



# RESOLUTIONS 2016

Revised Final

The resolutions contained in this document were adopted by the  
**NSNA House of Delegates**  
March 30 - April 2, 2016  
Orlando, Florida



## **National Student Nurses' Association, Inc.**

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**“DISCLAIMER:** The resolutions contained herein are the product of student research and student opinions. The National Student Nurses’ Association, Inc. (NSNA) makes no representation and assumes no responsibility for the accuracy of information or data referenced in the resolutions. In addition, the NSNA recognizes that research and references supporting the resolutions may in the future change or become outdated. Accordingly, anyone referencing the resolutions is cautioned to review the latest literature on the topic to determine if new information is available.”

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**TOPIC: IN SUPPORT OF EMPOWERING NURSING STUDENTS TO VOTE**

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

**AUTHORS: Teresa Murphy, Marianna Cesareo, Kate Freudenberg, Meghan Scanlon, Taylor Anzilotti, and Kristina Terzakis**

1 WHEREAS, the 2008 National Student Nurses’ Association (NSNA) House of Delegates supported  
2 “Increasing the political awareness of nursing students”; and  
3  
4 WHEREAS the NSNA has over 60,000 members throughout the United States, with nearly all  
5 members at least 18 years old, therefore of voting age; and  
6  
7 WHEREAS, the mission of NSNA is to mentor, unite and prepare nursing students to be leaders in  
8 their profession; and  
9  
10 WHEREAS, the NSNA equips new graduates to get involved in governance in the professional  
11 setting, from policy development to consumer advocacy to workplace governance; and  
12  
13 WHEREAS, as the largest healthcare-related professional group, nurses have a strong voice that can  
14 be used to influence policy makers at all levels: local, state, national and international;  
15 and  
16  
17 WHEREAS, it is estimated that one in every 45 voters is a nurse, which means that one nurse can  
18 have an impact by getting engaged with a campaign or policy discussion; and  
19  
20 WHEREAS, nurses observe the impact of both successful and ineffective health care policies across  
21 all health care settings in a variety of populations on a daily basis; and  
22  
23 WHEREAS, nurses have the privilege and responsibility to their patients to be primary informants in  
24 relation to the impact that health care reform has on health care delivery, professions,  
25 and outcomes; and  
26  
27 WHEREAS the ability of nursing students to affect public policy can begin or further develop during  
28 student days by establishing a pattern of involvement through voting; and  
29  
30 WHEREAS, with a total number of 3.1 million nurses, through a collective vote nurses can alter the  
31 outcome of a close election; therefore be it  
32  
33 RESOLVED, that the National Student Nurses’ Association (NSNA) empower nursing students to vote  
34 by increasing awareness of the impact of their votes on government at all levels and  
35 including health issues related to patient care; and be it further

36 RESOLVED that the NSNA encourage nursing students to seek understanding about candidates and  
37 issues from local to national levels; and be it further  
38 RESOLVED that the NSNA encourage nursing students to view voting as a first level of involvement  
39 that can begin or develop in the NSNA; and be it further  
40 RESOLVED, that the NSNA publish articles in *Imprint*, if feasible, about empowering nursing students  
41 to participate in elections and policy making through voting; and be it further  
42 RESOLVED, that the NSNA encourage its members to hold chapter meetings or forums on this topic  
43 and including such topics as how to register and where to vote, if feasible; and be it  
44 further  
45 RESOLVED, that the NSNA provide workshops on this topic at its annual convention, if feasible; and  
46 be it further  
47 RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association, the  
48 National League for Nursing, the American Association of Colleges of Nursing, the  
49 National Organization for Associate Degree Nursing, the National Nurses United, Project  
50 Vote, and all others deemed appropriate by the NSNA Board of Directors.

**TOPIC: INCREASING AWARENESS FOR PROPER SCREENING FOR THE HARD OF HEARING AND METHODS OF COMMUNICATION**

**SUBMITTED BY: National Student Nurses' Association Board of Directors**

**AUTHORS: Kelly Bell, Tanya Davis, Shawn Guerette, Jae Kook Lim, and Caroline Miller**

1 WHEREAS, persons are defined as hard of hearing if they have functional but defective or reduced  
2 hearing, and approximately 3.7 of every 1,000 people over 5 years of age in the United  
3 States are hard of hearing; and  
4  
5 WHEREAS the Americans with Disabilities Act (ADA) and the Rehabilitation Act of 1973 require  
6 healthcare facilities to provide equal communication for people with hearing loss; and  
7  
8 WHEREAS, although interpreters or other accommodations are required by federal and state laws  
9 to ensure equal access for persons with disabilities, persons who are hard of hearing  
10 may expect a lack of accommodation; and  
11  
12 WHEREAS, to prevent healthcare inequities for deaf and hard of hearing individuals, healthcare  
13 providers require education on how to identify individuals at risk for poor  
14 communication and education on language assistance and accommodation; and  
15  
16 WHEREAS, several communication strategies are required for successful communication, including  
17 extraneous noise reduction, having conversation participants face each other, providing  
18 alternative communication methods such as writing, making eye contact during  
19 conversation, and saying the person's name prior to starting a conversation; and  
20  
21 WHEREAS, effective communication with patients reduces length of stay, decreases readmission  
22 rates, improves medical follow-up, and increases treatment compliance, thus resulting  
23 in better healthcare outcomes and improved patient satisfaction; and  
24  
25 WHEREAS, nurses are inadequately trained in deaf and hard of hearing awareness and in  
26 communication strategies for persons with reduced hearing acuity; therefore be it  
27  
28 RESOLVED, that the National Student Nurses' Association (NSNA) publish an article in *Imprint* to  
29  
30 increase awareness of screening and communication tools for hearing-impaired  
31 individuals, if feasible; and be it further  
32  
33 RESOLVED, that the NSNA include programs at MidYear Conference and Annual Convention to  
34 educate nursing students about best practices related to the hearing impaired, if  
35 feasible; and be it further



34 RESOLVED, that the NSNA encourage school chapters to work locally to remove barriers for the  
35 hearing impaired in their communities, if feasible; and be it further  
36 RESOLVED, that the NSNA encourage nursing education programs to include information about best  
37 practices for the hearing impaired in undergraduate curriculum; and be it further  
38 RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association, the  
39 National League for Nursing, the American Association of Colleges of Nursing, the  
40 National Organization for Associate Degree Nursing, the Hearing Loss Association of  
41 America, and all others deemed appropriate by the NSNA Board of Directors.

**TOPIC: IN SUPPORT OF INCREASING EDUCATION AND AWARENESS RELATED TO DANGERS OF ALCOHOL CONSUMPTION DURING PREGNANCY**

**SUBMITTED BY: Mississippi Association of Student Nurses, Madison, MS**

**AUTHORS: Blake Anderson**

1 WHEREAS, Fetal Alcohol Spectrum Disorder (FASD) is defined as a diagnostic term describing the  
2 array of effects that result from prenatal alcohol exposure; and  
3  
4 WHEREAS, Fetal Alcohol Syndrome (FAS) is defined as a serious birth defect and developmental  
5 disorder caused by in-utero exposure to alcohol; and  
6  
7 WHEREAS, regular maternal alcohol consumption of one to two ounces of alcohol daily can result in  
8 cognitive impairment and behavioral problems; and  
9  
10 WHEREAS, according to data from the 2011-2013 Behavioral Risk Factor Surveillance System, 10.2%  
11 of pregnant women aged 18-44 years reported consuming alcohol in the past 30 days,  
12 and 3.1% reported binge drinking in the past 30 days; and  
13  
14 WHEREAS, recent estimates regarding the prevalence of FAS in the U.S. general population ranges  
15 from 0.2 to 7 for every 1000 children, and the entire continuum for FASD ranges from  
16 2% to 5% for the U.S. general population; and  
17  
18 WHEREAS, the most common cause of mental deficit is now thought to be maternal alcohol abuse;  
19 therefore be it  
20  
21 RESOLVED, that the National Student Nurses' Association (NSNA) encourage its constituents to  
22 partner with healthcare facilities, including the offices of Medicare and Medicaid, to  
23 raise public awareness of the dangers of alcohol consumption during pregnancy; and be  
24 it further  
25 RESOLVED, that the NSNA encourage education about the dangers of alcohol consumption during  
26 pregnancy by hosting seminars at NSNA conventions, student nurse public events, and  
27 Breakthrough to Nursing projects, if feasible; and be it further  
28 RESOLVED, that the NSNA publish an article in *Imprint* regarding the prevalence of maternal alcohol  
29 consumption and prevalence of FASD and/or FAS including the cost of FASD and/or FAS  
30 on society, if feasible; and be it further  
31 RESOLVED, that the NSNA send a copy of this resolution to the National League for Nursing, the  
32 National Organization for Associate Degree Nursing, the American Association of

33 Colleges of Nursing, the American Nurses Association, the American Medical  
34 Association, the American Holistic Nurses Association, the American Psychiatric Nurses  
35 Association, the American Congress of Obstetricians and Gynecologists, The Joint  
36 Commission, the United States Department of Health and Human Services, the Centers  
37 for Medicare and Medicaid, the United States Centers for Disease Control and  
38 Prevention, and all others deemed appropriate by the NSNA Board of Directors.

**TOPIC: IN SUPPORT OF SCREENING TOOLS AND INTERAGENCY COOPERATION TO HELP NURSES IDENTIFY HUMAN TRAFFICKING VICTIMS**

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

**AUTHORS: Melissa Byrne and Jane De Lay**

1 WHEREAS, the National Student Nurses' Association (NSNA) House of Delegates has a history of  
2 recognizing the need for increased awareness of human trafficking and the important  
3 role of nurses in providing aid to this vulnerable population. In 2010, the NSNA adopted  
4 the resolution "In support of increasing awareness of human trafficking" and reaffirmed  
5 its commitment to the issue in 2014 with the resolution "In support of hospitals  
6 adopting established policies and procedures for patients who have been subjected to  
7 human trafficking"; and  
8  
9 WHEREAS, the efforts to provide needed services remain uncoordinated, and a major obstacle to  
10 providing services is the lack of a reliable tool to identify them; and  
11  
12 WHEREAS, it is becoming apparent that combating human trafficking is greater than the capabilities  
13 of law enforcement and healthcare alone; it requires interagency cooperation and the  
14 use of a validated victim-identifying tool that can significantly improve recognition  
15 efforts in many settings, including hospitals, clinics, youth shelters, and domestic  
16 violence service agencies; and  
17  
18 WHEREAS, an estimated 27 million individuals are victimized by human trafficking, and  
19 approximately 30%, or 8.1 million victims, seek medical care during their time of  
20 servitude, with the majority of them leaving unidentified as victims needing special  
21 assistance; and  
22  
23 WHEREAS, nurses often establish a unique trust with their patients, enabling them to elicit vital  
24 information; it is essential for nurses to have the screening tools necessary to identify  
25 victims of trafficking; and  
26  
27 WHEREAS, the Vera Institute of Justice has created, field tested, and validated a screening tool that  
28 reliably identifies victims of sex and labor trafficking regardless of age or country of  
29 birth; and  
30  
31 WHEREAS, recent research has identified that increased education among health care providers  
32 about human trafficking improves the level of knowledge by over 50%, increases  
33 utilization of available reporting resources from 26% to 99%, and doubles the suspected  
34 trafficking victim identification; therefore be it  
35  
36 RESOLVED, that the National Student Nurses' Association (NSNA) support increased awareness of  
37 human trafficking, the need for greater interagency cooperation, and the use of a  
38 validated screening tool for identifying victims by recommending the inclusion of

39 information about the issue in the curricula for nursing students in clinical, community  
40 health, and academic settings; and be it further  
41 RESOLVED, that the NSNA increase awareness and advocacy about the need for increased  
42 interagency cooperation and the use of a consistent and validated screening tool to  
43 identify victims of human trafficking, through articles in the *Imprint* newsletter, website  
44 information dissemination, appropriate NSNA committee action, and information at the  
45 annual NSNA convention, if feasible; and be it further  
46 RESOLVED, that the NSNA encourage its constituents to support legislation which will call for health  
47 care practitioners to support mandated reporting to combat human trafficking. By  
48 working with law enforcement and expanding the scope of mandated reporters, health  
49 care professionals (particularly nurses) can have a greater impact in the fight against  
50 human trafficking, and be it further  
51 RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association, the  
52 National League for Nursing, the National Federation of Nurses, the American  
53 Association of Colleges of Nursing, the National Organization for Associate Degree  
54 Nursing, the International Council of Nurses, the Emergency Nurses Association, the  
55 American Hospital Association, the American Medical Association, the American Public  
56 Health Association, and any others deemed appropriate by the NSNA Board of Directors.  
57

**TOPIC: IN SUPPORT OF RAISING AWARENESS ABOUT THE PSYCHOLOGICAL AND PSYCHOSOCIAL ASPECTS ASSOCIATED WITH CHRONIC PAIN**

**SUBMITTED BY: University of Central Florida Student Nurses Association, Orlando, FL**

**AUTHORS: Haley Boyle**

1 WHEREAS, worldwide, there are approximately 1.7 billion people who suffer from varying degrees  
2 of chronic pain from musculoskeletal conditions alone; and  
3  
4 WHEREAS, humans have a limit to how well they can maintain high-level cognitive and self-  
5 regulatory functions. This capacity is depleted by the effort the body puts into coping  
6 with pain, and thus, performance deteriorates and the ability to self-manage is  
7 diminished; and  
8  
9 WHEREAS, the diminished ability to self-manage can lead to reduction in motivation and an  
10 inability to maintain healthy relationships with others, while also playing a significant  
11 role in the development of depression; and  
12  
13 WHEREAS, Post-Traumatic Stress Disorder (PTSD) is a form of anxiety created through the  
14 experience of a traumatic event, and of all anxiety disorders, PTSD and panic disorder  
15 were found to be the conditions that shared the highest prevalence in relation to the  
16 effects of chronic pain; and  
17  
18 WHEREAS, the sense of integrity that chronic pain patients hold onto is often violated due to the  
19 fact that concrete evidence of the pain cannot be provided; and  
20  
21 WHEREAS, the invisibility of most chronic pain conditions is a causative factor in the questioning by  
22 friends, family, and healthcare providers of the credibility of patients in pain, which  
23 leads to patients actively hiding their diagnosis from others to prevent disbelief and  
24 stigma resulting in a sense of isolation; and  
25  
26 WHEREAS, the sense of isolation a patient with chronic pain experiences may be able to be reduced  
27 by the health care professional's stated affirmation and connection between the patient  
28 and his or her experience of pain; therefore be it  
29  
30 RESOLVED, that the National Student Nurses' Association (NSNA) promote and endorse the further  
31 education of student nurses on the relationship between chronic pain conditions and  
32 the psychological and psychosocial issues that arise following the onset of chronic pain;  
33 and be it further  
34 RESOLVED, that the NSNA publish an article on this topic in *Imprint*, if feasible; and be it further

35 RESOLVED, that the NSNA demonstrate a commitment to patient-centered care by providing  
36 education on Chronic Pain awareness through seminars at National Convention each  
37 year, if feasible; and be it further

38 RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association, the  
39 National League for Nursing, the National Organization for Associate Degree Nursing,  
40 the American Association of Colleges of Nursing, the National Association of Clinical  
41 Nurse Specialists, the Association of Public Health Nurses, the Association of Community  
42 Health Nursing Educators, the National Council of State Boards of Nursing, America's  
43 Essential Hospitals, the American Academy of Pain Management Nursing, and all others  
44 deemed appropriate by the NSNA Board of Directors.

**TOPIC:** **IN SUPPORT OF INCREASING UNDERGRADUATE EDUCATION REGARDING THE IMPACT OF THE HOSPITAL CONSUMER ASSESSMENT OF HEALTHCARE PROVIDERS AND SYSTEMS (HCAHPS) TO PROMOTE PATIENT SATISFACTION**

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

**AUTHORS:** **Alicia Klingensmith and David Fox**

1 WHEREAS, the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) is  
2 the first national, standardized, publicly reported survey measuring patients’  
3 perceptions of their hospital experience; and  
4  
5 WHEREAS, nurses are the largest group of healthcare workers; they represent the face of daily care  
6 and have the greatest impact on patient satisfaction and overall likelihood to  
7 recommend the hospital; and  
8  
9 WHEREAS, healthcare systems are aware of the need to maximize reimbursement margins and are  
10 paying attention to modifiable factors proven to alter patient satisfaction, from how  
11 healthcare staff perform at the bedside to nurse-patient ratios; and  
12  
13 WHEREAS, currently, prior to a simulation teaching HCAHPS, only 40% of nursing students knew  
14 what HCAHPS stood for and only half knew that scores are publicly reported; and  
15  
16 WHEREAS, clinical experiences are aimed toward immersing the undergraduate student in the  
17 workload of a new practicing nurse and involves the student assuming the role of the  
18 nurse in medication administration and patient education; and  
19  
20 WHEREAS, introducing the concept of HCAHPS to undergraduate nursing students will prepare  
21 them for upcoming expectations as staff nurses, therefore decreasing orientation time  
22 and increasing marketability of new nurses and allowing them to make an immediate  
23 impact on patient-centered care; and  
24  
25 WHEREAS, hospitals are placing emphasis on developing scripts and encouraging employees to say  
26 ‘please’ and ‘thank you’; however, implementing a learning module and incorporating  
27 HCAHPS into undergraduate simulation activities has been proven statistically significant  
28 in increasing breadth and depth of HCAHPS knowledge in students; therefore be it  
29  
30 RESOLVED, that the National Student Nurses’ Association (NSNA) encourage efforts to establish  
31  
32 patient satisfaction through a uniform patient and undergraduate nursing education  
33  
34 program on HCAHPS; and be it further  
35  
36 RESOLVED, that the NSNA promote teaching nursing students the impact of HCAHPS scores on the  
37  
38 nursing profession by advocating for the inclusion and improvement of HCAHPS in all  
39  
40 undergraduate nursing curricula; and be it further



36 RESOLVED, that the NSNA encourage its constituents to increase their awareness about the HCAHPS  
37 survey through publishing the HCAHPS Fact Sheet on the NSNA website Resources page,  
38 publishing articles in *Imprint* and focus sessions at NSNA conferences, if feasible; and be  
39 it further

40 RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association, the  
41 National League for Nursing, the American Association of Colleges of Nursing, the  
42 National Organization for Associate Degree Nursing, the Agency for Healthcare Research  
43 and Quality, the American Hospital Association, the National Council of State Boards of  
44 Nursing, the Institute for Healthcare Improvement, the Institute of Medicine Future of  
45 Nursing Impact Study Committee, the Robert Wood Johnson Foundation, and all others  
46 deemed appropriate by the NSNA Board of Directors.

