

RESOLUTIONS 2008

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were passed by the
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TOPIC: IN SUPPORT OF LEGISLATION AND REGULATION OF TOYS AND OTHER PRODUCTS CONTAINING LEAD

SUBMITTED BY: Georgia Association of Nursing Students

WHEREAS, “pediatric lead poisoning remains an important preventable public health problem” in the United States (U.S.); and

WHEREAS, lead paint on toys has been banned in the U.S. since 1977; and

WHEREAS, this ban does not extend to other lead-tainted products marketed to children; and

WHEREAS, lead-based paint is often used as a cost-saving tactic; and

WHEREAS, the Consumer Product Safety Commission does not have the resources for adequate inspection of imported toys or enforcement of existing rules; and

WHEREAS, current legislation would regulate companies to make it more difficult to produce dangerous products; therefore be it

RESOLVED, that the National Student Nurses’ Association (NSNA) encourage its constituents to support current laws that prohibit the importation of toys and other products containing lead; and be it further

RESOLVED, that the NSNA encourage its constituents to support legislation that will increase the resources allotted to enforcing the current regulations; and be it further

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

RESOLVED, that the NSNA encourage its constituents to participate in community programs geared towards education and awareness about this issue; and be it further

RESOLVED, that the NSNA send a copy of this resolution to the Centers for Disease Control and Prevention, the U.S. Consumer Product Safety Commission, the American Nurses Association, the National League for Nursing, the American Hospital Association, the National Association of Pediatric Nurse Practitioners, the American Academy of Pediatrics, the U.S. Department of Health and Human Services, the American Association of Colleges of Nursing, the National Organization for Associate Degree Nursing, the American Public Health Association, and any others deemed appropriate by the NSNA Board of Directors.

TOPIC: IN SUPPORT OF A CONTINUUM OF MEDICAL CARE FOR THE HOMELESS IN ORDER TO PREVENT PATIENT DUMPING

SUBMITTED BY: Saddleback College Student Nurses' Association, Mission Viejo, CA

WHEREAS, "Health facilities have engaged in a practice known as 'homeless dumping' where...the homeless are transported to cities or vicinities that have support services with the rationale that the services might be available. Unfortunately, many times the person is dropped off in front of a treatment center that may not have space available, leaving the person to fend for him or herself on the street"; and

WHEREAS, "respite care has emerged to describe recuperative or convalescent services needed by homeless people with medical problems"; and

WHEREAS, the average cost across nine major U.S. cities for one person staying one day in a hospital is \$1638.00, versus one day in supportive housing, which costs \$30.88; and

WHEREAS, respite care has reduced the average number of hospital inpatient days (over a twelve-month period) for its residents to 3.4 days, versus 8.1 days for those who did not receive respite care, which allows for more "timely discharge from the hospital"; and

WHEREAS, and respite care programs have witnessed improvement in their residents' health, access to healthcare, adherence to medications, income, and housing status; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) encourage its constituents to advocate for a continuum of medical care for the homeless, namely respite care after hospitalization coordinated between acute care hospitals and community organizations serving the homeless; and be it further

RESOLVED, that the NSNA encourage its constituents to support legislation that protects patients from dumping, but also provides for an alternative discharge destination; and be it further

RESOLVED, that the NSNA encourage its constituents to raise awareness about the effectiveness of a respite program in the United States, as well as funding or supportive housing efforts, by publishing an article in *Imprint*, through focus sessions at MidYear and Annual Convention, and any other methods deemed appropriate by the NSNA Board of Directors, if feasible; and be it further

RESOLVED, that the NSNA send a copy of this resolution to the American Association of Colleges of Nursing, the American Nurses Association, the American Medical Association, the American Hospital Association, the National Association of Public Hospitals and Health Systems, the National Coalition for the Homeless, the National Health Care for the Homeless Council, the National League for Nursing, the National Organization for Associate Degree Nursing, and all others deemed appropriate by the NSNA Board of Directors.

TOPIC: IN SUPPORT OF INCREASED AWARENESS OF ORAL ASSESSMENT AND HYGIENE AND THE NEED FOR APPROPRIATE DENTAL REFERRALS BY NURSES

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

WHEREAS, the United States Surgeon General has declared the status of oral health in our nation a “silent epidemic” and that “no one should suffer from oral diseases or conditions that can be effectively prevented and treated”; and

WHEREAS, Healthy People 2010 states “no one can be truly healthy unless he or she is free from the burden of oral and craniofacial diseases and conditions”; and

WHEREAS, a “healthy oral status” is a core element for the health and ability to thrive of the patient/client in order to maintain the utmost quality of life; and

WHEREAS, “Conditions such as oral candidiasis, denture stomatitis, denture irritation, hyperplasia and traumatic ulceration may occur as a result of oral neglect”; and

WHEREAS, “Poor oral hygiene has also been shown to be a predisposing factor to chest infections and coronary heart disease”; and

WHEREAS, ventilator-acquired pneumonia, one of the predominant nosocomial infections in the health care industry, can be prevented in part by interventions among nursing staff such as appropriate oral hygiene and suctioning of the oral cavity; and

WHEREAS, the patient/client undergoing treatment for a medical disease may not be receiving care from a dentist for various reasons, such as lack of insurance coverage; and

WHEREAS, “The number of dentally uninsured Americans totals more than 100 million”; and

WHEREAS, and the opportunity to assess, educate and refer to a dentist’s care belongs to nurses administering patient care in an office assisting a physician or nurse practitioner or in a hospital; and

WHEREAS, nurses should frequently make oral assessments and implement oral hygiene, including “detection of signs and symptoms and difficulties [in performing] oral hygiene procedures” on patients to maintain overall health; and

WHEREAS, oral health of the patient/client will “benefit from treatment administered by a multidisciplinary team of nurses, dental hygienists, physicians and dentists”; therefore be it

RESOLVED, that the National Student Nurses’ Association (NSNA) promote increased awareness among nurses and nursing students about oral assessment and hygiene as well as appropriate referrals as recommended by the United States Surgeon General and *Healthy People 2010*; and be it further

RESOLVED, that the NSNA support further research and development regarding the impact of poor oral health on individuals’ physiological standing as well as psychosocial development and quality of life; and be it further

RESOLVED, that the NSNA encourage its constituents to advocate for emphasis of evidenced-based practice to be used by nurses, nurse educators and nursing students through colleague and peer modeling in both classroom and clinical locations; and be it further

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

RESOLVED,

that the NSNA send copies of this resolution to the American Nurses Association, the National League for Nursing, the American Association of Colleges of Nursing, the National Organization for Associate Degree Nursing, the Center for Nursing Advocacy, Sigma Theta Tau International, the Oncology Nursing Society, the American Association of Critical Care Nurses, the American Dental Association, the American Dental Hygienists' Association, the American Academy of Pediatric Dentistry, the International Association for Orthodontics, the Institute for Healthcare Improvement, the Joint Commission on Accreditation of Healthcare Organizations, the Centers for Disease Control and Prevention, and all others deemed appropriate by the NSNA Board of Directors.

