



RESOLUTIONS 2017

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Resolution: Emergency

TITLE: IN SUPPORT OF ADVOCACY FOR POLICIES SUPPORTING AFFORDABLE HEALTH COVERAGE AND QUALITY CARE

SUBMITTED BY: National Student Nurses' Association Board of Directors 2016-2017

AUTHORS: Raya Cupler, Coventry Jankowski, Marcus Henderson

WHEREAS, the National Student Nurses' Association's (NSNA) mission is to advocate for high-quality, evidence-based, affordable, and accessible healthcare; and

WHEREAS, according to the Organization for Economic Cooperation and Development of the 30 developed nations, the United States is consistently ranked low in regards to standard measures of health status; and

WHEREAS, having health insurance and access to care increases the overall health within a nation; and

WHEREAS, socioeconomic status is linked to a wide range of health problems, and should not be a barrier to access to healthcare or health insurance; and

WHEREAS, disparities in healthcare must be targeted in order to increase healthcare access, quality, outcome, and affordability through insurance; and

WHEREAS, healthcare must be patient centered to ensure all individuals have access to the care that is tailored to their specific needs, which improves health outcomes; and

WHEREAS, consumer-driven healthcare systems empower individuals to make decisions that will directly improve their health; therefore be it

RESOLVED, that the NSNA continue to publish press releases to be shared on all of its platforms, informing the media and public of its position concerning health care and health insurance, if feasible; and be it further

RESOLVED, that the NSNA design a website banner promoting this topic to be included among the rotating website banners for at least one month, if feasible; and be it further

RESOLVED, that the NSNA publish resources regarding its position on health care and health insurance on their website, if feasible; and be it further

RESOLVED, that the NSNA publish articles in *Imprint* regarding this topic, if feasible; and be it further

RESOLVED,

that the NSNA send a copy of this resolution to the American Nurses Association, National League for Nursing, National Federation of Nurses, Deans' Nursing Policy Coalition, American Association of Colleges of Nursing, Organization for Associate Degree Nursing, U.S. Department of Health and Human Services, American Medical Association, American Organization of Nurse Executives, Sigma Theta Tau International, National Association for Public Health Policy, National Council of State Boards of Nursing, American Academy of Nursing, Academy Health, and all others deemed appropriate by the NSNA Board of Directors.

Resolution 1

TITLE: **IN SUPPORT OF PROMOTING THE NORTH ATLANTIC TREATY ORGANIZATION (NATO) PHONETIC ALPHABET IN HEALTHCARE**

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

AUTHOR: **Keith Bartolome**

WHEREAS, the NATO phonetic alphabet facilitates communication between the sender and receiver of a message, especially when the safety of a person is involved; and

WHEREAS, the NATO phonetic alphabet is already commonly used by many national and international entities such as the U.S. military; and

WHEREAS, transferring care to another healthcare provider is a prime opportunity for adverse events to occur; and

WHEREAS, miscommunication is the most significant contributor to unintentional patient harm; and

WHEREAS, a report by The Joint Commission stated that over half of sentinel events are because of miscommunication, where more than 50% of those patients died; and

WHEREAS, effective communication prevents adverse consequences such as medical errors, delay of care, and excess hospitalization costs; and

WHEREAS, research shows the outcomes of implementing a formalized handoff process improves communication and reduces preventable sentinel events; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) encourage its constituents to promote policies that are conducive to implementing the NATO phonetic alphabet as a standard form of communication; and be it further

RESOLVED, that the NSNA encourage nursing programs to incorporate the use of the NATO phonetic alphabet in their curricula for early conditioning of students, in order to minimize future miscommunication errors; and be it further

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

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

Association of Colleges of Nursing, and any others deemed appropriate by the NSNA
Board of Directors.

Resolution 2

TITLE: IN SUPPORT OF ADVOCATING FOR LEGISLATION TO RESTRICT RECREATIONAL TANNING BED USAGE BY MINORS

SUBMITTED BY: Grand View University, Des Moines, Iowa

AUTHORS: Maria Knutson, Vi Nguyen, Jon Saxton, Vy Tran, Stephanie Wilkinson

WHEREAS, tanning before the age of 35 increases your risk of developing melanoma up to 75%, and tanning before the age of 25 increases the risk of developing nonmelanoma skin cancer up to 102%; and

WHEREAS, indoor tanning creates a 67% higher risk for squamous cell carcinoma and a 29% higher risk for basal cell carcinoma; and

WHEREAS, the use of tanning beds during high school and college years had a stronger correlation with basal cell carcinoma when used at least six times a year when compared to no use; and

WHEREAS, research indicates that there are 15 states that have no tanning bed restrictions and 35 states have a limited type of restriction; and

WHEREAS, limited legislation currently exists to regulate adolescents' use of tanning beds; however, the rate at which adolescents use tanning beds has not been reduced; and

WHEREAS, a combination of laws including parental permission and age restrictions have been shown to lower tanning rates by 42% in selected states; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) encourage its constituents to advocate for the implementation and awareness of the benefits of legislation against the recreational usage of tanning beds by minors; and be it further

RESOLVED, that the NSNA publish an article in *Imprint* as well as information on the NSNA website about this issue, if feasible; and be it further

RESOLVED, that the NSNA encourage school and state chapters to attend and promote recreational tanning restrictions for minors at state legislative days in their individual states; and be it further

RESOLVED, that the NSNA provide a session on the topic of recreational tanning legislation at the MidYear Conference and the Annual Convention as well as encourage each state chapter to include education at their convention, if feasible; and be it further

RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association, American Academy of Dermatology, Oncology Nursing Society, Society of Pediatric Nurses, American Cancer Society, American Association of Colleges of Nurses, National League for Nursing, Organization for Associate Degree Nursing, and all other deemed appropriate by the NSNA board of directors.

Resolution 3

TITLE: **INCREASED AWARENESS OF THE DEFICIENCY IN WOMEN’S HEALTH IN HOMELESS AND LOW SOCIOECONOMIC COMMUNITIES**

SUBMITTED BY: **Arkansas Nursing Students’ Association
University of Arkansas for Medical Sciences Student Nurses’ Association,
Little Rock, AR**

AUTHORS: **Crystallyne Hartwick, Allison Burks, Alicia Chism, Jessica Harris, Colton McCance, Lydia Osborn, Victoria Whitson**

WHEREAS, the National Student Nurses’ Association (NSNA) House of Delegate in 2012 adopted the resolution “Increasing Awareness of the Effects of Poverty on Health”; and

WHEREAS, an estimated 14.2% of females aged 18 - 64 in the United States lived below the poverty level as of the year 2015; and

WHEREAS, women and families are the fastest growing segment of the homeless population; and

WHEREAS, due to a lack of feminine hygiene products, women report using toilet paper as a substitute during their menstrual periods; and

WHEREAS, women and girls report trading sex or favors with men in order to obtain sanitary products; and

WHEREAS, homeless women have both a higher rate of pregnancy and a higher proportion of unintended pregnancies than other American women; and

WHEREAS, 42% of sexually active (fertile) women who are homeless did not use any form of birth control when engaging in vaginal sex; and

WHEREAS, homelessness is associated with numerous factors that place women at an elevated risk for contracting sexually transmitted infections, including HIV; and

WHEREAS, a number of middle-aged and older African-American homeless women voiced a concern for rising HIV infection rates and a need for further STD education to address their fears surrounding routine screenings; therefore be it

RESOLVED, that the National Student Nurses’ Association (NSNA) encourage its constituents to support increasing awareness on the need for women’s hygiene, health care and education in low socioeconomic communities; and be it further

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

RESOLVED, that the NSNA send a copy of this resolution to the American Association of Colleges of Nursing, American Congress of Obstetricians and Gynecologists, American Medical

Association, American Nurses Association, American Public Health Association, Association of Community Health Nursing Educators, Association of Women's Health, Obstetric and Neonatal Nurses, The Joint Commission, United States Department of Health and Human Services, National League for Nursing, Organization for Associate Degree Nursing, and all others deemed appropriate by the NSNA Board of Directors.

Resolution 4

TITLE: **IN SUPPORT OF INCREASING THE UTILIZATION OF A NON-INVASIVE PROTOCOL TO SCREEN FOR SEPSIS IN ADULTS**

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

AUTHORS: **Isaiah Moser and Whitney Miranda**

WHEREAS, severe sepsis and septic shock affect millions of people worldwide each year, killing as many as one in four people; and

WHEREAS, new initiatives have been implemented to decrease the mortality rate associated with sepsis by using protocol-based screening tools and consistent treatment guidelines; and

WHEREAS, clinical judgment is inferior to protocol-based identification of sepsis, initiating the need for a consistent and standardized measurement; and

WHEREAS, new guidelines suggest that a Sequential Organ Failure Assessment (SOFA) score be used in the evaluation of sepsis in adults, and, although this testing is accurate, it is invasive and time consuming; and

WHEREAS, quick Sequential Organ Failure Assessment (qSOFA) is called for, due to it being time-efficient, effective, and non-invasive; qSOFA assesses for increased respiratory rate, change in mental status, and hypotensive systolic blood pressure; and

WHEREAS, a useful addition to the qSOFA is the end tidal CO₂ as it is associated with metabolic disturbances, and is a non-invasive measurement tool that is crucial in identifying metabolic acidosis with sepsis; and

WHEREAS, when effective sepsis triage tools are used, time to antibiotic administration and fluid resuscitation is decreased, which improves patient outcomes, such as decreasing mortality rate; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) publish an article in *Imprint* as well as information on the NSNA website in support of the use of a validated, cost-effective, non-invasive screening tool for sepsis, to be used by Emergency Medical Service responders and emergency department nurses, if feasible; and be it further

RESOLVED, that the NSNA support the routine use of a non-invasive screening tool, to identify sepsis, through appropriate NSNA committee action, and information at the Annual Convention, if feasible; and be it further

RESOLVED, that the NSNA encourage its constituents and partners to support legislation and participate in healthcare policy surrounding non-invasive sepsis screening tools; and be it further

RESOLVED, that the NSNA advocate for health care professionals and students, particularly nurses, to receive further training in the identification and treatment of sepsis, particularly in the use of non-invasive screening tools; and be it further

RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association, National League for Nursing, National Federation of Nurses, *Journal of Emergency Medical Services*, American Association of Colleges of Nursing, Organization for Associate Degree Nursing, International Council of Nurses, Emergency Nurses Association, American Association of Critical-Care Nurses, American Hospital Association, American Public Health Association, and all others deemed appropriate by the NSNA Board of Directors.

Resolution 5

TITLE: EXPANDING THE NUMBER OF NURSING STUDENTS CERTIFIED TO ADMINISTER NARCAN (NALOXONE) THROUGH TRAINING PROGRAMS

SUBMITTED BY: Maryland Association of Nursing Students

AUTHOR: Christopher Mangels

WHEREAS, drug overdose deaths in the United States have more than doubled since 1999; and

WHEREAS, in 2014, the Centers for Disease Control and Prevention (CDC) ranked overdose-related deaths as the leading cause of death by injury; and

WHEREAS, in 2014, 47,055 drug overdose-related deaths were reported, 40% (18,893) of which were prescription opioid analgesics based and 22% (10,574) were heroin based. In 2015, 52,404 US deaths were related to drug overdose, and 33,901 (63.1%) were related to opioids; and

WHEREAS, the CDC has recommended a combination approach of policy, programming, community, and agency to address the epidemic using a four-pronged approach involving education, tracking and monitoring, proper medication disposal, and enforcement; and

WHEREAS, Narcan (Naloxone) is currently available as an opioid overdose reversal agent and causes minimal to no adverse outcomes in the event of overdose or a dose of Narcan (Naloxone) that is administered when not medically indicated; and

WHEREAS, the World Health Organization (WHO) has endorsed the widespread use of Narcan (Naloxone) to combat the opioid epidemic; and

WHEREAS, nursing students are in an ideal situation for preventing fatal opioid overdose given their training in signs and symptoms of respiratory distress, CPR, and proper injection methods; and

WHEREAS, preliminary studies have shown nursing students that participated in training of Narcan (Naloxone) administration has increased self-efficacy of administration as well as recognition of signs and symptoms of opioid overdose; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) promote the inclusion of Narcan (Naloxone) administration into Fundamentals of Nursing Education curricula; and be it further

RESOLVED, that the NSNA publish an article in *Imprint* to increase awareness of the opioid epidemic and the benefits of Narcan (Naloxone), if feasible; and be it further

RESOLVED, that the NSNA include Narcan (Naloxone) training sessions at the Annual Convention and MidYear Conventions, if feasible; and be it further

RESOLVED, that the NSNA encourage accrediting bodies of nursing programs to include the use of Narcan administration in their curricula; and be it further

RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association, American Association of Colleges of Nursing, National League for Nursing, Organization for Associate Degree Nursing, Substance Abuse and Mental Health Services Administration, American Medical Association, United States Centers for Disease Control and Prevention, and all others deemed appropriate by the NSNA Board of Directors.

