

RESOLUTIONS 1998

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1998 NSNA RESOLUTIONS

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TOPIC: IN SUPPORT OF PROMOTING THE USE OF ALTERNATIVES TO PHYSICAL AND CHEMICAL RESTRAINTS

SUBMITTED BY: The Ohio Nursing Students' Association

WHEREAS, the Omnibus Budget and Reconciliation Act defines a physical restraint as, "any manual method or physical or mechanical device, material, or equipment attached or adjacent to the resident's body that the individual cannot remove easily which restricts freedom of movement or oral access to one's body;" and

WHEREAS, a chemical restraint is defined as the use of medication to sedate a patient in order to control non-harmful behaviors, such as: wandering, restlessness, uncooperativeness, insomnia and confusion; and

WHEREAS, physical restraints are most often used to prevent patients from falls and injury; and

WHEREAS, physical restraints have been shown to indirectly cause falls, skin breakdown and tears, pressure sores, urinary and fecal incontinence, constipation, impaction, nosocomial infections, dehydration, muscle wasting, anger, depression, loss of self-esteem, confusion and death; and

WHEREAS, alternatives to using restraints are defined as mechanisms that do not restrict a person's movement or mobility, and may be effective in maintaining patient safety and well-being; these alternatives may include, but are not limited to, developing an ambulation program, providing frequent assistance to the bathroom incorporating daily exercise into the plan of care, and encouraging staff and resident interaction;

WHEREAS, education addressing restraints and the benefit of initiating alternatives has led to a significant reduction in restraint use, which has resulted in increased patient and family satisfaction, decreased number of injuries related to falls and decreased patient agitation; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) encourage the inclusion of information on alternatives to restraints in nursing curricula; and be it further

RESOLVED, that the NSNA broadcast article to *Imprint*, promoting the use of alternatives to physical and chemical restraints, if feasible; and be it further

RESOLVED, that the NSNA incorporate this issue into a focus session at the 1999 annual convention, 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 U.S. Department of Health and Human Services, the Joint Commission on Accreditation of Health Care Organizations, the American Hospital Association, the American Health Care Association, the American Medical Association, State Nursing Student Associations, and all others deemed appropriate by the NSNA Board of Directors.

TOPIC: IN SUPPORT OF THE "NO BARE HANDS CONTACT" REQUIREMENT OF THE 1997 FOOD AND DRUG ADMINISTRATION (FDA) CODE

SUBMITTED BY: Valencia Community College Student Nurses' Association, Florida

WHEREAS, bacteria are spread via cross contamination; and
WHEREAS, hands harbor bacteria, especially *Escherichia coli* and *Staphylococcus aureus*, in conducive environmental settings such as food handling and preparation areas; and
WHEREAS, hands are the main instruments in promoting cross contamination; and
WHEREAS, many food handlers fail to wash their hands; and
WHEREAS, a significant number of young and elderly are an "at risk" population and highly susceptible to the critical, sometimes fatal nature of food home illness; and
WHEREAS, the National Student Nurses' Association (NSNA) and the Food and Drug Administration (FDA) are concerned with the safety and health of the public; and
WHEREAS, the FDA has incorporated language to protect the public with the "No Bare Hands Contact" requirement in the 1997 Food Code; and
WHEREAS, this requirement specifies that food employees may not contact exposed, ready-to-eat food with their bare hands and shall use suitable utensils such as deli tissue, spatulas, tongs, single-use gloves or dispensing equipment; and
WHEREAS, passage of the "No Bare Hands Contact" requirement will promote increased health, and decreased fears of consumers using public restaurants; and
WHEREAS, the "No Bare Hands Contact" standard can be adopted and applied throughout each state to provide a level of consistency and uniformity for all food service establishments, particularly those food service corporations and independent owners who operate in multiple states, counties, and municipalities; therefore be it
RESOLVED, that the National Student Nurses' Association (NSNA) support the requirement of "No Bare Hands Contact," as well as frequent handwashing, with educational awareness through articles in *Imprint* and other publications, if feasible; and be it further
RESOLVED, that the NSNA send copies of this resolution to the Food and Drug Administration, the National Restaurant Association, the Department of Business and Professional Regulation, Division of Hotels and Restaurants, the U.S. Congress Health Care Committees, the National League for Nursing, the American Nurses Association, the American Association of Colleges of Nursing, the National Association of Pediatric Nurse Associates and Practitioners, the President of the United States, and any other organizations or individuals deemed appropriate by the NSNA Board of Directors.
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TOPIC: IN SUPPORT OF EARLY SCREENING FOR TYPE 2 DIABETES MELLITUS

