

# **RESOLUTIONS 2005**

The resolutions contained in this packet  
were passed by the  
2005 NSNA House of Delegates,  
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National Student Nurses' Association, Inc.  
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**2005 NSNA RESOLUTIONS  
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**TOPIC: IN SUPPORT OF ACTUAL HEIGHT MEASUREMENTS IN ADULTS RECORDED AS A SCREENING INSTRUMENT FOR EARLY DETECTION OF OSTEOPOROSIS**

**SUBMITTED BY: Mineral Area College Student Nurses Association, Missouri**

WHEREAS, in 2002 the National Student Nurses' Association (NSNA) supported education and awareness for prevention of osteoporosis in women and school-aged clients; and

WHEREAS, in the United States of America, 10 million individuals have osteoporosis, causing 1.5 million fractures annually with estimated expenditures of over 14 billion dollars each year; and

WHEREAS, about 34 million more Americans have low bone mass, placing them at increased risk for this disease; and

WHEREAS, because bone loss occurs without symptoms, most people are unaware that they have osteoporosis until their bones become so fragile that a sudden strain, bump, or fall causes a fracture, collapsed vertebra, or other spinal deformity; and

WHEREAS, the purpose of the risk assessment indices is not to diagnose osteoporosis or low bone mineral density, but to help increase the efficiency of bone mineral density measurement for detecting patients with osteoporosis; and

WHEREAS, one risk factor that is not included in these validated screening instruments (NATIONAL Osteoporosis Foundation checklist, Osteoporosis Risk Assessment Instrument, Simple Calculated Osteoporosis Risk Estimation, and Osteoporosis Self-Assessment TOOL) is height loss; and

WHEREAS, a significant loss in height of greater than one inch is often one of the earliest signs of osteoporosis; therefore be it

RESOLVED, that the National Student Nurses' Association support the Surgeon General in his efforts to encourage all health care professionals to incorporate measured height screenings with routine health assessments; and be it further

RESOLVED, that the NSNA support the actual height measurement as part of the risk factor screening tool for osteoporosis; and be it further

RESOLVED, that the NSNA support the assessment for height changes as an indicator for high risk clients needing therapeutic measures for osteoporosis; and be it further

RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association, the American Association of Colleges of Nursing, the National Organization for Associate Degree Nursing, the National League for Nursing, the National Osteoporosis Foundation, the National Institute of Health Osteoporosis and Related Bone Diseases-National Resource Center, the World Health Organization, the National Institute on Aging, the Surgeon General, the American Association of Retired Persons, and any others deemed appropriate by the NSNA Board of Directors.

**TOPIC: IN SUPPORT OF SHAKEN BABY SYNDROME EDUCATION IN HIGH SCHOOL HEALTH, WELLNESS, AND PARENTING CLASSES**

**SUBMITTED BY: Tennessee Association of Student Nurses**

WHEREAS, the 1994 National Student Nurses’ Association passed a resolution supporting the decreased incidence of shaken baby syndrome, listing such possible resulting injuries as coup/contre coup, hemorrhage, retinal damage, developmental delay, and quadriplegia; and

WHEREAS, \* close to 14,000 children in the United States are forcefully shaken each year by an adult who is responsible for taking care of them; and

WHEREAS, the mortality rate for these children ranges from 20% to 40%; and

WHEREAS, the majority of caretakers who shake a child are men in their early 20s who are either the baby’s father or mother’s boyfriend; and

WHEREAS, focusing on aggressive education can potentially reduce injuries and improve outcomes for these children; therefore be it

RESOLVED, that the National Student Nurses’ Association (NSNA) encourage all junior high and/or middle school and high school health, wellness, and/or parenting classes to teach shaken baby syndrome prevention to its students; and be it further

RESOLVED, that the NSNA publish an informative article on this topic to be posted on the NSNA Website and/or *IMPRINT* Magazine, as well as providing focus sessions at future NSNA events, if feasible; and be it further

RESOLVED, that the NSNA send copies of this resolution to the American Nurses Association, the American Association of Colleges of Nursing, the National League for Nursing, the National Education Association, the Health Occupation Students of America, the National Organization for Associate Degree Nursing, the National Center on Shaken Baby Syndrome, the Shaken Baby Alliance, and all others deemed appropriate by the NSNA Board of Directors.

