies as the Board of Directors determine, shall be recognized as a constituent; and

WHEREAS, "The National Student Nurses' Association, initiated in 1998, offers an online Leadership University that allows students to enhance their capacity for leadership through several avenues, such as earning academic credit for participating in the university's leadership activities and discussing leadership issues with faculty"; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) encourage professional participation among its constituents and support the incorporation of credit systems in nursing curriculum to account for attendance at scheduled professional nursing organization meetings, conferences and conventions; and be it further

RESOLVED, that the NSNA publish an article in *Imprint* indicating the importance and benefits of participating in leadership development and professional nursing organizations while in nursing school, if feasible; and be it further

RESOLVED, that the NSNA print a copy of this resolution in *Deans' Notes* to reach constituent nursing program deans, directors or chairpersons, if feasible; and be it further



RESOLVED,

that the NSNA send a copy of this resolution to the American Nurses Association, the Institute of Medicine, the Association of Schools of Allied Health Programs, the American Medical Association, the Association of American Medical Colleges, the American Association of Colleges of Nursing, the National League for Nursing, the National Organization for Associate Degree Nursing, and all others deemed appropriate by the NSNA Board of Directors.

**TOPIC: IN SUPPORT OF INCREASED AWARENESS OF DECREASING THE RISK OF HOSPITAL-ACQUIRED INFECTIONS THROUGH BATHING PRACTICES FOR HOSPITALIZED PATIENTS**

**SUBMITTED BY: Alvernia Student Nurses' Association, Reading, PA**

WHEREAS, "Bath basins are a reservoir for bacteria and may be a source of transmission of hospital-acquired infections (HAIs). Increased awareness of bath basins as a possible source of transmission of HAIs is needed, particularly for high-risk patients"; and

WHEREAS, a study estimated that an "incidence of hospital-acquired infection increases the hospital care cost of a patient by \$10,375 and it increases the length of stay by 3.30 days... [and] shows a much larger aggregate cost of \$16.6 billion as opposed to \$5 billion reported by the Centers for Disease Control and Prevention..."; and

WHEREAS, a multicenter sampling study found that some form of bacteria grew in 98% of bath basins that were positioned upright, and that opportunities for contamination were created by practices of stacking multiple basins or storing used incontinence items inside; and

WHEREAS, a large prospective study found that "almost 2/3 of the bath basins studied were found to harbor at least 1 pathogen commonly associated with HAIs"; and

WHEREAS, a multicenter trial found that daily bathing with chlorohexidine (CHX)-impregnated washcloths reduced the acquisition of multi-drug resistant organisms by 23% and overall hospital-acquired bloodstream infections by 28%; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) commit to increasing awareness of the risks of using a bath basin to wash patients through informative sessions at the Annual Convention, if feasible; and be it further

RESOLVED, that the NSNA publish an article in *Imprint* and on the NSNA website on this topic, if feasible; and be it further

RESOLVED, that the NSNA support increased evidence-based research on this topic; and be it further

RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association, the National League for Nursing, Sigma Theta Tau International, the American Association of Colleges of Nursing, the National Organization for Associate Degree Nursing, the American Association of Critical Care Nurses, and all others deemed appropriate by the NSNA Board of Directors.

**TOPIC: IN SUPPORT OF EDUCATING PARENTS ON THE ADVANTAGES OF VACCINATIONS DESPITE THE SPECULATED CORRELATION BETWEEN VACCINES AND AUTISM**

**SUBMITTED BY: Ohio Nursing Students' Association & New Jersey Nursing Students**

WHEREAS, the Centers for Disease Control and Prevention in 2013 stated “evidence from several studies examining trends in vaccine use and changes in autism frequency does not support such an association between thimerosal and autism”; and

WHEREAS, in 1998, Andrew Wakefield, a British former surgeon and medical researcher, published a fraudulent paper advancing the now-discredited claim that the MMR vaccine could cause autism; and

WHEREAS, the medical journal that published the research paper immediately and fully retracted the paper in 2010 upon the British General Medical Council’s findings of misconduct, dishonesty, and abuse of developmentally delayed children, resulting in the researcher’s subsequent ban from the practice of medicine; and

WHEREAS, “the evidence favors rejection of a causal relationship between thimerosal-containing vaccines and autism”; furthermore, thimerosal is not and has never been present in any available formulation of the MMR vaccine; and

WHEREAS, the “fear of autism should not result in failure to protect children against life-threatening illnesses”; and

WHEREAS, “individuals who had received the MMR vaccine were no more likely to experience high levels of [autism-like traits] than those who had not received the MMR vaccine”; and

WHEREAS, “as the number of non-vaccinated persons in a community increases, herd immunity is lost and the risk of vaccine-preventable disease rises among the vaccinated”; and

WHEREAS, “measles was declared endemic again by 2008” and in 2013, the United States witnessed its largest outbreak of measles since 1996; therefore be it

RESOLVED, that the National Student Nurses’ Association (NSNA) encourage its constituents to advocate to other students, healthcare professionals, state legislators, and the general public for the administration of the MMR vaccine to children for whom it is suitable; and be it further

RESOLVED, that the NSNA support and encourage education regarding the safety of vaccines in nursing curricula; and be it further

RESOLVED, that the NSNA educate its constituents by offering breakout sessions at MidYear and Annual Convention and publish an article on this topic in *Imprint*, if feasible; and be it further

RESOLVED, that the NSNA encourage its constituents to provide education in their communities regarding the importance of the MMR pediatric vaccine through publications, poster presentations, and PowerPoint presentations, if feasible; and be it further

RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association, the National League for Nursing, the American Academy of Pediatrics, the National Council of State Boards of Nursing, the American Medical Association,

the International Council of Nurses, the American Public Health Association, the American Hospital Association, the American Association of Colleges of Nursing, the National Organization for Associate Degree Nursing, the Centers for Medicare and Medicaid Services, the Society of Pediatric Nurses, the Centers for Disease Control and Prevention, the Task Force for Global Health, Sigma Theta Tau International, the National Association of School Nurses, and all others deemed appropriate by the NSNA Board of Directors.

**TOPIC: IN SUPPORT OF INCORPORATION OF THEORETICAL AND EXPERIENTIAL LEARNING EXPERIENCES RELATED TO TELEHEALTH IN UNDERGRADUATE NURSING CURRICULA TO OPTIMIZE GENERALIST NURSE COMPETENCIES FOR ENTRY INTO DIVERSE PRACTICE HEALTHCARE ENVIRONMENTS**

**SUBMITTED BY: Baptist College of Health Sciences Student Nurses Association, Memphis, TN**

WHEREAS, “telehealth is the delivery of care through technology that includes some element of geographical distance between the client and the provider...and is increasingly recognized as a means of care delivery”; and

WHEREAS, clients “the use of technology enables nurses to provide diverse health services for at a distance including remote monitoring, follow-up evaluation, analysis of device data, remote interventions, pain management, and family support”; and

WHEREAS, the Institute of Medicine’s (IOMs) *Future of Nursing: Leading Change, Advancing Health* 2010 report emphasized that “nurses should practice to the full extent of their education and training” through transformation of practice that includes opportunities incorporating technology, “allowing nurses and other health care providers to offer their services in a wider range of settings”; and

WHEREAS, the IOM *Future of Nursing: Leading Change, Advancing Health* 2010 report recognizes research priorities for transforming nursing education to include “identification of the features of online, simulation, and telehealth nursing education that most cost-effectively expand nursing education capacity”; and

WHEREAS, the American Association of Colleges of Nursing (AACN) identifies an essential competency for baccalaureate-prepared nurses “in the use of information technology systems, including decision-support systems, to gather evidence to guide practice”; and

WHEREAS, the AACN supports that “course work and clinical experiences will provide the baccalaureate graduate with knowledge and skills to use information management and patient care technologies to deliver safe and effective care”; and

WHEREAS, the 2007 Technology Informatics Guiding Education Reform (TIGER) initiative established recommendations for schools of nursing to “enable practicing nursing and nursing students to fully engage in the unfolding digital era of health care”; and

WHEREAS, the National League for Nursing’s (NLNs) 2008 position statement, *Preparing the Next Generation of Nurses to Practice in a Technology-Rich Environment: An Informatics Agenda*, concluded “...every nurse...must take an active role in ensuring that IT (information technology) is used in service to our profession’s values”; and

WHEREAS, the NLN’s position includes recommendations to “translate state-of-the-art practices in technology and informatics that need to be integrated into the curriculum” and “collaborate with clinical agencies to ensure that students have hands-on experience with informatics tools” and “urge clinical agencies to provide hands-on informatics experiences for students”; therefore be it

- RESOLVED, that the National Student Nurses' Association (NSNA) advocate for incorporation of education related to telehealth in undergraduate nursing curricula to optimize generalist nurse competencies for entry into diverse practice environments; and be it further
- RESOLVED, that the NSNA educate its constituents regarding telehealth by providing online webinars, publishing an article in *Imprint*, and conducting break-out sessions at the Mid-Year Conference and Annual Convention, if feasible; and be it further
- RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association, the National League for Nursing, the American Association of Colleges of Nursing, Sigma Theta Tau International, the National Organization for Associate Degree Nursing, the Institute for Healthcare Improvement, the National Association for Homecare and Hospice, the National Council of State Boards of Nursing, and all others deemed appropriate by the NSNA Board of Directors.

**TOPIC: IN SUPPORT OF IMPLEMENTATION AND EDUCATION REGARDING THE “BABY-FRIENDLY HOSPITAL INITIATIVE”**

**SUBMITTED BY: Johns Hopkins University School of Nursing, Baltimore, MD**

WHEREAS, currently only 172 hospitals and birthing centers in the U.S. hold the “Baby-Friendly Hospital Initiative” [BFHI] designation and in 2007, only 2.9% of U.S. births occurred in BFHI designated facilities. In recent years the rate has increased to 6.9%, but still falls short of the Healthy People 2020 Initiative goal of 8.1%; and

WHEREAS, “some early barriers to breastfeeding are [due] to unavoidable medical complications of the mother or infant, but other common challenges may be ameliorated by changes in hospital policies or via better training of medical, nursing, and other health care staff members in the medical management of breastfeeding”; and

WHEREAS, many infants are immediately taken to the warmer for assessment; babies should instead be placed skin-to-skin barring immediate medical concerns. Early skin-to-skin “helps maintain breastfeeding, reduce crying, increase blood glucose and maintain infant temperature”; and

WHEREAS, administration of the hepatitis B vaccine, Vitamin K and erythromycin eye ointment can be delivered while the newborn is skin-to-skin and/or breastfeeding. Both breastfeeding and skin-to-skin contact have been shown to diminish pain responses in newborns; and

WHEREAS, “mothers and infants who either initially demonstrated a correct technique or who received help to correct poor technique experienced lower rates of low milk production, sore nipples and engorgement, and had increased breastfeeding rates up to 4 months later”; and

WHEREAS, in 2012 the American Academy of Pediatrics reaffirmed its recommendation of “exclusive breastfeeding for the first six months of a baby’s life, followed by breastfeeding in combination with the introduction of complementary foods until at least 12 months of age”; and

WHEREAS, breastfeeding has benefits for babies including decreased prevalence of SIDS hospitalizations, infections, gastrointestinal illness, obesity and type II diabetes. Maternal advantages include decreased healing time and lower prevalence of postpartum depression and certain cancers such as breast and ovarian; and

WHEREAS, the *Journal of Pediatrics* estimates that if 90% of U.S. families followed the American Academy of Pediatrics recommendations regarding breastfeeding, the U.S. would save \$13 billion annually in reduced healthcare costs; furthermore, families practicing optimal breastfeeding practices can save between \$1,200-\$1,500 on infant formula in the first year; and

WHEREAS, health benefits of breastfeeding are so significant that stronger support of breastfeeding has become a public health priority. The “BFHI”, which gained the support of UNICEF and WHO, will directly help improve maternal-child outcomes with its nationwide implementation; therefore be it

- RESOLVED, that the National Student Nurses' Association (NSNA) encourage its constituents to contact hospitals in the area that are known to not participate in the BFHI and to promote educational and financial support to further drive implementation of the BFHI; and be it further
- RESOLVED, that the NSNA encourage its constituents to inform their nursing schools of this resolution and of the benefits of BFHI through the presentation of educational materials or evidence-based articles to students and faculty within the curricula; and be it further
- RESOLVED, that the NSNA support the initiative and inform its constituents of its importance through publishing articles in *Imprint* and through developing breakout sessions at the MidYear Conference and Annual Convention, if feasible; and be it further
- RESOLVED, that the NSNA send copies of this resolution to the American Nurses Association, the National League for Nursing, the American Association of Colleges of Nursing, the American College of Nurse-Midwives, the American College of Obstetricians and Gynecologists, the American Academy of Pediatrics, the Society of Pediatric Nurses, the American Academy of Family Physicians, the National Organization for Associate Degree Nursing, the American Medical Association, the Centers for Disease Control and Prevention, the National Association of Neonatal Nurses, La Leche League International, the International Lactation Consultant Association, the Association of Women's Health, Obstetric and Neonatal Nurses, the National Black Nurses Association, and any others deemed appropriate by the NSNA Board of Directors.



**TOPIC: IN SUPPORT OF INCREASING CULTURE EDUCATION FOR NURSING STUDENTS BY PROVIDING MORE INTERNATIONAL STUDY ABROAD OPPORTUNITIES**

**SUBMITTED BY: Case Western Reserve University Frances Payne Bolton School of Nursing Undergraduate Student Nurses Association, Cleveland, OH**

WHEREAS, “Cultural diversity is a significant issue to address in the nursing curriculum. The United States is rapidly becoming a more diverse nation. More than one-third of the U.S. population identify themselves as a ‘minority’ (other than non-Hispanic White), a jump of 11% from 2000... Conversely, the nursing population continues to be disproportionately represented by non-Hispanic, White individuals”; and

WHEREAS, and an *International Journal of Nursing Education Scholarship* article states that “future transformation of nursing education and healthcare depends on increased understanding of global forces and attunement to the personal meaning of differing cultural, economic, and political contexts; and

WHEREAS, “Changes in curricula should focus on attainment of cultural competence through acquisition of knowledge, attitudes, and skills. Piecemeal information presented in some textbooks or in some elective courses is inadequate in preparing nurses to respond to the increasing kinds of diversity in the population and the global scope of nursing”; and

WHEREAS, the nursing student can immensely benefit from a study abroad experience as “taking the student out of their own comfort zone builds independence, self-confidence, open-mindedness, critical thinking, resilience, receptivity to clients and fellow students from other cultures, maturity, tolerance, ability to deal with ambiguity, cultural humility, compassion, sense of agency, sense of social justice, sense of pride in being a nurse, and increased long-term commitment to the profession”; and

WHEREAS, “to become culturally aware, we need to explore our own cultural and professional background, to become aware of what we previously took for granted. Developing greater familiarity in our own culture leads to greater respect and appreciation for the values and behaviors of others. Nursing experts in cultural competence claim that when self awareness combines with insight about others, true cultural sensitivity can be shown towards individuals, healthcare systems and communities”; therefore be it

RESOLVED, that the National Student Nurses’ Association (NSNA) encourage its constituents to advocate for provision of more study abroad opportunities for nursing students, whether for a short-term clinical service learning project or for a long-term clinical cultural immersion project; and be it further

RESOLVED, that the NSNA encourage its constituent associations to form study abroad committees at their institutions involving both faculty and student counterparts to explore these opportunities; and be it further

RESOLVED, that the NSNA encourage its constituents to seek information about study abroad opportunities for nursing students by contacting study abroad offices and service learning projects; and be it further

- RESOLVED, that the NSNA encourage its constituents to measure the benefit of nursing students' travels abroad by using online survey services to track the improvement of patient care based upon the students' perception of their cultural competence, if feasible; and be it further
- RESOLVED, that the NSNA encourage the National Council of State Boards of Nursing, the American Association of Colleges of Nursing, and the National League for Nursing to count these cultural clinical opportunities as clinical hours towards graduation requirements; and be it further
- RESOLVED, that the NSNA send this resolution to the American Nurses Association, the National League for Nursing, the American Association of Colleges of Nursing, the International Nurses Association, the Task Force for Global Health, the National Organization for Associate Degree Nursing, the National Council of State Boards of Nursing, and all others deemed appropriate by the NSNA Board of Directors.