SUBMITTED BY: Florida Student Nurses' Association

WHEREAS, approximately 15.3 million Americans have type 2 diabetes mellitus; and
WHEREAS, only half of Americans with diabetes are diagnosed; and
WHEREAS, diabetes is the fourth leading cause of death from disease in the United States; and
WHEREAS, an international committee affiliated with the American Diabetes Association has urged that consideration be given to wide-scale screening and testing to detect diabetes at an early stage and prevent or delay the onset of serious and costly complications; and
WHEREAS, population-based research shows that serious complications of diabetes begin earlier than previously thought; and
WHEREAS, low priced fasting plasma glucose tests (finger prick) are easy to use and can help in screening for diabetes; and
WHEREAS, widespread use of the fasting plasma glucose test, with appropriate screening and retesting could help identify up to 2 million of the 8 million undiagnosed Americans with diabetes; and
WHEREAS, it is recommended by the American Diabetes Association that testing for diabetes be considered in all adults at the age of 45 and above, and if normal results ensue that repeat testing be done at three-year intervals; and
WHEREAS, type 2 diabetes can be effectively treated with a healthy diet and regular physical activity; and
WHEREAS, undiagnosed type 2 diabetes can lead to chronic complications such as neuropathy, macrovascular disease, microvascular disease, and infection; therefore be it
RESOLVED, that the NSNA encourage its constituents to participate in early screening of type 2 diabetes in any individual at risk for developing type 2 diabetes using screening methods such as, but not limited to, health history screening and the plasma glucose finger stick test through community health projects, if feasible; and be it further
RESOLVED, that the NSNA encourage all states and districts to participate in type 2 diabetes screening activities and events throughout the year, particularly during the month of November (which is National Diabetes Month); and be it further
RESOLVED, that the NSNA promote education on early screening measures for type 2 diabetes by addressing it in upcoming issues of *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 of Nursing, the American Diabetes Association, the American Public Health Association, the U.S. Congress Health Care Services Committees, the American Association of Diabetes Educators, and all others deemed appropriate by the NSNA.

TOPIC: IN SUPPORT OF CONTINUED UNIVERSAL SCREENING, PROPER DOCUMENTATION, AND SUPPORT FOR VICTIMS OF DOMESTIC VIOLENCE

SUBMITTED BY: Virginia Nursing Students' Association Board of Directors

WHEREAS, the National Student Nurses' Association (NSNA) House of Delegates adopted positions related to increasing awareness about domestic violence in 1992, 1994, and 1995; and

WHEREAS, a woman is beaten by her husband every 7.4 seconds in the United States, and 30% of the women seen in the Emergency Department are identified as having injuries caused by abuse; and

WHEREAS, "23% of all pregnant women seeking prenatal services are victims of domestic abuse;" and

WHEREAS, it is estimated that only 1 out of 14 elder abuse cases are reported; and

WHEREAS, nurses come in contact with child abuse or neglect and abused women daily; and

WHEREAS, even though "objective guidelines exist to help health professionals identify family violence, research indicates that many fail to intervene when they suspect abuse of their patients;" therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) reaffirm its 1992, 1994 and 1995 positions related to awareness of domestic violence; and be it further

RESOLVED, that the NSNA continue to support the education of students on the need for universal screening, specifically asking each client if he/she has been physically, emotionally, sexually, or verbally abused; and be it further

RESOLVED, that the NSNA continue to support the education of students on the need for documentation of client reports of abuse in medical records; and be it further

RESOLVED, that the NSNA support the education of students on the need to provide a clear message to all clients that abuse is never justified; and be it further

RESOLVED, that the NSNA support this issue by such means as, but not limited to, articles and announcements in *Imprint* and other publications and by offering focus sessions and workshops at annual conventions, 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 Center for Abuse Prevention and all others deemed appropriate by the NSNA Board of Directors.