\* A compilation of data from Children’s Hospitals across the U.S. indicates the number of cases of “Shaken Baby Syndrome” to be 600-1400 cases yearly across the country.

Statistics from the National Center on Shaken Baby Syndrome, Ogden, Utah

**TOPIC: IN SUPPORT OF EDUCATION AND AWARENESS REGARDING THE NATIONAL EPIDEMIC OF METABOLIC SYNDROME IN THE UNITED STATES**

**SUBMITTED BY: Maureen Church Coburn School of Nursing**

WHEREAS, Metabolic Syndrome is a cluster of traits that increase the risk of heart disease which are defined as: abdominal girth (> 40 inches for men, > 35 inches for women), elevated triglyceride levels ( $\geq 150$  mg/dl), low high density lipoprotein (HDL) levels (<40 mg/dl for men, <50 mg/dl for women), elevated blood pressure [ $\geq 120/80$  mm/Hg], and elevated fasting blood glucose ( $\geq 110$  mg/dl); and

WHEREAS, the presence of three out of five of these characteristics establishes a diagnosis of Metabolic Syndrome, and are a better indicator of the risk of heart disease and Type II Diabetes than any individual factor; and

WHEREAS, almost 47 million people have Metabolic Syndrome; and

WHEREAS, 23.7% of United States (U.S.) adults over the age of 20, and 40% of U.S. adults over the age of 60 have Metabolic Syndrome; and

WHEREAS, one study showed that one in eight school children have three or more traits of Metabolic Syndrome, and men with the traits of Metabolic Syndrome are twice as likely to have a heart attack or stroke, and more than three times as likely to develop heart disease as those without any traits; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) support the inclusion of education for nurses and nursing students on Metabolic Syndrome in their curricula; and be it further

RESOLVED, that the NSNA promote patient teaching regarding Metabolic Syndrome and its associated risk factors; and be it further

RESOLVED, that the NSNA encourage nurses and nursing students to screen for Metabolic Syndrome in community-based settings such as community health fairs and clinics, if economically feasible; and be it further

RESOLVED, that the NSNA promote lifestyle changes such as a healthy diet, exercise, smoking cessation, and regularly scheduled check-ups; and be it further

RESOLVED, that the NSNA publish articles on the topic of Metabolic Syndrome in *IMPRINT*, if feasible; and be it further

RESOLVED, that the NSNA encourage individual members to promote education in their communities regarding the increased health risks and costs associated with Metabolic Syndrome through health fairs and school outreach programs; and be it further

RESOLVED, that the NSNA send copies of this resolution to the American Heart Association, the American Diabetes Association, the National League for Nursing, the American Nurses Association, the American Association of Colleges of Nursing, the American Organization of Nurse Executives, the National Organization for Associate Degree Nursing, the American Public Health Association, the National Heart, Lung and Blood Institute, the American Red Cross, and any others deemed appropriate by the NSNA Board of Directors.

**TOPIC: IN SUPPORT OF THE COALITION AGAINST BIGGER TRUCKS**

**SUBMITTED BY: Arkansas Nursing Students Association and University of Arkansas for Medical Sciences, College of Nursing, Student Nurses' Association**

WHEREAS, the National Highway System contains important transportation highways and interstates and is heavily traveled by motorists and trucks; and

WHEREAS, the August 2000 U.S. Department of Transportation Comprehensive Size and Weight Study found that 1) Longer Combination Vehicles (LCVs-long double and triple trailer trucks) are at least 11% more likely to be involved in a fatal accident. Heavier single trailer trucks are more likely to experience dangerous rollover and braking problems. A third axle decreases the steering function of a truck by causing sideways skidding of at least one of the rear axles resulting in more pressure on the steering axle, increasing the risk of skidding and making emergency maneuvers more difficult; and

WHEREAS, poorer engine power-to-weight ratios cause these heavier trucks to have problems with speed and acceleration. This results in greater speed differentials. According to a 1981 study by the University of Texas, a speed differential of 15 miles per hour increases the risk of an accident by nine times; and

WHEREAS, conditions of generally unrestricted use similar to that of single-trailer combinations and multitrailer combinations (as they are currently designed and configured) could be expected to experience an 11% higher overall fatal crash rate than single-trailer combinations; and

