

RESOLUTIONS 1999

**The resolutions contained in this packet were
passed by the 1999 NSNA House of Delegates,
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**National Student Nurses' Association, Inc.
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1999 NSNA RESOLUTIONS

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TOPIC: IN SUPPORT OF INCREASED AWARENESS AND EDUCATION OF ANOPHTHALMIA AND MICROPHTHALMIA (A/M)

SUBMITTED BY: Villanova University Student Nurses Association

WHEREAS, Anophthalmia/Microphtalmia (A/M) are congenital birth defects in which no eye tissue is present or a small amount of tissue is present, respectively, and one or both eyes may be absent; and

WHEREAS, A/M may occur "when the eyes of the fetus do not form, when the development of the fetal eye is suppressed or interrupted, or when the fetal eye degenerates"; and

WHEREAS, A/M may be a single birth defect or occur with other congenital problems; and

WHEREAS, the actual incidence of A/M is unknown; and

WHEREAS, an A/M child who is permanently blind in one or both eyes will endure lifelong implications as eyes cannot be transplanted; and

WHEREAS, A/M may cause altered growth and development of the face; and

WHEREAS, early intervention, such as the use of prosthetic devices, can reduce the risk of severe cosmetic and facial abnormalities resulting from altered developmental growth of the orbit; and

WHEREAS, upon the birth of a child with congenital defects, parents' preconceived hopes for a perfect child may now be replaced by a multifaceted grief response; and

WHEREAS, information about congenital defects is crucial to helping parents care for their special needs child; and

WHEREAS, the care of a child with A/M should be a comprehensive team effort. Each member of this team is an integral part of ensuring the child will reach his or her full potential; and

WHEREAS, resources such as the International Children's Anophthalmic Network (*ican*) help nurses, other health care professionals, and parents learn about and care for A/M children; therefore be it

RESOLVED that the National Student Nurses' Association (NSNA) support education about Anophthalmia and Microphtalmia (A/M) for nurses, health care professionals, and the public; and be it further

RESOLVED that the NSNA provide current information on the awareness and education about A/M through *Imprint* articles and education programs, if feasible; and be it further

RESOLVED that the NSNA encourage its constituent chapters to promote awareness and education of A/M through collaboration with organizations such as the *ican*; 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 Association for Women's Health, Obstetric, and Neonatal Nurses, the *ican*, the National Association of Pediatric Nurse and Adolescent Practitioners, the National Association of Neonatal Nurses, the American Association of Colleges of Nursing, the National League for Nursing, and all others deemed appropriate by the NSNA Board of Directors.

TOPIC: IN SUPPORT OF EFFORTS TO REDUCE THE INCIDENCE OF DEATH AND UNINTENTIONAL INJURY BY FIREARMS

SUBMITTED BY: Louisiana Association of Student Nurses

WHEREAS, the 1996 National Student Nurses' Association (NSNA) House of Delegates supported collaborative educational programs to raise consciousness about firearm safety; and

WHEREAS, "firearms have become the weapon of choice and the single largest group of assailants are 11 to 20 years of age"; and

WHEREAS, "homicide is the 11th numbers leading cause of deaths among Americans, of which 70% are caused by firearms' ; and

WHEREAS, "deaths from firearms comprise 11% of all childhood deaths and 41% of all deaths among black males aged 15 to 19 years"; and

WHEREAS, 35,957 firearm-related deaths occurred in the United States in 1995, and were second only to automobile-related fatalities, as a leading cause of injury-related death; and

WHEREAS, "59 % of parents who admitted to having a gun did not lock it away from their children"; and

WHEREAS, "each year, medical costs for firearm violence are more than \$4 billion and economic losses are estimated to exceed \$4.5 billion"; and

WHEREAS, "for every child's firearm death, physicians treat three to four nonfatal injuries including shattered bones, nerve and vascular damage, spinal cord and organ injuries and fractures"; and

WHEREAS, between 1993-1995, firearms were noted as a leading cause of unintentional injury (within the top 6 causes) and leading cause of death from injury (within the top 3 causes) for persons aged 5-34; therefore be it

RESOLVED, that the NSNA stand in support of firearm statistical research and tracking of unintentional injuries and deaths resulting from firearms; and be it further

RESOLVED, that the NSNA encourage efforts that instruct adults on the proper use, handling and storage of firearms; and be it further

RESOLVED, that the NSNA encourage the use of gun safety devices, including, but not limited to, trigger-locking mechanisms and locked storage containers; and be it further

RESOLVED, that the NSNA encourages community health nurses to educated the community and students regarding the consequences and impact of the use of firearms; 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 Medical Association, the National Rifle Association, the U.S. Department of Education, the National Education Association, the National Student Education Association, the U.S. Department of Treasury, the Bureau of Alcohol, Tobacco and Firearms, the Emergency Nurses Association, and any others deemed appropriate by the NSNA Board of Directors.