**TOPIC: IN SUPPORT OF INCREASING AWARENESS AND EDUCATION ON THE EFFECTS OF POLYPHARMACY IN THE ELDERLY**

**SUBMITTED BY: Mercy College of Health Sciences, Des Moines, IA**

WHEREAS, “polypharmacy, the use of more medications than are clinically indicated, is a problem that affects many older adults. Older adults are more prone to adverse drug reactions and drug-drug interactions due to physiological changes and multiple comorbidities”; and

WHEREAS, “polypharmacy becomes problematic, such as when patients are prescribed too many medications by healthcare providers independently of each other”; and

WHEREAS, “polypharmacy, defined as greater than 5 drugs, is among the most obvious signs of risks in drug treatment, resulting in increased risks for inappropriate drug use and adverse drug reactions, followed by higher morbidity and hospitalization”; and

WHEREAS, “many older adults do not present with the common adverse effects associated with medications, but more of an increased ‘off’ feeling or contributions to many of the common geriatric syndromes such as an increase in confusion, urinary incontinence, increased weakness, and changes in sleeping patterns”; and

WHEREAS, “the nurse can play an important role in helping to recognize and treat this iatrogenic disease. Nurses can partner with patients and providers to work toward management of polypharmacy”; and

WHEREAS, “nurses have the perfect opportunity to observe their patients on a frequent and consistent basis. This allows nurses to more closely monitor the progression of symptoms and note when significant worsening has occurred. This can be reported to the appropriate primary care provider for further investigation as to the cause”; and

WHEREAS, “nurses endorse patient autonomy and empowerment and consider patients to be active decision makers who have a responsibility in the management of their care. Patients and their families may possess a number of beliefs that influence their interaction with prescribing professionals”; and

WHEREAS, “as a nurse, you can be pivotal in helping older patients manage their medications and prevent polypharmacy. The keys to reducing risks are information, instruction, and organization”; and

WHEREAS, “identifying those individuals at risk for medication problems, as well as implementing specific strategies in practice to reduce the problem, will enable clinicians to develop safe and evidence-based medication regimens that minimize the risk of adverse drug reactions. Individualized approaches to treating patients will provide a much safer and effective means of practicing and will improve patients’ quality of life”; and

WHEREAS, “with careful patient assessment and prescribing, steps can be taken to reduce the problem, improving the patient experience, health outcomes and the patient quality of life”; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) encourage the inclusion of information in nursing curricula to educate and increase awareness of the effects of polypharmacy on the elderly; and be it further

RESOLVED, that the NSNA provide information at the Annual Convention and through its website about educating nurses and multidisciplinary team members regarding the effects of polypharmacy on quality of life, if feasible; and be it further

RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association, the American Association of Colleges of Nursing, the National Gerontological Nurses Association, the National League for Nursing, the National Organization for Associate Degree Nursing, and all others deemed appropriate by the NSNA Board of Directors.

**TOPIC: INCREASED SUPPORT FOR EDUCATION AND RESEARCH FOR BACTERIOPHAGE THERAPY (ALSO KNOWN AS VIRAL THERAPY, OR PHAGE THERAPY) IN PATIENTS WITH CHRONIC, DRUG RESISTANT, OR DIFFICULT TO TREAT WOUND INFECTIONS**

**SUBMITTED BY: Mineral Area College Student Nurses Association, Park Hills, MO**

WHEREAS, “The emergence and spread of drug-resistant pathogens has accelerated. Drug resistance costs vast amounts of money, and affects vast numbers of lives. The trends are clear and ominous. No action today means no cure tomorrow. The World Health Organization calls on all key stakeholders, including policy-makers and planners, the public and patients, practitioners and prescribers, pharmacists and dispensers, and the pharmaceutical industry, to act and take responsibility for combating antimicrobial resistance”; and

WHEREAS, “Bacteriophages are viruses that infect bacteria. Bacteriophages have many applications in biotechnology that are currently being explored such as being used as delivery vehicles for vaccines and gene therapy, detecting bacterial pathogens, and screening libraries of peptides or antibodies”; and

WHEREAS, “Three main characteristics distinguish bacteriophage therapy from antibiotic therapy: (1) bacteriophages multiply at the infection site; (2) they target only specific bacteria, with no effect on commensal flora; and (3) they can adapt to resistant bacteria”; and

WHEREAS, “Phages are unique among antibacterial agents in their ability to increase their numbers when in the presence of bacterial targets” and “application of phages in low doses may also improve product safety, since phages will only increase in density if they are actively killing bacteria and do not otherwise linger long within the body; and

WHEREAS, a FDA-approved phase I safety trial of phage therapy against skin ulcerations and other wounds completed in 2008 used “a special formulation of fully sequenced phages...containing only two phages active against Staphylococcus aureus, five against Pseudomonas aeruginosa and one against Escherichia coli, [and was] applied to chronic infections without observation of significant side effects”; and

WHEREAS, “PhagoBioDerm, a polymeric bandage into which the phages along with other active ingredients are added... can be released slowly and continuously over a period of time after application. PhagoBioDerm can be applied to wounds or infections as sheets; it can also be cut into small pieces or ground into powder and placed directly into wounds”; and

WHEREAS, statistics of success rates from the Phage Therapy Center confirm the high effectiveness of bacteriophage therapy in combating bacterial infections which do not respond to treatment with all available antibiotics. Full recovery was noted in 1,123 cases of 1,307, which is an 85.9% success rate; and

WHEREAS, "Because phages are target specific, meaning only a one or very few bacterial strains are targeted upon, it is easier to develop new phages than new antibiotics. A time period of only a few days or weeks is needed to acquire new

phages for resistant strains of bacteria, whereas it can take years to obtain new antibiotics"; and

WHEREAS,

"Compared to antibiotics, phages go deeper into the infected area... The replication of phages is concentrated on the infected area where they are needed the most, while antibiotics are metabolized and removed from the body. In addition, secondary resistance does not happen among phages, but happens quite often among antibiotics"; and

WHEREAS,

"The medical costs attributed to these Antibiotic-Resistant Infections (ARIs) ranged from \$18,588 to \$29,069 per patient, while the duration of hospital stay was extended 6.4 – 12.7 days for affected patients. Additionally, the excess mortality attributed to ARIs alone was 6.5%— a death rate two-fold higher than in patients without ARIs. [It was estimated that] societal costs incurred at this hospital as a result of the ARIs to be between \$10.7 and \$15 million, which is the cost that hits the families of those infected"; and

WHEREAS,

according to the Phage Therapy Center's website, outpatient treatment cost varies according to patient condition, but at average is \$450/day, lasting a couple of weeks, including all phages and materials; therefore be it

RESOLVED,

that the National Student Nurses' Association (NSNA) encourage and support continued research and education of bacteriophage therapy for chronic, drug-resistant, or difficult to treat wound infections; and be it further

RESOLVED,

that the NSNA raise awareness about bacteriophage therapy and the use of phagobioderm for wound care by publishing articles in *Imprint*, if feasible; and be it further

RESOLVED,

that the NSNA send a copy of this resolution to the American Nurses Association, the National League for Nursing, the American Association of Colleges of Nursing, the National Organization for Associate Degree Nursing, the Food and Drug Administration, the Centers for Disease Control and Prevention, the American Medical Association, the American Academy of Nurse Practitioners, the Pharmaceutical Research and Manufactures of America, the Association for the Advancement of Wound Care, the Wound Healing Society, the American Podiatric Medical Association, the American Diabetes Association, the Mid-America Wound Healing Society, the World Health Organization, and all others deemed appropriate by the NSNA Board of Directors.

**TOPIC: IN SUPPORT OF INCREASED COMMUNITY AWARENESS AND EDUCATION ABOUT AUTOMATED EXTERNAL DEFIBRILLATORS (AED) FOR THE IMPROVEMENT OF OUT-OF-HOSPITAL CARDIAC ARREST SURVIVAL RATES**

**SUBMITTED BY: Texas Tech University Health Sciences Center Student Nursing Association, Lubbock, TX**

WHEREAS, an out-of-hospital cardiac arrest is defined as “cessation of cardiac mechanical activity that occurs outside of the hospital setting and is confirmed by the absence of signs of circulation”; and

WHEREAS, “Each year, approximately 300,000 persons in the United States experience an out-of-hospital cardiac arrest”; and

WHEREAS, “Of 13,769 out-of-hospital cardiac arrests, 4,403 (32.0%) received bystander Cardiopulmonary Resuscitation (CPR) but had no automated external defibrillator (AED) applied before EMS arrival, and 289 (2.1%) had an AED applied before EMS arrival.” Studies have shown that overall survival rates are related to the competence of the individual who applied the device; and

WHEREAS, “The odds of surviving cardiac arrest are greater if it is caused by a "shockable" arrhythmia and if bystanders can give CPR and a shock [if needed] from a nearby AED”; and

WHEREAS, “Chance of survival from out-of-hospital cardiac arrest (OHCA) falls by 7%–10% per minute that passes without intervention”; and

WHEREAS, “Application of an AED in communities is associated with nearly a doubling of survival after out-of-hospital cardiac arrest. These results reinforce the importance of strategically expanding community-based AED [education] programs”; and

WHEREAS, “EMS arrival is, on average, 7 minutes nationally. Initiating CPR and using an automated external defibrillator (AED) during OHCA has been shown to significantly improve survival rates”; and

WHEREAS, “Prior training in CPR and AEDs ... approximately doubled the proportion of respondents comfortable using an AED”; and

WHEREAS, “Among respondents unwilling to use an AED, almost all cited their primary fear was of incorrect action”; and

WHEREAS, “Because nearly half of cardiac arrest events are witnessed, efforts to increase survival rates should focus on timely and effective delivery of interventions by bystanders”; and

WHEREAS, nursing students have proven to have the ability to positively influence the community through one-on-one interaction in the community; therefore be it

RESOLVED, that the National Student Nurses’ Association (NSNA) support nursing students in raising awareness and providing education on automated external defibrillators (AEDs) in the community; and be it further

RESOLVED, that the NSNA publish an informative article on this topic in *Imprint*, if feasible; and be it further

RESOLVED, that the NSNA send a copy of this resolution to the White House, the Speaker of United States House of Representatives, the President Pro-tem of the United

States Senate, the Emergency Nurses Association, the American Heart Association, the Journal of the American College of Cardiology, Sigma Theta Tau International, the American Academy of Pediatrics, the American Medical Students' Association, the American Nurses Association, the Institute of Medicine, the Association of Schools of Allied Health Professions, the American Medical Association, the Association of American Medical Colleges, the American Association of Colleges of Nursing, the National League for Nursing, the National Council of State Boards of Nursing, the National Organization for Associate Degree Nursing, and all others deemed appropriate by the NSNA Board of Directors.



**TOPIC: INCREASING AWARENESS OF THE RELATIONSHIP BETWEEN FOOD ENVIRONMENT AND DIABETES IN MINORITY AND RURAL COMMUNITIES**

**SUBMITTED BY: University of Iowa Association of Nursing Students, Iowa City, IA**

WHEREAS, diabetes affects 25.8 million people (8.3%) in the United States; and  
WHEREAS, “The total estimated cost of diagnosed diabetes in 2012 [was] \$245 billion, including \$176 billion in direct medical costs and \$69 billion in reduced productivity”; and  
WHEREAS, one in three U.S. adults could have diabetes by 2050 if current trends continue; and  
WHEREAS, “Diabetes in the United States is a serious public health problem that disproportionately affects African Americans [and] Hispanics”; and  
WHEREAS, “Diabetes prevalence among these groups is 12.6% in African Americans and 11.8% in Hispanics... compared to 7.1% in whites”; and  
WHEREAS, “residents with better access to supermarkets and other retail stores that provide access to healthful food products tend to have healthier food intakes”; and  
WHEREAS, “lower diabetes rates are associated with lower per capita fast food restaurants and convenience stores, and more per-capita full-service restaurants and grocery stores”; and  
WHEREAS, “residents of low-income, minority, and rural neighborhoods are most often affected by poor access to supermarkets and healthful food”; and  
WHEREAS, availability of chain supermarkets in predominantly black and Hispanic neighborhoods is significantly lower in comparison to white counterparts; and  
WHEREAS, nurses and other healthcare providers play a significant role in providing diabetes care and patient teaching of the American Diabetes Association’s Diet; therefore be it  
RESOLVED, that the National Student Nurses’ Association (NSNA) support an increase in professional education and action to increase awareness of the relationship between food environment and diabetes in minority and rural communities; and be it further  
RESOLVED, that the NSNA educate its membership on the impact of food access on diet-related health outcomes during a breakout session at Annual Convention, if feasible; and be it further  
RESOLVED, that the NSNA educate its membership about farmers’ markets and community gardens as a strategy to increase availability of fresh and healthy food in minority and rural communities; and be it further  
RESOLVED, that the NSNA encourage development of a nursing curriculum that includes emphasis on the importance of individualized education related to effective diabetes management within the context of available community resources, environment, and culture; and be it further  
RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association, the National League for Nursing, the American Association of Colleges of Nursing, the National Organization for Associate Degree Nursing, the American

Diabetes Association, the National Coalition of Ethnic Minority Nurse Associations, the National Association of Black Nurses, the National Association of Hispanic Nurses, and all others deemed appropriate by the NSNA Board of Directors.

**TOPIC: IN SUPPORT OF LEGISLATION MANDATING THAT CARDIOPULMONARY RESUSCITATION (CPR) TRAINING BE INCLUDED IN HIGH SCHOOL CURRICULUM AND THAT RESOURCES FOR FOLLOW-UP CERTIFICATION BE PROVIDED**

**SUBMITTED BY: Stony Brook Student Nurses' Association, Stony Brook, NY**

WHEREAS, cardiopulmonary resuscitation (CPR) involves manual actions including chest compressions to preserve brain function by restoring blood circulation and breathing when the heart stops beating; and

WHEREAS, without CPR the chance of survival from cardiac arrest decreases by 7%-10% for every minute without intervention; and

WHEREAS, in the United States bystander CPR is only given in about one-fourth of all out-of-hospital cardiac arrests; and

WHEREAS, with the use of CPR the chance of survival can double or triple; and

WHEREAS, seventy percent of bystanders feel helpless to assist during cardiac arrest because they do not know CPR or it has been too long since their last training; and

WHEREAS, CPR training within high schools could be performed in as little as thirty minutes of class time; and

WHEREAS, a study of 147 students ages 9-18, showed that 86% were able to perform CPR successfully after being taught; and

WHEREAS, twelve states currently have legislation that requires CPR training for high school graduation; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) support legislation requiring that CPR be included in high school curriculum; and be it further

RESOLVED, that the NSNA encourage members to increase awareness of current CPR legislation in their localities; and be it further

RESOLVED, that the NSNA encourage its members to write their state representatives urging the passage of legislation that supports CPR training in high school curriculum and request meetings when available to discuss the importance of such legislation; and be it further

RESOLVED, that the NSNA encourage its constituents to remain updated on that encourages CPR training as a component of high school curriculum, if feasible; and be it further

RESOLVED, that the NSNA send a copy of this resolution to the American Academy of Nursing, the American Academy of Pediatrics, the American Academy of Family Physicians, the American Association of Colleges of Nursing, the American Association of Critical Care Nurses, the American Nurses Association, the American Hospital Association, the American Medical Association, the American Public Health Association, the American Red Cross, the Association of Public Health Nurses, the Disaster Preparedness and Emergency Response Association, the Emergency Nurses Association, the National League for Nursing, the American Association of Colleges of Nursing, the National Organization for Associate Degree Nursing, Sigma Theta Tau International, the National Association of Bariatric Nurses, the National Association of Neonatal Nurses, the

National Association of Pediatric Nurse Practitioners, the National Association of School Nurses, the Society of Pediatric Nurses, the Association for Supervision and Curriculum Development, the American Heart Association, and all others deemed appropriate by the NSNA Board of Directors.