WHEREAS, this affects the general public's health and well being; as LCVs increase in size and number, more accidents could occur, therefore putting everyone's life at risk; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) support maintaining the current limits on truck size and weight and oppose any effort at any level of government to allow for bigger and heavier trucks (LCVs) on the U.S. roadways; and be it further

RESOLVED, that the NSNA support local, state, and national initiatives aimed at enhancing public awareness of the risks involved with LCVs on our highways; and be it further

RESOLVED, that the NSNA make information about the fatality and injury risks of these LCVs available through publications such as *IMPRINT*, focus sessions, and by urging others to support this argument against LCVs, 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 for Nursing, the American Nurses Association, the National Organization for Associate Degree Nursing, the United States Department of Health and Human Services, National Coalition Members, the Coalition Against Bigger Trucks, the United States Department of Transportation, the National Highway Traffic and Safety Administration, and any others deemed appropriate by the Board of Directors.

**TOPIC: IN SUPPORT OF THE AMERICAN NURSES ASSOCIATION  
“HANDLE WITH CARE CAMPAIGN”**

**SUBMITTED BY: Iowa Association of Nursing Students**

WHEREAS, patient handling tasks are recognized as the primary cause of Musculoskeletal Disorders (MSD) among the nursing workforce; and

WHEREAS, teaching proper body mechanics is not effective when dealing with nursing transfers because patients’ bodies are asymmetrical and do not possess grip areas like boxes with handles; and

WHEREAS, the Bureau of Labor and Statistics lists registered nurses sixth among occupations at risk for sprains and strains; and

WHEREAS, the Occupational Safety and Health Administration has determined that nearly half of all health care workers will have at least one work-related MSD; and

WHEREAS, the use of patient assistive patient handling devices, such as stand assist lifts, portable full-body sling lifts, and transfer chairs, dramatically decrease the risk for MSD injuries when used properly; and

WHEREAS, efforts to create national and statewide standards to protect workers against MSD have been legislatively defeated; and

WHEREAS, unless required by regulation, federal or state law, or collective bargaining agreements, hospitals are not as likely to make safe working conditions a top priority; and

WHEREAS, MSD injuries result in increased absenteeism, lost work time, burnout, high turnover and decreased staff recruitment efforts; therefore be it

RESOLVED, that the National Student Nurses’ Association (NSNA) support ANA’s goal of a “no lifting” policy for high risk patients; and be it further

RESOLVED, that the NSNA support and promote the use of no lift policies or lift team policies through the use of written and/or visual materials, if feasible; and be it further

RESOLVED, that the NSNA encourage its constituents to support legislation that requires employers to protect healthcare workers against MSD; and be it further

RESOLVED, that the NSNA encourage employers to involve nursing staff in implementing safe patient handling policies within the staff’s work environments, 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 Health Care Association, the National Association of Healthcare Quality, the American Hospital Association, the Occupational Safety and Health Administration, the American Association of Colleges of Nursing, and all others deemed appropriate by the Board of Directors.

**TOPIC: IN SUPPORT OF ENCOURAGING PEOPLE TO CARRY A LIST OF CURRENT MEDICATIONS TAKING AS A PERSONAL EMERGENCY PREPAREDNESS MEASURE**

**SUBMITTED BY: University of Pittsburgh Nursing Students' Association, Pittsburgh, Pennsylvania**

WHEREAS, in 2002, “22.3 percent of emergency department (ED) visits were classified as emergent [and] 34.2 percent were urgent;” and

WHEREAS, “from 1992 through 2002, the number of ED visits increased from 89.8 million to 110.2 million visits annually (up 23 percent) [or]... an average increase of almost 2 million visits per year...[While] the number of hospital EDs in the United States decreased by about 15 percent during the same period,” making emergency departments generally more busy; and

WHEREAS, in 2002, “In nearly 1 out of every 100 ED visits, the patient required immediate attention (e.g., unconscious or required resuscitation efforts);” and

WHEREAS, the American Society of Health-System Pharmacists recommends that people keep a list of all medications that they take that they take and medicines that they cannot take due to allergic reactions...; and

WHEREAS, in 2002, 19% of adults in a nationwide government survey were using “natural products (such as herbs, other botanicals and enzymes)” and

