



## **RESOLUTIONS 2015**

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**TOPIC:                           DECREASING MENTAL ILLNESS STIGMA AND SEQUELAE BY IMPROVING AWARENESS OF SIGNS AND SYMPTOMS IN CHILDREN**

**SUBMITTED BY:           Georgia Baptist College of Nursing of Mercer University, Atlanta, GA; Mineral Area College, Park Hills, MO; Student Nurses' Association of Illinois**

WHEREAS, 6.2 million children in America suffer from an emotional, behavioral, or developmental issue; and

WHEREAS, the main deterrent for children to seek help is the lack of understanding of symptoms of mental health problems and consequent expectations of stigmatizing responses from peers, parents, and teachers; and

WHEREAS, students would be more likely to seek help to get rid of the pain caused by symptoms of a “physical” rather than “psychological” nature; and

WHEREAS, preschool depressive syndrome is the most robust risk factor for developing full criteria for major depression in later childhood; and

WHEREAS, children with mental disorders more often have other chronic health issues than children without mental disorders. Mental disorders in children are associated with an increased risk for mental disorders in adulthood, which are associated with decreased productivity, increased substance use and injury, and substantial costs to the individual and society; and

WHEREAS, children with mental health disorders may miss 18-22 days of school per year. School absences are associated with increased dropout rates; and

WHEREAS, one-half of all lifetime cases of mental illness begin by age 14 and three-quarters by age 24. Early identification and intervention improve outcomes; and

WHEREAS, 90 % of those who die by suicide have a mental illness. Suicide is the third leading cause of death for youth aged 15-24, after motor vehicle accidents and homicide. More youth and young adults die by suicide than all natural causes combined; and

WHEREAS, approximately 60% of high school students polled believed that “most kids who kill themselves are normal” (Lake, Kandasamy, Kleinman, & Gould, 2013, p.696); and

WHEREAS, the Committee on Psychosocial Aspects of Child and Family Health and the Task Force on Mental Health have called for increased competencies in the care of pediatric patients; therefore be it

RESOLVED, that the National Student Nurses’ Association (NSNA) promote the use of updated evidence-based practice to strengthen nursing education in regards to childhood mental health disorders; and be it further

RESOLVED, that the NSNA encourage its members to promote excellence in mental health care and provide community awareness by offering a webinar for members and encouraging member participation in advocacy groups such as the National Alliance for Mental Illness and; and be it further

RESOLVED, that the NSNA, in an effort to decrease the stigma of mental illness, encourage school nurses to provide students with age-appropriate monthly mental health newsletters to promote open communication about mental health among teachers, counselors, students and parents; and be it further

RESOLVED, that the NSNA encourage school counselors along with physical and health educators to sponsor an age-appropriate health club which incorporates mental health awareness and participates in the National Children’s Mental Health Awareness Day in May of each year; and be it further

RESOLVED,

that the NSNA send a copy of this resolution to the American Academy of Pediatrics, the American Association of Colleges of Nursing, the American Foundation for Suicide Prevention, the American Mental Health Foundation, the American Nurses Association, the Association of Public Health Nurses, Mental Health America, the National Alliance on Mental Illness, the National Association of School Nurses, the National Council of State Boards of Nursing, the National League for Nursing, the National Organization for Associate Degree Nursing, Suicide Awareness Voices of Education, the Suicide Prevention Action Network USA, the United States Department of Education; and all others deemed appropriate by the NSNA Board of Directors.

**TOPIC: INCREASED AWARENESS OF THE NEED FOR PROPHYLACTIC FOAM DRESSINGS TO PREVENT PRESSURE ULCERS**

**SUBMITTED BY: National University Student Nurses' Association, Los Angeles, CA**

WHEREAS, an intensive care unit (ICU) conducted a prophylactic sacral dressing study on 41 high-risk patients over a three-month period which produced zero incidence of hospital-acquired pressure ulcers; and

WHEREAS, dressings should be used to enhance and supplement current pressure prevention strategies; and

WHEREAS, when application of multi-layered soft silicone foam dressings were applied to patients and were used in conjunction with current pressure ulcer prevention strategies, a 10% reduction in pressure ulcer incidence was observed; and

WHEREAS, nineteen patient criteria identifiers were established for prophylactic sacral dressing application, reducing hospital acquired pressure ulcer rates from 12.5% in 2009 to 7% in 2010; and

WHEREAS, during a six-month trial, it cost \$6,653 to apply silicone border foam dressings to 273 patients; and

WHEREAS, during one admission, the average cost for treating one hospital-acquired stage IV pressure ulcer was \$129,248; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) encourage its constituents to advocate for the awareness of the benefits of prophylactic foam dressings in preventing hospital-acquired pressure ulcers; and be it further

RESOLVED, that the NSNA encourage its constituents to promote research into the use of prophylactic foam dressings in preventing hospital-acquired pressure ulcers; and be it further

RESOLVED, that the NSNA educate its constituents that prophylactic foam dressings are one tool in preventing hospital-acquired pressure ulcers and should be used in conjunction with existing evidence-based practices; and be it further

RESOLVED, that the NSNA send a copy of this resolution to the National Pressure Ulcer Advisory Panel, the Wound, Ostomy and Continence Nurses Society, the Association for the Advancement of Wound Care, the American Board of Wound Management, 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 HEALTH PROMOTION PROGRAMS IN HEALTHCARE FACILITIES FOR NURSES**

**SUBMITTED BY: Sinclair School of Nursing Student Nurses Association, Columbia, MO**

WHEREAS, in 2010 the NSNA adopted the resolution titled, “In Support of Increased Education in Self-Care Awareness for Nursing Students and Nurses”; and

WHEREAS, nurses are often seen as a point of reference for healthy behaviors; and

WHEREAS, nurses are less likely to address unhealthy lifestyle issues with their patients if they themselves have an unhealthy lifestyle. Examples of unhealthy lifestyle habits include smoking, obesity, unhealthy diet, little to no physical activity, alcohol and drug use; and

WHEREAS, patients are more likely to follow health promotion advice when taught by nurses who outwardly appear to embrace healthy lifestyle choices; and

WHEREAS, by participating in programs that improve health, nurses gain positive health outcomes and experience an improvement in general health and mental health. Examples of improvement include a reduction of high-risk blood pressure, fasting blood sugar, and high stress. Other positive outcomes are lowering cholesterol, increasing physical activity, reducing fatty diets, and reducing heavy drinking. Prevention plans and programs can identify each individual’s top health and lifestyle risks and give recommended health plans to remediate and improve their health; and

WHEREAS, with the increasing cost of healthcare, the amount of money employees pay since 1999 in insurance premiums has increased by 128%; and

WHEREAS, nurses who participate in prevention plans lower their overall health risk category, incidentally reducing premium costs; and

WHEREAS, avoidable illness results in unnecessary and avoidable medical and productivity costs for the employer; and

WHEREAS, an employee in poor health is more likely to be absent and less productive at work compared to a healthy employee. This affects employers by impeding profitability and reducing productivity; and

WHEREAS, lowering obesity rates could lead to productivity gains of \$254 billion and avoid \$60 billion in treatment expenses; therefore be it

RESOLVED, that the National Student Nurses’ Association (NSNA) support the education, counseling, and development of healthy lifestyle plans that prevent avoidable and chronic diseases; and be it further

RESOLVED, that the NSNA encourage health care facilities to develop comprehensive prevention plans that include: the health risk assessment questionnaire, complete blood tests that include lipid profiles and fasting blood glucose, and biometric measurements; and be it further

RESOLVED, that the NSNA encourage health care facilities to provide incentives to support continued participation in these prevention plans. Such incentives can include monetary rewards, gym memberships, reimbursements for fitness monitoring equipment, lower insurance premiums, and meal discounts or decrease prices for healthier food and beverages at health care facilities; 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 Hospital Association, the American



Medical Association, Sigma Theta Tau International, 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: FOR INCREASED INCLUSION OF COMPLEMENTARY AND ALTERNATIVE THERAPIES FOR PAIN MANAGEMENT BY THE NURSING PROFESSION**

**SUBMITTED BY: West Virginia University School of Nursing, Morgantown, WV;  
California Nursing Students' Association**

WHEREAS, nursing programs prepare graduates to implement holistic, patient-centered care that reflects an understanding of human growth and development, pathophysiology, pharmacology, and nursing management across the lifespan and in all healthcare settings; and

WHEREAS, Complementary and Alternative Medicine (CAM) should be included in nursing curricula to ensure students fully comprehend the effectiveness of CAM therapies; and

WHEREAS, an estimated 76 million people in the United States (U.S.) suffer from chronic pain, which costs the U.S. an estimated \$100 billion a year; and

WHEREAS, nearly five million Americans state that they are overusing prescription pain medication and are concerned that it may be unsafe; and

WHEREAS, unnecessary pain can damage the nurse-patient relationship, while knowledge of alternative techniques can improve patient care and satisfaction by decreasing the fear that may cause a delay in seeking medical care; and

WHEREAS, there are less undesirable side effects related to CAM therapies, as compared to traditional western pain medications, like opioids; and

WHEREAS, there has been a rise in the misuse and abuse of opioid pain medications in the U.S.; and

WHEREAS, a 2014 meta-analysis found that 50% of patients who received CAM therapies had improvement in pain control; therefore it be

RESOLVED, that the National Student Nurses' Association (NSNA) advocate for the expansion of undergraduate nursing curricula to include evidence-based Complementary and Alternative Medicine (CAM) therapies for pain management; and be it further

RESOLVED, that the NSNA encourage its constituents to advocate for their patients to receive CAM therapies, such as acupressure and acupuncture, for pain management; and be it further

RESOLVED, that the NSNA establish breakout sessions at the 2016 annual convention that provide CAM education and application instruction to increase awareness, comfort, and competency in skill execution, if feasible; and be it further

RESOLVED, that the NSNA publish an article to address the importance and implications of using CAM therapies for pain management within patient care 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 Hospital Association, the American Association of Colleges of Nursing, the American Association of Acupuncture and Oriental Medicine, the National Association of Clinical Nurse Specialists, the National Council of State Boards of Nursing, the National Organization for Associate Degree Nursing, America's Essential Hospitals, the American Academy of Pain Management Nursing, and all others deemed appropriate by NSNA Board of Directors.

**TOPIC: IN SUPPORT OF INCREASED AWARENESS AND EDUCATION REGARDING INTERPRETER USE FOR LIMITED ENGLISH PROFICIENCY PATIENTS**

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

WHEREAS, the 2011 American Community Survey (ACS) identified 60.6 million people who spoke a language other than English; of these, 41.8% were limited English proficiency (LEP), speaking English less than "very well"; and

WHEREAS, persons of LEP experience more medication errors, unnecessary diagnostic treatments and invasive procedures than their English-speaking counterparts, resulting in additional costs and decreased satisfaction; and

WHEREAS, Title VI of the 1964 Civil Rights Act ensures equal health care access by considering the denial of free language assistance as a discriminatory act against one's national origin; and

WHEREAS, the National Culturally and Linguistically Appropriate Services Standards in health and health care recommend that language services be provided by qualified interpreters rather than untrained individuals or minors; and

WHEREAS, the Office of Minority Health suggests that bilingual family, friends, and strangers lack the medical terminology training needed to provide accurate translation; and

WHEREAS, and qualified interpreters are unbiased mediators in patient-provider communication who operate under an ethical code to protect patient confidentiality rights; and

WHEREAS, and in a cross-sectional analysis of pediatric emergency department visits in Massachusetts, interpreter errors with adverse consequences were significantly lower with professional (12%) versus ad hoc (22%) or no interpreters (20%); and

WHEREAS, while 73% of Spanish- and Chinese-speaking patients preferred an interpreter, only 37% had an interpreter present while speaking with a nurse; remaining patients reported "getting by" or "barely speaking at all"; and

WHEREAS, providing patients with qualified interpreters enhances patient understanding, maximizes quality of care, and increases patient and provider satisfaction with the clinical outcome; and

WHEREAS, a study of 40 acute-care nurses discussed the need for increased education about interpreter services to provide culturally competent care; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) encourage its constituents to support increased education for nursing students and health care professionals on the legal and ethical considerations for providing interpretive services to patients with limited English proficiency (LEP); and be it further

RESOLVED, that the NSNA publish an article in *Imprint* pertaining to the use of qualified medical interpreters when communicating with LEP patients, if feasible; and be it further

RESOLVED, that the NSNA encourage nursing programs to introduce nursing students to the interpretive services available for patients at their various clinical facilities; and it be 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, the Emergency Nurses Association, the Association of Public Health Nurses, the Association of Community Health Nursing Educators, the National Council of State Boards of Nursing, and all others deemed appropriate by the NSNA Board of Director.

