

1 **TOPIC:** **IN SUPPORT OF INCREASING AWARENESS OF THE Tdap BOOSTER IN ORDER TO**
2 **PREVENT PERTUSSIS INFECTION**
3
4 **SUBMITTED BY:** **NATIONAL UNIVERSITY, SAN DIEGO**
5
6 **AUTHORS:** **Ashley Reese, Walker King, Rachel Diehl**
7
8 WHEREAS, pertussis is a highly infectious and serious respiratory illness characterized by a
9 whooping cough that can affect children and adults; however, it most often causes
10 serious complications in infants, including apnea, convulsions, encephalopathy and
11 death (Centers for Disease Control and Prevention, 2015); and
12 WHEREAS, nearly half of the infants infected with pertussis will be admitted to the hospital, and of
13 these, 61% will experience apnea, 23% will get pneumonia, 1.1% will have seizures, 1%
14 will die, and 0.3% will have encephalopathy (Centers for Disease Control and
15 Prevention, 2015); and
16 WHEREAS, omitting the epidemic years of 2010 and 2014, 2015 marks the highest incidence of
17 reported pertussis cases since the 1950's in California (California Department of Public
18 Health, 2015); and
19 WHEREAS, adolescents and adults account for nearly 50% of pertussis cases reported and are
20 largely responsible for spreading the infection to at-risk infants (Libster & Edwards,
21 2012); and
22 WHEREAS, each year following the last dose of DTaP (childhood pertussis vaccine) the risk of
23 acquiring pertussis increased by 42% (Klein, Bartlett, Rowhani-Rahbar, Fireman, &
24 Baxter, 2012); and
25 WHEREAS, the United States Advisory Committee on Immunization Practices (ACIP) recommends
26 that individuals 11-18 years of age receive a Tdap (adolescent and adult pertussis
27 vaccine) booster when they are 11 years old and then every ten years after, or more
28 frequently if they have close contact with infants (Centers for Disease Control and
29 Prevention, 2013); and
30 WHEREAS, a recent study, conducted in 2010, determined that the Tdap booster produced an
31 immune response in 92% of individuals who received it, shown by an increase in
32 antibodies towards anti-pertussis toxin (Thierry-Carstensen, et al., 2012); and
33 WHEREAS, in 2012, compliance with ACIP Tdap recommendations was only 56% with adolescents
34 and 8.2% with adults (Libster & Edwards, 2012); therefore be it
35
36 **RESOLVED,** that the California Nursing Students' Association (CNSA) support activities that increase
37 awareness among nursing students about the waning protection of the pertussis
38 immunization over time, the importance of compliance with the Tdap booster according
39 to the ACIP recommendations, and the efficacy of the booster in preventing pertussis
40 infection among adults, children, and subsequently infants; and be it further

Resolution # 1 - TDaP Booster - Reese, King, Diehl

41 RESOLVED, that the CNSA encourage its constituents and nursing programs to participate in
42 culturally competent health education, promotion, and disease prevention programs
43 regarding pertussis and the appropriate vaccinations; and be it further
44 RESOLVED, that the CNSA encourage constituents to raise public awareness about this issue by
45 publishing articles in the *Range of Motion* newsletter, if feasible, and by providing focus
46 sessions about the need for compliance with pertussis vaccination at annual
47 conventions, if feasible; and be it further
48 RESOLVED, that the CNSA send a copy of this resolution to the American Nurses
49 Association\California (ANA\C), the Association of California Nurse Leaders (ACNL), the
50 Board of Registered Nursing California, the California Attorney General, the Nurse
51 Alliance of California, the Infectious Disease Association of California, the California
52 Association for Nurse Practitioners, and any other body deemed appropriate to receive
53 the publication by the CNSA Board of Directors.

