

RESOLUTIONS 2001

*The resolutions contained in this packet were
passed by the 2001 NSNA House of Delegates,
April 4-8 in Nashville, Tennessee*

**National Student Nurses' Association, Inc.
45 Main Street, Suite 606, Brooklyn, NY 11201
World-Wide Web Page <http://www.nsna.org>**

**2001 NSNA RESOLUTIONS
TABLE OF CONTENTS**

IN SUPPORT OF:

Increased Awareness of the Harmful Effects of the Bacterial Load Found on Artificial Nails	1
Increased Government Funding for Nursing Education to Prepare Students for RN Licensure; and to Further Support Government Funding for Nursing Faculty Development.....	2
Pain as the ^{5th} Vital Sign.....	3
Research Related to Measuring Pain in the Cognitively Impaired Adult.....	4
Increasing Awareness of the Importance of Public Donation of Umbilical Cord Blood	5
Education for Nurses and Nursing Students on the Utilization of Doulas for Laboring Mothers	6
Increased Awareness and Education of the Diabetes Type II Pandemic and Diabetes Management.....	7
Increasing the Required Age and Size Limits for the Use of Child Passenger Safety Seats in Motor Vehicles	8
Increased Awareness and Education of Holistic Nursing	9
Increased Access to and Development of Improved Drug Treatment Programs for Substance Abusing Pregnant Women.....	10
Lowering the Student to Faculty Ratio in the Acute Care Setting.....	11
Passage and Implementation of Comprehensive Mental Health Parity Legislation	12
Scheduled Medication Administration for Pain Management in the Terminally III.....	14
Newborn Safe Abandonment Legislation	15
Increased Involvement of Nursing Students with the American Red Cross	16
The Prevention of Workplace Violence in Health Care Settings Through Increased Education and Awareness.....	17
Senior Fall Prevention Education	18

TOPIC: IN SUPPORT OF INCREASED AWARENESS OF THE HARMFUL EFFECTS OF THE BACTERIAL LOAD FOUND ON ARTIFICIAL NAILS

SUBMITTED BY: Villanova University Student Nurses Association

WHEREAS, "...artificial fingernails are more likely to harbor pathogens, especially gram negative bacilli and yeast, than native nails"; and

WHEREAS, gram negative bacilli may cause a variety of infections, each differing in their severity and some causing fatalities; and

WHEREAS, "...areas under the nails and nail beds harbor large numbers of organisms even after vigorous cleansing and scrubbing"; and

WHEREAS, there is an increased number of these bacterial organisms under artificial nails when compared to natural medium length nails; and

WHEREAS, experimental studies have revealed a higher bacterial load on both chipped polished nails and artificial nails when compared to unpolished natural nails; and

WHEREAS, the Centers for Disease Control and Prevention, and the Association of periOperative Registered Nurses endorse a ban on artificial nails for surgical personnel and advocate further investigation into the harmful effects of nail polish in patient care settings; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) support the education of nurses, health care professionals and the public about the harmful effects of the bacterial load found on artificial nails; and be it further

RESOLVED, that the NSNA provide current information about bacteria on artificial nails through *Imprint* articles and Chapter education programs, if feasible; and be it further

RESOLVED, that the NSNA encourage its constituent chapters to promote awareness of bacteria related to artificial nails in collaboration with organizations such as the Association of periOperative Registered Nurses; 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 Organization for Associate Degree Nursing, the American Medical Association, the American Public Health Association, the Association of periOperative Registered Nurses, the Association for Professionals in Infection Control and Epidemiology, the Centers for Disease Control and Prevention, and all others deemed appropriate by the NSNA Board of Directors.

TOPIC: IN SUPPORT OF INCREASED GOVERNMENT FUNDING FOR NURSING EDUCATION TO PREPARE STUDENTS FOR RN LICENSURE; AND TO FURTHER SUPPORT GOVERNMENT FUNDING FOR NURSING FACULTY DEVELOPMENT

SUBMITTED BY: National Student Nurses' Association Board of Directors

WHEREAS, "...enrollment in nursing schools has declined about 5 percent each year since 1996"; and

WHEREAS, the reduction in younger-age Registered Nurses (RNs) and the aging baby boom RNs will mean that the average age of working RNs (currently 41.9 years) will continue to increase, rising another 3.5 years to 45.4 years by 2010; and

WHEREAS, the size of the RN workforce will stop increasing and actually begin to shrink as RNs start to retire from nursing in ever increasing numbers; and

WHEREAS, by the year 2020, the supply of RNs is projected to fall 20 percent below predicted requirements which represents a shortfall of approximately 400,000 RNs; and

WHEREAS, faculty members from the baby boomer generation are approaching retirement, and

WHEREAS, fewer young nurses are pursuing careers in nursing education; and

WHEREAS, the current looming nursing shortage will only be exacerbated by a growing faculty shortage; and

WHEREAS, the American Nurses Association (ANA) has asserted that without the continuation of government funding from sources such as the Nurse Education Act (NEA) programs, the current nursing shortage in the nation's underserved areas would be further exacerbated; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) support legislation on increased government funding for nursing education; and be it further

RESOLVED, that the NSNA support legislation on increased government funding for nursing faculty development; and be it further

RESOLVED, that the NSNA encourage its constituent members to write letters to their state and national legislators in support of increased government funding; and be it further

RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association, the National League for Nursing, the American Association of Colleges of Nursing, the National Organization for Associate Degree Nursing, the American Organization of Nurse Executives, the American Hospital Association, the National Federation of Specialty Nursing Organizations, the Nursing Organization Liaison Forum, the Health Resources and Services Administration (HRSA), the Bureau of Health Professions (BHP), the Division of Nursing, Division of Student Assistance, the U.S. Department of Education, Governors of all states, territories and commonwealths, and any others deemed appropriate by the NSNA Board of Directors.