TOPIC: IN SUPPORT OF THE FEDERAL GOVERNMENT IMPLEMENTING A COMMUNITY-BASED DISPOSAL INITIATIVE FOR CONTAMINATED MEDICAL WASTE INCLUDING ALL NEEDLES, SYRINGES, AND OTHER “SHARPS”

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

WHEREAS, “Disposing of contaminated medical waste, including needles, syringes, and other ‘sharps’, has become an important issue in public health policy”; and

WHEREAS, “Waste generated in the healthcare system is highly regulated at the state and federal level”; and

WHEREAS, “Less attention has been paid to safe disposal of used syringes that come from individuals living in the community”; and

WHEREAS, “After being used and discarded, most of these syringes end up in the public solid waste system”; and

WHEREAS, many state government agencies do not provide guidance for the safe disposal of community sharps; therefore be it

RESOLVED, that the National Student Nurses’ Association (NSNA) encourage its constituents to seek the implementation of published guidance for the safe disposal of community sharps by the federal government; and be it further

RESOLVED, that the NSNA encourage its constituents to advocate for increased awareness regarding safe community sharps disposal among nursing students, nursing educators, healthcare providers, and community members; and be it further

RESOLVED, that the NSNA send a copy of this resolution to the American Hospital Association, the American Nurses Association, the National League for Nursing, the Coalition for Safe Community Needle Disposal, the American Association of Colleges of Nursing, the National Organization for Associate Degree Nursing, the Environmental Protection Agency, the Centers for Disease Control and Prevention, the United States Department of Health and Human Services, the American Medical Association, the American Public Health Association, and any others deemed appropriate by the NSNA Board of Directors.

**TOPIC: IN SUPPORT OF LEGISLATION AGAINST GENETIC DISCRIMINATION
IN THE WORKPLACE AND FOR INSURANCE PURPOSES**

SUBMITTED BY: Florida Nursing Students' Association

WHEREAS, the 1999 National Student Nurses' Association (NSNA) House of Delegates supported genetics education for nurses and nursing students; and

WHEREAS, 93% of Americans support genetic testing for research purposes, yet most are afraid to participate; and

WHEREAS, 92% of Americans are concerned that results of genetic tests could be used in detrimental ways; and

WHEREAS the information gathered by research cannot be used to empower Americans if the public is fearful of misuse of information; and

WHEREAS, three out of four Americans support a law forbidding genetic discrimination by health insurers and employers; and

WHEREAS, there is no national legislation covering genetic testing and privacy; and

WHEREAS, there is an executive order prohibiting federal departments and agencies from using genetic information for hiring and promoting purposes; however, there is no such legislation for the general public; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) encourage its constituents to support legislative regulation of genetic testing; and be it further

RESOLVED, that the NSNA encourage its constituents to raise awareness about genetic testing at the local, state and national levels; and be it further

RESOLVED, that the NSNA urge its constituents to continue advocating for patient confidentiality and autonomy in the informed consent process; and be it further

RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association, the National League for Nursing, the American Association of Colleges of Nursing, the National Organization for Associate Degree Nursing, the American Medical Association, the Genetics and Public Policy Center, the National Patient Advocate Foundation, and any others deemed appropriate by the NSNA Board of Directors.

TOPIC: IN SUPPORT OF INCREASED AWARENESS OF AND EVIDENCE-BASED RESEARCH ON BIPOLAR DISORDER IN THE PEDIATRIC POPULATION

SUBMITTED BY: Oregon Health and Sciences University Student Nurses Association, Portland, OR

WHEREAS, bipolar disorder (BD) is defined as a “group of mood disorders that include manic episodes, hypomanic episodes, mixed episodes, depressed episodes, and cyclothymic disorder,” according to the criteria in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV-TR); and

WHEREAS, there has been a 40-fold increase in the diagnosis of BD in the pediatric population from 1994 to 2003, with a concurrent 2-fold increase in the diagnosis of BD in the adult population; and

WHEREAS, there is “no single, well-validated screening instrument for the clinical diagnosis of BD in children” and the current DSM-IV-TR criteria cannot be easily applied to children; and

WHEREAS, the diagnosis of BD in the pediatric population is complicated by differential presentation of symptoms, comorbid mental health disorders, and physical and psychosocial development; and

WHEREAS first-line treatment of BD is medication; and

WHEREAS the pediatric brain is developmentally different from the adult brain and the metabolism of medications differs between these age groups; and

WHEREAS, the efficacy and the safety of antipsychotics and mood stabilizers, used as first-line treatment for BD, have not been examined or well-established in the pediatric population; and

WHEREAS “evidence-based data regarding the treatment of children and adolescents with BD are very limited,” yet they are still treated in the same manner as adults; therefore be it

RESOLVED, that the National Student Nurses’ Association (NSNA) encourage its constituents to collaborate with professional nursing and healthcare organizations to advocate for increased funding towards evidence-based research related to BD in the pediatric populations; and be it further

RESOLVED, that the NSNA encourage its constituents to advocate for accurate screening, diagnosis, and treatment of pediatric patients diagnosed with BD; and be it further

RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association, the National League for Nursing, the American Hospital Association, the American Association of Colleges of Nursing, the National Organization for Associate Degree Nursing, the American Medical Association, the American Psychiatric Association, the National Alliance on Mental Illness, the National Institute of Mental Health, the American Psychiatric Nurses Association, the International Society of Psychiatric-Mental Health Nursing, and any others deemed appropriate by the NSNA Board of Directors.