**TOPIC: INCREASED AWARENESS REGARDING THE HEALTH RISKS OF AIR POLLUTION IN URBAN POPULATIONS**

**SUBMITTED BY: Student Nurses' Association of Pennsylvania**

WHEREAS, "The World Health Organization estimates that outdoor urban air pollution results in around 800,000 deaths worldwide each year"; and

WHEREAS, "The composition of urban PM [particulate matter] air pollution is determined by multiple sources, including regionally transported PM, local industrial sources, home heating and traffic" and has been linked to increases in arterial blood pressure; and

WHEREAS, "Exposure to fine particulate matter, caused primarily by auto emissions and industry, was associated with an increase in death rates among people who had earlier survived heart attacks"; and

WHEREAS, "Heavy traffic corridors are responsible for a large preventable burden of childhood asthma prevalence, accounting for 6% to 9% of all cases of this chronic disease of childhood"; and

WHEREAS, "Recent studies suggest that long-term exposure to particulate matter (PM) contributes to atherogenesis, formation of plaques in arteries, and that the induction of a chronically elevated BP could be one biological pathway by which PM exerts its influence on atherosclerosis"; and

WHEREAS, "Indirect calculations point to an approximate loss of 0.7 to 1.6 years of life expectancy that can be attributed to long term exposure to fine-particulate matter"; and

WHEREAS, "There is an urgent need for more detailed evaluation of the health consequences both of large-scale transportation infrastructure," (such as heavy traffic corridors, truck traffic), "and of port-related air," (such as ship emissions), "in areas that already have a high burden of disease associated with air pollution"; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) encourage its members to promote awareness of the health risks associated with air pollution in urban populations; and be it further

RESOLVED, that the NSNA support community initiatives and efforts to reduce the amount of air pollution in these urban areas; and be it further

RESOLVED, that the NSNA publish articles in *Imprint* providing information about the health risks of air pollution in urban populations, if feasible; and be it further

RESOLVED, that the NSNA provide workshops at Annual Convention about this topic, if feasible; and be it further

RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association, the National League for Nursing, the American Association of Colleges of Nursing, the National Organization for Associate Degree Nursing, the Alliance of Nurses for Healthy Environments, the National Institute of Environmental Health Sciences, the National Department of Energy, the Occupational Safety and Health Administration (OSHA), and all others deemed appropriate by the NSNA Board of Directors.

**TOPIC: IN SUPPORT OF ADVOCATING FOR THE USE OF PREOPERATIVE PHARMACOLOGICAL AND NONPHARMACOLOGICAL ANALGESIA FOR MALE NEONATAL CIRCUMCISION SURGERY**

**SUBMITTED BY: Oakland Community College Nursing Student Association, Southfield, MI**

WHEREAS, “Male circumcision is the most commonly performed surgical procedure in the world”; and

WHEREAS, “the procedure may be performed to treat an underlying pathological process (therapeutic circumcision) or for prophylactic, religious, cultural, or social reasons (nontherapeutic circumcision)”; and

WHEREAS, “newborns undergoing circumcision demonstrate objective, measurable evidence of pain, yet the procedure is often performed without analgesia”; and

WHEREAS, analgesia is defined as the “process of relieving pain” and thus, analgesia is not limited to pharmacological intervention alone; and

WHEREAS, “neonatal circumcision performed without pain relief may affect neonatal behavior, interfere with maternal-infant interaction, and cause increased responses to subsequent pain”; and

WHEREAS, “newborn pain can harm the developing brain in several ways, among which is the increase of free radical production”; and

WHEREAS, “there is a moral obligation to take reasonable steps to reduce the risk of harm associated with the performance of any surgical intervention. These include... the provision of adequate procedural analgesia and postprocedural pain control”; and

WHEREAS, “analgesia is safe and effective in reducing the procedural pain associated with newborn circumcision; thus, adequate analgesia should be provided whenever newborn circumcision is performed. Nonpharmacologic techniques (e.g., positioning, sucrose pacifiers) alone are insufficient to prevent procedural and postprocedural pain and are not recommended as the sole method of analgesia. They should be used only as analgesic adjuncts to improve infant comfort during circumcision”; and

WHEREAS, “whether choosing circumcision for medical or cultural reasons, parents need to understand informed consent, pain control during the procedure, and how to reduce post-circumcision complications”; therefore be it

RESOLVED, that the National Student Nurses’ Association (NSNA) encourage its members to promote the education of parents on the importance of discussing pain relief methods with their physician prior to neonatal circumcision; and be it further

RESOLVED, that the NSNA encourage its constituents to advocate for the use of pain management prior to any neonatal male circumcision; and be it further

RESOLVED, that the NSNA publish an article on this topic in *Imprint* and promote public discussion by any other means deemed appropriate by the NSNA, if feasible; and be it further

RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association, the National League for Nursing, the American Academy of Nursing, the Society of Pediatric Nursing, the American Association of Colleges of Nursing, the National Organization for Associate Degree Nursing, the American Society of Pain Management Nurses and all others deemed appropriate by the NSNA Board of Directors.

**TOPIC: IN SUPPORT OF INCREASED EDUCATION IN NURSING CURRICULA RELATED TO MANAGING EMOTIONS ASSOCIATED WITH PATIENT DEATH AND DYING IN THE CLINICAL SETTING**

**SUBMITTED BY: Arkansas Nursing Students' Association**

WHEREAS, "Death encounters are among the most problematic issues nurses face in clinical practice"; and

WHEREAS, researchers at Johns Hopkins School of Nursing cite literature that indicates that "learning to manage grief responses to patient deaths is a crucial yet underemphasized skill for health care professionals," and that "without the ability to manage one's grief in response to the death of a patient, health care professionals may experience physical, emotional, cognitive, behavior, or spiritual distress, which could have implications for their professional practice"; and

WHEREAS, undergraduate nursing curricula have repeatedly been described, by students and researchers alike, as inadequate with regards to preparation of dealing with dying patients and managing emotions such as grief; and

WHEREAS, nurses and nursing students have reported feelings of anger, anxiety, grief, worry, surprise, sadness, helplessness, nervousness, compassion, hopelessness, loss, guilt, reluctance, fear, and disbelief when interviewed about experiences with patient death; and

WHEREAS, "helping nurses to deal with their own difficult feelings was found to improve the quality of their care for dying patients," and thus, "educators must play a critical role in helping students understand their own emotions"; and

WHEREAS, a wealth of literature highlights how incorporating education that prepares nurses and nursing students in dealing with patient death and coping with emotions is a necessity in nursing curricula; and

WHEREAS, "it is vital that nurses learn to cope with patient death successfully so they can effectively perform their job, find satisfaction in their work, prevent additional job-related stress, and prevent job burnout"; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) support developing nursing curricula to include education on managing student emotions related to patient deaths in the clinical setting; and be it further

RESOLVED, that the NSNA address the implementation of education on managing student emotions related to patient deaths in articles published in *Imprint* and at focus sessions at the Mid-Year and Annual Conventions, if feasible; and be it further

RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association, Sigma Theta Tau International, the National League for Nursing, the American Association of Colleges of Nursing, the National Organization for Associate Degree Nursing, the Hospice and Palliative Nurses Association, the Accreditation Commission for Education in Nursing, the National Council of State Boards of Nursing, the American Organization of Nurse Executives, the Association for Death Education and Counseling, the Nursing Organizations Alliance, the U.S. Department of Education and all others deemed appropriate by the NSNA Board of Directors.

**TOPIC: INCREASING AWARENESS REGARDING THE PREVALENCE OF DEPRESSION IN COLLEGE STUDENTS**

**SUBMITTED BY: Villanova University, Villanova, PA**

WHEREAS “Depression is the most common mental health problem among young people, particularly university students, with prevalence rates as high as 48% reported”; and

WHEREAS “Depression is characterized by depressed or sad mood, diminished interest in activities which used to be pleasurable, weight gain or loss, psychomotor agitation or retardation, fatigue, inappropriate guilt, difficulties concentrating, as well as recurrent thoughts of death”; and

WHEREAS “Depression has increasingly been diagnosed in the college age population, with the American College Health Association (ACHA) reporting that 16% of all college students suffer from depression at some point in their college years”; and

WHEREAS “Overall, 8.4 percent of full-time college students aged 18 to 22 years reported having experienced a depressive episode at some point during the past year”; and

WHEREAS “Among college students, depression has been associated with decreased GPA scores, acute infectious illness, increased levels of smoking, increased alcohol consumption, increased levels of anxiety, increased self-injurious behavior, decreased academic productivity, withdrawals from college, suicidal ideation and suicide”; and

WHEREAS “It is estimated that only 41% of students with depression received any mental health services in the previous year”; and

WHEREAS “Treatment rates amongst students who have clinical depression or other mood disorders remain low, with only 34% reporting any form of treatment in a recent national survey”; therefore be it

RESOLVED that the National Student Nurses’ Association (NSNA) promote awareness regarding the prevalence of depression in college students; and be it further

RESOLVED that the NSNA publish articles in *Imprint* about the prevalence of depression in this population, if feasible; and be it further

RESOLVED that the NSNA provide workshops on how common depression is in college students at the Annual Convention, if feasible; and be it further

RESOLVED that the NSNA encourage its local members to hold meetings or forums on this topic, if feasible; and be it further

RESOLVED that the NSNA send a copy of this resolution to Mental Health America, the Anxiety and Depression Association of America, the National Alliance on Mental Illness, the National Council for Behavioral Health, the American College Health Association, the American Nurses Association, the National League for Nursing, the American Association of Colleges of Nursing, the National Organization for Associate Degree Nursing, and all others deemed appropriate by the NSNA Board of Directors.



**TOPIC: IN SUPPORT OF LEGISLATION THAT PROTECTS CHILDREN FROM SECONDHAND SMOKE EXPOSURE BY PROHIBITING SMOKING IN ANY VEHICLE WHILE A CHILD IS IN THE VEHICLE**

**SUBMITTED BY: Dakota Wesleyan University, Mitchell, SD**

WHEREAS, levels of secondhand smoke in cars can be extremely high because of the restricted area in which the smoke is circulated and can reach levels far higher than those experienced in buildings; and

WHEREAS, 10 minutes spent in the back seat of a car with a smoker in the front, boosts a child's daily exposure to harmful pollutants by up to 30%; and

WHEREAS, babies exposed to cigarette smoke are at increased risk for developing childhood respiratory diseases such as asthma; and

WHEREAS, children are more vulnerable than adults, and their exposure to tobacco smoke in a vehicle is completely controlled by the adults with whom they share the vehicle; and

WHEREAS, although regulations have been enacted to protect non-smokers, including children in many public venues, second hand smoke exposure to children in vehicles are permitted in 44 of 50 U.S. states; and

WHEREAS, a single cigarette smoked in a stationary car with its windows closed can produce a level of secondhand smoke 11 times higher than the level found in an average bar where smoking is permitted; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) support legislation banning smoking in a vehicle with a child present and publish an article on the topic in *Imprint*, if feasible; and be it further

RESOLVED, that the NSNA encourage its constituents to write their legislators urging passage of legislation to ban smoking in a vehicle with a child present; and be it further

RESOLVED, that the NSNA educate its constituents on the harms of smoking in a vehicle with a child present and advocate for banning smoking in vehicles with a child present in all 50 states; and be it further

RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association, the National League for Nursing, the American Association of Colleges of Nursing, the National Organization for Associate Degree Nursing, the International Council of Nurses, the American Public Health Association, the American Board of Pediatrics, the American Hospital Association, the Society of Pediatric Nurses, the Health Resources and Services Administration, and all others deemed appropriate by the NSNA Board of Directors.

**TOPIC: IN SUPPORTING RESEARCH AND EDUCATION FOR A MORE ACCURATE TOOL THAN THE BODY MASS INDEX (BMI) SCALE TO BETTER IDENTIFY HEALTH RISKS RELATED TO PEOPLE’S PERCENT BODY FAT**

**SUBMITTED BY: Drexel University Student Nurses Association, Philadelphia, PA**

WHEREAS, “Obesity is normally defined by BMI. BMI values between 18.5 and 24.9 kg/m<sup>2</sup> are considered normal; individuals with BMI values from 25 to 29.9 kg/m<sup>2</sup> are considered overweight and those with values greater than 30 kg/m<sup>2</sup> are considered obese. Underweight subjects (BMI 18.5) are also at nutritional risk”; and

WHEREAS, “The outdated BMI formula, developed nearly 200 years ago by Quetelet, is not a measurement of adiposity, but merely an imprecise mathematical estimate. Defining obesity based on percent body fat, as with BMI, also has arbitrary cut-points”; and

WHEREAS, “For adults, the body mass index (BMI) is commonly used. Its popularity stems in part from its convenience, safety, and minimal cost, and its use is widespread, despite not being able to distinguish lean body mass from fat mass”; and

WHEREAS, “BMI may lead to misclassification of persons with normal levels of fat as being overweight or even obese, a fact that could cause unnecessary distress and prompt unnecessary and costly interventions”; and

WHEREAS, “This misclassification may overestimate mortality, morbidity and disability risks and health insurance costs. False negative misclassification...could lead to several problems such as under-identifying those at risk of gaining weight or developing weight-related health problems such as cardiovascular disease or hypertension...”; and

WHEREAS, “Even though BMI has been used extensively in research and clinical practice, there are very few studies testing its diagnostic accuracy and no study has done this in a large, multiethnic adult population representing men and women of many age strata”; and

WHEREAS, “BMI ignores several important factors affecting adiposity. Greater loss of muscle mass leading to sarcopenic obesity in women occurs increasingly with age. BMI does not acknowledge this factor, exacerbating misclassifications. Furthermore, men’s BMI also does not consider the inverse relationship between muscular strength and mortality. It fails to take into account that men lose less muscle with age than women”; and

WHEREAS, “While BMI is less precise than direct adiposity measures in predicting medical co- morbidities, improving this globally-used metric will have broad population health implications”; therefore be it

RESOLVED, that the National Student Nurses’ Association (NSNA) advocate for further research to be conducted in developing an evidence-based and effective tool to detect people’s percent body fat; and be it further

RESOLVED, that the NSNA educate its constituents about the inaccuracy of using the BMI scale as the only metric to determine obesity through publications in *Imprint*,

RESOLVED,

convention educational workshops, if feasible, and any other means deemed appropriate by the NSNA; and be it further that the NSNA send a copy of this resolution to the American Nurses Association, the National League for Nursing, the Society of Pediatric Nurses, the National Association of School Nurses, the National Association of Bariatric Nurses, the National Council of State Board of Nursing, the American Public Health Association, the American Association of Colleges of Nursing, the National Organization for Associate Degree Nursing, and all others deemed appropriate by the NSNA Board of Directors.

