

1 **RESOLUTION 1**

2

3 **TOPIC: IN SUPPORT OF HEALTH EDUCATION COURSES AS A GRADUATION REQUIREMENT FOR**
4 **HIGH SCHOOL STUDENTS**

5

6 **SUBMITTED BY: California State University Bakersfield**
7 **Bakersfield, California**

8

9 **AUTHORS: Deanna Antonelli, Jamie Banks**

10

11 WHEREAS, the leading causes of death in America are due to risky health behaviors that are
12 developed during adolescent years (American Cancer Society, American Heart
13 Association, & American Diabetes Association, n.d.); and
14 WHEREAS, out of the twenty-nine richest industrialized countries in the world, the United States
15 ranks 25th in health and safety and 25th in health education (UNICEF, 2017); and
16 WHEREAS, only 6.5% of public and private high school in the US provide health education
17 instruction that meet the US National Health Education Standards (Office of Disease
18 Prevention and Health Promotion, 2014); and
19 WHEREAS, there is no federal mandate on health education as a requirement for high school
20 graduation (US Department of Education, 2017); and
21 WHEREAS, school health education for adolescents encourages the development and maintenance
22 of healthy behaviors, in an effort to prevent chronic disease through increased critical
23 thinking skills, the development of new skill sets, and acquisition of health knowledge
24 (Birch, Priest, & Mitchell, 2015); and
25 WHEREAS, a recent study concluded that adolescent students had a statistically significant increase
26 in health knowledge and reported being more comfortable with health-related
27 information after receiving large-scale teacher-implemented health education (Magid,
28 Heard, & Sasson, 2018); and
29 WHEREAS, health education at an early age allows children to develop healthy habits, be more self-
30 aware to make healthy choices, and be more likely to avoid risky health behaviors,
31 which impact well-being throughout a person's lifetime (McGill, 2016); and
32 WHEREAS, an objective of Healthy People 2020 is to increase the amount of high schools that are
33 teaching health education at or above the US National Health Education Standard
34 (Office of Disease Prevention and Health Promotion, 2014); therefore be it

35

36 **RESOLVED,** that the California Nursing Students' Association (CNSA) support advocacy for all high
37 school students to require a health education course that meets or exceeds the
38 standards set forth by the office of the Office of Disease Prevention and Health
39 Promotion as a requirement for graduation; and be it further

40

40 **RESOLVED,** that CNSA advocate for legislature to mandate the early exposure of adolescents to
41 health education in order to increase health literacy, promote the development of
42 health promoting behaviors, and form a foundation of healthy choices that promote
43 well-being throughout a lifetime; and be it further

44 RESOLVED, that the CNSA encourage its constituents to volunteer as health education resources in
45 high schools, including but not limited to, providing hands-only CPR instruction; and be
46 it further

47 RESOLVED, that CNSA increases awareness about the benefits of health education for adolescents
48 to develop health promoting behaviors through articles in the *Range of Motion*
49 newsletter, dissemination of information via CNSA website, educational breakout
50 sessions at the annual convention, or appropriate CNSA committee actions, if feasible;
51 and be it further

52 RESOLVED, that the CNSA send a copy of this resolution to the United States Department of
53 Education, National Association of State Boards of Education, the American Nurses
54 Association, the American Public Health Association, the American Heart Association,
55 the American Cancer Society, the American Diabetes Association, the American
56 Academy of Pediatrics, and all others deemed appropriate by the CNSA Board of
57 Directors.

1 **RESOLUTION 2**

2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47

TOPIC: TO PROMOTE UTILIZATION OF END-TIDAL CAPNOGRAPHY TO OPTIMIZE QUALITY AND EFFECTIVENESS OF CARDIOPULMONARY RESUSCITATION

**SUBMITTED BY: California State University, Fresno
Fresno, California**

AUTHORS: Shelby Magee, Guadalupe Diaz, Kassandra Moua, Kayla Rice

WHEREAS, Advanced Cardiac Life Support guidelines recommend the use of capnography to confirm the effectiveness of chest compressions and duration of cardiopulmonary resuscitation (CPR). Capnography is used to guide resuscitative efforts and immediately signal a sustained return of spontaneous circulation (ROSC). Despite recommendations and substantial evidence, its use during CPR remains marginal (Kodali & Urman, 2014); and

WHEREAS, annually, over 500,000 United States adults experience cardiac arrest, although only 20% survive within the hospital setting. The overall quality of compressions remains a primary component of patient outcomes (Nassar & Kerber, 2017); and