TOPIC: IN SUPPORT OF STANDARDIZATION OF MEDICATION LABELING FOR ALL FDA APPROVED MEDICATIONS

SUBMITTED BY: Golden West College Student Nurses' Association

WHEREAS, the 1993 National Student Nurses' Association (NSNA) House of Delegates supported educational programs to promote awareness and prevention of medication errors and the use of the drug error numbers to anonymously report medication errors; and

WHEREAS a leading cause of medical injury is the inaccurate use of drugs (in hospitalized patients) accounting for 19.4% of these injuries; and

WHEREAS, an Adverse Drug Reaction is defined as an injury resulting from medical intervention related to a drug; and

WHEREAS, in a 1995 stratified, random sample of 4,031 adult admissions in two tertiary care hospitals over a 6 month period, 247 adverse drug reactions occurred; and

WHEREAS, more significantly, in another study between two hospitals, there were approximately 1,900 adverse drug events per hospital/year; and

WHEREAS, data on the stage at which errors occur are critical for structuring prevention efforts. Further, data show that preventative efforts must be directed at both the ordering and administrative stages; and

WHEREAS, of errors resulting in preventable adverse drug reactions, 34% occurred in the drug administration stage; and

WHEREAS, interventions for preventing adverse drug reactions must target many drugs to have a major impact on the overall number of adverse drug reactions; and

WHEREAS, it has been found that 50% of all adverse drug events are potentially preventable; and reports indicate the second leading area of error identification is in nurse administration (38%); and

WHEREAS, of the common errors, wrong choice and wrong dose were most likely to have actually caused an injury (42% of all adverse drug reactions); and

WHEREAS, significant causes of identity errors were look-alike packaging and sound-alike names for drugs; and

WHEREAS, poor designs with respect to drug product packaging and labeling have been identified as factors that contribute to serious medication errors by practitioners; and

WHEREAS, the FDA has received 6000 medication error reports since 1992 and 50% are related to confusion in the labeling or packaging of the drug. Further, this number is assumed underreported as a greater number of events go unreported; and

WHEREAS, the National Coordinating Council for Medication Error Reporting and Prevention encourages health care professionals to take an active role in reviewing and commenting on proposed regulations and standards that relate to labeling and packaging; therefore be it that the National Student Nurses' Association recognize and support the standardization of all FDA approved medication labeling to help reduce the number of adverse drug events in the health care setting.

REOLVED,

TOPIC: IN SUPPORT OF PROMOTING AWARENESS, EDUCATION AND PROGRAM IMPLEMENTATION TO PREVENT SCHOOL VIOLENCE

SUBMITTED BY: The Ohio Nursing Students' Association

- WHEREAS, nearly 3 million violent crimes and thefts occur on or near school campuses every year; every *day*, 10 American teenagers are killed in gun accidents, suicides or homicides; and, every school day 160,000 students skip class because they fear physical harm; and
- WHEREAS, "violence has been recognized as a major public health problem that affects not only the health of students in schools, but inhibits schools from accomplishing their primary mission of education"; and
- WHEREAS, school health professionals should be active participants in violence prevention efforts due to the epidemic proportions of violence which have serious health implications for school age children and adolescents; and
- WHEREAS, school nursing can be defined as "a specialty within professional nursing that seeks to prevent or identify client health or health-related problems and intervenes to modify or remedy these problems"; and
- WHEREAS, school violence and resulting health problems can be prevented through programs such as, "group and individual counseling, a crisis hotline, classroom instruction on violence prevention, peer mediation/conflict resolution training for students and teachers, classroom support for school health programs and participation in disciplinary proceedings"; and
- WHEREAS, there are less than 700 school-based health clinics in existence nationwide; therefore be it
- RESOLVED, that the National Student Nurses' Association (NSNA) encourage its constituents to contact their legislators regarding school violence to urge them to pass legislation including, but not limited to, making it a felony to bring a firearm onto school property, requiring school principals to report all criminal acts of violence to local law enforcement agencies, and making funds available for the implementation of violence prevention programs in America's schools; and be it further
- RESOLVED, that the NSNA encourage the National Association of School Nurses and the National Congress of Parents and Teachers to initiate or continue a public awareness campaign against school violence, if feasible; and be it further
- RESOLVED, that the NSNA submit an article to Imprint addressing the issue of school violence, 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 Association of School Nurses, the National Parent Teachers Association, the American School Health Association, the National Association of Elementary School Principals, the National Association of Secondary School Principals, the American Federation of Teachers, the National Middle School Association, the American School Counselors Association, the National School Boards Association, the American Association of School Administrators, the Centers for Disease Control and Prevention, the Center for the Prevention of School Violence, and all others deemed appropriate by the NSNA Board of Directors.

TOPIC: IN SUPPORT OF PEDICULOSIS CONTROL PROGRAMS

SUBMITTED BY: Texas Tech University Health Sciences Center, School of Nursing

WHEREAS, pediculosis infestation is a growing issue in school districts; and
WHEREAS, some experts recommend three formal screenings a year and others caution that too many screenings may cause undue alarm; and
WHEREAS, school nurses assume much of the responsibility for identification, education, treatment, and follow-up; and
WHEREAS, resistance to pediculicides is a growing concern and may be a factor of consumer misuse of pediculicidal products; and
WHEREAS, common over-the-counter pediculicides are insecticides and if not used as directed, may be toxic to humans; and
WHEREAS, inability to eradicate pediculosis infestations has led concerned parents to drastic measures and use of home remedies, which can be very dangerous to children; therefore be it
RESOLVED, that the National Student Nurses' Association (NSNA) support the implementation or continuation of pediculosis control programs within schools and child care settings, if feasible, and be it further
RESOLVED, that the NSNA support implementation of student and parent education programs regarding pediculosis prevention, detection, the use of combing to remove pediculosis and nits, and the proper use of pediculicides; and be it further
RESOLVED, that the NSNA advocate further research regarding resistance of pediculosis to current treatments and development of more effective treatments; and be it further
RESOLVED, that the NSNA encourage schools of nursing to include pediculosis control program information in their curricula; and be it further
RESOLVED, that the NSNA encourage its constituent school chapters to participate in pediculosis community service projects when feasible; and be it further
RESOLVED, that the NSNA send a copy of this resolution to the National Association of School Nurses, the American Nurses Association, the National League for Nursing, the American Association of Colleges of Nursing, and the National Parent Teachers Association, and any others deemed appropriate by the NSNA Board of Directors.