TOPIC: IN SUPPORT OF REAFFIRMING THE NATIONAL STUDENT NURSES' ASSOCIATION SUPPORT OF LEGISLATION REQUIRING USE OF EXISTING SEATBELTS AND INSTALLATION OF APPROVED SEATBELTS FOR EACH CHILD ON NEW SCHOOL BUSES

SUBMITTED BY: Christopher Newport University Nursing Student Association, Virginia

WHEREAS, the National Student Nurses' Association (NSNA) adopted a resolution in 1986 to support legislation requiring installation and use of approved seatbelts for each child on school buses; and

WHEREAS, reaffirmation is necessary because there has been a 94% increase in injuries to pupils riding school buses from 1985 through the 1995-1996 school year; and

WHEREAS, only New Jersey (NJ) and New York have laws requiring seatbelts in new school buses greater than 10,000 lbs. gross vehicle weight; and

WHEREAS, approximately 390,000 public school buses travel approximately 4.2 billion miles to drive approximately 23 million children to and from school and school-related activities each year; and

WHEREAS, 1996, the National Safety Council (NSC) reported 27,900 school bus accidents involving a collision, while 16 pupils were killed in school bus accidents; and

WHEREAS, according to the NJ Institute of Technology (1989), side-impact crashes or roll-overs cause 64% of all injuries and 70% of all deaths related to school bus accidents, and the NSC stated that compartmentalized seats do little to protect children from lateral or vertical crash forces; and

WHEREAS, seatbelts for school buses cost approximately \$6.25 each or \$.75 per child per year; and

WHEREAS, a study done by the National Academy of Sciences found that up to 20% of deaths or injuries in school bus crashes may be avoided if half the students wear seatbelts; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) continue to encourage its members to support local, state and/or national legislation requiring the use of existing seatbelts and installation of seatbelts in new school buses; and be it further

RESOLVED, that the NSNA encourage its members to continue to educate the community regarding the need for and use of seatbelts in school buses; and be it further

RESOLVED, that the NSNA provide its members with information related to seatbelts in school buses through articles in *Imprint* and focus sessions at future conventions, if feasible; and be it further

RESOLVED, that the NSNA and its members encourage continued research concerning the effectiveness of seatbelts in school buses; 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 Coalition for School Bus Safety, the National Highway Traffic Safety Administration, the National Parent-Teacher Association, the National Safety Council and any others deemed pertinent by the NSNA Board of Directors.

TOPIC: IN SUPPORT OF THE EDUCATION OF RACIAL MINORITIES REGARDING THE IMPORTANCE OF ORGAN AND TISSUE DONATION

SUBMITTED BY: California Nursing Students' Association

WHEREAS, the 1992 National Student Nurses' Association (NSNA) House of Delegates adopted a position supporting the education of health care professionals and the public about the importance of organ and tissue donation; and

WHEREAS, Webster defines race as the classification of modern humans, sometimes formally based on an arbitrary selection of physical characteristics as skin color, facial forms, or eye shape and now frequently based on such genetic markers as blood groups; and

WHEREAS, a breakdown by race shows that cadaver donations are overwhelmingly from the Caucasian population (78.5%). The African-American population accounts for 11.4%; Hispanic, 8.2%; and Asian, 1.0%. Data for living donors are similar, with Caucasian donations at 70.9%, African-American, 14.1%; Hispanic, 11.5%; and Asian, 2.0%; and