**TOPIC: IN SUPPORT OF EDUCATION ABOUT THE BENEFITS OF SKIN-TO-SKIN (KANGAROO) CARE IMMEDIATELY FOLLOWING CHILDBIRTH**

**SUBMITTED BY: West Chester University, West Chester, PA; Iowa Association of Nursing Students**

**AUTHORS: Kelsey O'Neill, Marissa Offenbacher, Elyse Smith, Morgan True, Julianna Brodhecker, Kim Eich, Michaela Pearson, and Breana Sitzman**

1 WHEREAS, research shows skin-to-skin (Kangaroo) Care improves heart, respiratory, and oxygen  
2 saturation rates along with stabilizing body temperature to progress the transition to  
3 extrauterine life; and  
4  
5 WHEREAS, the Kangaroo Care (KC) position is defined as the infant lying on the parent's chest with  
6 contracted extremities and the head facing one side to prevent suffocation; and  
7  
8 WHEREAS, women undergoing cesarean births face numerous barriers despite education efforts of  
9 the patient care team; and  
10  
11 WHEREAS, when staff are able to understand that mother and baby are one unit, they are then  
12 able to implement skin-to-skin interaction that is continuous and uninterrupted; and  
13  
14 WHEREAS, separation of mother and infant after delivery should be eliminated unless there are  
15 issues with the health and safety of the mother or the infant; and  
16  
17 WHEREAS, in infants given KC, the number of crying episodes is 10 times less and the duration is 40  
18 times less, which improves lung function, decreases likelihood of increased intra-cranial  
19 pressure, and minimizes stress hormones; and  
20  
21 WHEREAS, research from various studies concludes that KC is able to significantly decrease  
22 infection and mortality rates related to premature birth; and  
23  
24 WHEREAS, mothers who practiced KC with their babies were more likely to breastfeed and for  
25 longer periods of time; and  
26  
27 WHEREAS, KC can also assist the infant's father in feeling close to the infant while allowing the  
28 father to feel like he is in control and is supporting the mother; and  
29  
30 WHEREAS, a proven benefit of KC for parents is improved confidence in their care-giving capacity,  
31 as well as improved bonding between infant and parent; and  
32  
33 WHEREAS, after experiencing KC for the first time, several mothers reported reduced pain related  
34 to birth, feelings of fulfillment and serenity, motherhood instincts, and overall decrease  
35 in previous uncertainties; and  
36  
37 WHEREAS, in KC, an infant's sleep is of greater duration and higher quality due to less arousal and  
38 full sleep cycle per hour of KC enhancing brain maturation and connectivity; therefore  
39 be it  
40

41 RESOLVED, that the National Student Nurses' Association (NSNA) encourage its members to  
42 advocate for the implementation and awareness of the benefits and techniques of  
43 Kangaroo Care; and be it further

44 RESOLVED, that the NSNA publish an article in *Imprint* as well as information on the NSNA website  
45 promoting and highlighting the importance of Kangaroo Care, if feasible; and be it  
46 further

47 RESOLVED, that the NSNA encourage increased awareness and education about Kangaroo Care in  
48 nursing curricula as a preferred method for maternal-newborn care; and be it further

49 RESOLVED, that the NSNA provide workshops on the topic of KC at the annual national convention,  
50 as well as encourage each state Student Nurse Association to include education at their  
51 convention, if feasible; and be it further

52 RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association, the  
53 National League for Nursing, the American Association of Colleges of Nursing, the  
54 American College of Nurse-Midwives, the American College of Obstetricians and  
55 Gynecologists, the American Academy of Pediatrics, the Society of Pediatric Nurses, the  
56 American Academy of Family Physicians, the National Organization for Associate Degree  
57 Nursing, the American Medical Association, the Centers for Disease Control and  
58 Prevention, the National Association of Neonatal Nurses, the International Lactation  
59 Consultant Association, the Association of Women's Health, Obstetric, and Neonatal  
60 Nurses, the National Black Nurses Association, and all others deemed appropriate by the  
61 NSNA Board of Directors.

**TOPIC: IN SUPPORT OF INCREASING AWARENESS OF IMPROPER DISINFECTION OF STETHOSCOPES**

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

**AUTHORS: Jordan Lyerly and Justin Alexander**

1 WHEREAS, in 2010 the National Student Nurses' Association (NSNA) passed a resolution entitled "In  
2 support of cleaning stethoscopes between patients"; and  
3  
4 WHEREAS, there are disinfectants available that reduce bacterial contamination; however, a  
5 minimal percentage of healthcare providers disinfect their stethoscope on a regular  
6 basis; and  
7  
8 WHEREAS, recent studies from various countries, including the United States, have shown a 5% to  
9 17% *S. aureus* contamination on ED health care providers stethoscopes; and  
10  
11 WHEREAS, 1.7 million infections and 99,000 deaths occur annually from hospital-acquired  
12 infections according to the Centers for Disease Control and Prevention, costing an  
13 estimated \$ 4.5 billion dollars; and  
14  
15 WHEREAS, a study done at the Boston Children's Hospital implementing a new infection control  
16 measure used steel metal baskets placed outside of patient rooms filled with alcohol  
17 wipes and stickers reminding healthcare workers to clean their stethoscopes after each  
18 patient encounter; material and labor costs were \$3,758; and  
19  
20 WHEREAS, stethoscope disinfection increased from 34% in the pre-intervention period to 59% post-  
21 intervention; this increased more among nurses than physicians, 39% compared to 58%;  
22 and  
23  
24 WHEREAS, from 1974 to 2004 the rate of Hospital Acquired Infections (HAIs) related to Methicillin-  
25 Resistant Staphylococcus Aureus (MRSA) rose from 2% to 64% in intensive care units;  
26 and  
27  
28 WHEREAS, bacterial contamination on stethoscopes was reduced by 41% and MRSA contamination  
29 by 100% by making alcohol wipes more accessible; and  
30  
31 WHEREAS, with the use of 70% alcohol complete disinfection of non-spore forming bacteria can be  
32 achieved; therefore be it  
33  
34 RESOLVED, that the National Student Nurses' Association (NSNA) encourage its constituents to  
35 increase awareness of improper disinfection of stethoscopes; and be it further  
36 RESOLVED, that the NSNA publish an *Imprint* article on proper disinfection of stethoscopes, if  
37 feasible; and be it further

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

**TOPIC: INCREASING RURAL PROMOTION OF BACCALAUREATE-PREPARED NURSES TO ADDRESS THE RURAL NURSE SHORTAGE**

**SUBMITTED BY: Nursing Student Association of South Dakota**

**AUTHORS: Naomi Nagler**

1 WHEREAS, in 2012, the National Student Nurses’ Association (NSNA) House of Delegates passed a  
2 resolution entitled “In support of the Bachelor of Science in Nursing (BSN) in 10  
3 initiative” encouraging nursing students to obtain the BSN degree within ten years of  
4 becoming RNs; and  
5  
6 WHEREAS, an increasing body of research links the increased utilization of baccalaureate-prepared  
7 nurses to significantly lowered rates of patient mortality; and  
8  
9 WHEREAS, while roughly 20% of the American population resides in rural communities, only  
10 approximately 15.7% of registered nurses practice in rural settings; and  
11  
12 WHEREAS, nurses working in rural settings are less likely to be baccalaureate-prepared than their  
13 urban counterparts; and  
14  
15 WHEREAS, rural patients tend to be older, less well-insured, suffer more occupational and  
16 environmental injuries, and have higher chronic disease/obesity prevalence, infant and  
17 maternal morbidity, and rates of mental illness, thus resulting in increased workload to  
18 limited nursing staff; and  
19  
20 WHEREAS, minority groups such as Native Americans are largely represented in rural areas and  
21 currently suffer from some of the largest health disparities, with higher instances of  
22 chronic disease and lower life expectancies than the general population; and  
23  
24 WHEREAS, attaining a baccalaureate degree is a critical step to both addressing the health needs of  
25 rural communities and to pursuing roles as nursing faculty, a shortage of which remains  
26 one of the largest barriers to rural students’ access to nursing education; and  
27  
28 WHEREAS, the increasing support for the “grow your own” health care force recognizes the idea  
29 that individuals from rural backgrounds are more like to be intrinsically motivated to  
30 remain in or return to rural settings; therefore be it  
31  
32 RESOLVED, that the National Student Nurses’ Association (NSNA) promote nursing as a worthy  
33 profession in rural counties throughout the United States via its website, email blasts,  
34 and constituents, if feasible; and be it further  
35  
36 RESOLVED, that the NSNA Breakthrough to Nursing Chairperson collaborate with Breakthrough to  
37 Nursing representatives to promote the nursing profession in Native American and rural  
communities in an effort to grow their future skilled health care staff; and be it further

38 RESOLVED, that the NSNA encourage its constituents to develop community-specific campaigns  
39 such as Scrub Camps and demonstrations in an effort to recruit a larger enrollment of  
40 nursing students from rural areas; and be it further

41 RESOLVED, that the NSNA support the efforts of rural nursing students pursuing a baccalaureate  
42 degree in nursing by encouraging the Foundation of the National Student Nurses'  
43 Association, Inc. to offer scholarships to students on the condition that they express  
44 interest and commitment to remaining in and addressing the healthcare needs of their  
45 rural community after graduation; and be it further

46 RESOLVED, that the NSNA send a copy of this resolution to the National League for Nursing, the  
47 American Nurses Association, the American Association of Colleges of Nursing, the  
48 National Organization for Associate Degree Nursing, the American Association for  
49 Retired Persons, the National Council of State Boards of Nursing, the Accreditation  
50 Commission for Education in Nursing, the Rural Nurse Organization, the American Red  
51 Cross, the American Hospital Association, the National Association for Rural Mental  
52 Health, the Indian Health Services, the National Association for Rural Health Clinics, the  
53 Office of the Surgeon General of the United States, the Kaiser Family Foundation, and all  
54 others deemed appropriate by the NSNA Board of Directors.

**TOPIC: IN SUPPORT OF ENHANCING NURSING CURRICULA IN REGARDS TO CANCER PATIENT SEXUALITY**

**SUBMITTED BY: University of Nebraska Medical Center, Scottsbluff, NE**

**AUTHORS: Marion Techentien, Caroline Burris, and Eli Rodriguez**

1 WHEREAS, students and practicing nurses report low confidence in their ability to provide sex  
2 education to patients; and  
3  
4 WHEREAS, nurses report several barriers to sex education including lack of time and training,  
5 limited sexual knowledge and communication skills, and incorrect perspectives that  
6 patients will think sexual matters are not relevant; and  
7  
8 WHEREAS, one study revealed that 78% of all nurses seldom, or have never, undertaken a nursing  
9 assessment on sexual health, and 43% of nurses seldom discussed sexual difficulties  
10 with patients; and  
11  
12 WHEREAS, research demonstrates that cancer has significant effects on patients' sexual functioning  
13 and intimate relationships, leading to altered overall well-being; and  
14  
15 WHEREAS, oncology nurses feel discussing sexuality is important but rarely discuss it due to lack of  
16 knowledge and inadequate communication skills; and  
17  
18 WHEREAS, over 50% of men and women with pelvic cancers report sexual dysfunction, and over  
19 25% of men and women experiencing all other cancers experience sexual dysfunction;  
20 and  
21  
22 WHEREAS, research which examined the effects of internet-based sexual health education provided  
23 to women with cancer demonstrated significant positive effects on the women's sexual  
24 functioning; and  
25  
26 WHEREAS, the most effective interventions for cancer patients and their partners involve in-person  
27 counseling about sexual functioning; and  
28  
29 WHEREAS, nurses have the unique ability to work with cancer patients; and  
30  
31 WHEREAS, confident, well-informed nurses can improve sexual outcomes in cancer patients  
32 through providing them education in this area; therefore be it  
33  
34 RESOLVED, that the National Student Nurses' Association (NSNA) encourage its constituents to  
35 advocate for improved curricula addressing sexual health in cancer patients; and be it  
36 further  
37  
38 RESOLVED, that the NSNA publish an article on this topic in *Imprint*, if feasible; and be it further



39 RESOLVED, that the NSNA send a copy of this resolution to the American Association of Colleges of  
40 Nursing, the American Nurses Association, the National League for Nursing, the National  
41 Organization for Associate Degree Nursing, the American Nurses Credentialing Center,  
42 the American Hospital Association, the American Medical Association, the American  
43 Public Health Association, the Centers for Disease Control and Prevention, the  
44 International Council of Nurses, the National League for Nursing Accrediting  
45 Commission, the Honor Society of Nursing, Sigma Theta Tau International, the United  
46 Nations, the U.S. Department of Health and Human Services, the World Health  
47 Organization, and all others deemed appropriate by the NSNA Board of Directors.

**TOPIC: IN SUPPORT OF INCREASED NURSING EDUCATION AND ADVOCACY RELATED TO CHRONIC TRAUMATIC ENCEPHALOPATHY**

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

**AUTHORS: Danielle Lacovo**

1 WHEREAS, Chronic Traumatic Encephalopathy (CTE) is a progressive, degenerative brain disease  
2 found in athletes with a history of repetitive brain trauma, including symptomatic  
3 concussions as well as asymptomatic subconcussive [blows]. CTE is associated with  
4 memory loss, confusion, impaired judgment, impulse control problems, aggression,  
5 depression, and eventually progressive dementia; and  
6  
7 WHEREAS, since CTE’s discovery in 2002, hundreds of athletes have allowed study of their brains  
8 and spinal cords for increased CTE research, and thus far 131 out of 165 former football  
9 players (professional, college or high school levels) tested positive for CTE; and  
10  
11 WHEREAS, 248,418 children under the age of 19 were treated for traumatic brain injury or  
12 concussions due to sports-related injuries in 2009, with the highest rates occurring in  
13 males; and  
14  
15 WHEREAS, children under 19 usually fail to consider long-term effects of concussions or brain  
16 injuries and are hence less likely to report issues and follow recommended treatments;  
17 and  
18  
19 WHEREAS, nurses can facilitate recognition and treatment of concussions and prevent or minimize  
20 long-term consequences for young patients by staying current with contemporary  
21 practices, providing education, and managing concussion; and  
22  
23 WHEREAS, the Institute of Medicine concluded that the nurse’s role needs to be adapted to include  
24 roles such as care coordinators, coaches of health, and system innovators; therefore be  
25 it  
26  
27 RESOLVED, that the National Student Nurses’ Association (NSNA) encourage nursing students and  
28 nurses to advocate for increased research and education about CTE; and be it further  
29  
30 RESOLVED, that the NSNA encourage its members to reach out to legislators in support of policies  
31 regarding further brain injury prevention and protection against repetitive brain trauma  
32 in athletes of all ages; and be it further  
33  
34 RESOLVED, that the NSNA publish an informative article on this topic in *Imprint*, if feasible; and be it  
35 further  
36  
37 RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association, the  
38 National League for Nursing, the American Association of Colleges of Nursing, the

36 National Organization for Associate Degree Nursing, the American Association of  
37 Neuroscience Nurses, the American Academy of Neurology, the American Medical  
38 Society for Sports Medicine, the Society of Health and Physical Education, the Brain  
39 Injury Association, the National High School Coaches Association, and all others deemed  
40 appropriate by the NSNA Board of Directors.

**TOPIC: IN SUPPORT OF EDUCATION FOR NURSING STUDENTS TO IMPROVE SAFE PATIENT HANDLING IN THE WORKPLACE**

**SUBMITTED BY: Grand View University, Des Moines, IA**

**AUTHORS: Logan Johnson, Chad Moore, and Tyler Stover**

1 WHEREAS, the National Student Nurses’ Association (NSNA) House of Delegates in 2005 adopted  
2 the resolution “In support of the American Nurses Association Handle-with-Care  
3 Campaign” and in 2006 the NSNA adopted a resolution “In support of integrating the  
4 Handle-with-Care safe patient lifting campaign into nursing curricula”; and  
5  
6 WHEREAS, the American Nurses Association launched Handle with Care, a safe patient handling  
7 and mobility campaign over ten years ago; and  
8  
9 WHEREAS, the Bureau of Labor Statistics continues to report that non-fatal injuries and illnesses of  
10 healthcare workers are the highest rate of any industry sector work-related  
11 musculoskeletal disorders, and are the leading occupational health problem plaguing  
12 the nursing workforce; and  
13  
14 WHEREAS, the personal and organizational cost of these injuries is severe; many nursing workplace  
15 injuries result in the inability to continue practice and workers compensation claims are  
16 estimated to range from an average of \$25,450 to \$38,280 per injury; and  
17  
18 WHEREAS, nursing education regarding moving and handling is often ad hoc, with consistency and  
19 quality of the training often going unmeasured; and  
20  
21 WHEREAS, consistent handling and movement education leads to desirable outcomes, and one  
22 recent hospital study demonstrated that implementation of a Safe Patient Handling and  
23 Movement program resulted in a 90.5% reduction in lost days, a 57.1% reduction in  
24 workplace injuries, and a 6% rise in nursing job satisfaction; and  
25  
26 WHEREAS, handling and movement education is supported by mainstream nursing organizations  
27 and continues to require mainstream advocacy and education by the nursing profession;  
28 therefore be it  
29  
30 RESOLVED, that the National Student Nurses’ Association (NSNA) support nursing programs in  
31 educating their student population on current ways to identify and improve ergonomics  
32 throughout their nursing curriculum; and be it further  
33  
34 RESOLVED, that the NSNA support increased awareness of research and efforts to improve  
35 ergonomics and efficiency in the workplace for nursing students and practicing nurses;  
and be it further

36 RESOLVED, that the NSNA encourage its members to collaborate within coalitions to increase  
37 research and education related to safe patient handling techniques and appropriate  
38 workplace design using engineering controls and equipment; and be it further  
39 RESOLVED, that the NSNA publish articles on the NSNA website and offer a breakout sessions at the  
40 annual convention supporting education on safe patient handling, if feasible; and be it  
41 further resolved  
42 RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association, the  
43 National League for Nursing, the American Association of Colleges of Nursing, the  
44 National League for Nursing, and all others deemed appropriate by the NSNA Board of  
45 Directors

**TOPIC:                   ADVOCATING FOR INCREASED AWARENESS AND EDUCATION ABOUT ESSENTIAL OILS  
IN THE HEALTHCARE SETTING**

**SUBMITTED BY:       University of Mary Hardin-Baylor Nursing Students' Association, Belton, TX**

**AUTHORS:             Sarah Epperson and Gregory Applegate**

1   WHEREAS,             serious drug reactions occur more than 2 million times each year among hospitalized  
2                             patients and are the fourth leading cause of hospital deaths; and  
3  
4   WHEREAS,             the risk for adverse drug reactions rises drastically with the number of drugs taken, such  
5                             that five or more drugs cause a 50% risk of incidence and seven or more drugs cause an  
6                             80% risk; and  
7  
8   WHEREAS,             microbe resistance to antibiotics is a serious global health concern, but current evidence  
9                             demonstrates that essential oils may combat this threat. One study found that diffusion  
10                            of certain essential oils in a burn unit caused complete disappearance of MRSA and a  
11                            dramatic decrease in all other bacterial and viral infections; and  
12  
13   WHEREAS,             essential oils and antibiotics can be used synergistically to expand antimicrobial  
14                             elimination resources, reduce emergence of antibiotic resistant microbe strains, and  
15                             minimize use of a single antibiotic; and  
16  
17   WHEREAS,             essential oils are concentrated, distilled compounds obtained from flowers, leaves,  
18                             seeds, roots, and bark from hundreds of natural plant species. They affect the brain's  
19                             limbic system, which affects emotions, mood, memory, cognition, hunger, and sleep  
20                             patterns; and  
21  
22   WHEREAS,             over 50 hospitals nationwide use essential oils for their antimicrobial and mood-lifting  
23                             properties, and a Vanderbilt University study found a significant reduction in stress and  
24                             frustration rates among Emergency Department workers after diffusion of citrus oils  
25                             around the unit; therefore be it  
26  
27   RESOLVED,            that the National Student Nurses' Association (NSNA) promote awareness and  
28  
29                             education about the use of essential oils in the healthcare setting by allowing a  
30                             representative to host an educational session at the NSNA MidYear Conference and  
31                             Annual Convention, if feasible; and be it further  
32   RESOLVED,            that the NSNA publish an article on this topic in *Imprint*, if feasible; and be it further  
33   RESOLVED,            that the NSNA send a copy of this resolution to the American Nurses Association, the  
34                             National League for Nursing, the American Association of Colleges of Nursing, the  
35                             National Organization for Associate Degree Nursing, the Alliance for Psychosocial  
                              Nursing, Sigma Theta Tau International, the American Holistic Nurses Associations, the

36 American Association of Nurse Practitioners, the American Association of Critical Care  
37 Nurses, the International Council of Nurses, and all others deemed appropriate by the  
38 NSNA Board of Directors.