TOPIC: IN SUPPORT OF SAFER NEEDLE DEVICES

SUBMITTED BY: Kansas Association of Nursing Students

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

WHEREAS, "an estimated 800,000 U.S. health care workers sustain needlestick injuries each year;" and

WHEREAS, approximately 2% of needlesticks are HIV contaminated and the risk of becoming infected with HIV is 0.3%; and

WHEREAS, "the risk of becoming infected with Hepatitis B virus from a needlestick is 30% and hepatitis C virus is 2-10 %"; and

WHEREAS, the estimated costs of treating a needlestick runs approximately \$4000 including testing and prophylaxis for potential HIV infection; and

WHEREAS, clinical trials of safe needle devices have been shown to reduce the occurrence of needlestick injuries by 30% to over 90% and only increase cost by 5-6%; and

WHEREAS, "the Health Worker Protection Act of 1997 would make the use of safe needle devices-determined by the Food and Drug Administration (FDA)-a condition. of participation for Medicare. The bill would call for the FDA to create an Advisory Council to establish safety standards for hollow bore devices. Finally, the Department of Health and Human Services would be authorized \$5 million to establish education and training programs for the use of the safe devices identified by the FDA;" therefore be it

RESOLVED, that the NSNA support legislation enabling a decrease in needle stick exposure to blood borne pathogens, if feasible; and be it further

RESOLVED, that the NSNA urge its state constituents to educate students and promote education in health care facilities on the issue of cost to benefit analysis of the implementation of safe needle devices vs. long term treatment of bloodborne pathogen exposure; and be it further

RESOLVED, that the NSNA encourage schools of nursing to educate students on the use of safe needle devices to reduce exposure to bloodborne pathogens; 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 Occupational Safety and Health Administration, the American Hospital Association, and any others deemed appropriate by the NSNA Board of Directors.

TOPIC: IN SUPPORT OF GENETICS EDUCATION FOR NURSES

SUBMITTED BY: The University of Pittsburgh School of Nursing

WHEREAS, The Human Genome Project is discovering new ways to diagnose, manage and treat genetic conditions and it is hoped through these discoveries that diagnostic, preventive, and treatment options for more than 4,000 genetic diseases will be offered; and

WHEREAS, "nurses are in an ideal position to promote access to consumers interested in this new technology, yet surveys indicate that most nurses have little or no education in human genetics"; and

WHEREAS, "in every health care setting, nurses will be involved with the care of patients who have genetic disorders or genetic predisposition and have been identified as carriers of altered genes, are members of families with genetic disorders, are undergoing genetic testing, or are receiving gene therapy"; and

WHEREAS, "in order for nursing to benefit from the changes driven by the new genetics, nursing must not only plan for how these changes will affect nursing practice but also plan for effective methods to prepare present and future practitioners to deal with new genetic information"; and

WHEREAS, genetics education for nurses should now be an integral part of every nursing program; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) encourage schools of nursing to include genetics in the curriculum; and be it further

RESOLVED, that the NSNA encourage its members to keep abreast of new genetic information; and be it further

RESOLVED, that the NSNA provide current genetic information to its constituents through articles in Imprint, and workshops at conventions, if feasible; and be it further

RESOLVED, that copies of this resolution be sent to the American Academy of Nursing, the International Society of Nurses in Genetics, the National Human Genome Research Institute, the National Institute of Nursing Research, Sigma Theta Tau International, the American Association of Colleges of Nursing and others deemed appropriate by the NSNA Board of Directors.

TOPIC: IN SUPPORT OF INCREASING EDUCATION REGARDING THE USE OF INSULIN PUMPS AND OTHER INNOVATIVE THERAPIES FOR THE DIABETIC CLIENT

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

WHEREAS, there are 800,000 Insulin Dependent Diabetes Mellitus (IDDM) patients in the U.S. and 45,000 of these individuals use Continuous Subcutaneous Insulin Infusion (CSII); and

WHEREAS, the Diabetes Control and Complications Trial (DCCT), a ten-year long study, proved that strict blood sugar control reduced the complications of IDDM, including diabetic retinopathy, nephropathy and neuropathy and that insulin pumps were as effective as multiple daily injections in achieving strict control; and

WHEREAS, CSII is an acceptable alternative to multiple injection therapy in the management of IDDM; and

WHEREAS, an insulin pump may provide greater lifestyle flexibility, particularly with regard to meal schedules and travel; and

WHEREAS, there is a need for additional efforts to ensure professional education, so that health care practitioners are able to effectively and safely implement the therapy employed in the DCCT; and

WHEREAS, CSII should be provided by a skilled professional team trained in CSII therapy and capable of supporting the patient and providing continuously available care; and

WHEREAS, with any drug or medical device, professional staff and people with IDDM must be aware of the nature of insulin pump therapy and its special requirements and be prepared to manage this therapy on a 24 hour basis; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) encourage its constituents to promote education for nurses and nursing students on the use and benefits of the insulin pump for the diabetic client; and be it further

RESOLVED, that the NSNA support and encourage the inclusion of education regarding the use of insulin pumps in all nursing curricula; and be it further

RESOLVED, that the NSNA publish articles on this topic in IMPRINT, if feasible; and be it further

RESOLVED, that the NSNA provide a focus session on this topic at MidYear Conferences or Annual Conventions, if feasible; and be it further

RESOLVED, that the NSNA send a copy of this resolution to the American Diabetes Association, the National League for Nursing, the American Association of Colleges of Nursing, the American Nurses Association, Nicole Johnson, Miss America 1999, and any others deemed appropriate by the NSNA Board of Directors.