Resolution 6

TOPIC: IN SUPPORT OF INCREASING NURSING EDUCATION REGARDING SUN PROTECTIVE BEHAVIORS AND SIGNS OF SKIN CANCER

SUBMITTED BY: Molloy College Nursing Student Association, Rockville Centre, NY

AUTHORS: Teresa McDavid and Emily Rosen

WHEREAS, skin cancer is the only form of cancer that is increasing in incidence specifically in the United States and over one million new cases are diagnosed annually. Every 20 seconds someone is diagnosed with skin cancer and nearly one-person dies every hour from skin cancer; and

WHEREAS, approximately one in five Americans will develop skin cancer at some point throughout their lifetime; and

WHEREAS, Melanoma is the leading cause of cancer death in women aging between 25-30; and

WHEREAS, the leading cause of skin cancer are individuals not adhering the sun protective behaviors and the use of tanning devices; and

WHEREAS, using tanning devices, such as tanning beds before the age of 30 increases the risk of Melanoma by 75%. Using a tanning device even one time increases the risk by 20%; and

WHEREAS, educating nursing students is important because nurses have the ability to perform skin assessments and educate the community about skin cancer prevention; and

WHEREAS, primary prevention is critical in order to decrease the morbidity and mortality of skin cancer. Nurses have the responsibility of teaching individuals about wearing sunglasses, sunscreen, and protective clothing, and staying out of the sun during high UV ray hours; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) encourages its constituents to advocate for education regarding skin cancer and sun protective behaviors within nursing education; and be it further

RESOLVED, that the NSNA offer a focus session on the topic of skin cancer and sun protective behaviors at the MidYear Conference or the Annual Convention, if feasible; and be it further

RESOLVED, that the NSNA publish an article on skin cancer as well as protective and preventive measures in *Imprint*, if feasible; and be it further

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

Resolution 7

TITLE: IN SUPPORT OF THE IMPLEMENTATION OF CRITICAL INCIDENT STRESS DEBRIEFING (CISD) POLICY WITHIN NURSING EDUCATION PROGRAMS

SUBMITTED BY: Emporia Kansas Association of Nursing Students, Emporia, KS
AUTHORS: Alyssa Gibbs, Marissa Hernandez, Emily Pham, Payton Shook, and Adam Tebben

- WHEREAS, the National Student Nurses' Association (NSNA) House of Delegates in 2014 adopted the resolution "In Support of Increasing Awareness and Education about Critical Incident Stress Debriefing"; and
- WHEREAS, critical incidents are events or situations that can provoke intense, emotional reactions in healthcare pre-professionals and professionals. These emotions may interfere with the person's ability to function at an optimal level; and
- WHEREAS, almost all pre-professionals and professionals will be confronted at some point in their educational careers by aggression, violence, abuse, and loss. These critical incidents can have a dramatic effect on the physical and mental health of healthcare providers; and
- WHEREAS, when new students experience their first death of a patient, it can cause heightened anxiety, internal conflict, and a sense of powerlessness in relieving patient suffering; and
- WHEREAS, within undergraduate programs, addressing student emotions is overlooked, and they fail to prepare students to endure the effects of negative patient outcomes; and
- WHEREAS, structured debriefing has a specific focus, and has a systematic process in which reciprocal learning occurs between faculty and students in a safe environment to discuss clinical events, provide support, and collaboratively make sense of what happened after the clinical scenario; and
- WHEREAS, the goals of the CISD program are to lessen the impact of stressful events, to improve rate of recovery, and to return employees, or students, to normal function; and
- WHEREAS, there are several different CISD models available for nursing education institutions to adopt and implement within their program. Nursing education institutions can implement a CISD model by creating a policy and have this policy include a CISD model to help students who have experienced a critical situation; therefore be it
- RESOLVED, that the NSNA encourage state and local chapters through publications, social media, emails and other vectors as deemed by the NSNA board, to promote and support debriefing policy development and implementation by their educational institutions, if feasible; and be it further
- RESOLVED, that the NSNA publish an article about critical incident stress debriefing policy implementation in *Imprint* and *Deans Notes* publications, if feasible; and be it further

RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association, National League for Nursing, Organization for Associate Degree Nursing, Accreditation Commission for Education in Nursing, American Association of Colleges of Nursing-Commission on Collegiate Nursing Education, National Council of State Boards of Nursing, and all others deemed appropriate by the NSNA Board of Directors.

Resolution 8

TITLE: **IN SUPPORT OF INCORPORATING COMPASSION FATIGUE AWARENESS INTO THE SCOPE OF INTERPROFESSIONAL EDUCATION (IPE) CURRICULA**

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

AUTHORS: **Caitlin Mayhew, Lindsey Lachner, Janet Lee, Kaytlyn Burke, and Grace Osipowicz**

WHEREAS, the National Student Nurses' Association (NSNA) House of Delegates in 2009 adopted the resolution "Increasing Awareness of the Clinical and Educational Benefits of High-Fidelity Simulation to Pre-Licensure Nursing Students", in 2014 the resolution "Using Interprofessional Education in Nursing Programs to Aid in the Transition from Pre-licensure to Professional Practice" in 2015 the resolution "Interprofessional Education Advancement", and in 2016 the resolution "In Support of Interprofessional Education to Address the Roles, Responsibilities, and Expectations of the Healthcare Team"; and

WHEREAS, one of the main goals of IPE is to engage health professional students in learning experiences that will provide knowledge and confidence for interacting with those outside of their profession. This in turn will improve patient care; and

WHEREAS, compassion fatigue results from expenditure of compassionate energy toward patients and their families. Once someone experiences compassion fatigue, the restorative value of showing compassion is exceeded and has become a stressor. Some negative outcomes of compassion fatigue include chronic exhaustion, apathy and cynicism, decreased efficiency (associated with making errors), productivity, memory impairment, isolation, and job dissatisfaction; and

WHEREAS, for nurses, there is a stigma associated with compassion fatigue that prevents them from discussing and seeking support. Furthermore, among physicians, emotional discussions are lacking, especially between trainees and mentors, highlighting a culture that focuses solely on biomedical care of patients rather than incorporating emotional and psychological care of providers as well; therefore be it

RESOLVED, that the NSNA support an IPE event by hosting a breakout session at the Annual convention with IPE-related guest speakers, if feasible; and be it further

RESOLVED, that the NSNA encourage nursing schools to hold an "Exit IPE Event" in order to educate nursing students, and other health professional students, about compassion fatigue and coping mechanisms related to interprofessional relationships; and be it further

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

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

Association, Student National Medical Association, American Association of Colleges of Osteopathic Medicine, Association of American Medical Colleges, American Academy of Nurse Practitioners, American Association of Colleges of Nursing, American Academy of Nursing, Organization for Associate Degree Nursing, American Public Health Association, American Association of Colleges of Pharmacy, Student National Pharmaceutical Association, American Dental Education Association, Interprofessional Education Collaborative, and all others deemed appropriate by the NSNA Board of Directors.

Resolution 9

TITLE: IN SUPPORT OF AWARENESS OF THE EFFECTS OF THE INCREASED PRICE OF EPIPENS ON CONSUMERS

SUBMITTED BY: The Ohio Student Nurses' Association

AUTHORS: Christine Smothers, Sydney Bryant, Taylor Longenette, Wesley Osler, Allie Taylor, Layne Sullivan, and Moneeke Davis

WHEREAS, the incidence of anaphylactic reactions is increasing with an estimated 40 million individuals affected each year; and

WHEREAS, to resolve anaphylaxis requires prompt and correct recognition of symptoms and the use of IM epinephrine; and

WHEREAS, Mylan, the business that sells EpiPens, raised the price of EpiPens 15 times between 2009 and 2016, resulting in a price increase of more than 400%; and

WHEREAS, this price increase has led hospitals to use cheaper alternatives to manage anaphylactic reactions, such as epinephrine ampules or vials, which have increased the incidence and risk of medication errors, with some errors resulting in fatalities; and

WHEREAS, these errors included administration of the wrong dose or via the wrong route, which are preventable errors; and

WHEREAS, Mylan's role in clearing the field of present and future competitors, and full range of behavior, raises significant antitrust concerns; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) encourage awareness of the increased price of EpiPens, the overall impact on patients, and ways patients can address the expenses associated with EpiPens; and be it further

RESOLVED, that the NSNA publish an article in *Imprint* and include a breakout session about this topic at the MidYear Conference or Annual Convention, if feasible; and be it further

RESOLVED, that the NSNA send a copy of this resolution to Mylan, the Allergy and Asthma Network, American Academy of Allergy, Asthma, and Immunology, American College of Allergy, Asthma, and Immunology, American Latex Allergy Association, Asthma and Allergy Foundation of America, Food and Allergy Research and Education, National Association of School Nurses, Epinephrine Resource School Nurse Program, Organization for Associate Degree Nursing, American Association of Colleges of Nursing, National League

for Nursing, American Nurses Association, and all others deemed appropriate by the
NSNA Board of Directors.

Resolution 10

TOPIC:

IN SUPPORT OF EDUCATION ABOUT ANTIMICROBIAL RESISTANCE AND ANTIMICROBIAL STEWARDSHIP PROGRAMS

SUBMITTED BY:

Duquesne University Student Nurses' Association, Pittsburgh, Pennsylvania

AUTHORS:

Holly Storm and Deanna Webb

WHEREAS,

in 2013, the Centers for Disease Control and Prevention reported that there had been approximately two million people in the United States infected with bacteria that are resistant to at least one antibiotic and approximately 23,000 deaths reported that were linked directly to antibiotic-resistant infections; and

WHEREAS,

antimicrobial resistance occurs when a microorganism becomes resistant to an antimicrobial medicine to which it was once vulnerable, which allows its survival rate to increase in comparison to other microorganism; and

WHEREAS,

Clostridium difficile, Carbapenem-resistant *enterobacteriaceae*, and drug-resistant *Neisseria gonorrhoeae* are bacteria that have been determined to have reached critical threat level; and

WHEREAS,

antimicrobial resistance, which is critically influenced by antimicrobials used in excess and inappropriately, stems from misuse in agriculture, and the prescribing of antibiotics with inappropriate indications; and

WHEREAS,

antimicrobial Stewardship Programs aim to ensure the use of the most appropriate agent, right dose, and duration when giving medications. It aims to increase pathogen-directed therapy to give more specific coverage when the situation is warranted; and

WHEREAS,

at the hospital, the nurse is the center of the interdisciplinary communication and is also a communicator to the family and patient. The nurse gives the patient information from the health care providers, educates about the medications to be taken, and provides education on the appropriate use of these medications; and

WHEREAS,

antimicrobial Stewardship Programs and their efficiency would be improved by the nurse as the nurse has a central role in the interdisciplinary team and its communication; therefore be it

RESOLVED,

that the National Student Nurses' Association (NSNA) encourage nursing programs to include information in their curricula on antimicrobial resistance and nurses' vital role in antimicrobial stewardship programs as a communicator with the interdisciplinary team and the patient; and be it further

RESOLVED,

that the NSNA educate nursing students on antimicrobial resistance in the form of a session at the MidYear Conference or the Annual Convention, if feasible; and be it

further

RESOLVED,

that the NSNA publish an article in *Imprint*, if feasible, to educate its constituents about the overuse of antibiotics, and increase in antimicrobial resistance along with the nurse's role in Antimicrobial Stewardship Programs and educating patients; and be it

further

RESOLVED,

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

Resolution 11

TITLE: INCREASING AWARENESS OF THE IMPLEMENTATION OF COPPER SURFACES WITHIN HEALTHCARE FACILITIES

SUBMITTED BY: Georgia Gwinnett College, Lawrenceville, Georgia

AUTHORS: Jerusha Cook, Hannah Cooper, Jessica Haro, Jason Jones, and Michelle Reed

WHEREAS, the National Student Nurses' Association (NSNA) House of Delegates in 2014 adopted the resolution "Increased Awareness of Decreasing the Risk of Hospital Acquired Infections Through Bathing Practices for Hospitalized Patients"; and

WHEREAS, over 100,000 deaths are attributed to hospital acquired infections (HAIs) every year in the United States; and

WHEREAS, a study showed a statistically significant reduction in common pathogens when inoculated onto copper-coated textiles versus the non-copper coated surfaces; and

WHEREAS, in 2011 there were an estimated 722,000 HAIs in acute care hospitals in the United States and of those, 75,000 died during their hospitalization; and

WHEREAS, the use of copper alloy surfaces in hospital settings significantly reduced the rate at which HAIs were contracted when compared to that of current standard practices; and

WHEREAS, an estimated \$9.8 billion is spent each year treating HAIs. When copper-impregnated linens were incorporated into the practice on the unit, costs of antibiotics were reduced by 27%. HAI-related treatments, x-rays, disposables, labor, and laundry expenses were also reduced; and

WHEREAS, cleaning with copper biocides significantly reduced the number of total viable counts of pathogenic organisms in comparison to current practices; and

WHEREAS, hospital rooms containing copper components have resulted in lower infection rates thereby reducing the cost to both the hospital and the patient; and

WHEREAS, soft surfaces in hospitals, such as the fabrics in seat cushions and workers attire, may serve as vectors for bacteria and contribute to the spread of nosocomial infections; the use of biocidal textiles such as copper reduces microbial contamination in materials such as scrubs, privacy curtains, linens, cloths, and mops; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) support increased awareness of the effectiveness of copper surfaces in reducing nosocomial infections; and be it further

RESOLVED, that the NSNA host a workshop related to this topic at the MidYear Conference or the Annual Convention, if feasible; and be it further

RESOLVED, that the NSNA encourage its constituents to support policy and legislation surrounding this topic; and be it further

RESOLVED, that the NSNA publish an article in *Imprint* promoting the implementation of copper surfaces to reduce nosocomial infections, if feasible; and be it further

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

Resolution 12

TITLE: IN SUPPORT OF ENCOURAGING ENHANCEMENT OF INTERPROFESSIONAL COMMUNICATION AND COLLABORATION THROUGH THE USE OF SIMULATIONS

SUBMITTED BY: South Dakota Student Nurses Association

AUTHOR: Shawnee Earley

WHEREAS, the National Student Nurses' Association (NSNA) House of Delegates adopted the resolution in 2016, "Enhancing Interprofessional Education to Address the Roles, Responsibilities, and Expectations of the Healthcare Team" in 2014 "Using Interprofessional Education in Nursing Programs to Aid in the Transition from Pre-licensure to Professional Practice" in 2015, "Interprofessional Education Advancement" and in 2012, "Increasing Awareness of the Clinical and Educational Benefits of High-Fidelity Simulations to Pre-licensure Nursing Students"; and

WHEREAS, the mission of the NSNA is to promote development of the skills that students will need as responsible and accountable members of the nursing profession and advocate for and contribute to advances in nursing education; and

WHEREAS, communication failures are a factor in nearly all inadvertent patient harm events according to The Joint Commission's report of the root cause analysis of hospital reported sentinel events; and

WHEREAS, simulations that incorporate multiple members of the healthcare team have been shown to enhance professional identity, teamwork, communication, and clinical preparedness and these experiences are vital to expose students to real-world situations; and

WHEREAS, bringing students from different professions together to learn would promote better collaborative behavior which results in more efficient information sharing, higher patient satisfaction, and better quality of care; and

WHEREAS, in a survey given to third-year nursing students, a majority reported that simulation experiences were substantially important in their feelings of preparedness for practice and that an expansion of simulations in their program would strengthen their nursing abilities; and

WHEREAS, the World Health Organization's educational guidelines for healthcare professionals recommend the inclusion of interprofessional education and the use of simulation methods to be used in all undergraduate and postgraduate healthcare professionals' curricula; therefore be it

RESOLVED, that the NSNA encourage the implementation of interprofessional simulations within nursing curricula; and be it further

RESOLVED, that the NSNA encourage its constituents to advocate for IPE simulations to be implemented into their nursing curricula by discussing the topic with their nursing faculty, if feasible; and be it further

RESOLVED, that the NSNA provide a reference list of interprofessional literature and resources regarding the various interprofessional team members on its website and an article in *Imprint* on this topic, if feasible; and be it further

RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association, Organization for Associate Degree Nursing, Student National Medical Association, American Pharmacist Association, American Association for Respiratory Care, American Physical Therapy Association, National Association of Healthcare Assistants, American Association of Colleges of Nursing, National League for Nursing, American Medical Association, and all others deemed appropriate by the NSNA Board of Directors.

