

# **RESOLUTIONS 2002**

**The resolutions contained in this packet  
were passed by the  
2002 NSNA House of Delegates,  
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**TOPIC: IN SUPPORT OF ENHANCED FACULTY INVOLVEMENT IN AND SUPPORT OF NURSING STUDENT PARTICIPATION IN PRE-PROFESSIONAL AND PROFESSIONAL ORGANIZATIONS**

**SUBMITTED BY: National Student Nurses' Association Board of Directors**

WHEREAS, consultants and advisors provide vital support and continuity to nursing student associations where leadership is short-term and changes composition from year to year; and

WHEREAS, when faculty involve themselves in local National Student Nurses' Association (NSNA) chapters, students recognize the importance of the organization; and

WHEREAS, it is the NSNA's aim to have every member join and become active in professional nursing organizations when they become registered nurses; and

WHEREAS, "the American Nurses Association represents only 10 percent of the nurses in this country. Some specialty organizations include a greater percentage of potential members but rarely exceed 30 percent. Yet these organizations are essential for advocating for nurses and for values of caring and health promotion; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) support the development of techniques to enhance faculty involvement with NSNA members; and be it further

RESOLVED, that the NSNA and faculty, consultants and advisors encourage constituents to continue participation in professional organizations upon licensure as registered nurses; 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 Nursing Organizations Alliance, the American Organization of Nurse Executives, the National Organization for Associate Degree Nursing, and any others deemed appropriate by the NSNA Board of Directors.

**TOPIC: IN SUPPORT OF IMPROVING COORDINATION AND CONSISTENT DELIVERY OF PREVENTATIVE SERVICES AND MEETING HEALTH CARE NEEDS FOR FOSTER CHILDREN**

**SUBMITTED BY: Connecticut Student Nurses Association and the NSNA Chapter of Naugatuck Valley Community College**

WHEREAS, there are 588,000 children in foster care in the United States as of March 31, 2000; and compared with children of the same socioeconomic background, children in foster care have higher rates of chronic medical, mental health and developmental difficulties; and

WHEREAS, "12 percent of foster children receive no routine health care, 34 percent did not have up-to-date immunizations and 32 percent have an identified health need that is not met;" and

WHEREAS, 78 percent of infants in foster care were at risk for Human Immunodeficiency Virus (HIV) as a result of parental drug use or HIV status, but only nine percent had been tested for HIV; and

WHEREAS, as wards of the state, foster children are dependent on government funded health services to respond to their complicated health conditions; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) support education to increase awareness of the health problems of children in foster care; and be it further

RESOLVED, that the NSNA support the introduction of legislation to provide prompt, convenient access to physicians, nurses and other health care services; and be it further

RESOLVED, that the NSNA encourage and support comprehensive physical, developmental and mental health evaluations for each child upon entering foster care, and throughout his/her placement; 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 Medical Association, the American Academy of Pediatrics, the National Association of Pediatric Nurse Associates and Practitioners, the National Association of School Nurses, the American Association of Colleges of Nursing, the American Organization of Nurse Executives, the American Public Health Association, the President of the United States, the Vice-President of the United States, the Senate President Pro Tempore, the Speaker of the U.S. House of Representatives, and any other organizations deemed appropriate by the NSNA Board of Directors.

**TOPIC: IN SUPPORT OF INCREASED EDUCATION AND AWARENESS OF COLLECTIVE BARGAINING AND WORKPLACE ADVOCACY PROGRAMS**

**SUBMITTED BY: Student Nurses Association of Oregon Health and Science University - Portland Campus**

WHEREAS, there are currently 2.7 million registered nurses in the United States, with an average age of 43, and a drop-off of nursing education enrollments by 20 percent in baccalaureate programs, 11 percent in associate programs, and 42 percent in diploma programs; and

WHEREAS, it is predicted that by 2010 "the projected full-time equivalent supply of registered nurses will no longer exceed requirements for full-time equivalent registered nurses;" and

WHEREAS, nursing shortages create a work environment that may lead to nursing errors with harmful and potentially fatal outcomes, such as increased rates of urinary tract infections and pneumonia after major surgery; and

WHEREAS, collective bargaining is one method nurses can utilize to advocate for safer work environments and staff ratios, and is defined as a "process that allows employees who are members of a union to participate in management decisions with regard to terms of employment, salaries, benefits, working conditions, and similar issues;" and

WHEREAS, since 1975, the National Student Nurses' Association (NSNA) has supported collective bargaining and endorses the American Nurses Association (ANA) as the collective bargaining agent for registered nurses; and

WHEREAS, the United American Nurses (UAN) was formed in 1999 to assist state nurses associations with collective bargaining activities and joined forces with the American Federation of Labor-Congress of Industrial Organizations (AFLCIO) in 2001, making it the largest labor union for registered nurses; and