**TOPIC: IN SUPPORT OF ENCOURAGING A SHORT PERIPHERAL CATHETER ACCESS CURRICULUM FOR ALL UNDERGRADUATE NURSING PROGRAMS**

**SUBMITTED BY: University of North Florida, Jacksonville, FL**

WHEREAS, in 2010, the National Student Nurses' Association (NSNA) House of Delegates adopted the resolution, "In Support of Increasing Awareness and Education on the Centers for Disease Control and Prevention's (CDC) Guidelines for the Prevention of Intravascular Catheter-Related Infections"; and

WHEREAS, more than 90% of hospitalized patients are using some type of venous access device, with the most commonly used being the short peripheral catheter; the tip of a short peripheral catheter starts and ends in a peripheral vein, it is normally less than 3 inches long, and it is intended for short term therapy lasting less than six days; and

WHEREAS, there are as many as 10,000 Staphylococcus aureus bacteremias found from short peripheral catheters (SPC) per year due to knowledge gaps and inadequate clinical practices; and

WHEREAS, there is a rise in lawsuits against nurses related to SPC placement and subsequent patient injuries, with an average of more than \$100,000 of paid indemnity reported; and

WHEREAS, the Infusion Nurses Society (INS) reported 57% of surveyed nurses from the 2013 INS IV Safety Practice Survey were not taught how to insert a SPC while in nursing school; and

WHEREAS, vascular access curriculums in nursing programs vary with some students receiving more or less education than others; and

WHEREAS, an integrative review by the Association for Vascular Access, in 2012, concluded that training in short peripheral vascular access for all undergraduate clinicians is crucial to assure competency before encountering patients; and

WHEREAS, in October 2013, INS published a position paper recommending that the insertion, care, and maintenance of short peripheral catheters be applied as a standardized curriculum in all undergraduate nursing programs, thus affording novice nurses with the basic knowledge and skills they need to practice in today's healthcare arena; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) encourage the development of a standardized short peripheral catheter access device curriculum for all undergraduate nursing programs; and be it further

RESOLVED, that the NSNA publish an article in *Imprint*, if feasible, expressing the importance of the development of a standardized infusion therapy program on short peripheral catheter access devices for all undergraduate nursing programs; and be it further

RESOLVED, that the NSNA send a copy of this resolution to the INS and the Association for Vascular Access, nationally recognized infusion therapy expert organizations, in order to encourage them to collaborate in publishing standardized guidelines for a short peripheral catheter curriculum to be made available for all undergraduate nursing programs; 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 Council of State Boards 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 PEDIATRIC CARE COORDINATION AMONG HEALTHCARE AND EDUCATION SYSTEMS**

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

WHEREAS, healthcare, community, and educational services are often uncoordinated; and  
WHEREAS, studies have shown that communication among schools and healthcare personnel rarely occurs; and  
WHEREAS, care coordination systems improve communication and access to services that optimize health and increase patient care satisfaction; and  
WHEREAS, most students receiving regular health services from schools have chronic illnesses that require ongoing management, while healthy students need access to health services and health education to stay healthy; and  
WHEREAS, differences in the healthcare and education systems are barriers to exchanging essential information among hospitals, private providers, and school personnel; and  
WHEREAS, school nurse interventions are often not documented in a manner that is shared with other health care providers, adding to the lack of care coordination. Also, school systems lack many resources necessary to provide important data to healthcare providers that can help develop more cost-effective treatment plans and be more patient centered; and  
WHEREAS, interventions by the school nurse should complement rather than compete with other health personnel so the family will not feel overburdened; and  
WHEREAS, school nurses lack standard protocols to handle problems for chronically ill children, leading to the inappropriate use of the hospital, especially the emergency room; and  
WHEREAS, school nurse-to-student ratios vary and have been reported as one school nurse to 1,500 students. This limits the nurse's ability to provide effective care coordination; therefore be it  
RESOLVED, that the National Student Nurses' Association (NSNA) support and promote the collaboration among interprofessional healthcare teams and education systems to nursing students through the NSNA website, if feasible; and be it further  
RESOLVED, that the NSNA encourage nursing students to be proactive and advocate for improved pediatric care coordination among healthcare and education systems; and be it further  
RESOLVED, that the NSNA encourage all constituent nursing programs to support opportunities for nursing students to observe and evaluate pediatric care coordination among healthcare and education systems; and be it further  
RESOLVED, that the NSNA publish an article about this resolution 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 League for Nursing, the National Organization for Associate Degree Nursing, the American Public Health Association, the U.S. Department of Health and Human Services, the U.S. Department of Education, the National Association of School Nurses, the American Academy of Pediatrics, and all others deemed appropriate by the NSNA Board of Directors.

**TOPIC: IN SUPPORT OF INCREASED AWARENESS AND EDUCATION ABOUT PORTION SIZE ESTIMATION AIDS**

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

WHEREAS, more than two billion individuals worldwide are overweight and 700 million more are obese; and

WHEREAS, from 1976 to 2000, the incidence of obesity in the United States increased from 14.4% to 30.9%, an increase that has been observed regardless of age, gender, ethnicity, socioeconomic status, or race; and

WHEREAS, obesity has been associated with metabolic syndrome, osteoarthritis, cardiovascular disease, respiratory compromise, increased intra-abdominal pressure, skin conditions, and mental illnesses such as depression; and

WHEREAS, portion sizes have greatly increased from the recommended size; and

WHEREAS, behavioral research has demonstrated that when more food is served, more is consumed, thus increasing total food intake; and

WHEREAS, the influence of the current "super sized" society has increased the daily consumption of calories and consumers indicate that they no longer know what a normal portion size is; and

WHEREAS, portion size estimation aids and consumer education were shown to have a positive effect in improving overall accuracy in determining portion size, and portion control has been shown to reduce caloric intake and manage body weight; and

WHEREAS, current portion size estimation aids include food photographs, volume measurements, three dimensional models, food drawings, household measurements, and plastic food replicas. Food photographs and household measurement estimations are the most widely used aids at this time. In addition, immediate feedback computerized software is being developed to provide consumers with feedback on portion size; and

WHEREAS, each individual's needs and current level of nutritional knowledge must be assessed to determine the appropriate aid to ensure efficacy in combating the obesity epidemic; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) support increased awareness and education about portion size estimation aids in nursing curricula as a method to combat the growing obesity epidemic; and be it further

RESOLVED, that the NSNA publish an article in *Imprint* regarding portion control to manage body weight and a summary of different portion size estimation tools, 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 Academy of Nutrition and Dietetics, the American Hospital Association, the American Public Health Association, the American Society for Nutrition, the Institute for Healthcare Improvement, the National Alliance for Nutrition and Activity, the National Council of State Boards of Nursing, Sigma Theta Tau International, the Society for Nutrition Education and Behavior, and all others deemed appropriate by the NSNA Board of Directors.

**TOPIC: IN SUPPORT OF SELF-CARE ACTIVITIES INCORPORATED INTO THE NURSING PROGRAM CURRICULA TO PROMOTE HOLISTIC LIFESTYLES**

**SUBMITTED BY: Georgia Association of Nursing Students; Kennesaw State Student Nurses Association, Kennesaw, GA; Missouri Nursing Students' Association, Columbia, MO**

WHEREAS, the 2013 National Student Nurses' Association (NSNA) adopted the resolution "In support of implementing holistic health programs for the improvement of student nurse's healthy lifestyles"; and

WHEREAS, there have been many studies conducted on nursing students, indicating self-care and wellness behaviors in the group are inconsistent due to lack of time, self-care activities not seen as a priority, lack of understanding about the effects of unmanaged personal stress on care delivery quality, and curricula omission of the importance of their own self-care; and

WHEREAS, levels of heightened stress that extend beyond the educational setting have a correlation with nursing errors that affect patient safety; and

WHEREAS, high levels of stress and anxiety can decrease nursing performance, the ability to learn, and can strain the relationship between student and faculty. Therefore, the importance of the nursing student and faculty relationship is imperative to alleviating nursing student stressors; and

WHEREAS, there is a correlation between high stress levels and impaired emotional coping mechanisms, as well as the benefits of programs helping to educate about and improve nursing students' emotional capabilities; and

WHEREAS, in one study, of the 84% of nursing students who passed their nursing program's courses, 91% participated in extracurricular activities, showing that there is a high correlation of success that is tied with nursing students participating in extracurricular activities; and

WHEREAS, research conducted by Yearwood and Riley, based on self-care while in nursing school, concluded that student reflections confirmed an awareness of the need for care of self to be safe and effective practitioners. Students applied healthy behaviors and prevention methods with deliberate efforts to care for self with strategies such as exercise, meditation, and time alone; and

WHEREAS, nursing students that do not adapt to positive coping mechanisms present greater occurrences of maladaptive coping behaviors such as isolation from others, disregarding stress, depression, anxiety, and drinking alcohol; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) support faculty actively encouraging student involvement in self-care activities being incorporated into nursing curricula, as well as continuing to encourage nurse educators to be involved in incorporating self-care classes into nursing curricula; and be it further

RESOLVED, that the NSNA support education on the importance of self-care of nursing students and the impact being a healthy nursing student has on school performance and patient care; and be it further

RESOLVED, that the NSNA support nursing school curricula in educating students and faculty on the difference between "eustress" and "distress", provoking factors, and how to capitalize on eustress; and be it further



RESOLVED, that the NSNA encourage constituents to conduct research on the correlation between nursing students who are involved in extracurricular activities, and their levels of success in their respective academic programs; and be it further,

RESOLVED, that the NSNA encourage faculty and staff to be educated about and aware of student stress so that they can support student growth and development through student involvement in extracurricular activities; and be it further

RESOLVED, that the NSNA advocate for nursing faculty, staff, and administration promotion of student extracurricular and/or co-curricular activities related to self-care, by integrating student involvement programs and opportunities that center around developing the students in a holistic manner that includes focusing on the intellectual, social, spiritual, occupational, emotional, physical, and environmental dimension of a student; and be it further

RESOLVED, that the NSNA encourage support programs and coping strategies to promote the psychosocial well-being of the students, thus improving the patient's quality of care, which is the nurse's highest priority; 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 Health Resources and Services Administration, the American Psychiatric Nurses Association, the National Council of State Boards of Nursing, and all others deemed appropriate by the NSNA Board of Directors.

**TOPIC: IN SUPPORT OF INCREASED EDUCATION RELATED TO TIME MANAGEMENT IN THE CLINICAL SETTING**

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

WHEREAS, time management is the ability to appropriately use resources to ensure time is invested to achieve high-priority goals; and

WHEREAS, time management skills can help reduce the nurse's level of stress due to a close relationship between time management and stress management; and

WHEREAS, time management is considered to be the basis of nursing success; and

WHEREAS, research demonstrates that effective use of time increases balance between work and personal life for nursing students; and

WHEREAS, after time management educational programs were put in place, the effectiveness of time management skills for nurses increased from 82% to 95%; and

WHEREAS, the National Institute for Occupational Safety and Health (NIOSH) reports that health care workers have increased job stress and anxiety compared to other professionals, leading to increased rates of substance abuse and suicide; and

WHEREAS, NIOSH further reports that increased job stress is due to job demands, excessive work load, time pressure, and poor organization climate; and

WHEREAS, job satisfaction can be increased through improvement of time management abilities and reduction of stress; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) encourage the development of nursing curricula to include education and goal oriented activities on time management in the clinical setting and incorporate evidence-based nursing curricula related to this topic; and be it further

RESOLVED, that the NSNA address the implementation of education on time management in a clinical setting in articles published in *Imprint* and at focus sessions at the midyear 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 Accreditation Commission for Education in Nursing, the National Council of State Boards of Nursing, the American Organization of Nurse Executives, the U.S. Department of Education, the American Association of Managed Care Nurses, and all others deemed appropriate by the NSNA Board of Directors.

**TOPIC: IN SUPPORT OF INCREASED SPINAL MUSCULAR ATROPHY AWARENESS AND EDUCATION**

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

WHEREAS, Spinal Muscular Atrophy (SMA) is a genetic neuromuscular disease caused by a defect in the survival motor neuron 1 (SMN1) gene that is responsible for encoding the SMA protein (which is essential for muscular strength and contraction); and

WHEREAS, complications include inability to clear airway secretions leading to aspiration, difficulty eating, difficulty breathing during sleep, respiratory infections, contracture of muscles and tendons, scoliosis, and hip dislocations; and

WHEREAS, SMA is the number one inherited killer among infants and toddlers and there is no known cure; and

WHEREAS, 1 in 50 people are unknowingly carriers of the disease and have a 25% chance that their offspring will inherit the disease with each pregnancy; and

WHEREAS, SMA affects all racial and ethnic groups with a carrier risk of 1 in 47 among Caucasians, 1 in 52 Asian Indians, 1 in 59 Asians, 1 in 67 Ashkenazi Jews, 1 in 72 African Americans, and 1 in 68 Hispanics; and

WHEREAS, 1 in 6,000 to 1 in 10,000 children are born with SMA with an estimated number of 10,000-25,000 total patients in the United States; and

WHEREAS, since 1996 the Families of Spinal Muscular Atrophy has recognized August as SMA awareness month; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) recognize the month of August as Spinal Muscular Atrophy (SMA) Awareness Month and use this time frame to raise awareness among its constituents by publishing articles about SMA on the NSNA website during the month of August, if feasible; 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 SMA, 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 Council of State Boards of Nursing, the National Organization for Associate Degree Nursing, and to organizations that promote Spinal Muscular Atrophy awareness such as the Gwendolyn Strong Foundation, the SMA Foundation, Families of SMA, the Claire Altman Heine Foundation, Fight SMA, the Jacob Isaac Rappoport Foundation, and all others deemed appropriate by the NSNA Board of Directors.

**TOPIC: IN SUPPORT OF INCREASED AWARENESS ABOUT EARLY DETECTION LUNG CANCER SCREENINGS FOR AT-RISK PATIENTS**

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

WHEREAS, “Lung cancer remains the leading cause of cancer mortality, accounting for almost 27% of all cancer-related deaths, which totals approximately 159,260 deaths per year” (Doerfler-Evans, 2014, para. 4); and

WHEREAS, “The majority of lung cancer cases are detected at an advanced stage when surgical resection is no longer an option” (Lehto, 2014, pg. 338); and

WHEREAS, “Lung cancer is typically not diagnosed until it is stage III or IV and the chances of survival are 8% and 2% respectively” (The American Cancer Society, 2014,

WHEREAS, the American Cancer Society considers people at risk for lung cancer if they meet all of the following criteria: are 55 years of age and older, are in fairly good health, have at least a 30 pack-year smoking history, and are either still smoking or have quit smoking within the last 15 years; and

WHEREAS, checking high-risk smokers, compared to no screenings, can lower a person’s risk of dying of lung cancer by 20%, and thereby decreasing the number of deaths by 18,000; and

WHEREAS, low dose Computer tomography (CT) scans are currently being used to detect early stage lung cancer nodules; however, they are not routinely used and are not required for those who are at a high risk of developing lung cancer; and

WHEREAS, patient education material that explains various procedures is usually, more often than not, unavailable to patients, which could mean they are unable to make informed decisions about testing; therefore be it

RESOLVED, that the National Student Nurses’ Association (NSNA) increase awareness of the need for further research regarding the usage of not only CT scans and X-rays, but the possibility of other methods for early detection screenings for those patients who are at high risk for lung cancer; and be it further

RESOLVED, that the NSNA publish articles in *Imprint* about the need for further research regarding early detection of lung cancer, if feasible; and be it further

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

RESOLVED, that the NSNA provide workshops on the topic of early detection of lung cancer 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 Cancer Society, the American Lung Association, the Lung Cancer Foundation of America, the U.S. Department of Health and Human Services, and all others deemed appropriate by the NSNA Board of Directors.