1 **TOPIC:** **IN SUPPORT OF ADVOCATING FOR THE CONSISTENT USE OF ALCOHOL-**
2 **IMPREGNATED NEEDLELESS CATHETER PORT PROTECTORS**
3
4 **SUBMITTED BY:** **California State University San Marcos**
5
6 **AUTHOR:** **Sarah Stuhr**
7
8 WHEREAS, in hospitalized patients, a significant source of morbidity and mortality includes
9 central line-associated blood stream infections (CLABSIs) (Wright et al., 2013, p.
10 33); and
11 WHEREAS, safe practice recommendations include covering intermittent infusions with
12 sterile caps and port disinfection prior to use (Grissinger, 2011, p. 62); and
13 WHEREAS, 56% of registered nurses feel that disinfecting catheter hubs is unnecessary with
14 greater than 90% leaving intermittent IV infusions uncovered (Ramirez, Lee, &
15 Welch, 2012, p. 211); and
16 WHEREAS, a substantial decrease in CLABSIs was shown with the consistent use of Curo
17 port protector caps (Ramirez et al., 2012, p. 212); and
18 WHEREAS, the continuous use of disinfection caps made the occurrence of catheter hub
19 contamination significantly less likely with fewer organisms isolated when
20 contamination did occur (Wright et al., 2013, p. 34-36); and
21 WHEREAS, one study showed a statistically significant reduction in CLABSIs and
22 contaminated blood cultures with the consistent use of port protectors (Sweet,
23 Cumpston, Briggs, Craig, & Hamadani, 2012, p. 933); therefore be it
24
25 RESOLVED, that the California Nursing Students' Association (CNSA) encourage its
26 constituents to advocate for the consistent use of alcohol-impregnated
27 needleless catheter port protectors to reduce the incidence of CLABSIs and
28 hospital acquired infections and increase awareness of the benefits associated
29 with the consistent use of this preventative intervention; and be it further
30 RESOLVED, that the CNSA publish an article about this topic, if feasible, in the *Range of*
31 *Motion* newsletter and any other publications; and be it further
32 RESOLVED, the CNSA will increase student awareness through providing informational and
33 educational breakout sessions at the annual CNSA convention, if feasible, and
34 any other means deemed appropriate by the CNSA Board of Directors; and be it
35 further

Resolution #2 – Catheter Port Protectors – Stuhr

36 RESOLVED, that the CNSA send a copy of this resolution to the Association of California
37 Nurse Leaders (ACNL), the American Nurses Association\California (ANA\C), the
38 Nurse Alliance of California, the California Board of Registered Nursing, the San
39 Diego Chapter of the American Association of Critical Care Nurses (SDAACN),
40 Kaiser Permanente, VA San Diego Healthcare System, Scripps Mercy Hospital
41 San Diego, Palomar Medical Center (PMC), Tri-City Medical Center, and all
42 others deemed appropriate by the CNSA Board of Directors.

TOPIC: **IN SUPPORT OF AWARENESS AND ADVOCACY FOR TRAINING LONG TERM CARE RESIDENTS AS ACTIVE LISTENERS**

SUBMITTED BY: **San Francisco State University**

AUTHORS: **Carrie Higgins**

WHEREAS, quality of life is strongly associated with social engagement in long term care activity planning (Jeffries et al, 2014, p. 252); and

WHEREAS, participation in meaningful activity has been associated with positive health benefits and strategies to promote access to community activities have shown potential to improve outcomes for residents in long term care facilities (Kehyayen et al, 2015, p.2); and

WHEREAS, maintaining different social roles and diverse social networks is associated with better self-value and meaning of life (Li and Zhang, 2015, p. 6); and

WHEREAS, larger social network sizes and social engagement offers protection against cognitive decline and depression (Shouse et al, 2013, p. 155-156, 158-159); and

WHEREAS, "Volunteer help to go online seemed to result in increased social contracts, reduced loneliness, and improved mental well-being and was valued quite highly by beneficiaries." (Jones et al, 2015, p. 122); therefore be it

RESOLVED, that the California Nursing Student Association encourage its constituents to advocate for increasing awareness of the benefits of online training for residents in long term care facilities; and be it further

RESOLVED, that the CNSA educate its constituents on the benefits of activity planning to include active listener training for able residents to volunteer their skills as active listeners for online emotional support forums; and be it further

RESOLVED, that if feasible, CNSA publish an article about this resolution in *Range of Motion*; and be it further

RESOLVED, that the CSNA send a copy of this resolution to American Nurses Association\California, Association of California Nurse Leaders, California Association of Health Facilities, California Advocates for Nursing Home Reform, and all others deemed appropriate by the CSNA Board of Directors.