TOPIC: IN SUPPORT OF PAIN AS THE 5TH VITAL SIGN

SUBMITTED BY: Columbus State University's Student Nurses Association, Georgia Maurine Church Coburn School of Nursing at Monterey Peninsula College, California

WHEREAS, pain is the primary complaint for which people seek treatment; and
WHEREAS, pain can be a major factor inhibiting the ability and willingness to recover from illness; and
WHEREAS, unrelieved pain carries profound physiological and psychological consequences that result in significant costs to patients, families, health care systems, and to society as a whole; and
WHEREAS, "the client's self-report of pain is the single most reliable indicator of the existence and intensity of pain and any related discomfort" and "inadequate pain assessment and treatment in clients who report pain was a result of ineffective pain management education"; and
WHEREAS, the development of pain assessment and management standards was driven by the reality that the undertreatment of pain is a major public health problem in the United States; and
WHEREAS, the Veterans Administration has elevated pain to the status of "[5th] Vital Sign," with the intent to gauge pain symptoms with the same precision as temperature, respiration, blood pressure, and heart rate; and
WHEREAS, the American Nurses Association encourages nurses in all settings to assess and manage pain, consistent with the 1998 Tri-council decision to endorse the view of pain as the 5th vital sign; and
WHEREAS, in March 1999, the standards were approved by the Joint Commission's Board of Commissioner's Standards and Survey Procedures Committee which creates new expectations for the assessment and management of pain in accredited hospitals and other health care settings;
RESOLVED, therefore be it that the National Student Nurses' Association (NSNA) encourage its members to support the education and implementation of pain assessment as the 5th vital sign within the clinical setting; and be it further
RESOLVED, that the NSNA and its members encourage support of the Veterans Administration, the American Nurses Association, and the Joint Commission for Accreditation of Health Care Organizations in their efforts toward education and implementation of pain assessment as the 5^w vital sign using current pain assessment scales; and be it further
RESOLVED, that the NSNA collaborate with schools of nursing to include pain assessment intervention and evaluation as important components of and integrated throughout their curriculum; and be it further
RESOLVED, that the NSNA promote patient teaching regarding awareness of pain assessment and management; and be it further that the NSNA encourage individual state and school associations to publish editorials and articles in their publication on the endorsement of pain as the 5th vital sign, if feasible; and be it further
RESOLVED, that the NSNA provide a focus session on pain management at annual conventions, if feasible; and be it further
RESOLVED, that the NSNA present this resolution at the International Council of Nurses Student Assembly, if feasible; and be it further
RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association, the American Organization of Nurse Executives, the National League for Nursing, the National Organization for Associate Degree Nursing, the American Association of Colleges of Nursing, the Joint Commission on Accreditation of Healthcare Organizations, the American Hospital Association, the American Pain Society, and any others deemed appropriate by the NSNA Board of Directors.

TOPIC: IN SUPPORT OF RESEARCH RELATED TO MEASURING PAIN IN THE COGNITIVELY IMPAIRED ADULT

SUBMITTED BY: Widener University School Of Nursing, Pennsylvania

WHEREAS, cognitively impaired adults do have pain; and
WHEREAS, a suitable scale is not available for pain measurement in cognitively impaired adults; and
WHEREAS, a pain measurement scale is needed for consistency; and
WHEREAS, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) is making it mandatory for policies and procedures for assessing and managing pain to be put in place by all accredited facilities and organizations; and
WHEREAS, the Children's Hospital of Eastern Ontario Pain Score (CHEOPS) is used to measure pain in infants and anesthetized or non-verbal children; and
WHEREAS, the CHEOPS uses body language on a rating scale to measure pain by assessing six categories (crying, facial expressions, verbalizations, torso position, wound touching behaviors, and leg movements) rather than simply a verbal report; therefore be it
RESOLVED, that the National Student Nurses' Association (NSNA) support and encourage the education of all health care professionals in relation to measuring pain in the cognitively impaired adult; and be it further
RESOLVED, that the NSNA support and encourage the use of a pain scale to measure pain in the cognitively impaired adult until a more appropriate method is developed; and be it further
RESOLVED, that the NSNA support and encourage research to develop a method to measure pain in cognitively impaired adults; and be it further
RESOLVED, that information on this topic and related topics be published in *Imprint*, if feasible; and be it further
RESOLVED, that the NSNA send a copy of this resolution to the Joint Commission on Accreditation of Healthcare Organizations, the American Pain Society, the Veterans Administration, the National League for Nursing, the American Nurses Association, the American Association of Colleges of Nursing, the National Organization for Associate Degree Nursing, the National Institute of Nursing Research and any others deemed appropriate by the NSNA Board of Directors.