**TOPIC: IN SUPPORT OF ASSESSMENT AND CLIENT CONTACT TO RECOGNIZE BIAS AGAINST MENTAL ILLNESS**

**SUBMITTED BY: Oakland Community College Student Nurses' Association, Waterford, MI**

WHEREAS, in 2010 the National Student Nurses' Association (NSNA) House of Delegates adopted a resolution, "In support of increasing awareness of mental healthcare treatment outcomes"; and

WHEREAS, among U.S. adults, 25% have a mental illness and nearly 50% are estimated to develop one; and

WHEREAS, approximately 13 – 20% of children experience a mental illness, which ultimately shortens life expectancy by 25 years; and

WHEREAS, nurses are often the first-line medical personnel to treat mental illness; and

WHEREAS, nurses and nursing students may demonstrate unconscious bias that if unrecognized and unmanaged, can lead to health disparities for persons with mental illness. Unconscious bias coupled with a lack of meaningful contact with a functional person experiencing mental illness perpetuates this bias; and

WHEREAS, persons with mental illness suffer documented healthcare disparities. Unconscious bias leads to "diagnostic overshadowing" where physical illness symptoms are attributed to mental illness rather than physical; and

WHEREAS, interpersonal contact with affected clients promotes positive attitudes towards patients; and

WHEREAS, eradication of bias and stigma require self-assessment and direct experience with a functional client with a mental illness. Neither are required education curricula; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) encourage self-assessment and direct contact with optimally functional persons with a mental illness as important components of nursing school curricula; and be it further

RESOLVED, that the NSNA encourage its constituents to support continued research regarding this topic to accomplish two goals: to give future nurses the ability to recognize their own biases, and to ensure these biases do not affect patient care; and be it further

RESOLVED, that the NSNA provide education regarding this topic at the MidYear and Annual Conventions, if feasible; and be it further,

RESOLVED, that the NSNA publish an informative article regarding 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 Psychiatric Nurses Association, the American Association of Colleges of Nursing, the National Council of State Boards of Nursing, the National Organization for Associate Degree Nursing, the National Alliance on Mental Illness, and to any other entities deemed appropriate by the NSNA Board of Directors.

**TOPIC: IN SUPPORT OF IMPROVING THE GUIDANCE FOR FUTURE AND NEWLY GRADUATED NURSES ENTERING THE PROFESSION**

**SUBMITTED BY: NSNA Board of Directors 2014-2015; Grand Valley State University Student Nurses' Association, Allendale, MI**

WHEREAS, this resolution re-affirms the importance of the 2008 NSNA resolution titled "In support of national standardized curricula for nurse residency programs"; and

WHEREAS, preceptor-based orientation for new graduate nurses increases program satisfaction and retention and reduces turnover rates and cost; and

WHEREAS, institutions may initially look to education as a source for budget cuts; leaders should consider thorough, structured orientation programs with adequately prepared preceptors; and

WHEREAS, an understanding of learning and motivation styles is considered essential for those in teaching and precepting positions; and

WHEREAS, more than 2,200 new nurses were assessed using the Performance-Based Development System (PBDS). This tool evaluates critical thinking, interpersonal, and technical competences for nurses; 70% of them were not meeting entry-level expectations; and

WHEREAS, a study was done using the Halfer-Graf Job/Work Environment Nursing Satisfaction Survey to measure job satisfaction with nurses who have completed the Interactive Nurse Residency program. The study showed that after completion of a one-year residency program, nurses had an improved perception about their ability to identify resources, perform their job, understand performance expectations, and manage the demands of the job effectively; and

WHEREAS, in 2011, the Institute of Medicine recommended that "state boards of nursing, accrediting bodies, the federal government, and health care organizations should take actions to support nurses' completion of a transition-to-practice program (nurse residency) after they have completed a pre-licensure or advanced practice degree program or when they are transitioning into new clinical practice areas" (Institute of Medicine, 2011, p. 35); therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) support increasing research and encourage its constituents to advocate for the implementation of national guidelines for pre- and post licensureship, as well as advocating for improvements in nurse externships and nurse residency programs; and be it further

RESOLVED, that the NSNA publish an article in *Imprint* to support the need for guidance for graduate nurses, if feasible; and be it further

RESOLVED, that the NSNA provide information regarding the topic on the NSNA website, if feasible; and be it further

RESOLVED, that the NSNA promote break-out sessions and poster presentations regarding this topic at local, state and national meetings, 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 Council of State Boards of Nursing, the Association for Nursing Professional Development, the American Association of Colleges of Nursing, the National Organization for

Associate Degree Nursing, the Graduate Nursing Student Academy, and all others deemed appropriate by the NSNA Board of Directors.

**TOPIC: IN SUPPORT OF INCREASED RESEARCH AND AWARENESS OF THE CURRENT HEALTH CONCERNS RELATED TO E-CIGARETTES**

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

WHEREAS, in 2014 and 2012 the National Student Nurses' Association (NSNA) House of Delegates adopted resolutions "Increasing awareness and education about the benefits of being smoke and tobacco free" and "In support of increased awareness and education of the detrimental effects of waterpipe/hookah smoking"; and

WHEREAS, electronic cigarettes, also known as e-cigarettes or electronic nicotine delivery devices, mimic traditional cigarettes but vary in that they are comprised of three parts: a component resembling a filter, a vaporizing device, and a battery; and

WHEREAS, manufacturing has grown into a 3 billion dollar enterprise including 466 brands and nearly 8000 attractive flavors, and sales are forecast to increase 17-fold by 2030; and

WHEREAS, there is no regulation or government oversight of e-cigarette production, including by the Food and Drug Administration (FDA); and

WHEREAS, the FDA analysis of a sampling of electronic cigarette cartridges found chemicals that are known carcinogens, such as nitrosamines and diethylene glycol, a chemical used in antifreeze; and

WHEREAS, e-cigarettes have been advertised as a safe alternative to smoking including as a smoking cessation product; however, current research does not support their effectiveness; and

WHEREAS, inhaled e-cigarette particles are smaller than those of traditional cigarette particles and about 40% of these particles can become lodged in the alveoli and impair gas exchange; and

WHEREAS, calls to poison centers concerning e-cigarette exposure have risen from 0.3% in September 2010 to 41.7% in February 2014; and

WHEREAS, the percentage of high school students who reported ever using an e-cigarette rose from 4.7% in 2011 to 10.0% in 2012, and the number of adult smokers who have tried an e-cigarette rose from 10% in 2010 to 21% in 2011; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) encourage its constituents to advocate for further research into the health implications of e-cigarette use; 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 Association of Nurse Practitioners, the National Organization for Associate Degree Nursing, the Centers for Disease Control and Prevention, the American Medical Association, the United States Food and Drug Administration, the American Lung Association, the American Cancer Association, the Institute for Healthcare Improvement, and all others deemed appropriate by the NSNA Board of Directors.



**TOPIC: IN SUPPORT OF RAISING NURSING AWARENESS AND EDUCATION ABOUT COMPLEX REGIONAL PAIN SYNDROME (CRPS)**

**SUBMITTED BY: Michigan Nursing Student Association**

WHEREAS, Complex Regional Pain Syndrome (CRPS) is a disabling and very painful syndrome that usually presents in a limb after an injury such as a sprain, fracture, or after surgery; and

WHEREAS, the limb affected can have several changes including sensory, motor, autonomic and trophic changes such as swelling, muscle spasms, sweating, skin coloring changes, and even a difference in temperature of the limb; and

WHEREAS, receiving treatment in a timely manner is essential for the patient with CRPS and there is a three-month window in which treatment needs to be initiated for positive outcomes. If the window is missed, the patient may never recover and can have unrelenting problems; and

WHEREAS, “With a population of 300 million, the United States may have between 150,000 and 250,000 people suffering with CRPS. The prevalence of registered patients may underestimate the true prevalence of CRPS by 50%” (Moskovitz, 2010, para. 3); and

WHEREAS, due to the variance in symptoms and the complexity of CRPS, diagnosis can only be made in a period when the patient is symptomatic, thus misdiagnosis is extremely common; and

WHEREAS, the best approach for treatment of CRPS is multidisciplinary, with the role of the nurse to advocate for the patient and to be a liaison with every member of the team; and

WHEREAS, nurses are essential in supporting patients with this debilitating condition along with early diagnosis and referrals to appropriate healthcare professionals to manage the condition; and

WHEREAS, minimal information exists in the nursing literature to inform and teach nurses how to care for patients with CRPS, especially for patients who are undergoing surgery or other treatments for the condition; therefore be it

RESOLVED, that the National Student Nurses’ Association (NSNA) encourage its constituents to collaborate with health and nursing related organizations to increase awareness and education about CRPS; and be it further

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

RESOLVED, that the NSNA encourage its constituents to advocate for more research and education so that nursing students and healthcare professionals can become educated and aware of CRPS; and be it further

RESOLVED, that the NSNA encourage constituents to be educated on CRPS to ensure that they will be strong advocates and will know how to care for their patients suffering with CRPS; and be it further

RESOLVED, that the NSNA encourage its constituents to recognize November as the National CRPS Awareness month as a time to promote and educate the community on CRPS; and be it further

RESOLVED, that the NSNA send a copy of this resolution to the National League for Nursing, the National Organization for Associate Degree Nursing, the American Nurses

Association, the American Association of Colleges of Nursing, the American Society for Pain Management Nursing, the American Chronic Pain Association, the American RSD Hope Organization, the Reflex Sympathetic Dystrophy Syndrome Association, the International Research Foundation for RSD/CRPS, the American Pain Society, the American Academy of Pain Medicine, the American Academy of Pain Management, the Society for Pain Practice Management, the American Medical Association, the International Association of Clinical Research Nurses, and all others deemed appropriate by the NSNA Board of Directors.

**TOPIC: IN SUPPORT OF MENTAL HEALTH FIRST AID TRAINING FOR EMERGENCY SERVICE PERSONNEL**

**SUBMITTED BY: Eleanor Mann School of Nursing, University of Arkansas, Fayetteville, AR**

WHEREAS, in 2010 the National Student Nurses' Association (NSNA) House of Delegates adopted a resolution in support of improving mental healthcare treatment outcomes; and

WHEREAS, emergency service personnel require skills that are needed to provide support for those with mental disorders in an acute setting and a basic understanding to be able to recognize, manage, and prevent potential harm to self or others by the mental health patient; and

WHEREAS, Mental Health First Aid (MHFA) is a training program that teaches personnel how to help those either developing a mental illness or in the midst of a crisis situation; and

WHEREAS, MHFA is valuable to emergency service personnel because it teaches ways to preserve life, prevent danger, reduce stressful situations, promote positive wellbeing, evidence-based treatments for anxiety, depression, psychosis, and substance abuse disorders and reduced stereotyping of those with a mental disorder; and

WHEREAS, the course aids emergency service personnel in deescalating situations where potential harm could occur, such as a panic attack, drug overdose, or suicide; and

WHEREAS, MHFA training can make personnel feel more confident when crisis situations occur and helps to reduce social distance and stigmatizing attitudes from those in the community; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) increase support of Mental Health First Aid (MHFA) training for emergency service personnel by advertising MHFA certification and training courses on the NSNA website, if feasible; and be it further

RESOLVED, that the NSNA encourage its constituents to include MHFA training courses in nursing programs; and be it further

RESOLVED, that the NSNA send the National Governors Association information about starting a MHFA course certification program and providing them a link to the MHFA website; and be it further

RESOLVED, that the NSNA send a copy of this resolution to the Emergency Nurses Association, the International Association of Firefighters, the National Association of Police Organizations, the National Association of Emergency Medical Technicians, the First Responders Group through the Department of Homeland Security, the American Nurses Association, the National Council of State Boards of Nursing, the National League for Nursing, the National Organization for Associate Degree Nursing, the American Association of Colleges of Nursing, and all others deemed appropriate by the NSNA Board of Directors.

**TOPIC: IN SUPPORT OF INTEGRATION OF HIGH FIDELITY SIMULATORS  
IN CONTINUING EDUCATION FOR PATIENT SAFETY**

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

WHEREAS, in 2007 and 2012, the National Student Nurses' Association (NSNA) House of Delegates adopted resolutions "In support of the integration of human patient simulator technology in nursing curricula" and "Seek to increase awareness of the clinical and educational benefits of high-fidelity simulations to pre-licensure nursing students"; and

WHEREAS, a recent evidence-based study estimated that 400,000 Americans die each year due to medical errors, making it the third leading cause of death in the United States; and

WHEREAS, according to the Inspector General for Health and Human Services, in 2010, 180,000 Medicare patients died as a result of bad hospital care; and

WHEREAS, continuing education is essential in the improvement of health care professionals' knowledge and skills, thus improving patient outcomes and minimizing error; and

WHEREAS, high fidelity simulators are life-like mannequins with realistic features (blinking eyes, lung sounds, palpable pulses, etc.) and procedural features that respond to student interventions; and

WHEREAS, high fidelity simulators immerse the learner in reality-based scenarios that provide feedback based on their specific interventions taken; and

WHEREAS, as part of continuing education, the use of simulators implements new tools and procedures while testing students' situation-based knowledge and encouraging teamwork; and

WHEREAS, the use of simulation allows students to apply the knowledge they have learned in class into practice while gaining new knowledge based on their experience; and

WHEREAS, with the use of high fidelity simulators and real patient scenarios, there are many elements of patient safety that can be addressed, such as preventing medication errors, use of effective communication and the significance of teamwork; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) support the integration of high fidelity simulators in continuing education for patient safety; and be it further

RESOLVED, that the NSNA promote awareness via *Imprint* and electronic sources (website/email) and elsewhere as seen fit, 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 Council for Continuing Education and Training, the National Council of State Boards of Nursing, and all others deemed appropriate by the NSNA Board of Directors.