WHEREAS, some state nurses associations have found collective bargaining to be an ineffective and inappropriate solution to the nursing shortage and have voiced support for alternative negotiation methods, such as workplace advocacy programs; and

WHEREAS, workplace advocacy is defined as a "planned, organized system of services and resources designed to equip nurses with the knowledge and skills to use a wide range of strategies outside a collective bargaining agreement to ensure nursing's voice and involvement in nursing practice and workplace decisions;" and

WHEREAS, the ANA has created a task force on the development of workplace advocacy programs to ensure that nurses not represented by a collective bargaining unit also have means with which to negotiate for better working conditions; and

WHEREAS, students have the right to have a voice in the determination of their curricula, and the right to examine all questions of interest to them; therefore be it that the National Student Nurses' Association (NSNA) encourage all nursing programs to include education regarding the various methods of negotiation, such as collective bargaining and workplace advocacy programs; and be it further

RESOLVED, that the NSNA publish articles in *Imprint* and provide focus sessions on this topic at future NSNA events, if feasible; and be it further

RESOLVED, that the NSNA encourage its constituents to engage in open dialogue about this topic in the spirit of professional and political development; and be it further

RESOLVED, that the NSNA send copies of this resolution to the American Nurses Association, the National League for Nursing, the Commission on Collegiate Nursing Education, the National Organization for Associate Degree Nursing, the American Association of Colleges of Nursing, the American Organization of Nurse Executives, the American Federation of Labor-Congress of Industrial Organizations, the National Labor Relations Board, and any others deemed appropriate by the NSNA Board of Directors.

**TOPIC: IN SUPPORT OF ENCOURAGING PEER MENTORSHIP PROGRAMS TO BE INCORPORATED INTO NURSING CURRICULA AND/OR STUDENT NURSES ASSOCIATIONS**

**SUBMITTED BY: New Jersey Nursing Students**

WHEREAS, "the mentoring relationship is a complex and special one and has long been viewed as a very significant factor in fostering individual growth and development, professional development, academic success, and leadership;" and

WHEREAS, "the ultimate purpose of this relationship may be to assist the mentored individual to grow and move to a higher level of performance, develop insights and confidence, and socialize into the new work environment;" and

WHEREAS, "mentorship and sponsorship are essential for the scholarly development of nurses and for the integration of the scholarly role in the self;" and

WHEREAS, "mentors are available to discuss issues in nursing, student responses to clinical experiences, and questions related to professional role development;" and

WHEREAS, "reciprocity is another important characteristic of the mentoring experience; mentors facilitate learning but are also involved in learning themselves;" and

WHEREAS, "nurses have begun to examine the mentoring process to enhance career development, to advance nursing as a profession, and to insure that the future generation of nurses will be leaders in a rapidly changing health care environment;" therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) encourage its constituents to support the incorporation of peer mentorship programs into nursing curricula and/or student nurses associations.; and be it further

RESOLVED, that the NSNA encourage its constituents to collaborate with faculty to include peer mentorship programs in their nursing school curricula; and be it further

RESOLVED, that the NSNA emphasize the importance of mentorship programs via articles in *Imprint*, if feasible; and be it further

RESOLVED, that the NSNA send copies of this resolution to the National Council of State Boards of Nursing, the National Institute for Nursing Research, the American Association of Colleges of Nursing, the National Organization for Associate Degree Nursing, the American Nurses Association, the National League for Nursing, the American Organization of Nurse Executives, and any others deemed appropriate by the NSNA Board of Directors.

**TOPIC: IN SUPPORT OF EDUCATION REGARDING BLOOD CONSERVATION OR  
NON-BLOOD MEDICAL MANAGEMENT**

**SUBMITTED BY: Texas Nursing Students Association**

WHEREAS, bloodless medicine and surgery is an "advanced way of providing medical care without using donor blood via various modern techniques;" and it is an "accepted modern medicine specialty;" and

WHEREAS, transfusion-free medicine is becoming the standard of care; and

WHEREAS, bloodless medicine is in accord with the ethical principle of autonomy and the patient's right to self-determination; and

WHEREAS, bloodless medicine and surgery techniques incorporate blood conservation and are safe, successful, and cost-effective; and

WHEREAS, the widespread use of blood in the industrialized world has placed this resource at a premium. Blood shortages are commonplace in the United States and worldwide due to increasing populations and nonequivalent standards of health care; and

WHEREAS, the supply of blood is at a critically low level and donor availability is a national concern; and

WHEREAS, the risk of transmitting diseases through blood transfusions has drastically decreased; however, there are still various significant risks of undetected blood borne diseases, and transfusion rejection reactions; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) support education of students, nurses, other health professionals, and the public regarding blood conservation; and be it further

RESOLVED, that the NSNA provide current information regarding bloodless medicine and surgery through its publications, if feasible, and encourage chapter education programs; and be it further

RESOLVED, that the NSNA support the responsible use of blood products, integrating the right to self-determination regarding patients' choice of treatment options; and be it further

RESOLVED, that the NSNA send copies of this resolution to the American Nurses Association, the National League for Nursing, the American Association of Colleges of Nursing, the American Organization of Nurse Executives, the National Organization for Associate Degree Nursing, the American Medical Association, the National Hospital Association, the Bloodless Medicine and Surgery Institute, the National Association of Bloodless Medicine and Surgery, and any others deemed appropriate by the NSNA Board of Directors.