Resolution 13

TITLE: IN SUPPORT OF MAKING ALLERGY CHECKS AN ADDITIONAL RIGHT OF MEDICATION ADMINISTRATION

SUBMITTED BY: Iowa Association of Nursing Students

AUTHORS: Kambra Becker, Kayla Dings, Meredith Heiny, and Savannah McDermott

WHEREAS, one out of every ten people in the world is affected by adverse drug reactions; and

WHEREAS, in the United States, 30% of adults and 40% of children have a drug allergy; and

WHEREAS, over 50% of admissions experienced an adverse drug event during their hospital stay; and

WHEREAS, 23.2% of allergic drug reactions were found to be preventable; and

WHEREAS, out of 158,023 drug allergy alerts, 81% were overridden; and

WHEREAS, up to 75% of known patient drug allergies were not recorded in the electronic medical record; and

WHEREAS, the severity of the patient's allergic reaction to opioids were not documented 74.3% of the time; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) support the recognition of allergy checks as an additional right of medication administration; and be it further

RESOLVED, that the NSNA encourage hospitals to implement allergy checks into their policies; and be it further

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

RESOLVED, that the NSNA have a breakout session about allergies and the role of the nurse at the MidYear Conference or the Annual Convention, if feasible; and be it further

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

Resolution 14

TITLE: INCREASED AWARENESS REGARDING POST-TRAUMATIC STRESS DISORDER (PTSD) RELATED TO WORKPLACE VIOLENCE AFFECTING NURSES

SUBMITTED BY: Rutgers Student Nurses Association, New Brunswick, New Jersey

AUTHOR: Subbashini Neelam

WHEREAS, the National Student Nurses' Association (NSNA) House of Delegate in 2012 adopted the resolution "Awareness and Legislation Regarding Violence Prevention for Healthcare Workers"; and

WHEREAS, 43% of registered nurses and nursing students reported being threatened and 24% reported being physically assaulted by a patient or a patient's family member; and

WHEREAS, workplace violence includes verbal, sexual, and physical assaults, threats, stalking, and homicide; and

WHEREAS, the exposure to workplace violence can lead to conditions such as PTSD, depression, anxiety, and burnout; and

WHEREAS, PTSD among nurses is associated with their exposure to an assault, potential assault, or life-threatening situations such as mass casualties or dying patients; and

WHEREAS, PTSD is diagnosed when a nurse exhibits symptoms for at least one month and there is marked functional impairment; and

WHEREAS, workplace violence impacts costs related to medication and equipment errors, patient identification errors, decreased productivity, increased turnover, absenteeism, medical and psychological care, property damage, increased security, increased workers' compensation, job dissatisfaction, and decreased morale; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) encourage its constituents to educate nursing students about awareness regarding PTSD and its relationship to workplace violence in healthcare settings; and be it further

RESOLVED, that the NSNA encourage the continued monitoring of and advocating for the reduction of workplace violence; and be it further

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

RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association, American Association of Critical Care Nurses, Emergency Nurses Association, American

Psychiatric Nurses Association, American Association of Colleges of Nursing, National League for Nursing, Organization for Associate Degree Nursing, and all others deemed appropriate by the NSNA Board of Directors.

Resolution 15

TITLE: IN SUPPORT OF INCREASED EDUCATION AND AWARENESS ABOUT OPIOID MEDICATION ABUSE

SUBMITTED BY: New Jersey Nursing Students, Inc. and The Student Nurses Association of Pennsylvania

AUTHORS: Sonam Patel and Meghan Scanlon

WHEREAS, the National Student Nurses' Association (NSNA) House of Delegates in 2013 adopted the resolution "In Support of Increased Awareness of the Benefits of Community-Based Opioid Overdose Prevention Programs" and in 2015 "For Increased Inclusion of Complementary and Alternative Therapies for Pain Management"; and

WHEREAS, prescription drug abuse is the use of a medication in a way other than as directed by a health care provider; and

WHEREAS, although there has not been an overall change in the amount of pain that Americans report, the amount of prescription opioids sold in the U.S. has nearly quadrupled since 1999; and

WHEREAS, according to the Centers for Disease Control and Prevention (CDC), prescription drug abuse and overdose is one of the top five health threats in the United States; and

WHEREAS, more than 165,000 people died from overdoses related to opioids in the United States during the years of 1999 to 2014; and

WHEREAS, education allows clinicians to make decisions on whether they should decrease, discontinue, or modify opioid treatment. Educating clinicians can help decrease the amount of overprescribing while ensuring that the patient is receiving proper pain relief; and

WHEREAS, an estimated 2.1 million people in the United States suffer from substance use disorders related to prescription opioid pain relievers and an estimated 467,000 are addicted to heroin; and

WHEREAS, nurses hold an excellent position to be able to provide proper discharge instructions for opioid therapy because they spend most of the time with the patients and are the last professional to provide them with medication education; and

WHEREAS, nurses play a key role in the management of the patients' pain and they must be aware of the consequences of long-term opioid therapy. When potential harm outweighs the benefit the nurse must advocate opioid tapering and the use of other strategies to decrease pain; therefore be it

RESOLVED, that the NSNA encourage its constituents to educate nursing students, nursing programs, health care professionals, community organizations, schools, and colleges to

promote education regarding symptoms, risk factors, and warning signs of prescription opioid abuse; and be it further

RESOLVED, that the NSNA provide education for nursing students about this topic at the MidYear Conference or Annual Convention by hosting a session, if feasible; and be it further

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

RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association, National League for Nursing, Organization for Associate Degree Nursing, American Association of Critical Care Nurses, American Association of Colleges of Nursing, Emergency Nurses Association, American Association of Nurse Practitioners, National Institute on Drug Abuse, the International Nurses Society on Addiction, the American Psychiatric Nurses Association, and all others deemed appropriate by the NSNA Board of Directors.

Resolution 16

TITLE: IN SUPPORT OF INCREASING AWARENESS OF THE NEED FOR DISASTER PREPAREDNESS TRAINING OF POSTGRADUATE NURSES

SUBMITTED BY: HAWAI'I STUDENT NURSES' ASSOCIATION

AUTHORS: Tobi Watanabe, Michelle Collins, Melissa Henry, Jeramae Marcellano, and Charmaine Ocampo

WHEREAS, the National Student Nurses' Association (NSNA) House of Delegates in 2013 adopted the resolution "Challenging Nursing Students to Complete Introductory Emergency Management Institute Courses in Order to Better Serve Our Communities in Times of Crisis" and in 2014, "Increased Awareness of Disaster Preparedness Through the Use of Simulation Exercises In Undergraduate Nursing Curricula"; and

WHEREAS, drills and continuing of education play an imperative role in disaster preparedness training that require hospital administrators to be actively involved in promoting and providing these opportunities for postgraduate nurses; and

WHEREAS, despite many nursing curriculums including disaster preparedness training, a majority of postgraduate nurses surveyed do not feel prepared to effectively respond to disaster situations; and

WHEREAS, there is inadequate content that is currently taught within AACN curricula despite the required disaster education in a baccalaureate education; and

WHEREAS, 53% of 348 nursing schools offered disaster preparedness, with an average of only 4 hours allocated to disaster education; and

WHEREAS, 95% of 90 senior undergraduate nursing students who participated in disaster training simulation confirmed they experienced increase knowledge and confidence; and

WHEREAS, successful disaster training includes mock drills and a no-fault learning environment; and

WHEREAS, annual training exercises allow nurses to acquire skills and improve existing skills by providing a safe environment without the risk of harm to the patient or participant; therefore be it

RESOLVED, that the NSNA encourage its constituents to develop competencies in support of and take part in mass casualty or disaster training; and be it further

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

RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association, National League for Nursing, Emergency Nurses Association, Federal Emergency Management Agency, Sigma Theta Tau International, American Association of Colleges

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

Resolution 17

TITLE: TO ENHANCE NURSING STUDENT EDUCATION RELATED TO ADVOCACY FOR PATIENTS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES (IDD)

SUBMITTED BY: Arizona State University-College of Nursing and Health Innovation, Phoenix, Arizona
The College of New Jersey, Ewing Township, New Jersey
Mount Mercy University Association of Nursing Students, Cedar Rapids, Iowa

AUTHORS: Zia Tyree, Lindsey Brandt, and Hannah Hurlbert, Marina Birch, Jacqueline Bilotto, Katie Liberi, Amanda de Vera, Madison Coates, Allison Heims, Emily Mitchell, Amber Morgan, Stephanie Myers, and Rylie Worm

WHEREAS, nurses are often unable to recognize the specific nature and needs relating to patients with IDD, which influences the comfort level they exhibit in caring for these patients in an optimal way; and

WHEREAS, patients with IDD have varied abilities to provide self-report of pain occurrence or intensity; 21% of youth with IDD cannot understand the typical numeric pain scale to quantify their pain severity or follow instructions for self-report; and

WHEREAS, accurate assessment of pain intensity is vital for successful pain management, Therefore, nursing students must be properly educated to recognize and understand indications of pain and pain management for patients with IDD; and

WHEREAS, when seeking healthcare services, patients have reported discrepancies in the methods of different professionals, while professionals frequently cite interdisciplinary communication problems as a barrier to better care; and

WHEREAS, in order to properly advocate for patients, nursing students should be educated on using the correct terminology for IDD. For example, “intellectual or cognitive disability” has replaced “mental retardation”, and the spelling “Down syndrome” is preferred to “Down’s syndrome”; and

WHEREAS, person-first language is preferred when discussing IDD. For example, the preferred language for those with Down syndrome is to say “a patient has Down syndrome”, rather than to describe them as a “Down syndrome patient”; and

WHEREAS, it is understood that due to their complex needs, advanced education and practice for nursing students, staff, and other professionals concerning individuals with IDD are fundamental to the ability to provide the most optimal care for this population; therefore be it

RESOLVED, that the NSNA encourage nursing students and nurses to advocate for increased research and education regarding patients with IDD; and be it further

RESOLVED, that the National Student Nurses’ Association (NSNA) promote education by publishing an article in *Imprint* about supporting the availability of information and health

promotion resources for individuals with Down syndrome and IDD in general, if feasible;
and be it further

RESOLVED, that the NSNA support the American Nurses Association's position of using preferred language for those with disabilities, specifically Down syndrome; and be it further

RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association, National League for Nursing, American Association of Colleges of Nursing, Organization for Associate Degree Nursing, National Association of Pediatric Nurse Practitioners, the National Association of School Nurses, the American Association of Nurse Practitioners, the American Academy of Pediatrics, the Arc of the United States, the Society for Pediatric Pain Medicine, Developmental Disabilities Nurses Association, Sigma Theta Tau International, and all others deemed appropriate by the NSNA Board of Directors.

Resolution 18

TITLE: INCREASED NURSING STUDENT ACTION ON AND AWARENESS OF THE EFFECTS OF CLIMATE CHANGE ON HEALTH

**SUBMITTED BY: Capital University Student Nurses' Association Columbus, Ohio
Naugatuck Valley Community College Student Nurses Club, Waterbury, CT**

AUTHORS: Mary Vitullo, William Uznanski, Gina Bucci, Jenna Hoffmann, Curtis Jepson, Rachel Rus, and Abigail Wiseman

WHEREAS, the United States Surgeon General recognized climate change as a serious, immediate, and global threat to human health; and

WHEREAS, climate impacts on human health include: extreme heat, reduced outdoor air quality, increases in extreme weather patterns, increases in vector-borne infections, water-related infections, food-related infections, higher risk for mental health problems, and reduced sense of well-being; and

WHEREAS, economic insecurities and personal hardships impair the socioeconomic status of susceptible individuals who are harmed by mental health disorders and air pollution-related diseases due to increased exposures to environmental toxins, temperature extremes, and severe weather conditions; and

WHEREAS, climate change influences holistic human health and wellness, as opposed to being a strictly environmental issue; and

WHEREAS, an increasing number of nursing hours will be spent on disaster preparedness and response to increased weather-related events including but not limited to heat-related illness, fires, and flooding; and

WHEREAS, registered nurses are the first-line advocates for the safety and quality of care of patients and health care workers, as well as care practices and products; and

WHEREAS, mitigation of, as well as adaptation and response to the effects of climate change are in a nascent stage, and many are rooted at the local and organizational levels; and

WHEREAS, the environments associated with climate alterations affect everyone and as these climates continue to change, the impacts on population health will continue to expand; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) encourage nursing students to seek the knowledge and skills to address the human health effects of climate change and the actions they can take to mitigate, respond, and adapt to the effects of climate change; and be it further

RESOLVED, that the NSNA encourage its members to hold chapter meetings or forums on climate change and include such topics as actions nursing students can take to fight climate change including sustainability efforts, participating in disaster preparedness efforts in their communities, and discussing this information with their state and national representatives; and be it further

RESOLVED, that the NSNA provide workshops on climate change at the Annual Convention and MidYear Conference and publish an article in *Imprint* about climate change impacts on health and steps nursing students can take to mitigate and adapt to its effects, if feasible; and be it further

RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association, National League for Nursing, American Association of Colleges of Nursing, Organization for Associate Degree Nursing, Sigma Theta Tau International, American Lung Association, American Academy of Pediatrics, Society of Pediatric Nurses, American Public Health Association, Association of Public Health Nurses, Luminary Project, Alliance of Nurses for Healthy Environments, American Holistic Nurses Association, Robert Wood Johnson Foundation, United States Centers for Disease Control and Prevention, United States Environmental Protection Agency, United States Department of Health and Human Services, United Nations, International Council of Nurses, World Health Organization, and all others deemed appropriate by the NSNA Board of Directors.