**TOPIC: IN SUPPORT OF INCREASED NURSING EDUCATION REGARDING THE SIGNS AND SYMPTOMS OF LYME DISEASE**

**SUBMITTED BY: Villanova University Student Nurses Association, Villanova, PA**

WHEREAS, the most common vector-borne illness in the United States is Lyme disease, which is a multi-system, multi-stage inflammatory disease caused by an infectious microbe that is transmitted to people by blood-sucking arthropods; and

WHEREAS, Lyme disease has a better prognosis when recognized and treated at an early stage; and

WHEREAS, “The number of cases [of Lyme disease] reported annually are 30,000, but the actual number of annual cases may be as high as 300,000” (Shapiro, 2014, para. 3); and

WHEREAS, the Infectious Diseases Society of America (IDSA) guidelines require a positive blood test to confirm the presence of Lyme, but “lab tests so rarely deliver the right diagnosis” (Johnson, 2014, p.3), thus preventing patients from receiving treatment; and

WHEREAS, if Lyme Disease is left untreated, it can result in serious adverse sequelae affecting the skin, nervous system, joints and heart while some patients suffer prolonged neurocognitive and somatic symptoms after treatment for Lyme disease; and

WHEREAS, “Patients treated with appropriate antibiotics in the early stages of Lyme disease usually recover rapidly and completely; however, 10-20% of patients who were diagnosed later have persistent or recurrent symptoms” (Centers for Disease Control and Prevention, para. 1); and

WHEREAS, the diagnosis and treatment of Lyme disease is controversial within the medical community, especially since there is no standard protocol that is effective for all patients; therefore be it

RESOLVED, that the National Student Nurses’ Association (NSNA) advocate for further research regarding the diagnosis and treatment of Lyme disease; and be it further

RESOLVED, that the NSNA publish articles in *Imprint* about the need for further research regarding the diagnosis and treatment of Lyme disease, if feasible; and be it further

RESOLVED, that the NSNA encourage its constituents to hold meetings or forums on the diagnosis and treatment of Lyme disease topic; and be it further

RESOLVED, that the NSNA provide workshops on the topic of diagnosing and treating Lyme disease at the Annual Convention, if feasible; and be it further

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

**TOPIC: INCREASING NURSING STUDENTS' AWARENESS OF THE NURSE NAVIGATOR'S ROLE ALONG THE CONTINUUM OF CANCER CARE**

**SUBMITTED BY: New Jersey Nursing Students, Inc.**

WHEREAS, in 2012 and 2013, the National Student Nurses' Association (NSNA) House of Delegates adopted resolutions that increased cancer awareness; and

WHEREAS, the focus of cancer care, which incorporates prevention, detection, and treatment, is continually shifting from acute and palliative care, to ongoing, chronic care; and

WHEREAS, the continuum of cancer care ranges from prevention to end of life, including survivorship; and

WHEREAS, since the 1990s, nurse navigators have increased continuity of care and care coordination for patients with cancer, and improved the rates of follow-up screenings, particularly in underprivileged communities; and

WHEREAS, nurse navigators are in a position to improve the individual experience of care, improve the health of populations, and reduce the per capita costs of care for populations; and

WHEREAS, care coordination is the basis for providing quality, affordable health services. Uncoordinated care may account for increased drug, medical, Medicare, and/or Medicaid costs for patients compared with those who received care coordination. Care coordination can reduce costs in both the private and public sectors by several billion dollars; and

WHEREAS, underprivileged, uninsured, socio-economically disadvantaged, minority, and low-income patients are less likely to receive cancer treatment than white, high-income, insured patients. The role of the nurse navigator is to bridge these barriers to care in order to optimize results by detecting cancer earlier and thereby decreasing the exorbitant expense of treating patients with late-stage cancer; and

WHEREAS, through education, advocacy, and support, nurse navigators maximize patients' participation in, and comprehension of, their care and facilitate access to community resources, thereby removing barriers to care, and increasing quality, cost effectiveness, and compliance; and

WHEREAS, the field and scope of the nurse navigator is still undefined. This role is currently undertaken by a variety of individuals, including nurses, social workers, and laypeople; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) support nursing students' increased awareness of the role of the nurse navigator along the continuum of cancer care; and be it further

RESOLVED, that the NSNA encourage its constituents to assist in defining the role of the nurse navigator in order to standardize programs, certification, training, evaluation, job description, and reimbursement; and be it further

RESOLVED, that the NSNA publish an *Imprint* article on nurse navigators to increase awareness of the role of the nurse navigator and create a factsheet on this topic, if feasible; and be it further

RESOLVED, that the NSNA encourage its constituents to promote awareness of the role of the nurse navigator by collaborating with nursing professionals to increase evidence-based research of the nurse navigator and by providing informative

RESOLVED,

focus sessions at the MidYear Conference and Annual Convention, if feasible;  
and be it further

that the NSNA send a copy of this resolution to the American Nurses Association, the National League for Nursing, the National Association of School Nurses, the Academy of Oncology Nurse Navigators, the National Association of Clinical Nurse Specialists, the American Academy of Nurse Practitioners, the Emergency Nurses Association, the Academy of Medical-Surgical Nurses, the American Cancer Society Research Department, 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 AND EDUCATION FOR PRE-EXPOSURE PROPHYLAXIS FOR THE PREVENTION OF HIV INFECTION**

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

WHEREAS, an estimated 78 million have been diagnosed with Human immunodeficiency virus (HIV), while 39 million have died from HIV; and

WHEREAS, in 2013, the United States diagnosed 9,000 young citizens, between the ages of 13 and 24, with HIV; and

WHEREAS, pre-exposure prophylaxis medication (PrEP) helps prevent individuals from developing infection in those who are at substantial risk of contracting HIV; and

WHEREAS, PrEP is an oral medication taken daily with a fixed dose consisting of tenofovir disoproxil fumarate (TDF) 300 mg and emtricitabin (FTC) 200 mg. Research indicates that the medication is safe and effective in reducing the risk of contracting sexually transmitting HIV; and

WHEREAS, PrEP has reduced the overall risk of HIV transmission by 92%, when the medication is taken consistently, thereby reducing the risk of mortality and morbidity; and

WHEREAS, research indicates that 58% of the high-risk population would take PrEP if their partner is HIV-positive; and

WHEREAS, increasing PrEP knowledge among health care providers and the high-risk population is essential in providing awareness, access and prescriptions; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) demonstrate its ongoing commitment to increase the awareness of HIV and encourage its constituents to advocate for the education about the inclusion of PrEP as a pre-exposure prophylaxis to prevent HIV infection among other current existing methods for HIV risk reduction, if feasible; and be it further

RESOLVED, that the NSNA publish an article in *Imprint* on the use of PrEP to prevent HIV infection and bring awareness to the advancements in pre-exposure prophylaxis medication for HIV prevention, 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 National Federation of Nurses, the American Hospital Association, the American Public Health Association, the American Association of Nurse Practitioners, the U.S. Department of Education, the Institute for Healthcare Improvement, the American Organization of Nurse Executives, The Joint Commission, the National Institute of Health, the Centers for Disease Control and Prevention, and all others deemed appropriate by the NSNA Board of Directors.



**TOPIC: IN SUPPORT OF EDUCATION ON THE BENEFITS AND USE OF DONOR HUMAN MILK**

**SUBMITTED BY: Clemson University Student Nurses' Association Executive Board, Clemson, SC**

WHEREAS, it is evident that human breast milk has increased benefits, when compared with formula feeding, such as higher developmental index scores, decreased re-hospitalization rates, and decreased incidence of Necrotizing Enterocolitis (NEC); and

WHEREAS, it is recommended that infants receive an exclusive human milk diet from birth to six months by the American Academy of Pediatrics and other reputable organizations; and

WHEREAS, while breastfeeding is highly recommended for most infants, breastfeeding is contraindicated for mothers with diseases such as HIV or illicit drug use; and

WHEREAS, according to a study of 243 preterm infant mothers, only one-fourth provided enough breast milk to meet their infants' needs; and

WHEREAS, stress and a lack of support can contribute to low milk volumes; thus, many NICUs have partnered with milk banks to obtain donor human milk for feeding preterm infants when a mother cannot; and

WHEREAS, research shows donor human milk (DHM) benefits critically ill infants who are unable to receive their mother's own milk by providing the protection of natural immunity only found in human breast milk; and

WHEREAS, donor human milk is breast milk voluntarily donated by women who are unrelated to the recipient infant; women are required to be in good health and undergo testing for HIV, Hepatitis B and C, and syphilis, and must first produce enough milk for their own infant if they are currently breastfeeding; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) support education to increase knowledge of the benefits and use of donor human milk; and be it further

RESOLVED, that the NSNA encourage incorporation of the topic donor human milk into current educational courses and encourage nursing programs to teach about Donor Human Milk and breastfeeding to both students and practicing health professionals; and be it further

RESOLVED, that the NSNA publish an article in *Imprint* magazine about donor human milk and continue to offer workshops at annual conventions about human milk and breastfeeding, if feasible; and be it further

RESOLVED, that the NSNA support continued research on the benefits of donor human milk; 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 U.S. Department of Health and Human Services, the Accreditation Commission for Education in Nursing, the National Council of State Boards of Nursing, the National Association of Neonatal Nurses, the Association of Women's Health, Obstetric and Neonatal Nurses, the Human Milk Banking Association of North

America, La Leche League International, and all others deemed appropriate by the NSNA Board of Directors.

**TOPIC: IN SUPPORT OF INCREASED PATIENT EDUCATION AND ROLE MODELING TO DECREASE CARDIOVASCULAR DISEASE IN ADULTS**

**SUBMITTED BY: University of Arkansas at Monticello, Monticello, AR**

WHEREAS, the 2004, 2012, 2013, and 2014 National Student Nurses' Association (NSNA) House of Delegates adopted resolutions in support of education on nutrition awareness; women's personal risk of cardiovascular disease; management of hypertension in adults; implementing holistic health programs for improvement of nursing students' healthy lifestyles; nursing students' participation in educating low income children on the importance of healthy eating; and legislation aimed at increasing education on the consequences of a high-calorie, high-fat diet; and

WHEREAS, the majority of adults in the United States currently have at least one risk factor for cardiovascular disease (CVD), the leading cause of morbidity and mortality worldwide, such as diabetes, overweight/obesity, hypertension, smoking, and elevated low-density lipoprotein-C (LDL-C). The number of risk factors increases with age; and

WHEREAS, the American Heart Association (AHA) encourages a healthy lifestyle that includes regular physical activity and exercise, a nutrient-rich, heart-healthy diet, and smoking cessation for the prevention and treatment of CVD; and

WHEREAS, two of the goals of the American College of Cardiology (ACC) and the AHA are to prevent CVD and improve the management of people who have CVD. Recommended lifestyle strategies for persons between 18-65 years of age include engaging in moderate physical activity for at least 30 minutes 5 times a week, and vigorous activity for 20 minutes at least 3 days per week; consuming a heart healthy diet; stopping smoking; and losing weight, if indicated, and

WHEREAS, nurses and nursing students, as frontline health care providers, play central roles in patient education that may lead to improved lifestyle strategies. During patient interaction, nurses and nursing students have the opportunity to encourage initiation of improved lifestyle strategies; and

WHEREAS, nurses and nursing students can be patient role models to increase compliance with healthy lifestyle strategies; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA), through individual students' patient encounters and presentations at health fairs and other public events, create public awareness of the importance of regular physical activity, heart healthy diet, and the benefits of smoking cessation for the prevention of CVD as recommended; and be it further

RESOLVED, that the NSNA publish in the *Imprint* magazine a research report of 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, Sigma Theta Tau International, the American Association of Heart Failure Nurses, the American College of Cardiology, the American Heart Association, the American Nurses Association, the American Public Health Association, the Centers for Disease Control and Prevention, the National Association for Public Health, the National Association of Public Hospitals and Health Systems, the

National Association of Rural Health Clinics, the National Heart, Lung, and Blood Institute, the Women's Heart Foundation, the World Health Organization, the Office of Disease Prevention and Health Promotion, and all others deemed appropriate by the NSNA Board of Directors.

**TOPIC: INCREASED AWARENESS OF COMMUNITY IMMUNITY THROUGH EDUCATION AND PROMOTION OF SCHOOL-LOCATED INFLUENZA VACCINATION PROGRAMS**

**SUBMITTED BY: University of Florida Nursing Student Association, Gainesville, FL**

WHEREAS, seasonal influenza (the flu) is an easily spread acute viral infection, causing strain on our healthcare system as well as serious illness, hospitalizations, economic impacts, and mortality in high-risk groups; and

WHEREAS, the most effective way to prevent influenza is through repeated annual vaccinations; however, only 46.2% of Americans receive annual flu vaccinations; and

WHEREAS, pediatric populations are contagious with influenza for weeks longer than adults, making them a critical “super spreader” population in a community; and

WHEREAS, due to high rates of exposure to and transmission of viruses, schools are virus exchange systems; and

WHEREAS, school-located influenza vaccination (SLIV) programs have successfully increased community immunity against influenza, preventing influenza infection and its sequelae and costs in Maryland, Tennessee, Texas, Wisconsin, California, and Florida; and

WHEREAS, nursing students can collaborate with local schools, school nurses, and health departments to establish SLIV programs; therefore be it

RESOLVED, that the National Student Nurses’ Association (NSNA) encourage its constituents to collaborate with area schools, school nurses, and health departments to promote community immunity through establishing school-located influenza vaccination (SLIV) programs; and be it further

RESOLVED, that the NSNA advocate for nursing curricula to include instruction on SLIV programs and community immunity; and be it further

RESOLVED, that the NSNA publish an informative article or fact sheet 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, the National Council of State Boards of Nursing, the National Organization for Associate Degree Nursing, the National Association of School Nurses, the Association of Public Health Nurses, the Association of Community Health Nursing Educators, the Centers for Disease Control and Prevention, the American Academy of Pediatrics, the American Public Health Association, the National Association of County and City Health officials, the National Association of Pediatric Nurse Practitioners, the United States Public Health Service, the American School Health Association, and all others deemed appropriate by the NSNA Board of Directors.