WHEREAS, 55,000 patients wait for donated organs and tissue with only 4,500 existing donors each year; and

WHEREAS, a critical chasm has developed between supply and demand of human organs and tissue; for example, the number of Caucasian persons on the recipient waiting list for a kidney transplant in 1993 was 12,549 with 3,802 donors, (a ratio of approximately 3.3:1); the number of Hispanic persons on the recipient waiting list was 2,495 with 396 donors (a ratio of 6.3:1); and the number of African-American persons on the recipient waiting list was 8,406 with 554 donors, (a ratio of 15.2:1); and

WHEREAS, graft survival is enhanced due to the matching of human leukocyte antigen typing; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) reaffirm its 1992 position on organ and tissue donation; and be it further

RESOLVED, that the NSNA promote education to racial minority populations to increase their awareness of the importance of organ and tissue donations; and be it further

RESOLVED, that the NSNA publish articles about this topic in *Imprint* or any other publication, if feasible; and be it further

RESOLVED, that the NSNA send a copy of this resolution to the Department of Health and Human Services, the Department of Education, the American Red Cross, the American Nurses Association, the National League for Nursing, the American Association of Colleges of Nursing, the Association of Organ Procurement, and any others deemed appropriate by the NSNA Board of Directors.

TOPIC: IN SUPPORT OF EDUCATION OF ALL NURSING STUDENTS IN THE ADMINISTRATION, READING, AND INTERPRETATION OF THE MANTOUX TUBERCULIN SKIN TEST

SUBMITTED BY: San Diego State University Student Nurses' Association

WHEREAS, the Secretary of Health and Human Services endorsed a national plan to achieve the goal of tuberculosis (*TB*) elimination by the year 2010; and

WHEREAS, after decades of decline, the number of reported cases of tuberculosis creased by 18% between 1985 and 1991 in he United States; and

WHEREAS, estimated that between 30 and 50 percent of TB reported cases could be prevented; and

WHEREAS, there are new populations being identified that are at very high risk for developing and spreading the tuberculosis disease including HIV infected individuals, foreign born persons, and those with "multi-drug resistant" tuberculosis; and

WHEREAS, the National Coalition to Eliminate Tuberculosis identified as its number one objective: to ensure that health care providers are knowledgeable about the diagnosis, treatment, and prevention of the disease; and

WHEREAS, the Centers for Disease Control supports increasing the knowledge about *TB* among health care providers through nursing school curricula; and

WHEREAS, "identifying persons with tuberculosis infection ... is critical to the control and elimination of tuberculosis;" and

WHEREAS, the preferred diagnostic test for tuberculosis infection is the Mantoux test, a purified protein derivative; and

WHEREAS, nurses are frequently involved in TB control activities, and "it is important for nurses to know the correct procedure, including the most recent recommendations from the CDC for administering and interpreting the Mantoux test;" therefore be it

RESOLVED, that the National Student Nurses' Association on (NSNA) support education of all nursing students in the administration reading, and interpretation of the Mantoux Tuberculin Skin Test; 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 Tuberculosis Nurse Consultant Coalition, the American Lung Association, and the Center for Disease Control (Division of Tuberculosis Elimination).

TOPIC: IN SUPPORT OF INSTITUTING AN EXPOSURE INCIDENT POLICY FOR ALL NURSING PROGRAMS IN THE UNITED STATES OF AMERICA

SUBMITTED BY: Georgia Baptist Association of Nursing

WHEREAS, the Occupational Safe and Health Administration (OSHA) defines an exposure incident as a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials; and

WHEREAS, exposure to blood or other potentially infectious materials can lead to HIV or hepatitis B infection or death; and

WHEREAS, the most frequently reported route of occupational exposure by healthcare workers to blood-borne diseases occurs through needlesticks; and

WHEREAS, approximately 800,000 needlestick injuries occur every year in the U.S. with as many as 50% often going unreported; and