TOPIC: IN SUPPORT OF NATIONALLY RECOGNIZED END-OF-LIFE ORDERS INCLUDING ADVANCE DIRECTIVES

SUBMITTED BY: North Carolina Association of Nursing Students

WHEREAS, the 2005 National Student Nurses' Association (NSNA) House of Delegates supported educating healthcare professionals about developing and maintaining current healthcare Advance Directives; and

WHEREAS, fewer than 25% of Americans have completed a written Advance Directive; and

WHEREAS, "This law gives patients autonomy in determining their end-of-life wishes. It also protects health care workers who follow their patient's wishes in end-of-life care"; and

WHEREAS, "Most health care professionals understand they have a duty to listen to the wishes of their patients no matter how they are expressed"; and

WHEREAS, "Since every state has different laws it is important to use state-specific Advance Directives"; and

WHEREAS, "The Patient Self Determination Act does not standardize Advance Directive legislation/forms across all states. Each state remains empowered to legislate how Advance Directives are used in that state"; and

WHEREAS, "In an increasingly mobile society where an advance healthcare directive in one state must frequently be implemented in another, there is a need for greater uniformity"; and

WHEREAS, current proposed legislation would "develop standards to assess end-of-life care and require a national uniform policy on Advance Directives, and create a national information hotline to support patients and families making decisions about end-of-life and hospice care", and

WHEREAS, "Many factors can shift the focus away from a patient's ultimate wishes. A patient should be able to spend [his/her] last days on [his/her] own terms, above all legal, medical, and procedural demands"; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) encourage its constituents to support increased awareness of and education about the necessity of nationally recognized Advance Directives; and be it further

RESOLVED, that the NSNA encourage integration of content in curricula on the importance of discussing end-of-life wishes and advanced directives with patients; and be it further

RESOLVED, that the NSNA encourage the American Nurses Association to form an expert panel or special committee to discuss and formulate specific parameters to plan and implement nationally recognized advance directives; and be it further

RESOLVED, that the NSNA educate its constituents about nationally recognized Advance Directives through articles in *Imprint* and focus sessions at Convention, if feasible; and be it further

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

Associate Degree Nursing, the National League for Nursing, the Center for Nursing Advocacy, the American Assembly for Men in Nursing, the American College of Healthcare Executives, the National Council of State Boards of Nursing, the American Hospital Association, the United States Senate, the United States Congress, and all others deemed appropriate by the NSNA Board of Directors.

TOPIC: IN SUPPORT OF INCLUDING DISASTER PREPAREDNESS, RESPONSE, AND PRE-CERTIFICATION IN NURSING CURRICULA

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

WHEREAS, the National Student Nurses' Association (NSNA) has supported disaster preparedness and response related efforts through resolutions in the House of Delegates every year since 2001; and

WHEREAS, natural disaster events have quadrupled over the last 20 years, primarily floods, cyclones, and storms, and the average number of persons affected per year worldwide has increased to 250 million, causing a humanitarian crisis; and within the NSNA's membership, 43% of respondents to the NSNA Disaster Relief Survey reported having experienced a disaster; and

WHEREAS, 84% of respondents to the NSNA Disaster Survey who stated that they had participated in disaster relief work felt it enriched their nursing education, yet 57% reported a need for more education in order to perform competently in a disaster relief situation. In addition, 96% felt that disaster preparedness education should be included in undergraduate curricula; and

WHEREAS, nursing students are now required to understand the basic principles of disaster and emergency planning in order to accurately answer questions on those subjects which fall within the category of Safety and Infection on the NCLEX-RN, which accounts for 8-14% of the total NCLEX-RN subject matter; and

WHEREAS, National Incident Management Systems (NIMS) basic training (IS-100, IS-200, and IS-700 courses) for all potential disaster responders is a requirement for states, territories, tribes and local entities as of fiscal year 2006, in order to be deemed NIMS compliant, which is a requirement for agencies to receive federal disaster preparedness funding; therefore be it

RESOLVED, that the National Student Nurses' Association encourage nursing programs to include disaster preparedness and response material in their planned curricula in order to adequately prepare students for the NCLEX-RN exam; and be it further

RESOLVED, that the NSNA encourage nursing programs to include the National Incident Management Systems (NIMS) training as an elective in their planned curricula; and be it further

RESOLVED, that the NSNA promote the importance of disaster preparedness and pre-certification through articles in *Dean's Notes* and *Imprint* where feasible; and be it further

RESOLVED, that the NSNA send copies of this resolution to the American Red Cross--Office of the Chief Nurse, the American Nurses Association, the National League for Nursing, the American Association of Colleges of Nursing, the National Council of State Boards of Nursing, the National Organization for Associate Degree Nursing, the Nursing Organizations Alliance, the Federal Emergency Management Agency, and all others deemed appropriate by the NSNA Board of Directors.

TOPIC: IN SUPPORT OF REWRITING THE LANGUAGE OF THE CURRENT GOOD SAMARITAN LAWS TO COVER ALL LICENSED HEALTHCARE PERSONNEL RESPONDING TO EMERGENCIES AND/OR OPERATING AUTOMATIC EXTERNAL DEFIBRILLATORS

SUBMITTED BY: Arkansas Nursing Students' Association

WHEREAS, the 2003 National Student Nurses' Association (NSNA) House of Delegates supported increased protection for volunteerism by medical personnel caring for the underserved and uninsured; and

WHEREAS, "each year 164,000 Americans experience sudden cardiac arrest (SCA) outside of a hospital"; and

WHEREAS, "on average in the United States, just 6% of SCA victims survive"; and

WHEREAS, "cardiopulmonary resuscitation (CPR) and early defibrillation with an automated external defibrillator (AED) more than double a victim's chance of survival"; and

WHEREAS, in 37 states immunity for rescuers does not include licensed nurses; and

WHEREAS, "21 states do not have statutes that allow for adequate liability protection for healthcare volunteers during emergencies"; therefore be it

RESOLVED, that the NSNA support legislation related to standardizing the language of the current Good Samaritan Laws in all states, the District of Columbia or any territory, possession or dependency of the United States of America to offer immunity for all rescuers who are licensed healthcare personnel; and be it further

RESOLVED, that the NSNA send copies of this resolution to the President of the United States, the Vice-President of the United States, the Speaker of the House, the National Institutes of Health, the American Nurses Association, the National League for Nursing, the American Association of Colleges of Nursing, the National Organization for Associate Degree Nursing, and all others deemed appropriate by the NSNA Board of Directors.