WHEREAS, “between 1988-94 and 1999-2000, the percent of Americans of all ages who reported using at least one prescription drug during the past month increased from 39 to 44 percent. During the same period the percent of persons who reported using three or more drugs in the past month increased from 12 to 17 percent;” and

WHEREAS, “in 1999-2000, more than 60 percent of adults age 45-64 years and more than 80 percent of adults age 65 years and over reported taking at least one prescription drug during the past month;” therefore be it

RESOLVED, that the National Student Nurses’ Association (NSNA) advocate that those taking any medication consistently, whether prescription, non-prescription, herbal supplements, home remedies or medical foods, compile and carry a list of those medications with them; and be it further

RESOLVED, that the NSNA members educate those in their communities about the importance of compiling and carrying medication lists as an emergency preparedness measure; and be it further

RESOLVED, that the NSNA advocate that professional nurses and nursing students include medication list education in patient teaching; and be it further

RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association, the Emergency Nurses Association, the Air and Surface Transport Nurses Association, the American Medical Association, the American Academy of Emergency Medicine, the National Association of Emergency Medical Technicians, the American Red Cross, the American Association of Colleges of Nursing, the National Organization for Associate Degree Nursing, the National League for Nursing, the International Hospital Federation,

the American Association of Retired Persons, the Food and Drug Administration, the American Association of Public Health, the US Department of Health and Human Services, the American Society of Health-System Pharmacists, and any others deemed appropriate by the NSNA Board of Directors.

**TOPIC: IN SUPPORT OF INCREASED AWARENESS OF THE SHORTAGE OF AND NEED FOR NURSE EDUCATORS**

**SUBMITTED BY: Student Nurses' Association of Pennsylvania, Jacksonville Association of Nursing Students, and Alabama Association of Nursing Students**

WHEREAS, the American Association of Colleges of Nursing (AACN) recognizes that the shortage of faculty in schools of nursing with baccalaureate and graduate programs is a continuing and expanding problem; and

WHEREAS, the faculty vacancy rate is 8.1 percent; and

WHEREAS, over the past several years, the deficit of faculty has reached critical proportions as the current faculty workforce rapidly advances toward retirement and the pool of younger replacement faculty decreases; and

WHEREAS, even now the shortage of faculty is contributing to the current nursing shortage by limiting the number of students admitted to nursing programs; and

WHEREAS, 26,340 qualified applicants to entry-level baccalaureate nursing programs were turned away due to insufficient numbers of faculty in 2004; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) encourage its membership to pursue advanced degrees in the area of nursing education; and be it further

RESOLVED, that the NSNA encourage its constituents to collaborate with faculty to develop mentor/mentee relationships by utilizing Leadership U and other avenues as incentives that will promote increased interest in teaching; and be it further

RESOLVED, that the NSNA encourage its members to contact their appropriate state nurses associations and legislators to encourage each state to pass legislation that will increase the capacity of nursing education programs in the state by allocating monies for nursing education and workforce expansion; and be it further

RESOLVED, that the NSNA support increased funding for the Nurse Reinvestment Act appropriated by the US Senate and House of Representatives, and be it further

RESOLVED, that the NSNA publish articles in *IMPRINT* and offer focus sessions at annual conventions on this topic, if feasible; and be it further

RESOLVED, that the NSNA send a copy of this resolution to the National Organization for Associate Degree Nursing, the American Nurses Association, the National League for Nursing, the *American Journal Of Nursing*, the American Association of Colleges of Nursing, the Nursing Organizations Alliance, the President of the United States, the Speaker of the United States House of Representatives, the President Pro Tempore of the United States Senate, the Office of Management and Budget, the U.S. Department of Health and Human Services, and any others deemed appropriate by the NSNA Board of Directors.