WHEREAS, nursing staff incurred 60-90% of needlestick injuries in the healthcare environment; and

WHEREAS, at least 20 pathogens can be transmitted via a needlestick; and

WHEREAS, estimates place the average cost to treat each needlestick injury between \$405 and \$1,600; and

WHEREAS, little information exists regarding the number of schools with exposure incident policies, the incidence of student exposure, and student knowledge of follow-up policy and treatment; and

WHEREAS, students are particularly vulnerable because they are not employees and are not under the same protective mechanisms and entitlement as employed healthcare workers; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) request all nursing programs to provide students with a written exposure incident policy which clearly delineates recommended treatment as well as financial responsibility/liability for the treatment regime; and be it further

RESOLVED, that the NSNA encourage research and publish articles in Imprint, if feasible, to inform its membership of recommended prophylactic treatment regimes following exposure incidents; 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 appropriate United States Legislative insurance committees, the Centers for Disease Control, and any others deemed appropriate by the NSNA Board of Directors.

TOPIC: IN SUPPORT OF LEGISLATION THAT ACKNOWLEDGES RESPITE CARE AS A REIMBURSABLE HEALTH CARE SERVICE FOR ALZHEIMER'S PATIENTS CARED FOR AT HOME

SUBMITTED BY: Louisiana Association of Student Nurses

WHEREAS, " 70 percent of the 4 million Americans with Alzheimer's disease are cared for at home;"
and
WHEREAS, 75 percent of the home care is provided by family members; and
WHEREAS, keeping Alzheimer's patients at home as long as possible represents a considerable dollar savings to the health care system; and
WHEREAS, "" efforts to keep people with severe disabilities at home longer shifts the burden of care to the (family) care giver who is on duty 24 hours a day;" and
WHEREAS, family caregivers of Alzheimer's patients as a group suffer more stress related illness than the general population, as well as injuries resulting from the physical tasks of caregiving; and
WHEREAS, in many cases Alzheimer's patients are ultimately institutionalized due to the caregiver being overwhelmed by the demands of care; and
WHEREAS, respite care improves "the quality of life for both caregiver and patient," and "by strengthening the caregiving environment allows it to continue;" and
WHEREAS, respite care, such as companions who come into the home for a few hours a week, adult day care in community centers, or short stays in overnight care facilities, is an affordable strategy to support and sustain family caregivers, by giving them short term relief from the unrelenting demands of care and time to regain control of their lives; therefore be it
RESOLVED, that the National Student Nurses' Association (NSNA) encourage its constituents to promote and support legislation that acknowledges respite care as a reimbursable health care service for Alzheimer's patients ho are cared for at home; and be it further
RESOLVED, that the NSNA encourage nursing schools and continuing education programs to recognize that the treatment of Alzheimer's disease must include the needs of the caregiver as well as the patient; and be it further
RESOLVED, that the NSNA encourage nurses to be knowledgeable and effective advocates for family caregivers; and be it further
RESOLVED, that the NSNA encourage community health projects that address the need for respite care for Alzheimer's patients; 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 Alzheimer's Association, the Alzheimer's Disease and Related Disorders Association, Inc., the National Institute on Aging, the Administration on Aging, the American Association of Retired Persons, the U.S. Department of Health and Human S ices, and any others deemed appropriate by the NSNA Board of Directors.

TOPIC: IN SUPPORT OF NURSES STRENGTHENING THEIR ROLE AS ADVOCATES FOR THE PLANNING AND HUMANE IMPLEMENTATION OF CARE

SUBMITTED BY: The Iowa Student Nurses Association Board of Directors

WHEREAS, concern for and implementation of quality health care, with emphasis on human worth, dignity, and rights, is becoming an inherent feature of the working environment of health professionals; and

WHEREAS, reasons currently abound supporting incorporation of the concept of advocacy within the health care delivery system; and

WHEREAS, an advocate has long been defined as one who pleads the cause of another; one who acts on behalf of another; and