Resolution 19

TITLE: **IN SUPPORT OF INCREASING AWARENESS OF IMPROPER DISINFECTION OF NONCRITICAL MEDICAL EQUIPMENT**

SUBMITTED BY: **University of Missouri-Columbia Sinclair School of Nursing, Columbia, Missouri**

AUTHORS: **Erika Buchheit and Amanda Gingrich**

WHEREAS, the National Student Nurses' Association (NSNA) House of Delegates in 2011 adopted the resolution "In Support of Increasing Awareness of Improper Disinfection of Stethoscopes" and in 2016 "Cleaning Stethoscopes Between Patients"; and

WHEREAS, noncritical medical equipment can be defined as objects that may come in contact with intact skin but not mucous membranes; and

WHEREAS, noncritical items frequently touched by hands may contribute to secondary transmission by contaminating hands of health-care workers or by contacting patients directly; and

WHEREAS, mobile devices and personal digital assistants play an important role in the transmission of nosocomial pathogens and have been found to have contamination rates as high as 44-95%; and

WHEREAS, modern medical care is becoming increasingly invasive, therefore posing a greater risk for infection as a consequence of interactions with the healthcare system; and

WHEREAS, single-use equipment bears significant economic burden; therefore, appropriate infection control precautions must be taken for continued use of reusable equipment; therefore be it

RESOLVED, that the NSNA support increasing awareness of improper disinfection of noncritical medical equipment; and be it further

RESOLVED, that the NSNA educate its constituents about this topic by hosting sessions at the MidYear Conference or the Annual Convention, if feasible; and be it further

RESOLVED, that the NSNA publish an *Imprint* article on proper disinfection of noncritical medical equipment, if feasible; and be it further

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

Resolution 20

TITLE: IN SUPPORT OF INCREASED EDUCATION ON HEALTH RISKS OF E-CIGARETTE USE IN THE ADOLESCENT POPULATION

SUBMITTED BY: West Virginia University Student Nurses Association, Morgantown, WV

AUTHORS: Anna Royek, Jacqueline Everly, David Irvin, Maria Mullin, and Amy Reeder

WHEREAS, the National Student Nurses' Association (NSNA) House of Delegates in 2015 adopted the resolution, "Increased Research and Awareness of the Current Health Concerns Related to E-Cigarettes"; and

WHEREAS, according to the Centers for Disease Control and Prevention, electronic cigarettes (e-cigarettes) are now among the top four tobacco products used among adolescents, increasing the risks for adverse health effects and lifelong nicotine addiction; and

WHEREAS, e-cigarettes are battery-operated products that deliver a nicotine-containing aerosol to users by heating a solution typically made up of unregulated nicotine and flavoring; and

WHEREAS, e-cigarette use among high-school students has risen 900% between 2011 and 2015; and

WHEREAS, public health officials believe that e-cigarette use could become a gateway to using cigarettes, cigars, and smokeless tobacco; and

WHEREAS, although dual use with cigarettes is high, some youth experimenting with e-cigarettes have never tried a tobacco cigarette, which indicates that they are initiating the use of nicotine, an addictive drug, with e-cigarettes; and

WHEREAS, e-cigarettes are known to deliver harmful chemicals to the lungs, including nicotine and toxic heavy metals such as nickel, lead, and cadmium; and

WHEREAS, youth are being more readily targeted for the purchase of e-cigarettes through advertisements and product design gimmicks such as flavored e-cigarettes; and

WHEREAS, accidental poisonings among children drawn to the colors, flavors, and the scents of e-liquids (a flavored nicotine liquid that e-cigarette vaporizes), have become problematic; and

WHEREAS, comprehensive prevention targeting adolescents is urgently needed; therefore be it

RESOLVED, that the NSNA encourage its constituents to support and implement increased education and awareness regarding the increased use and health risks of e-cigarettes in the adolescent population, including school nurses, educators, pediatric facilities, and public health professionals; and be it further

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

RESOLVED, that the NSNA advocate for the increased use of social media campaigns regarding this topic, if feasible; and be it further

RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association, National League for Nursing, American Association of Colleges of Nursing, Organization for Associate Degree Nursing, American Lung Association, American Heart Association, American Academy of Pediatrics, National Association of Pediatric Nurse Practitioners, National Association of School Nurses, Association of Community Health Nursing Educators, American Psychiatric Nurses Association, United States Department of Health and Human Services, Centers for Disease Control and Prevention, Sigma Theta Tau International, American Public Health Association, Association of Public Health Nurses, and all others deemed appropriate by the NSNA Board of Directors.

Resolution 21

TITLE: PROMOTING WORK-HOME BALANCE IN NURSES AND NURSING STUDENTS TO PREVENT WORK-RELATED INJURY AND BURNOUT SYNDROME

SUBMITTED BY: University of Puerto Rico Medical Science Campus, San Juan, Puerto Rico

AUTHORS: Diego Buitrago Villamizar and Damaris E. López Serrano

WHEREAS, the National Student Nurses' Association (NSNA) House of Delegates in 2013 adopted the resolution "In Support of Implementing Holistic Health Programs for the Improvements of Student Nurses' Healthy Lifestyles" and in 2010 "In support of Increased Education In Self-care Awareness for Nursing Students and Nurses"; and

WHEREAS, nurses struggle to find the time to practice self care and identifying self-care activities that they like and that can be easily incorporated to their lives. Caring for self can help manage stressors such as tension and fatigue while improving decision making, critical thinking and quality of patient care; and

WHEREAS, having students who practice a healthy lifestyle may help reduce the effects of stress while improving the ability of students to educate and encourage patients to participate in healthy behaviors themselves; and

WHEREAS, nursing students find it hard to find time to care for themselves because of high stress levels caused by clinical practice and course requirements, employment, family and social commitments; therefore be it

RESOLVED, that the NSNA encourage the creation of a tab on nsna.org or a bulletin that gives pointers and tips to students about healthy habits and mentality to prevent mental health deterioration, stress, and burnout, if feasible; and be it further

RESOLVED, that the NSNA encourage nursing programs to develop an elective course or added topic in course syllabi that promotes the wellbeing of the student and as a future professional in a holistic way; and be it further

RESOLVED, that the NSNA encourage evidence-based practice investigations and monitoring of nursing students work-home balance progress through a session on this topic at the Annual Convention, if feasible; and be it further

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

RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association,

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

Resolution 22

TITLE: INCREASING AWARENESS AND EDUCATION ABOUT BREASTFEEDING IN THE BLACK COMMUNITY

SUBMITTED BY: Michigan Nursing Students Association

AUTHOR: Jamie Platt

WHEREAS, the National Student Nurses' Association (NSNA) House of Delegates in 2016 adopted the resolution "In Support of Awareness of the Benefits of Exclusive Breastfeeding Until Six Months of Age"; and

WHEREAS, infants should be exclusively breastfed for the first 6 months of their life and continue breastfeeding for at least one year; and

WHEREAS, breastfeeding has positive outcomes for mother and child from a nutritional, physiological, and developmental perspective; and

WHEREAS, breastfeeding is associated with a lower risk of the development of obesity, type 2 diabetes, sudden infant death syndrome, gastroenteritis, and asthma. Each of these conditions has a higher rate observed among Black (when compared to White) children; and

WHEREAS, Black women have the highest rates of formula supplementation of breastfed newborns before they are 2 days old, and have the lowest rates of breastfeeding at both 6 and 12 months postpartum; and

WHEREAS, the number of Black infants who were breastfed at least once (58.9%) remains lower than the number of White (75.2%) and Hispanic (80.0%) infants; the *Healthy People 2020* goal is 81.9%; and

WHEREAS, research suggests multiple barriers prevent Black mothers from breastfeeding exclusively for the first 6 months, including insufficient support from medical professions, the mother's lack of knowledge, social norms for formula feeding, lack of family and social support, and embarrassment with public nursing; and

WHEREAS, Black mother's breastfeeding decisions may be shaped by their culture's history of slavery, wet-nursing, and other negative historical reproductive health experiences; and

WHEREAS, well-defined evidence has shown that television, print, and other media directed at mothers can significantly influence social norms and cultural beliefs around breastfeeding; therefore be it

RESOLVED, that the NSNA support the education of the Black community on the importance of breast feeding though a session at the MidYear Conference or the Annual Convention, if feasible; and be it further

RESOLVED, that the NSNA publish an article in *Imprint*, social media posts, and the website

regarding this topic, if feasible; and be it further

RESOLVED, that the NSNA promote World Breastfeeding Week and Black Breastfeeding Week, if feasible; and be it further

RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association, National League for Nursing, American Association of Colleges of Nursing, American College of Nurse-Midwives, American Congress of Obstetricians and Gynecologists, American Academy of Pediatrics, Society of Pediatric Nurses, American Academy of Family Physicians, Organization for Associate Degree Nursing, American Medical Association, National Association of Neonatal Nurses, La Leche League International, International Lactation Consultant Association, Association of Women's Health, Obstetric and Neonatal Nurses, National Black Nurses Association, National Alliance for Breastfeeding Advocacy, March of Dimes, Breastfeeding USA, the International Board of Lactation Examiners, Women, Infants, and Children (WIC), Black Mothers' Breastfeeding Association, African American Breastfeeding Network, and all others deemed appropriate by the NSNA Board of Directors.

Resolution 23

TITLE: IN SUPPORT OF IMPLEMENTING THE R3 APPLICATION FOR INTIMATE PARTNER VIOLENCE (IPV) SCREENING IN RURAL EMERGENCY DEPARTMENTS

SUBMITTED BY: Harding Nursing Student Association, Searcy, Arkansas

AUTHORS: Emma Word, April Mazak, Heather Fraser, Cami Ash, Alexa Santamaria, and Rachel Bow

WHEREAS, the National Student Nurses' Association (NSNA) House of Delegates in 2015 adopted the resolution "Increasing Awareness and Recognition of Abuse in Multiple Demographics" and in 2016 "Routine Intimate Partner Violence Screening and Education on College Campuses"; and

WHEREAS, R3, an application on iOS and Android devices that contains the HITS (Hurt, Insulted, Threatened with Harm and Screamed) screening tool, has a sensitivity and specificity of 96% and 91% respectively; and

WHEREAS, the United States Department of Justice describes IPV as actions in a relationship that demonstrate a partner attempting to control or exert power over the other partner in the relationship; and

WHEREAS, IPV screening is recommended for all women between the ages of 14-46, as this is the demographic group most affected; and

WHEREAS, lack of adequate staff training, a standardized screening tool, and a hospital protocol on the subject inhibit detection of IPV in the hospital setting; and

WHEREAS, nurses often cite not having adequate time or not feeling comfortable enough asking such personal questions as the reasons why they do not screen for IPV; and

WHEREAS, 1.5 to 4 million women in the United States are affected annually by IPV, causing the death of 1500 women and more than 2 million injuries, and 2 to 14% of emergency department visits are due to IPV-related injury; and

WHEREAS current screening protocol in emergency departments detect less than 10% of victims; and

WHEREAS, it was found that screening is particularly needed in rural area hospitals as IPV is prevalent within the rural community yet very underreported; and

WHEREAS, 22.5% of female residents in rural areas reported IPV, which is a significantly higher rate than the 15.5% prevalence rate in the urban setting; therefore be it

RESOLVED, that the NSNA encourage its constituents to advocate for rural emergency departments to implement protocol using the R3 application to screen women between ages 14-46 for IPV; and be it further

RESOLVED,

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

RESOLVED,

that the NSNA send a copy of this resolution to the American Nurses Association, National League for Nursing, American Association of College of Nursing, Organization for Associate Degree Nursing, National Council of State Boards of Nursing, Sigma Theta Tau International, and all others deemed appropriate by the NSNA.

Resolution 24

TITLE: IN SUPPORT OF INCREASING NURSING STUDENT EDUCATION REGARDING THE HEALTH CARE NEEDS OF LGBTQIA POPULATIONS

SUBMITTED BY: Louisiana State University Health, New Orleans Student Nurses' Association, New Orleans, LA

AUTHORS: Andrew Giardina, Austin Laurent, Stephen Lewis and Kiera Smith

WHEREAS, the National Student Nurses' Association (NSNA) House of Delegates, in 2012 adopted the resolution "Implementing Practices Suggested in The Joint Commission Report: "Advancing Effective Communication, Cultural Competence, and Patient- and Family-centered Care for the Lesbian, Gay, Bisexual, and Transgender (LGBT) Community: A Field Guide, in 2015, "Amending Patient Health History Intake Forms to be Inclusive of the LGBT Population," and in 2016, "Improving Professional Support and Advocacy for Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex, and Asexual (LGBTQIA) Nurses"; and

WHEREAS, an estimated 5-10% percent of the U.S. population currently identifies as LGBTQIA; and

WHEREAS, the average classroom time nursing students spend on discussion of LGBTQIA health topics is a mere 2.12 hours; and

WHEREAS, existing educational models fall short of the needs of nurses who encounter a diverse patient population; and

WHEREAS, the American Association of Colleges of Nursing offers no specific directions for LGBTQIA health inclusion in nursing school curricula; and

WHEREAS, the Quality and Safety Education for Nurses initiative does not address LGBTQIA-inclusive language; and

WHEREAS, the American Nurses Association has not yet addressed the broad issues regarding LGBTQIA health; and

WHEREAS, practicing nurses have reported little to no training on LGBTQIA issues either in nursing school or in the clinical practice setting; and

WHEREAS, many graduate nurses have stated that they were not offered any training on care of the LGBTQIA patient, and 20% of those same nurses wished that there was more education about the LGBTQIA client; therefore be it

RESOLVED, that the NSNA encourage its constituents to participate in LGBTQIA sensitivity training, such as the Safe Zone Project, in order to create a more inclusive scholastic environment and foster the advancement of LGBTQIA education within nursing programs; and be it further

- RESOLVED, that the NSNA host a session on this topic at the MidYear Conference and Annual Convention, if feasible; and be it further
- RESOLVED that the NSNA encourage its constituents to create LGBTQIA student groups that foster research on LGBTQIA health-related issues, if feasible; and be it further
- RESOLVED that the NSNA publish an article in *Imprint* and on the NSNA website about this topic, if feasible; and be it further
- RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association, National Council of State Boards of Nursing, National League for Nursing, American Association of Colleges of Nursing, Sigma Theta Tau International, Organization for Associate Degree Nursing, America's Essential Hospitals, American Assembly for Men in Nursing, and all others deemed appropriate by the NSNA Board of Directors.

Resolution 25

TITLE: IN SUPPORT OF EMPOWERING NURSES TO UNDERSTAND THEIR ROLE IN THE HOSPITAL REIMBURSEMENT PROCESS

SUBMITTED BY: Tennessee Association of Student Nurses

AUTHOR: McKinsey Patterson

WHEREAS, the National Student Nurses' Association (NSNA) House of Delegates in 2016 adopted the resolution "In Support of Increasing Undergraduate Education Regarding the Impact of the Hospital Consumer Assessment of Healthcare Providers and System (HCAHPS) to Promote Patient Satisfaction"; and

WHEREAS, the Centers for Medicare and Medicaid Services mandate the use of hospital Value Based Purchasing (VBP) programs to reimburse hospitals based on Total Performance Score (TPS); and

WHEREAS, the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey is used to measure Patient Experience of Care (PEC), accounting for 25% of the TPS in the fiscal year 2016; and

WHEREAS, eight dimensions on the HCAHPS survey are included in the VBP hospital reimbursement process, which also relate to nursing care; and

WHEREAS, patient safety, as measured by nursing-sensitive outcomes including falls and catheter associated urinary tract infections (CAUTI), is also a contributing factor to patient outcomes and the VBP hospital reimbursement process; and

WHEREAS, communication about these processes motivates nurses to intentionally impact HCAHPS scores; and

WHEREAS, healthcare providers at all levels are motivated to pay attention to their care-giving performance in pay-for-performance reimbursement programs; therefore be it

RESOLVED, that the NSNA encourage its constituents to understand the importance of clinical nurses' roles in the hospital reimbursement process; and be it further

RESOLVED, that the NSNA support further research to understand nurses' current perception and understanding of their role in the hospital reimbursement process; and be it further

RESOLVED, that the NSNA host a session about this topic at the Annual Convention, if feasible; and be it further

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

RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association, American Hospital Association, National Council of State Boards of Nursing, National League for Nursing, American Association of Colleges of Nursing, Institute for Healthcare Improvement, Sigma Theta Tau International, American College of Healthcare Executives, American Association of Healthcare Administrative Management, Healthcare Administrators Association, American Organization of Nurse Executives, Organization for Associate Degree Nursing, and all others deemed appropriate by the NSNA Board of Directors.

