



RESOLUTIONS 2010

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TOPIC: IN SUPPORT OF POLICY DEVELOPMENT AND INCREASED FUNDING FOR RESEARCH ON LATERAL VIOLENCE IN NURSING

SUBMITTED BY: University of Illinois at Chicago Student Nurses Association

WHEREAS, in 2001 the resolution to support the prevention of workplace violence in health care settings through increased education and awareness was adopted by the National Student Nurses' Association (NSNA) House of Delegates; and

WHEREAS, in 2006 the NSNA House of Delegates reaffirmed their position on workplace violence by adopting the resolution to support professional workplace culture and decreasing horizontal violence; and

WHEREAS, lateral violence, also known as horizontal violence or bullying remains a significant problem in nursing despite some measures to address it including establishing a zero-tolerance policy and using cognitive rehearsal; and

WHEREAS, lateral violence and bullying affects the recruitment of nurses, causes physical and psychological stress and contributes to nurses leaving their positions or the nursing profession as a whole; and

WHEREAS, bullying among nurses significantly affects the quality of patient care, effects which are magnified by the serious nursing shortage. Lateral violence or bullying... can endanger patients; and

WHEREAS, few studies have been done on the subject of nurse-on-nurse violence in the U.S. compared to countries like England and Australia; and

WHEREAS, nurse researchers and writers in the field express the need for more research on lateral violence in order to better understand the phenomenon and thereby address it using empirical evidence; therefore be it

RESOLVED, that the NSNA support policy development and encourage increased funding for research on lateral violence in nursing; and be it further

RESOLVED, that the NSNA educate its constituents about lateral violence in nursing through publications in *Imprint*, educational sessions at conventions, if feasible, and other means deemed appropriate by the NSNA; and be it further

RESOLVED, that the NSNA send a copy of this resolution to the United States Department of Labor Occupational Safety and Health Administration, the American Nurses Association, the American Association of Occupational Health Nurses, the Center for American Nurses, the National League for Nursing, the American Association of Colleges of Nursing, the National Organization for Associate Degree Nursing, the National Institute of Nursing Research, and any others deemed appropriate by the NSNA Board of Directors.

TOPIC: IN SUPPORT OF PROMOTION AND AWARENESS OF THE EFFECTS OF HUMAN-ANIMAL INTERACTION ON CHRONIC DISEASE

SUBMITTED BY: University of Missouri: Sinclair School of Nursing

WHEREAS, human-animal interaction has been shown to significantly benefit numerous aspects of human health including physiological, psychological and mental health leading to prevention of chronic diseases; and

WHEREAS, pet owners have been shown to have lower systolic and diastolic blood pressures, heart rate, plasma cholesterol, and plasma triglyceride levels compared to non-pet owners; and

WHEREAS, evidence has shown that owning a pet can slow or even avert people from developing coronary heart disease and increase the survival rate for pet owners compared to non-pet owners 1-year after experiencing an acute myocardial infarction; and

WHEREAS, dog owners have been documented to sharply increase exercise regimens following adoption, walking 18 minutes more per week and meeting physical activity requirements of 150 minutes per week when compared to non-dog owners; and

WHEREAS, according to a recent study, pets can be a source of social support for owners during weight loss trials and also contribute to increased engagement of baseline physical activity compared to the control group; and

WHEREAS, nursing home residents interacting with visiting animals showed improvements in their social interaction, psychosocial function, life satisfaction, mental function, and level of depression, social competence and psychological well-being in comparison with the control group; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) encourage its constituents to support the research of human-animal interaction and its effects on chronic diseases; and be it further

RESOLVED, that the NSNA encourage its constituents to advocate for human-animal interaction research as part of community health projects; and be it further

RESOLVED, that the NSNA publish an article in *Imprint* supporting the interaction of pets and humans on reducing cardiovascular disease, if feasible; and be it further

RESOLVED, that the NSNA send copies of this resolution to the American Obesity Association, the American Association of Human-Animal Bond Veterinarians, the American Association of Colleges of Nursing, the American Nurses Association, the National League for Nursing, the National Council of State Boards of Nursing, the National Organization for Associate Degree Nursing, each state board of nursing, and any others deemed appropriate by the NSNA Board of Directors.

TOPIC: IN SUPPORT OF INCREASED AWARENESS OF PUBLIC HEALTH NURSING AND POPULATION-BASED HEALTH INITIATIVES

SUBMITTED BY: Oregon Health and Sciences University Student Nurses Association

WHEREAS, public health is defined as the practice of preventing disease and promoting good health within groups of people, from small communities to entire countries ; and

WHEREAS, public health nursing is defined as the practice of promoting and protecting the health of populations using knowledge from nursing, social, and public health sciences and is population-focused, with the goal of promoting health and preventing disease and disability for all people; and

WHEREAS, examples of population-based health initiatives include smoking cessation programs and laws, fluoridation of water, seat belt laws, and motorcycle helmet laws; and

WHEREAS, population-based interventions are effective at reaching vulnerable populations; and

WHEREAS, vulnerable populations refer to groups of people with increased risk for health-related problems such as higher morbidity and mortality rates, reduced access to care, and a diminished quality of life due to specific characteristics, and

WHEREAS, population-based initiatives have the potential for improving health and wellness and reducing risks in a population; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) encourage its constituents to advocate for increased awareness of public health nursing and population-based health initiatives; 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 send a copy of this resolution to the American Association of Colleges of Nursing, the American Nurses Association, the American Public Health Association, the National Association for Public Health Policy, the National Association of County and City Health Officials, the National Council of State Boards of Nursing, the National League of Nursing, the National Organization for Associate Degree Nursing, and all others deemed appropriate by the NSNA Board of Directors.