TOPIC: IN SUPPORT OF UNIVERSAL HIV TESTING OF PREGNANT WOMEN WITH PATIENT NOTIFICATION (OPT-OUT SCREENING) AS A ROUTINE COMPONENT OF PRENATAL CARE

SUBMITTED BY: The Medical College of Georgia, School of Nursing ,Athens Association of Nursing Students, Athens, GA

WHEREAS, the 1996 NSNA House of Delegates voted to support education pertaining to quality care for HIV counseling and voluntary testing for pregnant women and women of childbearing age; and

WHEREAS, “A substantial proportion of perinatal human immunodeficiency virus (HIV) infections in the United States each year can be attributed to the lack of timely HIV testing and treatment of pregnant women”; and

WHEREAS, “Prenatal screening is a key step in identifying women at risk of vertically transmitting infections to their neonates and often allows for timely initiation of interventions to prevent perinatal infection”; and

WHEREAS, the Centers for Disease Control and Prevention’s newest recommendations for pregnant women encourage all health care providers to include HIV screening in the routine panel of prenatal screening tests for all women with only an opt-out policy versus an opt-in policy; and

WHEREAS, the rates of HIV screening are consistently higher in settings that provide prenatal testing using the opt-out screenings than those that use the opt-in programs; and

WHEREAS, screening allows an opportunity to implement strategies to attempt to prevent transmission to the child; and

WHEREAS, with aggressive treatment, perinatal transmission of HIV can be reduced to ~1%; therefore be it

RESOLVED, that the National Student Nurses’ Association (NSNA) encourage its constituents to support opt-out prenatal HIV testing and encourage health care providers to include HIV testing in the routine prenatal testing panel; and be it further

RESOLVED, that the NSNA encourage its constituents to support public awareness of prenatal HIV testing and its importance in disease prevention; and be it further

RESOLVED, that the NSNA present focus sessions at MidYear and Annual Conventions and publish an article on this topic in *Imprint*, if feasible; and be it further

RESOLVED, that the NSNA send copies of this resolution to the American Association of Colleges of Nursing, the American Nurses Association, the American College of Obstetricians and Gynecologists, the American Medical Association, the Association of Nurses in AIDS Care, the Maternal and Child Health Bureau, the National Council of State Boards of Nursing, the National League for Nursing, the National Center for Education in Maternal and Child Health, the National Organization for Associate Degree Nursing, the U.S. Department of Health and Human Services, the American Public Health Association, the Association of Women’s Health, Obstetric and Neonatal Nurses, and any others deemed appropriate by the NSNA Board of Directors.

TOPIC: IN SUPPORT OF THE INCLUSION OF CLINICAL NURSE PRECEPTORSHIPS IN THE CLINICAL LEARNING ENVIRONMENT

SUBMITTED BY: Three Rivers Community College Student Nurses Association, Norwich, CT

WHEREAS, the 2005 National Student Nurses' Association (NSNA) House of Delegates supported increased awareness of the nurse educator shortage; and

WHEREAS, the mission of the NSNA includes contribution to the advancement of nursing education and the development of "nursing students who are prepared to lead the profession in the future"; and

WHEREAS, the 2007-2010 Strategic Plan of the NSNA includes an assumption that there will be a decline in the quality of education as a result of a growing nursing faculty shortage and identifies the broad goal of helping "student nurses prepare for professional careers"; and

WHEREAS, the integration of a Clinical Nurse Preceptorship model in the clinical learning environment may allow for enrollment expansion and maintenance in the face of an extreme nursing faculty shortage, by increasing the number of students that may be supervised by experienced nursing faculty through the establishment of appropriate nursing faculty to clinical nurse preceptor to student ratios; and

WHEREAS, nursing students benefit from the integration of clinical nurse preceptors as they may experience the opportunity for increased hands-on learning, self-directed learning, enhanced one-to-one relationships with registered nurses, improved critical thinking skills, and increased assimilation into the patient care team; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) support the inclusion of clinical nurse preceptorship in the clinical learning environment as a necessary strategy to increase the number of graduating nurses despite the growing nursing faculty shortage; and be it further

RESOLVED, that the NSNA encourage its constituents to advocate for inclusion of the clinical nurse preceptorship model in their nursing education; and be it further

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

TOPIC: IN SUPPORT OF THE AMERICAN NURSES ASSOCIATION “SAFE STAFFING SAVES LIVES” CAMPAIGN

SUBMITTED BY: The University of Alabama in Huntsville Student Nurses’ Association, Huntsville, AL

WHEREAS, the 2003 National Student Nurses’ Association (NSNA) House of Delegates supported mandatory patient: nurse staffing ratios to maximize patient safety and quality of care, and minimize professional burnout in practicing nurses; and

WHEREAS, “staffing is an issue of professional concern because inappropriate staffing can threaten patients’ safety, RN’s [Registered Nurses’] health and safety, and the integrity of the professional’s commitment to patients”; and

WHEREAS, “staffing also concerns RNs because of the pressures put on them everyday by increasing patient intensity, increasing complexity of care and the fatigue they feel which increases over time”; and

WHEREAS, safe staffing “provides hospitals with the flexibility of tailoring nurse staffing to the specific needs of patients based on factors including how sick the patient is, the experience of the nursing staff, technology, and support services available to the nurses”; and

WHEREAS, complications associated with inappropriate staffing include postoperative respiratory and/or cardiac complications, increased risk for pulmonary failure and re-intubation, and infectious complications (e.g., septicemia); and

WHEREAS, in hospitals with high RN staffing, medical patients had lower rates of urinary tract infections, pneumonia, shock, upper gastrointestinal bleeding, and decreased hospital stays; and

WHEREAS, the proposed Registered Nurse Safe Staffing Act “would hold hospitals accountable for the development of valid, reliable unit-by-unit nurse staffing plans”; therefore be it

RESOLVED, that the NSNA support the American Nurses Association’s “Safe Staffing Saves Lives” Campaign; and be it further

RESOLVED, that the NSNA encourage its constituents to support legislation proposed to develop valid, reliable unit-by-unit nurse staffing plans; and be it further

RESOLVED, that the NSNA encourage its constituent members to write to their state and national legislators in support of “Safe Staffing Saves Lives”; and be it further