Resolution 26

TITLE: ADVOCATING FOR HEIGHTENED AWARENESS OF WATER QUALITY AND THE NECESSITY OF CLEAN WATER DISTRIBUTION

SUBMITTED BY: Michigan State University Nursing Student Association, East Lansing, MI

AUTHORS: Crista Santucci, Emily Campbell, Monica Fee, and Hannah Morello

WHEREAS, contaminated drinking water is a causative factor in GI illness, reproductive problems, and neurological disorders; and

WHEREAS, in 2015, 18 million people were drinking water that contained lead which originated from its supply system; and

WHEREAS, the consequences of lead exposure can be permanent. Lead exposure impacts cognition and behavior, affects every organ system, lowers IQ, has been linked to criminality, and causes problems with learning, focusing, conduct disorder, and impulse disorder; and

WHEREAS, lead poisoning during childhood impacts essential developmental and biological processes, rendering irreversible impairments in intelligence, behavior, and overall life achievement; and

WHEREAS, lead poisoning is the number one environmental health threat to children; and

WHEREAS, lead exposure has irreversible, life-altering, and costly implications for which primary prevention is essential to eliminate exposure; and

WHEREAS, public health may be improved by identifying water systems which lack proper treatment, thus prompting steps toward adequate drinking water protection, treatment, and delivery infrastructure; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) publish an article in *Imprint* to foster awareness of the health disparities that polluted water may cause, if feasible; and
be it further

RESOLVED, that the NSNA encourage constituents to collaborate with other organizations to create a campaign which incorporates information sessions during conventions, meetings, or events in order to educate attendees on water contamination, prevention, testing, and the long-term effects of unsafe drinking water; and be it further

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

for Associate Degree Nursing, Sigma Theta Tau International, U.S. Health Resources and Services Administration, American Medical Association, American Academy of Family Physicians, American Academy of Pediatrics, and all others deemed appropriate by the NSNA Board of Directors.

Resolution 27

TITLE: IN SUPPORT OF INCREASED AWARENESS OF THE NEED FOR GREATER PRECONCEPTION HEALTHCARE

SUBMITTED BY: Salisbury University, Salisbury, Maryland

AUTHORS: Anna van Zeijts, Michael King, Mary Kate Lamm and Megan Charest

WHEREAS, the purpose of preconception healthcare is to perform risk screening, health promotion, and effective interventions as a part of routine healthcare, with the goal being to enhance reproductive health and reproductive life planning; and

WHEREAS, 32% of women of childbearing age in the United States (U.S.) receive preconception counseling, with a lower rate of 14% among women with unintended pregnancies and 14% among those who lack health insurance prior to pregnancy; and

WHEREAS, 50% of pregnancies in the U.S. and 40% globally are unplanned and more than half of pregnancies and one-third of births are unintended; and

WHEREAS, women with unintended pregnancies have a greater chance of abusing illicit drugs, smoking, having exposure to environmental smoke, and not taking folic acid, with concurrent birth defects accounting for 3% of all infants and 20% of all infant deaths; and

WHEREAS, medical conditions of hypertension, depression, obesity, diabetes, sexually transmitted diseases, and the use of alcohol, tobacco and prescription medications before pregnancy are the top factors associated with preterm miscarriages and birth defects; and

WHEREAS, the leading cause of infant mortality and morbidity is preterm birth, with 5.3%-7.7% of preterm deliveries and 5.0%-7.3% of preterm deaths due to modifiable risk factors during pregnancy; and

WHEREAS, each year in the U.S., 1 in every 33 babies are born with a birth defect; and

WHEREAS, the U.S. spends over \$2.6 billion annually for hospitalization of newborns with birth defects, many of which are preventable; and

WHEREAS, the U.S. ranks 26th in infant mortality with a rising risk of maternal mortality and severe morbidity, despite its top ranking in healthcare spending; and

WHEREAS, public insurance programs cover about 13% of women of reproductive age, and approximately 17% of women of reproductive age lack insurance; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) encourage its constituents to partner with healthcare facilities to raise public awareness of the measures taken to prevent birth defects through preconception healthcare; and be it further

RESOLVED, that the NSNA host a session on this topic at the Annual Convention, if feasible; and be it further

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

RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association, National League for Nursing, Sigma Theta Tau International, American Association of Colleges of Nursing, Organization for Associate Degree Nursing, Association of Women's Health, Obstetric, and Neonatal Nursing, American Nurses Credentialing Center, Association of Maternal and Child Health Programs, American Congress of Obstetricians and Gynecologists, National Institutes of Health, National Council of State Boards of Nursing, U.S. Preventive Service Task Force, and all others deemed appropriate by the NSNA Board of Directors.

Resolution 28

TITLE: IN SUPPORT OF IMPLEMENTING MUSIC AND MEMORY PROGRAMS TO IMPROVE OUTCOMES FOR DEMENTIA PATIENTS IN LONG-TERM CARE

SUBMITTED BY: Texas Nursing Student Association

AUTHORS: Taylor Dotson, Davina Godfrey, Tyneshia Kelley, Bette Paredez, and Faith Young

WHEREAS, the number of Americans living with Alzheimer’s disease and dementia in the United States is growing rapidly; and

WHEREAS, 5.4 million Americans are living with Alzheimer’s disease, including one in nine people over 65 years old; and

WHEREAS, many residents of assisted living and long term care nursing facilities are there because of difficulty managing the distressing behavioral and psychological symptoms of dementia including agitation, aggression, and psychosis; and

WHEREAS, the use of antipsychotic medications to treat agitation and aggression in older adults with dementia is associated with adverse side effects such as drowsiness, orthostatic hypotension, blurred vision, falls, and increased mortality rates; and

WHEREAS, non-pharmacologic treatments such as music have been shown to help maintain cognitive function, increase quality of life, and reduce behavioral and psychological symptoms of dementia including depression, apathy, wandering, and sleep disturbances; and

WHEREAS, music, favored by the individual, activates certain brain regions triggering music-evoked autobiographical memories (MEAMS) which are usually of a person or a life period generally considered positive; and

WHEREAS, musical aptitude and appreciation are two of the last remaining abilities in patients with Alzheimer’s disease; and

WHEREAS music can shift mood, manage stress-induced agitation, stimulate positive interactions, facilitate cognitive function, and coordinate motor movements; and

WHEREAS, music and memory programs using personalized music playlists are showing improved outcomes with decreased adverse effects and decreased need for the use of antipsychotics in long-term care settings; therefore be it

RESOLVED, that the National Student Nurses’ Association (NSNA) raise awareness of the use of personalized music playlists as a non-pharmacological intervention to decrease behavioral and psychological symptoms of dementia; and be it further

RESOLVED, that the NSNA encourage nursing student education on music and memory programs for dementia patients in long-term care; and be it further

RESOLVED, that the NSNA promote usage of personalized music playlists for residents in long-term care facilities by publishing an article in *Imprint*, as well as through online or in-person presentations or workshops, if feasible; and be it further

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

Resolution 29

TITLE: IN SUPPORT OF INCREASING AWARENESS OF VEHICULAR HYPERTHERMIA IN CHILDREN

SUBMITTED BY: Florida Atlantic University, Boca Raton, FL

AUTHORS: Christopher Demezier, Rachel Kelley, Madeline Kerr, and Nigam Reddy

WHEREAS, over 680 children and infants have died as a direct result of being left in a hot car since 1998; and

WHEREAS, partially opened windows fail to reduce temperatures within the vehicle; and

WHEREAS, temperature rise is highest in the first thirty minutes of being left in a car; and

WHEREAS, infants are unable to regulate their temperature and experience vehicular hyperthermia more quickly than adults; and

WHEREAS, only 19 states have legislation regarding the criminality of leaving a child unattended in a car; and

WHEREAS, vehicular hyperthermia deaths are completely preventable; and

WHEREAS, hyperthermia is responsible for the greatest number of non-crash related vehicle deaths for children younger than 14 years; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) support increasing awareness and education regarding vehicular hyperthermia in children; and be it further

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

RESOLVED, that the NSNA host a session at the MidYear Conference and the Annual Convention regarding legislation and interventions aimed at reducing child vehicular hyperthermia, if feasible; and be it further

RESOLVED, that the NSNA encourage its constituents to create events to educate community members about vehicular hyperthermia; and be it further

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

Resolution 30

TITLE: IN SUPPORT OF USING SIMULATION TO IMPLEMENT NURSING EDUCATION RELATED TO LATERAL VIOLENCE RESPONSES

SUBMITTED BY: Grand Valley State University Student Nurses' Association, Allendale, Michigan

AUTHORS: Kayla Lagola, Karly Ford, Tarah Fron, Jessica Ham, Andrea Mehalko, and Shayla Siburt

WHEREAS, the National Student Nurses' Association (NSNA) House of Delegates in 2015 adopted the resolution "Implementing Training for Nursing Students on Bullying Awareness and Intervention Strategies"; and

WHEREAS, lateral violence is any unwanted behavior towards an individual that includes bullying, gossiping, targeted personal jokes, ostracism, insults, unwarranted criticism, belittling, and verbal aggression; and

WHEREAS, over 95% of fourth-year nursing students reported experiencing some form of bullying; and

WHEREAS, The Joint Commission released a sentinel event alert related to lateral violence, stating that these disruptive behaviors have caused medical errors, increased cost of care, and adverse patient outcomes; and

WHEREAS, lateral violence may cause low self-efficacy in nursing students. Implementation of social skill training on lateral violence to these participating nursing students statistically improved self-efficacy; and

WHEREAS, problem-based learning is a valuable tool, because it allows students to participate in real-life experiences that are applicable to professional practice; and

WHEREAS, debriefing is the most valuable part of simulation because it encourages students to transfer knowledge and skills acquired from reflecting on their own performance to other situations and experiences; and

WHEREAS, simulation experience is as effective as traditional clinical experience and has shown positive clinical outcomes; therefore be it

RESOLVED, that the NSNA encourage its constituents to implement lateral violence education in nursing curricula through the methods of teaching and simulation; and be it further

RESOLVED, that the NSNA encourage nursing programs to contribute to the evidence on this topic by conducting a longitudinal study on the effects of lateral violence simulation and self-efficacy of nursing students; and be it further

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

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

Resolution 31

TITLE: INCREASE ADVOCACY FOR THE ADDITION OF AN HERBAL SUPPLEMENT INQUIRY ON HEALTH HISTORY FORMS

SUBMITTED BY: Clemson University Student Nurses Association, Clemson, South Carolina

AUTHORS: Ashley Lemanski and Rebecca Ashley

WHEREAS, one third of Americans and 80% of people worldwide use herbal supplements; and

WHEREAS, 70% of Americans using herbal supplements are reluctant to tell their healthcare providers; and

WHEREAS, over the past 20 years, herbal supplement sales have increased due to the cost of prescription medications and interest in organic remedies; and

WHEREAS, there are 1,500 documented interactions between drugs, herbal medicines, and dietary supplements; these interactions can cause a wide variety of harmful effects; and

WHEREAS, potentially harmful dietary supplement and prescription medication interactions were noted in 57.9% of individuals taking an anticoagulant and a dietary supplement; and

WHEREAS, 15 million adults are at risk of possible adverse reactions between prescription medicines or high-dose vitamins; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) encourage healthcare facilities to implement a policy to inquire about a patient's intake of herbal medicine in a health history form; and be it further

RESOLVED, that the NSNA increase awareness of the possible adverse interactions of combining herbal supplements with some prescription medications through a session on this topic at the Annual Convention, if feasible; and be it further

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

Resolution 32

TITLE: IN SUPPORT OF INCREASING NURSING STUDENTS' KNOWLEDGE OF DE-ESCALATING AGITATED PATIENTS AND ASSAULT PREVENTION TRAINING

**SUBMITTED BY: Sacred Heart University, College of Nursing - Fairfield, Connecticut;
The University of Texas at Tyler, Longview University Center- Longview, TX**

**AUTHORS: Rose O'Halloran, Brianna Paolini, Kelsey Spelce, Sara Coots,
and Susan McKeever**

WHEREAS, the National Student Nurses' Association (NSNA) House of Delegates in 2012 adopted the resolution "Awareness and Legislation Regarding Violence Prevention for Healthcare"; and

WHEREAS, workplace violence is defined as violent acts that include physical assaults and threats of assault directed towards a person at work or on duty; and

WHEREAS, healthcare professionals are most commonly the targets of violence and aggressive behavior; and

WHEREAS, existing guidelines and violence intervention strategies mainly focus on mental health and emergency settings, even though most healthcare staff are employed in general hospitals outside of these specific care environments; and

WHEREAS, talking down or diffusion are the first two responses a staff person should have when faced with a patient who is becoming violent; and

WHEREAS, when working with an agitated patient, there are four main objectives to follow to reduce the risk of injury: (1) ensure the safety of the patient, staff, and others in the area; (2) help the patient manage emotions and distress and maintain or regain control of behavior; (3) avoid the use of restraints when at all possible; and (4) avoid coercive interventions that escalate agitation; and

WHEREAS, de-escalation can avoid the need for restraint; taking the time to de-escalate the patient can use less time and resources than placing the patients in restraints; and

WHEREAS, the American Nurses Association suggests in their model "state" bill entitled "The Violence Prevention in Health Care Facilities Act" that all facilities should hold annual training to include a review of techniques to de-escalate, minimize violent behavior, appropriate responses to workplace violence, including prohibited actions and consequences, and location and operation of safety devices; therefore be it

RESOLVED, that the NSNA encourage awareness about how to de-escalate agitated patients; and be it further

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

RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association, Organization for Associate Degree Nursing, Emergency Nurses Association, Critical Care Nurses Association, American Association of Colleges of Nursing, National League for Nursing, American Hospital Association, The Joint Commission, United States Department of Health and Human Services, Nursing Organizations Alliance, and all others deemed appropriate by the NSNA Board of Directors.