**TOPIC: IN SUPPORT OF INCREASING "HEALTHY HEART LIVING" EDUCATION TO CHILDREN PRIOR TO ADOLESCENCE**

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

WHEREAS, atherosclerosis is the major cause of coronary artery disease (CAD) and is characterized by a focal deposit of cholesterol and lipids, primarily within the intimal wall of the artery; and

WHEREAS, arteriosclerotic heart disease, cardiovascular heart disease (CHD), ischemic heart disease, coronary heart disease (CHD), and CAD are synonymous terms used to describe this disease process; and

WHEREAS, fatty streaks, the earliest lesions of atherosclerosis, are typically observed by age fifteen and are the only stage known to be reversible; and

WHEREAS, cardiovascular diseases account for about 950,000 deaths annually (about 41 percent of total mortality from all causes) and these diseases as a whole represent the number one cause of death in the United States; and

WHEREAS, CHD by itself accounts for about 460,000 deaths annually; and in 90 percent of adult sudden death victims, two or more major coronary arteries are narrowed by atherosclerosis, and risk factors are tobacco smoke, age, sex, race, and ethnicity; and the Youth Risk Behavior Surveillance System Survey conducted by the Centers for Disease Control and Prevention (CDC) reveals increased adolescent smoking, alcohol, and drugs, and decreased enrollment in physical education; and

WHEREAS, lifestyle and habits are in their formative stages in childhood, and it is easier to prevent initiation of unhealthy behaviors than to intervene once unhealthy behaviors are established; and

WHEREAS, educating, evaluating CAD risk factor status in childhood, and intervening to reduce risk stems from evidence that (a) occurrence of atherosclerotic lesions begin in childhood, (b) risk factors for CHD are common among children, (c) children with elevated risk factor levels tend to maintain this elevation over time, and (d) the lifestyle habits that contribute to CHD risk status are often developed in childhood, including diet, level of physical activity, and cigarette-smoking status; therefore be it that the National Student Nurses' Association (NSNA) support increasing healthy heart education prior to adolescence; and be it further that the NSNA encourage all programs of nursing to incorporate information regarding healthy heart living prior to adolescence into their curricula; and be it further

RESOLVED, that the NSNA encourage all chapters to become a *Heart Partner* (a program that identifies and recruits American Heart Association (AHA) liaisons in schools); and be it further,

RESOLVED, that the NSNA consider adopting the *HeartPower* program (a flexible school health education program targeted to preschool children through grade 8) established by the AHA, as a community service project, if feasible; and be it further

RESOLVED,

that the NSNA present a focus session by the AHA regarding Heart *Partner* and/or *HeartPower* at future NSNA conventions, if feasible; and be it further

RESOLVED,

that the NSNA send copies of this resolution to the American Nurses Association, the National League for Nursing, the American Association of Colleges of Nursing, the American Organization of Nurse Executives, the National Organization for Associate Degree Nursing, the American Heart Association, Health Screen America, and all others deemed appropriate by the NSNA Board of Directors.

**TOPIC: IN SUPPORT OF OSTEOPOROSIS EDUCATION FOR SCHOOL AGED CLIENTS**

**SUBMITTED BY: University of Florida Nursing Students' Association**

WHEREAS, the 1995 House of Delegates passed a resolution in support of encouraging education about early measures to prevent osteoporosis; and

WHEREAS, "osteoporosis is a silent, chronic disease that involves the process of bone demineralization resulting in lowered bone mass and increased bone fragility in any part of the skeletal structure;" and

WHEREAS, "osteoporosis has been referred to as a pediatric disease with geriatric consequences;" and

WHEREAS, "research has shown that geriatric osteoporosis and its resulting fractures can be deterred by building bone mass reserves during adolescence;" and

WHEREAS, "maintaining adequate calcium intake during childhood is necessary for the development of a maximal peak bone mass;" and

WHEREAS, "in addition to calcium intake, exercise is an important aspect of achieving maximal peak bone mass. There is evidence that childhood and adolescence may represent an important period for achieving long-lasting skeletal benefits from regular exercise;" and

WHEREAS, "bone building practices include participating in healthy lifestyle habits of proper nutrition and exercise, as well as avoiding negative lifestyle habits, such as smoking and alcohol consumption, that rob vital bone reserves;" and

WHEREAS, "it is difficult to change people's behaviors as they get older; therefore, health professionals need to reach adolescents early to help them adopt safe lifestyle behaviors, before health damaging behaviors are ingrained;" and