TOPIC: IN SUPPORT OF INCREASING AWARENESS OF THE IMPORTANCE OF PUBLIC DONATION OF UMBILICAL CORD BLOOD

SUBMITTED BY: Ohio Nursing Students' Association

- WHEREAS, umbilical cord blood that has usually been discarded after birth has become a significant source of stem cells that have only been "...harvested from bone marrow or peripheral blood" in the past; and
- WHEREAS, like bone marrow, cord blood ... is a source of stem cells that "...tend to be immunologically immature, thereby having the ability to rebuild a patient's blood supply and immune system"; and
- WHEREAS, a transplant utilizing stem cells from umbilical cord blood may yield "...significantly lower rates of rejection than that of bone marrow transplants" due to the lack of antibodies not yet present in cord blood; and
- WHEREAS, the collection of placental blood involves no risk to the mother or the newborn; and
- WHEREAS, according to the Cord Blood Donor Foundation, "there [have] been stem cells stored for more than 15 years [that] are still viable" and are considered to be able to remain "stored indefinitely"; and
- WHEREAS, it has been estimated that it would take approximately 100,000 units from cord blood donations to match 85 to 95 percent of all patients worldwide in need of transplantation, and with over 4 million births in the U.S. annually the number of "...potential donors is essentially unlimited;" and
- WHEREAS, public cord blood banks can help counteract the shortage of stem cells acquired through bone marrow donations, thereby increasing the number of patients receiving successful transplantation; and
- WHEREAS, nurses and nursing students are in prime positions to educate expectant parents, healthcare professionals, and the general public on the importance of donating and storing umbilical cord blood; therefore, be it
- RESOLVED, that the National Student Nurses' Association (NSNA) encourage its constituents to promote awareness within community and clinical settings through a partnership with the Cord Blood Donor foundation, it feasible; and be it further
- RESOLVED, that the NSNA include information about this issue in *Imprint*, if feasible; and be it further
- RESOLVED, that the Community Health Director of NSNA encourage statewide projects to promote awareness within the community and health care institutions, if feasible; and be it further
- RESOLVED, that the NSNA send copies of this resolution to the Cord Blood Donor Foundation, the National Heart, Lung, and Blood Institute, the American Nurses Association, the National League for Nursing, the American Association of Colleges of Nursing, the American Red Cross, the American Medical Association, the Association of Women's Health, Obstetric and Neonatal Nurses, the National Association of Neonatal Nurses, the National Organization for Associate Degree Nursing, and any others deemed appropriate by the NSNA Board of Directors.

TOPIC: IN SUPPORT OF EDUCATION FOR NURSES AND NURSING STUDENTS ON THE UTILIZATION OF DOULAS FOR LABORING MOTHERS

SUBMITTED BY: Florida Nursing Students' Association

WHEREAS, many women rate childbirth as one of the most severe forms of pain a person can experience; and

WHEREAS, during labor, pain can originate from a number of different sources including emotional tension; and

WHEREAS, under stress, the body increases catecholamine production, and thereby decreases the efficiency of uterine contractions, prolongs labor, increases pain and the need for medication and leads to lower APGAR scores; and

WHEREAS, due to the current nursing shortage, labor and delivery nurses have to care for several women at a time and sometimes can offer only minimal support; and

WHEREAS, fathers are anxious to support and nurture partners, but realize their expertise with birth is limited to the knowledge gained in childbirth classes or to their own previous attendance at birth; and

WHEREAS, "doulas" are defined as "...birth companions ... or labor attendants who are taught to provide emotional support to the laboring woman and hands-on skills that help reduce pain and enhance labor progress"; and

WHEREAS, the doula's repertoire of skills includes acupressure, aromatherapy, bringing the baby down or around, cold, counter pressure, hip squeeze, laying on of hands, massage, movement during labor, using music as a support tool, visual and guided imagery, the doula's voice, and water during labor; and

WHEREAS, doulas are required to acquire training and certification by one of several organizations that focus on emotional needs of women in labor, and non-medical physical and emotional comfort measures; and

WHEREAS, vaginal births constitute the majority of births in this country, but are usually "medically managed" utilizing medical and technical interventions that are occasionally of questionable necessity; and

WHEREAS, research studies conducted over the last 20 years in various parts of the world have shown doula supported labors required 48% less epidural pain relief, Cesarean sections were down 10%, oxytocin use was required in only 6% of supported cases and 51 % of women reported a positive birth experience compared to 21 % of non-doula supported mothers; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) encourage all schools of nursing to incorporate information regarding doula practice and certification, 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 Organization for Associate Degree Nursing, the American Medical Association, the National League for Nursing, Doulas of North America, the International Childbirth Education Association, the LaLeche League, the Association of Labor Assistants and Childbirth Educators, Lamaze International, the American Medical Women's Association, the Association of Women's Health, Obstetric and Neonatal Nurses, the American College of Nurse Midwives, and any others deemed appropriate by the NSNA Board of Directors.

TOPIC: IN SUPPORT OF INCREASED AWARENESS AND EDUCATION OF THE DIABETES TYPE II PANDEMIC AND DIABETES MANAGEMENT

SUBMITTED BY: California Nursing Students' Association Tennessee Association of Student Nurses

WHEREAS, the World Health Organization is predicting the number of people with diabetes Type II around the world to increase from 140 million to over 300 million by the year 2025; and

WHEREAS, traditionally seen mainly in older groups, the greatest increases appear to be among younger people: a 70"percent increase in 30 to 39 year olds, a 40 percent increase in 40 to 49 year olds; and

WHEREAS, diabetes Type II is increasingly being found in children and adolescents, accounting for 8 to 46 percent of all new pediatric cases of diabetes; and

WHEREAS, diabetes is a disease that requires lifelong management; and

WHEREAS, research indicates that diabetes Type II can be managed and prevented through proper diet, exercise and careful monitoring; and

WHEREAS, diabetes is "...one of the most common chronic health problems in children [and adolescents], second only to asthma; and