WHEREAS, utilization of capnography to measure end-tidal carbon dioxide (ETCO₂) during CPR provides real-time feedback on the quality of compressions, leading to a higher possibility of sustained ROSC. Feedback provided by ETCO₂ levels correlates with cardiac output and allows acute care providers to quickly and continually evaluate compression quality, increasing prognoses and patient survival rates (Chen et. al., 2015); and

WHEREAS, without quality chest compressions, blood flow to the heart and brain will be compromised. According to clinical studies, a majority of chest compressions are not delivered appropriately. With the use of capnography, ETCO₂ levels can be measured to indicate rescuer fatigue or inadequate compressions (Rad & Rad, 2017); and

WHEREAS, currently, large gaps exist between the affirmative evidence of capnography utilization and practice within clinical settings. As demonstrated in studies of emergency departments and intensive care units, capnography waveform monitors are not presently used to their optimal capacity, despite their availability. Although there are many factors involved in successfully adopting and implementing these devices, little research exists to describe why many healthcare teams routinely omit usage from resuscitative cases (Langhan, 2014); and

WHEREAS, education surrounding both equipment usage and data interpretation should be presented to all healthcare providers who may be involved in its usage in order to reach optimal outcomes and positively influence current standards of care (Kodali & Urman, 2014; Langhan, 2014); therefore be it

RESOLVED, that the California Nursing Students' Association (CNSA) raise awareness of the benefits of the use of end-tidal capnography during CPR through highlights and articles in its *Range of Motion* when feasible; and be it further

RESOLVED, that CNSA educate about the benefits of the use of end-tidal capnography during CPR in the hospital setting through an education breakout session at CNSA Membership North Meeting, Membership South Meeting, or CNSA State Convention, if feasible; and be it further

48 RESOLVED, that the CSNA send a copy of this resolution to the Fresno, Tulare, and Kings County
49 Department of Health and Human Services, the California Department of Health, Clovis
50 Community Medical Center, Community Regional Medical Center, Saint Agnes Medical
51 Center, Kaweah Delta Medical Center, the American Heart Association, American Nurses
52 Association California, California Association of Public Hospitals and Health Systems,
53 Association of Critical-Care Nurses, and all others deemed appropriate by the CSNA
54 Board of Directors.

1 **RESOLUTION 3**

2

3 **TOPIC: IN SUPPORT OF INCREASING AWARENESS OF PROPER DISPOSAL OF HOME-**
4 **GENERATED PHARMACEUTICAL WASTE AND SHARPS**

5

6 **SUBMITTED BY: California State University, Sacramento**
7 **Sacramento, CA**

8

9 **AUTHORS: Wendy Fanucchi, Emily Anderson**

10

11 WHEREAS, 42% of Americans have one to three bottles of unused prescriptions in their medicine
12 cabinets, 9% have four to six bottles, 2% have seven to ten bottles. Eighty three percent
13 have never participated in a “drug takeback program” (MLO: Medical Laboratory
14 Observatory, 2018); and

15 WHEREAS, prescription drugs need to be disposed of in a manner that prevents accidental
16 exposure to others; prevents unauthorized use, abuse or misuse; and address concerns
17 over environmental and public safety (Aschenbrenner, 2015); and

18 WHEREAS, in the past decade, environmental waters have tested positive for pharmaceuticals at
19 nanogram-to-low-micrograms-per-liter range, leading to concerns of negative effects on
20 human and marine life (World Health Organization, 2012); and

21 WHEREAS, it is estimated that 8-9 million Americans use sharps (syringes with needles, infusion
22 systems, lancets) to manage their health conditions at home (Markkanen et al., 2015);
23 and

24 WHEREAS, much care and attention is given to safe sharps disposal in the clinical setting, patient
25 education in proper sharps disposal in the home setting is often overlooked (Costello,
26 Parikh, 2013); and

27 WHEREAS, improper sharps disposal is a serious occupational risk to waste management handlers
28 (Markkanen et al., 2015); and

29 WHEREAS, the Federal Drug Administration has posted information for consumers on safe
30 medication disposal and has recommended for safe medication disposal by taking drugs
31 to a collection site authorized by the U.S. Drug Enforcement Agency (Federal Drug
32 Administration, 2018); and

33 WHEREAS, the American Nurses Association Code of Ethics for Nursing states that nursing practice
34 includes the responsibility for patient teaching and that nurses “must advocate for
35 policies, programs, and practices within the healthcare environment that maintain,
36 sustain, and repair the natural world” (American Nurses Association, 2015, p.37);
37 therefore, be it

38

39 **RESOLVED,** that the California Nursing Students’ Association (CNSA) help to increase awareness