**TOPIC: IN SUPPORT OF FEDERAL LEGISLATION MANDATING MENINGOCOCCAL VACCINATION OF UPPER-LEVEL SCHOOL-AGED CHILDREN ATTENDING PUBLIC SCHOOLS**

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

**AUTHORS: Timothy Bell and Isabel Faringer-Perez**

1 WHEREAS, invasive meningococcal disease, a bacterial infection involving inflammation of the  
2 meninges of the brain, can lead to a serious blood infection; and  
3  
4 WHEREAS, there are currently no federal laws mandating the meningococcal vaccine; laws  
5 requiring vaccinations are implemented at the state level; and  
6  
7 WHEREAS, vaccines are only given to children after a long and careful review by scientists, doctors  
8 and healthcare professionals; and  
9  
10 WHEREAS, in the United States, approximately 600-1,000 people contract meningococcal disease  
11 each year; and  
12  
13 WHEREAS, there are multiple existing factors that may increase the likelihood of contracting  
14 meningococcal infections, such as age, community setting, certain medical conditions  
15 and operative procedures, working directly with disease-causing pathogens, and travel  
16 to certain parts of the world; and  
17  
18 WHEREAS, up to 15 percent of meningococcal infections result in death each year; and  
19  
20 WHEREAS, among those who do survive, approximately one in five survivors experience permanent  
21 disabilities, such as brain damage, hearing loss, loss of kidney function or limb  
22 amputations; and  
23  
24 WHEREAS, the Centers for Disease Control and Prevention estimated that between 1994 and 2004,  
25 732,000 American children escaped death and 322 million cases of childhood illnesses  
26 were prevented due to vaccination against a variety of diseases; and  
27  
28 WHEREAS, no current, reputable scientific study supports a causal relationship between vaccines  
29 and autism (the original study igniting this debate years ago has been retracted);  
30 although signs of autism may appear at the same time children receive certain vaccines,  
31 such as the measles, mumps and rubella (MMR) vaccine, this is a coincidence according  
32 to the Mayo Clinic; therefore be it  
33  
34 RESOLVED, that the National Student Nurses' Association (NSNA) encourage its constituents to  
35 collaborate with other professional organizations to further support federal legislation  
36 mandating the vaccination of upper-level school-aged children against meningococcal  
37 disease; and be it further



38 RESOLVED, that the NSNA encourage its members to educate the public and increase awareness of  
39 the benefits of mandatory meningococcal vaccination for upper-level school-aged  
40 children; and be it further

41 RESOLVED, that the NSNA encourage its members to write their state and federal legislators urging  
42 passage of legislation mandating the vaccination against meningococcal disease of  
43 upper-level school-aged children who will attend public schools, and request meetings,  
44 when available, to discuss the importance of such legislation; and be it further

45 RESOLVED, that the NSNA includes updates and calls-to-action related to legislation that calls for  
46 mandatory upper-level school-aged vaccinations against meningococcal disease for  
47 public school students in NSNA broadcast emails, if feasible; and be it further

48 RESOLVED, that the NSNA send a copy of this resolution to the American Academy of Nursing, the  
49 American Academy of Pediatrics, the American Academy of Family Physicians, the  
50 American Association of Colleges of Nursing, the American Nurses Association, the  
51 American Hospital Association, the American Public Health Association, the American  
52 Red Cross, the Association of Public Health Nurses, the National League for Nursing,  
53 Sigma Theta Tau International, the National Association of Neonatal Nurses, the  
54 National Association of Pediatric Nurse Practitioners, the National Association of School  
55 Nurses, the Centers for Disease Control and Prevention, the World Health Organization,  
56 and all others deemed appropriate by the NSNA Board of Directors.

**TOPIC: IN SUPPORT OF PROMOTING THE USE OF PROTECTIVE REFLECTIVE CLOTHING AND EQUIPMENT DURING ACTIVITY AFTER DUSK**

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

**AUTHORS: Paige Wenger, Kelsey Gerhart, Allison Heims, Hannah Hurlbert, Kristy Lueken, and Nicole Wubbena**

1 WHEREAS, walking and bicycling benefit the economy, environment, and health, but pedestrian  
2 and cyclist fatalities account for nearly a third of all road users killed or seriously injured  
3 in accidents; and  
4  
5 WHEREAS, of the over 4,700 pedestrians killed in traffic crashes in the United States in 2012, almost  
6 70% occurred at night; and  
7  
8 WHEREAS, automobile drivers' nighttime recognition distance is 75 feet when individuals wear  
9 dark, non-reflective clothes and 260-700 feet when individuals wear reflective clothing,  
10 while perception distance with reflective material carries from 1,200 to 2,200 feet ; and  
11  
12 WHEREAS, flashing front or back lights on bicycles increase nighttime visibility. Cyclists wearing  
13 reflective vests with joint markings increased both the percentage of drivers responding  
14 to the bicycle as well as the distance at which drivers responded; and  
15  
16 WHEREAS, individuals wearing minimally reflective clothing against a dark background are difficult  
17 to visualize, and numerous investigations confirm that individual conspicuity is  
18 dramatically enhanced with retroreflective markings; and  
19  
20 WHEREAS, individuals that are educated about reflective clothing are more likely to wear  
21 conspicuity-enhancing garments, which can successfully decrease accidents; therefore  
22 be it  
23  
24 RESOLVED, that the National Student Nurses' Association (NSNA), nursing students, and educators  
25 in the K-12 school system support and promote the use of protective reflective  
26 equipment; and be it further  
27  
28 RESOLVED, that the NSNA encourage nursing students and health care providers to include  
29 anticipatory guidance education to parents and children, related to protective reflective  
30 equipment; and be it further  
31  
32 RESOLVED, that the NSNA publish an article about this resolution in *Imprint*, if feasible; and be it  
33 further  
34  
35 RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association, the  
36 American Association of Colleges of Nursing, the National League of Nursing, the

34 National Organization for Associate Degree Nursing, the American Public Health  
35 Administration, the U.S. Department of Health and Human Services, the National  
36 Association of School Nurses, and all others deemed appropriate by the NSNA Board of  
37 Directors.

**TOPIC: IN SUPPORT OF NURSES EDUCATING WORKING MOTHERS ON BREASTFEEDING RIGHTS IN THE WORKPLACE**

**SUBMITTED BY: Frances Payne-Bolton School of Nursing, Case Western Reserve University, Cleveland, OH**

**AUTHORS: Mallory Erl, Erin Berschig, Frances DoRosario, Serena Kao, and Rainer Matzko**

1 WHEREAS, breastfeeding increases maternal-infant bonding and decreases infant hospitalizations  
2 and complications such as infections and Sudden Infant Death Syndrome (SIDS) while  
3 promoting healthy development; and  
4  
5 WHEREAS, only 27.1% of full-time employed mothers are breastfeeding at six months; and  
6  
7 WHEREAS, Healthy People 2020’s objective is to increase the proportion of infants who are  
8 breastfed at 6 months to 60.6%; and  
9  
10 WHEREAS, section 7(r) of the Fair Labor Standards Act in the Patient Protection and Affordable Care  
11 Act requires that “an employer . . . provide a reasonable break time for an employee to  
12 express breast milk for her nursing child for 1 year after the child’s birth . . . and in a  
13 place, other than a bathroom, that is shielded from view and free from intrusion from  
14 coworkers and the public, which may be used by an employee to express breast milk”;  
15 and  
16  
17 WHEREAS, many employers do not provide a time or place in close proximity at work to allow  
18 working mothers to breastfeed; and  
19  
20 WHEREAS, the U.S. Surgeon General notes that only 28% of companies reported having an on-site  
21 lactation room and 5% offered lactation support services; and  
22  
23 WHEREAS, many mothers encounter pressure from coworkers and supervisors not to take breaks  
24 to express breast milk, and existing breaks often do not allow sufficient time for  
25 expression; and  
26  
27 WHEREAS, recent studies have identified major deficits in education about and advocacy for  
28 breastfeeding in hospital policies and clinical practices, including low prioritization for  
29 breastfeeding education; therefore be it  
30  
31 RESOLVED, that the National Student Nurses’ Association (NSNA) encourage its constituents to  
32  
33 advocate for the inclusion of education regarding the amended section 7(r) of the Fair  
34 Labor Standards Act in the Patient Protection and Affordable Care Act in breastfeeding  
instruction; and be it further

35 RESOLVED, that the NSNA publish an informative article in *Imprint* and offer workshops at MidYear  
36 Conference and Annual Convention to educate nursing students about the knowledge  
37 deficit regarding legal breastfeeding rights in the workplace, if feasible; and be it further  
38 RESOLVED, that the NSNA encourage constituents to recognize August as the National  
39 Breastfeeding Awareness Month as a time to promote and educate the community of  
40 working mothers on their breastfeeding rights; and be it further  
41 RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association, the  
42 National League for Nursing, the National Federation of Nurses, the American  
43 Association of Colleges of Nursing, the National Organization for Associate Degree  
44 Nursing, the Association of Public Health Nurses, the United States Women’s Bureau,  
45 the United States Department of Health and Human Services, the National Council for  
46 Continuing Education and Training, Sigma Theta Tau International, the Association of  
47 Women’s Health, Obstetric, and Neonatal Nurses, the World Alliance for Breastfeeding  
48 Action, the United States Breastfeeding Committee, and all others deemed appropriate  
49 by the NSNA Board of Directors.

**TOPIC: INCREASING AWARENESS AND EDUCATION ABOUT ADVANCE DIRECTIVES TO COMMUNITY POPULATIONS**

**SUBMITTED BY: Drexel University Student Nurses Association, Philadelphia, PA; West Virginia University Student Nurses Association, Morgantown, WV**

**AUTHORS: Aleshia Burriss, Alex Gihorski, Rachel McLaughlin, Philip Mickinac, Kat Raiser, Anna Royek, Gabby Shelanski, Nicole Spindler, Meghan White, Jessica Willard, and Anne Woolley**

1 WHEREAS, Advance Care Planning (ACP) allows individuals to plan their future medical care; ACP  
2 follows two generalized forms, the advance directive (“living will”) and the durable  
3 power of attorney for healthcare. The “living will”) allows the individual to state his/her  
4 future healthcare preferences. The durable power of attorney (“healthcare proxy”) is a  
5 designated surrogate for healthcare choices on someone’s behalf if unable to do so for  
6 themselves; and  
7  
8 WHEREAS, advance directives are employed to extend patient autonomy into the period where the  
9 patient has lost the ability to make decisions for him or herself; however, patient end-  
10 of-life preferences are rarely documented in the primary care setting; and  
11  
12 WHEREAS, population-based estimates determined that only 5-30% of ACPs are completed; and  
13  
14 WHEREAS, currently the majority of education about ACP to the public primarily targets the elderly  
15 and those with life-threatening illnesses; and  
16  
17 WHEREAS, the American Academy of Pediatrics, the Institute of Medicine, and the World Health  
18 Organization suggest early participation of adolescents and young adults in care  
19 decisions including ACP when developmentally and emotionally ready; and  
20  
21 WHEREAS, when advance directives are not present, physicians can declare a DNR status too early  
22 or late, resulting in ineffective treatment which can be a disservice to the patient and  
23 add to hospitalization costs; and  
24  
25 WHEREAS, an overwhelming 75% of nurses within a study reported that the nursing barriers  
26 associated with discussing advance directives are the lack of time, education, support,  
27 and ambiguity of the professional nursing role; and  
28  
29 WHEREAS, education on the importance of ACPs and the forms associated show an increase in a  
30 patient’s comfort level, which in turn results in a higher likelihood of creating an  
31 advance directive; and  
32  
33 WHEREAS, due to the implementation of the Health Insurance Portability and Accountability Act,  
34 when a young adult over the age of 18 lacks an ACP, health institutions may withhold  
35 patient information unless prior consent is given; therefore be it  
36

37 RESOLVED, that the National Student Nurses' Association (NSNA) encourage its constituents to  
38 support further research and increased education on advance directive planning on all  
39 patient encounters; and be it further  
40 RESOLVED, that the NSNA educate its constituents about early advance directives planning through  
41 NSNA's *Imprint*, convention educational workshops, and any other means deemed  
42 appropriate by the NSNA, if feasible; and be it further  
43 RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association, the  
44 American Academy of Nursing, the National League for Nursing, the American  
45 Association of Colleges of Nursing, Sigma Theta Tau International, the National Council  
46 of State Boards of Nursing, the Hospice and Palliative Nurses Association, the American  
47 Association of Nurse Life Care Planners, the American Academy of Ambulatory Care  
48 Nursing, the American Medical Association, the Emergency Nurses Association, the  
49 National Organization for Associate Degree Nursing, and all others deemed appropriate  
50 by the NSNA Board of Directors.  
51

**TOPIC: IN SUPPORT OF SIMULATION IN NURSING CURRICULA OF EARLY INTERVENTION AND UTILIZATION OF RAPID RESPONSE TEAMS**

**SUBMITTED BY: Harding University Carr College of Nursing, Searcy, AR**

**AUTHORS: Brittney Firquain, Melissa Denton, and Scarlet Schreiner**

1 WHEREAS, the benefits of Simulation Based Training (SBT) include the ability to isolate specific  
2 learning objectives, combine realistic assessment and instant feedback while  
3 accelerating learning; and  
4  
5 WHEREAS, the Best Evidence in Medical Education (BEME) Guide provides educators with the tools  
6 necessary to adequately use simulators in teaching scenarios; and  
7  
8 WHEREAS, Rapid Response Systems (RRS) are underutilized due to staff reluctance to call for help  
9 as well as difficulties experienced in implementation; and  
10  
11 WHEREAS, clinical staff must recognize how patient perspectives relate to triggering criteria for  
12 Rapid Response Teams; and  
13  
14 WHEREAS, when patients decline, experienced nurses rely on knowledge gained from past  
15 experiences while new nurses solve problems using cognitive processes; and  
16  
17 WHEREAS, to promote memory retrieval, it is important that the simulated learning environment  
18 closely resembles the clinical setting; and  
19  
20 WHEREAS, self-report adherence rates to RRS activation increase with familiarity, agreement with,  
21 and understanding of its benefits; therefore be it  
22  
23 RESOLVED, that the National Student Nurses' Association (NSNA) encourage the incorporation of  
24 simulation-based RRT in nursing curricula to increase early recognition and appropriate  
25 utilization of the RRT; and be it further  
26  
27 RESOLVED, that the NSNA encourage further research related to nurse recognition of symptoms of  
28 a deteriorating patient and utilization of the RRT; and be it further  
29  
30 RESOLVED, that the NSNA send a copy of this resolution to Sigma Theta Tau International, the  
31 American Nurses Association, the National League of Nursing, the National Organization



30 for Associate Degree Nursing, the American Association of Colleges of Nursing, and all  
31 others deemed appropriate by the NSNA Board of Directors.

**TOPIC: IN SUPPORT OF NURSES EDUCATING PARENTS OF INTERSEX INFANTS ON ALL AVAILABLE APPROACHES TO CARE**

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

**AUTHORS: Sarah Dudley, Chelsea Kwong, Alexa Mandak, Amanda Matkovic, Erin Mcfadden, Christine Mckeon, Maura O' Shea, and Holly Storm**

1 WHEREAS, approximately one in 2,000 infants is born having “intersex traits”, which describes a  
2 reproductive anatomy that is unable to fall under the definitions of male or female, and  
3 can include androgen insensitivity syndrome, some forms of congenital adrenal  
4 hyperplasia, Klinefelter syndrome, Turner syndrome, and others; and  
5  
6 WHEREAS, traditionally, in the event that an infant presented with ambiguous sexual parts, they  
7 have been surgically treated and assigned a sex. The situation is treated like that of a  
8 medical emergency; and  
9  
10 WHEREAS, the surgeries may have lasting, irreversible effects, including scarring, incontinence,  
11 sterility, impotence, and the subsequent need for lifelong treatment, including hormone  
12 replacement therapy; and  
13  
14 WHEREAS, normalizing surgery continues to be the standard of care for these infants; and  
15  
16 WHEREAS, optimal care for the intersex infant and family involves effective communication and  
17 education from a team of experienced health professionals; and  
18  
19 WHEREAS, the nurse’s primary care role reflects the individualized needs of the patient and their  
20 family, with whom the nurse should engage in open communication regarding available  
21 resources, capacity for self-care, and treatment options; and  
22  
23 WHEREAS, the nurse caring for the intersex infant should be able to offer information on sources of  
24 support available to the parents and family of the individual, and provide adequate  
25 education in regards to the individual’s special needs; therefore be it  
26  
27 RESOLVED, that the National Student Nurses' Association (NSNA) encourage its members to ensure  
28 parents and families of intersex infants receive honest and complete education from  
29 their healthcare providers about their child's condition and all suitable approaches to  
30 care; and be it further  
31 RESOLVED, that the NSNA publish an article in *Imprint* to educate its constituents about intersex  
32 infants and all available approaches to care, if feasible; and be it further  
33 RESOLVED, that the NSNA encourage nurse educators to include discussion of care of intersex  
34 infants in their curricula; and be it further

35 RESOLVED, that the NSNA encourage its constituents to be aware of support organizations in their  
36 area for intersex infants and their families and that they be prepared to refer families to  
37 such organizations if they encounter the need to do so in their clinical practice; and be it  
38 further

39 RESOLVED, that the NSNA send a copy of this resolution to the American Academy of Neonatal  
40 Nursing, the American Academy of Pediatrics, the American Association of Colleges of  
41 Nursing, the American Nurses Association, the Association of Women's Health, Obstetric  
42 and Neonatal Nurses, the National League for Nursing, the National Organization for  
43 Associate Degree Nursing, and all others deemed appropriate by the NSNA Board of  
44 Directors.

**TOPIC: INCREASING AWARENESS AND EDUCATION ABOUT STANDARDIZED TESTING FOR SYPHILIS DURING PREGNANCY TO REDUCE CONGENITAL SYPHILIS**

**SUBMITTED BY: Mineral Area College, Park Hills, MO**

**AUTHORS: Jessica Knight, Ericka Sumpter, Christopher Huitt, Carlena Kent, Michelle Bainbridge, Marissa Hill, Kristen King, and Caitlyn Fields**

1 WHEREAS, syphilis, a common contagious infection, is transmitted sexually between some partners  
2 and has significantly impacted our economic and social society; and  
3  
4 WHEREAS, there has been a distressing increase in cases of syphilis in America amid pregnant  
5 women; mothers infected with syphilis transmit the infection to their unborn children,  
6 causing congenital syphilis; and  
7  
8 WHEREAS, between 2012 and 2014 rates of congenital syphilis increased 38%; and  
9  
10 WHEREAS, babies born with congenital syphilis can have serious and even potentially fatal health  
11 complications including deformed bones, severe anemia, enlarged liver and spleen,  
12 nerve problems, like blindness or deafness, and meningitis; and  
13  
14 WHEREAS, syphilis-induced second trimester spontaneous abortion and late-term stillbirths occur  
15 in 40% of cases; and  
16  
17 WHEREAS, syphilis diagnosed early can be easily treated with penicillin; and  
18  
19 WHEREAS, some cases of congenital syphilis may be asymptomatic, and without testing a pregnant  
20 mother, health care providers do not have tangible evidence to prove or disprove if the  
21 mother and baby are at risk for this serious infection. Current guidelines recommend all  
22 pregnant women should be serologically screened for syphilis; and  
23  
24 WHEREAS, under the Affordable Care Act (ACA), recommended preventative services are covered  
25 without cost; therefore be it  
26  
27 RESOLVED, that the National Student Nurses' Association (NSNA) encourage its members to support  
28 standardization and participation in the education regarding the dangers of congenital  
29 syphilis for pregnant women in communities and nursing settings; and be it further  
30 RESOLVED, that the NSNA publish an article of this topic in *Imprint*, if feasible; and be it further  
31 RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association, the  
32 National League for Nursing, the American Association of Colleges of Nursing, the  
33 National Organization for Associate Degree Nursing, the American Congress of

34 Obstetricians and Gynecologists, and all others deemed appropriate by the NSNA Board  
35 of Directors.

**TOPIC: INCREASED AWARENESS OF THE PSYCHOSOCIAL NEEDS OF CHILDREN OF ALCOHOLICS**

**SUBMITTED BY: The Student Nurses Association of Pennsylvania (SNAP)**

**AUTHORS: Devon Murphy**

1 WHEREAS, alcoholism is a disease that is chronic and often progressive, causing issues with control,  
2 preoccupation, and poor health; and  
3  
4 WHEREAS, approximately 16 million adults in the United States have an alcohol use disorder; and  
5  
6 WHEREAS, 26.8 million U.S. children live with a parent with alcoholism; and  
7  
8 WHEREAS, children of alcoholics (COAs) present with higher dependency, manipulative behaviors,  
9 neuroticism, and perfectionism and are twice as likely to develop personality subtypes  
10 such as externalizing, inhibited, emotionally dysregulated, and high-functioning  
11 disorders; and  
12  
13 WHEREAS, COAs are 85% more likely to attempt suicide than people whose parents did not abuse  
14 alcohol; and  
15  
16 WHEREAS, COAs report low self-esteem, anxiety, suppressed anger, perceive problems as beyond  
17 their control, poor coping skills, depression, unreasonable fear, sadness, and difficulty  
18 adjusting to change in routines; and  
19  
20 WHEREAS, 33% to 40% of children of alcoholics develop an alcohol use disorder, making them the  
21 largest known risk group for developing a substance abuse problem; therefore be it  
22  
23 RESOLVED, that the National Student Nurses' Association (NSNA) promote awareness regarding the  
24 prevalence of addiction and the psychosocial needs of children of alcoholics; and be it  
25 further  
26 RESOLVED, that the NSNA encourage nursing students, nursing programs, health care professionals,  
27 community organizations, schools, and colleges to promote education about the  
28 psychosocial needs of children of alcoholics; and be it further  
29 RESOLVED, that the NSNA publish articles in *Imprint* regarding the psychosocial needs of children of  
30 alcoholics, if feasible; and be it further  
31 RESOLVED, that the NSNA promote further research on the psychosocial needs of children of  
32 alcoholics; and be it further

33 RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association, the  
34 National League for Nursing, the American Association of Colleges of Nursing, Mental  
35 Health America, the National Alliance on Mental Illness, the National Council for  
36 Behavioral Health, the National Association for Children of Alcoholics, the National  
37 Organization for Associate Degree Nursing, and all others deemed appropriate by the  
38 NSNA Board of Directors.