TOPIC: IN SUPPORT OF INCREASING AWARENESS OF CHILD ABUSE IDENTIFICATION AND THE INCONSISTENCIES OF MANDATED REPORTING

SUBMITTED BY: Mineral Area College Student Nurses Association

WHEREAS, the U.S. Department of Health and Human Services Administration for Children and Families(HHS ACF) an estimated 794,000 children were determined to be victims of abuse or neglect, and 1,760 children died from abuse or neglect; and

WHEREAS, according to the U.S. Department of HHS ACF many cases of child abuse and neglect are not reported even when suspected by professionals; and

WHEREAS, according to the U.S. Department of HHS ACF only 8.4% of medical personnel reported abuse; and

WHEREAS, Thirty percent of children eventually diagnosed with child abuse did not have the diagnosis recorded until at least their second visit, and 7% had 3 or more visits before receiving the diagnosis of abuse ; and

WHEREAS, Nurses are key assets in the community in identifying child abuse and neglect cases. It is important to remember that nurses are not only care providers, but also advocates and voices of the children who are victimized and neglected ; and

WHEREAS, Nurses often have first contact with abused children and are legally bound to notify child protection services of any suspicions of child abuse or neglect. However, education on mandatory reporting is not compulsory. Evidence suggests there are many barriers to reporting child abuse and neglect including limited education and experience, poor documentation, low opinion of child protection services, and fear of perceived consequences; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) encourage increased awareness of the importance of child abuse identification and reporting by nurses and nursing students; and be it further

RESOLVED, that the NSNA publish an article in *Imprint* supporting the need for continued training in the area of child abuse identification, prevention and mandatory reporting, 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 Nurses Credentialing Center, the Emergency Nurses Association, the American Association of Colleges of Nursing, the National Organization for Associate Degree Nursing, American Forensic Nurses, Inc., the International Association of Forensic Nurses, each state board of nursing, and any others deemed appropriate by the NSNA Board of Directors.

TOPIC: IN SUPPORT OF INCREASING AWARENESS OF HUMAN TRAFFICKING

SUBMITTED BY: Oregon Student Nurses' Association Board of Directors

WHEREAS, human trafficking is defined as the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery; or sex trafficking in which a commercial sex is induced by force, fraud or coercion or in which the person induced to perform such act has not attained 18 years of age , and is considered a violation of human rights; and

WHEREAS, the U.S. Department of State estimates 600,000-800,0000 people are trafficked across international borders annually, of which 14,500-17,500 people are trafficked into the United States; and

WHEREAS, vulnerable or disadvantaged populations are at increased risk for entrapment into human trafficking, and

WHEREAS, human trafficking results in complex health and social consequences and a significant risk for violence; and

WHEREAS, according to the American Nurses Association 2008 Human Trafficking Resolution, registered nurses represent an important role in identifying trafficking victims, and serve at the forefront of public health; and

WHEREAS, the *Rescue and Restore Victims of Human Trafficking* campaign is a collaborative multidisciplinary program of the U.S. Department of Health and Human Services Administration for Children and Families working to raise awareness of human trafficking; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) demonstrate its commitment to increased human trafficking awareness by supporting the efforts of the *Rescue and Restore* Program, if feasible; 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 advocate for the inclusion of awareness of human trafficking into current nursing 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 Federation of Nurses, the American Association of Colleges of Nursing, the National Organization for Associate Degree Nursing, the International Council of Nurses, the Emergency Nurses Association, the American Hospital Association, the American Medical Association, the American Public Health Association, and any others deemed appropriate by the NSNA Board of Directors.

TOPIC: IN SUPPORT OF INCREASED PRIMARY CARE HEALTH ACCESS AMONG THE GERIATRIC POPULATION

SUBMITTED BY: National Student Nurses' Association Board of Directors

WHEREAS, the expected growth of the older adult population will have an unprecedented impact on the U.S. health care system, especially in terms of supply of and demand for health care workers. The aging of the population will also affect the nature of the skills and services the health care workforce must be equipped to provide, and the settings in which this care is provided, and

WHEREAS, recent trends suggest that the quality of seniors' interactions with their primary providers declined significantly, as did other hallmarks of primary care such as continuity, integration of care, and financial accessibility, and

WHEREAS, financial problems are only one of the barriers geriatric patients face in obtaining the health care they need. Other factors such as health beliefs, cultural practices, language barriers, social networks and contacts, and the availability and accessibility of medical care in the community, and

WHEREAS, there are increasing needs to recruit more Registered Nurses to be proficient in older adult issues and health care needs, and

WHEREAS, growth may be insufficient to meet future demands. Annual replacement needs are likely to accelerate over the next 10 to 20 years because large numbers of APNs will be reaching conventional retirement age, and

WHEREAS, as the number of older adults rises and APNs are used more effectively in the treatment of this population, demand for APNs may grow substantially; therefore be it that the National Student Nurses' Association (NSNA) support legislation increasing the allocation of resources in geriatric primary care as well as an increase in educational funding for geriatric primary care providers; and be it further

RESOLVED, that the NSNA support research exploring cost effective education and intervention models that can be used to close this healthcare gap; and be it further

RESOLVED, that the NSNA encourage constituents to sponsor programs and seminars about the opportunities, challenges and need for increased access to health care for older adults; and be it further

RESOLVED, that the NSNA provide programs at the MidYear Conference and Annual Convention, and publish articles in *Imprint* and on the NSNA website that inform current and potential nursing students about opportunities and the need for increased access to primary health care among older adults, if feasible; and be it further

RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association, the National League for Nursing, the National Organization for Associate Degree Nursing, the American Organization of Nurse Executives, the National Nursing Staff Development Organization, the National League for Nursing Accrediting Commission, the American Association of Colleges of Nursing, the American Medical Association, AARP, the American Geriatrics Society, the Association for Gerontology in Higher Education, the Coalition of Geriatric Nursing Organizations, the Hartford Institute for Geriatric Nursing, the National Association of Gerontological Nursing, the National Organization of Nurse Practitioner Faculties, and all others deemed appropriate by the NSNA Board of Directors.