**TOPIC: IN SUPPORT OF PULSE OXIMETRY SCREENING FOR CONGENITAL HEART DEFECTS IN NEWBORNS**

**SUBMITTED BY: Arkansas State University-Jonesboro Student Nurses Association, Jonesboro, AR**

WHEREAS, “Every year 10 [out of] 1,000 babies in the United States are born with congenital heart disease (CHD). Of these babies, 25% will have critical congenital heart defects”; and

WHEREAS, “It has been estimated that about 300 infants with unrecognized critical congenital heart disease (CCHD) are discharged each year from newborn nurseries in the United States”; and

WHEREAS, “Pulse oximetry screening is most likely to detect seven CCHDs. These include: hypoplastic left heart syndrome, pulmonary atresia, Tetralogy of Fallot, total anomalous pulmonary venous return, transposition of the great arteries, tricuspid artresia, [and] truncus arteriosus”; and

WHEREAS, “Pulse oximetry is a simple bedside test to determine the amount of oxygen in a baby’s blood and the baby’s pulse rate”; and

WHEREAS, “Screening has been estimated to cost less than \$15.00 per infant. The time required for each screen is about 10 minutes”; and

WHEREAS, one study demonstrated that a combination of neonatal physical exam plus pulse oximetry screening for duct-dependent heart disease had a detection rate of 82.8% with a low false positive rate of 0.17%. This compared with a 62.5% detection rate for physical examination alone; therefore be it

RESOLVED, that the National Student Nurses’ Association (NSNA) encourage its constituents to enhance education for students and practicing health professionals on the benefits of using pulse oximetry to detect congenital heart defects in newborns; and be it further

RESOLVED, that the NSNA publish an article on this topic in *Imprint*, if feasible; and be it further

RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association, the National League for Nursing, the American Association of Colleges of Nursing, Sigma Theta Tau International, the American Medical Association, the American College of Cardiology, the American Heart Association, the U.S. Department of Health and Human Services, the National Council of State Boards of Nursing, the National Association of Pediatric Nurse Practitioners, the Academic Pediatric Association, the American Academy of Pediatrics, the Society of Pediatric Nurses, the American Medical Students’ Association, the National Association for Public Health, the National Organization for Associate Degree Nursing, the American Association of Heart Failure Nurses, the American Public Health Association - Public Health Nursing Section, the National Association of School Nurses, the National Association of Rural Health Clinics, and all others deemed appropriate by the NSNA Board of Directors.

**TOPIC: IN SUPPORT OF ENHANCED OVARIAN CANCER AWARENESS AND EDUCATION BY PRACTICING NURSES AND NURSING STUDENTS**

**SUBMITTED BY: University of Central Florida, Orlando, FL**

WHEREAS, ovarian cancer is the fifth leading cause of cancer deaths for women and the deadliest gynecological cancer; and

WHEREAS, in 2013, approximately 22,240 women will be diagnosed with ovarian cancer and 14,030 will die from it; and

WHEREAS, 61% of women who are diagnosed with ovarian cancer are diagnosed with advanced stage disease; and

WHEREAS, women with early stage ovarian cancer have a 92% chance of surviving at least five years after diagnosis; and

WHEREAS, early ovarian cancer may be asymptomatic, but the quintessential symptoms of ovarian cancer include bloating, abdominal and/or pelvic pain, difficulty eating or feeling full quickly, and urinary frequency or urgency; these symptoms are non-specific but persistent; and

WHEREAS, ovarian cancer symptoms are regularly bypassed due to easily mistaking their frequency to other non-cancerous causes; and

WHEREAS, no accurate screening tests exist for the early detection or diagnosis of ovarian cancer despite research in the field; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) promote awareness and education among its constituents related to symptoms, risks, and treatment options of ovarian cancer; and be it further

RESOLVED, that the NSNA publish an informative article in *Imprint* using materials from evidence-based sources to educate its constituents regarding ovarian cancer, if feasible; and be it further

RESOLVED, that the NSNA encourage its constituents to recognize September, the National Ovarian Cancer Month, as a time to emphasize and promote ovarian cancer awareness education within the community; and be it further

RESOLVED, that the NSNA send a copy of this resolution to the Ovarian Cancer National Alliance, the American Nurses Association, the National League for Nursing, the American Association of Colleges of Nursing, the National Organization for Associate Degree Nursing, the Oncology Nursing Society, the Society of Gynecologic Nurse Oncologists, and all others deemed appropriate by the NSNA Board of Directors.

**TOPIC: IN SUPPORT OF INCREASING AWARENESS OF ASSISTED OUTPATIENT TREATMENT FOR THE MENTALLY ILL**

**SUBMITTED BY: University of Iowa Association of Nursing Students, Iowa City, IA**

WHEREAS, the 2010 National Student Nurses' Association (NSNA) House of Delegates adopted a resolution titled "In support of increasing awareness of mental healthcare treatment outcomes" submitted by the Student Nurses at Penn Board of Directors, and in 2011 the NSNA adopted a resolution titled "Increasing awareness of the growing mental health care facility deficit" submitted by the Georgia Baptist College of Nursing of Mercer University, and in 2012 the NSNA adopted a resolution titled "In support of increased awareness of mental health funding deficits and fund-raising organizations' activities" submitted by Duquesne University; and

WHEREAS, "According to data collected by the U.S. Department of Justice in 2008...the percentage of prisoners who have severe psychiatric disorders have ranged from 7 to 16 percent"; and

WHEREAS, "Incarcerating individuals with severe psychiatric disorders costs twice as much as assertive community treatment programs"; and

WHEREAS, according to a study, "more than 90 percent of offenders met criteria for a current or lifetime psychiatric disorder"; and

WHEREAS, "odds of arrest in any given month for participants who were currently receiving [assisted outpatient treatment] (AOT) were nearly two-thirds lower than those not receiving AOT"; and

WHEREAS, a "study found that treatment costs for a group of frequently hospitalized patients declined 50 percent... after the first year of an outpatient commitment program, and dropped another 13 percent the second year", thus making AOT treatment more affordable; and

WHEREAS, "preventing the crises by keeping people in community treatment...is less expensive...because hospitalizations are so expensive compared to outpatient treatments and services"; and,

WHEREAS, "Savings were realized even as expenses for outpatient services more than doubled, with patients increasingly using case management support and transportation services, making clinical visits, seeking addiction treatments and refilling prescriptions for medications", which increased their quality of life and may reduce caregiver stress; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) encourage its constituents to support the need for assisted outpatient treatment (AOT) among the mentally ill population; and be it further

RESOLVED, that the NSNA encourage its constituents to become educated on the need for mental health organizations, educate the general public on this issue, and advocate for AOT as part of community health projects; and be it further

RESOLVED, that the NSNA publish an article in *Imprint* supporting the use of AOT, if feasible; and be it further

RESOLVED,

that the NSNA send a copy of this resolution to the American Nurses Association, the National League for Nursing, the American Association of Colleges of Nursing, the National Organization for Associate Degree Nursing, the American Psychiatric Nurses Association, the National Alliance on Mental Illness, and all others deemed appropriate by the NSNA Board of Directors.

**TOPIC: INCREASING AWARENESS AND INCLUSION OF GEROPSYCHIATRICS IN UNDERGRADUATE NURSING CURRICULA**

**SUBMITTED BY: West Virginia University, Morgantown, WV**

WHEREAS, Healthy People 2020 aims to “improve the health, function, and quality of life of older adults”; and

WHEREAS, “the 78-million member baby boom generation [began] turning 65 in 2011.” As life expectancy for older Americans increases, “the number of older adults in the United States will nearly double between 2005 and 2030”; and

WHEREAS, “about 25% of adults aged 65 years or older have some type of mental health problem, such as a mood disorder not associated with normal aging”; and

WHEREAS, “forecasted changes in demographics of the United States suggest there will be an unprecedented need for health care professionals with specific training in geropsychiatric care”; and

WHEREAS, in 2012, the Institute of Medicine specifically highlighted the urgent need for a competent geropsychiatric workforce in *The Mental Health and Substance Use Workforce for Older Adults: In Whose Hands* report; and

WHEREAS, expert nurses formed the Geropsychiatric Nursing Collaborative (GPNC), with support from the John A. Hartford Foundation, “to improve the mental health of older Americans by preparing nurses at all levels in geriatric mental health”; and

WHEREAS, “the GPNC identified and evaluated the quality and suitability (appropriateness, evidence base, relevance, cultural sensitivity, and currency) of existing curricular and training materials for the entry level of nursing and developed enhancements to address the gaps”; therefore be it

RESOLVED, that the National Student Nurses’ Association (NSNA) advocate for the increased awareness and inclusion of geropsychiatrics in undergraduate nursing curricula; and be it further

RESOLVED, that the NSNA establish breakout sessions at the 2015 Annual Convention to address the increasing prevalence of geropsychiatric issues and promote the need for improved geropsychiatric competency in nursing, if feasible; and be it further

RESOLVED, that the NSNA publish an article to address the importance and implications of implementing the recommended GPNC enhancements and to promote the [www.pogoe.org](http://www.pogoe.org) website (the GPNC website- Portal of Geriatrics Online Education) in *Imprint*, if feasible; and be it further

RESOLVED, that the NSNA send a copy of this resolution to the John A. Hartford Foundation, the American Academy of Nursing, the American Association of Colleges of Nursing, the American Nurses Association, the National League for Nursing, the National Organization for Associate Degree Nursing, the National Institute for Mental Health, the Institute of Medicine, and all others deemed appropriate by the NSNA Board of Directors.



**TOPIC: IN SUPPORT OF AWARENESS AND ADVOCACY FOR CONSERVATIVE USE OF DIAGNOSTIC PROCEDURES INVOLVING RADIATION**

**SUBMITTED BY: California State University-Sacramento and the California Nursing Students' Association**

WHEREAS, "the number of CT scans is estimated to have increased annually from approximately three million in 1980 to upwards of 60-70 million procedures"; and

WHEREAS, there is no level at which radiation exposure is considered to be safe and free of risk; and

WHEREAS, medical imaging modalities which utilize ionizing radiation, such as computed tomography, fluoroscopy, and radiography, are recognized as having potentially carcinogenic effects; and

WHEREAS, "Reduction of unnecessary radiation exposure by justification of radiological medical procedures is a major goal for the World Health Organization's Global Initiative on Radiation Safety in Health Care Settings"; and

WHEREAS, utilization of referral guidelines and education of clinicians and technicians can reduce unnecessary procedure use and radiation exposure; and

WHEREAS, optimization of radiological procedures can reduce inappropriate techniques and radiation doses; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) encourage its constituents to advocate for increasing awareness of the risks, benefits, and alternatives to radiographic imaging studies; and be it further

RESOLVED, that the NSNA and its constituents encourage patients to maintain personal records of all imaging studies conducted; and be it further

RESOLVED, that the NSNA publish an article about this topic in *Imprint*, if feasible; and be it further

RESOLVED, that the NSNA send a copy of this resolution to the Academy of Medical-Surgical Nurses, the American Association of Colleges of Nursing, the American Association of Critical Care Nurses, America's Essential Hospitals, the American Hospital Association, the American Nurses Association, the Association for Radiologic and Imaging Nursing, the International Council of Nurses, the National Association of Clinical Nurse Specialists, the National League for Nursing, the National Organization for Associate Degree Nursing, Sigma Theta Tau International, the Society of Interventional Radiology, and all others deemed appropriate by the NSNA Board of Directors.

**TOPIC: IN SUPPORT OF PROMOTING AWARENESS OF THE BENEFITS OF SERVICE/EMOTIONAL SUPPORT DOGS FOR CHILDREN DIAGNOSED WITH AUTISM SPECTRUM DISORDERS**

**SUBMITTED BY: Midlands Technical College, West Columbia, SC**

WHEREAS, according to the Centers for Disease Control and Prevention (CDC), around 1 in 88 American children are identified on the autism spectrum; and

WHEREAS, Autism Spectrum Disorder (ASD) affects over 2 million individuals and about 25 percent of this population is nonverbal but is able to learn to communicate using other means; and

WHEREAS, in one study of 22 children, for example, kids were more talkative and socially engaged during therapy sessions where a dog was present, and in a study of 12 boys, the children were less aggressive and smiled more when a canine companion was present; and

WHEREAS, long-term studies researching the effects of pairing service dogs with children with autism report that children exhibited fewer autistic behaviors such as clicking noises, repetitive spinning, and an increase in socially appropriate behaviors such as reaching for hugs, and joining or initiating games; and

WHEREAS, service dogs also help autistic children with the following symptoms: impulsive running, in which the dog will return the child to the parent; PICA, self-stimulation, and self-harming, in which the dog will interrupt the behavior; and mood swings, in which the dog will crawl onto the lap and calm the child; and

WHEREAS, service dogs are specifically trained to manage the individual problems distinctly related to the symptoms of autism. They assist in processing sensory information essential to complete work, avoid obstacles, and are particularly influential in responding to events needing immediate attention, such as in the event of a fire emergency; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) promote increased awareness of the need for collaboration among community resources, health care providers, and clients to promote the availability of service/emotional support dogs to children with ASD; and be it further

RESOLVED, that the NSNA encourage its constituents to collaborate with widespread efforts aimed at supporting the use of trained service dogs among children with ASD and in educating the public about its therapeutic benefits; and be it further

RESOLVED, that the NSNA promote awareness about this issue through focus sessions at the MidYear and Annual Conventions, articles published in *Imprint*, and all other methods deemed appropriate by the NSNA Board of Directors, if feasible; and be it further

RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association, the National League for Nursing, Sigma Theta Tau International, the American Association of Colleges of Nursing, the National Organization for Associate Degree Nursing, the National Association of Pediatric Nurse Practitioners, the American Pediatric Association, the Developmental Disabilities Nurses Association, Autism Speaks, the National Autism Association, the Autism Society, the U.S. Department of Health and Human Services, and all others deemed appropriate by the NSNA Board of Directors.