TOPIC: IN SUPPORT OF EDUCATION ABOUT THE PROPER USE AND INSTALLATION OF CHILD SAFETY SEATS

SUBMITTED BY: Virginia Nursing Students' Association

WHEREAS, automobile accidents are the leading cause of death for children younger than age 15; and

WHEREAS, child safety seats, if used for every trip, could prevent approximately 53,000 injuries and save the lives of about 500 children under the age of four; and

WHEREAS, when used correctly, child safety seats are approximately 70 percent effective in preventing fatalities and approximately 50 percent effective in preventing injuries; and

WHEREAS, it is estimated that among parents and caregivers who use safety seats regularly, up to 8 out of 10 safety seats are misused; and

WHEREAS, "failure to properly use that seat exactly according to its design and the manufacturer's instructions, every ride in the car places that child at risk for a very tragic death or serious injury"; and

WHEREAS, in 1997, 604 children under age five died in car crashes nationwide. Of those, 290 were restrained; 207 of them were in a child seat; and

WHEREAS, a series of child safety seat inspection clinics conducted by the Automotive Safety for Children Program showed that of the 392 child safety seats inspected at seven clinics, 354 or 90 percent had some form of incompatibility or misuse; and

WHEREAS, new child safety seats can be so expensive, "costing as much as \$200 a piece", that it is common for them to be passed along to relatives or sold without instructions or parts at garage sales or consignment shops; and

WHEREAS, second-hand trade leaves seat manufacturers and Federal regulators with little hope of tracking down recalled seats to remove them from the market; and

WHEREAS, a Detroit News Bureau conducting a check of local garage sales found three of the four car seats purchased during two days of shopping were unfit for use; therefore be it that the National Student Nurses' Association (NSNA) encourage its members to educate the community regarding the proper use and installation of child safety seats; and be it further

RESOLVED, that the NSNA provide its members with information related to proper use and installation of child safety seats through articles in Imprint, mass mailings, and focus sessions at future conventions, if feasible; and be it further

RESOLVED, that the NSNA and its members encourage participation in research concerning the proper use and installation of child safety seats; and be it further

RESOLVED, that the NSNA encourage its constituents to perform community car seat screenings for installation and/or seat imperfections and properly educate all those who use these child safety seats; 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 Highway Traffic Safety Administration, the National Safety Council, the Emergency Nurses Association, the National Association of Neonatal Nurses and any others deemed pertinent by the NSNA Board of Directors.

TOPIC: IN SUPPORT OF THE USE OF AUTOMATED EXTERNAL DEFIBRILLATORS

SUBMITTED BY: Tennessee Association of Student Nurses

WHEREAS, each year more than 350,000 adults suffer cardiac arrest, usually away from a hospital; and

WHEREAS, more than 95 percent of these people will die; in a majority of the cases lifesaving cardiac defibrillators arrive to the scene too late, if at all; and

WHEREAS, the American Heart Association estimates that approximately 20,000 deaths could be prevented each year if Automated External Defibrillators were more widely available to first-line responders such as police officers, firefighters, and EMS personnel; and

WHEREAS, current legislation, if signed into law, would require the development of a model state training program by the National Institutes of Health which would certify individuals in life-saving interventions; ensure access to emergency medical services, including consideration of the necessary training; and, direct the coordination of a national database in conjunction with existing databases, relating to the incidence of cardiac arrest and whether interventions by certified individuals improve the rate of survival; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) support legislation related to the use of and the education about Automated External Defibrillators; and be it further

RESOLVED, that the NSNA send copies of this resolution to the President of the United States, the Vice-President of the United States, the Speaker of the House, United States Representative Cliff Steams (FL), the National Institutes of Health, the American Medical Association, the American Nurses Association, 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 INCREASED EDUCATION FOR HEALTH CARE PROVIDERS AND THE ELDERLY REGARDING AGEISM AND HIV/AIDS

SUBMITTED BY: Florida Nursing Students' Association

WHEREAS, it is estimated that 50-100 million individuals will be infected with HIV worldwide by the year 2000; and

WHEREAS, the CDC states that 10 % of all persons with HIV/AIDS are over the age of 50; and

WHEREAS, the CDC also states that through June 1995, 48,000 people over the age of 50 in the U.S. have been reported to have AIDS; and

WHEREAS, postmenopausal women are especially at risk due to decreased lubrication and thinning of the vaginal walls; and

WHEREAS, research shows that the elderly are less likely to use condoms than young people; and

WHEREAS, ageism in healthcare is reflected by the stereotypical viewpoint of clinicians that the elderly are not at risk for acquiring HIV/AIDS; and

WHEREAS, ageism and society's reluctance to deal with HIV inhibits us from acknowledging HIV as a problem among the elderly; and

WHEREAS, in general, the elderly are neglected as a population at risk for HIV infection; and

WHEREAS, the emphasis of AIDS prevention messages has been almost exclusively targeted toward youth; and