**TOPIC: IN SUPPORT OF EXTENDING NEW GRADUATE RESIDENCY PROGRAMS TO INCLUDE COMMUNITY-BASED AND OUTPATIENT FACILITIES**

**SUBMITTED BY: Hawai'i Student Nurses' Association Board of Directors**

**AUTHORS: Jason Ching, Haley Deforest, Danica Quevedo, and Amber Williams**

1 WHEREAS, an acute care unit performed a study showing that new graduates make up  
2 approximately 10% of the nursing workforce; and  
3  
4 WHEREAS, a qualitative research study conducted in a community-based training program shows  
5 that new graduates encounter serious difficulties with transitioning into their new  
6 registered nurse (RN) role, and only 10% of nurse executives believe new graduates are  
7 competent to deliver quality care; and  
8  
9 WHEREAS, the Institute of Medicine (IOM) recommends developing and evaluating residency  
10 programs outside of acute care settings to accommodate the coming shift of care from  
11 hospital to community-based settings; meanwhile, residency programs are  
12 predominantly offered in acute care hospital settings; and  
13  
14 WHEREAS, new graduate residency programs have been shown to significantly decrease nursing  
15 workforce turnover, increase staff retention, and are financially efficient training  
16 models; and  
17  
18 WHEREAS, 34% of newly licensed nurses take over six months to secure a nursing job; and  
19  
20 WHEREAS, Most RNs (52%) practice in the hospital, while long-term care facilities, nursing homes,  
21 extended care facilities, and assisted living employ only 6.3% of RNs; therefore be it  
22  
23 RESOLVED, that the National Student Nurses' Association (NSNA) support increasing new graduate  
24 residency programs in community-based settings by publishing an article in *Imprint*, if  
25 feasible; and be it further  
26  
26 RESOLVED, that the NSNA encourage its constituents to support outpatient and community facilities  
27 in committing to hiring new graduate nurses annually; and be it further  
28  
28 RESOLVED, that the NSNA encourage constituents to conduct research on the correlation between  
29 new graduate nurse training academies in community facilities and the transition of new  
30 nurses to the workforce, patient care delivery, staff retention, and financial concerns;  
31 and be it further  
32  
32 RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association, the  
33 National League for Nursing, the American Association of Colleges of Nursing, the



34 National Organization for Associate Degree Nursing, and all others deemed appropriate  
35 by the NSNA Board of Directors.

**TOPIC: IN SUPPORT OF IMPROVING THE RELATIONSHIP BETWEEN UNLICENSED ASSISTIVE PERSONNEL (UAPs) AND NURSES**

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

**AUTHORS: Rachael Overmire, Sandra Mathieu, and Cassandra Lutzman**

1 WHEREAS, in 2011, the National Student Nurses' Association (NSNA) House of Delegates adopted  
2 the resolution "Team-based learning aimed at fostering a healthcare delivery system  
3 that assures quality care and patient safety"; and  
4  
5 WHEREAS, with the current shortage of nurses, the need for unlicensed assistive personnel (UAP) is  
6 increasing and nurses will undoubtedly need to work with UAP in a variety of healthcare  
7 settings; and  
8  
9 WHEREAS, research shows that a negative, subservient relationship exists between nurses and  
10 UAPs; and  
11  
12 WHEREAS, nurses and UAPs tend to work individually as separate healthcare providers, with UAPs  
13 rarely included in meaningful patient discussion; and  
14  
15 WHEREAS, lack of communication and collaboration among healthcare professionals is linked to  
16 medical errors, fragmentation of patient care, and negative patient care outcomes; and  
17  
18 WHEREAS, interpersonal relationships between nurses and UAPs that foster trust, respect, and  
19 communication lead to effective delegation and positive patient care outcomes; the  
20 ability for the nurse and UAP to work together as a team is then facilitated; therefore be  
21 it  
22  
23 RESOLVED, that the National Student Nurses' Association (NSNA) encourage its constituents to  
24 foster a positive, respectful and trusting relationship with unlicensed assistive personnel  
25 for the benefit of improved quality and safety in patient care; and be it further  
26 RESOLVED, that the NSNA encourage its constituents to advocate for the inclusion of education  
27 regarding this topic in current nursing school curricula; and be it further  
28 RESOLVED, that the NSNA publish an informative article regarding this topic in *Imprint*, if feasible;  
29 and be it further  
30 RESOLVED, that the NSNA publish informative information regarding this topic on its social media  
31 platforms, if feasible; and be it further  
32 RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association, the  
33 National League for Nursing, the American Association of Colleges of Nursing, the

34 National Organization for Associate Degree Nursing, the Accreditation Commission for  
35 Education in Nursing, the National Council of State Boards of Nursing, the American  
36 Nurses Credentialing Center, the National Association of Healthcare Assistants, the  
37 Association of Schools of Allied Health Professions, and all others deemed appropriate  
38 by the NSNA Board of Directors.

**TOPIC: INCREASING AWARENESS OF POST-TRAUMATIC STRESS DISORDER (PTSD) AND SUICIDE RISK AMONG THE VETERAN POPULATION**

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

**AUTHORS: Deven Jennings and Vanessa Fisher**

1 WHEREAS, this resolution re-affirms the importance of the 2013 NSNA resolution titled, “In support  
2 of awareness and education on Joining Forces, and nursing education on traumatic brain  
3 injury (TBI) and post-traumatic stress disorder (PTSD)” and the 2008 NSNA resolution  
4 titled “In support of increasing healthcare resources for American veterans suffering  
5 from post-traumatic stress disorder (PTSD) and their families dealing with the physical  
6 and psychological injuries of returning veterans” and the 2004 NSNA resolution entitled  
7 “In support of post-traumatic stress disorder (PTSD) in the aftermath of a crisis”; and  
8

9 WHEREAS, PTSD is a debilitating psychological response to stress that manifests with symptoms of  
10 re-experiencing, avoidance, hypervigilance, and negative changes in beliefs and feelings;  
11 and  
12

13 WHEREAS, PTSD is a complex and chronic disorder caused by exposure to a traumatic event, such  
14 as in military operations; and  
15

16 WHEREAS, PTSD is the most prevalent mental disorder developing in response to combat  
17 experience; and  
18

19 WHEREAS, suicide rates among the U.S. Army National Guard increased by 75% in 2009 in  
20 relationship to PTSD with the advent of the Iraq and Afghanistan conflict; and  
21

22 WHEREAS, American veterans account for one in five U.S. suicides and in 2012 more veterans died  
23 through suicide than battle; and  
24

25 WHEREAS, early intervention is a key component for reducing PTSD-related personal and public  
26 health costs; therefore be it  
27

28 RESOLVED, that the National Student Nurses’ Association (NSNA) demonstrate its ongoing  
29  
30 commitment to increase the awareness and understanding of PTSD in the Veteran  
31 population by providing education at the MidYear Conference and Annual Convention at  
32 break-out sessions, if feasible; and be it further  
33  
34 RESOLVED, that the NSNA publish an article on this topic in *Imprint*, if feasible; and be it further  
35  
36 RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association, the  
37  
38 National League for Nursing, the American Association of Colleges of Nursing, the

35 National Organization for Associate Degree Nursing, and all others deemed appropriate  
36 by the NSNA Board of Directors.

**TOPIC: IN SUPPORT OF NURSE-LED PROGRAMS TO INCREASE AWARENESS OF HOOKAH ASSOCIATED NEGATIVE HEALTH OUTCOMES**

**SUBMITTED BY: Sacred Heart University College of Nursing Student Nurses' Association, Fairfield, CT**

**AUTHORS: Melissa Haggerty, Caitlin Liner, and Kelly O'Sullivan**

1 WHEREAS, building upon the 2012 resolution "In support of increased awareness and education of  
2 the detrimental effects of water pipe/hookah smoking"; and  
3  
4 WHEREAS, the prevalence of hookah smoking has increased within recent years, roughly doubling  
5 for middle and high school students from 2013 to 2014 and according to the CDC in  
6 "hookah use among high school students rose from 5.2% (770,000) to 9.4% (1.3 million)  
7 and for middle school students from 1.1% (120,000) to 2.5% (280,000)"; and  
8  
9 WHEREAS, hookah pipes are water pipes heated by hot coals; the tobacco that is smoked through  
10 these pipes is soaked in flavored molasses and smoked in social settings; and  
11  
12 WHEREAS, sessions of hookah smoking are often thirty minutes or longer, during which the total  
13 volume inhaled can be equivalent to smoking 100 or more cigarettes. During a hookah  
14 session users can consume nicotine, carbon monoxide, toxicants, and carcinogens; and  
15  
16 WHEREAS, similar to cigarette smoking, hookah use is associated with harmful effects such as oral  
17 cancer, lung cancer, stomach cancer, esophageal cancer, reduced lung function,  
18 decreased fertility, and may transmit infectious diseases such as herpes, tuberculosis,  
19 influenza, and hepatitis when sharing mouthpieces; and  
20  
21 WHEREAS, hookah can also pose cardiovascular threats as the tobacco and the smoke it creates  
22 contain tar, which can potentially block arteries and blood flow, increasing the risk for a  
23 heart attack; and  
24  
25 WHEREAS, hookah users perceive hookah to be less harmful than cigarettes due to the filtration of  
26 its smoke in water; evidence shows that passing air bubbles through water will not  
27 change their contents and the harmful chemicals in hookah will remain in the smoke;  
28 therefore be it  
29  
30 RESOLVED, that the National Student Nurses' Association (NSNA) support the education of nursing  
31 students on the health effects that hookah smoke has on their patients and the general  
32 public health sector so that they may be equipped to lead education programs; and be it  
33 further  
34 RESOLVED, that the NSNA support the implementation of nurse-led education programs in schools  
35 and public health venues in order to increase the awareness of hookah and the  
36 potential consequences for hookah users; and be it further

37 RESOLVED, that the NSNA encourage constituents to conduct further research on the prevalence  
38 and usage of hookah nationwide; and be it further  
39 RESOLVED, that the NSNA publish an article in *Imprint* regarding the incidence of various cancers  
40 and cardiovascular diseases, among others related to the chemicals and toxins in  
41 hookah tobacco, if feasible; and be it further  
42 RESOLVED, that the NSNA send a copy of this resolution to the American Academy of Nursing, the  
43 American Association of Colleges of Nursing, the American Nurses Association, the  
44 American Public Health Association, the Association of Public Health Nurses, the  
45 National League for Nursing, the National Organization for Associate Degree Nursing,  
46 Sigma Theta Tau International, the National Association for School Nurses, the  
47 Association of Community Health Nursing Educators, the National Council of State  
48 Boards of Nursing, and all others deemed appropriate by the NSNA Board of Directors.

**TOPIC: INCREASING NURSING STUDENT EDUCATION ON INSULIN PUMP THERAPIES FOR DIABETICS**

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

**AUTHORS: Joshua Steward**

1 WHEREAS, in the United States there has been a 5.3% annual increase, that is 215,000 people  
2 under the age of 20 years old, who require a daily dose of insulin; and  
3  
4 WHEREAS, an estimation of one million people use insulin pumps; and  
5  
6 WHEREAS, according to certain manufacturers' estimates, there are more than 375,000 people in  
7 the United States using insulin pumps; and  
8  
9 WHEREAS, the use of insulin pumps is rapidly increasing; and  
10  
11 WHEREAS, insulin pumps are no longer used exclusively for Type I Diabetics; the advantages of  
12 having continuous subcutaneous insulin infusion has also been adopted by Type II  
13 Diabetics as well as Gestational Diabetics; and  
14  
15 WHEREAS, a study done by Brigham Young University concluded that having registered nurses and  
16 nursing students interact with diabetes technology (insulin pumps) firsthand resulted in  
17 better understanding and empathy for how to care for insulin-dependent diabetics as  
18 reported through daily journal entries; and  
19  
20 WHEREAS, being able to understand the tasks and difficulties of young adults who wear insulin  
21 pumps will enable health care professionals to create better evidence-based practices  
22 when dealing with patients who wear insulin pumps; therefore be it  
23  
24 RESOLVED, that the National Student Nurses' Association (NSNA) advocate for the expansion of  
25 education on insulin pump therapy for diabetics within undergraduate registered nurse  
26 programs; and be it further  
27 RESOLVED, that the NSNA promote education about insulin pump therapies through teaching in  
28 breakout sessions during the MidYear Conference and Annual Convention, if feasible;  
29 and be it further  
30 RESOLVED, that the NSNA publish an article on this topic in *Imprint*, if feasible; and be it further  
31 RESOLVED, that the NSNA send a copy of this resolution to the American Diabetes Association, the  
32 International Diabetes Center at Park Nicollet, the American Nurses Association, the  
33 American Association of Colleges of Nursing, the Association of Community Health



34 Nursing Educators, Sigma Theta Tau International, the American Association of Critical  
35 Care Nurses, the National League for Nursing, the National Organization for Associate  
36 Degree Nursing, the National Council of State Boards of Nursing, and all others deemed  
37 appropriate by the NSNA Board of Directors.

**TOPIC: IN SUPPORT OF DIVERSE NURSING STUDENTS PROMOTING NURSING CAREERS TO MINORITY ELEMENTARY SCHOOL STUDENTS**

**SUBMITTED BY: Santa Fe Nursing Student Association, Gainesville, FL**

**AUTHORS: Elizabeth Gaddis and Derek Lavender**

1 WHEREAS, the National Student Nurses' Association (NSNA) has a history of working to expand  
2 diversity including implementing the Breakthrough to Nursing Program, and in 2013 the  
3 NSNA passed "In support of promoting the nursing profession to middle and high school  
4 students" and "In Support of increasing outreach to recruit ethnic minority students into  
5 nursing schools to better align the nursing workforce with the increasingly diverse  
6 population; and

7  
8 WHEREAS, only 16.8% of working registered nurses are minorities; and

9  
10 WHEREAS, the percentage of minorities in the U.S. is expected to grow from 37% in 2012 to 57% by  
11 the year 2060; and

12  
13 WHEREAS, a diverse nursing workforce will better represent minorities to provide culturally  
14 competent and patient-centered care; and

15  
16 WHEREAS, research indicates elementary students report an increased interest of 61% in favor of  
17 considering a career in nursing after attending a nursing education demonstration; and

18  
19 WHEREAS, nursing career education programs encompassing factual information and hands-on  
20 learning activities for all grade levels, including elementary and middle school children,  
21 is a promising strategy to encourage consideration for a future career in nursing; and

22  
23 WHEREAS, the Institute of Medicine (IOM) recommends partnerships between academic  
24 institutions and elementary schools to encourage diversity in nursing schools; therefore  
25 be it

26  
27 RESOLVED, that the National Student Nurses' Association (NSNA) encourage chapters to support  
28 increasing diversity in nursing; and be it further

29 RESOLVED, that the NSNA encourage chapters to partner with local elementary schools and present  
30 nursing as a career option in order to increase interest in nursing at a younger age; and  
31 be it further

32 RESOLVED, that the NSNA encourage men and minority nursing students to actively participate in  
33 elementary presentations so that elementary school children will have role models in  
34 nursing with whom they can identify; and be it further

35 RESOLVED, that the NSNA encourage its constituents to emphasize that success in school is critical  
36 to acceptance into nursing school during presentations to elementary school students;  
37 and be it further

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

**TOPIC: IMPROVING STUDENT NURSE AWARENESS THROUGH EDUCATION ABOUT NURSING STUDENT ASSOCIATIONS AT THE CHAPTER, STATE, AND NATIONAL LEVEL**

**SUBMITTED BY: Florida Nursing Students Association**

**AUTHORS: Anna Reifschneider and Robert Down**

1 WHEREAS, in 2013, the National Student Nurses’ Association (NSNA) House of Delegates adopted a  
2 resolution titled “Pursuing greater involvement of faculty and administrators in adopting  
3 policies and philosophies that support nursing students who aspire to be actively  
4 involved in NSNA membership”; and  
5  
6 WHEREAS, in 2014, the NSNA adopted a resolution titled “Encouraging nursing students to  
7 participate in the National Student Nurses’ Association (NSNA) by establishing a method  
8 for promoting professional growth and leadership as part of the nursing curriculum”;  
9 and  
10  
11 WHEREAS, joining an association leads to professional development; and  
12  
13 WHEREAS, membership in an association allows member to participate in a community; and  
14  
15 WHEREAS, associations serve their constituents by providing networking, job placement, and  
16 education; and  
17  
18 WHEREAS, membership allows students to stay informed on trending topics related to the industry;  
19 and  
20  
21 WHEREAS, membership provides a platform to exchange and disseminate knowledge; and  
22  
23 WHEREAS, student involvement is directly linked to student success; and  
24  
25 WHEREAS, a majority of students have little knowledge of professional organizations; and  
26  
27 WHEREAS, nurses are historically underrepresented as a profession; therefore be it  
28  
29 RESOLVED, that the National Student Nurses’ Association (NSNA) encourage its constituent faculty  
30 to increase support of students interested in NSNA, state chapters, and school chapters;  
31 and be it further  
32 RESOLVED, that the NSNA educate its constituent schools that active membership in a professional  
33 group is one of the most effective ways to collectively share a unified voice; and be it  
34 further

35 RESOLVED, that the NSNA create a social media template to be used by state and school chapters to  
36 educate non-member students about opportunities and promote membership, if  
37 feasible; and be it further

38 RESOLVED, that the NSNA create an engagement and promotion toolkit marketed towards faculty  
39 to improve education of NSNA, state chapter, and school chapter opportunities, if  
40 feasible; and be it further

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

**TOPIC: IN SUPPORT OF ROUTINE INTIMATE PARTNER VIOLENCE SCREENING AND EDUCATION ON COLLEGE CAMPUSES**

**SUBMITTED BY: University of Pittsburgh Nursing Student Association, Pittsburgh, PA**

**AUTHORS: Sarah Greener, Taylor Giambrone, and Courtney Johnson**

1 WHEREAS, in 2013, the National Student Nurses' Association (NSNA) House of Delegates adopted a  
2 resolution titled, "In support of implementation of intimate partner violence education  
3 in nursing curricula"; and  
4