**TOPIC: IN SUPPORT OF INCREASING HAND HYGIENE COMPLIANCE AMONG HEALTHCARE WORKERS THROUGH PATIENT PARTICIPATION**

**SUBMITTED BY: Widener University Student Nurses' Association, Chester, PA**

WHEREAS, in 2004 and 2011, the National Student Nurses' Association (NSNA) House of Delegates adopted resolutions showing the importance of hand hygiene compliance by healthcare workers and patients to reduce disease spread; and

WHEREAS, hand hygiene is known as the most important measure of preventing the transmission of infection; and

WHEREAS, pathogens responsible for hospital infections can be transmitted between patients by health care workers; and

WHEREAS, health care workers comply with hand hygiene practices less than 50% of the time; and

WHEREAS, the World Health Organization (WHO) World Alliance for Patient Safety has recommended increasing patient participation in hand hygiene compliance in order to improve health care; and

WHEREAS, including patients in monitoring hand hygiene improves hand hygiene compliance among healthcare workers; and

WHEREAS, inviting patients to remind healthcare workers about hand hygiene through supporting an 'It's OK to ask' attitude was shown to be the most useful hand hygiene intervention according to both patients and healthcare workers; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) encourage hand hygiene compliance among healthcare workers through promotion of patient participation in hand hygiene monitoring; and be it further

RESOLVED, that the NSNA encourage nurses and nursing students to inspire patients to ask health care workers if they washed their hands; 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 Nurses Association, the National League for Nursing, the American Association of Colleges of Nursing, the National Organization for Associate Degree Nursing, the Joint Commission, the Centers for Disease Control and Prevention, the Office of Disease Prevention and Health Promotion, the American Hospital Association, the Institute for Healthcare Improvement, and all others deemed appropriate by the NSNA Board of Directors.

**TOPIC: IN SUPPORT OF INTERPROFESSIONAL EDUCATION ADVANCEMENT**

**SUBMITTED BY: California State University- San Marcos, San Marcos, CA**

WHEREAS, in 2007, 2009 and 2013, the National Student Nurses' Association (NSNA) House of Delegates adopted resolutions "In Support of improving the nurse-physician relationship", "In support of interdisciplinary education" and "In support of the implementation of interdisciplinary collaborative rounds as standardized practice"; and

WHEREAS, a lack of interdisciplinary collaboration remains a significant challenge for healthcare executives, college deans, practicing nurses, physicians, and other healthcare professionals despite the Institute of Medicine's considerable research and efforts to support growth; and

WHEREAS, lack of interprofessional collaboration, such as poor communication or understanding among healthcare professionals, contributes to increased threats to patients' safety and well-being; and

WHEREAS, according to the World Health Organization, "Interprofessional education is a necessary step in preparing a 'collaborative practice ready' health workforce that is better ready to respond to local health needs" (World Health Organization, 2010, p. 7); and

WHEREAS, a recent pilot study found that 94% of patients who participated in a student-led interprofessional clinic believed they would experience fewer health problems in the future; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) support interprofessional opportunities to foster nursing leadership in interprofessional collaboration and education by providing education at its conventions, if feasible; and be it further

RESOLVED, that the NSNA publish an article about this topic in *Imprint* magazine, 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 National Coordinator of Health Information Technology, and all others deemed appropriate by the NSNA Board of Directors.

**TOPIC: IN SUPPORT OF INCREASING DIABETES PREVENTION EDUCATION IN ELEMENTARY SCHOOLS**

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

WHEREAS, diabetes is a health care epidemic that is increasing around the world; and  
WHEREAS, as of 2011, there are approximately “366 million people with diabetes and that number is expected to rise to 552 million by 2030 if current trends continue” (Whiting, Guariguata, Weil, & Shaw, 2011, pg. 311); and  
WHEREAS, diabetes continues to cause complex health issues and mortality throughout the lifespan; and  
WHEREAS, Type 2 diabetes is a preventable disease with effective prevention strategies that begin in childhood; and  
WHEREAS, an effective prevention strategy is education that is started among school age children that can give them the knowledge and tools to make needed lifestyle changes; and  
WHEREAS, Type 2 diabetes prevention programs implemented in elementary schools can help to reduce the numbers of at-risk children that develop full-scale Type 2 diabetes; and  
WHEREAS, educational programs have been implemented in other countries and have been proven to be successful in helping children and families modify their lifestyles and prevent diabetes; therefore be it  
RESOLVED, that the National Student Nurses’ Association (NSNA) encourage its constituents to support policies that increase Type 2 diabetes prevention education in elementary schools; and be it further  
RESOLVED, that the NSNA encourage nursing schools to implement student nurse-delivered Type 2 diabetes prevention education programs in elementary schools; and be it further  
RESOLVED, that the NSNA send a copy of this resolution to the American Diabetes Association, the Society of Pediatric Nurses, the National Association of Pediatric Nurse Practitioners, the American Association of Diabetic Educators, the American Association of Nurse Practitioners, the National Association of School Nurses, the Association of Public Health Nurses, the Association of Community Health Nursing Educators, the American Public Health Association, 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 United States Department of Education, and all others deemed appropriate by the NSNA Board of Directors.



**TOPIC: IN SUPPORT OF FOLIC ACID AWARENESS AND EDUCATION FOR ALL WOMEN OF CHILDBEARING AGE**

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

WHEREAS, some of the most common congenital malformations are Neural Tube Defects (NTDs) including spina bifida, anencephaly and encephalocele. These “represent a major public health problem in terms of mortality, morbidity, social cost and human suffering” (Barbour, 2011, p. 140) and greatly affect nursing in all communities; and

WHEREAS, according to current recommendations to prevent NTDs, starting before conception, all women should take a 400 mcg folic acid supplement daily until the 12th week of pregnancy; and

WHEREAS, according to the Centers for Disease Control and Prevention, if taken preconceptionally in sufficient amounts through dietary improvements and supplementation, folic acid can prevent up to 70% of NTDs; and

WHEREAS, the goal of preconception supplementation has been unsuccessful because more than 50% of pregnancies are unplanned; and

WHEREAS, folic acid fortification contributes to a daily intake of 100 to 150 mcg and, therefore, does not meet current recommendations for prenatal supplementation; and

WHEREAS, the Institute of Medicine states the safe upper limit for folate intake is 1,000 mcg daily. Exceeding this limit leads to a build-up of folic acid in the blood, however, health consequences of these higher levels are unknown; and

WHEREAS, targeting supplementation to women of childbearing age can help eliminate excess intake in the general population; and

WHEREAS, providers only ordered supplementation for approximately 7% of the 42% of non-pregnant women seeking care. Although dietary folic acid fortification has contributed to improvements, women of childbearing ages are still deficient; and

WHEREAS, folic acid is needed for normal neural tube development before a woman’s first missed period. Therefore, supplementation should be recommended for women regardless of pregnancy status; and

WHEREAS, according to researchers, 31% of women do not comply with current folic acid recommendations due to a lack of understanding of the severity of NTDs; 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 importance of folic acid for all women of childbearing age; and be it further

RESOLVED, that the NSNA publish an article on the topic of folic acid supplementation for all women of childbearing age in *Imprint*, if feasible; and be it further

RESOLVED, that the NSNA encourage the development of a focus session, including visuals of the consequences of folic acid deficiencies in unplanned pregnancies and the importance of obtaining 400 mcg of Folic Acid a day at the MidYear 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 National League for Nursing, the American Association of Colleges of Nursing, the National Organization for Associate Degree Nursing, the Association of Women's Health, Obstetrics, and Neonatal Nurses, the National Association of Pediatric Nurse Practitioners, the American Public Health Association, the National Association of Certified Professional Nurse Midwives, the National Association of Nurse Practitioners in Women's Health, the American College of Nurse Midwives, the National Association of Neonatal Nurses, the Association of Child Neurology Nurses, the National Association of School Nurses, Nursing Network on Violence Against Women International , and all others deemed appropriate by the NSNA Board of Directors.

**TOPIC: IN SUPPORT OF DEVELOPMENT OF UNDERGRADUATE NURSING PROGRAMS WITH A FOCUS ON GLOBAL HEALTH LEADERSHIP**

**SUBMITTED BY: The College of New Jersey, Ewing, NJ**

WHEREAS, the 2005, 2009, 2013, and 2014 National Student Nurses' Association (NSNA) House of Delegates adopted resolutions in support of the NSNA involvement in global health issues, including increased education about global health issues and health policy, as well as support for an increased number of study abroad opportunities for nursing students in order to gain cultural competence; and

WHEREAS, global health care is becoming a complex field that requires many skill sets including health care delivery, research, the knowledge of how health systems operate, policies that govern them, and all of the challenges that are associated with them; and

WHEREAS, nurses deliver 80 percent of healthcare worldwide; however, at important global health discussions at the World Health Organization, 90 percent of its professional staff are medical specialists and one percent are nursing specialists; and

WHEREAS, because of their close proximity to patients in hospitals, in their homes, and in their communities, nurses are knowledgeable about factors that impact people's health status and operations of the healthcare systems; and

WHEREAS, the International Council of Nurses reported that development of global health skills and confidence will allow 21<sup>st</sup> century nurses to influence global health policy; and

WHEREAS, investment in developing programs for leadership education and training of nurses specifically in global health policy is necessary before more nurses can contribute to important global health discussions; and

WHEREAS, offering programs with minors or concentrations in global health at the undergraduate level would allow nurses to become experts about healthcare delivery at a local, state, national, and international level early in their careers; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) encourage its constituents to develop or expand existing courses of study in global health, including leadership development and policy education; and be it further

RESOLVED, that the NSNA increase visibility of opportunities for its constituents to involve themselves in study abroad, international relief efforts, and conferences regarding global health through campus workshops, posting opportunities on the NSNA website and on social media, if feasible; and be it further

RESOLVED, that the NSNA encourage its constituents to learn about global health policy by publishing articles concerning the importance of nurses in global health policy in *Imprint*, and host educational programs at the annual and midyear conventions, 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 International Council of Nurses, the National Council of State Boards of Nursing, the American Nurses Association, Sigma Theta Tau International, the National League for Nursing, the American Public Health Association, Partners In Health, the National Organization for Associate Degree Nursing and all others deemed appropriate by the NSNA Board of Directors.

**TOPIC: IN SUPPORT OF MENTORING PROGRAMS TO IMPROVE NURSING STUDENTS' OVERALL WELLNESS**

**SUBMITTED BY: Valencia College Nursing Student Association, Orlando, FL**

WHEREAS, nursing students face numerous stressors from exams, grades, studying, and personal commitments, plus the added anxiety of new and challenging clinical experiences; and

WHEREAS, mentoring is a component that leads to successful nursing graduates; and

WHEREAS, mentoring can reduce anxiety, improve self-confidence, enhance critical thinking abilities, and promote increased academic knowledge while providing a supportive learning environment; and

WHEREAS, mentoring can empower the development of professional identity and improve the mentees ability to join the nursing workforce; and

WHEREAS, mentoring can also broaden the mentor's communication and leadership skills while making a difference for a fellow student(s); and

WHEREAS, faculty should provide mentors suitable support, resources, and encouragement to allow the mentor to give the assistance needed by the mentee; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) encourage the establishment of nursing student mentoring programs to increase academic knowledge, provide active listening, improve stress management and coping strategies, as well as refer students to additional resources as needed; and be it further

RESOLVED, that the NSNA publish an informative article in *Imprint* and on the NSNA website supporting the use of student mentoring programs to increase overall student wellness, promote academic knowledge, provide stress management strategies, and encourage students to identify signs justifying further emotional and/or mental support, if feasible; 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 National Council of State Boards of Nursing, the National Organization for Associate Degree Nursing, as well as any additional organizations deemed appropriate by the NSNA Board of Directors.

**TOPIC: IN SUPPORT OF NURSING ETHICS FOR THE 21<sup>ST</sup> CENTURY NATIONAL SUMMIT'S VISION FOR THE FUTURE OF NURSING ETHICS**

**SUBMITTED BY: Johns Hopkins University Student Nurses' Association, Baltimore, MD**

WHEREAS, the Nursing Ethics for the 21<sup>st</sup> Century National Summit identified strategic nursing ethics priorities and created a blueprint for the future of the nursing profession. Their visions include strategies and research agendas; and

WHEREAS, the vision's strategies are proposed to develop and sustain work environments that support ethical nursing practice and promote excellence in nursing ethics education; and

WHEREAS, nurses need to develop a research agenda that will lead to a culture of ethical practice in diverse settings that is evidence-based and measurable in terms of outcomes and pragmatic considerations; and

WHEREAS, nurses need to create an ethical health environment through development of resources, policies, outcomes, education, training, and research; and

WHEREAS, the ethical foundation of nursing builds on Florence Nightingale's tradition to instill fidelity, beneficence and veracity in nurses in all roles and specialties while the profession's modern values are articulated in the American Nurses Association (ANA) Code of Ethics; and

WHEREAS, nurses have a duty to advocate for patients and ensure safe, quality practice and must have knowledge, skills and competence to speak up and speak out about unsafe or unethical practices; and

WHEREAS, a 2014 Gallup poll on "U.S. views on honesty and ethical standards in professions" ranked nurses as the most honest and ethical professionals for 15 of the last 16 years (Riffkin, 2014, p. 2); and

WHEREAS, nursing students experience moral stressors in practice and need to develop moral resilience through education in ethics that includes skills, attitudes and knowledge to handle moral stressors; and

WHEREAS, "Ethics is a critical part of everyday nursing practice. Nurses in all roles and settings must have the knowledge, skills and tools to uphold their professional values. We pledge to work together to support and safeguard the professional values of nurses – and all health care professionals – and to strengthen a culture where they are able to practice ethically" (Johns Hopkins Berman Institute of Bioethics, 2015, para. 1); therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) encourage its constituents to make a personal commitment to ethical nursing practice by signing the pledge in support of the vision proposed by the Nursing Ethics for the 21st Century National Summit; and be it further

RESOLVED, that the NSNA publish an article in *Imprint* and on the NSNA website supporting the signing of the pledge proposed by the Nursing Ethics for the 21st Century National Summit, if feasible; and be it further

RESOLVED, that the NSNA place the pledge on the NSNA website for constituents to sign, if feasible; and be it further

RESOLVED, that the NSNA provide workshops during Mid-Year Conference and Annual Convention that focus on nursing ethics, how nurses can be ethical leaders and the importance of ethics in the workplace, if feasible; and be it further

RESOLVED,

that the NSNA encourage its state constituents to integrate ethics and ethical awareness education into their state conferences and publications, 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, Sigma Theta Tau International, the Center for Practical Bioethics, the Johns Hopkins Institute of Bioethics, the American Medical Association, the National Student Medical Association, and all others deemed appropriate by the NSNA Board of Directors.