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

TOPIC: IN SUPPORT OF HEALTH LITERACY EDUCATION

SUBMITTED BY: Student Nurses' Association of Christ College, Cincinnati, OH and University of Pennsylvania, Philadelphia, PA

WHEREAS, health literacy is defined as “the degree to which individuals can obtain, process and understand basic health information and services needed to make appropriate healthcare decisions”; and

WHEREAS, health literacy skills enable a patient to participate fully in their health care through discussions with providers, informed decision making, self-care provision, and other healthcare tasks; and

WHEREAS, low health literacy has been linked to poor health outcomes and increased hospitalizations related to difficulty understanding health problems, complying with treatments, and obtaining preventive services; and

WHEREAS, “low health literacy can affect anyone of any age, ethnicity, and background or education level”; and

WHEREAS, health literacy in the United States requires proficiency in the English language, and 7.5% of adults with poor health literacy report English as their second language; and

WHEREAS, most adults read at an eighth-grade level and most healthcare materials are written at a 10th grade level; and

WHEREAS, nurses play a cardinal role in providing health information to patients, and health literacy relies in part on the ability of healthcare providers to share information in plain language; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) encourage its constituents to support current and future legislation regarding health literacy; and be it further

RESOLVED, that the NSNA educate its constituents about the importance of assessing and using translation services in healthcare settings; and be it further

RESOLVED, that the NSNA encourage its constituents to learn about issues of low health literacy through publication of articles in *Imprint* and focus sessions at MidYear and Annual Conventions, if feasible; and be it further

RESOLVED, that the NSNA encourage its constituents to become involved in efforts to promote health literacy in their communities through volunteer activities; and be it further

RESOLVED, that the NSNA encourage its constituents to collaborate with nursing programs to incorporate education about low health literacy into their curricula; and be it further

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

TOPIC: IN SUPPORT OF INCREASED AWARENESS AND EDUCATION ABOUT SEXUAL ASSAULT NURSE EXAMINER (SANE) PROGRAMS IN ORDER TO PROMOTE INCREASED PROGRAM DEVELOPMENT IN THE UNITED STATES

SUBMITTED BY: Cleveland State University's School of Nursing, Student Nurse Association, Cleveland, OH

WHEREAS, "It has been estimated that at least 20% of all females in the United States will be victims of sexual violence during their lifetimes"; and

WHEREAS, it has been estimated that one in 33 men will experience sexual assault in their lifetimes; and

WHEREAS, 15% of those who are sexually assaulted are under the age of 12; and

WHEREAS, the "effects [of sexual violence] are often experienced long after the event occurred with a multitude of psychological, physical, and behavioral consequences such as sexually transmitted diseases, chronic pain disorders and other physical ailments, anxiety, depression, substance use, sexual problems, and interpersonal difficulties being documented in survivors of sexual violence"; and

WHEREAS, "During nearly 80% of all visits to EDs [emergency departments] in 2003, sexual offense victims did not receive sufficient care"; and

WHEREAS, "researchers have found that fewer than half of victims treated in traditional hospital EDs received information on the risk of pregnancy and less than 45% received EC [emergency contraception]. In contrast...victims treated in SANE [sexual assault nurse examiner] programs consistently received comprehensive services related to the risk of pregnancy"; and

WHEREAS, "emergency department personnel often lack training in medical forensic evidence collection, and those with training often do not perform forensic exams frequently enough to maintain their proficiency"; and

WHEREAS, "[SANE nurses] have received extensive specialized training in forensic evidence collection, sexual assault trauma response, forensic techniques using specialized equipment, expert witness testimony, assessment of injuries, STD treatment, and pregnancy evaluation and treatment"; and

WHEREAS, "SANE programs have 'greatly improved the quality and consistency of collected evidence' "; and

WHEREAS, "SANE nurses provide immediate crisis intervention and emotional support for their patients. SANE nurses strive to preserve their patients' dignity, ensure that victims are not re-traumatized by evidentiary exam, and assist victims in gaining control by allowing survivors to make the decision throughout the evidence collection process"; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) encourage its constituents to support increased awareness and education about the role and importance of SANE nursing; and be it further

RESOLVED,

that the NSNA promote awareness through articles in *Imprint*, workshops at the NSNA MidYear and Annual Conventions, community health projects, and all other methods deemed appropriate by the NSNA Board of Directors, if feasible; and be it further

RESOLVED,

that the NSNA send a copy of this resolution to the United States Department of Justice, Office of Justice Programs, the National Institute of Justice, the Emergency Nurses Association, the International Association of Forensic Nurses, the American Nurses Association, the National League for Nursing, the American Organization of Nurse Executives, the American Hospital Association, the National Organization for Associate Degree Nursing, the American Association of Colleges in Nursing, the United States Department of Health and Human Services, and all others deemed appropriate by the NSNA Board of Directors.

TOPIC: IN SUPPORT OF 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

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

WHEREAS, “In a 2003 survey of emergency department and intensive care unit nurses, only 5% of respondents reported working in areas that had formalized family presence policies” with “additional research reveal[ing] that despite the lack of a written policy, many nurses were bringing families to the bedside when a patient was being resuscitated, and they were doing so without hospital approval”; and

WHEREAS, “Establishing FP [Family Presence] policies legitimizes the practice and establishes a mechanism to assess and improve the logistics and impact of FP,” and allows FP to be “organized in ways that are acceptable and responsive to professional and public standards”; and

WHEREAS, “Despite the fears of healthcare providers . . . researchers found no disruptions in the operations of the healthcare team, no adverse outcomes during events at which patients’ families were present, and no adverse psychological effects among family members who participated at the bedside”; and

WHEREAS, “89% of patients felt comforted by FMP [Family Member Presence]” as it “provides a sense of support and safety, which better enabled them to tolerate painful procedures”; and

WHEREAS, “the presence of family members may stimulate the patient’s will to live or provide comfort as he [or she] dies”; and

WHEREAS, family presence “preserves the family’s sense of connectedness with their loved one; family members may gain a sense of peace from witnessing intense resuscitation efforts.” In addition, “being present during resuscitation efforts helps confirm the reality of the patient’s illness or death and may help them cope”; and