TOPIC: IN SUPPORT OF EDUCATION OF AUGMENTATIVE ASSISTIVE COMMUNICATION DEVICES TO AID INDEPENDENCE OF PATIENTS WITH COMMUNICATION DISABILITIES

SUBMITTED BY: Ohio Valley General Hospital Student Nurses Association

WHEREAS, adults with acquired neurological conditions develop their verbal communication and literacy capabilities as typical speakers and writers. During the past three decades, Augmentative Assistive Communications (AAC) technologies have been developed to compensate for these natural communication losses; and

WHEREAS, most people in acute medical settings need to communicate regularly with hospital staff in order to participate in their own care, and they report an urgent need to communicate with family members at this uncertain and frightening time in their lives; and

WHEREAS, barriers exist in healthcare: These barriers may include 1) medical teams that do not refer individuals for AAC services, 2) personnel who prefer not to be burdened with additional work in an already busy (and, perhaps, understaffed) workplace, and 3) Speech Language Pathologists (SLPs) and other professionals who are not familiar with conducting AAC interventions in these settings ; and

WHEREAS, a one-time survey showed that 2.5 million people said they needed assistive technology that they did not have. The inability to pay for such technology was the main reason given for the unmet need. Assistive technology can be critical in the lives of people with disabilities; and

WHEREAS, hospital staff members are unlikely to be knowledgeable about Augmentative Assistive Communication and AAC has proven to be essential in the way healthcare professionals talk with patients and the AAC staff cannot provide service without a request or referral from the medical team and the nursing coordinator often assumes the role of patient advocate during communication intervention and actively encourages physicians to request AAC services; and

WHEREAS, a 2006 survey of AAC caregivers reported very positive attitudes toward AAC technology. Those with greater AAC technology skills reported greater rewards associated with care-giving. They reported increased perception of social closeness to the individual with ALS and less difficulty in providing care; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) encourage the need for education on the benefits provided by augmentative communication devices for people with disabilities who otherwise are unable to effectively communicate with others by increasing both the frequency and occurrence of information, programs, and presentations to help members identify, refer, obtain, and follow up with clients who are appropriate for augmentative communication; and be it further

RESOLVED, that the NSNA include informative articles in *Imprint* regarding the purpose of AAC devices, the criteria for a client to obtain an AAC device, how to identify appropriate SLPs for evaluation, and how to advocate on behalf of clients while they are pursuing an AAC device, if feasible; and be it further

RESOLVED, that the NSNA consider inviting a speaker knowledgeable with AAC devices to speak at the annual convention and facilitate education and the use of AAC devices, if feasible; and be it further

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

TOPIC: IN SUPPORT OF INCREASED EDUCATION IN SELF-CARE AWARENESS FOR NURSING STUDENTS AND NURSES

SUBMITTED BY: The College of New Rochelle

WHEREAS, self care is referred to as an active role a person participates in to maintain and/or improve one's health and wellbeing; and

WHEREAS, in order for self care to be effective, nurses need to evaluate their level of self appreciation before they can present themselves as instruments of healing for their patients; and

WHEREAS, working beyond scheduled hours and experiencing exhaustion are factors that place the nurse at a three times higher risk for medication errors, and inadequate sleep can impair sound judgment and vital decision making which compromises patient safety; and

WHEREAS, stress management techniques such as healthy eating, daily exercise regimen, positive affirmation, meditation, self awareness, peer/collegial support network, and effective time management skills can prevent or alleviate psychological and physical stressors that nursing students may have during their intense nursing curriculum and that nurses may experience in their intense working environment; and

WHEREAS, one study reports that nurses felt energetic and revitalized after having their complete meal break without interruption and away from the unit, colleague teamwork improved, and patient satisfaction increased; and

WHEREAS, the nurse owes the same duties to self as to others, including the responsibility to preserve integrity and safety, to maintain competence, and to continue personal and professional growth; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) advocate for its constituents to support increased education about self-care awareness and practices for nursing students and nurses; and be it further

RESOLVED, that the NSNA encourage its constituents to become involved in efforts to promote daily self-care practices such as self-reflection, relaxation, guided imagery techniques, improved nutrition, exercise, and effective time management; and be it further

RESOLVED, that the NSNA publish an article on self-care awareness for nurses and nursing students in *Imprint*, if feasible; and be it further

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

TOPIC: IN SUPPORT OF INCREASING AWARENESS AND ADVOCACY FOR THE PRIORITY PATIENT SAFETY AREAS FROM THE INSTITUTE OF MEDICINE (IOM)

SUBMITTED BY: Otero Junior College

WHEREAS, the National Student Nurses' Association (NSNA) Bylaws state: The purpose of the NSNA is to assume responsibility for contributing to nursing education in order to provide for the highest quality health care; and

WHEREAS, the National League for Nursing Accrediting Commission states, Student clinical experiences reflect current best practices and nationally established patient health and safety goals ; and

WHEREAS, the Commission on Collegiate Nursing Education Accreditation supports and encourages continuing self-assessment by nursing education programs and supports continuing growth and improvement of collegiate professional education ; and

WHEREAS, Community Engagement from the Patient and Family Perspective, which focuses on the role of patient education and awareness at the community level as key components of patient safety ; and

WHEREAS, the American Nurses Association published practical tips on how to use the IOM reports in the classroom and how to reshape nursing curricula to show nursing educational institutions how to produce graduates capable of rendering safe, quality care in the context of the IOM reports ; therefore be it

RESOLVED, that the NSNA encourage its constituents to advocate for new ways of incorporating the IOM's priority patient safety areas throughout the nursing curricula in a variety of learning environments; and be it further