**TOPIC: IN SUPPORT OF AMENDING PATIENT HEALTH HISTORY INTAKE FORMS TO BE INCLUSIVE OF THE LGBT POPULATION**

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

WHEREAS, a long history of anti-lesbian, gay, bisexual, and transgender (LGBT) bias greatly influences health seeking behaviors by this population, resulting in poorer health outcomes and healthcare disparities; and

WHEREAS, the LGBT population is more likely to lack health insurance, has higher rates of alcohol, tobacco and drug use, and is at increased risk for poor mental health; and

WHEREAS, the health inequality among LGBT individuals is exacerbated by a lack of research related to the unique health needs of this population; and

WHEREAS, in March 2011, the Institute of Medicine Consensus Report titled "The Health of Lesbian, Gay, Bisexual and Transgender (LGBT) People: Building a Foundation for Better Understanding" was released, emphasizing the need for more research regarding health care disparities in order to improve health of LGBT individuals and recommending that sexual orientation and gender identity data are collected on national health and demographic surveys; and

WHEREAS, guidelines by the Fenway Institute on how to gather data on sexual orientation and gender identity in clinical settings suggest that adoption of medical forms including a LGBT section will help reduce health disparities, recommending that all health care settings include a LGBT population category in their intake forms; and

WHEREAS, gathering information on sexual orientation and gender identity on registration forms alerts clinicians to screen patients for conditions disproportionately affecting LGBT people, allowing better identification of health needs and an opportunity to provide preventative health education appropriate to LGBT patients; and

WHEREAS, the movement to amend all patient history and intake forms to be LGBT inclusive is supported by the Healthy People 2020 initiatives, accentuating that "sexual orientation and gender identity questions are not asked on most national or state surveys, which makes it difficult to estimate the number of LGBT individuals and their health needs" (Healthy People 2020, 2012, p. 1); therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) encourage its constituents to advocate for laws and accreditation standards requiring all healthcare providers to adopt the use of medical history intake forms that include gender identity and sexual orientation; and be it further

RESOLVED, that the NSNA support the use of federally funded surveys for the collection of data on sexual orientation and gender identity to be recorded in Electronic Health Records; and be it further

RESOLVED, that the NSNA publish an article in *Imprint* and on the NSNA website, and offer workshops at the Annual Convention to increase members' awareness about the importance of adopting the use of LGBT inclusive patient history intake forms, 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 Academy of Nursing, the Association of Nurses in AIDS Care, the Human Rights Campaign, Lambda Legal, the Gay and Lesbian Medical Association, the National Institute of Nursing Research-National Institute of Health, and all others deemed appropriate by the NSNA Board of Directors.



**TOPIC: INCREASING AWARENESS OF ALARM FATIGUE AND DESENSITIZATION OF NURSES**

**SUBMITTED BY: Mercy College Association of Student Nurses, Des Moines, IA**

WHEREAS, nurses experience an overabundance of alarms daily, which can cause desensitization and allow significant clinical events to go unnoticed; and

WHEREAS, in a two-and-a-half-year study, the Joint Commission found 98 alarm-related events causing patient harm, 80 of which were fatal; 13 resulted in permanent dysfunction, and five required additional care; and

WHEREAS, one study found nurses experience tens of thousands of alarms each month, or 900 alarms daily; and

WHEREAS, one critical care unit experienced 39,000 alarms in a month, averaging one alarm every 66 seconds; and

WHEREAS, improper settings, inaudibility of alarms, equipment failure, and alarms being shut off contributed to increasing alarm fatigue, which resulted in sentinel events; and

WHEREAS, nuisance alarms occur when alarms sound appropriately; however, the parameters are too narrow, and therefore, the alarms are not significant. Nurses are inundated with nuisance alarms, which are a key contributor to alarm fatigue; and

WHEREAS, 81% of surveyed nurses attributed the frequency of nuisance alarms as causing distrust in alarms and believed this impeded patient safety; and

WHEREAS, educating nurses on customizing alarm parameters resulted in a 45% decrease in alarms in one critical care unit. Similar results were found on a telemetry floor, where increasing the high heart rate alarm by 10 beats per minute reduced the number of alarms by 50%; and

WHEREAS, using a 15-second or 19-second delay on a continuous pulse oximeter reduced alarm frequency by 50 % and 70% respectively; and

WHEREAS, educating nurses on custom alarm parameters and developing alarm protocols reduces alarm fatigue and helps prevent negative patient outcomes; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) provide a focus session at MidYear or Annual convention related to alarm fatigue and its effect, if feasible; and be it further

RESOLVED, that the NSNA support the inclusion of alarm fatigue in nursing curricula and clinical skills teaching; and be it further

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

**topic: IN SUPPORT OF INCREASING SOCIAL JUSTICE AWARENESS AND ENGAGEMENT IN NURSING CURRICULA**

**Submitted By: The University of Toledo Student Nurses Association, Toledo, OH**

WHEREAS, social justice can be defined as one's interest in fellow citizens as it relates to political, economic, and social agendas. Nurses are faced with an obligation to address these interests and to better define their agendas; and

WHEREAS, it is not widely known that social injustices were actively addressed by Florence Nightingale and Lillian Wald. Currently, no specific framework exists in nursing as to how to continue to address these issues; and

WHEREAS, educational opportunities related to social justice are limited and when education opportunities are available, they often do not address and educate students on the real issues of poverty and the related social issues; and

WHEREAS, in recent years, the American Nurses Association took a stance on the issue and now states that student nurses must be more aware of the broad nature of how social causes relate to health issues, and prior to being able to do this, students must be able to correctly view these issues, which will lead them to being able to take action; and

WHEREAS, the American Association of the Colleges of Nursing's *Baccalaureate Nursing Education Essentials VIII* lists essential values of altruism, autonomy, human dignity, integrity, and social justice; and

WHEREAS, professional nurses should promote social justice for all and develop leadership skills to advocate for socially just policies, and

WHEREAS, "The applied principles of social justice guide decisions of nurses related to the patient, family, community, and other health care professionals" (Standards of Practice for Culturally Competent Nursing Care Executive Summary, 2010, p. 3); therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) encourage its constituents to promote the inclusion of social justice awareness and engagement in nursing curricula; and be it further

RESOLVED, that the NSNA encourage state and local constituents to promote social justice awareness and engagement within their own communities; and be it further

RESOLVED, that the NSNA publish an article on social justice awareness and engagement in nursing in *Imprint*, if feasible; and be it further

RESOLVED, that the NSNA offer online resources including dissemination of the material via the website, Facebook and Twitter, if feasible; and be it further

RESOLVED, that the NSNA accept social justice courses via Leadership U and provide focus sessions at Midyear Conference and National 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, Sigma Theta Tau International, the National League for Nursing Accrediting

Commission, the National Council of State Boards of Nursing, the American Organization of Nurse Executives, and all others deemed appropriate by the NSNA Board of Directors.

**TOPIC: IN SUPPORT OF INCREASED AWARENESS OF AND EDUCATION ABOUT  
CAFFEINE IN ENERGY DRINKS**

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

WHEREAS, “energy drink-related emergency room visits involving adverse reactions doubled from 6,996 visits in 2007 to 14,042 visits in 2011” (S.A.M.H.S.A. Drug Abuse Warning Network, 2013, p.3); and

WHEREAS, energy drinks are beverages that are advertised to improve energy, concentration, and athletic performance. These drinks contain caffeine, taurine, vitamins, herbal supplements, and sweeteners; however, the main active ingredient is caffeine; its content can be nearly 5 times greater than soda; and

WHEREAS, energy drinks often contain additional amounts of caffeine from other ingredients including: guarana, kola nut, and cocoa. Manufacturers are not required to list the caffeine content from these ingredients. Thus, the actual amount in a single serving may exceed what is listed; and

WHEREAS, these drinks are advertised primarily through social media by promoting caffeine’s stress relief, sobering effects, and cognition enhancement. People who discontinue use can experience withdrawal symptoms such as depressed mood, irritability, and difficulty concentrating, which can lead to additional impairments; and

WHEREAS, the most common reasons for consuming energy drinks were insufficient sleep and the desire for increased energy; and

WHEREAS, “Information submitted to the Food and Drug Administration (FDA), found that consumption of Monster energy drinks was involved in the deaths of five individuals. These reports only include voluntarily reported incidences” (Center for Food Safety and Applied Nutrition, 2012, p. 17); and

WHEREAS, caffeine intoxication causes side effects such as irritability, anxiety, insomnia, tachycardia, and nausea. Heavy caffeine consumption has severe adverse effects including seizures, mania, stroke, paralysis, arrhythmias, and death; and

WHEREAS, the FDA limits caffeine content to 71 mg per 12 fluid ounces of soda; however, there is no regulation on energy drinks, which are advertised as natural dietary supplements; and

WHEREAS, there are no requirements for testing, warning labels, or other restrictions on energy drink sales; therefore be it

RESOLVED, that the National Student Nurses’ Association (NSNA) encourage its constituents to create a public education campaign for increased awareness about the harmful effects/consequences of caffeine; and be it further

RESOLVED, that the NSNA and encourage school nurses to include information related to energy drinks as part of the health curriculum in elementary, middle, and high schools; and be it further

RESOLVED, that the NSNA include stress and time management workshops at mid-year and annual convention to help prevent young adults from relying on energy drinks to get these same effects, if feasible; and be it further

RESOLVED, that the NSNA add to its website and its magazine, *Imprint*, resources including information about the dangers of caffeine in energy drinks and tips regarding stress relief and time management, 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 College Health Association, the American Public Health Association, Drug Abuse Resistance Education (DARE), the U.S. Food and Drug Administration, and all others deemed appropriate by the NSNA Board of

**TOPIC: IN SUPPORT OF INCREASED AWARENESS OF HEALTH RISKS DUE TO RADON EXPOSURE**

**SUBMITTED BY: Grand View University Nursing Student Association, Des Moines, IA**

WHEREAS, radon is a colorless, odorless, tasteless radioactive gas that is classified as a human carcinogen; and

WHEREAS, "radon is the second leading cause of lung cancer in the United States and is associated with 15,000 to 22,000 lung cancer deaths each year" (National Cancer Institute, 2011, p. 1); and

WHEREAS, 31 states have areas of high radon potential; and

WHEREAS, "nearly one out of every fifteen homes in the United States is estimated to have elevated radon levels" (United States Environmental Protection Agency, 2013, para. 1); and

WHEREAS, knowledge of high radon levels and perception of radon as a serious health hazard are predictors of intentions to test for radon and implement reduction procedures; and

WHEREAS, the public could take appropriate preventive measures if they can be made to understand the potentially serious consequences of long-term radon exposure; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) publish an article on radon awareness and availability of testing in *Imprint*; if feasible; and be it further

RESOLVED, that the NSNA publish the "Radon – Are You Protected?" brochure written by the resolution authors in *Imprint*, on Facebook, Twitter account and on the NSNA website, if feasible; and be it further

RESOLVED, that the NSNA hold breakout sessions on environmental risks including radon 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 American Association of Colleges of Nursing, the National Organization for Associate Degree Nursing, the American Medical Association, the Centers for Disease Control and Prevention, the National League for Nursing, the Environmental Protection Agency, the American Lung Association, and all others deemed appropriate by the NSNA Board of Directors.

**TOPIC: IN SUPPORT OF INVOLVING NURSES ON ORGANIZATION BOARDS**

**SUBMITTED BY: Trinidad State Junior College, Trinidad, CO**

WHEREAS, the Robert Wood Johnson Foundation and the Institute of Medicine's (IOM) latest recommendations to advance nursing forward include the importance of having nurses on executive boards and in decision making positions; and

WHEREAS, the American Association of Colleges of Nursing (AACN) recognizes organizational and complex systems leadership as essential for prepared nurses; and

WHEREAS, according to the American Hospital Association (AHA), nurses fill only 6% of board positions compared to 20% held by physicians; and

WHEREAS, nurses understand the concepts of patient- and family-centered care and nurses are at the forefront of continuous clinical improvement, making them ideal members of organizational boards; and

WHEREAS, a study on increased involvement of staff nurses in decision-making capacities shows positive effects for nurses who take the initiative to become part of the decision-making process and provides evidence of cost savings and improved outcomes for patients in organizations that involve nurses in decision making; and

WHEREAS, the American Organization of Nurse Executives (AONE) recognizes that nurses need training to develop the competencies and expertise needed to work with organizational boards; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) publish an article in *Imprint* about the importance of nurses' participation on organization boards, if feasible; and be it further

RESOLVED, that the NSNA promote opportunities for involvement on organizational boards through advertisement on the NSNA website and inclusion of opportunities in email news updates, if feasible; and be it further

RESOLVED, that the NSNA encourage its constituents to develop leadership mentoring programs for new graduates; and be it further

RESOLVED, that the NSNA host a focus session at Midyear and Annual Convention on the importance of volunteering for committees and boards within your workplace, 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 Organization for Associate Degree Nursing, the American Association of Colleges of Nursing, the American Organization of Nurse Executives, the Healthcare Financial Management Association, and all others deemed appropriate by the NSNA Board of Directors.