WHEREAS, there is a lack of awareness among the health care community and the public at large that HIV/AIDS is a condition that affects the over-50 age group; and

WHEREAS, when initiating work with the elderly, practitioners should incorporate a sex and drug history into each contact; and

WHEREAS, all practitioners should also screen for HIV-related concerns when assessing older persons; and

WHEREAS, data show that Americans past the age of 50 can and will reduce their risk for HIV infection, if they are made aware of and shown specific ways to avoid HIV infection; therefore be it

RESOLVED that the National Student Nurses' Association (NSNA) publish articles in *Imprint* addressing this social issue, if feasible; and be it further

RESOLVED that the NSNA address this issue during a focus session at NSNA conventions, if feasible; and be further

RESOLVED that the NSNA encourage all nursing students to stress the importance of integrating the issue of ageism and HIV/AIDS into their nursing school's curriculum, if feasible; and be it further

RESOLVED that the NSNA encourage all constituents to engage in community awareness programs focusing on this problem, if feasible; and be it further

RESOLVED that NSNA send copies of this resolution to the American Nurses Association, the National League for Nursing, the American Association of Retired Persons, the National Institute on Aging, the Senior Action in a Gay Environment (SAGE), the HIV/AIDS in Aging Task Force, the Association of Nurses in AIDS Care (ANAC), the Commission on Aging with Dignity, the American Association of Colleges of Nursing (AACN), the United States Department of Health and Human Services, and all others deemed appropriate by the NSNA Board of Directors.

TOPIC: IN SUPPORT OF THE EDUCATION OF AMERICANS REGARDING THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

SUBMITTED BY: Christopher Newport University Nursing Students' Association, Virginia

WHEREAS, the Balanced Budget Act of 1997 created the Children's Health Insurance Program (CHIP) under Title XXI of the Social Security Act to expand health insurance coverage for uninsured children; and

WHEREAS, more than 10 million American children--one in seven--are uninsured; and

WHEREAS, many working families earn too little to afford private insurance but too much to be eligible for Medicaid; and

WHEREAS, CHIP offers an unprecedented opportunity to provide health insurance to nearly one million uninsured children in the United States; and

WHEREAS, with support from both federal grants and individual state contributions, each state has the flexibility of offering health insurance through a Medicaid expansion, a separate state program, or a combination of both approaches; and

WHEREAS, eligible children of CHIP must be United States citizens under the age of 19 in which states have the opportunity to set eligibility criteria regarding age, income resources, residency, and duration of coverage within broad Federal guidelines, and the child must be ineligible for Medicaid; and

WHEREAS, nationwide there are 3,044,363 children eligible for their state potential Title XXI program; and

WHEREAS, while Medicaid and CHIP have the potential to cover many of the over 11 million uninsured children in America, without an aggressive, broad-based effort to identify and enroll eligible children, they will not succeed; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) provide its members with information related to the Children's Health Insurance Program through articles in *Imprint*, and focus sessions at future conventions, if feasible; and be it further

RESOLVED, that the NSNA encourage its members to educate the community regarding eligibility and enrollment for the CHIP program; and be it further

RESOLVED, that the NSNA encourage its members to support local, state, and/or national legislation enhancing the CHIP program; and be it further

RESOLVED, that the NSNA and its members encourage continued research concerning the effectiveness of CHIP; 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 Parent-Teacher Association, the American Association of School Nurses, and others deemed appropriate by the NSNA Board of Directors.

TOPIC: IN SUPPORT OF PATIENT PROTECTION LEGISLATION

SUBMITTED BY: Iowa Association of Nursing Students

WHEREAS, the National Student Nurses' Association's (NSNA) mission calls on its constituents to be advocates for high quality health care; and

WHEREAS, 138 million people out of a total of 185 million people (75%) with private health insurance coverage are enrolled in managed care plans; and

WHEREAS, as many as 80% of consumers feel the quality of medical care is compromised by health plans' attempts to save money; and

WHEREAS, the American Medical Association, the American Nurses Association, the AFL-CIO, the Consumer's Union, the National Partnership for Women and Families, and the American Psychological Association support passage of a Patients' Bill of Rights; and

WHEREAS, patients' health and lives are being put at risk due to decisions made by insurance companies rather than health care providers; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) and its constituents support local, state and national Patient Protection Legislation; and be it further

RESOLVED, that this supported legislation ensure a patient's access to care, including emergency care, access to specialists and a sufficient number of providers to allow this access within a reasonable amount of time; and be it further

RESOLVED, that this supported legislation require insurance companies and HMOs to have programs for quality assurance, protection of patient information, and grievance and appeals procedures; and be it further

RESOLVED, that this supported legislation include protection of the doctor-patient and nurse patient relationships (ban on gag rules), and promotion of good medical practice with medical necessity determinations made by treating health care providers, not by the insurance plan; and be it further

RESOLVED, that the NSNA encourage its members to seek opportunities to learn about and become involved in the legislative process surrounding the issue of Patient Protection Legislation; and be it further

RESOLVED, that the NSNA provide its members with information related to Patient Protection Legislation through articles in *Imprint*, *NSNA News*, and the *COSP Leadership Forum*, 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 Medical Association, the President of the United States, the Vice President of the United States, the Speaker of the House, and all others deemed appropriate by the NSNA Board of Directors.