1 **TOPIC:** **TO INCREASE AWARENESS OF THE IMPACT OF PATERNAL POSTPARTUM**
2 **DEPRESSION (PPD) ON CHILDREN AND FAMILIES**
3
4 **SUBMITTED BY:** **Maurine Church Coburn School of Nursing, Monterey Peninsula College**
5 **Monterey, CA**
6
7 **AUTHOR:** **Jane M. De Lay**
8
9 WHEREAS, the NSNA recognized the need for education and increased awareness of
10 Paternal PPD in 2012, the condition remains misunderstood, under-diagnosed,
11 and under treated. PPD continues to affect an “estimated “4-25%” of new
12 fathers, (Musser, 2013, p. 479) with the percentages increasing to as many as
13 50%, if their partner is also suffering depressive symptoms (Letourneau, 2012, p.
14 69); and
15 WHEREAS, the negative effects of paternal PPD on the family unit, when they occur very
16 early in a child’s life, have particularly potent psychological impacts on
17 childhood development that are independent of the impacts from maternal
18 PPD, with boys being particularly vulnerable (Ramchandani, 2011, p. 471); and
19 WHEREAS, research demonstrates that “twelve percent of children diagnosed with
20 attention deficit hyperactivity disorder, oppositional defiant/conduct disorder,
21 or any anxiety or depressive disorder, had depressed fathers during the
22 postpartum period compared with 6% of children whose fathers were not
23 depressed” (Musser, 2013, p. 481); and
24 WHEREAS, the most prevalent psychological disorder associated with paternal PPD is
25 oppositional defiant/conduct disorder (Musser, 2013, p. 481) which is closely
26 associated with serious psychopathic traits including aggression, anti-social
27 behavior, academic difficulties, and general impairment (Becker, 2013, p. 201-
28 202); and
29 WHEREAS, the most violent and aggressive crimes are disproportionately committed by
30 individuals with psychopathic traits, and that they are more likely to become
31 serial criminal offenders, it has become a priority for mental health
32 professionals to examine and identify the specific characteristics of children
33 most at risk for psychopathy and to promote prevention and early intervention
34 strategies (Becker, 2013, p. 201-203); and
35 WHEREAS, the impacts of paternal PPD on early childhood development are a significant
36 public health concern with increasing, long-term social costs, (Musser, 2013, p.
37 479) nurses are in a unique position to promote mental health screening,
38 education, awareness, and support to affected families (Melrose, 2010, p. 205);
39 therefore be it
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41 **RESOLVED,** that California Nursing Students' Association support the recognition that there
42
43 is a critical need to educate and increase public and professional awareness of
44 paternal PPD and the seriousness of the developmental outcomes for children
and families; and be it further

Resolution #4 – Paternal Postpartum Depression – De Lay

45 RESOLVED that the CNSA encourage its constituents to become more informed, aware, and
46 proactive about recognizing and treating signs and symptoms of paternal
47 postpartum depression by publishing an article in the *Range of Motion*
48 *newsletter*, if feasible; and be it further

49 RESOLVED that the CNSA encourage supplementing nursing education curricula in OB/GYN,
50 Pediatrics, and Mental Health with information about the long-term detrimental
51 effects of paternal PPD on early child development and familial security, and by
52 any other means the CNSA board of directors deems appropriate; and be it
53 further

54 RESOLVED that the CNSA send a copy of this resolution to the American Nurses
55 Association\California (ANA\C), Association of California Nurse Leaders (ACNL),
56 Nurse Alliance of California, National League for Nursing, California Association
57 for Nurse Practitioners, California Association of Clinical Nurse Specialists,
58 California Organization of Associate Degree Nursing, California Association of
59 Colleges of Nursing, California Mental Health Collaborative, National Association
60 of Pediatric Nurse Practitioners, Society for Pediatric Nurses, American
61 Psychiatric Association, American Psychiatric Nurses Association, Association of
62 Women's Health, Obstetric and Neonatal Nurses (AWHONN), and all others as
63 deemed appropriate by CNSA Board of Directors.