**TOPIC: IN SUPPORT OF INTERVENTION PROGRAMS FOR VICTIMS OF BULLYING FOR CHILDREN WITH INTELLECTUAL/DEVELOPMENTAL DISABILITIES**

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

WHEREAS, in 2011 the National Student Nurses' Association (NSNA) approved a resolution on increasing education about childhood bullying; and

WHEREAS, middle school children with intellectual/developmental disabilities are 3.5 times more likely to be victims of bullying than nondisabled students, increasing their risk for emotional and behavioral disorders; and

WHEREAS, bullying has been related to school adjustment problems as well as poor mental health outcomes in adulthood; and

WHEREAS, more than 60%, and up to 100% in some studies, of individuals with intellectual developmental disabilities are victims of bullying; and

WHEREAS, resilience, in the face of bullying, cannot be obtained through sheer will power, but must be taught; and

WHEREAS, when children are taught how to effectively deal with bullying, they become more resilient, resulting in better of quality life; and

WHEREAS, Eye Movement Desensitization and Reprocessing (EMDR) is one program ideal for assisting individuals with intellectual/developmental disabilities who have been victims of abuse or bullying. The program incorporates resiliency training and does not require individuals to have verbal or intuitive abilities, making it ideal for individuals with intellectual/developmental disabilities; and

WHEREAS, Trauma Focused Cognitive Behavioral Therapy (TF- CBT) is an alternative intervention to use for children with developmental disabilities who have intact verbal abilities; and

WHEREAS, school nurses already have well-established and trusting relationships with children with disabilities, making school nurses ideal persons to intervene for children who are victims of bullying; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) encourage its constituents to support intervention programs for victims of bullying for children with intellectual/developmental disabilities; and be it further

RESOLVED, that the NSNA publish an article in *Imprint* on intervention programs for victims of bullying for children with intellectual/developmental disabilities, if feasible, and be it further

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



**TOPIC: IN SUPPORT OF INCREASED EDUCATION FOR PATIENTS AT RISK FOR SUDDEN UNEXPECTED INFANT DEATH (SUID)**

**SUBMITTED BY: Ohio Student Nursing Association Board of Directors**

WHEREAS, the CDC estimates that each year within the United States, approximately 4,000 infants die suddenly and unexpectedly; and

WHEREAS, studies have found that infants had higher death rates associated with Sudden Unexpected Infant Death (SUID) when premature, had a low birth weight, a lower gestational age, or mothers who were younger, black, multiparous, less educated, or of lower socioeconomic status; and

WHEREAS, a type of SUID, Sudden Infant Death Syndrome (SIDS) plays a major role in SUID as, "SIDS is the third leading cause of infant deaths in the United States and the leading cause of death in infants 1 to 12 months old" (About SUID and SIDS, 2014, p. 2); and

WHEREAS, research suggests more direct educational intervention would be needed to help more adequately reduce the risk of SIDS; and

WHEREAS, one study reported that it was found that of the parents who were aware of the American Academy of Pediatrics guidelines for safe infant sleep, "less than a quarter of parents incorporated the recommendations assessed by the first 3 items of the checklist—location, position, and other objects in the environment" (Ahlers-Schmidt, Kuhlmann, Kuhlmann, Schunn, & Rosell, 2014, p. 1287); and

WHEREAS, since most cases of SIDS are due to a combination of risks, and single risk cases of SIDS are rare, it is important to educate patients who are at risk more adequately and address non-modifiable risk factors; and

WHEREAS, the American Academy of Pediatrics enforces the following policy, "SIDS and Other Sleep-Related Infant Deaths: Expansion of Recommendations for a Safe Infant Sleeping Environment" and the National Institute of Child Health and Human Development implement a "Safe to Sleep" Program; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) encourage constituents to demonstrate ongoing commitment to increase awareness of at-risk populations for SUID; and be it further

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

RESOLVED, that the NSNA educate its constituents on the aforementioned policy and program by the American Academy of Pediatrics and the National Institute of Child Health and Human Development, 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 National Institute of Child Health and Human Development, the American Academy of Pediatrics, and all others deemed appropriate by the NSNA Board of Directors.

**TOPIC: IN SUPPORT OF INCREASED MEDICAID EDUCATION FOR NEW USERS**

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

WHEREAS, in 2008 the National Student Nurses’ Association (NSNA) adopted the resolution “In Support of Health Literacy Education”; and

WHEREAS, only about one in ten uninsured adults targeted by Medicaid under the Affordable Care Act (ACA) have been enrolled in Medicaid in the past, and only about one- third have had previous experience with the Medicaid application or enrollment process; and

WHEREAS, “currently uninsured individuals require significantly more education: just 31.2 percent feel very or somewhat confident in their understanding of basic health insurance terms” (Blumberg, Long, Kenney, & Goin, 2013, p. 4); and

WHEREAS, the reading difficulty of health insurance documents and the density of the information included make them difficult to understand and interpret; and

WHEREAS, low health insurance literacy is a potential problem for states that choose to use Medicaid expansion funds to help beneficiaries shop the Marketplace for private coverage. Many new beneficiaries will likely have difficulty understanding all of their coverage choices; and

WHEREAS, outreach and education strategies cannot rely solely on health care organizations, because the target audiences often are not involved in, or have stable access to, healthcare systems; and

WHEREAS, evidence suggests that funding community-based organizations that help patrons understand and navigate the application process are effective; and

WHEREAS, 60% of all successful subsidy applications were completed with personal assistance from community-based organizations; therefore be it

RESOLVED, that the National Student Nurses’ Association (NSNA) support the advancement of health insurance literacy and the understanding of Medicaid expansion in order to decrease uninsured rates among Medicaid-eligible populations; and be it further

RESOLVED, that the NSNA support partnerships with wide-reaching and well known groups among low income populations to dispense information on available resources. Such groups may include Public Housing, Unemployment Services, Low-Income Home Energy Assistance Program, and School Lunch Programs; and be it further

RESOLVED, that the NSNA publish articles in *Imprint* that inform nursing students on the importance of screening patients for eligibility and health literacy, and referring patients to available health education resources, if feasible; and be it further

RESOLVED, that the NSNA support the utilization of community-based organizations to help educate their population on Medicaid eligibility, guide them through the application process, and assist in selecting an insurance plan; 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 National Association of Medicaid Directors, the Centers for Medicare and Medicaid Services, the American Public Health Association, and all others deemed appropriate by the NSNA Board of Directors.

**TOPIC: IN SUPPORT OF RESEARCH TO DEVELOP AN EVIDENCE-BASED PRACTICE RESPONSE TOWARD ACTIVE SHOOTERS IN HEALTHCARE FACILITIES**

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

WHEREAS, in 2013 the National Student Nurses' Association (NSNA) adopted the resolution "In Support of Initiatives to Increase Nursing Student Awareness of Survival Techniques in the Event of Campus Violence;" and

WHEREAS, the U.S. Department of Homeland Security defines an active shooter as "an individual actively engaged in killing or attempting to kill people in a confined and populated area" (Weeks, Barron, Horne, Sams, Monnich, & Alverson, 2014, p. 44-45); and

WHEREAS, "Gun violence in hospital settings has become an alarming trend. From 2000–2011, over 150 hospital-related shootings across 40 states resulted in at least 235 victims" (Bettini, Nelson, & Hodge Jr., 2014, p. 1); and

WHEREAS, the active shooter was the most common victim of gun violence in healthcare facilities. Hospital employees composed 20% of victims, with physicians being 3%, while nurses were 5%; and

WHEREAS, by the time law enforcement is able to respond, most shootings are over. In this setting, nurses face the challenge of protecting themselves and their patients in the event of an active shooter; and

WHEREAS, a pilot program conducted by an emergency management committee developed an in-service program to teach staff members how to recognize and respond to an active shooter. This empowered nurses and their colleagues with the knowledge and tools necessary to alert others to the threat; and

WHEREAS, within the United States, violence continues to present itself as a significant cultural problem. The United Nations has identified that the U.S. ranks first in assault and murders internationally; and

WHEREAS, health care facilities are not excluded as potential settings for active shooters, and actually seem to have a higher incidence rate as compared to other settings; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) support further research be conducted in developing an evidence-based response towards active shooters in health care facilities; and be it further

RESOLVED, that the NSNA educate its constituents about the need for a nationally-recognized, evidence-based practice response to active shooters in healthcare facilities through publications in the NSNA's newsletter, *Imprint*, focus sessions at MidYear or Annual convention, and any other means 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 Academy of Nursing, the American Association of Colleges of Nursing, the American Association of Healthcare Administration Management, the American Hospital Association, the American Medical Association, the American Nurses Association, the Emergency Nurses Association, the National Council of State Boards of Nursing, the National League for Nursing, National Nurses United, the National Organization for Associate Degree Nursing, the U.S. Department of Homeland Security, and any others deemed appropriate by the NSNA Board of Directors.

**TOPIC: IMPLEMENTING TRAINING FOR NURSING STUDENTS ON BULLYING AWARENESS AND INTERVENTION STRATEGIES**

**SUBMITTED BY: Barry University, Miami Shores, FL; Hunter Bellevue School of Nursing, New York, NY**

WHEREAS, in 2010 and 2014, the NSNA passed resolutions in support of decreasing incivility and horizontal violence; and

WHEREAS, bullying in the nursing profession negatively affects patient safety as a result of medication errors and unsafe patient care; and

WHEREAS, a lack of awareness, training and knowledge leaves nursing students vulnerable to bullying. These factors emerge early in the school setting and continue in the professional setting; and

WHEREAS, schools have a responsibility for defining bullying and implementing guidelines and strategies to address this issue; and

WHEREAS, educators have a responsibility to enforce a zero tolerance policy toward bullying, and should “influence the content of nursing curricula to include discussions about bullying and provide students with strategies for coping with negative experiences” (Clarke, 2012, p. 275); and

WHEREAS, in a study of the effectiveness of assertiveness training in 2009, students identified positive emotional and stress benefits as a result. Encouraging assertiveness training in the undergraduate curriculum will serve to relieve stress in the professional setting; and

WHEREAS, the “ANA believes it is a nurse’s right to work in a healthy work environment...where a nurse does not fear retaliation for speaking out against these actions” (ANA, 2015. para.7); therefore be it

RESOLVED, that the National Student Nurses’ Association (NSNA) encourage its constituents to develop and support a position against bullying; and be it further

RESOLVED, that the NSNA encourage its constituents to work with nursing schools to assess, develop, and implement a standard program of preventing bullying and reporting incidents; and be it further

RESOLVED, that the NSNA encourage schools to educate students about procedures for reporting experiences of bullying in a confidential, supportive environment; and be it further

RESOLVED, that the NSNA encourage schools to hold orientation sessions for all nursing instructors on bullying policies and how to teach these conflict resolution skills and assertiveness training to nursing students, and be it further

RESOLVED, that the NSNA support this mandatory education be in the form of online training, live in-person training, and/or provide written information, including any other method deemed appropriate; and be it further

RESOLVED, that the NSNA publish an article in *Imprint* supporting increased awareness and education programs in undergraduate nursing programs for the prevention of and interventions for bullying in nursing, 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, the National

Association of Public Hospitals and Health Systems, the American Assembly of Men in Nursing, the Nurses Service Organization, the International Nurses Association, and all others deemed appropriate by the NSNA Board of Directors.

**TOPIC: IN SUPPORT OF EDUCATION OF PARENTS AND TEACHERS ON IDENTIFICATION AND TREATMENT OF HEAD LICE**

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

WHEREAS, *Pediculus humanus capitis*, the head louse, is an insect that resides only on the heads of human hosts. Several times a day the louse feeds on blood from the human host and retains its body temperature by staying close to the scalp; and

WHEREAS, individuals may notice symptoms such as tickling sensations, trouble sleeping, itching, and sores which develop from scratching. In some cases, an individual may not notice itching for three to six weeks; and

WHEREAS, a physical examination, which can be performed by parents, caregivers, nurses, doctors, and other healthcare providers, is effective in the diagnosis of head lice; and

WHEREAS, at least 6 to 12 million children are affected by head lice every year; and

WHEREAS, schools have adopted "No-Nit" policies which cause children with lice, or presumed to have lice, to miss an average of four school days. This represents not only a loss of the opportunity for learning, but a loss of funding for schools and loss of parent work days as well; and

WHEREAS, it has been proposed "that children with lice infestations should be dismissed at the end of the school day, and parents should be advised by the school to treat their child. After treatment, parents should fill out a form for the school describing which agent they selected for treatment and when the application occurred. When treated with the first application, children are allowed to return to school" (Eisenhower & Farrington, 2012, p. 458); and

WHEREAS, "Providing education to reduce the stigma of lice, clarify myths, and provide accurate information about effective treatment options, as well as appropriate referrals to health care providers, is important nursing care" (Pontius, 2014, p. 233); therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) collaborate with school nurses to further educate teachers and parents on the topic of head lice; and be it further

RESOLVED, that the NSNA publish an article in *Imprint* about the facts, identification, and treatment of head lice, if feasible; and be it further

RESOLVED, that the NSNA advocate for the development of school policies that reflect current evidence-based practice on head lice, and prevent further inconvenience and burden on teachers, parents, and children; 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 Society of Pediatric Nurses, the American Academy of Pediatrics, the National Association for School Nurses, and all others deemed appropriate by the NSNA Board of Directors.