WHEREAS, the role of the advocate is to inform and support the client in any decisions made, allowing the client to retain decision-making power and individual autonomy; and

WHEREAS, for the advocate role to become a reality for nursing, it must become a professionally sanctioned responsibility that will be internalized, taught, and utilized; therefore be it

RESOLVED, that nurses strengthen their role as advocates for the planning and humane implementation of health care for all clients; and be it further

RESOLVED, that the National Student Nurses' Association (NSNA) encourage its constituents to assume an active role in promoting advocacy for all clients; and be it further

RESOLVED, that the NSNA encourage nursing students to promote legislation concerning the advocacy for clients in managed care; and be it further

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

TOPIC: IN SUPPORT OF INCREASED EDUCATION REGARDING AIR BAG SAFETY FOR CHILDREN

SUBMITTED BY: Georgia Association of Nursing Students

WHEREAS, dual air bags are standard equipment in all new passenger cars sold in the United States as of 1997; and

WHEREAS, air bags have saved an estimated 1,500 lives since their introduction in 1987; and

WHEREAS, data from the National Highway Traffic Safety Administration clearly show that air bags kill more children under the age of 12 riding in the front seat than *they* save; and

WHEREAS, when activated, air bags deploy at a speed of 200 miles per hour. Such force, coupled with the close proximity of the infant safety seat to the deploying air bag, can result in serious injury or death to the infant, even if the infant is t a rearward-facing position; and

WHEREAS, the Center for Disease Control and the National Highway Traffic Safety Administration recommend that children should ride in a car's rear seat. If a vehicle does not have a rear seat, children riding in the front seat should be positioned as far back possible from an air bag; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) encourage its constituents to promote education in the community to prevent air-bag-associated injuries to infants and children; and be it further

RESOLVED, the NSNA and its constituents support reinforcement of air bag safety issues beginning with prenatal visits, through newborn discharge from the hospital and subsequent well-child visits; and be it further

RESOLVED, that the NSNA encourage car manufacturers to improve the safety of their product and to provide written and pictorial information about the correct procedures for transporting children in vehicles equipped with air bags, and to install on/off switches for passenger-side air bags; and be it further

RESOLVED, that the NSNA send a copy of this resolution to the National League for Nursing, the American Nurses Association, the American Association of Colleges of Nursing, the American Medical Association, the Surgeon General of the United States, the National Highway Traffic Safety Administration and all others deemed appropriate by the NSNA Board of Directors.

TOPIC: IN SUPPORT OF THE PREVENTION OF LYME DISEASE THROUGH INCREASED EDUCATION AND AWARENESS

SUBMITTED BY: Villanova University Student Nurses Association

- WHEREAS, Lyme Disease (Lyme Borreliosis), a bacterial infection caused by the spirochete *Borrelia burgdorferi*, results from the bite of the Ixodes Dammini tick and is currently the most common vectorborne disease in the United States; and
- WHEREAS, Lyme Disease can attack a wide range of age groups and is emerging as a serious infection, identified in forty-seven states; and
- WHEREAS, "Subsequent studies revealed that Lyme Borreliosis is a multisystem infectious disease with prominent neurologic and cardiac, as well as rheumatologic involvement"; and
- WHEREAS, "the hallmark rash [of Lyme Disease] may be typical or absent, and the disease may be indistinguishable from a nonspecific viral illness"; and
- WHEREAS, "According to the results of a recent survey, Lyme Disease (Lyme Borreliosis) was misdiagnosed in almost 77% of all cases"; and
- WHEREAS, "Without early diagnosis and treatment, progression to the second and third stages entail serious complications that may recur or even continue for many years after treatment is received"; and
- WHEREAS, "Those who believe that they are well informed about Lyme Disease, and are at risk for acquiring it, are more likely to take precautions than those who are not"; and
- WHEREAS, The Lyme Disease Foundation lists guidelines for disease prevention which include wearing light colored clothing, tucking pants into socks, appropriately using insect repellents containing DEET, (N,N-Diethyl-3-toluamide) frequently inspecting skin after being outdoors, and using proper tick removal technique; therefore be it
- RESOLVED, that the NSNA provide current information on awareness and prevention of Lyme Disease through *Imprint* articles and encourage local and state constituents to conduct education programs, if feasible; and be it further
- RESOLVED, that the NSNA encourage its constituents to promote education and awareness of Lyme Disease and prevention guidelines, including appropriate application of insect repellents and proper tick removal, through collaboration with organizations such as the Lyme Disease Foundation; and be it further
- RESOLVED, that the NSNA send copies of this resolution to the American Academy of Nurse Practitioners, the American Academy of Pediatrics, the American College of Nurse Practitioners, the American Nurses' Association, the Lyme Disease Foundation, the National Association of Pediatric Nurse and Adolescent Practitioners, the National League for Nursing, the American Association of Colleges of Nursing, and all others deemed appropriate by the NSNA Board of Directors.