WHEREAS, "prevention strategies that promote optimal peak bone mass should be focused on adolescents as they move through this developmental period, particularly for young women who have a higher risk for osteoporosis;" and

WHEREAS, "major intervention strategies recommended for adolescents that have been proven to increase bone mass density include dietary intake of calcium, Vitamin D acquired through exposure to sunlight or through diet, and weight bearing exercise;" therefore be it that the National Student Nurses' Association (NSNA) encourage nursing students, nursing programs, health care professionals, community organizations, elementary schools, middle schools and high schools to promote increased osteoporosis education and prevention programs for school aged clients; and be it further

RESOLVED, that the NSNA support the education of its members to obtain osteoporosis prevention education aimed at school aged clients through continuing education, nursing program curricula and articles in *Imprint*, if feasible; and be it further

RESOLVED, that the NSNA support the education of its members about the negative lifestyle habits of drinking and smoking, which have a negative impact on osteoporosis; 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 Academy of Pediatrics, the American Medical Association, the American Association of Colleges of Nursing, the National Association of Pediatric Nurse Associates and Practitioners, the National Organization for Associate Degree Nursing, the American Organization of Nurse Executives, and any others deemed appropriate by the NSNA Board of Directors.

**TOPIC: IN SUPPORT OF NURSING SCHOOL POLICIES TO ASSIST AND ADVOCATE FOR NURSING STUDENTS EXPERIENCING IMPAIRED PRACTICE**

**SUBMITTED BY: Student Nurses' Association of Arizona**

WHEREAS, the 1993 House of Delegates passed a resolution stating "that the National Student Nurses Association (NSNA) encourage schools of nursing to add education on substance abuse and diversional programs to nursing curricula;" and

WHEREAS, the 2001 NSNA Code of Ethics "support[s] access to treatment and rehabilitation for students who are experiencing impairments related to substance abuse and mental or physical health issues;" and

WHEREAS, "6 - 16% of registered nurses have [substance] abuse problems;" and

WHEREAS, nursing students are vulnerable to unsafe/impaired practice due to the student being "faced with a great deal of stress, poorly defined coping mechanisms, inadequate prevention, and limited support systems;" and

WHEREAS, "nursing literature indicates an incidence of 10-20 percent for substance abuse among nursing students;" and

WHEREAS, the Peer Assistance Committee of the International Nurses Society on Addictions affirms the belief that nurses must "advocate for nursing students by working with educators to promote prevention efforts and policy development for recognition, treatment and return to school, and work with state licensing boards to promote peer assistance for nursing students;" and

WHEREAS, "many schools continue to operate without either (a) curricula that include mandatory education on the issue of healthcare provider impairment or (b) a policy that clearly outlines how substance abuse by students will be managed;" therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) encourage its constituents to collaborate with and influence the Deans/Directors of nursing programs within their schools and states to adopt a policy for nursing students and faculty experiencing impaired practice which will assist with intervention and referral for appropriate assessment and treatment, as needed; and be it further

RESOLVED, that the NSNA encourage its constituents to collaborate with their respective State Boards of Nursing to expand the utilization of existing peer assistance programs, to include impaired practice of the students and faculty, for the purpose of resolving impaired practice and returning to safe practice; 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 Council of State Boards of Nursing, the International Nurses Society on Addictions, the American Organization of Nurse Executives, and any others deemed appropriate by the NSNA Board of Directors.

**TOPIC: IN SUPPORT OF INCLUDING DISASTER PREPAREDNESS, SUCH AS RESPONSE TO TERRORISM AND TRIAGE IN MOCK DISASTERS, IN NURSING CURRICULA**

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

WHEREAS, infectious or toxic weapons in skilled hands could cause considerably more casualties among ordinary Americans than the estimated 5,000 dead and missing at the World Trade Center and the Pentagon; and

WHEREAS, bioterrorism is the intentional release of a virus, bacteria, or toxin upon a population for the purpose of causing illness or death; and

WHEREAS, experts believe the two most likely biological agents would be anthrax--a deadly bacterial disease spread by spores and generally confined to sheep, cattle, horses, goats, and pigs--and smallpox--a viral scourge that killed millions of people throughout the centuries until it was declared eradicated worldwide two decades ago; and

WHEREAS, it is suspected that only 10 percent to 15 percent of the U.S. population is immune to smallpox; and

WHEREAS, a single case of pulmonary anthrax represents a national emergency; and

WHEREAS, the United States Centers for Disease Control and Prevention, the agency that would be in charge of determining the nature of a germ outbreak in the hours and days after an attack, concedes that the public health system right now is unable to detect and respond to a biological attack; and

WHEREAS, simple triage and decontamination provided by front-line healthcare personnel can help prevent the medical system from being entirely overwhelmed; and

WHEREAS, mass casualty drills or mock disasters are valuable components of any preparedness plan; and