1 **TOPIC:** **IN SUPPORT OF INCREASING AWARENESS AND EDUCATION REGARDING THE**
2 **HEALTH IMPACTS OF CLIMATE CHANGE**

3
4 **SUBMITTED BY:** **San Diego State University**

5
6 **AUTHORS:** **Michaela Taylor**

7
8 WHEREAS, It has been concluded by engineers and scientists from around the world that
9 our global climate is changing and it is primarily caused by human activity,
10 especially those resulting in the production of greenhouse gas emissions such as
11 from burning fossil fuels (coal, oils, and natural gas) and deforestation (Walsh et
12 al., 2014, p. 22-23); and

13 WHEREAS, climate change will create new threats to human health and exacerbate existing
14 health issues our nation now faces (Luber et al., 2014, p. 221); and

15 WHEREAS, climate change threatens to impact human health in many ways: increases in
16 water- and food-borne illnesses; multiple injuries and preventable deaths
17 related to extreme weather events; increases in rates of cardiovascular and
18 respiratory diseases; and increases in other infectious diseases and threats to
19 mental health (Luber et al., 2014, p. 221); and

20 WHEREAS, the elderly, the sick, the poor, children, and some communities of color will be
21 especially vulnerable to these health impacts (Luber et al., 2014, p. 221); and

22 WHEREAS, and in 2008, the American Nurse's Association (ANA) House of Delegates adopted
23 the resolution entitled "Global Climate Change" which states in order to
24 decrease the contribution to climate change by the health care industry, it is
25 critical for nurses to advocate for policy and individual changes that support
26 sustainable energy sources and decrease greenhouse gas emissions (American
27 Nurses Association, 2008, p.77); and

28 WHEREAS, it is imperative that the health care sector become a unified and influential
29 voice to reduce both the environmental and health impacts of climate change
30 (Sayre, Rhazi, Carpenter, & Hughes, 2010, p. 335); and

31 WHEREAS, nurses can be instrumental communicators in assisting patients and families to
32 advocate for their hospitals and health care systems to reduce emissions and
33 adopt strategies that prepare our health care sector and communities to be
34 resilient against the health impacts of climate change (Sayre et al., 2010, p.
35 334); and

36 WHEREAS, the nursing community can make progress regarding the issue of climate change
37 by becoming educated about the science, preparing for health impacts already
38 experienced around the world, and working within the health care sector to
39 reduce its contribution to global climate change and implement climate resilient
40 policies (Sayre et al., 2010, p. 334); therefore be it

41
42 **RESOLVED,** that the California Nursing Students' Association (CNSA) support the

43 encouragement of its constituents to advocate for individual and policy level

44 changes to mitigate, build resilience, and adapt to the health impacts of climate

45 change; and be it further

Resolution #5 – Climate Change – Taylor

46 RESOLVED, that the CNSA increase awareness and education regarding the health impacts
47 of climate change and the role that nurses can play in prevention and
48 adaptation measures by publishing an article in the *Range of Motion* newsletter
49 if feasible, and providing educational breakout sessions at the Annual CNSA
50 Convention if feasible, and by any other means deemed appropriate by the
51 CNSA Board of Directors; and be it further
52 RESOLVED, that the CNSA send a copy of this resolution to the American Nurses Association
53 California (ANA\C), the Association of California Nurse Leaders (ACNL), the
54 Nurse Alliance for California, the American Public Health Association (APHA), the
55 American Hospital Association, Kaiser Permanente, the American Medical
56 Association, the Alliance of Nurses for Health Environments, and all others
57 deemed appropriate by the CNSA Board of Directors.