**TOPIC: IN SUPPORT OF PHYSICAL EDUCATION IN ELEMENTARY AND SECONDARY SCHOOLS AND NURSING RESEARCH ON THE ROLE OF PHYSICAL ACTIVITY IN DECREASING PEDIATRIC OBESITY**

**SUBMITTED BY: Clemson University and Florida Gulf Coast University**

WHEREAS, in the past two decades, the percentage of adolescents who are overweight has tripled, with 43% of adolescents watching more than two hours of television each day; and

WHEREAS, in one pediatric medical practice, the number of children under their care with elevated cholesterol or Type 2 Diabetes has tripled in the past five years; and

WHEREAS, it is school interventions that have the most potential because there is no other institution that has such impact on a child's life during the first two decades of living; and

WHEREAS, the American Academy of Pediatrics recommends that K-12 students have daily opportunities for physical education, yet 39.7% of elementary schools require physical education in kindergarten, and this number drops to only 5% by grade twelve; and

WHEREAS, the Kaiser Family Foundation reported 15.3 percent of children aged 6 to 11 were listed as overweight in 1999-2000, compared to 4.2 percent in 1963-1970; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) encourage its members to promote community awareness through active involvement in the education of local elementary and secondary school students, educators, and parents of the students on the importance of physical activity in decreasing the risk of obesity; and be it further

RESOLVED that the NSNA support its membership to further increase nursing research on the role of physical activity in a child's life relating to obesity; and be it further

RESOLVED, that the NSNA support the formation of independent physical activity and physical fitness advisory panels for all state school districts; and be it further

RESOLVED, that the NSNA publish articles in *IMPRINT* and offer focus sessions at annual conventions on this topic, if feasible, and be it further

RESOLVED, that the NSNA support parental education on the impact of physical activity in their children through Parent Teacher Associations or their local equivalent, and be it further

RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association, the American Association of Colleges of Nursing, the National League for Nursing, the National Organization for Associate Degree Nursing, the National Association of Pediatric Nurse Associates and Practitioners, the American Academy of Pediatrics, the Society of Pediatric Nurses, the National Association of School Nurses, the American Medical Association, the American Academy of Family Physicians, the American Obesity Association, the United States Department of Health and Human Services, the U.S. Senate Committee on Health, Education, Labor and Pensions, the U.S. House of Representatives Committee on Energy and Commerce – Subcommittee on

Health, the U.S. Department of Education, the American Heart Association, the National Heart, Lung and Blood Institute, the Food and Drug Administration, the President's Council on Physical Fitness and any others deemed appropriate by the NSNA Board of Directors.

**TOPIC: IN SUPPORT OF COMPREHENSIVE MENTAL HEALTH PARITY LEGISLATION**

**SUBMITTED BY: North Central State College Student Nurses Association, Ohio**

WHEREAS, in 1995 and 1997, the National Student Nurses' Association (NSNA) House of Delegates adopted resolutions related to public awareness regarding mental health parity legislation and the NSNA expressed its support for the implementation of P.L. 104-204, the Mental Health Parity Act of 1996; and

WHEREAS, in 2001, the NSNA House of Delegates adopted a resolution related to mental health parity legislation; and

WHEREAS, the Mental Health Parity Act of 1996 imparts partial parity. It provides limited coverage in that it only prohibits employers with more than 50 employees from imposing annual and lifetime spending limits on mental health coverage that are more restrictive than those imposed on medical and surgical coverage; and

WHEREAS, four of the top ten leading causes of disability are mental illnesses including major depression, bipolar disorder, schizophrenia and obsessive compulsive disorder, with major depression as the leading cause of disability in the United States and established market economies worldwide; and

WHEREAS, the Senator Paul Wellstone Mental Health Equitable Treatment Act was not passed by the 108<sup>th</sup> Congress; and

WHEREAS, the current law requiring limited parity, passed in 1996, will expire on December 31, 2005; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) encourage its constituents to support the passage of comprehensive mental health parity legislation; and be it further

RESOLVED, that the NSNA use current information about this issue to promote increased awareness regarding the importance of involvement in the legislative process, through published articles in *IMPRINT*, if feasible; and be it further

RESOLVED, that the NSNA encourage its membership to contact their elected representatives, requesting support for the passage of legislation brought before the 109<sup>th</sup> Congress regarding comprehensive parity laws; 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 Alliance for the Mentally Ill, the American Psychiatric Association, the International Nurse Society on Addictions, the National Mental Health Association, the American Psychiatric Nurses Association, and all others deemed appropriate by the NSNA Board of Directors.