WHEREAS, “Family presence is consistent with nursing’s holistic view of the patient and the basic tenets of nursing itself: ‘to advocate for the primacy of the patient’s interests by meeting the comprehensive needs of patients and their families across the care continuum’”; therefore be it

RESOLVED, that the National Student Nurses’ Association (NSNA) encourage its constituents to promote the establishment of official policies and protocols providing for the option of family presence during cardiopulmonary resuscitation and emergency invasive procedures in the hospital setting; and be it further

RESOLVED, that the NSNA encourage its constituents to write letters of support to the Emergency Nurses Association, the American Association of Critical Care Nurses, the American Heart Association, the National Association of Social Workers, the National Association of Emergency Medical Technicians, the Society of Critical Care Medicine, the American Academy of Pediatrics, and the American College of Emergency Physicians; and be it further

RESOLVED, that the NSNA encourage its constituents to advocate for the establishment of Family Presence policies in healthcare facilities that do not have any in place; and be it further

RESOLVED, that the NSNA publish articles regarding the importance of establishing family presence policies in *Imprint*, if feasible; and be it further

RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association, the National League for Nursing, the American Organization of Nurse Executives, the American Association of Colleges of Nursing, the National Association of School Nurses, the American Holistic Nurses Association, the Hospice and Palliative Nurses Association, the Center for Nursing Advocacy, the American Medical Association, the American Hospital Association, the Joint Commission on Accreditation of Healthcare Organizations, the National Organization for Associate Degree Nursing, and any others deemed appropriate by the NSNA Board of Directors.

TOPIC: IN SUPPORT OF ADVOCATING THE USE OF A HELMET FOR ANY PERSON OPERATING OR RIDING A MOTORCYCLE ON PUBLIC ROADWAYS

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

WHEREAS, according to the National Highway Traffic Safety Administration (NHTSA), there were 4,810 motorcycle fatalities in 2006, with 1,527 of that total being under the age of 30; and

WHEREAS, motorcyclist fatalities have steadily increased as motorcycle registrations have climbed 51% between 2000 and 2005, with more than 1.1 million motorcycles being sold in 2006 in part because of the higher fuel costs; and

WHEREAS, the NHTSA estimated that helmets saved the lives of 1,658 motorcyclists in 2006 and an additional 752 more lives could have been saved if those riders were wearing helmets; and

WHEREAS, “the risk of fatal injury in a crash doubles when motorcycle riders do not wear a helmet”; and

WHEREAS, “only 20 states (and the District of Columbia) require [all] riders to wear a helmet. Another 27 states have partial laws that [only] require either minors or passengers to wear a helmet and three states do not have any helmet requirements at all”; and

WHEREAS, “Non-helmeted motorcyclists have worse outcomes than their helmeted counterparts independent of the use of alcohol or drugs. Furthermore, they monopolize more hospital resources, incur higher hospital charges, and as non-helmeted motorcyclists frequently do not have insurance, reimbursement in this group of patients is poor. Thus, the burden of caring for these patients is transmitted to society as a whole”; therefore be it

RESOLVED, that the National Student Nurses’ Association (NSNA) support state helmet laws requiring all persons operating or riding a motorcycle on public roadways to wear a helmet; and be it further

RESOLVED, that the NSNA encourage its constituents to educate the public about the possible consequences of not wearing a helmet when operating or riding a motorcycle, such as permanent brain damage or death; and be it further

RESOLVED, that the NSNA encourage its constituents to raise public awareness about this issue by publishing articles in *Imprint*, if feasible; and be it further

RESOLVED, that the NSNA send copies of this resolution to the American Medical Association, the American Nurses Association, the National League for Nursing, the American Association of Colleges of Nursing, the National Organization for Associate Degree Nursing, the American Trauma Society, the American Motorcycle Association, the Association for the Advancement of Automotive Medicine, the Brain Injury Association, the Emergency Nurses Association, the American College of Emergency Physicians, the American Association of State Highway and Transportation Officials, the Advocates for Highway and Auto Safety, the Motorcycle Industry Council, the National Association of County and City Health Officials, the National Association of

Public Hospitals and Health Systems, the National Association of State Emergency Medical Services Directors, the National Association of State Head Injury Administrators, the Air and Surface Transport Nurses Association, and any other organizations deemed appropriate by the NSNA Board of Directors.

TOPIC: IN SUPPORT OF INTEGRATING COMPUTERIZED PROVIDER ORDER ENTRY (CPOE) SYSTEMS INTO HOSPITAL SETTINGS

SUBMITTED BY: Colorado Student Nurses' Association (CSNA) Board of Directors

WHEREAS, Computerized Provider Order Entry (CPOE) systems are clinical applications that permit clinicians to enter orders for prescriptions and further processing such as administering medications; and

WHEREAS, Clinical (or diagnostic) decision support systems (CDSS) are interactive computer programs, which are designed to assist physicians and other health professionals with decision making tasks.

WHEREAS, “an estimated 380,000 to 450,000 medication errors occur in hospitals annually”; and

WHEREAS, there has been a “55% decrease in serious medication errors after the implementation of electronic prescribing”; and

WHEREAS, “Studies indicate that paper-based prescribing is associated with high error rates”; and

WHEREAS, “electronic prescribing is safer because it eliminates problems with handwriting legibility”; and

WHEREAS, CPOE systems “foster communication and collaboration by capturing data in a single electronic medical record” thereby improving quality of care received; therefore be it

RESOLVED, that the National Student Nurses’ Association (NSNA) encourage its constituents to support legislation for the funding of implementation of CPOE and CDS systems within their communities; and be it further

RESOLVED, that the NSNA encourage its constituents to support CPOE initiatives and policies; and be it further

RESOLVED, that the NSNA encourage its constituents to support research and improvements as CPOE and CDS systems are implemented; and be it further

RESOLVED, that the NSNA educate its constituents through articles in *Imprint* and sessions at Midyear and Annual conventions, if feasible; and be it further

RESOLVED, that the NSNA send a copy of this resolution to, the American Association of Colleges of Nursing, the American Nurses Association, the American Organization of Nurse Executives, the National League for Nursing, the National Organization for Associate Degree Nursing, the American Medical Association, the Agency for Healthcare Research and Quality, and any other organizations or individuals deemed appropriate by the NSNA Board of Directors.