TOPIC: IN SUPPORT OF INCREASED EDUCATION FOR THE PUBLIC AND HEALTH CARE PROFESSIONALS ABOUT URINARY INCONTINENCE

SUBMITTED BY: The College of New Rochelle Nursing Student's Association

WHEREAS, the 1996 clinical practice guideline update from the Agency for Health Care Policy and Research states, "13 million Americans are incontinent--85% of them are women. Fifty percent or more of elderly persons living at home or in long-term care facilities are incontinent; and

WHEREAS, "despite its prevalence, urinary incontinence is widely underdiagnosed and under reported, and many health care providers remain uneducated about it" ; and

WHEREAS, "medically, incontinence is associated with decubitus ulcers, urinary tract infections, sepsis, renal failure and increased mortality"; and

WHEREAS, "the consequences of urinary incontinence are not limited to physical health but can include a decrease in social activity, loss of self esteem, and other problems that significantly affect quality of life"; and

WHEREAS, "approximately 80% of those affected by urinary incontinence can be cured or improved"; and

WHEREAS, "researchers estimate the nation spends at least \$16 billion a year to care for people with urinary incontinence, up from 10 billion in 1990"; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) encourage its constituents to promote education and awareness of urinary incontinence to the community through the development of prevention and detection programs; and be it further

RESOLVED, that the NSNA encourage all nursing schools to adopt the Agency for Health Care Policy and Research urinary incontinence guidelines as standards of practice; and be it further

RESOLVED, that the NSNA provide its constituents with articles related to this topic in *Imprint* and focus sessions at future conventions, if feasible; and be it further

RESOLVED, that the NSNA encourage its members to advocate for research monies, as well as promote further research to identify etiology, prevention and treatment options for urinary incontinence; and be it further

RESOLVED, that the NSNA encourage its members to take action the legislative process for funding of research and education about urinary incontinence; 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 Association for Continence, the Simon Foundation for Continence, the Agency for Health Care Policy and Research, the American Foundation for Urologic Disease, the Alliance for Aging Research, the National Institute on Aging, the National Kidney and Urologic Diseases Association, the American UroGynecologic Society, the Society for Urologic Nurses and Associates, the National Institutes of Health, the U. S. Department of Health and Human Services, and any others deemed appropriate, by the NSNA Board of Directors.

TOPIC: IN SUPPORT OF THE CONCEPT OF MUTUAL RECOGNITION MODELS FOR MULTISTATE NURSING LICENSURE

SUBMITTED BY: National Student Nurses' Association Board of Directors

WHEREAS, in 1995, the Pew Commission's Task Force on Regulation made recommendations dealing with the standardization of regulatory requirements governing nursing practice and a comprehensive database on nurses, including disciplinary actions, and that these recommendations were proposed to facilitate practice across state lines and multistate licensure; and

WHEREAS, telenursing and other interstate practice by RNs has increased in recent years, prompting Congress to address the need for legislation to facilitate health care via telecommunications when it passed the 1996 Telecommunications Reform Act; and

WHEREAS, the National Council of State Boards of Nursing (NCSBN) recognized the need for practice across state lines, and in 1997, developed a mutual recognition model and interstate compact language to address this need; and

WHEREAS, the NCSBN mutual recognition model is to be implemented via an interstate compact that extends the privilege of practicing in every participant state without any undue restrictions for nurses or patients, but which is not a national practice act and does not absolve the nurse from adhering to the practice act of the state where he/she is practicing; and

WHEREAS, approximately 18 state boards of nursing have indicated plans to introduce the NCSBN mutual recognition interstate compact into legislation in 1999 or 2000; and

WHEREAS, some nursing organizations, including the American Nurses Association, have concerns that the NCSBN model could jeopardize consumer protection, unfairly burden a nurse facing disciplinary action, and deplete a major revenue source for state boards by eliminating license fees for out-of-state nurses; and

WHEREAS, some nursing organizations believe the interstate compact could compromise certain fundamental constitutionality issues and that confidentiality of disciplinary information would be impacted; that some states would lose a program for collection of child support, school loan, and tax payments which currently involves revoking a license if these financial obligations are not met; that states with minimum educational levels for entry to practice would have to recognize nurses whose education falls below the state's requirements; and that states would be required to relinquish sovereignty to take action against the actual license of nurses practicing within their boundaries irrespective of the impact upon consumer safety; therefore be it

RESOLVED, that the NSNA support the concepts of a mutual recognition model for nursing regulation and multistate licensure for nurses; and be it further

RESOLVED, that NSNA engage in continuing dialogue and encourage research that may lead to the adoption of an interstate compact that is flexible and fair to all party states, as well as the RNs and health care consumers in their jurisdiction; and be it further

RESOLVED, that the topics of mutual recognition and multistate licensure be addressed in articles in *Imprint*, the *NSNA News*, and the *COSP Leadership Forum*, if feasible; and be it further

RESOLVED, that the NSNA encourage its members to seek opportunities to learn about and become involved in the legislative process surrounding the concept of multistate nursing licensure; and be it further

RESOLVED, that the NSNA encourage its constituents to develop legislation/education projects on this issue; and be it further

RESOLVED, that the NSNA send copies of this resolution to the NCSBN, the ANA, the National Federation of Specialty Nursing Organizations, the NLN, the AACN, the state boards of nursing and any others deemed appropriate by the NSNA Board of Directors.