**TOPIC: IN SUPPORT OF THE PROTECTION OF REGISTERED NURSES’  
RIGHT TO OVERTIME PAY**

**SUBMITTED BY: Georgia Association of Nursing Students and New Jersey Nursing  
Students**

WHEREAS, the Department of Labor’s (DOL) Fair Labor Standards Act of 1938 (FLSA) requires that most employees in the United States be paid overtime pay at time and one-half the regular rate of pay for all hours worked over forty (40) hours in a work week; and

WHEREAS, to clarify overtime regulations and reduce employment litigation, the DOL issued revised rules which took effect on August 23, 2004; and

WHEREAS, in order to be ineligible to receive overtime compensation, an employee must be categorized as a “learned professional” based on his/her duties, and he/she must be paid on a “salary basis,” an amount more than \$455.00 per week; and  
WHEREAS, Registered Nurses (RNs) meet the duties test as “learned professionals,” they do not meet the salary test because most nurses are paid on an hourly basis, thus entitling them to receive overtime compensation; and

WHEREAS, the new regulations are ambiguous in defining the “salary or fee basis” portion of the salary test; and

WHEREAS, healthcare employers may exploit the lack of conciseness and specificity in the language of the new regulations to “try to claim that their RNs are salaried, and therefore exempt from overtime, even though they are being paid according to the number of hours or shifts that they work;” and

WHEREAS, more than 1 million nurses will be needed by 2012; and

WHEREAS, despite the removal of the Harkin and Obey Amendments from the appropriation bills in Congress at the end of 2004, the recent introduction of two bills in the Senate revives the issue of overtime pay rights. The Fair Wage, Competition, and Investment Act of 2005 and the Overtime Rights Protection Act seek to amend the Fair Labor Standards Act of 1938 to protect employees who received overtime pay prior to the new regulations taking effect in August, 2004; and

WHEREAS, the DOL acknowledges that “if a state or local law” gives greater protection to the employee than those offered in the FLSA, the state or local law shall apply; therefore be it

RESOLVED, that in order to protect the rights of nurses to receive overtime compensation, the National Student Nurses’ Association (NSNA) support time-and-a-half compensation for RNs working more than forty hours per week; and be it further

RESOLVED, that the NSNA encourage its constituents to contact their appropriate state nursing associations and legislators to encourage each individual state to draft and pass legislation that will protect nurses’ right to overtime pay; and be it further

RESOLVED, that the NSNA include information about this subject in *IMPRINT*, if feasible; 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 Nursing Organizations

Alliance, the American Association of Colleges of Nursing, the National Organization for Associate Degree Nursing, the National Black Nurses Association, the U.S. President, the U.S. Vice-President, the Speaker of the U.S. House of Representatives, the President Pro Tempore of the U.S. Senate, Joint Commission of Accreditation of Hospital Organizations, the U.S. Department of Labor, the American Organization of Nurse Executives, the American Federation of Labor-Congress of Industrial Organization, the National Labor Relations Board, and others deemed appropriate by the NSNA.

**TOPIC: IN SUPPORT OF INCREASED NSNA INVOLVEMENT IN GLOBAL HEALTH ISSUES**

**SUBMITTED BY: Buckeye Student Nurses, Ohio**

WHEREAS, there is an increasing influence of determinants on health in the United States arising outside of the country; and

WHEREAS, opportunities for students to study global health issues in other countries fosters understanding of these issues and prepares students to practice in a multi-cultural society; and

WHEREAS, as global trade, travel, migration, and immigration increase and economic development and health care become intertwined, so do internationalization of health risks and spread of infectious diseases, among which there is a high correlation; and

WHEREAS, as globalization requires people to interact with others in and from other nations, successful outcomes of these interactions depend on quality of information, understanding and knowledge about the cultures with whom the person interacts; and

WHEREAS, one way for healthcare to be effective and compete globally is to reflect the unique understanding of values, beliefs, and worldviews of diverse populations and individual acculturation patterns; and

WHEREAS, healthcare professionals must continuously highlight diversity in healthcare through cultural competence, cultural sensitivity, and cultural congruence; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) increase nursing student awareness of global health issues with articles in *IMPRINT*, educational programs at convention and Midyear Conferences, and participation in international relief efforts, if feasible; and be it further

RESOLVED, that the NSNA encourage the inclusion of global health issues in their nursing Master's and Doctorate programs; and be it further

RESOLVED, that the NSNA encourage nursing students to visit the International Council of Nurses (ICN) Student website on the ICN Student Bulletin Board; and be it further

RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association, the American Association of Colleges of Nursing, the National League for Nurses, the National Organization for Associate Degree Nursing, the International Council of Nurses, the United States Agency for International Development, the Centers for Disease Control and Prevention, the *American Journal of Nursing*, Sigma Theta Tau International, the World Health Organization and all others deemed appropriate by the NSNA Board of Directors.