Resolution 33

TITLE: IN SUPPORT OF IMPLEMENTING INTERVENTIONS THAT DECREASE SLEEP DEPRIVATION IN THE HOSPITALIZED PATIENT

SUBMITTED BY: Towson University Student Nurses Association, Towson, Maryland

AUTHOR: Mackenzie Woodbridge

WHEREAS, studies show the negative effects of sleep deprivation; however, hospitals do not address this problem. In-patient quality of sleep is comparable to the quality of sleep of a non-hospitalized person with insomnia; and

WHEREAS, the circadian cycle is essential to maintaining an optimal healing process by promoting protein synthesis and cellular division; and

WHEREAS, lack of sleep can increase mortality and morbidity and can decrease quality of life; and

WHEREAS, to assist in recovery, hospitalized patients need more than the suggested amount of sleep, but this rarely occurs; and

WHEREAS, in-patients with heart failure, poor sleep increases the chance for a cardiac event by two-and-a-half times; and

WHEREAS, sleep deprivation leads to decreased pain tolerance, exhaustion, and increased catecholamine and corticosteroid levels; and

WHEREAS, implementing sleep disturbance interventions improves sleep, patient satisfaction, and meets patient expectations; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) encourage nurses to implement interventions that enhance patient quality and quantity of sleep; and be it further

RESOLVED, that the NSNA encourage nurses to understand the importance of assessing quality of sleep; and be it further

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

Resolution 34

TITLE: IN SUPPORT OF INCREASING NURSING STUDENT AWARENESS OF MENTAL HEALTH NEEDS IN TRANSPLANT PATIENTS

SUBMITTED BY: Villanova University, Villanova, Pennsylvania

AUTHORS: Teresa Murphy, Kristina Terzakis, Kate Freudenberg, ~~Meghan Scanlon~~, Jaqueline Piscella, Leanne Purcell, and Ariel Smith, Breanna Vitolo

WHEREAS, 40% of transplant recipients experience post-traumatic stress disorder (PTSD) and 20-60% of recipients develop mood and anxiety-related disorders within the first year of transplantation; and

WHEREAS, transplant recipients with depression and anxiety are more likely to report incomplete recovery after transplantation; and

WHEREAS, research indicates that anxiety, depression and other mood disorders of transplant recipients are correlated with poor quality of life and increased mortality rates; and

WHEREAS, analysis of quality of life post-transplantation has shown that psychological functioning requires a level of adaptation from the recipient for the experience to be incorporated in their life; and

WHEREAS, educating patients and providing necessary psychosocial support can help address patient concerns in regards to procedure outcomes, feelings of guilt and more; and

WHEREAS, identifying transplant recipients' informational needs has proven to help nurses educate patients on self-management and improving emotional symptom management; and

WHEREAS, after participating in an elective course on caring for transplant patients, nursing students were more prepared to address their psychosocial needs; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) increase awareness by publishing an article in *Imprint* about this topic, if feasible; and be it further

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

RESOLVED, that the NSNA provide sessions at the Annual Convention to promote education on this topic, if feasible; and be it further

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

Resolution 35

TITLE: IN SUPPORT OF IMPLEMENTING PRIMARY CARE COMPONENTS INTO THE CURRICULA FOR VERSATILE NURSING EDUCATION

SUBMITTED BY: Case Western Reserve University, Cleveland, Ohio

AUTHORS: Meghan Judd and Rainer Matzko

WHEREAS, nursing professionals are essential components in redesigning primary health care; and

WHEREAS, nurses have the capability to provide primary care within their scope of practice; and

WHEREAS, more health care resources are used toward advanced treatments, yet the use of healthcare resources directed toward prevention remains low; and

WHEREAS, education regarding the nursing interventions and tasks performed in a primary care setting needs to be a specific focus in curricula; and

WHEREAS, nurses in a primary care setting are particularly effective in enhancing patient knowledge and compliance; and

WHEREAS, nursing education often focuses on acute care, neglecting primary and public health nursing practice; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) encourage its constituents to advocate for improved curricula that address primary care nursing scope of practice with both a clinical and classroom component; and it be further

RESOLVED, that the NSNA host a session on this topic at the MidYear Conference and the Annual Convention, if feasible; and be it further

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

Resolution 36

TITLE: IN SUPPORT OF EDUCATING K-12 STUDENTS ABOUT THE NURSING PROFESSION BY ELIMINATING GENDER NURSE STEREOTYPES

SUBMITTED BY: Hunter-Bellevue Student Nurse Association, New York, NY

AUTHORS: Courtney McEvoy Lee, Katy Chen, Evelin Gonzalez, Juliet Kim, Allison Chan, Krizzy Mallari, Ka Man Yeung, Lita Hsieh Shan, Margarita Sheipak, and Yulia Borisova

WHEREAS, the National Student Nurses' Association (NSNA) House of Delegates in 2016 adopted the resolution "In Support of Diverse Nursing Students Promoting Nursing Careers to Minority Elementary Students", in 2013 "In Support of Promoting the Nursing Profession to Middle and High School Students", and in 2012 "Reaffirmation of The Resolution of 2003 Addressing The Nursing Shortage Through Recruitment and Retention of Men Into the Nursing Profession"; and

WHEREAS, by 2035, the World Health Organization estimates the deficit of healthcare workers to be 12.9 million, which is mainly due to the rapidly aging population and insufficient number of health care professionals; the deficit of nurses would have a serious impact as nurses are the ones who provide direct bedside care to the patient; and

WHEREAS, many view nursing as a "motherly" role, and along with the majority of female nurses, nursing is easily seen as a job belonging to the female gender; and

WHEREAS, the media have misrepresented male nurses, by portraying them as aggressive and "effeminate" as they lack the compassion of their female counterparts; lazy and underachieving as they could not get into medical school, and are seen as "power hungry"; in contrast, women are objectified, patronized, and seen as submissive; and

WHEREAS, gender disparities greatly influence students when deciding what career path to pursue; an obstacle for men entering the nursing profession is the general public's view of nursing as a female-oriented profession; and

WHEREAS, a known stereotype, "the handmaiden," negatively implies that female nurses are submissive towards doctors and cannot critically think for themselves, hindering women from entering the profession; and

WHEREAS, in the absence of gender stereotypes, recruitment and retaining of males in nursing would increase; therefore be it

RESOLVED, that the NSNA encourage more quantitative research on the impact of gender stereotypes on recruitment and interventions to improve male recruitment in particular; and be it further

RESOLVED, that the NSNA encourage its constituents to incorporate positive images of nursing on the internet, pamphlets, in public areas through career fairs, or any community outreach to ultimately reduce these gender biases; and be it further

RESOLVED, that the NSNA collaborate with the American Assembly for Men in Nursing to promote the nursing profession in K-12 schools using education methods appropriate to child developmental age, if feasible; and be it further

RESOLVED, that the NSNA send copies of this resolution to the American Nurses Association, National Institute for Nursing Research, American Association of Colleges of Nursing, American Assembly of Men in Nursing, National League for Nursing, Organization for Associate Degree Nursing, Nursing Organization Alliance, National Association of School Nurses, and all others deemed appropriate by the NSNA Board of Directors.

Resolution 37

TOPIC: IN SUPPORT OF EXPANDING ACCESS TO POSTPARTUM DEPRESSION (PPD) EDUCATION FOR THE PREGNANT FAMILY

**SUBMITTED BY: Georgia Baptist College of Nursing of Mercer University
Atlanta, Georgia**

AUTHORS: Jacquelyn Broad, Savannah Jones

WHEREAS, the National Student Nurses' Association (NSNA) House of Delegates in 2010 adopted the resolution "Increasing Awareness for Postpartum Depression Screening," and in 2012 "Research and Education for Paternal Postpartum Depression," and in 2016 the resolution "To Increase Awareness of the Psychological Impacts on Children of Fathers with Paternal Postpartum Depression"; and

WHEREAS, 1 in 7 women experience PPD, that can make it hard to get through the day, and can affect the ability to take care of the baby or themselves; and

WHEREAS, the prevalence of PPD within the first three months is 19.2% and 21.9% within the first year, with the most common diagnosis in screen-positive women being major depressive disorder; and

WHEREAS, the consequences of PPD for both mother and infant are well established: Children's early social-emotional development affects their mental health during their entire life-course. The parents' mental health problems can affect this development negatively; and

WHEREAS, many cases of PPD remain undetected, partly because mothers face barriers to discuss their feelings and partly because the professionals they encounter do not recognize their symptoms or fail to discuss them; and

WHEREAS, suicide accounts for about 20% of postpartum deaths and is the second most common cause of mortality in postpartum women; and

WHEREAS, the U.S. Preventive Services Task Force recommends screening for depression during and after pregnancy, regardless of a woman's risk factors for depression; therefore be it

RESOLVED, that the NSNA encourage its constituents to support increasing awareness of the need for greater access to PPD education for the pregnant woman and family; and be it further

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

RESOLVED, that the NSNA send copies of this resolution to the American Nurses Association, National League for Nursing, American Association of Colleges of Nursing, American Organization of Nurse Executives, Organization for Associate Degree Nursing, American Medical Association, National Hospital Association, American Psychological Association, and all others deemed appropriate by the NSNA Board of Directors.

Resolution 38

TITLE: IN SUPPORT OF EDUCATION ABOUT ALTERNATIVE BIRTHING POSITIONS

SUBMITTED BY: West Chester University, West Chester, Pennsylvania

AUTHORS: Ashley Sapen, Jade Bale, Sarah Hinkle, Emily Sapen, Bridget Starinsky, and Emily Weihbrecht

- WHEREAS, the upright birthing position is associated with decreased labor time, pain, instrument-assisted deliveries, operative births, episiotomies, and abnormal fetal heart rate patterns; and
- WHEREAS, the increased weight of the uterus in lithotomy position is detrimental during labor and results in blood vessel compression, causing deoxygenation to the fetus; and
- WHEREAS, alternative positioning shows a significant decrease in length of labor, confirming a positive effect of gravity and fetal alignment; and
- WHEREAS, vertical positions enhance the gravity effect by reducing aortocaval compression and progressing uterine contractions more efficiently; and
- WHEREAS, kneeling and sitting positions help descend the fetus through the birth canal; and
- WHEREAS, the “on all fours” position is most recommended to prevent fetal malposition, reduce cervical edema and sacral pressure of the presenting part, and increase the pelvic anteroposterior diameter; and
- WHEREAS, the squatting position is supported through evidence of higher Apgar scores, decreased perineal trauma, and lessened need for neonatal resuscitation; and
- WHEREAS, laboring mothers fail to receive adequate information from health care providers regarding alternative positioning; however, when informed, clinical outcomes have proven to increase substantially; and
- WHEREAS, women are more willing to adapt from the historical norm of lithotomy if they are educated on the benefits of alternative positioning; and
- WHEREAS, the World Health Organization recommends the upright position, proven useful and effective, over the lithotomy position, a technique that is ineffective and to be eliminated from practice; therefore be it
- RESOLVED, that the National Student Nurses’ Association (NSNA) encourage its constituents to advocate for the awareness of the benefits of alternative birthing positions through education, if feasible; and be it further

RESOLVED, that the NSNA publish an article in *Imprint* as well as information on the NSNA website emphasizing the importance of alternative birthing positions, if feasible; and be it further

RESOLVED, that the NSNA encourage increased awareness and education of alternative birthing positions in nursing curricula as a recommended method for maternal-newborn care; and be it further

RESOLVED, that the NSNA provide a session on this topic of alternative birthing practices at the Annual Convention, as well as encourage constituents to include education at their convention, if feasible; and it be further

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

Resolution 39

TITLE: IN SUPPORT OF COMPRESSION-ONLY CPR TRAINING AND EDUCATION FOR UNTRAINED LAY RESCUERS

SUBMITTED BY: Massachusetts Student Nurses' Association Board Of Directors

AUTHORS: Sydney Conti, Dana Cavanaugh, Charlotte Chang, Hana Chung, Elizabeth Dugas, and Nicole Fontaine

WHEREAS, the National Student Nurses' Association (NSNA) House of Delegates in 2016 adopted the resolution "Increase Awareness for Further Research of Chest Compression Systems in Clinical Practice" and in 2011 "Increase Awareness for Further Research of Chest Compression"; and

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

WHEREAS, over 350,000 adults suffer from OHCA and only 12% of OHCA victims live to hospital discharge; and

WHEREAS, the rate of bystander cardiopulmonary resuscitation (CPR) in 2016 was 46.1%; and

WHEREAS, 77.8% of subjects reported that they would be willing to perform compression-only CPR (COCPR) on a stranger but only 23.3% of subjects had knowledge that COCPR is the recommended form of bystander intervention for an untrained rescuer; and

WHEREAS, mouth-to-mouth ventilations by an untrained bystander can harm the victim by causing gastric insufflations and increasing intrathoracic pressure, which decreases coronary perfusion pressure; and

WHEREAS, delivering ventilations decreases time for performing chest compressions that are necessary for cerebral and coronary perfusion; and

WHEREAS, neurological survival for a person suffering OHCA was 8.2% for those who did not receive bystander CPR, 11.2% for those receiving compressions and ventilations, and 19.4% for those receiving COCPR; and

WHEREAS, dispatchers provided accurate instructions for compressions and ventilations in 62% of cases and for COCPR in 81% of cases, and survival of the patient to hospital discharge was 4.2% higher in the victims that received COCPR; and

WHEREAS, the American Heart Association (AHA) recommends that untrained lay rescuers perform COCPR for adult victims; therefore be it

RESOLVED, that the NSNA encourage its constituents to collaborate with their local AHA representatives, participate in COCPR training outreach in their communities, and

promote COCPR training sessions on their respective campuses, if feasible; and be it further

RESOLVED, that the NSNA educate its constituents on the importance of COCPR training through a session at the MidYear Conference or the Annual Convention, if feasible; and be it further

RESOLVED, that the NSNA publish an article encouraging training sessions for COCPR in *Imprint*, if feasible; and be it further

RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association, Organization for Associate Degree Nursing, National League for Nursing, American Association of Colleges of Nursing, American Heart Association, Association of Schools and Programs of Public Health, American Public Health Association-Public Health Nursing Section, American Academy of Nursing, American Red Cross, Emergency Nurses Association, Sigma Theta Tau International, and all others deemed appropriate by the NSNA Board of Directors.