40 among nursing students about proper disposal of home-generated pharmaceutical

41 waste and sharps; and be it further

42 **RESOLVED,** that the CNSA collaborate with other healthcare professionals wherever possible to

43 increase awareness among patients about proper disposal of home-generated

44 pharmaceutical waste and sharps; and be it further

45 **RESOLVED,** that the CNSA increase awareness, application, and advocacy regarding the proper

46 disposal of home-generated pharmaceutical waste and sharps through articles in *Range*

47 *of Motion*, and educational breakout sessions at the Annual Convention, if feasible; and
48 be it further
49 RESOLVED, that the CNSA send a copy of this resolution to the American Nurses Association, the
50 Association of Public Health Nurses, the American Association of Colleges of Nursing,
51 the American Academy of Nursing, the National League for Nursing, the National
52 Organization for Associate Degree Nursing, and all others deemed appropriate by the
53 CNSA Board of Directors.

1 **RESOLUTION 4**

2
3 **TOPIC: IN SUPPORT FOR INCREASED AWARENESS ON THE ADVANTAGES OF EMOTIONAL**
4 **INTELLIGENCE IN NURSING PRACTICE**

5
6 **SUBMITTED BY: National University**
7 **San Diego, California**

8
9 **AUTHORS: Camay Lim, Jade Evans, Holly Kreczkowski, Jennifer Cherry, Janine Adviento**

10
11 WHEREAS, Parnell & St. Onge defines emotional intelligence (EI) as “a form of social intelligence
12 that involves the ability to monitor one’s own and others’ feelings and emotions, to
13 discriminate among them, and to use this information to guide one’s thinking and
14 action.” The five main elements of emotional intelligence are: self-awareness, self-
15 regulation, motivation, empathy, and social skills. These skills support effective
16 leadership and communication, both of which are necessary for safe nursing practice
17 (Parnell & St. Onge, 2015 p.89); and
18 WHEREAS, ineffective leadership and communication have been identified as the most frequent
19 root causes of sentinel events (The Joint Commission, 2015); and
20 WHEREAS, research demonstrates that EI in nurses is positively correlated with high levels of
21 clinical performance, customer satisfaction, and positive patient outcomes; variables
22 that reflect quality patient-centered care (Codier & Codier, 2017); and
23 WHEREAS, EI ability can positively influence information transfer between nurses and patients
24 within a therapeutic relationship. With EI, nurses are able to accurately assess their own
25 bias, fatigue, and stress levels in the work environment to prevent omission or
26 misinterpretation of healthcare data. With the correlation between communication and
27 EI abilities, the development of EI may support complete and accurate data collection,
28 thus enhancing patient safety (Codier & Codier, 2017); and
29 WHEREAS, nurse leaders who possess high EI motivate employees to perform more effectively,
30 increasing job satisfaction, leading to transformation leadership practices that
31 ultimately influence quality patient outcomes (Coladonato & Manning, 2017); and
32 WHEREAS, reports of burnout and turnover rates decrease when EI increases. Additionally, nurse
33 leaders and educators who are aware of their own EI are more likely to provide holistic
34 care and education. (Beydler, 2017); and
35 WHEREAS, the concept of EI is gaining recognition in the healthcare environment due to its positive
36 effect on performance, therapeutic relationships, conflict management, team
37 effectiveness, and culture of safety, all of which are crucial to excellent nursing practice
38 (Codier & Codier, 2017); therefore be it
39
40 **RESOLVED,** that the California Nursing Students’ Association (CNSA) raise awareness on the
41 advantages of emotional intelligence as it relates to nursing practice through highlights
42 and articles in its *Range of Motion*, if feasible; and be it further
43 **RESOLVED,** that the CNSA raise awareness regarding the advantages of emotional intelligence in
44 nursing practice through either a breakout session or general session at CNSA
45 Membership North Meeting, Membership South, or CNSA State Convention, if feasible;
46 and be it further

47 RESOLVED, that the CNSA send a copy of this resolution to the American Nurses Association
48 California, the Association of California Nurse Leaders, National Alliance for California,
49 National League for Nursing, United Nurses Association of California, California
50 Association for Nursing Practitioners, and all other deemed appropriate by the CNSA
51 Board of Directors.