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

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

TOPIC: IN SUPPORT OF CLEANING STETHOSCOPES BETWEEN PATIENTS

SUBMITTED BY: Linfield Student Nurses Association

WHEREAS, the National Student Nurses' Association (NSNA) Code of Academic and Clinical Conduct supports that within the academic and clinical environments nursing students collaborate in every reasonable manner with the academic faculty and clinical staff to ensure the highest quality care; and

WHEREAS, the Joint Commission named to Reduce the risk of health care-associated infections as one of the top 2010 National Patient Safety Goals; and

WHEREAS, in one study of cultures taken from 200 stethoscope ear tips, 80 percent were contaminated, 58 percent were Staphylococcus species, and 17 percent were Methicillin-resistant Staphylococcus aureus (MRSA); and

WHEREAS, according to the Centers for Disease Control and Prevention, influenza viruses can survive on environmental surfaces and can infect a person for up to 2-8 hours after being deposited on a surface; and

WHEREAS, studies have proven that cleaning stethoscopes with 70% isopropyl alcohol, commonly available in alcohol swabs in the hospital setting, can reduce bacterial colonies by 94-100%; and

WHEREAS, additional studies have shown that cleaning stethoscopes with 62.5% ethyl alcohol, commonly available as alcohol based foam and hand sanitizers, significantly reduces bacterial colonies; and

WHEREAS, using alcohol based foam to simultaneously cleanse hands and the head of a stethoscope does not take extra time and does not cost extra; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) advocate for cleaning stethoscopes between patients; and be it further

RESOLVED, that the NSNA support education of students, nursing programs and healthcare professionals about stethoscopes and their potential to be vectors of healthcare acquired infections through a campaign utilizing *Imprint*, if feasible; and be it further

RESOLVED, that the NSNA advocate for the inclusion of updated information regarding cleaning stethoscopes in nursing curricula, if feasible; and be it further

RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association, the American Medical Association, the National League for Nursing, the American Hospital Association, the Centers for Disease Control and Prevention, the American Association of Colleges of Nursing, the Commission on Collegiate Nursing Education, the National Organization for Associate Degree Nursing, the Joint Commission, and any others deemed appropriate by the NSNA Board of Directors.

TOPIC: IN SUPPORT OF INCREASING CULTURALLY COMPETENT EDUCATION ABOUT LESBIAN, GAY, BISEXUAL, TRANSGENDER (LGBT) INDIVIDUALS

SUBMITTED BY: Johns Hopkins University School of Nursing

WHEREAS, providers in the healthcare system must fully understand and embrace cultural competency. Universal access to healthcare will have little meaning for many LGBT individuals if they cannot access care from culturally competent professionals who recognize and affirm their identities. There must be systematic efforts to remove healthcare provider biases: too often, LGBT people are misunderstood, mistreated, or openly discriminated against by healthcare providers; and

WHEREAS, healthcare disparities affecting the LGBT community are now recognized by numerous federal agencies and working groups. The HHS Secretary's Advisory Committee on Healthy People 2020 has acknowledged the imperative to address the disparities in health status and healthcare access that affect the LGBT community; and

WHEREAS, LGBT people suffer disproportionately from the adverse health effects of stigma, stress, and violence, further compounded by the barriers that prevent them from accessing vital healthcare services even for routine care: research has consistently shown that being LGBT substantially impacts whether or not a person receives care and, when they do receive care, whether that care effectively speaks to all aspects of their lives; and

WHEREAS, the medical educational system has failed to educate providers and researchers about different aspects of lesbian and gay health including communication skills, examination techniques, and preventive recommendations; and

WHEREAS, people in health care represent different disciplines, different occupations, and different institutional affiliations. All are interested in people and health, but unless there is an understanding of who people are, then the collective interest can easily be dissipated by individual differences. An operational context must be developed for that which encompasses our differences, integrates them, and permits us to realize that the power of a group or a community to impact health is greater than the sum of its parts ; and

WHEREAS as nursing enters the 21st century, the profession continues to experience the effects of heterosexism, gender inequality, and racism/ethnocentrism, in large part because these concerns are not explored and processed by students prior to entering professional practice ; and

WHEREAS, this exclusion from curricula and training matters: Students with exposure to lesbian, gay, bisexual, or transgender patients are more likely to perform more comprehensive patient histories, hold more positive attitudes toward LGBT patients, and possess greater knowledge of LGBT health care concerns. All of these factors strongly contribute to better care and improved health outcomes for LGBT people; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) support the need for increased awareness of LGBT education in nursing school curricula as a means to improve cultural competence and encourage constituents to do the same, if feasible; and be it further

RESOLVED, that the NSNA publish an article in *Imprint* and on the NSNA website about the benefits of LGBT awareness education as a means to improve the cultural competence of nurses and nursing students, if feasible; and be it further

- RESOLVED, that the NSNA provide workshops during MidYear Conference and Annual Convention that focus on health disparities related to LGBT individuals, if feasible; and be it further
- RESOLVED, that the NSNA encourage continuing education classes on LGBT issues regarding cultural competency, if feasible; and be it further
- RESOLVED, that the NSNA and its constituents support research relating to LGBT individuals, 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 Credentialing Center for Nursing Education, the National Council of States Boards of Nursing, the National League for Nursing, the National League of Nursing Accrediting Commission, the American Medical Association , the American Nurses Association, the Student National Medical Association, the Association of American Medical Colleges, the Council on Education for Public Health, the Accreditation Council for Pharmacy Education, the American Association of Colleges of Pharmacy, the Council of Social Work Education, the Commission on Accreditation of Allied Health Education Programs, the National Organization for Associate Degree Nursing, and any others deemed appropriate by the NSNA Board of Directors.