5 WHEREAS, women between the ages of 18-24 face the highest rate of rape and sexual assault;  
6 among these women, approximately 20%-25% are in college when this occurs; and  
7

8 WHEREAS, intimate partner violence (IPV) results in critical health effects such as sexually  
9 transmitted diseases, unintended pregnancy, pelvic inflammatory disease, and  
10 physiological distress from physical and sexual assault; and  
11

12 WHEREAS, roughly 90% of college women stated they were not questioned about intimate partner  
13 violence at their most recent health care encounter at a college health center; of those  
14 women, 83% noted that practitioners did not inquire about their current relationship  
15 status; and  
16

17 WHEREAS, obstacles for screening for IPV include primary care providers' lack of subject knowledge  
18 resulting in uncomfortable discussion and insufficient time, fear of offending the  
19 patient, and initiating the feeling of powerlessness or loss of control for the patient; and  
20

21 WHEREAS, while research has been done regarding intimate partner violence in select settings  
22 (e.g., obstetrics/gynecology, primary care, emergency department), none has examined  
23 IPV in college health settings. Moreover, screening protocol has not been established  
24 among this high risk group; and  
25

26 WHEREAS, research has exhibited that if questioned about IPV, patients would respond if clinicians  
27 disclosed their reasons for asking, created a safe and supportive environment, and they  
28 were non-judgmental with the admission of this sensitive information; therefore be it  
29

30 RESOLVED, that the National Student Nurses' Association (NSNA) support the implementation of  
31 routine intimate partner violence screening and abuse education at campus health  
32 centers through informative workshops at annual convention, articles in *Imprint*, and  
33 promoting screening tools as recommended by the United States Preventative Services  
34 Task Force (USPSTF) via NSNA communication outlets, if feasible; and be it further

35 RESOLVED, that the NSNA advocate for research that determines the optimal routine screening  
36 methods in campus health services, leading to increased positive outcomes for all at-risk  
37 populations; and be it further

38 RESOLVED, that the NSNA recognize the need for further research of IPV in the college-age male  
39 population, as this is lacking in present literature; and be it further

40 RESOLVED, that the NSNA encourage chapters to promote awareness of this topic through  
41 handouts at chapter meetings; and be it further

42 RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association, the  
43 National League for Nursing, the American Association of Colleges of Nursing, the  
44 National Organization for Associate Degree Nursing, the National Sexual Violence  
45 Resource Center, the American Public Health Association, the Institute for Healthcare  
46 Improvement, the American College Health Association, the U.S. Department of Health  
47 and Human Services, and all others deemed appropriate by the NSNA Board of Directors

**TOPIC: TO INCREASE AWARENESS OF THE PSYCHOLOGICAL IMPACTS ON CHILDREN OF FATHERS WITH PATERNAL POSTPARTUM DEPRESSION (PPD)**

**SUBMITTED BY: Maurine Church Coburn School of Nursing, Monterey Peninsula College, Monterey, CA**

**AUTHOR: Jane M. De Lay**

1 WHEREAS, the National Student Nurses' Association passed the resolution titled "Research and  
2 education for paternal postpartum depression" in 2012 ; and  
3  
4 WHEREAS, the condition remains misunderstood, under-diagnosed, and under-treated: paternal  
5 PPD continues to affect between 4% and 25% of new fathers, with the percentages  
6 increasing to as many as 50%, if their partner is also suffering depressive symptoms; and  
7  
8 WHEREAS, the negative effects of paternal PPD on the family unit, when they occur very early in a  
9 child's life, have particularly potent psychological impacts on childhood development  
10 that are independent of the impacts from maternal PPD, with boys being particularly  
11 vulnerable; and  
12  
13 WHEREAS, research demonstrates that children whose fathers have PPD have a diagnosis of anxiety  
14 or depressive disorder twice as often as children whose fathers do not have PPD; and  
15  
16 WHEREAS, the most prevalent psychological disorder associated with paternal PPD is oppositional  
17 defiant/conduct disorder, which is closely associated with serious psychopathic traits  
18 including aggression, anti-social behavior, academic difficulties, and general  
19 impairment; and  
20  
21 WHEREAS, the most violent and aggressive crimes are disproportionately committed by individuals  
22 with psychopathic traits; therefore, it has become a priority for mental health  
23 professionals to examine and identify the specific characteristics of children most at risk  
24 for psychopathy and to promote prevention and early intervention strategies; and  
25  
26 WHEREAS, the impacts of paternal PPD on early childhood development are a significant public  
27 health concern with increasing, long-term social costs, nurses are in a unique position to  
28 promote mental health screening, education, awareness, and support to affected  
29 families; therefore be it  
30  
31 RESOLVED, that the National Student Nurses' Association (NSNA) acknowledge that there is a  
32  
33 critical need to educate and increase public and professional awareness of paternal PPD  
34 and the seriousness of the developmental outcomes for children and families; and be it  
35 further  
36  
37 RESOLVED, that the NSNA encourage its constituents to become more informed, aware, and  
38  
39 proactive about recognizing and treating signs and symptoms of PPD by publishing an



37 article in *Imprint*, website information dissemination, appropriate NSNA committee  
38 action, and information at the annual NSNA convention, if feasible; and be it further  
39 RESOLVED, that the NSNA encourage supplementing nursing education curricula in Maternal and  
40 Women’s Health, Pediatrics, and Mental Health courses with information about the  
41 long-term detrimental effects of paternal PPD on early child development and familial  
42 security, and by any other means the NSNA Board of Directors deems appropriate; and  
43 be it further  
44 RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association, the  
45 National League for Nursing, the American Federation of Nurses, the American  
46 Association of Colleges of Nursing, the National Organization for Associate Degree  
47 Nursing, the Council on Education for Public Health, the American Medical Association,  
48 the National Association of Pediatric Nurse Practitioners, the Society for Pediatric  
49 Nurses, the American Psychiatric Association, the American Psychiatric Nurses  
50 Association, the Association of Women's Health, Obstetric and Neonatal Nurses, and all  
51 others deemed appropriate by the NSNA Board of Directors.

**RESOLUTION 33**

**TOPIC: IN SUPPORT OF INCREASING AWARENESS AND EDUCATION REGARDING INJECTION SAFETY FOR PATIENTS**

**SUBMITTED BY: College of Southern Nevada, Las Vegas, NV**

**AUTHORS: David Alvarez, Dawn Gonzales, Regie Layog, and Mayra Rivera**

1 WHEREAS, in 2008, six patients were infected with Hepatitis C Virus (HCV), and more than 40,000  
2 were placed at risk, because of syringe reuse and contamination of single-dose  
3 medication vials; and  
4  
5 WHEREAS, a study found 35 patient notifications occurred after unsafe injection practices in 17  
6 states; and  
7  
8 WHEREAS, more than 150,000 patients were advised to get Hepatitis B Virus (HBV), HCV, Human  
9 Immunodeficiency Virus (HIV), or Human Papilloma Virus (HPV) testing due to reuse of  
10 syringes over a ten-year period; and  
11  
12 WHEREAS, single-dose vials used for more than one patient increased the risk for transmission of  
13 infection; therefore be it  
14  
15 RESOLVED, that the National Student Nurses' Association (NSNA) promote the One and Only  
16 Campaign as an official initiative to promote safe injection practices and prevent  
17 infection; and be it further  
18 RESOLVED, that the NSNA support increased awareness and ongoing education for safe injection  
19 practices across all nursing fields to better protect and maintain the health of all  
20 patients; and be it further  
21 RESOLVED, that the NSNA promote education regarding this topic at the MidYear Conference and  
22 Annual Convention, if feasible; and be it further  
23 RESOLVED, that the NSNA publish information in *Imprint* about the need for further awareness and  
24 education related to this topic, if feasible; and be it further  
25 RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association, the  
26 National League for Nursing, the American Association of Colleges of Nursing, the  
27 National Organization for Associate Degree Nursing, and all others deemed appropriate  
28 by the NSNA Board of Directors.

**TOPIC: INCREASING AWARENESS, EDUCATION, AND RESEARCH ABOUT THE BENEFITS OF DELAYED CORD CLAMPING FOR PRETERM INFANTS**

**SUBMITTED BY: Our Lady of Holy Cross College Student Nurses' Association Board, New Orleans, LA**

**AUTHORS: Jocelyn Amador**

1 WHEREAS, the American College of Nurse-Midwives (ACNM) defines cord clamping as clamping  
2 within 30 seconds of birth and delayed cord clamping as clamping after two to five  
3 minutes, or when pulsation ceases; and  
4  
5 WHEREAS, delayed cord clamping facilitates transition to extrauterine life through placental  
6 transfusion of blood, improving blood volume, hemoglobin concentration, and birth  
7 weight; and  
8  
9 WHEREAS, when there is an emergency situation that is occurring and there is no time to wait 30  
10 second or more, milking the umbilical cord by stroking the cord may give the same  
11 benefits to the preterm infants; and  
12  
13 WHEREAS, a study found preterm infants that had delayed cord clamping had a reduced risk of  
14 interventricular hemorrhage and late onset sepsis than infants with immediate cord  
15 clamping; and  
16  
17 WHEREAS, delayed clamping also results in an infusion of stem cells, which play an essential role in  
18 the development of the immune, respiratory, cardiovascular, and central nervous  
19 systems, among many other functions. The concentration of stem cells in fetal blood is  
20 higher than at any other time of life. Immediate cord clamping leaves nearly one-third of  
21 these critical cells in the placenta; and  
22  
23 WHEREAS, research on delayed cord clamping found that preterm infants whose cords were  
24 clamped one minute or later after birth had higher iron levels when measured at two to  
25 six months of age by 8% or more than the average; and  
26  
27 WHEREAS, researchers found that a couple of extra minutes (two to five) attached to the umbilical  
28 cord at birth may translate into a small boost in neurodevelopment several years later;  
29 children whose cords were cut more than three minutes after birth had slightly higher  
30 social skills and fine motor skills than those whose cords were cut within 10 seconds;  
31 therefore be it  
32  
33 RESOLVED, that the National Student Nurses' Association (NSNA) encourage its constituents to  
34 collaborate with professional nursing and healthcare organizations to increase  
35 awareness, education and evidence-based research of the benefits of delayed cord  
36 clamping through posted hyperlinks on websites, if feasible; and be it further

37 RESOLVED, that the NSNA publish a factsheet, article in *Imprint*, or provide focus sessions to  
38 increase awareness and education about delayed cord clamping, if feasible; and be it  
39 further  
40 RESOLVED, that the NSNA support the education of nurses, healthcare professionals, and the  
41 community about delayed cord clamping; and be it further  
42 RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association, the  
43 National League for Nursing, the American Association of Colleges of Nursing, the  
44 National Organization for Associate Degree Nursing, the American Academy of  
45 Pediatrics, the National Association of Neonatal Nurses, the Society of Pediatric Nursing,  
46 the Women’s Health Obstetric and Neonatal Nurses, the American College of Nurse  
47 Midwives, the Academy of Neonatal Nursing, and all others deemed appropriate by the  
48 NSNA Board of Directors.

**TOPIC: IN SUPPORT OF EDUCATION ON CHECKLIST IMPLEMENTATION TO PREVENT CATHETER-ASSOCIATED URINARY TRACT INFECTIONS (CAUTIs)**

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

**AUTHORS: Amanda Flaherty**

1 WHEREAS, urinary tract infections are one of the five most common hospital associated infections  
2 (HAIs), accounting for 25.6 percent of all HAIs; and  
3  
4 WHEREAS, a recent evidence-based study from the Virginia Department of Health estimated the  
5 burden of CAUTIs in U.S. healthcare facilities at 13,000 deaths (2.3%) annually, and the  
6 mortality rate increases to approximately 10% when the patient has a secondary  
7 bacteremia (bloodstream infection as a result of the UTI); and  
8  
9 WHEREAS, the Institute for Healthcare Improvement reports an estimated cost of \$500-\$700 for  
10 each case of CAUTI, and an additional cost of \$2500-\$3000 if the individual develops  
11 bacteria secondary to CAUTI; and  
12  
13 WHEREAS, checklists for catheter insertion encourage staff to consider other alternatives to  
14 indwelling catheterization and can increase awareness as to what constitutes  
15 appropriate indications for Foley catheters; and  
16  
17 WHEREAS, CAUTI prevention criteria give nurses the opportunity to discuss, with physicians, other  
18 options for specimen collection or measurement of output that will significantly  
19 decrease the occurrence of CAUTI; and  
20  
21 WHEREAS, ensuring that departments that frequently place catheters (ex. emergency department  
22 and intensive care unit) have an adequate supply of indwelling catheter alternatives (ex.  
23 condom catheters, bed pans, and urinals) will decrease the use of invasive measures;  
24 and  
25  
26 WHEREAS, when reviewing previous cases that did not meet criteria, opportunities were provided  
27 to identify needs for further education and improvement, thus decreasing CAUTIs; and  
28  
29 WHEREAS, checklists for CAUTI prevention can help reduce costs to hospitals and patients and  
30 prevent secondary bacterial infections caused by unnecessary use of indwelling  
31 catheters that may cause patient harm or even death; therefore be it  
32  
33 RESOLVED, that the National Student Nurses' Association (NSNA) promote awareness of this topic  
34 via *Imprint* and electronic sources (website/email) and elsewhere as seen fit, if feasible;  
35 and be it further  
36 RESOLVED, that the NSNA implement education about the use of checklists to prevent CAUTIs  
37 through focus sessions at MidYear Conference and Annual convention, if feasible; and  
38 be it further

39 RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association, the  
40 National League for Nursing, Sigma Theta Tau International, the American Association of  
41 Colleges of Nursing, the National Organization for Associate Degree Nursing, the  
42 National Council for Continuing Education and Training, the National Council of State  
43 Boards of Nursing, and all others deemed appropriate by the NSNA Board of Directors.

**TOPIC: IN SUPPORT OF INCREASING SUICIDE RISK TRAINING AND ASSESSMENT FOR NURSES TO PROMOTE PATIENT SAFETY**

**SUBMITTED BY: Hunter-Bellevue School of Nursing, New York, NY; Hunter-Bellevue Student Nurse Association (HBSNA)**

**AUTHORS: Joanna Law, Courtney McEvoy Lee, Ka Man Yeung, Kristi Yu, Allison Chan, Krizzy Mallari, Maria Ponce, Amrit Kaur, Kai Lin, Leonela Contreras, and Ashlee Torres**

1 WHEREAS, suicide is known as a medical emergency in healthcare settings, and the National  
2 Student Nurses’ Association (NSNA) recognized suicide risk as a high priority in their  
3 2015 resolution “In support of mental health first aid training for emergency service  
4 personnel” and a 2014 resolution “In support of ongoing and increased awareness of  
5 suicide prevention resources for veterans and their families”; and  
6  
7 WHEREAS, with suicide being the tenth leading cause of death in the United States, The Joint  
8 Commission reported 1,089 suicide sentinel events between 2010 and 2014; many cases  
9 of suicide occurring in inpatient and outpatient settings are due to inadequate  
10 assessments by healthcare providers; and  
11  
12 WHEREAS, identifying patients with risk for suicide remains a challenge because risk factors vary  
13 within different patient populations; and  
14  
15 WHEREAS, nurses in all hospital units play a crucial role in suicide prevention; however, their  
16 emotions, beliefs, knowledge, and attitudes may affect their assessment and care for  
17 suicidal patients; and  
18  
19 WHEREAS, a completed suicide in a healthcare setting places an emotional burden on healthcare  
20 providers, affecting assessment and treatment of other suicidal patients; and  
21  
22 WHEREAS, clinical judgement continues to be critical to assess suicide risk; and  
23  
24 WHEREAS, the U.S. Surgeon General and the National Action Alliance for Suicide Prevention  
25 recognize that important goals for suicide prevention include training for all healthcare  
26 providers and making suicide risk assessments a standard of practice; and  
27  
28 WHEREAS, studies show suicide risk training improved healthcare providers’ ability to identify and  
29 assess patients with suicidal ideations, increased knowledge in providing treatment and  
30 interventions, and changed attitudes toward suicidal patients; and  
31  
32 WHEREAS, the American Psychiatric Nurses Association called attention to the need for establishing  
33 suicide risk guidelines, competencies, and standards of care; and  
34  
35 WHEREAS, currently, there are no licensing boards that mandate continuing education on suicide  
36 prevention; therefore be it  
37

38 RESOLVED, that the National Student Nurses' Association (NSNA) encourage its constituents to  
39 support the need to increase suicide risk training for all nurses and mandate suicide risk  
40 management as a standard of nursing care; and be it further

41 RESOLVED, that the NSNA encourage healthcare facilities to provide suicide prevention training  
42 during new nurse orientation and to nurses in all hospital units every year; and be it  
43 further

44 RESOLVED, that the NSNA advocate that clinical practice guidelines adapt the American Psychiatric  
45 Nurses Association's nine competencies relating to suicide prevention, which would  
46 serve as the basis for standardizing training for nurses, as well as assessments and  
47 interventions for patients at risk for suicide; and be it further

48 RESOLVED, that the NSNA advocate that health agencies establish mental health support services  
49 for healthcare professionals affected by past traumatic events and use an evidence-  
50 based screening tool to assess all patients for suicide risk; and be it further

51 RESOLVED, that the NSNA send a copy of this resolution to the Academy of Medical-Surgical Nurses,  
52 the American Nurses Association, the American Psychiatric Nurses Association, the  
53 Emergency Nurses Association, the Association of Women's Health, Obstetric, and  
54 Neonatal Nurses, the Gerontological Advanced Practice Nurses Association, the  
55 American Association of Colleges of Nursing, the Nurse Organization of Veteran Affairs,  
56 the Oncology Nursing Society, the Society of Pediatric Nurses, the National League for  
57 Nursing, the National Council of State Boards of Nursing, the National Organization for  
58 Associate Degree Nursing, Sigma Theta Tau International, and all others deemed  
59 appropriate by the NSNA Board of Directors.



**TOPIC: IN SUPPORT OF INCREASED AWARENESS AND EDUCATION REGARDING EXERCISE-BASED PREVENTION PROGRAMS FOR PEDIATRIC SPORT INJURIES**

**SUBMITTED BY: Salisbury University, Salisbury, MD**

**AUTHORS: Edward Russo, Anna VanZeijts, Megan Caudill, Hannah Pennington, Abigail Lentz, and Maura Skeen**

1 WHEREAS, the term “sports injury” denotes the loss or abnormality of bodily structure or  
2 functioning resulting from an isolated exposure to physical energy during sports training  
3 or competition that, following examination, is diagnosed by a clinical professional as a  
4 medically recognized injury; and  
5

6 WHEREAS, sports are the leading cause of injury among school-aged children, with 2.5 million  
7 younger than nineteen years visiting the emergency department (ED) each year for  
8 sports-related injuries; and  
9

10 WHEREAS, injuries lead to reduced participation in sport and fitness activities, contribute to  
11 childhood obesity, and disrupt sport benefits, including increased self-esteem,  
12 community involvement, and fitness, according to the American College of Sports  
13 Medicine; and  
14

15 WHEREAS, each year an estimated 30 million children in the United States participate in organized  
16 athletics and this number continues to grow; and  
17

18 WHEREAS, in 2010, the National Athletic Trainers Association reported 50 fatal sports-related  
19 injuries in children; and  
20

21 WHEREAS, the estimated annual healthcare cost related to emergent care of the young athlete is  
22 \$2 billion dollars; and  
23

24 WHEREAS, exercise-based injury prevention education is integral to regular training sessions,  
25 improving physical fitness and technical performance, benefiting children, parents,  
26 coaches, sport institutions, and society; and  
27

28 WHEREAS, exercise-based injury training programs focusing on neuromuscular control, balance,  
29 coordination, flexibility, and strengthening of the lower extremities are advocated for  
30 reducing injury risk, especially among pediatric athletes with a previous history of injury;  
31 and  
32

33 WHEREAS, nurses should be vocal advocates for child safety issues to create a safe and enjoyable  
34 environment while participating in sports; and  
35

36 WHEREAS, a 2014 meta-analysis reported a 46% reduction in injury during organized youth sports  
37 when an exercise-based injury prevention program was implemented; therefore be it  
38

39 RESOLVED, that the National Student Nurses’ Association (NSNA) encourage its constituents to

40 support increased awareness and education for nursing students and health care

41 professionals on exercise-based injury prevention programs for pediatric organized  
42 sports; and be it further  
43 RESOLVED, that the NSNA publish an article in *Imprint* pertaining to the use of exercise-based  
44 prevention programs with pediatric athletes, if feasible; and be it further  
45 RESOLVED, that the NSNA send a copy of this resolution to the National League for Nursing, Sigma  
46 Theta Tau International, the American Association of Colleges of Nursing, the National  
47 Organization for Associate Degree Nursing, the American Association of Critical Care  
48 Nurses, the Emergency Nurses Association, the American Nurses Credentialing Center,  
49 the American Association of Neuroscience Nurses, the National Association of School  
50 Nurses, the American Nurses Association, the National Association of Pediatric Nurse  
51 Practitioners, the American Academy of Physical Medicine and Rehabilitation, the  
52 American Academy of Emergency Medicine, the American Medical Society of Sports  
53 Medicine, the National Assembly of School-Based Healthcare, the National Federation of  
54 State High School Associations, the National Council of State Boards of Nursing, and all  
55 others deemed appropriate by the NSNA Board of Directors.