1 **RESOLUTION 5**

2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46

TOPIC: IN SUPPORT OF INCREASED USE OF AIR ASSISTIVE TRANSFER DEVICES FOR NON-AMBULATORY PATIENTS IN HOSPITALS

**SUBMITTED BY: San Diego City College Nursing Students' Association
San Diego, CA**

AUTHORS: Lacie Sommer, Leslie Lutke, Justine Mercado, Victoria Shirley

WHEREAS, under Occupational Safety and Health Administration (OSHA) regulations, employers have the responsibility to provide a safe and healthful workplace for their employees. Workers have the right to working conditions that do not pose a risk of serious harm (US Department of Labor, Occupational Health and Safety Administration, 2014); and

WHEREAS, musculoskeletal disorders (MSD) are one of the leading causes of disability in nurses and nursing aides and create great additional cost in the healthcare industry (Lauer, 2018); and

WHEREAS, Centers for Disease Control and Prevention estimated that in 2015, overexertion injuries created costs totaling \$1.7 billion and are the most costly form of injury at \$50 billion annually (Centers for Disease Control and Prevention, 2016); and

WHEREAS, knowledge and training associated with medical device operation improves nurses' attitudes toward such devices which is necessary for effective implementation (Zhang, Barriball, While, 2014); and

WHEREAS, according to a recent study performed by the University of Cincinnati, the use of air assisted devices, such as the HoverMatt, reduced the friction between the patient and the bed during both repositioning and lateral transfers and also reduced spinal loads 24-36% (Kermi, Kotowski, 2014); and

WHEREAS, the use of HoverMatts in the transferring and lifting of patients, reduces the force required to move a patient by 80-90% (HoverTech International, 2017); and

WHEREAS, in a case study performed at Rome Memorial in Rome, NY, their Patient Safe Handling Program was revamped in 2013-2014, including the purchase of an additional 43 reusable HoverMatts in addition to the 36 existing HoverMatts, costing a total of \$175,000. Since introducing more HoverMatts, the average annual injury rate went from nine per year from 2010-2012, to two in 2014, which is an injury reduction of 78% (HoverTech International, 2014); and

WHEREAS, in another case study done between September and October 2017, HoverMatts were implemented at 17 Hospitals. An average of 13 injuries reported per year dropped to 0 after 6 months of the HoverMatts being implemented (McMillin, Moo, Newman & De Silva, 2018); therefore be it

RESOLVED, that the California Nursing Students' Association (CNSA) encourage its constituents to support the implementation of air assistive transfer devices for all non-ambulatory patients in a hospital-type setting; and be it further

RESOLVED, that the CNSA help to support further research into injuries among nurses and nursing staff when the use of air assistive transfer devices are not implemented; and be it further

47 RESOLVED, that the CNSA increases awareness regarding the proper operation of air assistive
48 transfer devices and the risks involved in traditional manual lifting of patients through
49 articles in the *Range of Motion* newsletter, website information dissemination or
50 appropriate CSNA committee action and education breakout sessions at Convention, if
51 feasible; and be it further

52 RESOLVED, that the CNSA send a copy of this resolution to the National Student Nurses Association,
53 American Nurses Association California, Association of California Nurse Leaders,
54 California Board of Registered Nursing, California Association of Colleges of Nursing,
55 California Hospital Association, and all others deemed appropriate by the CNSA Board of
56 Directors.

1 **RESOLUTION 6**

2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42

TOPIC: IN SUPPORT OF INCREASED AWARENESS OF HOME FALL PREVENTION FOR THE GERIATRIC POPULATION

SUBMITTED BY: San Diego State University, San Diego, California

AUTHORS: Cristal Vieyra

WHEREAS, the adult geriatric population is increasing due to a longer lifespan and the aging of the Baby Boomer generation, which will continue to present a huge concern for fall prevention and risk assessment (Huang, Turner, & Brandt, 2018); and

WHEREAS, currently, falls are the leading cause of injury-related deaths in the older adult population with approximately one-third of individuals over 65 experiencing falls annually (Loham et al., 2017); and

WHEREAS, leg and foot strength decreases rapidly after age 75 when the opportunity to participate in regular physical activity decreases (Cho & An, 2014); and

WHEREAS, many factors and comorbidities lead to falls causing 37.3 million individuals to require hospitalization due to further injury from a fall, like fractures and/ or brain injury, ultimately increasing global healthcare costs that are expected to be around \$240 billion by the year 2040 (Khanuja, Joki, Bachmann, & Cuccurillo, 2018); and

WHEREAS, patients 65 and older who are newly discharged express the need for notification of the importance of fall prevention and risk assessment with further verbal explanation since patients feel when given a brochure about the topic, that alone is insufficient (Tzeng & Yin, 2014); and

WHEREAS, fall prevention and risk assessment requires time that often cannot be provided by healthcare providers and thus, requires a team approach to identify fall risks and provide health promotion (Reinoso, McCaffrey, & Taylor, 2018); therefore be it