Resolution 40

TITLE: IN SUPPORT OF INCREASING NURSING EDUCATION ON THE ASSESSMENT AND MANDATORY REPORTING OF CHILD ABUSE AND NEGLECT

**SUBMITTED BY: Arkansas State University Student Nurses Association, Jonesboro, AR;
Indiana University of Pennsylvania Student Nurses Association, Indiana, PA**

AUTHORS: Monica Bailey, Kelly Evangelista, Kayla Maxwell, and Deborah Pratt

WHEREAS, the National Student Nurses' Association (NSNA) House of Delegates in 2016 adopted the resolution entitled "In Support of Increasing Education and Resources for Child Victims of Sexual Abuse"; and

WHEREAS, in 2015, there were 702,000 victims of child abuse or neglect and there are approximately 3.2 million cases investigated each year; and

WHEREAS, nurses, physicians, medical examiners, coroners, mental health professionals, dentists and dental hygienists, social workers, teachers, child care providers, and law enforcement officers are considered mandatory reporters, but for every report made, there are two or more cases that go unreported; and

WHEREAS, children who are victims of any form of abuse experience adverse social responses upon disclosure are more likely to suffer negative outcomes; and

WHEREAS, professionals may not report child abuse because they cannot determine if discipline was used versus abuse, they do not know the signs of symptoms, they may think that another person will do the reporting, they may fear legal penalties and/or losing any relationship that they have with the family, may believe that Child Protective Services cannot help the child and family, they may have inadequate training and education on their duty to report, or may not know how to report or to whom to report; and

WHEREAS, among medical, legal, and social welfare specialists who work with child abuse victims, 72% stated that policies with treatment guidelines existed, but only 24% stated that those policies were being actively executed; and

WHEREAS, while the only state mandating Continuing Education on child abuse and neglect (Pennsylvania) served 7,073 children who were victims from January to June of 2016, Ohio (the state closest in population to Pennsylvania), which does not mandate CE, only served 4,002 in the same period; and

WHEREAS, with the correct preparation and teamwork, nurses can learn to understand and comply with mandatory reporting requirements; therefore be it

RESOLVED, that the NSNA encourage its constituents to support increasing nursing education on the assessment and mandatory reporting of child abuse and neglect through a session on this topic at the Annual Convention, if feasible; and be it further

RESOLVED,

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

RESOLVED,

that the NSNA send a copy of this resolution to the American Nurses Association, Rape, Abuse, and Incest National Network, American Association of Colleges of Nursing, Commission on Collegiate Nursing Education, National League for Nursing, Organization for Associate Degree Nursing, current US Secretary of Education, United States Department of Health and Human Services, and any others deemed appropriate by the NSNA Board of Directors.

Resolution 41

TITLE: INCREASING AWARENESS OF THE NEED FOR MULTILINGUAL NURSES TO PROMOTE PATIENT SAFETY AND COMFORT

SUBMITTED BY: Florida SouthWestern State College Student Nurses' Association, Punta Gorda, FL

AUTHORS: Marsha Reid and Jennifer Malcolm-Canseco

WHEREAS, the National Student Nurses' Association (NSNA) House of Delegates in 2016 adopted the resolution "Increased Awareness and Education Regarding Interpreter Use for Limited English Proficiency" and in 2009 "Increasing Awareness and Evaluating Competency of Culturally and Linguistically Appropriate Care"; and

WHEREAS, the first step towards achieving culturally sensitive nursing care is by assessing the unique needs of families especially with languages. Cultural assessment provides a strong foundation upon which to build the therapeutic, trusting relationships between nurses and family that are necessary to provide the best care possible; and

WHEREAS, nurses encounter the challenge of living in a diverse society. It is absolutely fundamental to a leader's ability to meet the diverse needs of the population and strive to become culturally competent due to individuals from other countries residing here, speaking multiple languages and needing care; and

WHEREAS, supporting positive experiences and minimizing the negative experiences has the potential to improve the experiences of multicultural/multilingual (MC/ML) students, faculty, patients, and MC/ML nurses, increase program completion, reduce the gap in diversity of the nursing workforce, and improve the ability of the workforce to meet the needs of culturally diverse patients and society; and

WHEREAS, providing culturally sensitive care for children and families is imperative. A majority of hospitals provide interpreter services and translation of materials in order to aid in the language barrier that exists. Although this is provided when analyzed, less than half of hospital staff members were multilingual; and

WHEREAS, with having such a diverse environment and population in today's world, many individuals may not know the importance of being multilingual or have the understanding of how impactful this is for the work environment in reducing the language barriers that exist, causing it to be absent; therefore be it

RESOLVED, that the NSNA support the need for multilingual nurses and promote how it is beneficial for patient safety by hosting a session at the MidYear Conference and the Annual Convention to educate nursing students about becoming culturally competent and the benefits for the patient as well as the nurse-client relationship, if feasible; and be it further

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

RESOLVED, that the NSNA create a section on their website exploring and providing various medical terminology tutelage, with each issue exploring a different language, if feasible; and be it further

RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association, National League for Nursing, National Federation of Nurses, American Association of Colleges of Nursing, Organization for Associate Degree Nursing, the International Council of Nurses, Emergency Nurses Association, American Hospital Association, American Medical Association, American Public Health Association, Institute for Healthcare Improvement, Institute of Medicine Future of Nursing Impact Study Committee, National Association for Rural Health Clinics, Sigma Theta Tau International, American Red Cross, and all others deemed appropriate by the NSNA Board of Directors.

Resolution 42

TITLE: IN SUPPORT OF RAISING AWARENESS OF THE BENEFITS OF INCREASING NURSING EDUCATION IN ADVANCE CARE PLANNING

**SUBMITTED BY: The University of Pennsylvania, Philadelphia, PA;
Mercy College Association of Nursing Students, Des Moines, Iowa**

AUTHORS: Alex Hinrichsen, Cecilia Wang, George Yang, Kara Keyes, Michelle Nigro, Lauren Valdes, Alicia Go, Clara Zheng, Kambra Becker, Rachael Castaner, Kayla Dings, Spencer Elmer, Meredith Heiny, Savannah McDermott, and Shelby Spencer

WHEREAS, the National Student Nurses' Association (NSNA) House of Delegates adopted in 2014 "Improving and Modernizing Advance Care Planning" and in 2016, "In Support of Improving Nursing Education Curricula Related to End-of-Life Care"; and

WHEREAS, the United States spends almost 10 times more than any industrialized country in the world for health care, yet they are last on the list of the 11 wealthiest countries when it comes to efficiency, equity, and outcomes as related to health care. Most of this spending, \$3.5 trillion, occurs during the last years of life on treatments that often do not improve the quality of one's life; and

WHEREAS, advance care planning (ACP) and advanced directives (ADs) can improve end-of-life (EOL) outcomes. ADs are associated with improved compliance with patients' end-of-life wishes, more out-of-hospital care, and greater patient and family satisfaction of care; and

WHEREAS, early and open discussion of patient priorities and future care options, and clear coordination of care between clinicians, are central to the successful ACP process; and

WHEREAS, conversations often occur too late, when prognoses are poor and patients can no longer participate; and

WHEREAS, in response to an increased need for guidance when dealing with end-of-life situations, the Federal Patient Self-Determination Act of 1990 was created. Despite this legislation, advance directive completion estimates range from 18% to 36%; and

WHEREAS, 37% of in-patients died at their preferred setting, such as in their homes or at the hospital; and

WHEREAS, nurses report needing increased training on communication with a dying patient and his or her family. Nurses' reported distress comes from a self-perceived lack of communication skills; and

WHEREAS, if the current approach to end-of-life decision making is to be revised, the focus needs to be on individual and community needs; therefore be it

RESOLVED, that the NSNA support increased education on advance directives, advance care planning, and ACP communication through a session at the Annual Convention, if

feasible; and be it further

RESOLVED, that the NSNA encourage its constituents to advocate for advance care planning education to include both didactic and simulation experiences in nursing curricula; and be it further

RESOLVED, that the NSNA support legislative efforts to change public policy surrounding advance directives and advance care planning and encourage nurse-driven programs in hospitals to ensure that advance directives be completed; and be it further

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

RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association, American Association of Colleges of Nursing, Centers for Medicare and Medicaid Services, End-of-Life Nursing Education Consortium, National League for Nursing, American Medical Association, Center to Advance Palliative Care, American Academy of Hospice and Palliative Medicine, Organization for Associate Degree Nursing, National Hospice and Palliative Care Organization and all others deemed appropriate by the NSNA Board of Directors.

Resolution 43

TITLE: IN SUPPORT OF INCREASED EDUCATION AND REFORM OF PRACTICES SURROUNDING FAMILY PRESENCE DURING RESUSCITATION (FPDR)

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

AUTHORS: Mercedes Fischer and Leah Postilnik

- WHEREAS, the National Student Nurses' Association (NSNA) House of Delegates in 2008 adopted the resolution "The Establishment of Official Policies and Protocols Regarding the Option of Family Presence During Cardiopulmonary Resuscitation (CPR) and Emergency Invasive Procedures in the Hospital Setting;" and
- WHEREAS, research defines family presence during resuscitation (FPDR) as the presence of family members during a resuscitation event that allows for visual and/or physical contact with the patient; and
- WHEREAS, despite numerous studies about several aspects of FPDR, it remains controversial in nursing practice; and
- WHEREAS, family members who want to be present during resuscitation events maintain psychological well-being and have reassurance that everything possible is being done regardless of the outcome; and
- WHEREAS, 40% of nurses reported lower confidence scores in regards to their ability to effectively communicate and determine if the coping behaviors exhibited by the family are appropriate during FPDR situations; and
- WHEREAS, ICU nurses with resuscitation experience and training through mock codes report higher self-confidence with FPDR; and
- WHEREAS, the Emergency Nurses' Association (ENA) developed clinical practice guidelines for FPDR and the American Association of Critical Care Nurses (AACN) recommends that a written policy for presenting the option of FPDR should be implemented in healthcare facilities; and
- WHEREAS, although there are no statistically significant data that show differences in the patient survival rate and processes of the resuscitation event in hospitals with and without a policy, hospitals are reluctant to implement such policies, leaving nurses without proper guidance for handling FPDR; and
- WHEREAS, the AACN recommends that FPDR policies include designation of a family facilitator to provide care and explanation directly to the family as well as a nurse-driven conversation regarding patient preferences about FPDR before such events may occur; therefore be it

RESOLVED, that the NSNA encourage its constituents to increase awareness and education ~~to~~ for nursing students about the benefits of using standardized policies regarding FPDR in nursing practice; and be it further

RESOLVED, that the NSNA educate others about the importance of FPDR policies with these strategies: encourage hospital administrators to include instructions on the beneficial applications of FPDR policies during hospital-wide training sessions, and host a session for FPDR practices at the Annual Convention, if feasible; and be it further

RESOLVED, that the NSNA publish an article in *Imprint*, if feasible, including the current recommendations from the ENA and AACN regarding clinical guidelines and ways to implement such policies in hospitals nationwide; and be it further

RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association, Organization for Associate Degree Nursing, American Association of Colleges of Nursing, American Association of Critical Care Nurses, Emergency Nurses Association, Academy of Medical-Surgical Nurses, Association for Nursing Professional Development, National Institute of Nursing Research, American Psychiatric Nursing Association, American Society of Law, Medicine and Ethics, National League for Nursing, and all others deemed appropriate by the NSNA Board of Directors.

Resolution 44

TITLE: IN SUPPORT OF INCREASING AWARENESS OF THE DANGERS OF SEDENTARY LIFESTYLES

SUBMITTED BY: Nursing Students Association of New York State

AUTHOR: Elizabeth Gambo

WHEREAS, 60% or more of adults' waking hours are spent sedentary, or inactive; and

WHEREAS, sitting in front of the television is not the only concern. Any extended sitting, such as behind a desk at work or behind the wheel, can be harmful; and

WHEREAS, there are relationships between sedentary time and biomarkers of diabetes, particularly obesity, 2-h plasma glucose lipids, and abnormal glucose tolerance, with diabetes as a health outcome; and

WHEREAS, individuals who reported participating in greater than seven hours of moderate to vigorous activity per week, but who also watched greater than seven hours of television per day, had a 50% greater risk of death from all causes and twice the risk of death from cardiovascular disease; and

WHEREAS, findings suggest that sedentary behavior may play a significant role in the development of type 2 diabetes, independent of high-intensity physical activity; and

WHEREAS, recent studies report that higher amounts of sedentary time are independently associated with increased risk of weight gain and obesity, poor metabolic health, and mortality; and

WHEREAS, research has linked sitting for long periods of time with a number of health concerns, including obesity and metabolic syndrome — a cluster of conditions that includes increased blood pressure, high blood sugar, excess body fat around the waist and abnormal cholesterol levels; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) encourage education about using empirical evidence to decrease sedentary-associated morbidities; and be it further

RESOLVED, that the NSNA support initiatives aimed at enhancing public and professional understanding of the effects of a sedentary lifestyle by having a session at the MidYear and the Annual Convention, if feasible; and be it further

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

RESOLVED, that the NSNA support collaboration among community resources, health care providers, and clients to promote sit-stand desks, walking breaks, active workstations, and personal health monitoring devices, if feasible; and be it further

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

Resolution 45

TITLE: IN SUPPORT OF ENCOURAGING SAFE-SECURE ADDRESSES FOR EVERY NURSE

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

AUTHOR: Ashlea Shumpert, Lori Amos, Aida Morad-Samiei, Maria Olvera, and Caroline Nappo

WHEREAS, nurses' addresses being kept confidential would comply with the third right as disclosed in The Privacy Act of 1974, which guarantees the right of individuals to be protected against unwarranted invasion of their privacy resulting from the collection, maintenance, use, and disclosure of personal information; and

WHEREAS, there is considerable evidence that workers in the healthcare sector are at greater risk of violence than workers in any other sector. Data from The U.S. Department of Labor, Bureau of Labor Statistics (BLS) and The National Crime Victimization Survey (NCVS) showed that of all non-fatal injuries from occupational assaults and violent acts, 70-74% occurred in healthcare and social services settings; and

WHEREAS, violence against nurses is at epidemic levels; nurses are the most likely of all healthcare workers to be assaulted. Three in four nurses experience verbal or physical abuse from patients and visitors; and

WHEREAS, a nurse licensee may, in lieu of providing their home address, provide the state licensing board a legitimate business address for purposes of the public information; and

WHEREAS, nurses are among the most assaulted workers in the American workforce. Too frequently, nurses are exposed to violence – primarily from patients, patients' families, and visitors. This violence can take the form of intimidation, harassment, stalking, beatings, stabbings, shootings, and other forms of assault; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) support nurses' rights to keep their home address inaccessible on the state's professional licensing board website; and
be it further

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

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

Resolution 46

TITLE: IN SUPPORT OF INCREASING AWARENESS OF ALTERNATING PRESSURE AIR MATTRESSES (APAM) TO PREVENT PRESSURE INJURY FORMATION

SUBMITTED BY: Florida Nursing Students Association

AUTHOR: Nigam Reddy and Ernest Lontoc

WHEREAS, The National Student Nurses' Association (NSNA) House of Delegates adopted the resolution in 2009 "In Support of Increasing Education, Awareness and Identification of Preventable Pressure Ulcers," and in 2015 "Increased Awareness of the Need for Prophylactic Foam Dressings to Prevent Pressure Ulcers"; and

WHEREAS, pressure injuries are areas of localized tissue damage which occur due to pressure, shearing force, ischemia, or a combination of issues; and

WHEREAS, pressure injuries increase the cost of treatment; and

WHEREAS, APAMs redistribute mattress pressure to different parts of the body to relieve tension on the skin; and

WHEREAS, APAMs reduce incidence of pressure injuries, especially in the early stages of injury; and

WHEREAS, APAMs cost less over time than alternating pressure overlays in the form of fewer pressure injuries and shorter hospital stays; therefore be it

RESOLVED, that the NSNA encourage its constituents to develop educational programs to inform health care facilities about the benefits of APAMs, if feasible; and be it further

RESOLVED, that the NSNA encourage its constituents to collaborate with healthcare facilities to create quality improvement projects aimed at reducing pressure injuries; and be it further

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

RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association, National League for Nursing, Organization for Associate Degree Nursing, Academy of Medical-Surgical Nurses, American Association of Colleges of Nursing, American Organization of Nurse Executives, Wound, Ostomy and Continence Nurses Society, International Council of Nurses, American Hospital Association, and all others deemed appropriate by the NSNA Board of Directors.