**TOPIC: IN SUPPORT OF INTERPROFESSIONAL EDUCATION TO ADDRESS THE ROLES, RESPONSIBILITIES, AND EXPECTATIONS OF THE HEALTHCARE TEAM**

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

**AUTHORS: Subbashini Neelam Satish, April Ancheta, Victoria Clayton, and Stefanie Albert**

1 WHEREAS, interprofessional education (IPE) is a collaborative learning experience between  
2 members of multiple professions in health care that promotes understanding and  
3 respect for roles and values; and  
4  
5 WHEREAS, safe, quality health care is best provided by interprofessional teams who cooperate,  
6 coordinate and collaborate to work with patients, families, and communities; and  
7  
8 WHEREAS, health professions' education lack a focus on interprofessional roles, responsibilities,  
9 and communication; and  
10  
11 WHEREAS, a limited understanding of roles and responsibilities can have a negative impact on task  
12 distribution, thus creating impaired communication and disruption of teamwork; and  
13  
14 WHEREAS, nurses often face adversity in the workplace as evidenced by a lack of cooperation,  
15 failure to share information, and perceived intimidation due to the lack of shared  
16 understanding in patient management and nurse participation in the decision-making  
17 process ; and  
18  
19 WHEREAS, increased quality of interprofessional collaboration positively influences patient  
20 outcomes, including decreased readmission to intensive care units, decreased length of  
21 stay, and reduced patient mortality; and  
22  
23 WHEREAS, IPE should be reformed to establish a shared vision with autonomy for all healthcare  
24 professionals; therefore be it  
25  
26 RESOLVED, that the National Student Nurses' Association (NSNA) encourage inclusion of  
27 interprofessional education in the curriculum of all undergraduate nursing programs;  
28 and be it further  
29 RESOLVED, that the NSNA encourage its constituents to reform interprofessional education in  
30 undergraduate nursing programs to address the roles, responsibilities, and expectations  
31 of all members of the healthcare team; and be it further  
32 RESOLVED, that the NSNA add resources that teach improving communication between the  
33 healthcare team and the benefits of interprofessional communication to its website and  
34 its magazine, *Imprint*, if feasible; and be it further

35 RESOLVED, that the NSNA send a copy of this resolution to the American Association of Colleges of  
36 Nursing, the Credentialing Center for Nursing Education, the National Council of State  
37 Boards of Nursing, the National League for Nursing, the National League for Nursing  
38 Accrediting Commission, the American Nurses Association, the National Organization for  
39 Associate Degree Nursing, the American Medical Association, the Student National  
40 Medical Association, the American Pharmacists Association, and all other professional  
41 organizations deemed appropriate by the NSNA Board of Directors.  
42

**TOPIC: IN SUPPORT OF PROMOTING EDUCATION ON PROPER LAUNDERING GUIDELINES AND IMPLEMENTING HOSPITAL-PROVIDED LAUNDRY SERVICES**

**SUBMITTED BY: University of Alabama at Birmingham Student Nurses' Association, Birmingham, AL; University of Massachusetts Amherst Student Nurses' Association, Amherst, MA**

**AUTHORS: Courtney Gilmore, Meaghan Silva, and Mercedes Fischer**

1 WHEREAS, research reveals that after one nursing shift there is a marked increase in bacterial  
2 growth per square inch of uniform space; and  
3  
4 WHEREAS, research shows soiled scrubs are typically home laundered, washed separately on a  
5 warm cycle, and dried, which does not meet the current recommendations for the  
6 washing of infected materials; and  
7  
8 WHEREAS, the Centers for Disease Control and Prevention (CDC) recommends washing scrubs in  
9 water of 160 degrees Fahrenheit (F) or the standard hot setting of a washing machine  
10 along with 50 to 150 parts per million of bleach; and  
11  
12 WHEREAS, further research suggests that normal home washing machines do not exceed  
13 temperatures of 110 degrees F and water temperature plays a crucial role in the growth  
14 or elimination of bacteria; and  
15  
16 WHEREAS, the CDC recommends that in lower temperature water, appropriate chemicals be used  
17 in order to reduce microbial growth; and  
18  
19 WHEREAS, despite research and recommendations, nurses often do not follow safe laundering  
20 guidelines, thus contributing to microorganism growth; and  
21  
22 WHEREAS, when scrubs are not decontaminated properly, there is an increased risk to patients and  
23 all others exposed to the garments; and  
24  
25 WHEREAS, studies have shown that facility and third-party laundering are superior to home  
26 laundering for eliminating microorganisms; and  
27  
28 WHEREAS, hospitals and educational settings need to stress the importance of wearing clean  
29 uniforms, maintaining hand hygiene, wearing personal protective equipment, and  
30 following proper laundering guidelines in order to decrease the contamination of  
31 nursing uniforms; therefore be it  
32  
33 RESOLVED, that the National Student Nurses' Association (NSNA) encourage its constituents to  
34 increase awareness and education to nursing students and nurses about correct scrub  
35 laundering; and be it further  
36 RESOLVED, that the NSNA encourage hospitals to implement accredited laundry services which hold  
37 to developed standards; and be it further

38 RESOLVED, that the NSNA publish an article in *Imprint* including the current recommendations from  
39 the CDC and the additional suggestions from evidence-based research; and be it further  
40 RESOLVED, that the NSNA encourage the development of information sessions and visuals to stress  
41 the importance of safe laundering techniques at the MidYear Conference and the  
42 Annual Convention, if feasible; and be it further  
43 RESOLVED, that the NSNA support further research pertaining to the development of guidelines and  
44 standards for the laundering of uniforms; and be it further  
45 RESOLVED, that the NSNA send a copy of this resolution to the American Association of Colleges of  
46 Nursing, the American Association of Critical Care Nurses, the Emergency Nurses  
47 Association, the Association for Nursing Professional Development, the National League  
48 for Nursing, the American Public Health Association, the American Nurses Association,  
49 the National Organization for Associate Degree Nursing, the National Institute of  
50 Nursing Research, the Centers for Disease Control and Prevention, and all others  
51 deemed appropriate by the NSNA Board of Directors.

**TOPIC: INCREASING AWARENESS OF THE NEED FOR SPECIAL EDUCATION PROGRAMS AFTER AGING OUT OF PUBLIC SCHOOLS.**

**SUBMITTED BY: Georgia Gwinnett College, Lawrenceville, GA**

**AUTHORS: Carson Farrell, Ana Griffin, Cristina Peralta, and Nicole Weatherby**

1 WHEREAS, the Individuals with Disabilities Education Act (IDEA) mandates every state to provide  
2 free and appropriate public school education for students ages 3-21; and  
3  
4 WHEREAS, once the individuals with developmental delays reach the age of 22, there is no longer  
5 an obligation for states to assist in the students' development, referred to as "aging  
6 out"; and  
7  
8 WHEREAS, these "aged out" students, which include 200,000 autistic teenagers becoming legal  
9 adults over the next five years, will not be able to receive IDEA benefits; and  
10  
11 WHEREAS, parents of "aged out" developmentally disabled children are left to find programs for  
12 educational opportunities and social interactions; and  
13  
14 WHEREAS, "aging out" pushes young adults into an inadequate system for disabled adults that has  
15 few resources to aid in the transition to adulthood in the local communities; and  
16  
17 WHEREAS, with the number of children diagnosed with a developmental disability continuing to  
18 rise, many are ill-prepared to successfully approach adult life through a lack of  
19 information on subjects such as independent living, acting in mature social interaction,  
20 recreational activities, career and employment, health and safety, and decision-making  
21 actions; and  
22  
23 WHEREAS, those with developmental disabilities are seen to perform best in a structured,  
24 repetitive routine, but due to the inadequacy of options found in the community, many  
25 parents are left having to keep them at home where developmental regression is risked;  
26 and  
27  
28 WHEREAS, according to a 2012 study by the American Academy of Pediatrics, a majority of  
29 developmentally disabled adults did not work or attend school after graduating from  
30 high school and lived with their parents, while only a small percent received only some  
31 therapy or no services at all; and  
32  
33 WHEREAS, it was found that many families who are raising developmentally disabled adults are  
34 single-parent families; therefore be it  
35  
36 RESOLVED, that the National Student Nurses' Association (NSNA) demonstrate its ongoing  
37  
38 commitment to increase awareness of family strain and need of support for young  
39 adults with disabilities and promote awareness of the need for nationally standardized  
programs that focus on encouraging and supporting individual personal growth for the

40 young adults who have aged out by publishing an article on this topic in *Imprint*, if  
41 feasible; and be it further  
42 RESOLVED, that the NSNA encourage its constituents to increase awareness of creating a well-  
43 developed transition plan for developmentally delayed adults upon graduation through  
44 breakout sessions at MidYear Conference and Annual Convention, if feasible; and be it  
45 further  
46 RESOLVED, that the NSNA encourage its constituents to advocate for the services currently  
47 provided by complex health and social service systems to become easier to navigate;  
48 and be it further  
49 RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association, the  
50 National League for Nursing, the American Association of Colleges of Nursing, the  
51 National Organization for Associate Degree Nursing, Sigma Theta Tau International, the  
52 Health Resources and Services administration, and all others deemed appropriate by the  
53 NSNA Board of Directors.



**TOPIC: IN SUPPORT OF ADVOCATING THE USE OF PREOPERATIVE SKIN ANTISEPSIS WITH CHLORHEXIDINE GLUCONATE**

**Important Note:** Following the passage of this resolution, the following communication was received from the Association of periOperative Registered Nurses (AORN): “In reviewing this resolution, we (AORN) found that the synthesis of the evidence in the resolution conflicts with our(AORN) findings in the AORN *Guidelines for Perioperative Practice*. The AORN *Guideline for Preoperative Patient Skin Antisepsis* (2015) is an evidence-rated, nationally recognized guideline. After a rigorous evidence review on the topic of preoperative bathing, AORN found that the evidence is inconclusive on whether a soap or antiseptic (including CHG) for preoperative bathing is superior for preventing of surgical site infections. The evidence-based practice recommendation in the 2015 AORN guideline is that *either* soap or an antiseptic can be used for preadmission bathing. For frequently asked questions and evidence-based clinical answers about patient skin antisepsis and prep, please visit AORN’s website at <https://www.aorn.org/guidelines/clinical-resources/clinical-faqs/patient-skin-antisepsis-prep>. AORN’s evidence-based *Guideline for Preoperative Patient Skin Antisepsis* (2015) is available for purchase from AORN, and may also be available through nursing school and university libraries.

**SUBMITTED BY: University of Iowa, Iowa City, IA**

**AUTHORS: Abbey Swanson and Dora Ehlen**

- 1 WHEREAS, surgical site infections are one of the most common hospital-associated infections,  
2 increasing patient costs, length of hospitalization, and morbidity; and  
3  
4 WHEREAS, non-rinse chlorhexidine gluconate (CHG) reduces the risk of central line associated  
5 bloodstream infections (CLABSI) and surgical site infections (SSI); and  
6  
7 WHEREAS, CHG is a broad-spectrum antibacterial solution that kills both gram positive and gram  
8 negative bacteria and reduces antimicrobial growth for hours after use; and  
9  
10 WHEREAS, CHG dramatically reduces bacterial colony counts; and  
11  
12 WHEREAS, a recent study found that CHG pre-operative cleansing dramatically reduced the SSI  
13 rate; therefore be it  
14  
15 RESOLVED, that the National Student’s Nurses’ Association (NSNA) encourage its constituents to  
16 advocate for and educate about the importance of using chlorhexidine gluconate (CHG)  
17 scrub preoperatively; and be it further  
18 RESOLVED, that the NSNA support increasing the availability of educational resources, such as  
19 pamphlets, brochures, and newsletters in various hospital surgical settings, waiting

20 rooms, and public health clinics to educate patients and healthcare workers about the  
21 prevalence of surgical site infections, if feasible; and be it further  
22 RESOLVED, that the NSNA educate its constituents about the importance of CHG pre-surgical  
23 cleansing and advocate for implementation of a pre-surgical cleansing into the pre-  
24 surgical checklist before every surgical procedure through an article in *Imprint*, if  
25 feasible; and be it further  
26 RESOLVED, that the NSNA send a copy of this resolution to the Association of Perioperative  
27 Registered Nurses, the Academy of Medical-Surgical Nurses, the American Pediatric  
28 Surgical Nurses Association, the American Society of Plastic Surgical Nurses, the  
29 American Society of Perianesthesia Nurses, the American Nurses Association, the  
30 National League for Nursing, the American Association of Colleges of Nursing, the  
31 National Organization of Associate Degree Nursing, and all others deemed appropriate  
32 by the NSNA Board of Directors.

**TOPIC: IN SUPPORT OF AWARENESS OF THE BENEFITS OF EXCLUSIVE BREASTFEEDING UNTIL SIX MONTHS OF AGE**

**SUBMITTED BY: Student Nurses at Penn (SNAP) of the University of Pennsylvania, Philadelphia, PA**

**AUTHORS: Cecilia Wang, Mateo Fortes, Karen Liao, Kara Keyes, and Kelsey Gross**

1 WHEREAS, in 2004, the National Student Nurses’ Association (NSNA) adopted the resolution, “In  
2 support of education and legislation that promote the benefits of breastfeeding”; and  
3  
4 WHEREAS, breastfeeding gives the infant nutritional and non-nutritional benefits, improving the  
5 child’s growth and development as well as future adult health; and  
6  
7 WHEREAS, the United States lags behind both Healthy People 2020 goals of 60.6 percent of women  
8 breastfeeding at six months of infancy, with only 43.5 percent reported in 2007-2009  
9 and 25 percent of women exclusively breastfeeding through six months of infancy with  
10 only 14.1 percent reported in 2007-2009; and  
11  
12 WHEREAS, there is strong epidemiological evidence that breastfeeding protects against  
13 gastrointestinal and respiratory infections and an enhanced immune strength is seen  
14 with greater amount of time spent on exclusively breastfeeding; and  
15  
16 WHEREAS, when a child is breastfed and not given complementary foods until four months of age,  
17 there is a lower risk of obesity and an increased likelihood of a health weight; and  
18  
19 WHEREAS, when a mother receives support from her healthcare provider to exclusively breastfeed,  
20 she is 1.95 times more likely to breastfeed than a mother whose healthcare provider  
21 promoted the use of formula; and  
22  
23 WHEREAS, it is the health care provider’s role to educate women and support the practice of  
24 breastfeeding, because it is crucial to improving the overall public health goal; and  
25  
26 WHEREAS, the U.S. would save \$13 billion per year and prevent many infant deaths if 90% of U.S.  
27 families exclusively breastfed their children until six months of age; therefore be it  
28  
29 RESOLVED, that the National Student Nurses’ Association (NSNA) support education of new  
30 mothers in hospitals by health professionals of the health benefits of exclusive  
31 breastfeeding until six months of age and partial breastfeeding thereafter; and be it  
32 further  
33 RESOLVED, that the NSNA provide information to nursing students by hyperlinking studies and  
34 articles on its website, as well as by including information in its publications, if feasible;  
35 and be it further

36 RESOLVED, that the NSNA send a copy of this resolution to the March of Dimes, the American  
37 Nurses Association, the National League for Nursing, the American Association of  
38 Colleges of Nursing, the National Organization for Associate Degree Nursing, the  
39 American College of Nurse-Midwives, the American College of Obstetricians and  
40 Gynecologists, the American Academy of Family Physicians, the American Medical  
41 Association, the National Association of Neonatal Nurses, La Leche League International,  
42 the International Lactation Consultant Association, the Association of Women’s Health,  
43 Obstetric, and Neonatal Nurses, the National Alliance for Breastfeeding Advocacy, and  
44 any others deemed appropriate by the NSNA Board of Directors.

**TOPIC: IN SUPPORT OF INCREASING RESEARCH AND AWARENESS OF VAGINAL BIRTHS AFTER CAESARIAN SECTION (VBAC)**

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

**AUTHORS: Brianna Shook and Danielle Bernardin**

1 WHEREAS, evidence suggests that between 60% to 80% of women who had a previous lower  
2 segment caesarian section (CS) should be able to give birth vaginally in their subsequent  
3 pregnancy; and  
4  
5 WHEREAS, in the absence of contraindications, a woman is a candidate for vaginal birth after  
6 caesarian section (VBAC) and should be counseled and encouraged to undergo a trial of  
7 labor even with previous caesarian section(s) with a lower transverse uterine incision;  
8 and  
9  
10 WHEREAS, desire for a partner's involvement, empowerment through vaginal birth, improved  
11 maternal-infant bonding, greater ease with breastfeeding, and expectation of an easier  
12 recovery have all been identified as reasons that women choose a trial of labor after  
13 cesarean; and  
14  
15 WHEREAS, repeated VBACs were associated with an overall reduction in intrapartum and  
16 postpartum maternal morbidity with every additional delivery; and  
17  
18 WHEREAS, a successful VBAC is associated with several factors including: the woman's physical  
19 characteristics, her medical and obstetric history including reasons for previous  
20 caesarean, events during the current pregnancy or labor, and the site of pregnancy care;  
21 and  
22  
23 WHEREAS, VBAC offers distinct advantages over a repeat caesarean section since the operative  
24 morbidity and mortality are completely eliminated, the hospital stay is much shorter  
25 and expenses involved are much less; and  
26  
27 WHEREAS, screening for VBAC should preferably begin at antenatal booking itself to minimize the  
28 associated risks. Proper selection, appropriate timing and close supervision by  
29 competent staff are the key factors to achieve greater degree of success; therefore be it  
30  
31 RESOLVED, that the National Student Nurses' Association (NSNA) encourage its constituent  
32 organizations to hold informational sessions on vaginal births after cesarean sections  
33 when appropriate; and be it further  
34 RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association, the  
35 National League for Nursing, the American Association of Colleges of Nursing, the  
36 National Organization for Associate Degree Nursing, the American Pregnancy  
37 Association, the American College of Nurse-Midwives, the Midwife Alliance of North

38 America, the International Cesarean Awareness Network, and all others deemed  
39 appropriate by the NSNA Board of Directors.