WHEREAS, in previous disasters, experts found that nurses who were most effective in leadership roles generally had formal responsibilities in the disaster plan and had previous disaster training and experiences; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) and its constituents support including in nursing curricula across the nation disaster preparedness and awareness of local, state, and federal emergency management plans; and be it further

RESOLVED, that the education given on disaster preparedness include, at the bare minimum, information about how to recognize the early signs and symptoms and which precautions to use for common biological and chemical agents used in terrorism, such as anthrax and smallpox; and be it further

RESOLVED, that nursing students be taught the basics of triage through the use of mock disasters or something equivalent; and be it further

RESOLVED, that the NSNA send copies of this resolution to the American Red Cross, the American Nurses Association, the American Association of Colleges of Nursing, the National Organization for Associate Degree Nursing, the National League for Nursing, the American Organization of Nurse Executives, the United States Centers for Disease Control and Prevention, the Federal Emergency Management Agency, the Office of Homeland Security, and all others deemed appropriate by the NSNA Board of Directors.

**TOPIC: IN SUPPORT OF ACHIEVING A SCHOOL NURSE-TO-STUDENT RATIO OF AT LEAST 1:750 IN EVERY SCHOOL**

**SUBMITTED BY: District of Columbia Student Nurses Association and Catholic University Student Nurses Association**

WHEREAS, the 1999 National Student Nurses' Association (NSNA) adopted a resolution supporting legislation which endorses the full-time presence of an on-site registered nurse within all elementary and secondary schools; and

WHEREAS, "children's physical and mental health are linked to their abilities to succeed academically and socially;" and

WHEREAS, the school nurse is able to identify children with special educational or healthrelated needs, assess the identified needs, develop individualized health and emergency care plans, assist in identifying and utilizing community resources, identify and remove health related barriers to learning, provide health education to faculty and staff, and evaluate the effectiveness of the school health program; and

WHEREAS, 10-20 percent of the 52 million children attending school in America have chronic social, emotional, and/or health problems; and

WHEREAS, the National Association of School Nurses states, "the maximum ratio of school health nurse-to-student ratio should be 1:750 in the general school population, 1:225 in the mainstream population, and 1:125 in the severely chronically ill or developmentally disabled population;" and

WHEREAS, although there are more than 40,000 employed school nurses, many schools have no nurse; and "in a survey of 5,000 nurses conducted by the National Association of School Nurses, 47 percent of the respondents said they work in three or more schools;" and

WHEREAS, for those schools employing nurses, "the average ratio of children to nurses is almost twice the National Association of School Nurses recommendation;"

WHEREAS, "in the 1994 School Health Policies and Programs study, only 28 percent of middle/junior and senior high schools had a nurse-to-student ratio of at least 1:750;" therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) encourage its members to support legislation regarding the nurse-to-student ratio which should be 1:750 in the general school population, 1:225 in the mainstream population, and 1:125 in the severely chronically ill or developmentally disabled population; and be it further

RESOLVED, that the NSNA educate its members about the community health role of the school nurse through focus sessions, guest speakers, and *Imprint* articles, if feasible; and be it further that the NSNA send a copy of this resolution to the American Nurses Association, the National League for Nursing, the National Association of School Nurses, the American Association of Colleges of Nursing, the American Organization of Nurse Executives, the National Organization for Associate Degree Nursing, the U. S. Department of Education, and any others deemed appropriate by the NSNA Board of Directors.

**TOPIC: IN SUPPORT OF MANDATORY LABELING OF "GENETICALLY MODIFIED," "GENETICALLY ENGINEERED," OR "BIOENGINEERED" FOOD**

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

WHEREAS, "the government predicts farmers will sharply increase planting of genetically engineered crops this year, despite lingering international resistance to biotech food;" and

WHEREAS, genetic engineering may transfer new and unidentified proteins from one food to another, triggering allergic reactions; and

WHEREAS, millions of Americans who are sensitive to allergens will have no way of identifying or protecting themselves from offending foods; and

WHEREAS, 98 percent of surveyed Americans said foods created through genetic engineering processes should have special labels on them; and

WHEREAS, 79 percent of surveyed Americans said it should not be legal to sell genetically modified fruits and vegetables without special labels; and

WHEREAS, the shelves of just about every American supermarket are lined with foods that have been genetically altered to improve the product's taste, shelf life, or resistance to insects and other pests; and

WHEREAS, consumers further support mandatory labeling due to religious, ethical, or other strong personal values; and

WHEREAS, consumers and others have demanded the "right to know" which foods have been bioengineered; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) support the mandatory labeling of genetically modified, genetically engineered, or bioengineered food; and be it further

RESOLVED, that the NSNA encourage its constituent members to write to their state and national legislators in support of mandatory labeling of genetically modified, genetically engineered, or bioengineered food; and be it further