1 **TOPIC:** **IN SUPPORT OF PROMOTION OF NURSING ADVOCACY FOR**
2 **PREOPERATIVE ORAL CARBOHYDRATES (POC)**
3
4 **SUBMITTED BY:** **Grossmont College CNSA Board of Directors, El Cajon, CA**
5
6 **AUTHORS:** **Teresa Martinez, Jennell Asprey, Sasha Carter, and Evangeline Cole**
7
8 WHEREAS, The American Society of Anesthesiologist (ASA) guidelines advise fasting
9 from regular meals for 8 hours and from clear liquids 2 hours prior to
10 surgery (Korpman, 2012); and
11 WHEREAS, prolonged fasting times may put patients at a higher risk for
12 postoperative insulin resistance (Marsh, 2015); and
13 WHEREAS, POC drinks decrease dehydration and may reduce incidence of
14 postoperative hyperglycemia and infection (Marsh, 2015); and
15 WHEREAS, providing nutritional supplement decreases the risk of post-operative
16 complications, related to malnourishment, thus reducing the overall
17 length of stay for an inpatient client (Tappenden, et al 2013); and
18 WHEREAS and shorter hospital stays reduce costs associated with preventable
19 complications (Tappenden, et al 2013); and
20 WHEREAS, studies have shown patients given water two hours prior to a surgery
21 have reduced stomach content and acidity level, compared to those
22 who fasted overnight (Dalal, Rajwade, & Suchak, 2010); and
23 WHEREAS, by advocating for patients to receive carbohydrate rich beverages,
24 health care providers improve patients’ outcomes and overall
25 perioperative experience; and research conducted on participants that
26 were given POC beverages expressed “reduced thirst, nausea, fasting
27 anxiety, hunger and surgery anxiety” compared to the group of who had
28 fasted from midnight (Dalal, et all, 2010); therefore be it
29
30 RESOLVED, that the California Nursing Students’ Association encourage its
31 constituents to implement ASA preoperative guidelines for fasting
32 orders, through education and advocacy for individual patients in
33 collaboration with multidisciplinary healthcare professional; and be it
34 further
35 RESOLVED, that the CNSA increase awareness and promote nursing advocacy for
36 preoperative oral carbohydrate intake by publishing this resolution in
37 *Range of Motion* and specifying the need for standardized protocol; and
38 be it further

39 RESOLVED, that the CNSA send a copy of this resolution to the American Nurses
40 Association/ California (ANA/C), Anesthesia Service Medical Group
41 (ASMG), Association of California Nurse Leaders (ACNL), California
42 Association for Nurse Practitioners (CANP), California Board of
43 Registered Nursing (BRN), California Institute for Nursing and Health
44 Care (CINHC), Cedars-Sinai Medical Center, John Muir Medical Center,
45 Scripps Memorial Hospital, Stanford Health Care, UCLA Medical Center,
46 UCSD Medical Center, University of California Davis Medical Center, and
47 all others deemed appropriate by the CNSA Board of Directors.

1 **TOPIC:** **IN SUPPORT OF NURSING PROFESSIONALS INCREASING CONFIDENTIALITY AND**
2 **UNIVERSALLY SCREENING FOR INTIMATE PARTNER VIOLENCE**

3
4 **SUBMITTED BY:** **California State University Chico, CNSA**

5
6 **AUTHOR:** **Ashley Freeborn**

7
8 WHEREAS, The Centers for Disease Control and Prevention (CDC) defines intimate partner
9 violence (IPV) as including physical and sexual violence as well as psychological
10 aggression and stalking of an intimate partner, current or previous (Centers for
11 Disease Control and Prevention [CDC], 2015); and
12 WHEREAS, in the United States, 1.5 million women and 800,000 men fall victim to various forms
13 of IPV every year (Bradford, Skogrand, and Higginbotham, 2011); and
14 WHEREAS, the healthcare system is often an IPV victim’s first and sole point of communication
15 with an advocate or professional, and as such provides an opportunity to enhance said
16 individual’s overall health and well-being (Goicolea, Hurtig, Sebastian, Vives-Cases,
17 and Marchal, 2015); and
18 WHEREAS, one study showed overall screening percentages for IPV to be very low at only 1.5-
19 39% (Todahl & Walters, 2011); and
20 WHEREAS, the literature shows that universally screening patients for IPV increases the rate of
21 IPV disclosure up to 80% when asked (Todahl & Walters, 2011); and
22 WHEREAS, many professional organizations such as the American Medical Association (AMA); the
23 American Academy of Pediatrics Committee on Child Abuse, the American College of
24 Obstetricians and Gynecologists; the American Academy of Family Physicians; the
25 American College of Nurse Midwives; the American College of Emergency Physicians;
26 the American Academy of Nurse Practitioners; the National Association of Social
27 Workers and the American Psychological Association now recommend universal
28 screening for IPV (Todahl & Walters, 2011); and
29 WHEREAS, research consistently suggests that patients are more likely to support universal IPV
30 screening if they are given privacy during such a screening (Todahl & Walters, 2011);
31 therefore be it
32
33 RESOLVED, that the California Nursing Students’ Association (CNSA) encourage nursing
34 professionals to provide universal and private IPV screening (regardless of gender),
35 free of all non-medical personnel, when a patient presents to a respective healthcare
36 facility; and be it further
37 RESOLVED, that the CNSA publish an article about this topic in the *Range of Motion* newsletter, if
38 feasible; and be it further
39 RESOLVED, the CNSA provide education on this topic by holding break-out sessions during the
40 annual CNSA convention, if feasible; and be it further