**TOPIC: ENCOURAGING NURSING SCHOOLS TO IMPLEMENT HOLISTIC NURSING COMPONENTS INTO THE CURRICULA**

**SUBMITTED BY: Capital University Student Nurses Association, Bexley, OH**

**AUTHORS: Mary Sarah Cruzan and Mary Vitullo**

1 WHEREAS, in the United States there are 1,869 nursing schools and of those schools, only 12 are  
2 endorsed by the American Holistic Nurses Credentialing Corporation (AHNCC); and  
3  
4 WHEREAS, when a nursing school is endorsed by the AHNCC, it means that all graduating students  
5 are prepared to provide holistic care and are able to sit for the holistic nursing  
6 certification exam; and  
7  
8 WHEREAS, holistic nursing is defined as all nursing practice that has healing the whole person as its  
9 goal and has been shown to improve the quality of patient healing; and  
10  
11 WHEREAS, studies show that 67% of patients in hospital settings are not receiving holistic nursing  
12 care; and  
13  
14 WHEREAS, it is important that the nursing schools are integrating the philosophy of holism into  
15 their curricula because it prepares nurses to provide holistic patient care, enhances the  
16 nurse-patient relationship which improves patient outcomes, and enables nurses to  
17 better understand the relationships between mind and body and the effects they have  
18 on a person's entire life; and  
19  
20 WHEREAS, the educational environment and curricula are the foundation for learning holistic  
21 nursing practice; and  
22  
23 WHEREAS, without a school and its faculty on board with teaching holistic nursing, the  
24 implementation will not be successful in nursing practice; therefore be it  
25  
26 RESOLVED, that the National Student Nurses' Association (NSNA) and its constituents encourage the  
27 inclusion of holistic nursing curriculum and program endorsement in holistic nursing  
28 from the American Holistic Nurses Credentialing Corporation (AHNCC) in all nursing  
29 programs; and be it further  
30 RESOLVED, that the NSNA publish an article in *Imprint* and provide a holistic speaker at the next  
31 NSNA Annual Convention communicating the need for a holistic nursing program and  
32 endorsement from the AHNCC to be standard in all nursing curricula, if feasible; and be  
33 it further

34 RESOLVED, that the NSNA encourage nursing programs to include the core values of holistic nursing  
35 into the development of an integrative practice model to promote the health and  
36 wellness of patients and nursing students; and be it further

37 RESOLVED, that the NSNA submit a copy of this resolution to the AHNCC, the American Holistic  
38 Nurses Association, the American Nurses Association, the American Association of  
39 Colleges of Nursing, the National Council of State Boards of Nursing, the National  
40 League for Nursing, the National Organization for Associate Degree Nursing, and all  
41 others deemed appropriate by the NSNA Board of Directors.



**TOPIC:** **IN SUPPORT OF INCREASING EDUCATION AND RESOURCES FOR CHILD VICTIMS OF SEXUAL ABUSE**

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

**AUTHORS:** **Michelle Douros**

1 WHEREAS, Child Protective Service responds every eight minutes to a report of sexual abuse; and  
2  
3 WHEREAS, 9.2% of victimized children were sexually assaulted; and  
4  
5 WHEREAS, three out of four adolescents who have been sexually assaulted were victims of  
6 someone they know; and  
7  
8 WHEREAS, someone in their social circle is the abuser for 60% of sexually abused children; and  
9  
10 WHEREAS, the large majority of victims of forcible fondling (84%), forcible sodomy (79%), and  
11 sexual assault with an object (75%) are juveniles; and  
12  
13 WHEREAS, individuals who report Adverse Childhood Experiences (ACEs) have a two-decade  
14 reduced life expectancy, increased rates of chronic health conditions such as ischemic  
15 heart disease, chronic obstructive pulmonary disease, liver disease, mental health  
16 disorders, addiction, and other quality of life issues; and  
17  
18 WHEREAS, resources and education are available to those survivors whose perpetrator was  
19 prosecuted, while resources and education are not available to those survivors whose  
20 perpetrator was not prosecuted, despite that in both cases the sexual abuse occurred;  
21 and  
22  
23 WHEREAS, this leaves a great disparity in care where in most unprosecuted cases the children must  
24 continually face their abuser; therefore be it  
25  
26 RESOLVED, that the National Student Nurses' Association (NSNA) serve as an advocate for the  
27 establishment of and/or improvement in support services regarding this population of  
28 survivors; and be it further  
29  
30 RESOLVED, that the NSNA encourage nursing students to increase awareness of the prevalence of  
31 sexual abuse in children and the potential for future health-related complications in  
32 these survivors; and be it further  
33  
34 RESOLVED, that the NSNA publish an article in *Imprint* supporting the need for the establishment of  
and/or improvement in support services in this underserved population of victims, if  
feasible; and be it further

35 RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association, the  
36 National League for Nursing, the National Organization of Associate Degree Nursing, the  
37 American Association of Colleges of Nursing, the Emergency Nurses Association, the  
38 International Association of Forensic Nurses, the American Psychological Association,  
39 the National Center for Victims of Crime, the Children’s Bureau of the Administration for  
40 Children and Families, and to all others deemed appropriate by the NSNA Board of  
41 Directors.

**TOPIC: SUPPORTING PATIENT SPIRITUAL NEEDS THROUGH IMPROVING HOLISTIC NURSING EDUCATION AND INCREASING SPIRITUAL AWARENESS**

**SUBMITTED BY: Adventist University of Health Sciences Student Nurses Association, Orlando, FL; Emporia State University Department of Nursing, Emporia, KS**

**AUTHORS: Kayla Fraley and Hannah McRoberts**

1 WHEREAS, in 2013, the National Student Nurses’ Association (NSNA) House of Delegates adopted  
2 the resolution, “In support of an increase in exposure to spiritually competent care in  
3 undergraduate nursing education” and in 2015 the NSNA House of Delegates adopted  
4 the resolution, “In support of self-care activities incorporated into the nursing program  
5 curricula to promote holistic lifestyles”; and  
6  
7 WHEREAS, patient-centered care requires specialized knowledge, skills, and attitudes that assist the  
8 nurse in treating a patient in a holistic manner; and  
9  
10 WHEREAS, a majority of nurses have not received education on spirituality or spiritual care, and  
11 87.4% of BSN curriculums do not have a clear definition of spiritual nursing care ; and  
12  
13 WHEREAS, while data show that over 90% of the general population believes in a higher being,  
14 nursing students of varying levels expressed discomfort discussing spirituality with  
15 clients in order to facilitate healing; and  
16  
17 WHEREAS, according to the American Nurses Association, the definition of a healthy nurse includes  
18 the maintenance of personal and spiritual wellbeing; and  
19  
20 WHEREAS, the Code of Ethics for Nurses states that it is a nurse’s duty to model the health  
21 maintenance and health promotion that they teach, including attending to spiritual  
22 needs; and  
23  
24 WHEREAS, the Nursing Scope and Standard of Practice calls upon nurses to embrace holistic  
25 practices, addressing the intangible spiritual needs of patients; and  
26  
27 WHEREAS, illness can cause clients to reflect on spirituality, and studies have shown that patients  
28 reported greater satisfaction with quality of care when spiritual needs were met; and  
29  
30 WHEREAS, a recent study has shown that nursing students’ increased spiritual self-awareness  
31 through education courses led to increased sensitivity to patient spiritual needs; and  
32  
33 WHEREAS, from 0% to 13.3% of medical-surgical, maternal-child, critical care and community  
34 textbooks contained references on spiritual care; therefore be it  
35  
36 RESOLVED, that the National Student Nurses’ Association (NSNA) demonstrate its support for the  
37 promotion of spiritual self-awareness in nurses by providing education at the NSNA  
38 Annual Convention and MidYear Conference in the form of breakout sessions or  
39 vendors, if feasible; and be it further

40 RESOLVED, that the NSNA support increasing awareness of spiritual nursing care by advocating for  
41 implementation of holistic nursing curricula; and be it further  
42 RESOLVED, that the NSNA encourage nursing schools to offer resources such as flyers and websites  
43 on holistic nursing care; and be it further  
44 RESOLVED, that the NSNA brings awareness to spiritual nursing care in holistic nursing practice  
45 through an article in *Imprint*, NSNA email blasts, and elsewhere as seen fit, if feasible;  
46 and be it further  
47 RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association, the  
48 American Holistic Nurses Association, Sigma Theta Tau International, the National  
49 League for Nursing, the American Association of Colleges of Nursing, the International  
50 Council of Nurses, the Nurses Christian Fellowship, the National Council for Continuing  
51 Education and Training, the National Organization for Associate Degree Nursing, and all  
52 others deemed appropriate by the NSNA Board of Directors.

**TOPIC: INCREASE AWARENESS FOR FURTHER RESEARCH OF CHEST COMPRESSION SYSTEMS IN CLINICAL PRACTICE**

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

**AUTHORS: Benjamin Leichter**

1 WHEREAS, in the United States, about 600,000 people experience cardiac arrest each year, and less  
2 than 24% survive while hospitalized; and  
3  
4 WHEREAS, studies have shown that chest compressions performed by health care professionals do  
5 not meet the recommendations for compression rate, depth and continuity; and  
6  
7 WHEREAS, it has been shown that mechanical chest compressions provided by the LUCAS device, a  
8 chest compression system, improves cardiopulmonary resuscitation (CPR) quality by  
9 improving quality of chest compressions, compared with manual CPR; and  
10  
11 WHEREAS, data show that chest compression systems reduce the no-flow fraction during CPR; and  
12  
13 WHEREAS, it has been shown that mechanical compression systems have no increased incidence in  
14 fatal injuries during CPR; and  
15  
16 WHEREAS, chest compression systems allow for deliverance of shocks during compressions,  
17 eliminating pauses for defibrillation; and  
18  
19 WHEREAS, chest compression systems deliver consistent compressions at a rate of 102 per minute  
20 and at a depth between 5 and 6 cm; therefore be it  
21  
22 RESOLVED, that the National Student Nurses' Association (NSNA) encourage its constituents to  
23  
24 support the further research of chest compression systems in incidents of cardiac arrest;  
25  
26 and be it further  
27  
28 RESOLVED, that the NSNA provide education about chest compression systems\_during break-out  
29 sessions at Annual Convention, if feasible; and be it further  
30  
31 RESOLVED, that the NSNA publish an article on this topic in *Imprint*, if feasible; and be it further  
32  
33 RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association, the  
34  
35 American Hospital Association, the American Association of Colleges of Nursing, Sigma  
36  
37 Theta Tau International, the Health Resources and Services Administration, the  
38  
39 American Red Cross, the National Organization for Associate Degree Nursing, the

32

National League for Nursing, and all others deemed appropriate by the NSNA Board of

33

Directors.

34

**TOPIC: IN SUPPORT OF INCREASED RESEARCH AND EDUCATION ON PRECONCEPTION HEALTH CARE FOR PATIENTS WITH HIV/AIDS**

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

**AUTHORS: Alisa Sponton and Ashlee Torres**

1 WHEREAS, preconception care includes the interventions in place to prevent and manage health  
2 conditions that may impose risk to women's health and pregnancy outcomes; and  
3  
4 WHEREAS, Healthy People 2020 aims to expand the percentage of women delivering a live birth  
5 who acquired preconception care services and utilized recommended preconception  
6 health behaviors; and  
7  
8 WHEREAS, approximately 278,000 women 13 years and older are living with HIV within the U.S.,  
9 resulting in a 30% increase in women with HIV giving birth from 2000 to 2006; and  
10  
11 WHEREAS, early HIV diagnosis and implementation of prenatal care interventions have the  
12 potential to decrease viral load (increase viral suppression) at the time of delivery; and  
13  
14 WHEREAS, in a national survey of 700 HIV-infected women, those who identified as or previously  
15 had been pregnant, 57% reported a lack of discussion regarding pregnancy or HIV  
16 treatment plans for pregnancy with their regular HIV health care provider; and  
17  
18 WHEREAS, the Centers for Disease Control and Prevention (CDC) published ten key  
19 recommendations for health care providers to use when implementing preconception  
20 health care for individuals with HIV/AIDS; and  
21  
22 WHEREAS, the American Nurses Association approved a position statement stating that all clients  
23 have the right to all information in order to make uncoerced decisions regarding their  
24 personal health care, including reproductive health; and  
25  
26 WHEREAS, the CDC funded 28 organizations in 2012 to promote and implement interventions to  
27 eliminate mother-to-child HIV transmission in the US, including the François-Xavier  
28 Bagnoud Center that specializes in designing, implementing and evaluating training for  
29 providers in this field; and  
30  
31 WHEREAS, the National Survey of Family Growth found that despite participants having access to  
32 health insurance and sources of care, men and women who were in need of  
33 preconception care did not receive related services; therefore be it  
34  
35 RESOLVED, that the National Student Nurses' Association (NSNA) encourage nursing programs to  
36 include HIV/AIDS preconception care into curricula, highlighting the need for nurses to  
37 discuss with patients their reproductive rights and options; and be it further

38 RESOLVED, that the NSNA encourage HIV health care providers to discuss family planning options  
39 with both women and men with emphasis on preconception health care; and be it  
40 further

41 RESOLVED, that the NSNA publish an article in *Imprint* supporting increased awareness, research  
42 and education on preconception health care in regards to individuals with HIV/AIDS,  
43 including but not limited to, anti-retroviral therapy, scheduled cesarean section for  
44 women with a viral load greater than 1,000 copies/mL and post-exposure prophylaxis  
45 for all HIV-exposed infants, if feasible; and be it further

46 RESOLVED, that the NSNA send a copy of this resolution to the American Association of Colleges of  
47 Nursing, the National League for Nursing, the American Nurses Association, the National  
48 Council of State Boards of Nursing, the National Organization for Associate Degree  
49 Nursing, the U.S. Department of Health and Human Services, the U.S. Department of  
50 Education, the American Assembly of Men in Nursing, the Nurses Service Organization,  
51 the International Nurses Association, the American Organization of Nurse Executives,  
52 the Association of Women's Health, Obstetric and Neonatal Nurses, the Maternal-Child  
53 Health Nurse Leadership Academy, the Association of Nurses in AIDS Care and all others  
54 deemed appropriate by the NSNA Board of Directors.



**TOPIC: INCREASED AWARENESS OF THE REEMERGENCE OF PEDIATRIC VITAMIN D DEFICIENCIES**

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

**AUTHORS: Lydia Osborn**

1 WHEREAS, vitamin D deficiency (VDD) can result from inadequate exposure to sunlight;  
2 malabsorption; accelerated catabolism from certain medications; and  
3  
4 WHEREAS, the Institute of Medicine concluded that persons are at risk of VDD at serum 25-hydroxy  
5 vitamin D [25(OH)D] concentrations <30 nmol/L (<12 ng/mL) and vitamin D inadequacy  
6 (VDI) at levels ranging from 30-50 nmol/L (12-20 ng/mL); and  
7  
8 WHEREAS, VDI is a common problem in pediatrics, especially in children who have chronic illness,  
9 that are malnourished, have limited sun exposure due to geography, have darker skin,  
10 and those on chronic medications; and  
11  
12 WHEREAS, rickets, the end-stage of VDD, is a public health problem in many countries and has re-  
13 emerged in minority groups in industrialized countries; and  
14  
15 WHEREAS, approximately one-quarter of U.S. children aged 6-18 years have less than adequate  
16 25(OH)D levels (<20 ng/mL); therefore be it  
17  
18 RESOLVED, that the National Student Nurses' Association (NSNA) encourage its constituent  
19 members to increase awareness of the reemergence of vitamin D deficiencies in the  
20 pediatric population to nursing students and pediatric healthcare professionals with  
21 publications in *Imprint* and on the NSNA website for the purpose of being made  
22 available to state and local nursing student organizations, and at focus sessions at  
23 MidYear Conference and Annual Convention, if feasible; and be it further  
24 RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association, the  
25 National League for Nursing, the National Organization for Associate Degree Nursing,  
26 the American Association of Colleges of Nursing, the American Academy of Pediatrics,  
27 the National Association of Pediatric Nurse Practitioners, the Society of Pediatric Nurses,  
28 the Pediatric Endocrinology Nursing Society, the Pediatric Endocrine Society, and all  
29 others deemed appropriate by the NSNA Board of Directors.

**TOPIC: INCREASING AWARENESS OF PROPER DISPOSAL PATTERNS IN ORDER TO DECREASE BIOHAZARD BAG MISUSE**

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

**AUTHORS: David Wootan, Sarah DeVito, and Jennifer Walat**

1 WHEREAS, healthcare facilities produce waste daily due to patient care operations; and  
2  
3 WHEREAS, daily 25.1 pounds of waste are generated for one used bed; and  
4  
5 WHEREAS, improper disposal can lead to unnecessary disposal expenses and health risks as  
6 healthcare waste may cause indirect harm via pathogens and pollutants; and  
7  
8 WHEREAS, training on biomedical waste management is needed for proper waste disposal  
9 practices; and  
10  
11 WHEREAS, the three main methods of healthcare waste disposal are on-site, truck service, and  
12 mail-back; the tools necessary to dispose of waste properly come with a hefty price,  
13 which hinders the hospital's ability to apply cost effective measures when waste is being  
14 disposed of improperly; and  
15  
16 WHEREAS, cost assessment tools regarding waste management are now available and waste  
17 management strategies which aim to reduce costs associated with keeping health  
18 workers, patients, and the community safe are available; therefore be it  
19  
20 RESOLVED, that the National Student Nurses' Association (NSNA) make a notable effort to protect  
21 our environment by providing education to nursing students regarding the importance  
22 of proper biohazardous waste disposal through an article in *Imprint*, if feasible; and be it  
23 further  
24 RESOLVED, that the NSNA encourage implementation of training sessions to reduce the misuse of  
25 biohazard waste containers at the MidYear Conference and Annual Convention, if  
26 feasible; and be it further  
27 RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association, the  
28 National League for Nursing, the American Association of Colleges of Nursing, the  
29 National Organization for Associate Degree Nursing, and all others deemed appropriate  
30 by the NSNA Board of Directors.

**TOPIC: IN SUPPORT OF ADVOCATING FOR NURSING CARE COORDINATION WITH CHILD PROTECTIVE SERVICES CHILD DEPENDENCY CASES**

**SUBMITTED BY: Georgia Association of Nursing Students, Atlanta, GA**

**AUTHORS: Stephanie Atkinson and Angelique Noble**

1 WHEREAS, children in foster care are a unique and vulnerable subset of the child population with  
2 significant healthcare needs and limited access to resources; and  
3  
4 WHEREAS, approximately 35-60% of foster children have at least one acute or chronic health  
5 condition; and  
6  
7 WHEREAS, public health nurses have a unique interest in working with high risk and vulnerable  
8 populations; and  
9  
10 WHEREAS, foster children often experience discontinuity of care prior to and during placement due  
11 to location changes, re-entry, and lack of coordination between case managers and  
12 healthcare providers regarding a child's needs; and  
13  
14 WHEREAS, medical care for this population of children can be time consuming and require  
15 extensive communication between case managers and providers to determine payment  
16 availability as well as the complications with legal court proceedings; and  
17  
18 WHEREAS, foster youth are in need of intensive integrated care that includes the use of  
19 preventative measures to aid in positive health care; therefore be it  
20  
21 RESOLVED, that the National Student Nurses' Association (NSNA) advocate for the inclusion of  
22 nurses in healthcare management of children in department custody to help improve  
23 their healthcare status; and be it further  
24 RESOLVED, that the NSNA encourage nurses to work in collaboration with foster care case  
25 managers to assess, educate, and manage the unique healthcare needs of foster  
26 children and their families; and be it further  
27 RESOLVED, that the NSNA publish an article in *Imprint* about nursing care coordination in foster  
28 care case management and the assistance nurses provide for efficient and effective  
29 foster care case management and improved time for foster children to reunify with their  
30 families, if feasible; and be it further  
31 RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association, the  
32 National League for Nursing, the American Association of Colleges of Nursing, the

33 National Organization for Associate Degree Nursing, the United State Department of  
34 Health and Human Services Administration of Children and Family, the Association of  
35 Public Health Nurses, and all others deemed appropriate by the NSNA Board of  
36 Directors.