TOPIC: IN SUPPORT OF INCREASED AWARENESS FOR PATIENT EDUCATION RELATED TO MEDICATIONS FOR POST-MYOCARDIAL INFARCTION PATIENTS TO PREVENT RECURRENT CARDIAC EVENTS

SUBMITTED BY: Salisbury University Student Nurses' Association

WHEREAS, approximately 865,000 Americans experienced a new or recurrent MI in 2001, with 184,757 deaths; and

WHEREAS, in 2005, an estimated 16 million persons in the United States were living with coronary heart disease, and 8.1 million reported ever having had a myocardial infarction; and

WHEREAS, adherence is challenging for all patients, but particularly for the elderly who often have multiple medical conditions to manage, with a high number of concurrent medications; and

WHEREAS, part of the difficulty associated with achieving better medication adherence lies in the inherent complexity of medication-taking decisions and behavior and of relationships between patients, their healthcare providers, and often others involved in the patient's care; and

WHEREAS, factors affecting adherence are the caregiver's involvement and the patient's knowledge of drugs and drug treatment; and

WHEREAS, medications are 'handed out' at times convenient to nursing staff, with the patients having limited or no information about the doses, side effects, or uses of the medications; and

WHEREAS, research shows that MI patients often rate information needs highly in relation to other self-perceived needs and timing and content of patient education are important; and

WHEREAS, nurses have an important role in the process as they have both the knowledge and the opportunity to provide patients with the important information on drugs; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) support increased patient education related to medications for post-myocardial infarction patients; and be it further

RESOLVED, that the NSNA encourage its constituents to become aware of the benefits of patient education, and increase education for post-MI patients to avoid recurrent cardiac events; and be it further

RESOLVED, that the NSNA support heightened focus on educating nursing students about the importance of education such as medication teaching, healthy lifestyle promotion and maintenance, and prevention of recurrent cardiac events as a significant aspect of nursing practice; and be it further

RESOLVED, that the NSNA advocate for nursing program education on increased patient education time within plans of care; and be it further

RESOLVED, that the NSNA support increased awareness of post-MI patient education via publishing an article in *Imprint*, if feasible; and be it further

RESOLVED, that the NSNA send copies of the resolution to the American Association of Colleges of Nursing, the American Nurses Association, the National League for Nursing, the National Organization for Associate Degree Nursing, the Preventative Cardiovascular Nurses Association, the American Medical Association, the American Heart Association, each State Board of Nursing, and any others deemed appropriate by the NSNA Board of Directors.

TOPIC: IN SUPPORT OF INCREASING THE AMOUNT OF HEALTHY FOOD OPTIONS AND PROVIDING FOR MORE INFORMED CHOICES IN HEALTH CARE FACILITIES

SUBMITTED BY: Arkansas Nursing Students' Association

WHEREAS, the National Student Nurses' Association (NSNA) has supported the promotion of food education in 2002 and 2004; and

WHEREAS, hospitals are the front line for delivering medical treatment, health promotion and education, but paradoxically, the foods they sell are frequently generic versions of fast food staples or brand-name fast food... Thus, we call upon all hospitals as community health care leaders to immediately enable healthy and informed choices in their cafeterias; and

WHEREAS, it has been observed that there is a direct link between healthy food and healthy people, and hospitals' traditional food-purchasing practices often support agricultural, distribution and waste-management practices that hurt the environment and, subsequently, human health ; and

WHEREAS, Poor nutrition is a risk factor for four of the six leading causes of death in the United States: heart disease, stroke, diabetes, and cancer. Our current food system favors the production of animal products and highly refined, calorie-dense foods, rather than the fresh fruits and vegetables, whole grains, and other high-fiber foods important in prevention of these diseases. Hidden behind these nutritional imbalances is a food system reliant on and supported by methods of production and distribution that hurt our environment and us; therefore be it

RESOLVED, that the NSNA encourage its constituents to advocate for the implementation of more nutritious food options and more informed food choices in health care facilities; and be it further

RESOLVED, that the NSNA encourage its constituents to write to their state and national legislators to support the Healthy Hospitals' H2H program that encourages increased healthy food options; 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 American Holistic Nurses Association, the American Hospital Association, the American Organization of Nurse Executives, the American Public Health Association, the Food and Drug Administration, the Secretariat of the Joint Food and Agriculture Organization/World Health Organization Food Standards Programme, the National Organization for Associate Degree Nursing, and any others deemed appropriate by the NSNA Board of Directors.

TOPIC: IN SUPPORT OF HOSPITALS ADOPTING STANDARDIZED EMERGENCY CODES

SUBMITTED BY: California Nursing Students' Association

WHEREAS, an emergency code refers to specific phrases used in the hospital setting "to identify and respond to emergency situations"; the use of special code words announced . . . to communicate emergency situations is fairly standard in most American hospitals; and

WHEREAS, upon surveying their member hospitals, many state hospital associations have found a wide variety of emergency codes in use throughout their hospitals; and

WHEREAS, adopting code uniformity enables the numerous individuals who work across multiple facilities to respond appropriately to specific emergencies, enhancing their own safety, as well as the safety of patients and visitors; and

WHEREAS, thirty-four hospital associations in different states have made recommendations for standardized emergency codes; therefore be it

RESOLVED, that National Student Nurses' Association (NSNA) support adoption of standardized emergency codes, and be it further

RESOLVED, that the NSNA encourage its constituent members to write to their state and national legislators; and be it further

RESOLVED, that the NSNA provide programs at the MidYear Conference and Annual Convention, and publish articles in *Imprint* and on the NSNA website that inform current and potential nursing students, 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 American Holistic Nurses Association, the American Hospital Association, the American Organization of Nurse Executives, the American Public Health Association, the Food and Drug Administration, the Secretariat of the Joint Food and Agriculture Organization/World Health Organization Food Standards Programme, the National Organization for Associate Degree Nursing, the American Association of Homes and Services for the Aging, the National Patient Safety Foundation, and any others deemed appropriate by the NSNA Board of Directors.