WHEREAS, "...most school-aged children spend nearly half of their waking hours under the supervision of the school system, and many receive breakfast, lunch, and at least two snacks at school," and

WHEREAS, parents of children with diabetes often face a need for repeated explanations about their children's health care needs to teachers and staff; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) encourage its constituents to promote the sharing of resources to develop programs in schools and communities that support awareness and education about diabetes, thereby improving nutrition and physical activity behaviors for all individuals and their families; and be it further

RESOLVED, that the NSNA promote a multidisciplinary approach to screening and caring for diabetes by supporting continued education of nurses, dietitians, physicians, physical therapists and other health care professionals; and be it further

RESOLVED, that the NSNA encourage the inclusion of content in nursing program curricula regarding the recent dramatic increase of diabetes Type II in younger populations, risk factors, and methods of preventing and controlling diabetes Type II; and be it further

RESOLVED, that the NSNA encourage its constituents to participate in local School Health Committees and/or School Health Advisory Boards to insure that diabetes Type it prevention and diabetes management is addressed; and be it further that the NSNA publish articles in *Imprint* and offer a focus session at annual convention on this topic, if feasible; and be it further that a copy of this resolution and references be placed on the NSNA web site, if feasible; and be it further

RESOLVED, that the NSNA present this resolution at the International Council of Nurses Student Assembly, if feasible; and be it further

RESOLVED, that the NSNA send copies of this resolution to the National League for Nursing, the American Nurses Association, the National Organization for Associate Degree Nursing, the American Association of Colleges of Nursing, the American Organization of Nurse Executives, the American Diabetes Association, the American Association of Diabetic Educators, the Centers for Disease Control and Prevention, the World Health Organization, the Juvenile Diabetes Foundation, the Pan-American Health Organization, the National Education Association, the Association of School Nurses, all NSNA state, territorial and commonwealth constituents, and all others deemed appropriate by the NSNA Board of Directors.

TOPIC: **IN SUPPORT OF INCREASING THE REQUIRED AGE AND SIZE LIMITS FOR THE USE OF CHILD PASSENGER SAFETY SEATS IN MOTOR VEHICLES**

SUBMITTED BY: **Arkansas Nursing Students' Association**

WHEREAS, the 1999 National Student Nurses' Association (NSNA) House of Delegates adopted a resolution on education about and appropriate use of child safety seats; and
WHEREAS, premature graduation of young children from a child restraint system to seat belts puts them at considerably higher risk of significant injury in crashes; and
WHEREAS, "the Centers for Disease Control and Prevention estimates that 500 children are killed every year in fatal car wrecks"; and
WHEREAS, one study showed that "only 4-6 percent of children aged 4-8 years used booster seats when riding in motor vehicles"; and
WHEREAS, "child safety seats reduce the risk of fatal injury by 71 percent for infants and by 54 percent for toddlers in passenger cars"; and
WHEREAS, "many states only require the use of child safety restraints up until the age of three"; and
WHEREAS, many parents believe that it is safe to have their child restrained by an adult safety belt; and
WHEREAS, a child should not be placed into a seat with only an adult safety restraint until the child's back can be flat against the back of the seat with his/her knees bent over the seat's edge without curvature of the back; therefore be it,
RESOLVED, that the National Student Nurses' Association (NSNA) encourage all constituents to support increasing the size and age limits of child passenger safety seats in motor vehicles to at least 6 years or 60 pounds, whichever comes first; and be it further
RESOLVED, that the NSNA encourage its constituents to contact their legislators in efforts to change existing laws; and be it further
RESOLVED, that the NSNA send copies of this resolution to the American Academy of Pediatrics, the American Nurses Association, the American Public Health Association, the National Association of Pediatric Nurse Associates and Practitioners, the National League for Nursing, the American Association of Colleges of Nursing, the National Organization for Associate Degree Nursing, the Safe Kids Coalition, and all others deemed appropriate by the NSNA Board of Directors.

TOPIC: IN SUPPORT OF INCREASED AWARENESS AND EDUCATION OF HOLISTIC NURSING

SUBMITTED BY: Salisbury State University, Maryland

WHEREAS, "Holistic Nursing is nursing practice that has healing the whole person as its goal. [It] involves understanding relationships among the biological, psychologic, social, and spiritual dimensions of the person, and that the whole is greater than the sum of the parts, and that the person is an integrated whole interacting with internal and external environments"; and

WHEREAS, Florence Nightingale, the founder of modern nursing, believed that spirituality and the environment impact the outcomes of an illness; and

WHEREAS, "it has become all too easy, ... to focus on the machine, monitors, drugs, and laboratory reports rather than the person at the other end of the catheters. Holistic Nursing practice is often suppressed or even abandoned"; and

WHEREAS, "conventional medicine has become increasingly technological, typically centering on treatment to cure disease with medications and surgery. In contrast, the caring approach of nursing focuses on conscious compassionate skills that help patients achieve a healthy state of mind, body, and spirit"; and

WHEREAS, "depersonalization and increasing costs of medical care have left clients feeling worse, uncared for, and helpless"; and

WHEREAS, it should become routine to assess the mind, body, and spirit of the patient because ultimately it can mean the difference between health and illness; and

WHEREAS, "patients report that holistic nursing interventions help to redirect their attention, distracting them from pain and discomfort"; and

WHEREAS, complementary therapies are used by holistic nurses as modules to provide support for healing; and