**TOPIC: IN SUPPORT OF INCREASED AWARENESS OF DISASTER PREPAREDNESS THROUGH THE USE OF SIMULATION EXERCISES IN UNDERGRADUATE NURSING CURRICULA**

**SUBMITTED BY: Our Lady of Holy Cross College SNA, New Orleans, LA**

WHEREAS, “the World Health Organization defines an emergency as a state in which normal procedures are suspended and extraordinary measures are taken in order to avert the impact of a hazard on the community”; and

WHEREAS, “in 2011, there were 302 worldwide natural disasters that claimed almost 30,000 lives, affected nearly 206 million others, and resulted in record economic damages within the United States of \$366 billion”; and

WHEREAS, “nursing education organizations, such as the American Association of Colleges of Nursing Baccalaureate Essentials, challenge nursing faculty to develop teaching strategies...that include educating students to act responsibly in the event of a disaster, practice collaboratively with other health care team members, and provide holistic care to clients from diverse cultural backgrounds”; and

WHEREAS, “the Association of Community Health Nursing Educators recommends that all nurses should possess basic competencies for responding to a public health emergent event...including disaster assessment, planning, implementing, interventions, and evaluation of process and outcomes”; and

WHEREAS, “the Nursing Emergency Preparedness Education Coalition competencies address the need for nurses, whether novice or expert, to have a basic knowledge or ability to appropriately respond to mass casualty incidents and public health emergencies..., [and] basic preparation should begin in their pre-licensure training”; and

WHEREAS, disaster simulation programs are effective methodologies for teaching “students to manage patients and communities encountering disasters... and may include participation from masters nursing students and other health science students in the simulation in order to strengthen team building and interdisciplinary community-focused care”; and

WHEREAS, “there is no certainty that nursing students will have personal experiences with disasters or disaster response, but all nursing students should be prepared to participate safely in disaster response efforts”; and

WHEREAS, “it is therefore imperative that nurses entering the workforce, whether they are working in acute care, long-term care or public health, have the knowledge and training to participate in planning emergency preparedness in the implementation of response and recovery efforts”; therefore be it

RESOLVED, that the National Student Nurses’ Association (NSNA) demonstrate its ongoing commitment to increasing awareness of disaster preparedness through simulation exercises in nursing curricula by providing education at the Annual Convention break-out sessions, if feasible, and be it further

RESOLVED that the NSNA encourage institutions of nursing education to employ simulation exercises in their curricula, if feasible; and be it further

- RESOLVED, that the NSNA publish an article on this topic in *Imprint*, if feasible; and be it further
- RESOLVED, that the NSNA encourage nursing students and faculty to promote the need for disaster preparedness simulation exercises to their surrounding communities, including hospitals and schools, if feasible; and be it further
- RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association, the American Association of Colleges of Nursing, the Association of Community Health Nursing Educators, the Emergency Nurses Association, the Society of Trauma Nurses, the American Psychiatric Nurses Association, the American Assembly of Men in Nursing, Sigma Theta Tau International, NOVA, Inc., the American Association of Critical Care Nurses, the National League for Nursing, the National Organization for Associate Degree Nursing, the National Council of State Boards of Nursing, and all others deemed appropriate by the NSNA Board of Directors.

**TOPIC:** **IN SUPPORT OF DECREASING THE INCIDENCE OF OBESITY BIAS AMONG NURSES AND NURSING STUDENTS BY PROMOTING EDUCATION REGARDING CAUSES OF OBESITY**

**SUBMITTED BY:** **The University of North Florida Student Nurses Association, Jacksonville, FL**

WHEREAS, despite evidence that many causes of obesity are not within an individual's control, there are many negative stereotypes related to obesity in the health care community. These stereotypes include, but are not limited to, obese people being weak-willed, lazy, lacking will power, having poor self-discipline, and being uncooperative with treatments for weight loss. All of these negative stereotypes cause obese people to face prejudice and discrimination in many facets of life including in the healthcare industry; and

WHEREAS, studies show that there is a high occurrence of weight prejudices in the health care community resulting in healthcare professionals who frequently spend less time with and often make offensive comments regarding their obese patients. These prejudices have negative consequences for obese patients. This is likely because people who have received subpar care in the past are less likely to seek care when needed in the future; and

WHEREAS, obesity is not caused only by an individual's behavior, but also by their environment and genetic predisposition. High-density multistage genome-wide association studies have found a link between Body Mass Index (BMI) and obesity-related behaviors. Current epigenetic and genetic studies have found that the strongest relationship to obesity among humans is the fat mass and obesity-associated (FTO) gene; and

WHEREAS, research shows that there are both behavioral and neurobiological similarities between psychoactive drug dependence and compulsive overeating, indicating that people who compulsively overeat have an addiction to food; and

WHEREAS, nurses are likely to encounter many obese patients during their career as there are many health concerns associated with obesity. Therefore, it is vital that nurses learn effective ways to therapeutically communicate and educate these patients without causing the patient to feel less important due to a reflection of weight bias the nurse may be internalizing. In order to achieve this therapeutic care, interventions need to be implemented into nursing education; and

WHEREAS, evidence suggests that there has been success in reducing weight prejudices among healthcare students when they are provided with anti-weight bias and weight controllability beliefs education; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) continue to be committed to the importance of quality care for all patients and therefore, acknowledge the importance of education regarding causes of obesity and the efficacy of therapeutic communication as well as the detrimental effects of weight bias in nursing care; and be it further

RESOLVED, that the NSNA publish an article on this topic in *Imprint*, if feasible; and be it further

RESOLVED,

that the NSNA send a copy of this resolution to the American Nurses Association, the National League for Nursing, the National Association of Bariatric Nurses, the American Association of Colleges of Nursing, the National Organization for Associate Degree Nursing, and all others deemed appropriate by the NSNA Board of Directors.

**TOPIC: IN SUPPORT OF INCREASED AWARENESS, PREVENTION AND TREATMENT OF CHOLERA USING THE RECENT EPIDEMIC IN HAITI AS A CASE STUDY**

**SUBMITTED BY: Hunter-Bellevue School of Nursing, New York, NY**

WHEREAS, cholera may have been introduced to Haiti in October 2010 as a result of contamination of the Artibonite River, possibly as a result of improper fecal waste disposal by UN peacekeepers. The cholera strain was proven to be nearly identical to a toxigenic strain found in Nepal; and

WHEREAS, cholera has not been endemic in Haiti for 100 years. Within the first year of exposure, 5,000 Haitians were killed by cholera. Cholera cases since 2010 now number around 600,000 and deaths from cholera around 8,000; and

WHEREAS, strains of *V. cholera* are currently mutating and showing reduced susceptibility to antibiotics. These strains are causing severe cholera epidemics in India, Western Africa, and Haiti; and

WHEREAS, sixteen months after the outbreak, only half of households were using water from improved water sources. Both improved and unimproved sources showed contamination with *E. coli*; and

WHEREAS, a patient was treated at a hospital intensive care unit in New York City in 2012 with a diagnosis of cholera after returning to the U.S. from Haiti. Stool cultures tested positive for *V. cholera* 01, which is the same strain found in Haiti; and

RESOLVED, that the National Student Nurses' Association (NSNA) encourage its constituents to support targeted and professional non-profit organizations that have a long track record in providing cholera epidemic relief to Haiti, such as Doctors Without Borders and Partners in Health; therefore be it

RESOLVED, that the NSNA encourage its constituents to support organizations that provide bleach, medical supplies, safe food, bottled water, rehydration solutions, water purification tablets, and antibiotics to Haiti; and be it further

RESOLVED, that the NSNA publish an article in *Imprint* supporting increased awareness, prevention, and treatment of cholera using Haiti as a case study, if feasible; and be it further

RESOLVED, that the NSNA send a copy of this resolution to the American Association of Colleges of Nursing, the National League for Nursing, the American Nurses Association, the National Council of State Boards of Nursing, the National Organization for Associate Degree Nursing, Sigma Theta Tau International, the U.S. Department of Health and Human Services, the Centers for Disease Control and Prevention, the U.S. Department of Education, the American Assembly of Men in Nursing, the Labor, Immigration, and Employee Benefits Division of the U.S. Chamber of Commerce, the International Council of Nurses, the Haiti Nursing Foundation, Promoting Health in Haiti, Doctors Without Borders, the American Red Cross, the Pan-American Health Organization, and all others deemed appropriate by the NSNA Board of Directors.

**TOPIC: IN SUPPORT OF NATIONAL STANDARDIZATION OF “DO-NOT-RESUSCITATE” [DNR] STATUS IDENTIFICATION USING COLOR-CODED WRISTBANDS**

**SUBMITTED BY: The University of Texas Nursing Students’ Association,  
The University of Texas at Austin School of Nursing**

WHEREAS, color-coded wristbands are often used in American hospitals to identify certain conditions, such as allergies, fall risk and DNR status; and

WHEREAS, in emergency situations, end-of-life care and patient preferences are often not readily available to emergency care providers and color-coded wristbands may serve as the only identification of patients’ DNR status; and

WHEREAS, there is a lack of national standardization across hospitals in the United States regarding the identification of DNR status of patients, potentiating high-risk situations resulting from the misinterpretation of color-coded wristbands; and

WHEREAS, and in some states, up to 7 colors were being used to indicate DNR status, so healthcare professionals working in multiple settings needed institutional color charts in order to safely practice; and

WHEREAS, for example, in December of 2005, a Pennsylvania Patient Safety Advisory was issued when a nurse who worked in two nearby hospitals with differing color-coded wristbands mistakenly identified a patient as DNR by failing to recognize the differing color codes. Clinicians nearly failed to resuscitate the patient after the patient experienced cardiopulmonary arrest; and

WHEREAS, additionally, ‘social cause’ wristbands and other similarly fashioned colored bracelets have the potential to create confusion among healthcare professionals, cause medical errors, and increase the risk for resuscitation mishaps; and

WHEREAS, the American Hospital Association (AHA) recommends all hospitals to utilize a minimum of 3 distinct color-coded wristbands: red for allergy, yellow for fall risk and purple for do-not-resuscitate. It has also been recommended “to aim for a national system that involves a maximum of 3-4 colors”; and

WHEREAS, there has been increasing support to encourage a nationally standardized system for utilizing color-coded wristbands in American hospitals as well as the removal of non-medical wristbands; therefore be it

RESOLVED, that the National Student Nurses’ Association (NSNA) support the recommendation of the American Hospital Association (AHA) that American hospitals adopt a nationally standardized color-coded wristband initiative by widely disseminating the aforementioned recommendation; and be it further

RESOLVED, that the NSNA encourage its constituents and its affiliated organizations to advocate for hospitals currently utilizing color-coded wristband systems to adopt the recommendation for a standardized system; and be it further

RESOLVED, that the NSNA increase awareness and encouragement of adopting effective standardization of variations of color-coded wristbands other than the three proposed by the AHA; and be it further

RESOLVED, that the NSNA encourage the AHA to support the respectful removal of ‘social cause’ wristbands and other similarly fashioned colored bracelets among patients in hospitals during their hospital stay; and be it further



RESOLVED, that the NSNA encourage its constituents to collaborate with all State Hospital Associations and the Pennsylvania Patient Safety Advisory, if feasible; and be it further

RESOLVED, that the NSNA send an electronic copy of this resolution to the American Hospital Association, the American Medical Association, the American Nurses Association, the National League for Nursing, the American Association of Colleges of Nursing, the National Organization for Associate Degree Nursing, the National Council of State Boards of Nursing, and any other organizations deemed appropriate by the NSNA Board of Directors.

**TOPIC: IN SUPPORT OF INCREASING AWARENESS AND EDUCATION ABOUT CRITICAL INCIDENT STRESS DEBRIEFING**

**SUBMITTED BY: University of Massachusetts Amherst Student Nurses' Association, Amherst, MA**

WHEREAS, Critical Stress Incidents, defined as “a self-defined traumatic event that causes individuals to experience such strong emotional responses that usual coping mechanisms are ineffective”, occur daily nationwide and affect all specialties of nursing, as well as many individuals and communities whom nurses serve; and

WHEREAS, debriefing began during World War II “as a means of exploring combat events in a supportive group context”, and in the 1980s, Jeffery Mitchell developed a debriefing model for managing Critical Stress Incidents for emergency service workers; and

WHEREAS, Critical Incident Stress Debriefing (CISD) is a standardized seven-stage process using crisis intervention tactics, including introduction, fact recall, thought, reaction, symptom, teaching, and re-entry. It can be completed in large or small groups or in a one-to-one situation; and

WHEREAS, studies show medical professionals who experience traumatic events are more likely to value ways in which their organization coped together rather than individually. This study also revealed “the importance of the following interventions immediately after the incident: 1) supervisor support and 2) a timeout period”, both of which are practiced in CISD; and

WHEREAS, research shows the screening and treatment currently utilized for those who suffer from Post-Traumatic Stress Disorder (PTSD), especially healthcare professionals, has substantial shortcomings including that “the more insidious post-traumatic sequelae such as depression, burnout and substance abuse receive little attention”. Also, without the proper debriefing training, many medical organizations are left unaware of how to support employees after tragic incidents; and

WHEREAS, one descriptive article of a failed pediatric code followed by a debriefing session the next day showed that nurses and medical personnel already had physical symptoms such as headaches, chest discomfort, and inability to sleep, as well as “feelings of inadequacy”. The debriefing includes sharing of feelings and descriptive account of the code, active listening, praising of efforts, and peer support, which [lead] to the participants walking away feeling “renewed”; and

WHEREAS, after the 2012 school shooting at Sandy Hook Elementary School in Newtown, Connecticut, all first responders were encouraged to attend the formal debriefing session held because “everybody leaves the scene with a lot of questions, and if you can get those questions answered, it makes it a lot easier”. The stress management team in Newtown was also able to ensure first responders that “what they witnessed was an abnormal event, and the reaction they [were] going to have [was] in fact normal”; and

WHEREAS, out of 2,073 Los Angeles Fire Department members surveyed, more than half found a reduction in their personal trauma-related symptoms within 72 hours of completing CISD; and

WHEREAS, CISD not only helps to eliminate cases of PTSD in healthcare professionals, but can also help to “enhance nursing skills” through error identification and therefore “improve[s] the quality of patient care”; therefore be it

RESOLVED, that the National Student Nurses’ Association (NSNA) encourage its constituents to increase awareness and education for nursing students and practicing healthcare professionals regarding the positive effectiveness of Critical Incident Stress Debriefing (CISD); and be it further

RESOLVED, that the NSNA publish an article on the topic of CISD in *Imprint*, if feasible; and be it further

RESOLVED, that the NSNA encourage the development of a curriculum, including a visual of a mock code and debriefing, to educate and increase awareness of the importance of CISD and to provide this opportunity at the MidYear Conference and Annual Convention, if feasible; and be it further

RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association, the National League for Nursing, the American Association of Colleges of Nursing, the National Organization for Associate Degree Nursing, the American Association of Critical Care Nurses, the American Psychiatric Nurses Association, the National Association of Neonatal Nurses, the National Association of Pediatric Nurse Practitioners, the National Hospice & Palliative Care Organization, the Navy Nurse Corps Association, the Army Nurse Corps Association, the Emergency Nurses Association, the American Public Health Association, the Association of Public Health Nurses, the National Association of School Nurses, the Disaster Preparedness and Emergency Response Association, and all others deemed appropriate by the NSNA Board of Directors.

**TOPIC: IN SUPPORT OF THE PUBLIC’S INCREASED EDUCATION FOR WOMEN’S PERSONAL RISKS OF CARDIOVASCULAR DISEASE**

**SUBMITTED BY: Rutgers Student Nurses Association, New Brunswick, NJ**

WHEREAS, heart disease is the leading cause of death in women in the United States, and every minute in the United States a woman dies from cardiovascular disease (CVD); and

WHEREAS, women may not present with symptoms, such as chest pain, typically associated with myocardial infarction; misdiagnosis of signs and symptoms may impede effective treatment of myocardial infarction; and

WHEREAS, “women have unique risk factors for stroke, such as pregnancy, and [use of] hormone therapy, and have a greater prevalence of hypertension in older ages”; and

WHEREAS, there continues to be a misperception that heart disease mainly affects men, but in reality, CVD “has claimed more women’s lives than cancer, chronic lower respiratory disease, Alzheimer’s disease, and accidents combined”; and

WHEREAS, nearly all of the participants in one study were aware that CVD significantly affects women, yet less than half of those women perceived themselves to be at risk; and

WHEREAS, “personal awareness of cardiovascular risk is associated with preventative action”; therefore women need to be educated on the prodromal syndromes which include “fatigue, neck pain, syncope, right arm pain, dizziness, and jaw pain”; therefore be it

RESOLVED, that the National Student Nurses’ Association (NSNA) demonstrate its ongoing commitment to the promotion of cardiovascular health, particularly in women, by encouraging its constituents to provide education to reduce the public’s knowledge deficit concerning personal awareness and risk perceptions of CVD in women; and be it further

RESOLVED, that the NSNA encourage its constituents to promote heart healthy activities by providing effective educational resources which take into account the diverse backgrounds of all American women; and be it further

RESOLVED, that the NSNA provide breakout sessions about this topic at the MidYear Conference and Annual Convention and promote breakout sessions at the state level, if feasible; and be it further

RESOLVED, that the NSNA send a copy of this resolution to the American Association of Colleges of Nursing, the National Organization for Associate Degree Nursing, the American Nurses Association, the Council on Cardiovascular Nursing, the National Coalition for Women with Heart Disease, the National League for Nursing, and all others deemed appropriate by the NSNA Board of Directors.