Resolution #7 – Intimate Partner Violence – Freeborn

41 RESOLVED, that the CNSA send a copy of this resolution to the American Nurses
42 Association\California, the Association of California Nurse Leaders, the California
43 Board of Registered Nurses, the California Association for Nurse Practitioners, the
44 California Nurses Association, the Nurse Alliance for California, the California Hospital
45 Association, the California Chapter of the American Association of Critical Care Nurses,
46 the California Association of Clinical Nurse Specialists, the California Partnership to
47 End Domestic Violence, and all others deemed appropriate by the CNSA Board of
48 Directors.

1 **TOPIC: IN SUPPORT OF INCREASING AWARENESS OF THE ROLE OF THE NURSE**
2 **IN COMBATING HUMAN TRAFFICKING**
3

4 **SUBMITTED BY: California State University, Sacramento**
5

6 **AUTHOR: Melissa Byrne**
7

8 WHEREAS, in 2010, the National Students’ Nursing Association House of Delegates
9 passed a resolution to increase awareness of human trafficking seeking
10 to reaffirm the need for education of health care providers’ ability to
11 serve this vulnerable population, and address the gaps that exist in
12 meeting this goal; and (NSNA, 2010)

13 WHEREAS, the American Nurses Association declared a position statement in 2010
14 identifying the nurse’s role in “advocating for human rights” as it
15 pertains to human rights violations and the upholding of human rights
16 and methods for reporting violations and taking action to prevent it
17 from happening again; and (ANA, 2010)

18 WHEREAS, according to the United Nations, human trafficking is defined as
19 including, but not limited to: movement of persons by threat or use of
20 force, of abduction, or other methods to gain control over another
21 person for the purpose of exploitation that includes sexual exploitation,
22 forced labor/services, slavery, and/or removal of organs (UN, 2000, p.2)
23 affecting over 20.9 million individuals in a \$150 billion industry
24 worldwide (Polaris Project, 2015); and

25 WHEREAS, human trafficking is a public health concern as victims are subject to
26 sexually transmitted diseases, vaginal and or rectal trauma, unintended
27 pregnancies, infertility, urinary tract infections, malnutrition,
28 dehydration, exhaustion, dental problems, visual problems, depression,
29 anxiety, suicidal ideation, PTSD, addiction, and tuberculosis as some of
30 the potential health concerns (Sabella, 2011, pp. 27-28); and

31 WHEREAS, research has estimated that over 5,000 victims of human trafficking
32 receive medical care every year in the United States while in the control
33 of their trafficker, and that health care providers often unknowingly
34 encounter these victims in providing all forms of health care services
35 (Baldwin, 2011, pp. 36-39), and

36 WHEREAS, research has identified increasing education among health care
37 providers about human trafficking can improve self-rated level of
38 knowledge by over 50%, increase utilization of available reporting
39 resources from 26% to 99%, and doubled suspected trafficking victim
40 identification (Grace, 2014, pp. 856-861); therefore be it

41
42 **RESOLVED,** that the California Nursing Students Association support increased
43 awareness of the nurse's role in combating human trafficking by
44 encouraging constituents to advocate for improved nursing education in
45 community, clinical, and academic environments regarding the use of

Resolution #8 – Human Trafficking- Byrne

46 screening tools, victim hotlines, risk factor identification, and other
47 appropriate resources; and be it further
48 RESOLVED, that CNSA increase awareness and advocacy about human trafficking,
49 when feasible, through articles in the *Range of Motion* newsletter,
50 website information dissemination, appropriate CNSA committee
51 action, and information at the annual CNSA convention; and be it
52 further
53 RESOLVED, that CNSA send a copy of this resolution to the American Nurses
54 Association\California, the California Board of Registered Nursing,
55 Association of California Nurse Leaders, California Association of Public
56 Hospitals and Health Systems, the California Organization of
57 Associate/Baccalaureate Degree Nursing, the California Institute for
58 Nursing and Health Care, California Emergency Nurses Association, the
59 American Psychiatric Nurses Association California and any others
60 deemed appropriate by the Board of Directors.