TOPIC: IN SUPPORT OF INCREASED EDUCATION FOR HEALTH CARE PROVIDERS REGARDING ELDER ABUSE

SUBMITTED BY: Florida Gulf Coast University Student Nurses' Association

WHEREAS, the 1995 National Student Nurses' Association (NSNA) House of Delegates supported education and standardization of legislation regarding the immediate reporting of elder abuse or neglect; and

WHEREAS, it is estimated that at least 500,000 elderly adults in home-care settings were victims of abuse in 1996; and

WHEREAS, it is estimated that up to two million elderly are abused each year; and

WHEREAS, the prevalence of elder abuse is estimated at 4% of the population; and

WHEREAS, there has been an increase of 150% in elder abuse from 1986 to 1996; and

WHEREAS, the problem is expected to get worse as our population becomes older and sicker; and

WHEREAS, experts believe that elder abuse is underreported, with possibly only 1 in 14 cases reported; and

WHEREAS, elder abuse can take the form of neglect, physical abuse, emotional/psychological abuse, or financial exploitation; and

WHEREAS, it is often difficult to distinguish signs of abuse from the aging process, such as broken bones being attributed to osteoporosis; and

WHEREAS, nurses can screen for abuse by asking general questions about the patient's home and family; and

WHEREAS, health care practitioners may have concerns reporting elder abuse; and certainty of abuse is not required for reporting, only a reasonably legitimate basis or reasonable belief that abuse is occurring; and

WHEREAS, all fifty states and the District of Columbia have enacted legislation to establish adult protective services; and

WHEREAS, forty-two states have mandatory reporting requirements for health care providers on elder abuse; therefore it be

RESOLVED, that the National Student Nurses' Association (NSNA), if feasible, encourage state student nurses' associations to address the importance of screening the elderly for possible abuse in their state's nursing schools' curriculum; and be it further

RESOLVED, that the NSNA encourage its constituents to develop a screening assessment tool for elder abuse.

TOPIC: IN SUPPORT OF THE FULL-TIME PRESENCE OF AN ON-SITE REGISTERED NURSE WITHIN ALL ELEMENTARY AND SECONDARY SCHOOLS

SUBMITTED BY: Columbus State University Student Nurses' Association

WHEREAS, medical and social problems confronting children are more numerous and more complicated than those their parents faced in the past, and often nurses bridge this dangerous gap between the medical, social, and educational; and

WHEREAS, as a result of federal legislation in 1973, students with special needs are mainstreamed into their regular school population, guaranteeing children with disabilities and special health needs full and equal access to education; and

WHEREAS, advances in medical technology resulting in far greater mobility of students who are technology dependent allows them to live at home and attend public school; and

WHEREAS, children assisted by medical technology may require daily nursing care, including but not limited to ventilatory assistance, suctioning, oxygen therapy, ostomy care, urethral diversion and/or catheterization, or intravenous and/or parenteral feeding while in school; and

WHEREAS, ten percent of the nation's schoolchildren - 4.5 million students - have disabling conditions such as severe asthma, cystic fibrosis, and insulin-dependent diabetes which may require daily medication and/or therapy; and

WHEREAS, many children who attend school require medication either for treatment of episodic illnesses or on a daily basis for special health care needs, which present particular challenges for schools to provide access to medication administration during the school day; and

WHEREAS, the numbers of medications given at school have increased dramatically in the past decade with psychotropic, anti-convulsants, anti-hypertensives, and metered-dose inhalers being the most common; and

WHEREAS, 89% of students with serious accidental injuries at school are sent home by untrained staff instead of seeing a health care professional for treatment; and

WHEREAS, approximately 30,000 RNs currently provide services in the nation's 110,000 elementary and secondary schools, less than 1 RN for every 3.7 schools; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) encourage its members to support the full-time presence of a on-site registered nurse within all elementary and secondary schools, or organize volunteer programs using registered nurses; and be it further

RESOLVED, that the NSNA urge its members to support state legislation which endorses the basis of this resolution; and be it further

RESOLVED, that the NSNA encourage its members to take action through a letter writing campaign to their State and Federal representatives advocating the presence of a registered nurse within all elementary and secondary schools; and be it further

RESOLVED, that the NSNA publish articles in *IMPRINT* to inform its members about this issue and the impact of registered nurses in these schools, if feasible; and be it further

RESOLVED, that the NSNA update its progress in instituting this resolution to its constituents; 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 Association of School Nurses, the United States Department of Education, the National Parent Teacher Association, the American School Health Association, and any others deemed appropriate by the NSNA House of Delegates or Board of Directors.

TOPIC: IN SUPPORT OF FEDERAL LEGISLATION TO LOWER THE NATIONAL STANDARD BLOOD ALCOHOL CONTENT (BAC) TO 0.08% FOR INDIVIDUALS OPERATING A MOTOR VEHICLE

SUBMITTED BY: College of Saint Benedict/Saint John's University Student Nurses' Association

WHEREAS, at least 500 to 600 lives would be saved annually if all states adopted the 0.08% blood alcohol limit; and

WHEREAS, only 16 states have adopted the 0.08% blood alcohol limit for persons operating motor vehicles; and

WHEREAS, at a Blood Alcohol Content (BAC) of 0.08%, the driver's reaction time for deciding and acting increases, motor skills are impaired, and the likelihood of a crash increases to three to four times the likelihood when sober; at a BAC of 0.10%, the driver is six times more likely to be involved in a crash, reaction time to sights and sounds increases, physical and mental coordination are impaired, and movement becomes noticeably clumsy; and

WHEREAS, in 1994, the total cost from alcohol related motor vehicle crashes under a BAC of 0.10% was \$9.846 billion; and

WHEREAS, in 1994 approximately 41,000 people were injured and 1,000 were killed in crashes at the BAC of 0.08% and 0.099%; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) encourage its constituents to support federal legislation for lowering BAC by actively engaging in a letter writing campaign to each federal elected representative; and be it further

RESOLVED, that the NSNA offer to work in conjunction with the American Nurses Association to move toward this common goal; and be it further

RESOLVED, that a copy of this resolution be sent to the American Nurses Association, the U.S. Surgeon General, the National Highway Traffic Safety Administration, the National League for Nursing, the American Association of Colleges of Nursing, Mothers Against Drunk Driving, the President of the United States, and others deemed appropriate by the NSNA Board of Directors.