TOPIC: IN SUPPORT OF LEGISLATION BANNING THE USE OF BISPHENOL-A IN PEDIATRIC PRODUCTS

SUBMITTED BY: Maryland Association of Nursing Students

WHEREAS, Bisphenol A (BPA) is a high-production-volume chemical commonly used in the manufacture of polycarbonate plastic; and

WHEREAS, in over 100 studies conducted in dozens of laboratories in the United States, Japan and Europe. The reported effects of BPA included changes in fetal prostate and mammary gland development, disruption of chromosomal alignment in developing eggs in females, altered immune function, metabolic abnormalities, and changes in the brain and behavior; and

WHEREAS, BPA has been reported to have extremely weak hormonal activities to the human estrogen receptors (ER) and human androgen receptors (AR); and

WHEREAS, according to the Centers for Disease Control and Prevention (CDC) greater than 90% of participants tested in a study that was considered representative of the U.S. population exhibited detectable levels of BPA in urine samples; and

WHEREAS, the current safety standard of human exposure to BPA as established by the CDC is 50 µg/kg of body weight per day; and

WHEREAS, Alterations in patterns of synaptogenesis appear to play critical roles in some neurological/neuropsychiatric disorders including mental retardation and developmental disorders, Alzheimer's disease, schizophrenia, and mood disorders; and

WHEREAS, newborns are estimated to have only 5% of the enzymatic activity of UGT2B7 necessary for hepatic clearance of BPA when compared to adults leading to an approximately 11-fold increase in urinary BPA concentrations; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) support legislation banning the use of BPA in pediatric products and publish an article on this resolution topic in *Imprint* magazine, if feasible; and be it further

RESOLVED, that the NSNA encourage its constituents to become aware of the risks of BPA in all products, specifically pediatric products; and be it further

RESOLVED, that the NSNA encourage its constituents to write their congress persons urging passage of legislation to ban BPA in pediatric products; and be it further

RESOLVED, that the NSNA encourage nursing programs to introduce information about the detrimental effects of BPA on the vulnerable pediatric population into their curriculums; 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 National League for Nursing, the National Organization for Associate Degree Nursing, the American Medical Association, the Academy of Neonatal Nursing, the American Public Health Institute, the National Association of Neonatal Nursing, the Society of Pediatric Nurses, each State Board of Nursing, and any others deemed appropriate by the NSNA Board of Directors.

TOPIC: IN SUPPORT OF ADVOCACY FOR NURSE HOME VISITS TO FIRST-TIME, LOW-INCOME CAREGIVERS

SUBMITTED BY: Brigham Young University Student Nurses' Association

WHEREAS, the National Student Nurses' Association (NSNA) Bylaws state as a purpose and function: to promote and encourage participation in community affairs and activities towards improved health care and the resolution of related social issues; and

WHEREAS, women with low incomes are at higher risk to have low-birth weight babies and less likely to participate in prenatal support programs than women with higher incomes; and

WHEREAS, Nurse-Family Partnership has implemented nurse home visitations aimed at improving maternal-child outcomes for first-time, low-income mothers; and

WHEREAS, the program includes utilizing public health nurses to conduct home visits over two-and-a-half years to promote maternal-child well being; and

WHEREAS, the program has seen positive outcomes such as improved prenatal health, fewer childhood injuries, improved school readiness, fewer subsequent pregnancies and increased intervals between births; therefore be it

RESOLVED, that the NSNA encourage its constituents to advocate for federal support of nurse home visits to first-time, low-income caregivers; and be it further

RESOLVED, that the NSNA encourage its constituents to become involved and educated on public health nursing, and be advocates for nurse home visitation programs; and be it further

RESOLVED, that the NSNA publish articles in *Imprint* and on the NSNA website that educate current and potential nursing students about current legislation regarding Home Visitation Programs and pursuing public health nursing, if feasible; and be it further

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

TOPIC: IN SUPPORT OF INCREASING AWARENESS AND EDUCATION ON THE CENTERS FOR DISEASE CONTROL AND PREVENTION'S (CDC) *GUIDELINES FOR THE PREVENTION OF INTRAVASCULAR CATHETER-RELATED INFECTION*

SUBMITTED BY: Georgia Association of Nursing Students

WHEREAS, The Centers for Disease Control and Prevention (CDC) defines intravenous catheters by the type of vessel it occupies (e.g. peripheral venous, central venous, or arterial); its intended life span (e.g., temporary or short-term versus permanent or long-term); its site of insertion (e.g., subclavian, femoral, internal jugular, peripheral, and peripherally inserted central catheter [PICC]); and

WHEREAS, The *Guidelines for the Prevention of Intravascular Catheter-Related Infections* have been developed for practitioners who insert catheters and for persons who are responsible for surveillance and control of infections in hospital, outpatient, and home health-care settings; and

WHEREAS, Peripheral intravenous cannulae are indispensable in modern medical practice; and

WHEREAS, Catheter Related Blood Stream Infections (CRBSI) are common, costly and potentially lethal; and

WHEREAS, 50 to 70% of patients receiving intravenous (IV) therapy develop phlebitis; and

WHEREAS, in a study reported in the *Journal of Trauma Nursing* the rate of phlebitis was 2.92% when a peripheral intravenous catheter (PIVC) was started by an RN in the emergency department, 6.09% when started by an intermediate emergency medical technician and 7.78% when started by a paramedic in prehospital setting; and

WHEREAS, The Centers for Disease Control and Prevention suggests removing the PIVC within 48 hours if placed under emergency situations; and

WHEREAS, All healthcare professionals who undertake skills, such as cannulation, must demonstrate evidence of training ... [and] it is the individual's responsibility to maintain his/her knowledge and skill; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) encourage its constituents to support the education and awareness of the *Guidelines for the Prevention of Intravascular Catheter-Related Infections*; and be it further

RESOLVED, that the NSNA publish an article in *Imprint* on the CDC's *Guidelines for the Prevention of Intravascular Catheter-Related Infections*, if feasible; and be it further

RESOLVED, that the NSNA send a copy of this resolution to the Centers for Disease Control and Prevention, the American Nurses Association, the American Association of Critical-Care Nurses, the Emergency Nurses Association, the American Medical Association, the National Association of Emergency Medical Technicians, the American Association of Colleges of Nursing, and the National League for Nursing, the National Organization for Associate Degree Nursing, and any others deemed appropriate by the NSNA Board of Directors.