**TOPIC: IN SUPPORT OF INCREASING EDUCATION AND AWARENESS FOR PARENTS OF CHILDREN WITH ASTHMA TO REDUCE OF HOSPITAL EMERGENCY ROOM VISITS**

**SUBMITTED BY: California State University of Fresno Nursing Students**

WHEREAS, “each year hospital emergency rooms handle approximately 2 million visits for asthma attacks;” and

WHEREAS, the American Academy of Allergy, Asthma, and Immunology states that between 15 percent and 17 percent of all emergency room pediatric visits are asthma-related; and

WHEREAS, “regular use of inhaled corticosteroids and utilization of an allergy specialist are key components in asthma treatment schedules to reduce the likelihood of emergency room visits;” therefore be it

RESOLVED, that the National Student Nurses’ Association (NSNA) support increasing education and awareness about asthma for parents of children with asthma, community members, community members, and educators both during emergency room visits and within the community at large; and be it further

RESOLVED, that the NSNA membership encourage that children identified as having a history of poorly managed asthma as exhibited by frequent and severe exacerbations be referred to an appropriate home health care agency to identify environmental triggers within the home, to assess for potential developmental delays within the child related to frequent school absences secondary to inadequate disease management, to assess the family system for socioeconomic and psychosocial factors contributing to healthcare disparities, and to provide more detailed education and patient follow up if feasible; and be it further

RESOLVED, that the NSNA encourage health care facility personnel, including administrators, to recognize the importance of studying and tracking asthma relapses within the Emergency Room with regard to time between exacerbations; and be it further

RESOLVED, that the NSNA send copies of this resolution to the Asthma and Allergy Foundation of America, American Partnership for Eosinophilic Disorders, the Allergy & Asthma Network/Mothers of Asthmatics, the National Association of School Nurses, the DC Asthma Coalition via the American Lung Association of D.C., the Association of Asthma Educators, the National Jewish Medical and Research Center, the Emergency Nurses Association, the American Association of Colleges of Nursing, the National Organization for Associate Degree Nursing, the American Nurses Association, the National League for Nursing, and any others deemed appropriate by the NSNA Board of Directors.

**TOPIC: IN SUPPORT OF EDUCATING HEALTHCARE PROFESSIONALS ABOUT DEVELOPING AND MAINTAINING CURRENT HEALTHCARE ADVANCE DIRECTIVES**

**Submitted by: Florida Nursing Students Association Executive Board**

WHEREAS, nursing student and nursing professionals are responsible for inquiring about and confirming that patients have current healthcare advance directives; and

WHEREAS, potential difficulties and problems can occur when patients and their families contemplate the significance of these end-of-life directives; and

WHEREAS, participants in a survey of 339 Association of Critical Care Nurses members indicated that while it was important for patients to complete advance directives and that healthcare providers are responsible for informing patients about end-of-life decisions, these healthcare directives are not in place, with 86% of the respondents reporting that they had not completed an advance directive for themselves, and 186 (55%) felt they themselves did not have a good understanding of advance directives; and

WHEREAS, of nearly all respondents of the nurses surveyed, 311 (92%) thought they themselves would benefit from additional information; and

WHEREAS, more than 80% of the United States population is affected either directly or indirectly by a critical illness at some time in life, with most likely to be faced with end-of-life decisions; and

WHEREAS, in a poll taken at Wesley College in Dover, Delaware, of the 41 students surveyed regarding advance directives, 86% of the group, including the doctorally prepared professor, did not have advance directives for themselves; and

WHEREAS, the presence of advance directives encourages discussion between patients, their families and healthcare providers about the patient's preferences; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) encourage its members to support education about advance care directives for all nursing students and healthcare professionals; and be it further

RESOLVED, that the NSNA encourage its members to be diligent in completing advance health care directives for themselves and their families; and be it further

RESOLVED, that the guidelines and criteria be printed 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 Association of Colleges of Nursing, the National League for Nursing, the National Organization for Associate Degree Nursing, the National Association of Pediatric Nurse Associates and Practitioners, the National Association of Neonatal Nurses, the American Association of Critical Care Nurses, the Nursing Organizations Alliance, and all others deemed appropriate by the NSNA Board of Directors.