WHEREAS, the difference between comprehensive care and holistic care is that holistic nurses create an interactive relationship with their patients by showing unconditional acceptance; and

WHEREAS, holistic nurses who create a personal balance for themselves transmit a presence of self-awareness which also creates a healthy healing environment for the patients; and

WHEREAS, "everyone has the power to transmit healing", if one simply becomes relaxed and provides other forms of care, such as therapeutic touch, to the patient; and

WHEREAS, holistic care has resurfaced because medical practices alone have failed to effectively treat illnesses; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) encourage its members to support the philosophies of holistic nursing by practicing these philosophies in all health care settings; and be it further

RESOLVED, that the NSNA emphasize the importance of holistic nursing by supporting education of holistic care within nursing programs; and be it further

RESOLVED, that the NSNA urge its constituents to support the American Holistic Nursing Association through dispersion of pamphlets and brochures, if feasible; and be it further

RESOLVED, that the NSNA support the completion of the certification for becoming a holistic nurse; and be it further

RESOLVED, that the NSNA provide current information to promote understanding and awareness of the importance of practicing as a holistic nurse via articles printed in *Imprint*, if feasible; and be it further

RESOLVED, that the NSNA send copies of this resolution to the American Nurses Association, the American Holistic Nursing Association, the American Holistic Nurses' Certification Corporation, the National League for Nursing, the American Association of Colleges of Nursing, the National Organization for Associate Degree Nursing, the National Center for Complementary and Alternative Medicine of the National Institute of Health, and any others deemed appropriate by the NSNA Board of Directors.

TOPIC: IN SUPPORT OF INCREASED ACCESS TO AND DEVELOPMENT OF IMPROVED DRUG TREATMENT PROGRAMS FOR SUBSTANCE ABUSING PREGNANT WOMEN

SUBMITTED BY: Kansas Association of Nursing Students

WHEREAS, cocaine is one of the leading illicit drugs used by pregnant women and exposure causes infants to be irritable with "inconsolable, high-pitched screaming, seizures, vomiting, and rapid weight loss" and exposed infants have an "increased rate of infant mortality because of prematurity and low birth weight"; and

WHEREAS, drug dependent women have "higher rates of spontaneous abortion, placental abruption and premature labor" and "drug or alcohol addiction is known to be one of the critical factors involved in child abuse, neglect, and abandonment"; and

WHEREAS, "traditionally, substance abuse treatment programs have not addressed issues that affect pregnant women," including connection to obstetric services, child care accommodations, and preparation for parenting; and

WHEREAS, "substance abuse treatment during pregnancy has significant health benefits to pregnant drug abusing women and produces considerable cost savings"; and

WHEREAS, "the impact of prenatal care costs on total costs of treatment are minimal compared to costs of care for low birthweight infants"; and

WHEREAS, a national study showed that "only 10 to 12 percent of pregnant substance abusers received needed treatment because they are often categorically excluded from inpatient and community-based treatment programs"; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) encourage health care providers to supply substance abusing pregnant women with access to drug treatment programs, which are directed at meeting the needs of substance abusing pregnant women; and be it further

RESOLVED, that the NSNA support all community health organizations in their endeavors to improve access to and develop drug treatment programs for pregnant women; and be it further

RESOLVED, that the NSNA support the nurse's role in identifying substance abuse in pregnant women; and be it further

RESOLVED, that the NSNA communicate current information to promote better understanding and awareness of substance abuse by pregnant women and their treatment options via articles 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 American Medical Association, the American Association of Colleges of Nursing, the National Organization for Associate Degree Nursing, the American College of Nurse Midwives, the International Nurses Society on Addictions, the American Public Health Association, the Association of Women's Health, Obstetric, and Neonatal Nurses, the National Association of Pediatric Nurse Associates and Practitioners, and any other organizations deemed appropriate by the NSNA Board of Directors.

TOPIC: IN SUPPORT OF LOWERING THE STUDENT TO FACULTY RATIO IN THE ACUTE CARE SETTING

SUBMITTED BY: Valencia Community College Nursing Students, Florida

WHEREAS, vigorous requirements communicated at the state licensing level and endorsed by the various professional organizations in nursing require intense time allocation in clinical learning settings, extensive faculty contact time with students and low student to faculty ratios; and

WHEREAS, "there is a faculty shortage. Faculty are aging and retiring"; and

WHEREAS, a recent national survey of U.S. Boards of Nursing reports "17 states, [territories and commonwealths] (34%) already have a 1:10 ratio and six plan to change to a 1:8 ratio within 1 year"; and

WHEREAS, a recent national survey of U.S. Boards of Nursing reports "11 states [territories and commonwealths] (22%) already have a 1:8 ratio"; and

WHEREAS, a recent national survey of U.S. Boards of Nursing reports "only two states [territories and commonwealths] (4%) have a 1:12 ratio"; and

WHEREAS, "the remaining 20 states [territories and commonwealths] (40%) do not set a ratio limit but have criteria identified to determine safety relative to patient acuity, learning objectives, level of students, environment, etc."; and

WHEREAS, funding for federal initiatives supporting undergraduate and graduate nursing education programs is critical to assure that an adequate supply of health care professionals is available; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) encourage its members to support the National League for Nursing, the American Association of Colleges of Nursing, the National Organization for Associate Degree Nursing, and the National Council of State Boards of Nursing in their efforts to establish a range of clinical experience ratios based on setting and learning objectives; and be it further

RESOLVED, that the NSNA encourage federal initiatives to support educational programs to assure an adequate supply of nurse educators; and be it further

RESOLVED, that the NSNA urge its constituents to support lowering the student to faculty ratio in the acute care setting; and be it further

RESOLVED, that the implementation guidelines and outcome criteria be printed in the *Imprint* and *NSNA News*, if feasible; and be it further

RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association, the National League for Nursing, the American Association of Colleges of Nursing, the National Organization for Associate Degree Nursing, the American Organization of Nurse Executives, the National Council of State Boards of Nursing, the Speaker of the U.S House of Representatives, the President Pro-tem of the U.S. Senate, and any others deemed appropriate by the NSNA Board of Directors.