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

**TOPIC: IN SUPPORT OF WHISTLEBLOWER PROTECTION FOR NURSES**

**SUBMITTED BY: Wisconsin Student Nurses' Association**

WHEREAS, three out of four nurses believe the quality of nursing care has decreased in their settings in the last two years; and

WHEREAS, 41 percent of nurses would not feel confident having a loved one receive care from the facilities in which they work; and

WHEREAS, *The Code of Ethics for Nurses* obligates nurses to advocate for and strive to protect the health, safety, and rights of the patient; and

WHEREAS, most nurses will witness egregious cases or practices in which they are ethically obligated to act further to protect patients; and

WHEREAS, fear of retaliation is a barrier to nurses in fulfilling their ethical or moral obligations; and

WHEREAS, whistleblower protection provides legal security so nurses can be strong patient advocates without fear of reprisal; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) encourage its members to support whistleblower protection for nurses; and be it further

RESOLVED, that the NSNA encourage its members to write letters to their state and national legislators in support of whistleblower protection; 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 Whistleblower Center, Governors of all states, territories and commonwealths, the Occupational Safety and Health Administration, the National Committee for Quality Assurance, and any others deemed appropriate by the NSNA Board of Directors.

**TOPIC: IN SUPPORT OF EDUCATION AND AWARENESS REGARDING THE NATIONAL EPIDEMIC OF INCREASED OBESITY IN CHILDREN AND ADOLESCENTS**

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

WHEREAS, in the last 20 years, the number of obese children in the United States has doubled. This is the most dramatic increase of obesity in history; and

WHEREAS, obesity in children has become an epidemic in North America and internationally; approximately 22 million children under the age of five are overweight; and

WHEREAS, although 25 to 30 percent of children in the United States are obese, experts state this condition is underdiagnosed and undertreated; and the prevalence of overweight children aged two to less than five years increased steadily over the past decade. This increase has been observed in all racial and ethnic groups; and

WHEREAS, there is a greater likelihood that being overweight in early childhood will lead to being overweight as an adult; and

WHEREAS, obesity can cause pediatric hypertension, is associated with type II diabetes mellitus, increases the risk of coronary heart disease, results in elevated serum cholesterol levels, increases stress on the weight-bearing joints, lowers self-esteem, and affects relationships with peers; and

WHEREAS, according to the American Obesity Association, healthcare costs for adult obesity would be around \$238 billion dollars in the year 2000 with direct costs of over \$102 billion. These figures are projected to double in the next ten years; and

WHEREAS, poor eating habits, which are often established during childhood, are related to being overweight. More than 60 percent of children and adolescents eat excess amounts of fat, and less than 20 percent consume the recommended daily allowance of five or more servings of fruits and vegetables; and

WHEREAS, and more than one third of high school age students do not regularly participate in vigorous physical activity, and daily participation in high school physical education classes dropped from 42 percent in 1991 to 29 percent in 1999; and

WHEREAS, creating an environment that supports regular physical activity and healthy eating habits is essential to reducing the epidemic of childhood obesity; therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) encourage educational programs for school age children and adolescents and reinforce national government standards for proper nutrition and exercise; and be it further that the NSNA encourage the inclusion of education for nurses and nursing students regarding the increase of obesity in children and adolescents; and be it further

RESOLVED, that the NSNA encourage individual members to promote education in their communities about increased health care risks and costs associated with childhood obesity; and be it further

RESOLVED, that the NSNA publish articles on childhood and adolescent obesity in *Imprint*, if feasible; and be it further

RESOLVED, that the NSNA provide focus sessions on childhood and adolescent obesity at annual conventions, if feasible; and be it further

RESOLVED, that the NSNA send a copy of this resolution to the American Organization of Nurse Executives, the National League for Nursing, the American Association of Colleges of Nursing, the American Nurses Association, the Centers for Disease Control and Prevention, the National Association of Pediatric Nurse Associates and Practitioners, the National Organization for Associate Degree Nursing, the National Association of School Nurses and any others deemed appropriate by the NSNA Board of Directors.

**TOPIC: IN SUPPORT OF ENHANCING AND INCREASING PALLIATIVE CARE EDUCATION**

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

WHEREAS, a study of parents whose children died of cancer found that 89 percent of the children experienced substantial suffering in the last month of life due to pain, dyspnea, fatigue, or poor appetite; and

WHEREAS, research and training related to palliative care accounts for only 1 percent of the Institute of Medicine and National Research Council's \$2.9 billion budget; and

WHEREAS, palliative care is included in less than one-third of all medical schools and residency training programs; and

WHEREAS, the City of Hope National Medical Center found that only 2 percent of the content of more than 50 nursing school textbooks related to end-of-life care; and

WHEREAS, the World Health Organization (WHO) acknowledges that "nursing education has been criticized for not adequately preparing nurses to care for patients at the end-of-life;" further, "pain and symptom management have been found missing from the content of curricula intended to educate nursing students at the basic level;" and