TOPIC: IN SUPPORT OF INCREASED EDUCATION ABOUT EATING DISORDER AWARENESS AND PREVENTION

SUBMITTED BY: MedCentral College of Nursing, Student Nurses Association, Mansfield, OH

WHEREAS, an estimated 8 million Americans have an eating disorder; and
WHEREAS, eating disorders have been known to affect individuals as young as seven and beyond the age of sixty; and
WHEREAS, anorexia nervosa is associated with serious health consequences including amenorrhea, abnormally slow heart rate, low blood pressure, severe dehydration, reduction of bone density, muscle loss, hair loss, dry skin, growth of lanugo, and death; and
WHEREAS, bulimia nervosa is associated with electrolyte imbalances, irregular heartbeats, heart failure, gastric rupture, peptic ulcers, pancreatitis, tooth decay, or death; and
WHEREAS, binge eating is associated with obesity, high blood pressure, high cholesterol and triglyceride levels; therefore be it
RESOLVED, that the National Student Nurses' Association (NSNA) support eating disorder awareness, prevention, and education; and be it further
RESOLVED, that the NSNA encourage its constituents to contact their legislators, requesting support for legislation regarding eating disorder awareness and prevention; and be it further
RESOLVED, that the NSNA emphasize the importance of involvement in the legislative process to enact change related to eating disorder awareness, prevention, and education through published articles in *Imprint* and on the NSNA website, if feasible; and be it further
RESOLVED, that the NSNA send a copy of this resolution to the American Academy of Family Physicians, the American Nurses Association, the Centers for Disease Control and Prevention, the National Eating Disorder Association, the American Psychiatric Nurses Association, the American Academy of Pediatrics, the National Association of Pediatric Nurse Practitioners, the International Society of Psychiatric-Mental Health Nurses, the Society of Pediatric Nurses, the American College of Nurse Practitioners, the American Association of Colleges of Nursing, the National Institutes of Health, the National Organization for Associate Degree Nursing, the National League for Nursing, the U.S. Department of Health and Human Services, and any others deemed appropriate by the NSNA Board of Directors.

TOPIC: IN SUPPORT OF EMPOWERING THE ROLE OF THE CHIEF NURSE OFFICER OF THE UNITED STATES PUBLIC HEALTH SERVICE

SUBMITTED BY: Oregon Student Nurses' Association

WHEREAS, the Chief Nurse Officer of the United States Public Health Service promotes public health, encourages individuals to enter the nursing profession as well as nursing education, and promotes nurse community outreach; and

WHEREAS, nurses are crucial to health promotion, disease prevention and the care of the whole person; and

WHEREAS, nurses are considered to be “highly ethical” by the American public; and

WHEREAS, of all industrialized nations, the United States ranks among the lowest in patient-centered care and access to healthcare; and

WHEREAS, professional nursing has a social contract to seek “public policy and healthcare delivery [systems that] influence the health and well being of society”; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) encourage its constituents to support the empowerment of the role of the Chief Nurse Officer of the United States Public Health Service; and be it further

RESOLVED, that the NSNA encourage its constituents to raise awareness about this issue through publications in *Imprint* and on its website, if feasible; and be it further

RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association, the National League for Nursing, the American Hospital Association, the United American Nurses AFL-CIO, the American Association of Colleges of Nursing, the National Organization for Associate Degree Nursing, the House Congressional Nursing Caucus, the Office of the Surgeon General, the National Nursing Network Organization, the United States Public Health Service, and any others deemed appropriate by the NSNA Board of Directors.

TOPIC: IN SUPPORT OF INCREASED ACCESS TO WOUND OSTOMY CONTINENCE NURSES IN THE PERIOPERATIVE PERIODS FOR OSTOMY PATIENTS

SUBMITTED BY: Student Nurses Association of South Carolina

WHEREAS, each year over 75,000 new fecal and urinary ostomies are created and there are currently 750,000 individuals living with an ostomy in the United States; and

WHEREAS, Wound Ostomy Continence (WOC) nurses are advanced practice nurses who specialize in the care and treatment of Ostomy patients and who have advanced education; and

WHEREAS, there are currently only 4,200 WOC nurses in the United States; and

WHEREAS, patients who undergo ostomies experience substantial psychological adjustments; at ten weeks post surgery, 25% of ostomates report being depressed; and

WHEREAS, the most common post operative problems include odor (59%), skin irritation (76%), pouch leakage (62%), and depression/anxiety (53%); and

WHEREAS, poor stoma placement can increase psychological and emotional stress, and can increase costs for the ostomate; and

WHEREAS, ostomates who received teaching from a WOC nurse had reduced frequency of pouch detachment; and

WHEREAS, patients who have access and a good relationship with a WOC nurse report a higher score on the Stoma Care Quality of Life Index; and

WHEREAS, research demonstrates that patients who have a preoperative consultation with a WOC nurse for stoma site marking have greater satisfaction with their surgeries and have fewer complications including leakage, skin irritation, pain, clotting concerns, and the need for expensive custom designed pouches; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) encourage its constituents to provide training of additional WOC nurses; and be it further

RESOLVED, that the NSNA encourage its constituents to communicate with hospitals in their communities, healthcare providers and third party payers to provide access to WOC nurses in the peri-operative period; and be it further

RESOLVED, that the NSNA send a copy of this resolution to the Wound Ostomy and Continence Nurses Society, the American Nurses Association, the National League for Nursing, the Commission on Collegiate Nursing Education, the American Society of Colon and Rectal Surgeons, the United Ostomy Association of America, the American Hospital Association, the American Association of Colleges of Nursing, the National Organization for Associate Degree Nursing, and all others as deemed appropriate by the NSNA Board of Directors.