TOPIC: IN SUPPORT OF PASSAGE AND IMPLEMENTATION OF COMPREHENSIVE MENTAL HEALTH PARITY LEGISLATION

SUBMITTED BY: Emory University School of Nursing, Georgia Association of Nursing Students

WHEREAS, in 1995 and 1997, the National Student Nurses' Association (NSNA) House of Delegates adopted resolutions related to public awareness and education about mental illness; and

WHEREAS, and in recognition of the extent of mental illness in society and the discriminatory economic barriers that mentally ill persons face in obtaining treatment, the NSNA expressed its support for the implementation of P.L.104-204, the Mental Health Parity Act of 1996; and

WHEREAS, the Mental Health Parity Act of 1996 comprises partial parity. Its scope is limited in that it only prohibits employers from imposing annual and lifetime spending caps on mental health coverage that are more restrictive than those imposed on medical and surgical coverage. It does not prevent employers from imposing higher co-payments and deductibles, or different limitations on the number of visits or inpatient days covered for mental health services; and

WHEREAS, the Mental Health Parity Act of 1996 does not address coverage for substance abuse treatment. "As much as 50 percent of the mentally ill population also has a substance abuse problem"; and

WHEREAS, the Mental Health Parity Act of 1996 allows employers who show an increase in costs of at least one percent to apply for exemption from the law; and

WHEREAS, the Mental Health Parity Act of 1996 contains a sunset provision whereby, without further legislation, it will expire on September 30, 2001; and

WHEREAS, the General Accounting Office's (GAO) report on the law found that most health-plan costs associated with the law were slight, with only three percent of employers reporting an increase. As of March 2000, Department of Labor officials reported that only nine employers nationally had claimed an exemption; and

WHEREAS, the 2000 GAO report also found that some 87 percent of employers in compliance with the law have at least one other plan feature that is more restrictive for mental health services; and

WHEREAS, the Mental Health and Substance Abuse Parity Amendments of 2001, currently being considered in the U.S. House of Representatives by the Committees on Commerce, Education and the Workforce, and Ways and Means, will close the gaps of the Mental Health Parity Act of 1996 and will provide comprehensive parity for insurance coverage of mental health and addiction services; and

WHEREAS, the Mental Health and Substance Abuse Parity Amendments of 2001 will prohibit visit and inpatient day limits, and co-payment and deductible amounts for mental health services that are more restrictive than those for medical and surgical care; and

WHEREAS, the Mental Health and Substance Abuse Parity Amendments of 2001 will amend the Mental Health Parity Act of 1996 to eliminate the sunset provision, and the current exemption for employers whose costs have risen; therefore
be it

RESOLVED, that the National Student Nurses' Association (NSNA) encourage its constituents to support the passage and implementation of comprehensive parity for mental illness and substance abuse under the Mental Health and Substance Abuse Parity Amendments of 2001; and be it further

RESOLVED, that the NSNA encourage its constituents to contact their elected representatives, asking them to support the Mental Health and Substance Abuse Parity Amendments of 2001; 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 111, the American Psychiatric Nurses Association, Congresswoman Marge Roukema (R-NJ, lead sponsor of H.R. 162), the U.S. House of Representatives Committee on Commerce, Committee on Education and the Workforce, Ways and Means Committee, and all others deemed appropriate by the NSNA Board of Directors.

TOPIC: IN SUPPORT OF SCHEDULED MEDICATION ADMINISTRATION FOR PAIN MANAGEMENT IN THE TERMINALLY ILL

SUBMITTED BY: New Jersey Nursing Students, Inc.

- WHEREAS, The National Student Nurses' Association (NSNA) adopted a resolution in 1995 encouraging its members to promote the use of medication and alternative pain management therapies; and
- WHEREAS, one of the most important subjective voiced concerns in terminal patients is the fear of suffering painfully at the end of life; and
- WHEREAS, the World Health Organization (WHO) recommends the use of opioids as a modality to relieve pain and maximize a patient's ability to function; furthermore, findings collaborate that opiates were the therapy most consistently rated as effective in managing pain; and
- WHEREAS, as many as 12-71 percent of dying patients report suffering significant pain in the last week of life, but are often undertreated despite available medical and technological advances; and
- WHEREAS, severe pain is debilitating to the patient and causes needless suffering. Pain influences the individual's physical and psychological well-being and is a major factor in functioning ability; and
- WHEREAS, according to leading experts in pain management, pain should be assessed, and reduced or eliminated; and
- WHEREAS, pain is an inherently subjective experience, that patients' report of pain is the 'gold standard' upon which all interventions are based; and
- WHEREAS, inadequate pain relief continues to be a significant quality issue in hospitalized patients despite advances in empirical knowledge that gives clinicians the tools to create a pain-free environment. Studies continue to show that pain occurs in 60 to 90 percent of patients who seek health care, and most are not receiving adequate relief; and
- WHEREAS, for dying patients, deteriorating quality of life can lead to premature death, either by passive surrender or active suicide; and
- WHEREAS, providing around the clock medication allows attainment of a steady state of medication, which minimizes side effects and avoids periods of subtherapeutic treatment; therefore be it
- RESOLVED, that the National Student Nurses' Association (NSNA) support the concept that all patients have the right to pain relief; and be it further
- RESOLVED, that the NSNA support the concept that patients with chronic or frequent recurring pain should receive pain medication(s) around the clock according to the dosing schedules as opposed to PRN pain administration; and be it further
- RESOLVED, that the NSNA provide current information on awareness of scheduled medication administration for pain management through *Imprint* articles, and encourage local and state constituents to conduct educational programs, if feasible; and be it further
- RESOLVED, that the NSNA send copies of this resolution to the American Nurses Association, the National League for Nursing, the American Association of Colleges of Nursing, the National Organization for Associate Degree Nursing, the National Council of State Boards of Nursing, the American Academy of Nurse Practitioners, the American Association of Nurse Anesthetists, the Oncology Nursing Society, the Joint Commission on Accreditation of Healthcare Organizations, the American Medical Association, the American Academy of Pediatrics, and any other organizations deemed appropriate by the NSNA Board of Directors.