**TOPIC: IN SUPPORT OF INCREASED AWARENESS REGARDING THE EFFECTS OF SHIFT WORK ON NURSING PERFORMANCE AND DRIVING WHILE SLEEP DEPRIVED**

**SUBMITTED BY: The Ohio Nursing Students Association, and the Salisbury University Student Nurses Association**

WHEREAS, over time, sleep debt can result in excessive fatigue and risks for injuries, accidents, and errors in the workplace and outside the work environment; and

WHEREAS, among the nation’s full-time health care workers, 30.1% are shift workers, a number expected to significantly increase; and

WHEREAS, “many shift workers average less than five hours of sleep a day; therefore, exhaustion associated with insufficient sleep puts shift workers at greater risk of car accidents on the drive home from work;” and

WHEREAS, “about 95% of night nurses working 12-hour shifts reported having had an automobile accident or near-miss accident while driving home from night work;” and

WHEREAS, “the New Jersey State Senate passed a bill, known as Maggie’s Law, on June 23, 2003, which established fatigued driving as recklessness under the existing vehicular homicide statute. The law defines “fatigue” as being without sleep for a period in excess of 24 consecutive hours;” and

WHEREAS, “the 24 million Americans who work in extended hour jobs outside the hours of 7 a.m. to 7 p.m. will reportedly be particularly affected by Maggie’s Law;” and

WHEREAS, due to this requirement, health care management teams must direct attention towards the needs of the nursing workforce in order to maximize the efficiency and effectiveness of care; therefore be it

RESOLVED, that the National Student Nurses’ Association (NSNA) publish in *IMPRINT* the effects of shift work on nursing performance and driving while sleep deprived, if feasible; and be it further

RESOLVED, that the NSNA encourage students to individually analyze their health status, sleeping habits, and psychosocial functioning in comparison to their work hours; and be it further

RESOLVED, that the NSNA encourage nursing employers, specifically hospitals, to implement “drowsy driving” employee intervention programs that include educational awareness and alternative driving options, and be it further

RESOLVED, that the NSNA support the awareness of Maggie’s Law and support further legislation in other states addressing sleep-deprived drivers by implementing aggressive educational programs; and be it further

RESOLVED, that copies of this resolution be sent to the American Nurses Association, the National League for Nursing, the American Association of Colleges of Nursing, the National Organization for Associate Degree Nursing, the American Medical Association, the National Highway Traffic Safety Administration, the National Center on Sleep Disorders Research, the National Institutes of Health, the American Hospital Association, the Center for Sleep, Sigma Theta Tau International, the American Automobile Association Foundation for Traffic Safety, the American College of Healthcare Executives, the International Council of Nurses, the National Patient Safety Foundation, and all others deemed appropriate by NSNA Board of Directors.

**TOPIC: IN SUPPORT OF INCREASED RESEARCH, AWARENESS, AND EDUCATION ABOUT CELIAC DISEASE**

**SUBMITTED BY: Villanova University, Pennsylvania**

WHEREAS, studies have shown that celiac disease occurs in an estimated 1 in 133 Americans. Among people who have a first-degree relative diagnosed with celiac disease, as many as 1 in 22 people may have the disease; and

WHEREAS, increasing awareness of celiac disease will increase diagnosis and treatment rate; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) support the education of nurses, healthcare professionals, and the community about celiac disease; and be it further

RESOLVED, that the NSNA support its membership to further increase nursing research regarding celiac disease; and be it further

RESOLVED, that the NSNA increase awareness and education of its membership about celiac disease through *IMPRINT*, if feasible; and be it further

RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association, the American Public Health Association- Public Health Nursing Section, the American Association of Colleges of Nursing, the National League for Nursing, the National Association for Associate Degree Nursing, the Academy of Medical-Surgical Nurses, the National Association of Pediatric Nurse Practitioners, the National Association of School Nurses, the Association of Women's Health, Obstetric and Neonatal Nurses, and the National Association of Neonatal Nurses, and any others deemed appropriate by the NSNA Board of Directors.