**TOPIC: PROMOTING AWARENESS OF MULTIPLE SCLEROSIS SYMPTOMS AND DIAGNOSIS**

**SUBMITTED BY: Salisbury University Student Nurses' Association, Salisbury, MD**

WHEREAS, Multiple Sclerosis (MS) affects 2.5 million people globally; and  
WHEREAS, as one of the most disabling neurologic diseases among young people, symptoms include fatigue, vision problems, difficulty walking, muscle weakness, stiffness, as well as bladder and bowel problems; and  
WHEREAS, initial symptoms may present between ages 20 to 50, in the form of a mild episode called "clinical isolated episode", which the individual typically does not recognize as a reason to seek medical attention; and  
WHEREAS, there is no one specific laboratory test or symptom to diagnose MS; multiple criteria include evidence of damage to at least two separate areas of the CNS, damage that occurred at least one month apart, and various analyses including blood tests, Magnetic Resonance Imaging (MRI), and Visual Evoked Potential (VEP) to rule out any other possible diagnoses; and  
WHEREAS, though there are no definitive causes confirmed, there are no known preventative measures; known risk factors include being between 20 to 50 years old, female, Caucasian, and possibly a positive family history; and  
WHEREAS, a study in Spain showed the mean time lapse between symptom onset and MS diagnosis was 24.9 months (2.08 years); and  
WHEREAS, a prospective study on the effect of diagnosis on anxiety, mood, and quality of life found that 30 days after diagnosis disclosure, regardless of the diagnosis, all quality of life and anxiety and depression questionnaires rated better than pre-disclosure; and  
WHEREAS, a recent study that compared MS patients treated with placebo, early treatment and delayed treatment found that patients with initial clinical indications of MS treated early scored higher in cognitive performance than those with delayed treatment; therefore be it  
RESOLVED, that the National Student Nurses' Association (NSNA) encourage its constituent members to support this resolution by advocating for awareness of Multiple Sclerosis (MS) symptoms and diagnosis; and be it further  
RESOLVED, that the NSNA publish an article in *Imprint* pertaining to MS symptom awareness, if feasible; and be it further  
RESOLVED, that the NSNA provide a link to a credible website providing information regarding MS symptoms and diagnosis and encourage its constituents to promote awareness within their communities, if feasible; and be it further  
RESOLVED, that the NSNA send a copy of this resolution to the American Association of Colleges of Nursing, the American Association of Neuroscience Nurses, the American Nurses Association, the American Public Health Association, the *American Journal of Public Health*, the National League for Nursing, the National Organization for Associate Degree Nursing, the National Council of State Boards of Nursing, Sigma Theta Tau International, and all others deemed appropriate by the NSNA Board of Directors.

**TOPIC: IN SUPPORT OF INCREASED AWARENESS REGARDING DELAYED PATIENT REACTIONS TO BLOOD TRANSFUSIONS**

**SUBMITTED BY: Kennesaw State University Student Nurses Association, Kennesaw, GA**

WHEREAS, a total of 30 million blood components are transfused each year in the United States to approximately five million patients "to treat hemorrhage and to improve oxygen delivery to tissues"; and

WHEREAS, "about 0.5-3% of all transfusions result in some adverse events"; and

WHEREAS, "transfusion-related complications can be categorized as acute or delayed", with acute complications defined as those which occur within 24 hours and delayed complications defined as those which can "develop days, months, or even years later"; and

WHEREAS, "hemolytic transfusion reactions are caused by immune destruction of transferred red blood cells which are attacked by the recipient's antibodies" and can be classified as either acute, with a documented 11 percent mortality rate, or delayed, "which is fatal in more than 90 percent of cases"; and

WHEREAS, "knowledge about various types of blood transfusion reactions will help ... in their early identification and management"; and

WHEREAS, "delayed transfusion reactions may occur after the administration of donor red cells even though they have been shown to be compatible in cross match tests by the antiglobulin technique"; and

WHEREAS, risk factors that increase susceptibility for developing a delayed reaction include Hodgkins disease, stem cell transplant, history of solid tumors treated with cytotoxic drugs and transfusion in premature infants; and

WHEREAS, "symptoms [of delayed reactions] include rash, fever, diarrhea, liver dysfunction, and pancytopenia occurring one to six weeks after transfusion"; and

WHEREAS, "gamma irradiation of blood products keeps the donor lymphocytes from proliferating and can prevent transfusion-associated graft-versus-host disease" in patients who are at high risk for delayed reactions; and

WHEREAS, immediate treatment in an intensive care unit with medication administration "including corticosteroids and high dose immunoglobulin" to modulate the immune system have been shown to be an effective treatment for delayed reactions; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) encourage its constituents to become educated regarding the possibility of delayed reactions to blood transfusions; and be it further

RESOLVED, that the NSNA encourage its constituents to work in collaboration with the American Red Cross to distribute nursing educational materials created by reliable sources about patient risk factors that are related to symptoms of delayed transfusion reactions and nursing interventions that can be implemented when a delayed transfusion reaction occurs, if feasible; and be it further

- RESOLVED, that the NSNA constituents encourage nursing colleges and universities to teach students about acute and delayed reactions to transfusions through their curricula; and be it further
- RESOLVED, that the NSNA publish an informative article on this topic in *Imprint*, if feasible; and be it further
- RESOLVED, that the NSNA send a copy of this resolution to the American Red Cross, the American Nurses Association, the National League for Nursing, the American Association of Colleges of Nursing, the National Organization for Associate Degree Nursing, the American Association of Critical Care Nurses, the Emergency Nurses Association, and all others deemed appropriate by the NSNA Board of Directors.

**TOPIC: IN SUPPORT OF DECREASING THIRTY-DAY HOSPITAL READMISSION RATES THROUGH THE IMPLEMENTATION OF TRANSITIONAL CARE TEAMS**

**SUBMITTED BY: Maryland Association of Nursing Students Board of Directors**

WHEREAS, “from 2007 through 2011, the national 30-day, all cause, hospital readmission rate averaged 19 percent”; and

WHEREAS, “nearly one in five Medicare patients discharged from the hospital—approximately 2.6 million seniors—is readmitted within 30 days, at a cost of over \$26 billion every year”; and

WHEREAS, “in addition to adversely affecting beneficiaries’ health and peace of mind, the failure to adequately attend to the care transition at discharge from the hospital results in additional Medicare spending...”; and

WHEREAS, “the Medicare Hospital Readmissions Reduction Program (HRRP) established in the Affordable Care Act (ACA) provides a financial incentive to hospitals to lower readmission rates... One of the provisions establishes the HRRP to provide a financial incentive for hospitals to reduce preventable readmissions. Beginning in fiscal year 2013 (October 1, 2012), the HRRP imposed a financial penalty on hospitals with excess Medicare readmissions”; and

WHEREAS, “unplanned rehospitalizations may signal a failure in hospital discharge processes, patients’ ability to manage self-care, the quality of care in the next community setting (office practices, home health care, and skilled nursing facilities), and lack of appropriate care resources for high-risk patients”; and

WHEREAS, “discharging patients from the hospital is a complex process that is fraught with challenges. Preventing avoidable rehospitalizations has the potential to profoundly improve both the quality of life for patients and the financial well-being of healthcare systems “; and

WHEREAS, “poorly executed care transitions negatively affect patients’ health, well-being, and family resources and unnecessarily increase health care system costs. Continuity in patients’ medical care is especially critical following a hospital discharge. For individuals with multiple chronic conditions, this transition takes on even greater importance”; and

WHEREAS, the landmark Institute of Medicine report, *Crossing the Quality Chasm: A New Health System for the 21st Century*, asserts that our national system of healthcare delivery requires a fundamental change and proposes “safe, effective, patient-centered, timely, efficient, and equitable healthcare... Care for the chronically ill needs to be a collaborative, multidisciplinary process. Effective methods of communication, both among caregivers and between patients, are critical to providing high-quality care”; and

WHEREAS, “delivering high-quality, patient-centered health care requires crucial contributions from many clinicians and staff across the continuum of health care, including the effective coordination of transitions between providers and care settings. Poor coordination of care across settings too often results in rehospitalizations, many of which are avoidable. Importantly, working to reduce avoidable rehospitalizations is one tangible step toward the dramatic



improvement of health care quality and the experience of patients and families over time”; and

WHEREAS, “...rehospitalizations are costly, potentially harmful, and often avoidable... evidence suggests that the rate of avoidable rehospitalization can be reduced by improving core discharge planning and transition processes out of the hospital; improving transitions and care coordination at the interfaces between care settings; and enhancing coaching, education, and support for patient self-management”; and

WHEREAS, to improve the discharge planning process and reduce 30-day hospital readmission rates, transitional care teams “...should take into account multi-component and multi-disciplinary interventions incorporating several single interventions combined. Finally, an important step is to introduce and highlight transitional care knowledge in curricula for both nurses and physicians in addition to multidisciplinary training at an early stage of their education”; therefore be it

RESOLVED, that the National Student Nurses’ Association (NSNA) encourage its constituents to collaborate with nursing education programs to emphasize the importance of decreasing thirty-day rehospitalization rates and implementing transitional care teams; and be it further

RESOLVED, that the NSNA encourage its constituents to work with hospitals and nurses in order to encourage them to evaluate their discharge processes and readmission rates and consider the implementation of transitional care teams within their hospitals; and be it further

RESOLVED, that the NSNA publish a fact sheet or article about decreasing thirty-day readmission rates and the implementation of transitional care teams in *Imprint* and offer a breakout session on this topic at the Annual Convention, if feasible; and be it further

RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association, the National League for Nursing, the American Association of Colleges of Nursing, the National Organization for Associate Degree Nursing, the American Heart Association, the American Stroke Association, the Institute for Healthcare Improvement, and all others deemed appropriate by the NSNA Board of Directors.

**TOPIC: IN SUPPORT OF PATIENTS' SAFE PRESCRIBED ACCESS TO THERAPEUTIC MEDICAL CANNABIS AND CONTINUED FURTHER RESEARCH AND AWARENESS OF THE TOPIC**

**SUBMITTED BY: University of Toledo Student Nurses' Association, Toledo, OH**

WHEREAS, marijuana (cannabis) has been used medicinally for centuries. It has been shown effective in treating a wide range of symptoms in a variety of conditions; and

WHEREAS, several studies have demonstrated the therapeutic effects of cannabinoids for nausea and vomiting in the advanced stages of illness such as cancer and AIDS. Other therapeutic uses of cannabinoids are being demonstrated by controlled studies, including treatment of asthma and glaucoma, as an antidepressant, appetite stimulant, anticonvulsant and antispasmodic; and

WHEREAS, medical marijuana has been recommended for the following therapeutic uses: as an appetite stimulant in HIV/AIDS, antiemetic in chemotherapy treatment of cancer, antispasmodic agent in such neuromuscular disorders as multiple sclerosis and spinal cord injury, and as an analgesic for cancer pain and potentiating analgesic effects when used with narcotics, thereby diminishing the dosage of opioids needed for pain relief. Studies are being conducted to evaluate the use of medical marijuana in rheumatoid arthritis, multiple sclerosis and spinal cord injury, Crohn's disease, endometriosis, epilepsy, fibromyalgia, and post-traumatic stress disorder; and

WHEREAS, in 2008, the American Nurses Association published a position statement in support of "patients having safe access to therapeutic marijuana, and the reclassification of marijuana's status from a Schedule I controlled substance into a less restrictive category"; and

WHEREAS, nurses have the opportunity to help patients who would benefit from medical cannabis; it is nurses' "ethical obligation to be advocates for access to healthcare for all, including patients in need of marijuana/cannabis for therapeutic use"; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) encourage its constituents to advocate for federal approval of the use of therapeutic prescribed medical marijuana thus, allowing safe, legal access; and be it further

RESOLVED, that the NSNA publish an article on this topic in *Imprint*, if feasible; and be it further

RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association, the American Association of Colleges of Nursing, the National Organization for the Reform of Marijuana Laws, the Marijuana Policy Project, Students for Sensible Drug Policy, the National League for Nursing, the National Organization for Associate Degree Nursing, and all others deemed appropriate by the NSNA Board of Directors.

**TOPIC: IN SUPPORT OF INCREASED AWARENESS OF MOTIVATIONAL INTERVIEWING**

**SUBMITTED BY: Mount Mercy University Association of Nursing Students, Cedar Rapids, IA**

WHEREAS, “In the 21<sup>st</sup> century, health care is increasingly about long-term condition management and thus about health behavior changes--those things that people can do to improve their health”; and

WHEREAS, “Motivational interviewing (MI) has been defined as a person-centered method of guiding to elicit and strengthen personal motivation for change”; and

WHEREAS, MI emphasizes a collaborative approach to behavior change in a patient, instead of a prescriptive approach; and

WHEREAS, “MI uses nonconfrontational interpersonal communication techniques to motivate patients to change behavior”; and

WHEREAS, “The goal of MI is to facilitate fully informed, deep thought-out, internally motivated choices – not to change behavior”; and

WHEREAS, “MI is a valuable tool for nurses to help patients address behavior change”; and

WHEREAS, “MI uses nonconfrontational interpersonal communication techniques to motivate patients to change behavior”; and

WHEREAS, nurses use open-ended questioning and reflection to encourage patients to share their identified barriers to change; and

WHEREAS, MI promotes autonomous behavior change by linking change to the person’s broader goals, values, and sense of self; and

WHEREAS, “MI encourages individuals to work through their ambivalence about behavior change and to explore discrepancy between their current behavior and broader life goals and values”; therefore be it

RESOLVED, that the National Student Nurses’ Association (NSNA) encourage its constituents to support the need for education and awareness on Motivational Interviewing (MI); and be it further

RESOLVED, that the NSNA publish an article in *Imprint* and provide a link on their website about MI and the benefits of learning this in providing more effective patient-centered care, if feasible; and be it further

RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association, the American Association of Colleges of Nursing, the National League for Nursing, the National Organization for Associate Degree Nursing, the American Psychiatric Nurses Association, and all others deemed appropriate by the NSNA Board of Directors.