TOPIC: IN SUPPORT OF INCREASING AWARENESS FOR POSTPARTUM DEPRESSION SCREENING

SUBMITTED BY: Georgia Baptist Association of Nursing Students of Mercer University

WHEREAS, Postpartum Depression (PPD) is the most common medical complication of childbearing, and occurs in 10% to 15% of new mothers; and

WHEREAS, despite evidence of the benefits of screening, only 54% of general practitioners incorporated routine screening into their practice, compared with 89% of nurses and 68% of midwives; and

WHEREAS, studies found that the vast majority of mothers (more than 80%) were comfortable with the idea of being screened for PPD, however the rate of current screening in primary care practices is below 50% by even the most optimistic estimates; and

WHEREAS, while postpartum depression usually appears in the first three months postpartum, it can occur any time during the first 12 months after delivery; therefore screening mechanisms should be available in all health care facilities where new mothers may typically be and

WHEREAS, although experts have long advocated screening for postpartum depression in the pediatric setting, most pediatric providers do not systematically do so, as evidenced by findings from the National Survey on Early Childhood Health, whereas 86.1% of the 2,068 parents surveyed indicated that they had not, but should have been asked about family or psychosocial risks; and

WHEREAS, even when providers routinely screen for postpartum depression with validated instruments, they do not always seem to use that information to guide clinical practice; therefore be it

RESOLVED, that the NSNA encourage its constituents to support nursing professional organizations and collaborate with medical healthcare organizations and pediatric healthcare providers to advocate for improved screening and treatment for women suffering from PPD; and be it further;

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

RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association, the National League for Nursing, the American Association of Colleges of Nursing, the American Holistic Nurses Association, the American Hospital Association, the American Organization of Nurse Executives, the American Public Health Association, the Food and Drug Administration, the Secretariat of the Joint Food and Agriculture Organization/World Health Organization Food Standards Programme, the National Organization for Associate Degree Nursing, and any others deemed appropriate by the NSNA Board of Directors.

TOPIC: IN SUPPORT OF INCREASED AWARENESS AND ADVOCACY FOR HOMELESS YOUTH IN THE UNITED STATES

SUBMITTED BY: Drexel University Student Nurses' Association

WHEREAS, the 2009 National Student Nurses' Association (NSNA) House of Delegates supported awareness of mental health disparities in homeless youth; and

WHEREAS, researchers have estimated that between 5-7.7% of teenagers experience homelessness each year; and

WHEREAS, according to the National Coalition for the Homeless, 1.6 million U.S. teenagers are homeless on any given night with this population equally divided between male and female, between the ages of 15 and 17; and

WHEREAS, 21% of homeless children repeat a grade because of frequent absences from school, and within a single school year 41% of homeless students attend two different schools, while 28% attend three or more different schools; and

WHEREAS, environmental factors contributing to teenage homelessness include poverty, lack of affordable housing, family breakdown and conflict at home; and

WHEREAS, psychosocial factors contributing to teenage homelessness include substance abuse, mental health issues, physical or sexual abuse, questioning one's sexual identity, and sexual orientation; and

WHEREAS, homeless teens are at high risk for malnutrition, exposure to the elements, selling and/or using drugs, being a victim of sexual exploitation, violence, prostitution, illegal survival strategies, self mutilation and committing suicide; and

WHEREAS, homeless youth are at a greater risk of contracting AIDS or HIV-related illnesses; therefore be it

RESOLVED, that the NSNA encourage its constituents to support awareness and advocacy for resources to homeless youth; and be it further

RESOLVED, that the NSNA hold focus sessions at MidYear and Annual Conventions in order to increase awareness of the incidence, contributing factors, and consequences related to youth homelessness, if feasible; and be it further

RESOLVED, that the NSNA publish an article in *Imprint* on homeless youth to further increase the awareness of this issue, if feasible; and be it further

RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association, the National League for Nursing, the American Association of Colleges of Nursing, the National Organization for Associate Degree Nursing, the National Association for the Education of Homeless Children and Youth, the National Coalition for the Homeless, Stand Up For Kids, and any others deemed appropriate by the NSNA Board of Directors.

TOPIC: IN SUPPORT OF INCREASING AWARENESS OF MENTAL HEALTHCARE TREATMENT OUTCOMES

SUBMITTED BY: Student Nurses At Penn Board of Directors, University of Pennsylvania

WHEREAS, an estimated 26.2 percent of Americans ages 18 and older – about one in four adults – suffer from a diagnosable mental disorder in a given year; and

WHEREAS, the main burden of illness is concentrated in a much smaller proportion- about 6 percent, or 1 in 17 Americans - who live with a serious mental illness; and

WHEREAS, at least 90 percent of people who kill themselves have a diagnosable and treatable psychiatric illnesses; and

WHEREAS, people with serious mental illness die, on average, 25 years earlier than the general population; and

WHEREAS, 60% of premature deaths in persons with schizophrenia are due to medical conditions such as cardiovascular, pulmonary and infectious diseases; and

WHEREAS, overall health is essential to mental health and recovery including wellness; and

WHEREAS, the best treatments for serious mental illnesses today are highly effective; between 70 and 90 percent of individuals have significant reduction of symptoms and improved quality of life with a combination of pharmacological and psychosocial treatments and supports; therefore be it