TOPIC: IN SUPPORT OF CANCER AWARENESS REGARDING EDUCATION (C.A.R.E.)

SUBMITTED BY: Valencia Nursing Students' Association, Valencia Community College

WHEREAS, in 1999, about 1,221,800 new cases of cancer are expected to be diagnosed in the United States; about 563,100 Americans are expected to die of this disease; and in
WHEREAS, the U.S. 1 of every 4 deaths is from cancer; and in the U.S., men have a 1 in 2
WHEREAS, lifetime risk of developing cancer, and the risk for women is 1 in 3; and
WHEREAS, since 1990, approximately 12 million new cases of cancer have been diagnosed;
and
WHEREAS, the American Cancer Society estimated 173,000 deaths will result in 1999 caused by
tobacco use; and
WHEREAS, over 1 million skin cancers are expected to be diagnosed in 1999, which could
have been prevented by protection from the sun's rays; and
WHEREAS, when normal life expectancy adjustments are made, nearly 60% of Americans
who are diagnosed with cancer survive it today due to early detection; and
WHEREAS, regular screenings and self-examinations can detect many cancers at an early stage
when treatment is more likely to be successful; and
WHEREAS, with early detection, the survival rate of many cancers increases to about 95%;
and
WHEREAS, the National Cancer Institute estimates that approximately 8.2 million
Americans alive today have a history of cancer; therefore be it
RESOLVED, that the National Student Nurses' Association (NSNA) encourage its members
to support the American Cancer Society promoting awareness and education
on current research regarding cancer prevention; and be it further
RESOLVED, that the NSNA encourage its members to support a white ribbon campaign, to
signify cancer awareness, during the months of March and October, as a
biannual event beginning in October 1999, if feasible; and be it further
RESOLVED, that the NSNA encourage its members to participate in their local community
fundraisers for the American Cancer Society, if feasible; and be it further
RESOLVED, that the NSNA encourage its constituents to contact their local chapters of the
American Cancer Society for further resources, 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 Cancer Society, the Oncology Nursing
Society, the Black Nurses Association, the Hispanic Nurses Association, and
others deemed appropriate by the NSNA Board of Directors.

TOPIC: IN SUPPORT OF INSTITUTING A BASIC INTRAVENOUS INSERTION AND THERAPY CURRICULUM IN ALL SCHOOLS OF NURSING

SUBMITTED BY: New Jersey Nursing Students Inc.

WHEREAS, "over the past decade, intravenous therapy has rapidly moved into numerous alternative healthcare delivery sites. Once allowed only in the hospital, intravenous therapy has long been commonplace in the home and is now administered in ambulatory clinics, physicians' offices, and long term care facilities"; and

WHEREAS, "over the past five years, the number of patients entering the health care system requiring IV therapy has escalated; estimates range from 80% to 90% annually for a total of approximately 27 million patients"; and

WHEREAS, as vascular access devices and the prescribed therapies have become more complicated, the effects of mismanaged IV therapy are becoming more evident"; and

WHEREAS, "IV teams continue to be phased out in many hospitals around the country; and

WHEREAS, there is growing concern over the number of venipuncture attempts necessary to successfully insert a peripheral catheter"; and

WHEREAS, "peripheral venipuncture--whether for phlebotomy or for inserting a peripheral vascular access device--is a common procedure performed on patients; not surprisingly, the injuries associated with venipuncture are also a common source of malpractice suits"; and

WHEREAS, "the courts expect that nurses inserting venous access devices have a working knowledge of the venous anatomy and physiology of the hand, arm, and chest"; and

WHEREAS, "an increasing number of home health agencies are offering home infusion services in an effort to compete for patient referrals"; and

WHEREAS, "home care is growing by leaps and bounds primarily because of the swelling ranks of aging patients with functional disabilities and because technological advances are making it possible to provide more complex care in the home"; and

WHEREAS, "the home care nurse has to anticipate all sorts of patient problems and, in emergencies, take charge of the situation and inform the physician later. That requires expert assessment and IV skills"; and

WHEREAS, "growth of these services require adequate training and education for the nursing staff ; and

WHEREAS, Intravenous administration requires a variety of skills--for example, starting infusions, knowing proper vein placement, assessing patients during therapy, knowing the advantages and disadvantages of different delivery methods, and maintaining current clinical experience to care for patients being discharged quicker and sicker; and

WHEREAS that within the community and home health care, nurses' knowledge and skills need to reflect the needs of the ever changing health care system; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) encourage the American Association of Colleges of Nursing and the National League for Nursing to institute changes to ensure that all undergraduate nursing programs include a body of didactic knowledge and clinical learning experiences that specifically address the need for correct and accurate intravenous access; and be it further

RESOLVED, that the NSNA encourage all schools of nursing to incorporate or increase concepts of intravenous insertion and therapy in their curricula; 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 National Council of State Boards of Nursing and any organization deemed appropriate by the NSNA Board of Directors.