TOPIC: IN SUPPORT OF NEWBORN SAFE ABANDONMENT LEGISLATION

SUBMITTED BY: Brevard Community College Nursing Student Association, Florida

WHEREAS, "in the nation, newborn infants have suffered and died as the result of abandonment life-threatening situations"; and

WHEREAS, the U.S. Department of Health and Human Services spokesperson said " there were media reports of 105 infants abandoned in 'public places' in 1998"; and

WHEREAS, "the parents of newborn infants are often under severe emotional stress"; and

WHEREAS, "anonymity, confidentiality, and freedom from prosecution may encourage the parent to leave an infant safely and save the life of the infant"; and

WHEREAS, "each state's legislation varies slightly, but the theme of anonymity runs through all"; and

WHEREAS, the Florida bill was generated after six infants were abandoned in south and central Florida this spring, with one of the infants found in a trash dump, and the others in various unsafe environments; and

WHEREAS, at least 28 states have either adopted or are considering "Safe Abandonment" Legislation this year alone, according to the National Conference of State Legislatures; and

WHEREAS, in Florida, each fire station staffed with full-time firefighters, emergency medical technicians or hospitals shall accept any newborn infant left at their facility and provide emergency medical services and arrange for the immediate transportation of the newborn to the nearest hospital; and

WHEREAS, in Florida, "each hospital or fire station taking physical custody of a newborn shall make a good-faith effort to obtain the health, medical, and social history concerning the newborn infant and the parents, including a physical description of the parents if reasonably ascertainable"; and

WHEREAS, since the law was passed in Florida, Baby Luke was dropped off safely at a church in Ft. Myers, Florida, and delivered to Health Park Medical Center where more than 70 people have called the Florida Children and Family Services to adopt him; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) be aware of the Newborn Safe Abandonment legislation and challenge all nurses coming in contact with mothers abandoning their newborns to be receptive, kind and supportive to try and achieve proper medical history; and be it further

RESOLVED, that the NSNA encourage its constituents to increase awareness of this issue among other health care professionals; and be it further

RESOLVED, that the NSNA encourage its local chapters to adopt community health projects to gather baby supply kits or monetary support for fire stations or organizations providing care to these infants; 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 Association of Associate Degree Nurses, the American Medical Association, the National League for Nursing, the International Childbirth Education Association, the American Medical Women's Association, the Association of Women's Health, Obstetric and Neonatal Nurses, the American College of Nurse Midwives, the International Association of Firefighters, the Emergency Nurses Association, the Speaker of the U.S. House of Representatives, the President Pro-tem of the U.S. Senate, and all others deemed appropriate by the NSNA Board of Directors.

TOPIC: IN SUPPORT OF INCREASED INVOLVEMENT OF NURSING STUDENTS WITH THE AMERICAN RED CROSS

SUBMITTED BY: Wichita State University

WHEREAS, the American Red Cross (ARC) is in the business of saving lives by providing relief to victims of disasters and helping people prevent, prepare for, and respond to emergencies, as well as providing one half of the nation's blood supply; and

WHEREAS, the ARC is one of the largest humanitarian organizations in the United States, supported by more than 1.3 million volunteers; and

WHEREAS, nurses have always played an integral role in the ARC, and the ARC has played a key role in the development of nursing in the United States and continues to have a strong affiliation with nurses; and

WHEREAS, in addition to the nursing profession's rich historical association with the ARC, nurses possess educational backgrounds, skills, and experience that continue to make them valuable leadership resources for increasing the capacity to deliver ARC services and projecting a professional, caring, and trusting image to the public; and

WHEREAS, the ARC has developed a variety of volunteer opportunities for nursing students, including providing services directly to the community, participating in leadership activities, and health education courses; and

WHEREAS, volunteering for the ARC provides many educational benefits for nursing students, schools of nursing, and faculty, in addition to providing valuable services to individual communities; and

WHEREAS, upon graduation from their respective nursing programs, nursing students meeting the requirements set forth by the ARC will be inducted as Red Cross Nurses at the national level by the ARC, a tradition dating back to 1909; and

WHEREAS, there are over 1200 local chapters of the ARC across the United States, many of which rely on student nurse volunteers to serve in vital roles and increase their capacity for service delivery; and