WHEREAS, the American Pain Society states that "pain and other symptoms at the endof-life can usually be relieved if clinicians have the training and resources to focus on this goal;" and

WHEREAS, the management of pain and symptoms, and the affirmation of the whole person were essential aspects of a humane death, as stated by terminally ill patients in a recent Duke University study; and

WHEREAS, the Institute of Medicine and National Research Council found that over half of the 550,000 Americans who die of cancer each year suffer unnecessary pain, nausea, depression, fatigue and other symptoms; and the

WHEREAS, WHO defines palliative care as "the active total care of patients whose disease is not responsive to curative treatment;" moreover, palliative care "affirms life and regards dying as a normal process, neither hastens nor postpones death, provides relief from pain and other distressing symptoms, integrates the psychological and spiritual aspects of patient care, [and] offers a support system to help patients live as actively as possible until death;" therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) and its constituents encourage continued education of nurses, physicians, and other healthcare professionals on palliative care; and be it further

RESOLVED, that the NSNA encourage the inclusion of education regarding palliative care in nursing school curricula; and be it further

RESOLVED, that the NSNA encourage state and local Student Nurses' Association chapters to host focus sessions centered on palliative care, if feasible; and be it further

RESOLVED, that the NSNA publish articles on palliative care in *Imprint*, if feasible; and be it further

RESOLVED,

that the NSNA provide focus sessions on palliative care at annual conventions, if feasible; and be it further

RESOLVED,

that the NSNA send a copy of this resolution to the American Organization of Nurse Executives, the National League for Nursing, the American Association of Colleges of Nursing, the American Nurses Association, the National Organization for Associate Degree Nursing, the Centers for Disease Control and Prevention, the American Medical Association, the Hospice and Palliative Care Nurses Association, the Oncology Nursing Society, and any others deemed appropriate by the NSNA Board of Directors.

**TOPIC: IN SUPPORT OF PUBLIC AWARENESS OF IMMUNIZATIONS NEEDS AMONG OLDER ADULTS**

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

WHEREAS, since 1992 the National Student Nurses' Association (NSNA) has supported education and community projects on the importance of immunization; and  
WHEREAS, various cultures define "old" ranging from 45-75 years of age; and  
WHEREAS, "health protection and health promotion are emerging as appropriate frameworks for care of older adults. Professionals caring for older adults are recognizing that prevention for a 65-year-old, who can be expected to live another 20 years, is a necessary component for health care;" and  
WHEREAS, "unlike childhood immunization, adult immunization has no statutory requirements. Different vaccines have different target groups among adults;" and  
WHEREAS, "according to data from the 1994 Behavioral Risk Factor Surveillance System, only 37 percent of persons aged 65 years and older report being vaccinated;" and  
WHEREAS, each year in the United States, greater than 40,000 adults die from vaccinepreventable diseases or their complications; and  
WHEREAS, persons at increased risk for pneumococcal infection, including those with chronic heart disease, alcoholism, diabetes, and cirrhosis, and those living in nursing homes or other long term facilities should be vaccinated; and  
WHEREAS, pneumonia and influenza together are the fifth leading cause of death in the United States among older adults; and  
WHEREAS, in April, 2000, a panel formed by the Centers for Disease Control and Prevention (CDC) suggested that people ages 50-65 were at increased risk and should be vaccinated against influenza; and  
WHEREAS, Medicare Part B fully reimburses health care providers who accept the Medicare approved payment amount for both influenza and pneumococcal immunizations; therefore be it  
RESOLVED, that the National Student Nurses' Association (NSNA) join with the National Coalition for Adult Immunizations (NCAI) and the American Association of Retired People (AARP) to increase awareness among health care professionals, patients and the public in support of adult immunization; and be it further  
RESOLVED, that the NSNA, along with the NCAI and the AARP, advocate and promote effective, targeted and comprehensive adult immunization programs, practices, research, and policies if feasible; and be it further  
RESOLVED, that the NSNA, along with the NCAI and AARP, promote state-of-art information on adult immunization and the means to communicate this information if feasible; and be it further  
RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association, the National League for Nursing, the American Association of Colleges of Nursing, the American Organization of Nurse Executives, the National Organization for Associate Degree Nursing, and any others deemed appropriate by the NSNA Board of Directors.