Resolution 47

TITLE: INCREASED PROMOTION OF THE ROLE OF THE PUBLIC HEALTH NURSE IN NURSING PROGRAMS

SUBMITTED BY: Student Nurses' Association of Arizona

AUTHOR: Neva Farmer

WHEREAS, public health nurses (PHN) comprise the largest segment of the professional public health workforce and serve in many different critical roles; and

WHEREAS, public health nursing practice focuses on population health and has included working with vulnerable and disenfranchised individuals, families, communities and across systems to improve health outcomes through health promotion, disease prevention, community engagement, and other activities; and

WHEREAS, public health agencies have experienced a reduction in their workforce capacity, including public health nurses. From 1980 to 2000, the ratio of PHNs to the general population decreased by more than 25%. In addition to having an impact on provision and maintenance of existing public health services, this could lead to difficulties in effectively responding to emerging public health priorities such as infectious and chronic diseases and improving population health outcomes; and

WHEREAS, the need for professional nurses to engage in community and population assessment, health promotion, and interdisciplinary efforts to improve health has never been greater; and

WHEREAS, despite increasing needs resulting from emerging societal and health care issues, the number of community/public health nurses in the United States is facing a precipitous decline; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) increase awareness about the importance of public health nurses and their responsibilities by publishing an article in *Imprint*, if feasible; and be it further

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

Resolution 48

TITLE: **IN SUPPORT OF DEVELOPING A WEB-BASED PERI-OPERATIVE TOOLKIT FOR NURSING STUDENTS**

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

AUTHOR: **Deborah A. McLeod-Baumbach**

WHEREAS, nursing programs focus on generalist nursing education with an occasional specialty observation assignment; and

WHEREAS, without additional perioperative exposure, students may not adequately comprehend the roles and responsibilities of the perioperative nurse or how those skills are transferrable along the continuum of care in all disciplines of nursing; and

WHEREAS, students' perioperative exposure is further reduced when nursing faculty do not possess a perioperative background resulting in fewer opportunities for exposure, increasing the likelihood that students may exclude perioperative nursing as a future career choice; and

WHEREAS, the Association of periOperative Registered Nurses (AORN) supports and encourages nursing programs to offer students a perioperative nursing education experience as a path for learning the art and science of professional nursing, although many schools do not have the resources to offer additional specialty education; and

WHEREAS, the AORN has web-based tool kits on their website that provide material on current evidence-based practices for critical issues in perioperative patient care, which serve as a venue to create a complimentary educational tool kit about perioperative nursing for faculty to offer undergraduate nursing students as additional specialty exposure; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) contact the AORN to request that a publicly accessible "What is Perioperative Nursing?" web-based tool kit be created for nursing students, if feasible; and be it further

RESOLVED, that the NSNA publish an article in *Imprint* explaining the toolkit and its importance to nursing education, if feasible; and be it further

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

Resolution 49

TITLE: INCREASED AWARENESS OF THE IMPORTANCE OF EARLY FAMILY AND PATIENT PARTICIPATION IN DECISION MAKING WITHIN THE ALZHEIMER'S POPULATION

SUBMITTED BY: Drexel University Student Nurses Association, Philadelphia, Pennsylvania

AUTHORS: Jenna Kessler, Anne Woolley, Katherine Hurley, Kristen Stam, and Alexandria Gihorski

WHEREAS, dementia can be defined as a collection of signs and symptoms including a cognitive decline, mood and behavioral changes attributable to pathological events, and progressive degeneration of physical functions categorized as a neurocognitive disorders (NCD) in the Diagnostic and Statistical Manual (DSM) 5th edition; and

WHEREAS, Alzheimer's disease creates obstacles in everyday life including basic activities of daily living; and

WHEREAS, autonomy gives the individual a person to make decisions, allowing that person to maintain a sense of control and express what actions they want to take place. Others are not able to make decisions for the patient unless authorized by the patient; and

WHEREAS, protecting a person with dementia from harming themselves and respecting their ability to make competent decisions are synonymous. Interference with a person's decisions on the basis of knowing what is best for the patient is neither lawful nor ethical; and

WHEREAS, informal judgments are regularly made by attending physicians, healthcare professionals, and family members regarding the patient's competence ; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) educate its constituents about the need for increased awareness of early family and patient participation in decision making within the Alzheimer's population, such as the early initiation of advanced directives following diagnosis; and be it further

RESOLVED, that the NSNA educate by publishing an article in *Imprint* and hosting a session on this topic at the MidYear Conference and the Annual Convention, if feasible; and be it further

RESOLVED, that the NSNA send a copy of this resolution to the Alzheimer's Foundation of America, American Academy of Nursing, American Association of Colleges of Nursing, American Association of Healthcare Administration Management, American Hospital Association, American Medical Association, American Nurses Association, National Council of State Boards of Nursing, National League for Nursing, National Nurses United, Organization

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

Resolution 50

TOPIC: IN SUPPORT OF MILITARY SERVICE MEMBERS ENROLLED IN NURSING SCHOOL THROUGH THE JOINING FORCES INITIATIVE

SUBMITTED BY: Colorado Student Nurses' Association

AUTHOR: Noel Olson

WHEREAS, the National Student Nurses' Association (NSNA) House of Delegates in 2013 adopted the resolution "In Support of Awareness and Education on *Joining Forces*, and Nursing Education on Traumatic Brain Injury (TBI) and Post-traumatic Stress Disorder (PTSD)"; and

WHEREAS, The national initiative of *Joining Forces* was created to support and honor America's veterans and families; it was created to educate active service members, veterans, and their families about the support and resources available to them; and

WHEREAS, between 2000 and 2012, more than 900,000 veterans and military service members received education benefits through the U.S. Department of Veterans Affairs; and

WHEREAS, the American Nurses Association (ANA) has *Joined Forces*, making the pledge to support our military service members, veterans, and their families and has committed to "touch every nurse" in the country to raise awareness; and

WHEREAS, hundreds of other nursing organizations, schools of nursing, and individuals have pledged to the *Joining Forces* Campaign; and

WHEREAS, all schools of nursing are invited to participate in the *Joining Forces* campaign by committing to the pledge to educate current and future nurses about its purpose, which is to grow the body of knowledge leading to improvements in health care and wellness for our military service members, veterans, and their families; therefore be it

RESOLVED, that the NSNA encourage its constituents to advocate that nursing programs pledge to support the *Joining Forces* Campaign; and be it further

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

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

Resolution 51

TOPIC: INCREASING EDUCATION AND AWARENESS OF MOTIVATIONAL INTERVIEWING INTERVENTIONS FOR ADOLESCENT INTOXICATION

SUBMITTED BY: Alvernia University Student Nurses' Association, Reading, Pennsylvania

AUTHORS: Deanna Riebe, Mallory Glasmyre, and Shelby Hontz

WHEREAS, 140 million Americans age 12 or more report drinking alcohol, more than 16 million report heavy alcohol use, and 61 million engage in binge drinking; and

WHEREAS, non-judgmental motivational interviewing is a communication style that helps guide clients to increase their self-awareness and the risks associated with alcohol use; and

WHEREAS, patient acceptability for nurse-delivered brief interventions is high; and

WHEREAS, patients receiving motivational interviewing had a statistically significant 8% reduction in hazardous drinking; and

WHEREAS, health care providers who receive training, evaluations, and coaching display improvements in administering high quality, evidence-based alcohol brief interventions to their patients; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) encourage its constituents to further their education about the benefits of motivational interviewing interventions in the emergency department related to alcohol consumption of adolescents; and be it further

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

RESOLVED, that the NSNA host a session on motivational interviewing at the Annual Convention, if feasible; and be it further

RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association, National League for Nursing, American Association of Colleges of Nursing, Organization for Associate Degree Nursing, Emergency Nurses Association, American Medical Association, The Joint Commission, American

Hospital Association, Accreditation Commission for Education in Nursing, Sigma Theta Tau International, and all others deemed appropriate by the NSNA Board of Directors.

Resolution 52

TITLE: IN SUPPORT OF INCREASED AWARENESS AND EDUCATION ABOUT THE ZIKA VIRUS

SUBMITTED BY: California State University Sacramento Chapter, California Nursing Students' Association

AUTHOR: Karyn Howland

WHEREAS, the Zika virus was discovered in 1947 in the Zika forest in Uganda; and human cases of Zika virus were detected in 1952; February 2016 the World Health Organization (WHO) declared, "Zika virus and associated complications are a public health emergency of international concern"; and

WHEREAS, as of December 2016 the Centers for Disease Control and Prevention (CDC) recorded 4,617 Zika virus cases in the continental U.S. and 34,268 Zika virus cases in U.S. Territories; and

WHEREAS, Zika often goes unreported as only 1 in 5 affected are symptomatic; and there are currently no commercially available diagnostic tests for Zika virus disease; and no vaccine is currently available nor are there specific medicines to treat Zika virus; and

WHEREAS, Zika is primarily transmitted via a bite from an infected mosquito; and Zika can also be transmitted sexually, via blood transfusions and accidental needle sticks; and a pregnant woman can pass Zika virus to her fetus during pregnancy; and

WHEREAS, Zika can cause microcephaly and other severe fetal brain defects and infection during pregnancy have been linked to pregnancy loss, eye defects, hearing loss, and impaired growth in infants; and an increase in Guillain-Barré Syndrome has been observed in areas where a Zika virus epidemic has been documented; and

WHEREAS, there is no known treatment for Zika virus-only preventative measures; and prevention includes mosquito control and bite prevention measures, limited exposure to infected persons, and travel restrictions to Zika-prevalent regions; and

WHEREAS, those affected by Zika often seek medical care prior to transmission; therefore, education needs to be implemented into primary care and OB care; and

WHEREAS, nurses and nursing students are instrumental in educating their patients, the general public, and healthcare professionals about awareness and prevention of the Zika virus; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) continue to support the education of its constituents about this topic; and be it further

RESOLVED, that the NSNA encourage its members to hold chapter information sessions on this topic; and be it further

RESOLVED, that the NSNA encourage increased awareness and education on this topic within nursing curricula; and be it further

RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association, National League for Nursing, American Association of Colleges of Nursing, Organization for Associate Degree Nursing, Nursing Organizations Alliance, Emergency Nurses Association, Association for Professionals in Infection Control and Epidemiology, Centers for Disease Control and Prevention, and all others deemed appropriate by the NSNA Board of Directors.

Resolution 53

TITLE: INCREASED AWARENESS OF THE BENEFITS OF MOBILE HEALTHCARE CLINICS IN RURAL AREAS AND UNDERSERVED POPULATIONS

SUBMITTED BY: California Nursing Students' Association

AUTHORS: Conrad Delmundo, Courtney Marie Brown, and Andrew Youngblood-Schiavello

WHEREAS, access to care is exceedingly important to the health and well-being of rural populations to achieve the best health outcomes; and

WHEREAS, mobile health clinics (MHCs) can reach vulnerable populations who face barriers to accessing healthcare, making it easier for those without transportation, and also offering affordable and free services that can overcome financial barriers such as health insurance requirements and copayments; and

WHEREAS, MHCs usually serve the medically disenfranchised, such as individuals who are underinsured, uninsured, or who are otherwise disconnected from the healthcare system; and

WHEREAS, MHCs can reduce health disparities and improve delivery of care, in addition to addressing social determinants of health, such as food insecurity, housing, and other issues; and

WHEREAS, MHCs show promise in their potential to reach individuals with high risk for chronic disease who have previously undetected risk factors, such as undetected elevated blood pressure, undetected elevated levels of blood glucose, and undetected elevated total cholesterol; and

WHEREAS, data collected from surveyed patients seen on MHCs found that 27% said they would have gone to an emergency department (ED) if the mobile unit was not there, lowering the number of unnecessary ED visits; and

WHEREAS, MHCs can save the healthcare system money by preventative health and easing ED impaction and has been calculated as a \$14 to \$1 return on investment; and

WHEREAS, MHCs act as a safety net for the community and provide services for public health, public education, community health as well as preventative health in the form of vaccinations for school children; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) encourage awareness of MHCs and their benefits to the community to its constituents; and be it further

RESOLVED, that the NSNA raise awareness of the benefits of MHCs regarding patient care through an article in *Imprint*, if feasible; and be it further

RESOLVED, that the NSNA educate its constituents of the health, education, and community benefits of MHCs for rural areas and low socioeconomic populations through a session at the MidYear Conference or the Annual Convention, if feasible; and be it further

RESOLVED,

that the NSNA send a copy of this resolution to the American Nurses Association, American Association of Colleges of Nursing, National League for Nursing, Organization for Associate Degree Nursing, Center for Medicare and Medicaid Services, Centers for Disease Control and Prevention, Federal Office of Rural Health Policy division of U.S. Department of Human Health Services: Health Resource and Services Administration, Office of Disease Prevention and Health Promotion, American Heart Association, National Council of State Boards of Nursing, United States (U.S.) Department of Agriculture, U.S. Department of Education, American Assembly of Men in Nursing, Nurses' Service Organization, United States Chamber of Commerce: Labor, Immigration, and Employee Benefits Division, and any others deemed appropriate by the NSNA Board of Directors.