RESOLVED, that the National Student Nurses’ Association (NSNA) encourage its constituents to recognize and promote awareness of mental health treatment and medical treatment of people with mental illnesses; and be it further

RESOLVED, that the NSNA encourage its constituents to participate in mental health awareness month in May of each year in their own communities; and be it further

RESOLVED, that mental health articles to increase awareness among NSNA members be featured in *Imprint*, if feasible; and be it further

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

TOPIC: IN SUPPORT OF MANAGEMENT OF ASSAULTIVE BEHAVIOR AGAINST HEALTHCARE WORKERS

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

WHEREAS, workplace violence includes physical and psychological violence, abuse, mobbing, bullying, racial harassment and sexual harassment and can include interactions between co-workers, supervisors, patients, families, visitors, and others; and

WHEREAS, research shows assault against healthcare workers to be a very serious and continually growing problem and, The health care sector continues to lead all other industry sectors in incidence of nonfatal workplace assaults; and

WHEREAS, Incidents of violence are likely to be underreported, perhaps due in part to the persistent perception within the health care industry that assaults are part of the job and 70% nurses do not report the violent incidents; and

WHEREAS, the American Nurses Association has made workplace rights one of its core issues to promote a healthy work environment in which all professional nurses work; and

WHEREAS, the U.S. Department of Labor Occupational Safety and Health Administration, recommends that employers establish and maintain a violence prevention program as part of their facility's safety and health program; and

WHEREAS, research indicates that a multidisciplinary approach involving administration, physicians, department heads, nurses, assistive personnel and the patient is essential in the management of assaultive behavior; and

WHEREAS, evidence indicates that aggression and assault management training programs have been effective but more research is needed in order to develop standard programs to measure the efficacy of the programs that already exist; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) promote including the management of assault and battery into nursing program curricula and the healthcare setting; and be it further

RESOLVED, that the NSNA encourage its constituents to advocate for support and awareness of a safer workplace environment; and be it further

RESOLVED, that the NSNA publish information 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 Association of Colleges of Nursing, the National League of Nursing, the American Nurses Association, the National Organization for Associate Degree Nursing, the Emergency Nurses Association, the United States Department of Labor, and any others deemed appropriate by the NSNA Board of Directors.

TOPIC: IN SUPPORT OF INCREASING AWARENESS FOR PRESCRIPTION DRUG TAKE-BACK FACILITIES FOR THE PRIVATE PERSON

SUBMITTED BY: Emory Student Nurses' Association

WHEREAS, The FDA defines drug take-back programs as a place that the private person can take their prescription drugs for proper disposal; and

WHEREAS, approximately forty-seven percent of the United States population took at least one prescription drug between 2001 and 2004 which has increased from thirty-nine percent between 1988 and 1994; and

WHEREAS, without labeled instructions, a private person is recommended to return unused prescription drugs to a hazardous waste facility that accepts prescription drugs or to mix them with unwanted substances such as kitty litter or coffee grounds and place in the trash; and

WHEREAS, the FDA still recommends that some unused prescription drugs be flushed down the toilet according to guidelines of disposal found on the drug pamphlets; and

WHEREAS, recent studies have shown that as many as twenty-one different organic compounds, some of which are prescription drugs or degradates of drugs, have been found in tested finished water supplies at trace levels; and

WHEREAS, the Controlled Substances Act allows for hospitals and long-term care facilities to return unused drugs back to the manufacturer or disposal company; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) encourage its constituents to promote awareness of private person take-back facilities for prescription drugs; and be it further

RESOLVED, that the NSNA encourage its constituents to support future policies as outlined by the Department of Justice, Department of Health and Human Services, the U.S. Fish and Wildlife Service *Smart Disposal* program, and relevant agencies in regards to take-back drug disposal facilities; and be it further

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

RESOLVED, that the NSNA send copies of this resolution to the American Nurses Association, the National League for Nursing, the American Association of Colleges and Nursing, the National Organization for Associate Degree Nursing, the National Council of State Boards of Nursing, the National Association of Clinical Nurse Specialists, the American Academy of Nursing, the American Academy of Nurse Practitioners, the Department of Justice, the Department of Health and Human Services, and any others deemed appropriate by the NSNA Board of Directors.

TOPIC: IN SUPPORT OF INCREASED AWARENESS OF BONE MARROW DONATION AND DONOR REGISTRATION

SUBMITTED BY: University of Pittsburgh Nursing Student Association

WHEREAS, every year more than 10,000 Americans get life threatening diseases that can only be cured with a bone marrow or cord blood transplant from an unrelated donor; and

WHEREAS, of individuals who need a marrow or blood cell transplant, approximately 30% find a familial donor; the remaining 70% must seek HLA-matched unrelated donors; and

WHEREAS, the patient's doctor most commonly requests a peripheral blood stem cell (PBSC) donation, which is non-surgical and outpatient; and

WHEREAS, since 2003 the majority of donors (72% in 2007) have been asked to donate PBSC; and

WHEREAS, all medical costs for the donation procedure are covered by the National Marrow Donor Program; and

WHEREAS, there remains relatively little awareness of the opportunity and the need to register, particularly among non Caucasian populations; and

WHEREAS, by increasing healthcare professionals' knowledge about donation and transplantation and qualifying them to disseminate information, education has produced a positive response to increase the insufficient number of donors; therefore be it

RESOLVED, that the NSNA encourage its constituents to better educate themselves and, in turn, the public about bone marrow donation and donor registration; and be it further

RESOLVED, that the NSNA encourage its constituents to consider registering themselves as bone marrow donors; and be it further

RESOLVED, that the NSNA encourage its chapters to consider hosting a bone marrow registration drive as part of their community health agenda, if feasible; and be it further

RESOLVED, that the NSNA promote awareness of bone marrow donation and registration, including 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 Secretary of Health and Human Services, 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, and any others deemed appropriate by the NSNA Board of Directors.