RESOLVED, that the California Nursing Students' Association (CNSA) support increased awareness of home fall prevention for the geriatric population; and be it further

RESOLVED, that the CNSA provide education and materials at the Annual Convention through break-out sessions related to this topic, if feasible, to increase participation of all persons involved in nursing care within communities; and be it further

RESOLVED, that the CNSA publish an article in *Range of Motion* on the benefits of all nursing personnel participation in home fall prevention and risk assessment in the community; and be it further

RESOLVED, that the CNSA send a copy of this resolution to the American Nurses Association, American Association of Colleges of Nursing, National League for Nursing, Organization for Associate Degree Nursing, Centers for Disease Control and Prevention, American Geriatric Society, Gerontological Advanced Practice Nurses Association, The

43

Gerontological Society of America and all others deemed appropriate by the CNSA

44

Board of Directors.

1 **RESOLUTION 7**

2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44

TOPIC: IN SUPPORT OF PROVIDING INFORMATION REGARDING AVAILABLE INTERVENTIONS FOLLOWING SUBSTANDARD INFANT HEARING TEST RESULTS

SUBMITTED BY: Maurine Church Coburn School of Nursing Monterey, CA

AUTHORS: Trevor Stumm, Lan Mai, Dana Resurreccion, Elinor Schuss, Amanda Shore, Aimee Yap

WHEREAS, parents are often overwhelmed when learning about their child’s initial subpar hearing screening. The limited information about the consequences of early identified hearing loss show a variation in audiological and educational practices (Fitzpatrick et al., 2015); and

WHEREAS, per the Centers for Disease Control and Prevention, 43% of children who are referred to treatment due to their hearing screen results do not follow-up with the referral. Nearly 1/3 of parents are uncertain about whether their child’s hearing was screened at birth. This finding indicates that there is room for improvement in parent education to ensure that affected infants are identified and provided with appropriate intervention and rehabilitation as early as possible (Pynnonen et al., 2016); and

WHEREAS, parents’ misunderstanding of infant hearing test results and potential interventions is responsible for the lack of post-test follow-up. In addition, poor recall of provided information may occur when parents are informed when screening results are abnormal or when newborn hospital stays are complicated (Pynnonen et al., 2016); and

WHEREAS, an early diagnosis of true hearing impairment is crucial, as if not properly recognized, hearing disorders may impact negatively on children development and on quality of life (Ciorba et al., 2017); and

WHEREAS, the majority of children with hearing loss are born into families with no previous experience of hearing loss, caregivers of young children with hearing loss often require more information in order to make informed and effective decisions for their children. Many decisions are initially made shortly after the diagnosis of hearing loss when caregivers have limited information about available options and there is pressure to make these decisions quickly (Crowe, Fordham, McLeod, & Ching, 2014); therefore be it

RESOLVED, that the California Nursing Students’ Association (CNSA) advocate for statewide hospitals and pediatrician offices to provide an informational packet called, “Diagnostics Hearing Evaluation Referral” and “Hearing Screening Refer,” from the California Newborn Hearing Screening Program to parents who have a child being referred to an audiologist after failure to pass their infant hearing screening; and be it further

RESOLVED, that the CNSA encourage statewide hospitals and pediatrician offices to hold inservices for nurses/providers in the obstetrics units, on pediatric floors, and in outpatient settings to teach them about cochlear implants, deaf culture, and the options with which the parents will be presented; and be it further

45 RESOLVED, that the CNSA will encourage statewide hospitals and pediatrician offices to collaborate
46 with community resource services, including support groups, to provide families with
47 educational and emotional support outside the acute and primary care settings; and be
48 it further

49 RESOLVED, that the CNSA will provide additional information about this topic to be included in
50 *Range of Motion* and additionally, provide informational breakout sessions at the annual
51 convention, if feasible; and be it further

52 RESOLVED, that the CNSA send a copy of this resolution to the American Nurses
53 Association/California, the Association of California Nurse Leaders, the Nurse Alliance of
54 California, the National League for Nursing, the California Association for Nurse
55 Practitioners, the California Association of Clinical Nurse Specialists, the California
56 Association of Colleges of Nursing, the Society of Pediatric Nurses, the California
57 Academy of Audiology, the Academy of Doctors of Audiology, the American Academy of
58 Otolaryngology–Head and Neck Surgery, the American Cochlear Implant Alliance, the
59 American Society for Deaf Children, the American Speech-Language-Hearing
60 Association, the National Association for the Deaf, the World Council on Hearing Health
61 and Deafness Research Foundation, and all others deemed appropriate by the CNSA
62 Board of Directors.