**TOPIC: IN SUPPORT OF IMPLEMENTING A PUBLIC HEALTH STRATEGY FOR SUICIDE PREVENTION AMONG TEENS AND YOUNG ADULTS**

**SUBMITTED BY: Grossmont College Student Nurses' Association, California**

WHEREAS, the 1995 House of Delegates passed a resolution supporting the dissemination of current information to nurses regarding suicide among youth; and

WHEREAS, the 2001 House of Delegates passed a resolution supporting the passage and implementation of comprehensive mental health parity legislation; and

WHEREAS, suicide is the third leading cause of death for young people ages 15-24, exceeded only by unintentional injury and homicide; and

WHEREAS, in 2001 the World Health Organization acknowledged suicide as a major public health problem; and

WHEREAS, "every one hour and fifty-seven minutes a person under the age of twenty five" successfully completes suicide; and

WHEREAS, across the nation, 20.5 percent of high school students have stated on self surveys that they have seriously considered attempting suicide during the preceding 12 months; and

WHEREAS, only 9 percent of high school teachers, when surveyed, believed that they would recognize a student at risk for suicide; and

WHEREAS, in 1999, the Surgeon General declared suicide a serious public health threat and launched an effort to educate school counselors, parents and even hairdressers on how to spot signs of trouble; and

WHEREAS, in July of 1999, the Surgeon General, David Satcher, called on each state to develop a statewide comprehensive suicide prevention strategy using a public health approach; and

WHEREAS, "suicide is preventable. Most suicidal persons desperately want to live; they are just unable to see alternatives to their problems," and "talking about suicide does not cause someone to be suicidal;" and

WHEREAS, "depression is the number one cause of suicide. Depression is almost always a biochemical disease of the brain that is treatable, while suicide is preventable;" therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) support a public health strategy targeted toward teens and young adults, which advocates that depression is treatable and suicide is preventable; and be it further

RESOLVED, that the NSNA promote the development of public service announcements like those implemented for the dangers of smoking and drinking while pregnant; and be it further

RESOLVED, that the NSNA support public awareness programs regarding suicide to be implemented in primary and secondary education, targeting teachers, administrators, counselors and any others who routinely interact with youth; and be it further

RESOLVED, that the NSNA support the implementation of student awareness programs about suicide beginning at the junior high school level and aimed toward assessing self and friends; and be it further that the NSNA support continuing education for nurses, which is also to be incorporated into nursing school curricula, regarding depression and other mental health problems associated with suicide, and be it further

RESOLVED,

that the NSNA continue to support mental health parity legislation, in which health insurance reimburses mental health problems on the same level that physical illnesses are covered; and be it further

RESOLVED,

that the NSNA send a copy of this resolution to the American Nurses Association, the National League for Nursing, the American Association of Colleges of Nursing, the American Organization of Nurse Executives, the American Psychiatric Nurses Association, the Association of Child and Adolescent Psychiatric Nurses Association, the National Organization for Associate Degree Nursing, the National Association of School Nurses, the U.S. Department of Health and Human Services, the U.S. Department of Education, the U.S. Speaker of the House of Representatives, the U.S. President Pro tempore of the Senate, and any others deemed appropriate by the NSNA Board of Directors.

**TOPIC: IN SUPPORT OF INCREASING AWARENESS OF POSTPARTUM DEPRESSION**

**SUBMITTED BY: University of Pennsylvania School of Nursing**

WHEREAS, postpartum depression (PPD) is a depression that is more severe than typical "baby blues" and can severely negatively affect a new mother's ability to perform otherwise routine tasks; and

WHEREAS, since 1968, studies have shown an average prevalence of PPD of 10-20 percent; and

WHEREAS, a child whose mother has PPD is at increased risk for abnormal development of cognitive and socio-emotional skills; and

WHEREAS, the Edinburgh Postnatal Depression Scale (EDPS) and Postpartum Depression Screening Scale (PDSS) are measures of depression specifically designed to recognize PPD; and

WHEREAS, postpartum depression is treatable if recognized and acted upon in time by an educated health care professional; and

WHEREAS, the American Psychological Association supports raising awareness about PPD to reduce the suffering of women and their families; and

WHEREAS, "all too often PPD goes undiagnosed or untreated due to the social stigma surrounding depression and mental illness, the myth of motherhood, the new mother's inability to self-diagnose her condition, the new mother's shame or embarrassment over discussing her depression so near to the birth of her child, the lack of understanding in society and the medical community of the complexity of PPD, and economic pressures placed on hospitals and providers;" therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) promote the involvement and continued awareness of student nurses in post partum depression (PPD) research and all other matters pertaining to PPD; and be it further

RESOLVED, that the NSNA encourage the inclusion of curricula pertaining to recognizing the signs of PPD using scales such as the EPDS and the PDSS; and be it further

RESOLVED, that the NSNA encourage its constituents to support legislation to increase funding for PPD research and treatment; and be if further

RESOLVED, that the NSNA send copies of this resolution to the American Association of Colleges of Nursing, the American College of Nurse-Midwives, the American Medical Association, the American Medical Women's Association, the American Nurses Association, the American Psychiatric Association, the American Psychiatric Nurses Association, the American Psychological Association, the Association of Women's Health, Obstetric and Neonatal Nurses, the National Association of Neonatal Nurses, Lamaze International, Doulas of North America, the National League for Nursing, the American Organization of Nurse Executives, the National Organization for Associate Degree Nursing, and any others deemed appropriate by the NSNA Board of Directors.