TOPIC: IN SUPPORT OF INTEGRATING COMPLEMENTARY THERAPIES INTO NURSING EDUCATION

SUBMITTED BY: Nursing Students Association Grandview College, Iowa

WHEREAS, complementary therapies can be defined as a range of interventions which may be of therapeutic benefit and support when used in addition to any other treatments and procedures offered to the patient in the orthodox healthcare setting. Complementary therapies include, but are not limited to, art, pet, music therapy, accupressure, reike and guided imagery; and

WHEREAS, the interest in and use of complementary therapies for professional practice are currently developing rapidly in nursing; and

WHEREAS, due to this increase in clinical use of complementary therapies, nurses should be familiar with the types of complementary therapies used most commonly in the professional setting; and

WHEREAS, increased use and greater understanding of complementary therapies enables nurses to develop their scope of professional practice and expand the boundaries of their care to find innovative ways of solving long standing nursing problems; and

WHEREAS, the nursing process has a foundation in caring and respects a client's right to choose from a variety of therapies; and

WHEREAS, complementary therapies allow for nursing students and professionals to provide a holistic care approach with clients by integrating aspects of the mind, body, and spurt;

WHEREAS, overall enhancement of well-being and the provision of additional patient support is an important potential benefit from complementary therapies; and

WHEREAS, the addition of these therapies to orthodox patient care can offer benefits for relief of symptoms, increased well-being and enhanced quality of life; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) support complementary therapy education through focus sessions at Convention and articles 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 Medical Association, and any other organizations deemed appropriate by the NSNA Board of Directors.

TOPIC: IN SUPPORT OF ENHANCING COMMUNICATION WITH VENTILATOR DEPENDENT PATIENTS

SUBMITTED BY: New Jersey Nursing Students, Inc.

WHEREAS, "many patients who need long-term ventilator care are being moved to special respiratory care units, medical-surgical floors, and even home with their machines;" and

WHEREAS, " the nurse is challenged by the difficulty in interpreting a patient's behavior and clinical symptoms without the benefit of oral communication;" and

WHEREAS, "impaired communication related to intubation and mechanical ventilation of a patient results in anxiety, frustration, and fears that can have a deleterious effects on emotional and physical condition of the patients;" and

WHEREAS, this unnecessary distress could be lessened or avoided if the nurse implements alternate forms of communication (e.g., lip reading, picture and alphabet boards, and anticipating a patient's needs) into that patient's plan of care; and

WHEREAS, the most commonly reported causes of impaired communication are "(1) inability to communicate, (2) insufficient explanations by staff, (3) inadequate understanding of equipment and procedures, (4) fears and dangers of not being able to speak, and (5) difficulty with communication methods;" therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) encourage all members to become more aware of and recognize the specific communication needs of ventilated patients, through articles in *Imprint*, if feasible; and be it further

RESOLVED, that the NSNA encourage all members to assess and identify the communication barriers of their ventilated patients, to provide suitable communication methods to them, and to integrate these methods into the written plan of care; and be it further

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