WHEREAS, the ARC has composed a guidebook entitled *Make A Difference- Guidelines for Student Nurse Involvement in the American Red Cross*, which outlines student-friendly directions on how to initiate and implement involvement with ARC units; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) encourage its members to be actively involved with the ARC; and be it further

RESOLVED, that the NSNA encourage utilization of its official Website as a link to gain access to the guidebook entitled *Make A Difference- Guidelines for Student Nurse Involvement in the American Red Cross*; and be it further

RESOLVED, that the NSNA partner with the ARC to provide recognition for students participating in ARC programs through *Imprint* and the annual NSNA awards ceremony, if feasible; and be it further

RESOLVED, that the NSNA develop and maintain a liaison relationship with the ARC, Office of the Chief Nurse; and be it further

RESOLVED, that the NSNA encourage its constituents to develop and maintain a liaison relationship with their local ARC chapters; and be it further

RESOLVED, that the NSNA send copies of this resolution to the American Red Cross, Office of the Chief Nurse, the American Nurses Association, the National League for Nursing, the American Association of Colleges of Nursing, the National Organization for Associate Degree Nursing, and any other associations deemed appropriate by the NSNA Board of Directors.

TOPIC: IN SUPPORT OF THE PREVENTION OF WORKPLACE VIOLENCE IN HEALTH CARE SETTINGS THROUGH INCREASED EDUCATION AND AWARENESS

SUBMITTED BY: Student Nurses' Association of Pennsylvania

WHEREAS, no universal definition of workplace violence exists; however, the range of definitions include "any incident in which employers, self-employed people, and employees are abused, threatened, or assaulted in circumstances arising out of, or in the course of the work undertaken"; and

WHEREAS, accurate statistics for the incidence of workplace violence in the health care setting are not available in professional literature due to the lack of reporting of violence and the different perceptions health care professionals have of what constitutes a violent act"; and

WHEREAS, health care professionals are extremely vulnerable to this type of occupational stress as nursing homes, social service agencies, and hospitals are among the most common locations for violence to occur"; and

WHEREAS, physical and emotional injuries are expensive to both the employer and employees as they will result in treatment cost, loss of work time, and heightened sense of vulnerability and stress among the staff"; and

WHEREAS, appropriate nursing interventions to prevent violence in the workplace include the use of therapeutic communication, and body positioning techniques such as maintaining a non-confrontational sideways stance, and

WHEREAS, the Occupational Safety and Health Administration (OSHA) has established guidelines for workplace violence prevention programs for health care and social service workers; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) encourage the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) to include the OSHA guidelines in their accreditation criteria; and be it further that the NSNA provide current information on awareness and documentation of Workplace Violence through *Imprint* articles and chapter education programs, if feasible; and be it further

RESOLVED, that the NSNA encourage its local chapters to promote awareness of workplace violence prevention guidelines recommended by the OSHA; and be it further

RESOLVED, that the NSNA send copies of this resolution to the American Nurses Association, the National League for Nursing, the National Organization for Associate Degree Nursing, the American Association of Colleges of Nursing, the American Public Health Association, the American Association of Occupational Health Nurses, the Occupational Safety and Health Administration, the Joint Commission on Accreditation of Healthcare Organizations, and all others deemed appropriate by the NSNA Board of Directors.

TOPIC: IN SUPPORT OF SENIOR FALL PREVENTION EDUCATION

SUBMITTED BY: University of Florida Student Nurses Association

WHEREAS, falls are the leading cause of injury related death in people 65 years and older; and
WHEREAS, injuries related to falls lead to 20 percent of all hospitalizations in older individuals; and
WHEREAS, senior falls claimed the lives of approximately 9,000 individuals in the United States during 1997 and the rate of hip fractures related to falls is expected to reach 300,000 this year alone; and
WHEREAS, the estimated cost of these hospitalizations by 2006 will be \$238.4 million; and
WHEREAS, one out of every three seniors, 65 or older, who live in our communities will fall at least once this year; and
WHEREAS, in 1998 there were 34,401,132 seniors living in the United States; and
WHEREAS, identified risk factors include health status, medication use, history of previous falls, and environmental hazards; and
WHEREAS, falling and the fear of falling can lead to depression, loss of function, feelings of hopelessness, and social isolation; and
WHEREAS, most falls occur at home while performing activities of daily living; and
WHEREAS, 80 percent of the seniors' homes surveyed, had one or more environmental hazards; and
WHEREAS, injuries from falls is a largely preventable community health problem; and
WHEREAS, nursing interventions, the reduction of risk factors, and community education can decrease the percent of seniors who fall; and
WHEREAS, the promotion of community services to provide home inspection and maintenance services to older persons, at a reasonable cost, may further decrease this percentage; therefore be it
RESOLVED, that the National Student Nurses' Association (NSNA) encourage students, healthcare providers, communities, nursing homes, and nursing programs to continue to promote fall prevention education programs to our elderly communities; and be it further
RESOLVED, that the NSNA urge its constituents to support community leaders who recognize the importance of senior fall prevention in our communities; and be it further
RESOLVED, that the NSNA encourage its constituents to obtain senior fall prevention education; and be it further
RESOLVED, that the NSNA make educational resources available through current technology, and
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 National Nursing Home Association, the American Association of Colleges of Nursing, the Department of Elder Affairs, the American Association of Retired Persons, the Bureau of Emergency Medical Services, the National Center for Injury Prevention and Control, the Institute on Aging, the National Adult Day Services Association, any others deemed appropriate by the NSNA Board of Directors.