**TOPIC: IN SUPPORT OF NURSING STUDENTS' MENTAL HEALTH, COPING, STRESS RESILIENCY AND GENERALIZED RESISTANCE RESOURCES**

**SUBMITTED BY: Ohio Student Nurses' Association, Columbus, OH**

**AUTHORS: Ildiko Yuryev, Genevieve Blank, Jamie Burchett, and Sarah Cruzan**

1 WHEREAS, the National Student Nurses' Association (NSNA) adopted the resolution titled "In  
2 support of implementing holistic health programs for the improvement of student  
3 nurses' healthy lifestyles" in 2013 and in 2015 the resolution "In support of self-care  
4 activities incorporated into the nursing program curricula to promote holistic lifestyles";  
5 and  
6

7 WHEREAS, the determinants of health are an individual's response to stress and movement on the  
8 health continuum; and  
9

10 WHEREAS, competing demands of nursing programs put students under pressure, and the reported  
11 number of stressors show that nursing programs present real challenges for students'  
12 mental health; and  
13

14 WHEREAS, research shows that students perceived clinical stressors more intensely than academic  
15 and external stressors, and showed psychological symptoms more frequently than  
16 physiological symptoms; and  
17

18 WHEREAS, reported self-esteem decreases throughout the nursing program and was lowest at the  
19 end of training, the same time when stress was reportedly highest, causing students to  
20 lack self-confidence; and  
21

22 WHEREAS, an overall increase in stress levels correlates with increased psychological morbidity;  
23 and  
24

25 WHEREAS, burnout is a psychological state that is characterized by a constellation of symptoms  
26 which can be treated by properly planned person-directed or organization-directed  
27 intervention programs which are expected to positively influence burnout and mental  
28 health; and  
29

30 WHEREAS, a systematic review of 25 studies showed that 82% of all person-directed interventions  
31 led to a significant reduction in burnout or positive changes in its risk factors, for up to  
32 six months; and  
33

34 WHEREAS, self-care aids individual coping with stressors, necessary for both practicing nurses and  
35 nursing students, thus positively affecting clinical decision-making; and  
36

37 WHEREAS, self-care also may help student nurses to role model desirable self-care behaviors to  
38 others; therefore be it  
39  
40 RESOLVED, that the National Student Nurses' Association (NSNA) demonstrate its ongoing  
41 commitment to increase awareness of stress-related behaviors among nursing students,  
42 and develop a program to educate this population on stress resiliency, generalized  
43 resistance resources and effective coping mechanisms, if feasible; and be it further  
44 RESOLVED, that the NSNA publish articles on the topic of nursing school stress-management and  
45 self-care in *Imprint*, if feasible; and be it further  
46 RESOLVED, that the NSNA promote nursing student involvement in the ANA Healthy Nurse Health  
47 Risk Appraisal to increase risk awareness; and be it further  
48 RESOLVED, that the NSNA encourage nursing schools to consider a curriculum re-evaluation  
49 through feedback from students after each course to assure that students are not  
50 overloaded with stressors in academic and clinical settings, if feasible; and be it further  
51 RESOLVED, that the NSNA encourage nursing schools to implement mentoring programs to help  
52 with coping and stress management, if feasible; and be it further  
53 RESOLVED, that the NSNA encourage nursing schools to build on generalized resistance resources in  
54 order to increase retention rates and promote nursing student mental health, stress  
55 resiliency and professional competence in the light of the increasing nursing shortage;  
56 and be it further  
57 RESOLVED, that the NSNA request that accreditation organizations consider mandating accredited  
58 nursing programs to offer elective workshops in self-care strategies, in order to guide  
59 nursing students through decreasing stress at an early point in their career, by teaching  
60 effective self-care habits, if feasible; and be it further  
61 RESOLVED, that the NSNA send a copy of this resolution to the American Association of Colleges of  
62 Nursing, the American Nurses Association, the National League for Nursing, the National

63

Organization for Associate Degree Nursing, and all others deemed appropriate by the

64

NSNA Board of Directors.

**TOPIC:** **IMPROVING PROFESSIONAL SUPPORT AND ADVOCACY FOR LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUESTIONING, INTERSEX, AND ASEXUAL (LGBTQIA) NURSES**

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

**AUTHORS:** **Kaytlyn Burke, Christopher Mangels, Kelsie Galusha, Kelsi Brooks, Michelle Herrerias, Kelly Brown, and Lisa Tran**

1 WHEREAS, the 2010 and 2012 NSNA Resolutions “In support of increasing culturally competent  
2 education about lesbian, gay, bisexual, transgender (LGBT) Individuals” and “In support  
3 of implementing practices in The Joint Commission Report ‘Advancing effective  
4 communication, cultural competence, and patient and family centered care for the LGBT  
5 community: A field guide’” laid the groundwork for advancing the acceptance,  
6 tolerance, and support for LGBTQIA nurses; and  
7

8 WHEREAS, fifty-six percent of lesbian, gay, and bisexual adults and seventy percent of transgender  
9 adults have experienced discrimination in the healthcare setting; and  
10

11 WHEREAS, lesbian, gay, bisexual, and transgender nurses have documented fears of social  
12 exclusion in the workplace as well as neglect, harassment, and discomfort related to the  
13 sexual prejudices of their coworkers and employers; and  
14

15 WHEREAS, The Joint Commission has identified gay, lesbian, bisexual, and transgender healthcare  
16 employees as a group with unique needs and requiring protection from discrimination  
17 and exclusion; and  
18

19 WHEREAS, Healthy People 2020 has prioritized the improvement of health and well-being of LGBT  
20 persons as well as create workplaces that are safe and without discrimination; and  
21

22 WHEREAS, LGBTQIA nurses have expressed both a need for and an interest in a professional group  
23 focused on LGBTQIA issues and advocacy as well as professional education for their  
24 peers serving LGBTQIA patients; and  
25

26 WHEREAS, LGBTQIA nurses constitute one of the largest subgroups in the nursing profession, yet  
27 receive little attention or recognition of the discrimination and exclusion faced in the  
28 workplace; and  
29

30 WHEREAS, the Code of Ethics of the American Nurses Association calls upon all nurses to utilize the  
31 resources of a professional association to create social change; and  
32

33 WHEREAS, a professional organization exclusively designed to meet the needs of LBGQTQIA nurses  
34 does not exist; therefore be it  
35

36 RESOLVED, that the National Student Nurses’ Association (NSNA) advocate for the creation of a  
37

LGBTQIA professional issues panel within the American Nurses Association Professional



38 Issues Panels so that the specific needs of LGBTQIA nurses can be studied and better  
39 understood; and be it further  
40 RESOLVED, that the NSNA encourage its constituents to develop LGBTQIA student task forces to  
41 explore the professional development needs of LGBTQIA nurses; and be it further  
42 RESOLVED, that the NSNA publish an article on the needs of LGBTQIA nurses in *Imprint*, if feasible;  
43 and be it further  
44 RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association, the  
45 American Medical Association, the Gay and Lesbian Medical Association, the National  
46 League for Nursing, the National Organization for Associate Degree Nursing, the Student  
47 National Medical Association, the American Association of Colleges of Nursing, the  
48 American Academy of Nursing, the Organization for Associate Degree Nursing, the  
49 American Psychiatric Nurses Association, the American Public Health Association, the  
50 Association of Nurses in AIDS Care, the Human Rights Campaign, Lambda Legal, and all  
51 others deemed appropriate by the NSNA Board of Directors.

**TOPIC:** **IN SUPPORT OF INCREASED AWARENESS OF THE CURRENT HEALTH CONCERNS RELATED TO SYNTHETIC CANNABINOID USE**

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

**AUTHORS:** **Anna Marie Wright**

1 WHEREAS, synthetic cannabinoids, also known as synthetic marijuana, “K2,” or “Spice”, are a  
2 category of products containing manufactured chemicals that are sprayed onto organic  
3 material and smoked or ingested to obtain an altered state of consciousness that mimics  
4 the effects of  $\Delta 9$ -tetrahydrocannabinol (THC), the primary psychoactive ingredient in  
5 marijuana; and  
6  
7 WHEREAS, despite the fact that all 50 states now ban synthetic cannabinoids, there is no standard  
8 chemical formulation that applies to the entire product category; and  
9  
10 WHEREAS, the ease with which manufacturers can modify the molecular composition of an illegal  
11 chemical to create a legal one supports the evasion of state and federal drug laws; and  
12  
13 WHEREAS, the adverse effects of synthetic cannabinoids include agitation, anxiety, paranoia,  
14 nausea, vomiting, racing heartbeat, increased blood pressure, seizures, hallucinations,  
15 and loss of consciousness; and  
16  
17 WHEREAS, recent case studies focusing on adolescent patients reported the incidence of  
18 myocardial infarction in association with the toxicity of synthetic cannabinoids; and  
19  
20 WHEREAS, according to a CDC report, between January and May of 2015, poison control centers in  
21 48 states reported receiving 3,572 calls related to the use of synthetic cannabinoids, a  
22 229% increase from the 1,085 calls received during the same period in 2014; and  
23  
24 WHEREAS, synthetic cannabinoids are the second most frequently used illegal drug among high  
25 school seniors, after marijuana, with one in nine 12th graders reporting using the drug  
26 in the past year; and  
27  
28 WHEREAS, since most synthetic cannabinoids are not currently included on most drug screening  
29 tests, pediatric and emergency care nurses should be on alert for toxicity related to  
30 synthetic cannabinoids despite negative drug screening results; therefore be it  
31  
32 RESOLVED, that the National Student Nurses’ Association (NSNA) encourage education for  
33 healthcare professionals about recognizing the signs and symptoms of synthetic  
34 cannabinoid use; and be it further

35 RESOLVED, that the NSNA encourage its constituents to advocate for further research into the  
36 health concerns of synthetic cannabinoid use; and be it further  
37 RESOLVED, that the NSNA publish an article on this topic in *Imprint*, if feasible; and be it further  
38 RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association, the  
39 National League for Nursing, the American Academy of Pediatrics, the American  
40 Association of Colleges of Nursing, the American Academy of Nurse Practitioners, the  
41 National Organization for Associate Degree Nursing, the Centers for Disease Control and  
42 Prevention, the American Medical Association, the United States Food and Drug  
43 Administration, the American Lung Association, the American Cancer Society, the  
44 Institute for Healthcare Improvement, and all others deemed appropriate by the NSNA  
45 Board of Directors.

**TOPIC:** **IN SUPPORT OF IMPROVING NURSING EDUCATION CURRICULA RELATED TO END OF LIFE (EOL) CARE**

**SUBMITTED BY:** **University of Puerto Rico-Medical Sciences Campus, San Juan, Puerto Rico**

**AUTHORS:** **Cristina Luna and Rebeca Cuevas**

1 WHEREAS, in 2014, the National Student Nurses' Association (NSNA) House of Delegates adopted  
2 the resolution "In support of increased education in nursing curricula related to  
3 managing emotions associated with patient death and dying in the clinical setting" to  
4 promote the emotional wellbeing of the nursing community; and  
5  
6 WHEREAS, recent advances in health care have increased the population's life span, which in turn  
7 has increased the number of patients living with advanced age and chronic illnesses in  
8 the U.S., requiring nursing professionals to have an additional set of competencies in  
9 order to properly care for these patients; and  
10  
11 WHEREAS, research demonstrates that many health care professionals cannot identify approaching  
12 death, provide proper pain relief or have an effective communication with these  
13 patients due to their lack of knowledge and skills in End of Life (EOL) care; and  
14  
15 WHEREAS, health care professionals are qualified to treat patients, to enhance their healing  
16 process and to promote their discharge from hospitals, but are vaguely trained on how  
17 to provide a better quality of life and comfort for patients who cannot recover from  
18 their illness causing a gap in hospital EOL care; and  
19  
20 WHEREAS, statistics show that a mere 3% nursing programs in the country have included EOL  
21 content in their curricula and that approximately less than 14 hours were spent on these  
22 issues; and  
23  
24 WHEREAS, the quality of care for dying patients can be assured with properly trained personnel in  
25 palliative care; and  
26  
27 WHEREAS, nurses should be ambassadors of palliative and EOL care and should feel confident  
28 enough to share their knowledge and skills with other professionals in order to promote  
29 a better quality of care to each patient and their loved ones; therefore be it  
30  
31 RESOLVED, that the National Student Nurses' Association (NSNA) encourage the inclusion of end-of-  
32 life care education in preregistered nursing curricula and continued education for  
33 registered nurses; and be it further

34 RESOLVED, that the NSNA promote further research on how palliative care education impacts  
35 nursing students' competence and clinical practice; and be it further  
36 RESOLVED, that the NSNA encourage the publication of articles on the End-of-Life Nursing  
37 Education Consortium (ELNEC) project in *Imprint*, if feasible; and be it further  
38 RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association, the  
39 American Association of Colleges of Nursing, the National Association of School Nurses,  
40 the American Association of Nurse Executives, Healthy People 2020, the Centers for  
41 Disease Control and Prevention, the World Health Organization, the Hospice and  
42 Palliative Care Nurses Association, the National League for Nursing, the National  
43 Organization for Associate Degree Nursing, and all others deemed appropriate by the  
44 NSNA Board of Directors.

**TOPIC: IN SUPPORT OF IMPLEMENTING STANDARDIZED PRACTICES IN EDUCATIONAL INSTITUTIONS TO PROTECT STUDENTS AGAINST BLOODBORNE PATHOGENS**

**SUBMITTED BY: Colorado Student Nurses Association**

**AUTHORS: Kellyanne Quinn**

1 WHEREAS, there is no national standardized practice or policy requiring educational institutions to  
2 reduce the high risk of blood borne pathogen transmission for nursing students working  
3 in clinical settings, placing the health and safety of students in jeopardy; and  
4  
5 WHEREAS, hepatitis B virus (HBV) is the major infectious hazard to healthcare workers (HCW) and  
6 exposures are highest among health care trainees; and  
7  
8 WHEREAS, HBV infection is preventable with vaccination, but there is no guarantee of sufficient  
9 protection against HBV without sufficient anti-HB titer levels, obtained after vaccination;  
10 and  
11  
12 WHEREAS, educational institutions that only require documentation of HBV vaccination, rather  
13 than proof of post-vaccination titers, leave students ignorant of critical health  
14 information and vulnerable to contracting a blood-borne disease in the clinical setting;  
15 and  
16  
17 WHEREAS, the Advisory Committee on Immunization Practices (ACIP), Occupational Safety and  
18 Health Administration (OSHA), and the Centers for Disease Control and Prevention  
19 (CDC) recommend testing after vaccination for persons at an ongoing risk for exposure  
20 to blood, bodily fluids, or needle stick injury (NSI), and for persons whose subsequent  
21 post-exposure management relies on knowledge of their immune response to  
22 determine the need for revaccination and to guide post-exposure prophylaxis; and  
23  
24 WHEREAS, it is recommended that all health care institutions ensure health care workers receive  
25 training to recognize and report exposures, have systems in place to facilitate post  
26 exposure assessment, have prophylaxis readily accessible, and receive evaluation of  
27 appropriate hepatitis B surface antibody titer status upon matriculation or hire;  
28 therefore be it  
29  
30 RESOLVED, that the National Student Nurses' Association (NSNA) advocate for and strive to protect  
31 the health, safety, and rights of nursing students; and be it further  
32  
33 RESOLVED, that the NSNA promote establishment of standard immunization measures under CDC;  
and be it further

34 RESOLVED, that the NSNA promote engagement of moral activism and reinvigoration of integral  
35 social policy by promoting OSHA and ACIP guidelines for implementation within  
36 educational and health care institutions, including evaluation for Hepatitis B protection  
37 upon matriculation into the nursing program and prior to any clinical experience where  
38 there is risk for exposure to potentially contaminated blood or body fluids and training  
39 and education to understand the risk and transmission of blood borne disease, to  
40 recognize and report exposures to blood borne pathogens, and to fully understand post-  
41 exposure prophylaxis; and be it further

42 RESOLVED, that the NSNA promote further research on blood-borne pathogen exposure and  
43 transmission in the nursing student population; and be it further

44 RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association, the  
45 National League for Nursing, the National Organization for Associate Degree Nursing,  
46 the American Association of Colleges of Nursing, the American Nurses Credentialing  
47 Center, the American Nurses Foundation, the Occupational Safety and Health  
48 Administration (OSHA), the Centers for Disease Control and Prevention (CDC), the  
49 National Institutes of Health, and all others deemed appropriate by the NSNA Board of  
50 Directors.

**TOPIC:** IMPLEMENTATION OF TRAUMA INFORMED CARE AWARENESS AND EDUCATION IN COMMUNITIES AND NURSING CURRICULA

**SUBMITTED BY:** Oregon Health and Science University; Student Nurses' Association of Portland  
Portland, OR; Mercy College Association of Nursing Students, Des Moines, IA;  
University of Florida Student Nurses' Association, Gainesville, FL

**AUTHORS:** Andrea Tachella, Lauren Kaplan, Kelsey-Jo Moss, Leah Barthol, Elizabeth Frohman,  
Abbi Herrick, Kate Pace, Austin Pefferman, Ellen Reiter, Mark Rustin, Cheyanne Weis,  
and Sophie Cote



WHEREAS, patients with a history of traumatic life events who enter the healthcare system are particularly vulnerable and can become re-traumatized by health care examinations and procedures, resulting in emotional distress. These patients can benefit from Trauma Informed Care (TIC) that is sensitive to their unique needs and is an effective approach to improve community trauma responsiveness and resilience; and

WHEREAS, approximately 60% of men and 50% of women experience at least one trauma in their lives; women are more likely to experience sexual assault and child sexual abuse and men are more likely to experience accidents, physical assault, combat, disaster, or to witness death or injury; and

WHEREAS, traumatic experiences contribute to chronic, physical, and behavioral health conditions, adversely affecting the majority of the body's systems as evidenced by significant disruption to gastrointestinal functioning, cardiovascular system, immunological functioning, reproductive system, musculoskeletal system, neuroendocrine functioning, and brain structure and functioning; and

WHEREAS, the economic burden of trauma is more than \$585 billion annually, each year, trauma accounts for 41 million emergency room visits and 2 million hospital admissions, and trauma is the number one cause of death for Americans between 1 and 46 years old; and

WHEREAS, the more Adverse Childhood Experiences (ACEs) a person has, the more likely they are to have poor health outcomes including developmental delays, heart disease, diabetes, substance abuse and depression; and

WHEREAS, nurses must develop competence in understanding and addressing trauma; lack of training has been identified as a barrier to nurses' utilization of engagement practices such as Trauma Informed Care; and

WHEREAS, as of 2012, however, the majority of professionals and paraprofessionals who provide services to children and families have never received any preparation on how to provide Trauma Informed Care, trauma-specific treatments, or trauma-focused services; health professionals, regardless of specialty, are called to incorporate trauma responsiveness and resilience into routine practice; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) increase awareness and support education of nursing students on the significance of providing trauma informed care for positive impact on health outcomes; and be it further

- RESOLVED that the NSNA advocate for an increase in TIC awareness in community initiatives to improve community resilience and responsiveness; and be it further
- RESOLVED, that the NSNA publish articles in *Imprint* and offer workshops at the Annual Convention for students and faculty to increase members' awareness and education on the subject of trauma informed care, if feasible; and be it further
- RESOLVED, that the NSNA promote the use of evidence-based practice to strengthen nursing education in regards to the benefits of interprofessional collaboration through trauma informed care to increase community resilience; and be it further
- RESOLVED, that the NSNA send a copy of this resolution to the American Medical Association, the Association of Public Health Nurses, the American Nurses Association, the National League for Nursing, the American Association of Colleges of Nursing, the American Hospital Association, the Emergency Nurses Association, the Association of Community Health Nursing Educators, the American Psychiatric Nurses Association, the National Association of School Nurses, the American Academy of Pediatrics, the National Alliance on Mental Illness, and all others deemed appropriate by the NSNA Board of Directors.