**TOPIC: IN SUPPORT OF INCREASING AWARENESS OF THE USE OF REAL-TIME FEEDBACK CARDIO-PULMONARY RESUSCITATION DEVICES IN CLINICAL PRACTICE**

**SUBMITTED BY: University of Illinois at Chicago Nursing Students, Chicago, IL**

WHEREAS, in the United States, <500,000 children and adults experience a cardiac arrest, and <15% survive; and

WHEREAS, studies have demonstrated that trained rescuers often had poor chest compression fractions, depth of compression, and compression to ventilation rates which were associated with worse outcomes; and

WHEREAS, despite prior training, there are data showing that a rescuer’s skill deteriorates within months after completion; and

WHEREAS, bystanders who are well trained by traditional standards may have difficulty meeting endorsed CPR metrics during attempted resuscitation; and

WHEREAS, the goal is to help achieve effective ‘high-quality’ CPR, so that the timing and composition of CPR is optimized. Experimental and observational studies typically from EMS-based and hospital-based experiences indicate that the various CPR metrics can influence outcomes; and

WHEREAS, monitoring of CPR quality is arguably one of the most significant advances in resuscitation practice in the past 20 years and one that should be incorporated into every resuscitation and every professional rescuer program; and

WHEREAS, it has been shown that CPR feedback devices improved not only CPR skill acquisition and retention but also CPR quality performed by professional rescuers; therefore be it

RESOLVED, that the National Student Nurses’ Association (NSNA) encourage its constituents to support the inclusion of real time feedback cardio-pulmonary resuscitation devices in automated external defibrillator kits and hospital crash carts; and be it further

RESOLVED, that the NSNA provide its constituents with informative breakout sessions at Annual Convention regarding this topic, if feasible; and be it further

RESOLVED, that the NSNA publish an article on this topic in *Imprint* and provide a link to a credible website to alert its constituents to this topic; and be it further

RESOLVED, that the NSNA send a copy of this resolution to The Joint Commission, the American Hospital Association, the American Heart Association, the American Nurses Association, the American Association of Colleges of Nursing, the National League for Nursing, the National Organization for Associate Degree Nursing, the National Council of State Boards of Nursing, Sigma Theta Tau International, the American Association of Cardiovascular and Pulmonary Rehabilitation, the American Red Cross, and all other organizations that the NSNA Board finds appropriate.

**TOPIC: IN SUPPORT OF INCREASING EDUCATION AND AWARENESS REGARDING CAUSES OF HEMOLYZED BLOOD SPECIMENS DRAWN BY NURSING STAFF**

**SUBMITTED BY: Georgia Regents University Association of Nursing Students, Augusta, GA**

WHEREAS, the standard set forth by the American Society of Clinical Pathology states that the percentage of hemolyzed blood samples should be limited to 2% or less, yet studies reveal that up to 30% of blood specimens received from Emergency Departments are hemolyzed and therefore rejected for testing purposes; and

WHEREAS, laboratory test results may be significantly altered and delayed by a hemolyzed specimen, as this influences the accuracy and reliability of the laboratory test results; and

WHEREAS, hemolyzed specimens have a far-reaching impact to include: delayed and/or incorrect lab results, additional pain and risk of infection for the patient, increased work load for nursing staff, increased cost to the facility and patient, and strained relationships between laboratory personnel and nursing staff; and

WHEREAS, sufficient evidence demonstrates that phlebotomy education and motivation are necessary regarding proper technique, equipment, and location of draw, thereby reducing the number of rejected specimen samples; and

WHEREAS, decreasing the need for repeated draws shortens wait time for physicians to view results for diagnosis and treatment, provides cost efficiency for the institution, and promotes comfort for the patient; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) encourage its constituents to support nursing staff orientation and continuing education programs targeted at increasing awareness among the nursing community about hemolyzed lab specimens; and be it further

RESOLVED, that the NSNA encourage its constituent nursing schools to incorporate evidence-based education in their nursing curricula related to this topic; and be it further

RESOLVED, that the NSNA encourage its constituents to communicate with local healthcare facilities to promote awareness and assist in development of strategic motivational tools, such as unit or department recognition, to encourage incorporation of evidence-based practice into daily tasks and to decrease hemolysis rates overall; and be it further

RESOLVED, that the NSNA provide education for nursing students and faculty by publishing an article and fact sheet regarding this topic in *Imprint* and by offering focus sessions at the Annual Convention, if feasible; and be it further

RESOLVED, that the NSNA submit an educational article to a professional nursing publication or journal, if feasible; and be it further

RESOLVED, that the NSNA email a copy of this resolution to the American Nurses Association, the Nursing Alliance for Quality Care, the American Academy of Nursing, the Emergency Nurses Association, the American Hospital Association, the National League for Nursing, the Institute for Healthcare Improvement, the Association for Vascular Access, the American Association of Critical-Care Nurses, the American Association of Colleges of Nursing, the National Organization for

Associate Degree Nursing, the International Council of Nurses, Sigma Theta Tau International, and all others deemed appropriate by the NSNA Board of Directors.

**TOPIC: IN SUPPORT OF SMOKE AND TOBACCO FREE HEALTH SCIENCES COLLEGES AND MEDICAL FACILITIES BY INCREASING AWARENESS AND EDUCATION ABOUT THE BENEFITS OF BEING SMOKE AND TOBACCO FREE**

**SUBMITTED BY: The Ohio State University College of Nursing, Buckeye Student Nurses Association, Columbus, OH**

WHEREAS, the 2006 National Student Nurses' Association (NSNA) adopted the resolution titled, "In support of tobacco-free nurses, nursing students, and medical campuses", submitted by the California State University, Sacramento-Division of Nursing, the State of Idaho Student Nurses' Association, and the Johns Hopkins University School of Nursing, Baltimore, Maryland; and

WHEREAS, tobacco use is the single greatest cause of preventable death globally, killing nearly 6 million people annually and "causing hundreds of billions of dollars of economic damage worldwide each year"; and

WHEREAS, smoking costs the United States more than \$289 billion a year, including at least \$133 billion in direct medical care for adults and more than \$156 billion in lost productivity; and

WHEREAS, Environmental Tobacco Smoke (ETS) is considered a Group A carcinogen by the U.S. Environmental Protection Agency, meaning reliable human data exists indicating that secondhand smoke causes cancer in people. Secondhand smoke increases the risk of developing lung cancer by 20-30% in non-smokers who are exposed; and

WHEREAS, 17.3% of adults aged 18–24 years smoke, and given approximately 39% of 18-24 year olds are enrolled in college, initiating tobacco control programs on college campuses represents a substantial impact on health; and

WHEREAS, after implementation of a tobacco-free policy, students expressed significant favorable changes in attitudes toward smoking regulation; and

WHEREAS, the University of Arkansas for Medical Sciences surveyed employees and the self-reported rates of smoking declined significantly from 9.6 to 2.6% after a smoking ban. Additionally, among employees at Mary Imogene Bassett Hospital, 14.3% reported smoking in 2005 before a smoke-free medical campus ban and 9% in 2007 after ban implementation; and

WHEREAS, nursing is a well-respected profession in which nurses serve as role models of health behavior. In addition, it is important that nursing students, the future of the profession, have a healthy place to live and learn; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) encourage implementation of tobacco free policies to ensure a positive change in behavior, leading to healthier outcomes and decreased tobacco-related morbidity and mortality; and be it further

RESOLVED, that the NSNA promote the use of key interventions to highlight the negative effects of smoking and alter social norms surrounding tobacco through increased education and an emphasis on peer enforcement; and be it further

RESOLVED, that the NSNA advocate for the creation of new campus maps delineating the smoke-free border for distribution, as well as the use of social media for

RESOLVED,

distributing tobacco facts, smoking cessation information, resources available, and policies for a tobacco-free campus; and be it further that the NSNA send a copy of this resolution to the American Association of Colleges of Nursing, the American College Health Association, the American Cancer Society, the American Heart Association, the American Lung Association, the American Medical Association, the American Nurses Association, the National Organization for Associate Degree Nursing, the American Public Health Association, The Joint Commission, the National League for Nursing, the Tobacco Free Nurses, the National Coalition of Ethnic Minority Nurse Associations, the United States Food and Drug Administration, and all others deemed appropriate by the NSNA Board of Directors.



**TOPIC:                    ADVOCATING FOR THE INCREASED IMPLEMENTATION OF LEADERSHIP EDUCATION IN UNDERGRADUATE NURSING CURRICULA**

**SUBMITTED BY:        The NSNA Board of Directors**

WHEREAS,                “. . . leadership is a function of knowing oneself, having a vision that is well communicated, building trust among colleagues, and taking effective action to realize one’s own potential. It is asserted that within the complexity of health care it is vital that nurses enter the clinical setting with leadership capabilities because graduate nurses must take the lead to act autonomously, make decisions at the point of service, and develop a professional vision that fits with organizational and professional goals”; and

WHEREAS,                “Nurse leaders should be duly represented at the highest management and board levels to appropriately reflect the critical importance of nursing to the health care delivery system”; and

WHEREAS,                “For nurses to make advances in leadership, training must be available through nursing school curricula and continuing education”; and

WHEREAS,                “In today’s nursing school curricula, rigorous clinical education is the primary focus—equipping nursing students with a high level of technical proficiency. However, a missing component is the opportunity for nurses to work on their capacity for leadership, which would enable them to be agents of innovation at every level of health care delivery”; and

WHEREAS,                “...The scope of leadership set out in the American Association of Colleges of Nursing (AACN) document...suggests that leadership is not a ‘stand alone’ entity, but rather that it imbues many other components of the curriculum. It may be more appropriate, therefore, for it to be taught longitudinally through the continuum, as such an approach could prepare nurses to see practice as part of leadership instead of the current situation whereby leadership is being presented as part of practice”; and

WHEREAS,                Recommendation 7 from the Institute of Medicine (IOM), *The Future of Nursing: Leading Change, Advancing Health Report* also emphasizes that “Nurses, nursing education programs, and nursing associations should prepare the nursing workforce to assume leadership positions across all levels, while public, private, and governmental health care decision makers should ensure that leadership positions are available to and filled by nurses. Nursing education programs should integrate leadership theory and business practices across the curriculum, including clinical practice”; and

WHEREAS,                "When student leaders learn and practice the role of cooperative leadership, the skills they develop are assimilated into their leadership roles in caring for patients and leading teams in the workplace"; and

WHEREAS,                “As daunting as the challenges in the health care system can sometimes appear, the more proactively that nurses themselves become the leaders in creating the change, the more likely that they will emerge individually— and as a professional group—in a manner that fully leverages the opportunities ahead”; therefore be it,

- RESOLVED, that the National Student Nurses' Association (NSNA) increase awareness among the deans, directors, fulltime and adjunct faculty of undergraduate nursing programs by communicating the need for increased leadership education and further enhancing these skills through encouraging active involvement in the NSNA, if feasible; and be it further
- RESOLVED, that the NSNA offer educational sessions for faculty advisors, consultants, and students at the MidYear Career Planning Conference and Annual Convention that expands on the theory and practice of leadership, if feasible; and be it further
- RESOLVED, that the NSNA publish an article in *Dean's Notes* to encourage deans, directors, and faculty to take an active role in fostering leadership to promote professional development, if feasible; and be it further
- RESOLVED, that the NSNA encourage nursing students and faculty to submit manuscripts and letters to the editor in nursing publications about this resolution as well as publish information in *Imprint*, if feasible; and be it further
- RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association, the National League for Nursing, the American Association of Colleges of Nursing, the National Organization for Associate Degree Nursing, Sigma Theta Tau International, the International Council of Nurses, the American Organization of Nurse Executives, the National Council of the State Boards of Nursing, and all others deemed appropriate by the NSNA Board of Directors, if feasible.

**TOPIC:                   ADVOCATE FOR A DECREASE IN PATIENT TO NURSING STAFF RATIO IN NURSING HOMES**

**SUBMITTED BY:       Brigham Young University Student Nurses' Association, Provo, Utah**

WHEREAS,           the 2003 National Student Nurses' Association (NSNA) House of Delegates adopted the resolution titled, "In support of mandatory patient-nurse staffing ratios to maximize patient safety and quality of care, and minimize professional burnout in practicing nurses", submitted by the Oregon Student Nurses Association, and the 2008 NSNA House of Delegates adopted the resolution titled "In support of the American Nurses Association 'Safe staffing saves lives' campaign" submitted by the University of Alabama in Huntsville Student Nurses' Association; and

WHEREAS,           there are currently over 1.3 million residents in nursing homes; and

WHEREAS,           by 2050, 27 million people will require long-term care services, which will further increase the demand for healthcare workers in a nursing home setting; and

WHEREAS,           "In a survey of 99 nursing assistants and 44 nurses from five American nursing homes, 73% of nursing assistants and 93% of nurses agreed that when the nursing home was short staffed, residents did not get enough assistance with eating"; and

WHEREAS,           malnutrition significantly contributes to the development of pressure ulcers which has remained at a steady rate of 12.5% of nursing home residents. Research shows that the presence of qualified nursing staff is key to identifying and preventing pressure ulcers in nursing home residents; and

WHEREAS,           other evidence concludes that lower staffing levels correlate with higher fall rates due to less assistance with transfers and ambulation; and

WHEREAS,           decreased nursing staff-to-patient interactions through high staffing ratios correlates with social isolation, depressive symptoms, and a lower sense of purpose in life for nursing home residents; and

WHEREAS,           nursing homes with lower levels of nursing staff experience higher turnover rates due to heavier workloads, lower job satisfaction, and less staff-patient interaction; therefore be it

RESOLVED,       that the National Student Nurses' Association (NSNA) encourage its constituents to support policies that encourage a decrease in the patient to nursing staff ratio in nursing home settings; and be it further

RESOLVED,       that the NSNA publish an article on this topic in *Imprint*, if feasible; and be it further

RESOLVED,       that the NSNA send a copy of this resolution to the National Gerontological Nursing Association, the American Assisted Living Nurses Association, the American Association for Long Term Care Nursing, the Gerontological Advanced Practice Nurses Association, the National Association of Directors of Nursing Administration in Long Term Care, the Gerontological Society of America, the American Geriatrics Society, the American Nurses Association, the National League for Nursing, Sigma Theta Tau International, the American Association of Colleges of Nursing, the National Organization for Associate Degree Nursing, and all others deemed appropriate by the NSNA Board of Directors.

**TOPIC: IN SUPPORT OF INCREASED AWARENESS OF SHIFT LENGTH REGULATION FOR NURSES WORKING SHIFTS OVER TWELVE HOURS**

**SUBMITTED BY: The Henry Ford Community College Student Nursing Association, Dearborn, MI**

WHEREAS, “there are no national work-hour policies for registered nurses”; and  
WHEREAS, nurses often report feeling coerced into working longer hours due to “voluntary overtime” where voluntary and mandatory overtime is often blurred; and  
WHEREAS, a study indicated that large percentages of nurses who work longer than 13 hours are more likely to have job dissatisfaction and “The percentage of nurses who were dissatisfied with the job... [was highest] for nurses working shifts of ... more than 13 hours”; and  
WHEREAS, “nurses who worked shifts of 12-13 hours were more likely to intend to leave the job than nurses who worked shorter shifts”; and  
WHEREAS, “a significant number of nurses who reported regret over their healthcare decisions are more likely to be working nights and 12 hour shifts”; and  
WHEREAS, “patients were less satisfied with their care when there were higher proportions of nurses working shifts of thirteen or more hours”; and  
WHEREAS larger percentages of patients in the hospitals with more nurses working the longest shifts reported “that nurses sometimes or never communicated well; pain was sometimes or never well controlled, and they sometimes or never received help as soon as they wanted”; therefore, patients “were less likely to recommend the hospital to others”; and  
WHEREAS, a study recommends that healthcare employers introduce “fatigue management strategies” in order to promote a safe practice environment for both patients and nurses; and  
WHEREAS, “The strategies include making sure that nurses working 12-hour shifts get mandated breaks and leave work on time”; and  
WHEREAS, study results suggest that accrediting bodies should consider restricting consecutive hours worked by nurses; therefore be it  
RESOLVED, that the National Student Nurses’ Association (NSNA) promote increased awareness of the benefits of shift regulation for nurses working shifts longer than 12 hours; and be it further  
RESOLVED, that the NSNA encourage its constituents to educate local healthcare facilities in their communities about the need for shift length regulation; and be it further  
RESOLVED, that the NSNA publish an informative article on this topic in *Imprint*, provide a link on the NSNA website, and utilize any other mediums deemed appropriate by the NSNA Board of Directors, if feasible; and be it further  
RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association, the National League for Nursing, the American Federation of State, County and Municipal Employees AFL-CIO (AFSCME), the American Hospital Association, the American Organization of Nurse Executives, the American Association of Critical-

Care Nurses, the United American Nurses AFL-CIO, the National Organization for Associate Degree Nursing, the American Association of Colleges of Nursing, and any others deemed appropriate by the NSNA Board of Directors.