TOPIC: IN SUPPORT OF REQUIRING CPR/AED CERTIFICATION FOR ALL SECONDARY (GRADES 6-12) SCHOOL COACHES

SUBMITTED BY: Grand View College, Des Moines, IA

WHEREAS, incidence of sudden cardiac death in high school athletes across the nation range from 0.28-1.0 deaths per 100,000 high school athletes; and

WHEREAS, “any blow to the chest, regardless of the intensity, velocity or force, is capable of producing cardiac arrest”; and

WHEREAS, “it might not be feasible to have local EMS [Emergency Medical Services] agencies stand by at every organized game”; and

WHEREAS, a bystander performing cardiopulmonary resuscitation (CPR), provided immediately after cardiac arrest, can double a victim’s chance of survival; and

WHEREAS, “if CPR is not provided, a sudden cardiac arrest victim’s chances of survival fall 7% to 10% for every minute of delay until defibrillation”; and

WHEREAS, the average cost of supplying an automated external defibrillator (AED) is significantly less than the cost per life of those who can be immediately resuscitated; and

WHEREAS, only 12 states (24%) require CPR certification as part of their coaching certificate requirements; therefore be it

RESOLVED, that the National Student Nurses’ Association (NSNA) encourage its constituents to support CPR/AED certification for all secondary (Grades 6-12) school coaches, unless exempted under the Americans with Disabilities Act; and be it further

RESOLVED, that the NSNA support all secondary schools having an AED device on school property and at all athletic events; and be it further

RESOLVED, that the NSNA publish articles in *Imprint*, if feasible, raising awareness about these issues; and be it further

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

TOPIC: IN SUPPORT OF NATIONAL STANDARDIZED CURRICULA FOR NURSE RESIDENCY PROGRAMS

SUBMITTED BY: California Nursing Students' Association

WHEREAS, the 2006 National Student Nurses' Association (NSNA) House of Delegates supported increased advocacy for improved preceptor programs to create a robust workforce environment within the nursing profession; and

WHEREAS, a preceptor, one component of a nurse residency program, provides a period of practical experience and training supervised by a specialist in a particular field; and

WHEREAS, nurses convey an increasing amount of confidence, competence, and mastery of their jobs upon completion of nurse residency programs, as well as feelings of improvement in their ability to organize and prioritize; and

WHEREAS, published hospital reports cite a noticeable increase in retention rates for new graduates who attend nurse residency programs; and

WHEREAS, negative perceptions of first job experiences may cause nurses to leave their positions, increasing the nursing shortage, and wasting recruitment and orientation resources; and

WHEREAS, some nurse residency programs consist solely of a standardized curriculum and preceptorship, while other residency programs also include separate mentorships, peer-support components, and educational classes; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) encourage its constituents to support the development of national standardized curricula for nurse residency programs; and be it further

RESOLVED, that the NSNA encourage faculty members to collaborate with hospital nurse managers to develop national standardized curricula for nurse residency programs for new graduate nurses; and be it further

RESOLVED, that the proposal to create national standardized curricula for nurse residency programs be presented in future convention programs and published in *Imprint*, if feasible; and be it further

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

TOPIC: IN SUPPORT OF INCREASING HEALTHCARE RESOURCES FOR AMERICAN VETERANS SUFFERING FROM POST-TRAUMATIC STRESS DISORDER (PTSD) AND THEIR FAMILIES DEALING WITH THE PHYSICAL AND PSYCHOLOGICAL INJURIES OF RETURNING VETERANS

SUBMITTED BY: Student Nurses Association of Pennsylvania

WHEREAS, the *Diagnostic and Statistical Manual of Mental Disorders - IV* defines acute and post traumatic stress disorders as “anxiety and behavioral disturbances that develop within the first month after exposure to an extreme trauma”; and

WHEREAS, “Research has shown that deployment stressors and exposure to combat result in considerable risks of mental health problems [for members of the military service], including Post-Traumatic Stress Disorder (PTSD)”; and

WHEREAS, “Veterans with PTSD also manifest a variety of chronic impairments in functioning, such as unemployment and income disparities, problems in relationships, poor problem-solving capacity and aggressive behavior, poor self care, and poor quality of life”; and

WHEREAS, “According to a 2006 United States Defense Department study, one in six soldiers returning from [the] Iraq war currently suffer from severe depression or post-traumatic stress”; and

WHEREAS, “Reducing the perception of stigma and the barriers to care among military personnel is a priority for research and...policymakers, clinicians, and leaders who are involved in providing care to those who have served in the armed forces”; and

WHEREAS, it has been estimated that 20,000 returning veterans from the wars in Iraq and Afghanistan suffer from severe mental health and/or substance use conditions; therefore be it

RESOLVED, that the National Student Nurses’ Association (NSNA) encourage its constituents to advocate for increased healthcare resources for American veterans suffering from PTSD and their families dealing with the physical and psychological injuries of returning veterans; and be it further

RESOLVED, that the NSNA encourage its constituents to collaborate with local, state, and federal efforts in support of increased funding for the delivery of mental health care services to American veterans; and be it further

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

RESOLVED, that the NSNA provide a copy of this resolution to the American Nurses Association, the American Association of Colleges of Nursing, the American Psychiatric Nurses Association, the International Society of Psychiatric-Mental Health Nurses, the National League for Nursing, the National Organization for Associate Degree Nursing, the American Legion, the Paralyzed Veterans of America, the Department of Veteran’s Affairs, and any others deemed appropriate by the NSNA Board of Directors.

TOPIC: IN SUPPORT OF INCREASING THE POLITICAL AWARENESS OF NURSING STUDENTS

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

WHEREAS, “As government involvement in [the] regulation of health professionals and health care delivery grows, it is imperative that nurses and nursing students become more politically aware and active”; and

WHEREAS, the National Student Nurses’ Association (NSNA) has over 50,000 members; and

WHEREAS, in the last presidential election, only 58.3 percent of the total eligible voters ages 18 and older participated in voting; and

WHEREAS, “A professional today must be aware of legislative and regulatory activities in nursing and be ready to support or oppose them in an informed manner”; and

WHEREAS, “Discussions of current events, interacting with civic leaders, engaging in simulations of civic processes, and learning about and taking action to resolve community problems all foster students’ commitment and capacity for participation”; and

WHEREAS, United States citizens have the right to petition and submit legislative proposals to elected members, either as an individual or in collective groups; therefore be it

RESOLVED, that the National Student Nurses’ Association (NSNA) encourage its constituents to increase their political awareness; and be it further

RESOLVED, that the NSNA promote political awareness through published articles in *Imprint* and on their website via posted political links, if feasible, and through all other methods deemed appropriate by the NSNA Board of Directors; and be it further

RESOLVED, that the NSNA encourage its constituents to collaborate with professional nursing and healthcare organizations to advocate for increased political awareness; and be it further

RESOLVED, that the NSNA encourage its constituents to advocate for increased political awareness of others through newsletters, campus forums, workshops, and/or any other appropriate methods; and be it further

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