**TOPIC: IN SUPPORT OF REPLACING THE HOMAN’S SIGN WITH THE WELLS CLINICAL DECISION MODEL AS AN ASSESSMENT OF DEEP VEIN THROMBOSIS (DVT)**

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

WHEREAS, the Quality and Safety Education for Nurses (QSEN) has developed definitions for the six core competencies established by the Institute of Medicine (IOM) report for integrating a quality and safety framework for nursing, one of which is evidence-based practice defined as “integrate best current evidence with clinical expertise and patient/family preferences and values for delivery of optimal health care” (Sherwood & Zomorodi, 2014, pg. 3); and

WHEREAS, Homan’s sign is defined as a painful or uncomfortable sensation in the calf area when the knee is flexed and ankle is dorsiflexed simultaneously; and

WHEREAS, Homan’s test has been shown to lack both sensitivity and specificity, and thus is of no clinical value; and

WHEREAS, the Wells Clinical Decision Model allows healthcare professionals to accurately determine the probability that their patient has DVT before more definitive diagnostic testing is conducted; and

WHEREAS, the Wells Clinical Decision Model uses a diagnostic algorithm to determine presence of a DVT; and

WHEREAS, “Despite evidence Homan’s sign is not useful in screening for Deep Vein Thrombosis (DVT), it continues to appear in health assessment textbooks for nurses and evidence suggests its continued use by some practitioners” (Watkins, 2009 as cited in Anthony, 2013 pg. 95); and

WHEREAS, calf pain while performing the Homan’s test is considered a positive Homan’s sign and only occurs in about 35% of cases of a DVT; and

WHEREAS, failing to elicit a Homan’s sign could exclude the possibility of a DVT in the mind of a practitioner, while a positive response could lead to unnecessary additional testing and commencement of anticoagulation therapies; and

WHEREAS, researchers believe it should not be included in health assessment textbooks or taught in nursing programs, and nurses in health care settings should not rely on this test alone to screen for DVT; and

WHEREAS, the Wells Clinical Decision Model should be incorporated into nursing assessment for use as a diagnostic tool for DVTs; therefore be it

RESOLVED, that the National Student Nurses Association (NSNA) promote awareness of the inaccuracy of the Homan’s sign as an assessment tool and the use of the Wells Clinical Decision Model by publishing an article in *Imprint*, if feasible; and be it further

RESOLVED, that the NSNA encourage nursing programs throughout the United States to support and facilitate discontinuation of teaching about the Homan’s sign as an assessment tool and support the use of the Wells Clinical Decision Model; 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, and all others deemed appropriate by the NSNA Board of Directors.

**TOPIC: IN SUPPORT OF INCREASED AWARENESS OF THE IMPORTANCE OF PERSONAL AND HOME EMERGENCY PREPAREDNESS**

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

WHEREAS, in 2013, the National Student Nurses' Association (NSNA) adopted the resolution titled "Challenging Nursing Students to Complete Introductory Emergency Management Institute Courses in Order to Better Serve our Communities in Times of Crisis"; and

WHEREAS, according to the World Health Organization, normal procedures are suspended in an emergency and extraordinary measures are taken to minimize the impact on the community; and

WHEREAS, nurses are the majority of healthcare professionals, and as such will be called upon to respond in mass casualty situations; and

WHEREAS, the American Nurses Association suggests that nurses be aware that they will be expected to respond in mass casualty situations and must be prepared both professionally and personally. This includes making arrangements for their family during their absence; and

WHEREAS, in a survey in the *Journal of Emergency Nursing*, 98.9% of nurses understood that disasters strike at any given moment. of those nurses, only 44.9% had supplies stored to care for themselves or their family during a disaster; and

WHEREAS, a nurse will be less effective in providing care in an emergency if they are concerned for their own family. A personal and family disaster plan is essential in order for the nurse to become an effective emergency responder; and

WHEREAS, personal disaster plans and emergency kits have proven to be effective and can positively affect factors that influence nurses' willingness to work during a disaster, such as type of event , personal, family, or pet safety; and

WHEREAS, the Association of Schools of Public Health's Preparedness and Response Core Competencies state that emergency responders need to "make sure [that they] have the necessary skills, knowledge, and supplies to survive and carry out [their] role" (Ruder, 2012, P. 360); therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) and its constituents demonstrate their ongoing commitment to nursing disaster education by encouraging nurses and nursing students to recognize the importance of personal disaster plans and emergency kits; and be it further

RESOLVED, that the NSNA encourage nursing students and faculty to support emergency preparedness education to their surrounding communities, hospitals, and schools; and be it further

RESOLVED, that the NSNA promote awareness about this issue through focus sessions at MidYear or Annual Convention, publish an article 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 American Association of Colleges of Nursing, the Association of Community Health Nurse 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, 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 INCREASING AWARENESS AND RECOGNITION OF ABUSE IN MULTIPLE DEMOGRAPHICS**

**SUBMITTED BY: Mississippi Association of Student Nurses, Madison, MS; Lehigh Carbon Community College, Schnecksville, PA**

WHEREAS, Abuse is any unwanted physical, emotional, or sexual interaction; and  
WHEREAS, 1 in 2 women and 1 in 5 men have experienced some form of sexual violence in their lives; and  
WHEREAS, at least five children die daily due to the effects of abuse according to the Tennyson Center for Children; and  
WHEREAS, the National Center on Elder Abuse reports 44% of nursing home residents self-report being abused; and  
WHEREAS, any patient is a potential victim of abuse; and  
WHEREAS, all nurses are mandatory reporters of abuse; and  
WHEREAS, healthcare professionals focused on treating the presenting symptoms of the patient may miss signs of abuse; and  
WHEREAS, universal screening can be included in the standard assessment of all patients, regardless of reason for seeking medical assistance; and  
WHEREAS, early detection of abuse can provide opportunities for patient education, increased patient safety, and reduced potential for abuse escalation; and  
WHEREAS, abused individuals' accounts indicate the need for increased empathy and access to resources; therefore be it  
RESOLVED, that the National Student Nurses' Association (NSNA) raise awareness of the initial signs of abuse by holding seminars at NSNA conventions, community projects and student nurse public events, if feasible; and be it further  
RESOLVED, that the NSNA advocate for the need of universal abuse screening tools, such as the Women Abuse Screening tool (WAST) and the Hurt Insult Threaten Scream (HITS), to the Offices of Medicare and Medicaid and all accrediting bodies, including The Joint Commission; and be it further  
RESOLVED, that the NSNA publish an article in *Imprint* regarding initial signs and detection of all forms of abuse at any age and provide resources for healthcare providers, if feasible; and be it further  
RESOLVED, that the NSNA send a copy of this resolution to the National League for Nursing, the American Association of Colleges of Nursing, the American Nurses Association, the American Holistic Nurses' Association, the U.S. Department of Health and Human Services, the Centers for Medicare and Medicaid Services, the Joint Commission, the National Organization for Associate Degree Nursing, the American College of Nurse Practitioners, the American Psychiatric Nurses Association, the American Congress of Obstetricians and Gynecologists, the United States Centers for Disease Control and Prevention, and all others deemed appropriate by the NSNA Board of Directors.

**TOPIC: INCREASED AWARENESS OF THE NEED FOR EDUCATOR REQUIREMENTS TO IMPROVE LEARNING OUTCOMES OF NURSING STUDENTS**

**SUBMITTED BY: University of Nebraska Medical Center Western Division, Gering, NE**

WHEREAS, according to the American Nurses Association (ANA) *Code of Ethics for Nurses*, continual personal growth, particularly in knowledge and skill, requires a commitment to lifelong learning, including, but not limited to, continuing education, networking with professional colleagues, self-study, professional reading, certification, and seeking advanced degrees; and

WHEREAS, all states have continuing education requirements for teachers in education; and

WHEREAS, there are currently no requirements for nursing educators to have continuing education, specifically in education by the National League for Nursing or the American Nurses Association; and

WHEREAS, it is estimated that at least 7.5% of the variation and student achievement documented resulted directly in teacher quality; 8.5% was directly a result of teacher effectiveness. It was also noted that the actual number is likely much higher; and

WHEREAS, graduate education in nursing is generally the expected preparation for full-time faculty roles; and

WHEREAS, most graduate programs in nursing, unless they are specifically preparation for the educator role, do not prepare the Registered Nurse graduate to teach; and

WHEREAS, if a faculty member is responsible for directing student learning, he or she must understand the science of education to include an understanding of learning styles; the diversity of nursing students; education theory; evaluation and assessment of learners, nursing curriculum and program outcomes; nursing curriculum design; and diverse teaching strategies; and

WHEREAS, instructors in nursing education should include graduate preparation in teaching and learning, including curriculum development and implementation; and

WHEREAS, an important attribute of any scholar is having the ability to effectively communicate to their students the knowledge he or she possesses; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) support nationwide continuing education requirements in teaching for all nursing faculty; and be it further

RESOLVED, that the NSNA encourage its constituents to pursue continuing education in teaching, whether required by their state or not; and be it further

RESOLVED, that the NSNA publish an article in *Imprint* supporting continuing education in teaching, 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, the American Nurses Credentialing Center, and all others deemed appropriate by the NSNA Board of Directors.

**TOPIC: INCREASING AWARENESS OF NURSING STUDENT TOBACCO PRODUCT INITIATION, USAGE AND PROVIDING SAFE, EFFECTIVE CESSATION EDUCATION**

**SUBMITTED BY: Nursing Student Association of Keiser Melbourne, Melbourne, FL**

WHEREAS, previously, the National Student Nurse' Association (NSNA) has supported resolutions regarding awareness of smoking in 2014, 2012, 2006, and 2000; and

WHEREAS, "15% of Registered Nurses smoke and 28% of Licensed Practical Nurses smoke, which are higher rates of smoking than other health care professionals" (Nurses, 2014, para. 1); and

WHEREAS, "99% of adult smokers begin smoking by the age of 26" (CDC, 2014, para. 1) and many nurses begin smoking prior to entering the profession including the majority of nursing students who are 25 years old or younger; and

WHEREAS, "smoking remains the leading preventable cause of death and disease; responsible for more than 480,000 fatalities annually in the United States" (CDC, 2014, para. 1); and

WHEREAS, recommended cessation methods include support by telephone, internet, other forms of counseling and health provider support, along with pharmacotherapy (nicotine gum, lozenges, patch, inhaler, and spray); however, e-cigarettes are not recommended because these products are unregulated and contain toxic chemicals; and

WHEREAS, "80% of smokers who had attempted to quit smoking without the aid of prescription medication or professional support reported relapsing" (SSA, 2014, para. 2); and

WHEREAS, restrictive policies in healthcare systems, facilities and schools are necessary to achieve 100% tobacco-free success; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) promote tobacco-free nursing and increase awareness of smoking cessation tools available to constituents by implementing a link on the NSNA website, Facebook page, Twitter page and the Breakthrough to Nursing Guidelines for Planning BTN tools section as the board sees fit, if feasible; and be it further

RESOLVED, that the NSNA include an article in *Imprint* about tobacco facts, smoking cessation information, and other resources available for constituents, if feasible; and be it further

RESOLVED, that the NSNA provide classes at the MidYear and Annual convention about tobacco facts, smoking cessation information, and that the NSNA invite organizations and exhibitors to share their quit smoking resources; and be it further

RESOLVED, that the NSNA advocate for highly restrictive tobacco policies on all school campuses, healthcare facilities, and hospitals to achieve a 100% smoke-free nursing population; and be it further

RESOLVED, that the NSNA encourage nursing students to sign a tobacco-free personal pledge prior to entering a nursing program and provide cessation assistance and referral to resources as deemed appropriate; and be it further

RESOLVED, that the NSNA place a copy of this pact on the NSNA website for constituents to sign, if feasible; and be it further

RESOLVED, that the NSNA send a copy of this resolution to the National League for Nursing, the American Nurses Association, the American Association of Colleges of Nursing, the National Organization for Associate Degree Nursing, the American College Health Association, the American Cancer Society, the American Heart Association, the American Lung Association, the American Medical Association, the American Public Health Association, The Joint Commission, tobacco Free Nurses, the National Coalition of Ethnic Minority Nurse Associations, United States Food and Drug Administration, and all others deemed appropriate by the NSNA Board of Directors.

**TOPIC: IN SUPPORT OF INCREASED AWARENESS AND ASSESSMENT OF ENVIRONMENTAL HEALTH HAZARDS IN NURSING EDUCATION**

**SUBMITTED BY: Nursing Students' Association of New York State**

WHEREAS, in 2012, the American Nurses Association passed a resolution on advocating for Healthy Energy Choices (including more sustainable energy sources), and has previously stated that because nurses are the largest group of healthcare workers, it is our responsibility to recognize and address environmental hazards that affect the community; and

WHEREAS, hydraulic fracturing consists of “millions of gallons of water, sand, and chemicals... pumped underground at high pressures to crack open rocks” for the extraction of natural gas, and often occurs within a distance of water and air intended for human consumption (Jackson, 2014); and

WHEREAS, in March 2015, concerned with safety risks, the federal government released national regulations on HVHF (high volume hydraulic fracturing) activities in agreement that health impacts reach further than just the geographic location where fracking occurs; and

WHEREAS, in particular, the New York State Department of Health Report cited major global health research, including: “climate change impacts due to methane and other volatile organic chemical releases to the atmosphere”, “drinking water impacts from underground migration of methane and/or fracking chemicals associated with faulty well construction”, “earthquakes induced during fracturing”, stroke-correlated pollution and “increased demand for housing and medical care,” (NYSDOH, 2014, p. 4); and

WHEREAS, health officials blame the incomplete testing and human health assessments before and after drilling for the lack of action on the part of state governments to protect citizens; and

WHEREAS, on behalf of the Alliance of Nurses for Healthy Environments, McDermott-Levy and Kaktins write, “We do know that methane migration has affected groundwater ... Increased particulate matter and ground-level ozone have affected local triggers for asthma attacks, cardiac problems and the exacerbation of respiratory ailments” (2014), and

WHEREAS, states have placed bans on hydraulic fracturing, HVHF or “fracking”; and

WHEREAS, healthcare officials, including the Centers for Disease Control and Prevention and the Environmental Protection Agency, have warned against the health hazards since 2012; and

WHEREAS, the Institute of Medicine states that as nurses become the primary contact for patients regarding environmental health and advocacy issues, competencies in undergraduate education will be key in advancing health initiatives (IOM, 2010); therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) encourage nursing schools to include environmental health competencies that include assessments specific to signs and symptoms associated with natural gas fracking toxins; and be it further

RESOLVED, that the NSNA encourage community and hospital intake forms to assess for these signs and symptoms; and be it further

RESOLVED, that the NSNA publish an article in *Imprint* supporting increased awareness, prevention, and treatment of environmental hazards, including, but not limited to,

RESOLVED,

Natural Gas High-Volume Hydraulic Fracturing (HVHF), if feasible; and be it further 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, the U.S. Department of Health and Human Services, the U.S. Department of Education, the American Assembly of Men in Nursing, the Nurses Service Organization, the Labor, Immigration, and Employee Benefits Division of the U.S. Chamber of Commerce, the International Nurses Association, and all others deemed appropriate by the NSNA Board of Directors.