**TOPIC: IN SUPPORT OF INCREASED AWARENESS OF CURRENT RECOMMENDATIONS ON THE USE OF QUADRIVALENT HUMAN PAPILLOMAVIRUS (HPV) VACCINATION IN MEN**

**SUBMITTED BY: Emory Student Nurses Association, Atlanta, GA**

WHEREAS, the Centers for Disease Control and Prevention (CDC) report that “genital human papillomavirus (HPV) is the most common sexually transmitted infection, [with] approximately 79 million Americans currently infected and about 14 million people becoming newly infected each year”; and

WHEREAS, though more than 130 HPV genotypes exist, the quadrivalent human papillomavirus (HPV4) vaccine is directed against HPV types 6, 11, 16, and 18, with an annual estimated 7,000 cancers (anal, penile, and oropharyngeal) in males associated with types 16 and 18, and approximately 250,000 cases of genital warts in males caused by types 6 and 11; and

WHEREAS, in 2011, a CDC advisory committee recommended use of quadrivalent human papillomavirus vaccine for: 1) boys aged 11 or 12 years; 2) males aged 13 through 21 years, who have not initiated or completed the 3-dose series; 3) men who have sex with men, as well as for immunocompromised males, through age 26 years, if they did not get the vaccination when they were younger; and 4) men aged 22 through 26 years who wish to receive the vaccine; and

WHEREAS, despite CDC recommendations, in 2012, only 6.8% of boys aged 13 to 17 years received all three recommended doses of HPV vaccine; and

WHEREAS, a 2011 study concluded that “the prophylactic administration of quadrivalent HPV vaccine is efficacious in preventing the development of external genital lesions associated with infection with HPV-6, 11, 16, or 18 in boys and in men 16 to 26 years of age”; and

WHEREAS, a 2008-2010 survey examining reasons parents do not have their teens immunized revealed that the issue of “safety concerns/side effects” increased from 4.5% to 17.4% over the two year span; and

WHEREAS, two federal systems currently exist to monitor for adverse events after HPV vaccination; and

WHEREAS, “from June 2006 through March 2013, approximately 56 million doses of HPV4 were distributed in the United States.” A federal monitoring system found that over 92% of reported adverse events were classified as non-serious; therefore be it

RESOLVED, that the National Student Nurses’ Association (NSNA) encourage its constituents to advocate for HPV vaccine education that is based on scientific research and evidence-based practice, by promoting it to providers and the general public, for the sake of increasing awareness of the safety concerns and recommendations on HPV vaccination for males; and be it further

RESOLVED, that the NSNA publish an article on this topic in *Imprint*, if feasible; and be it further

RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association, the National League for Nursing, the American Academy of Pediatrics, the

American Association of Colleges of Nursing, the American Academy of Nurse Practitioners, the National Organization for Associate Degree Nursing, the Centers for Disease Control and Prevention, the American Medical Association, Sigma Theta Tau International, the Institute for Healthcare Improvement, and all others deemed appropriate by the NSNA Board of Directors.

**TOPIC: IN SUPPORT OF REDUCING THE USE OF PEDIATRIC RESTRAINTS DURING CLINICAL PROCEDURES**

**SUBMITTED BY: Harding Nursing Student Association, Searcy, AR**

WHEREAS, Research shows that “restraint (in term of the effects it has) has been associated with speech and language problems, a negative self-image, fear of and distrust of medical care, and with post-traumatic stress disorder”; and

WHEREAS, “According to paediatric nurses, restraint is more traumatic for a child than the treatment itself”; and

WHEREAS, “Some patients described the experience of restraint and secure isolation as similar to specific types of assault”; and

WHEREAS, “The findings clearly identify the process of holding a child down for procedures as one of the hardest treatment experiences: distress was noted to be both physical and emotional in nature and ultimately parents feel as though they have little choice but to participate in these procedures”; and

WHEREAS, “...a reduction in intrusive measures in organizations has been found to coincide with a shorter length of stay. For example, LeBel and Goldstein found that when restraint decreased by 91%, the average length of stay also decreased by 58%”; and

WHEREAS, “...many staff object to the use of intrusive measures, as it is considered a violation of the patient’s right to freedom and dignity”; “[c]onsequently, the trusting relationship between nurse and patient may be broken”; and

WHEREAS, “Clinical holding is defined as positioning a child so that a medical procedure can be carried out in a safe and controlled manner, wherever possible with the consent of child and parent/carer”; and

WHEREAS, “Nurses working with children and young people in all other clinical areas should receive, as minimum, training in therapeutic holding for clinical procedures and de-escalation techniques”; and

WHEREAS, “Furthermore, training should be provided to ensure that members of the Multi-disciplinary Team (MDT) involved in restraint are adequately equipped with the necessary skills and knowledge to manage such procedures”; therefore be it

RESOLVED, that the National Student Nurses’ Association (NSNA) encourage its constituents to promote the use of clinical holding; and be it further

RESOLVED, that the NSNA educate its members on this matter by publishing an article on this topic in *Imprint* and providing informative breakout sessions during the MidYear Conference and the Annual Convention, if feasible; and be it further

RESOLVED, that the NSNA encourage its constituents to promote the inclusion of breakout sessions on this topic at the state level, if feasible; and be it further

RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association, the National League for Nursing, the American Association of Colleges of Nursing, Sigma Theta Tau International, the American Medical Association, the U.S. Department of Health and Human Services, the National Council of State Boards of Nursing, the National Organization for Associate Degree Nursing, the American Hospital Association, the National Federation of Nursing, the National



Association of Pediatric Nurse Practitioners, the American Academy of Pediatric Nurses, the American Academy of Pediatric Nurses, the Academic Pediatric Association, the Society of Pediatric Nurses, the Association of Pediatric Hematology/Oncology Nurses, the National Children's Cancer Society, Johnson & Johnson, the American Medical Students' Association, the National Association of School Nurses, the National Association of Rural Health Clinics, and the American Holistic Nursing Association, and all others deemed appropriate by the NSNA Board of Directors.

**TOPIC: IN SUPPORT OF USING INTERPROFESSIONAL EDUCATION IN NURSING PROGRAMS TO AID IN THE TRANSITION FROM PRELICENSURE TO PROFESSIONAL PRACTICE**

**SUBMITTED BY: Sacred Heart University, Fairfield, CT and Iowa Association of Nursing Students**

WHEREAS, the 2009 National Student Nurses' Association (NSNA) adopted the resolution titled "In support of interdisciplinary education" submitted by Johns Hopkins University School of Nursing; and

WHEREAS, the Institute of Medicine (IOM) emphasized in *The Future of Nursing* (2010) that nurses "must act as full partners with physicians and other health professionals, and must be accountable for their own contributions to delivering high-quality care while working collaboratively with leaders from other health professions"; and

WHEREAS, the Interprofessional Education Collaborative (IPEC) in the 2011 Core Competencies for Interprofessional Collaborative Practice noted that interprofessional collaborative practice is "key to the safe, high quality, accessible patient-centered care desired by all," and "requires moving beyond these profession-specific educational efforts to engage students of different professions in interactive learning with each other"; and

WHEREAS, the Institute of Medicine (IOM) and National League for Nursing (NLN) agree that in order to adequately teach collaborative care to prelicensure nursing students, interprofessional learning experiences are most effective in appropriate preparation; and

WHEREAS, recommended steps to establishing interprofessional education include a focus on scopes of practice, concepts of team building, and evidence-based means and structures of verbal communication, such as SBAR; and

WHEREAS, more evidence-based research needs to be conducted on this topic in order to further determine the effectiveness of the suggested educational methods in aiding in the transition from the student to professional role; therefore be it that the National Student Nurses' Association (NSNA) support research regarding the quality of outcomes and affirm that using an interprofessional approach to prelicensure nursing education would further the evidence-based approach to interprofessional and collaborative care; and be it further

RESOLVED, that the NSNA promote awareness of interprofessional education (IPE) and the gap in educational research regarding methods of installation by publishing information regarding IPE's current status and future direction on the NSNA website and in *Imprint*, if feasible; and be it further

RESOLVED, that the NSNA encourage all prelicensure nursing programs throughout the United States to support and facilitate effective interprofessional education; and be it further

RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association, the National League for Nursing, the American Association of Colleges of Nursing, the National Organization for Associate Degree Nursing, the Nursing Organizations Alliance, the International Council of Nurses, the National Council

of State Boards of Nursing, the American Medical Association, the Institute of Medicine, and all others deemed appropriate by the NSNA Board of Directors.

**TOPIC: INCREASING NURSING STUDENT RESEARCH EXPOSURE TO ADDRESS THE NEED FOR MORE RESEARCH-FOCUSED NURSES**

**SUBMITTED BY: Florida Nursing Students' Association (FNSA) Board**

WHEREAS, nursing research is uniquely committed to an expanded view of health promotion, restoration, and rehabilitation; and

WHEREAS, the International Council of Nurses (ICN) and the Institute of Medicine (IOM) report that growing global health care needs demand a critical increase in the number of nurse researchers and faculty; and

WHEREAS, generalist nursing students must develop competencies that respond to complex health care information and prepare early for evidence-based leadership roles in research, education, and practice; and

WHEREAS, the emphasis on evidence-based practice (EBP) in nursing makes it important for nurses to be involved in research, ranging from informed and active consumerism to research project participation, both in academic and clinical settings; and

WHEREAS, socialization to real-world, clinically-grounded research experiences increases EBP awareness into students' future practice mentality and stimulates research interest; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) encourage its members to seek research exposure within nursing environments, including opportunities for shadowing, mentorship, and research assistant positions; and be it further

RESOLVED, that the NSNA support student research opportunities and resources available to students that encourage research involvement by publishing an informative article in *Imprint*; and be it further

RESOLVED, that the NSNA provide opportunities at Annual Convention for students to interact with nursing researchers to ask questions, discuss nursing research topics, discuss development of clinical research projects, and participate in brainstorming interest groups, if feasible; and be it further

RESOLVED, that the NSNA send a copy of this resolution to organizations that promote and support research opportunities for nursing students including, but not limited to the American Nurses Association, the National League for Nursing, the National Institute of Nursing Research, the Council for the Advancement of Nursing Science, Sigma Theta Tau International, the American Association of Colleges of Nursing, the National Organization for Associate Degree Nursing, the American Hospital Association, the Eastern Nursing Research Society, the Midwest Nursing Research Society, the Southern Nursing Research Society, the Western Institute of Nursing, the National Nursing Practice Network, the Nursing Centers Research Network, and all others deemed appropriate by the NSNA Board of Directors.

**TOPIC: IN SUPPORT OF INCREASING EDUCATION AND AWARENESS OF THE CURRENT GUIDELINES FOR MANAGEMENT OF HYPERTENSION IN ADULTS**

**SUBMITTED BY: Mississippi Association of Student Nurses**

WHEREAS, the 2004 National Student Nurses' Association (NSNA) House of Delegates adopted the resolution titled "In support of education about the new standards which redefine normal, pre-hypertensive and hypertensive blood pressures" submitted by the California Nursing Students' Association Board of Directors; and

WHEREAS, "hypertension is the most common condition seen in primary care" and undetected or unmanaged hypertension "leads to myocardial infarction, stroke, renal failure, and death if not detected early and treated appropriately"; and

WHEREAS, "hypertension is one of the most prevalent chronic conditions worldwide"; and

WHEREAS, "the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure" provides current recommendations for hypertension prevention and management; and

WHEREAS, hypertension when treated with polypharmacy may result "... in increased risks for inappropriate drug use and adverse drug reactions, followed by higher morbidity and hospitalization"; and

WHEREAS, adverse medication reaction is the fourth leading cause of death in the United States; and

WHEREAS, management of hypertension "through weight control and regular exercise cannot be overemphasized"; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) encourage its constituents to remain informed about the current recommendations in defining and managing hypertension; and be it further

RESOLVED, that the NSNA encourage its constituents to seek opportunities in their communities to educate healthcare providers and the public about the significance of the current blood pressure guidelines as set forth by the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure; and be it further

RESOLVED, that the NSNA publish informative articles in *Imprint* regarding the current blood pressure standards, if feasible; and be it further

RESOLVED, that the NSNA send copies of this resolution to the American Nurses Association, the American Association of Colleges of Nursing, the American Organization of Nurse Executives, the National Organization for Associate Degree Nursing, the National League for Nursing, the American Heart Association, the American Public Health Association, the National Heart, Lung, and Blood Institute, the American Red Cross, and any others deemed appropriate by the NSNA Board of Directors.

**TOPIC: IN SUPPORT OF NURSING PRECEPTOR EDUCATION TO IMPROVE THE LEARNING OUTCOMES OF NURSING STUDENTS IN THE CLINICAL SETTING**

**SUBMITTED BY: Texas Nursing Students' Association**

WHEREAS, “Undergraduate nursing programs have adopted preceptorships to provide students with an effective community health experience, help senior-level students transition into the professional role, and provide opportunities to hone clinical practice competencies by working one-on-one with a clinical nurse”; and

WHEREAS, “Through guidance, supervision and role modeling, nurse preceptors help develop knowledge, political skills, and professional attitudes in nursing students”; and

WHEREAS, “The socialization process begins during nursing education and continues during the preceptorship experience which should be considered a bridge to the successful formation of a professional identity”; and

WHEREAS, “Several authors have established that preceptorships are vital to the academic preparation of nursing students”; and

WHEREAS, “Zilembo and Monterosso (2007) showed that students, as preceptees, rated competence as a highly desirable attribute in preceptors”; and

WHEREAS, “Studies have shown that preceptors perform better in their role if they receive some type of formal preparation”; and

WHEREAS, “Considering that a successful preceptorship helps both preceptor and student realize professional and educational goals, the University of Pittsburgh School of Nursing developed a program to support nurses working with undergraduate nursing students”; and

WHEREAS, “the Nursing preceptor program (NPP) is an innovative program that provides training and support to preceptors working with undergraduate nursing students. The main objective of the NPP is to support the learning outcomes of students by preparing and supporting preceptors for their roles”; and

WHEREAS, the modules in the program include topics such as Clinical Teaching Strategies, Supervision of the Student Nurse, Communication and Conflict Resolution, Managing the Clinical Learning Environment and Evaluating the Student; and

WHEREAS, nurses participating in the NPP program received Continuing Nursing Education (CNE) credit as an incentive for increased participation; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) support nursing preceptor education for the improvement of student learning outcomes; and be it further

RESOLVED, that the NSNA encourage its constituents to advocate to their local nursing schools for participation in innovative preceptor education programs; and be it further

RESOLVED, that the NSNA publish an informative article in *Imprint* about education for nursing preceptors; and be it further

RESOLVED, that the NSNA send a copy of this resolution to the American Association of Critical-Care Nurses, the Versant Center for the Advancement of Nursing, the

American Association of Colleges of Nursing, the National Council of State Boards of Nursing, the American Nurses Association, the National League for Nursing, the National Organization for Associate Degree Nursing, the American Organization of Nurse Executives, the Institute of Medicine, and all others deemed appropriate by the NSNA Board of Directors.