

# **PROPOSED RESOLUTIONS**

## **IANAS 2018**

1: INCREASING EDUCATION ON USE OF CHLORHEXIDINE BATHING TO REDUCE BACTERIAL INFECTION SPREAD IN HOSPITALS

2: IN SUPPORT OF DECREASED REFUGEE PARENT-CHILD SEPARATION TO MINIMIZE ADVERSE CHILDHOOD EXPERIENCES

3: INCREASING AWARENESS OF THE LONG-TERM EFFECTS OF SEXUAL ASSAULT

4: PREVENTING THE SPREAD OF INFECTION THROUGH DISINFECTING STETHOSCOPES

5: IN SUPPORT OF NURSES ADOPTING INITIATIVES TO REDUCE ENVIRONMENTAL IMPACT

6: IN SUPPORT OF INCREASED EDUCATION ON STUDENT'S RIGHTS AND PRIVACY

7: IN SUPPORT OF RAISING AWARENESS OF BEDSIDE REPORT TO INCREASE PATIENT SAFETY AND OUTCOMES

Resolution #1

**TOPIC: INCREASING EDUCATION ON USE OF CHLORHEXIDINE BATHING TO REDUCE BACTERIAL INFECTION SPREAD IN HOSPITALS**

**SUBMITTED BY: Mercy College Association of Nursing Students**

**AUTHORS: Ellie Lemer, Alexis Crutchfield, Cassie Hanawalt, Isabelle Fidler, Elizabeth Wadle, Sydney Steimel & Austin Blankman**

WHEREAS, patients are approximately 1.5 times more prone to procure Methicillin-resistant Staphylococcus aureus (MRSA) utilizing soap-and-water while bathing than patients who receive the chlorhexidine gluconate (CHG) showering method (Petlin et al., 2014, p. 20); and

WHEREAS, bathing in CHG daily is associated with a dramatic decrease in the rates of catheter-related bloodstream infection, catheter-associated urinary tract infection, ventilator-associated pneumonia, and onset of MRSA and Vancomycin-resistant Enterococcus (VRE) (Huang, Chen, Wang, & He, 2015, p. 1159); and

WHEREAS, the distinction in viability between the 1-time CHG and 1-time Povidone Iodine (PVI) solution is significant; the CHG solution is more successful at a similar expense than the 1-time PVI solution (Maunoury et al., 2018, p. 16); and

WHEREAS, current evidence supports the concept regarding MRSA and that contamination can be fundamentally diminished by 23% to 32% by showering hospitalized patients with pre-saturated CHG cloths or warm water containing the CHG solution (Ignatavicius & Workman, 2016, p. 406); and

WHEREAS, in 2013, a recommendation from the American Association of Critical Care stated that a successful way to reduce MRSA and other multi drug-resistant organisms (MDROs) in the critical care units is to bathe daily in CHG (Ignatavicius & Workman, 2016, p. 406); and

WHEREAS, it was recommended in 2013 by the Centers for Disease Control and Prevention to bathe patients daily in a CHG solution to decrease colonization of MDROS and prevent Carbapenem-resistant Enterobacteriaceae (CRE) (Ignatavicius & Workman, 2016, p. 406); and

WHEREAS, when using chlorhexidine impregnated cloths, as well as cotton cloths containing CHG solution, it correlates with beneficial effects. CHG bathing was also association with a significant reduction in infection as well as colonization of pathogens (Doskey & Deshpande, 2016, p. 18-19); and

WHEREAS, after isolating MRSA for 4 years, researchers found that in a setting that used CHG bathing, there was no increase in MRSA resistance, no detectable loss of antibiotic effectiveness, and no infection with other organisms (Petlin et al., 2014, p. 21); therefore be it

RESOLVED, that the Iowa Association of Nursing Students (IANS), along with others, support implementation of increasing education on CHG bathing in the hospital setting; and be it further

RESOLVED, that IANS will publish an article relating to this topic in *Imprint*, if feasible; and be it further

RESOLVED, that IANS will encourage education to current nurses on the effects of CHG bathing in clinical practice; and be it further

RESOLVED, that IANS send a copy of this resolution to the American Nurses Association, American Association of Colleges of Nursing, Organization for Associate Degree Nursing, National League for Nursing, Iowa Nurses Association, and all others deemed appropriate by the IANS Board of Directors.

Resolution #2

**TOPIC: IN SUPPORT OF DECREASED REFUGEE PARENT-CHILD SEPARATION TO MINIMIZE ADVERSE CHILDHOOD EXPERIENCES**

**SUBMITTED BY: Mount Mercy University Association of Nursing Students**

**AUTHORS: Cali Arbuckle, Rebecca Boland, Megan Demmer, Alexis Duwa, Sydney Franks, Allison Heims, Tessa Ostendorf & Kasey Palmer**

WHEREAS, according to the Department of Health and Human Services, as of June 20, 2018 there were 2,053 refugee minors separated from their parent(s) or guardian(s) (U.S. Department of Homeland Security, 2018, p. 3); and

WHEREAS, traumatic experiences, also known as adverse childhood experiences (ACEs) including physical or sexual abuse, incarcerated family, family mental illness, family drug or alcohol abuse, domestic violence, parental divorces, or family separation under age of 18, are linked to severe short and long-term consequences (Slack, 2017, p. 24); and

WHEREAS, ACEs such as forcible removal from family may lead to suicidal ideation, anxiety, depression, aggressive behavior, and post-traumatic stress disorder (Teicher, 2018, p. 2); and

WHEREAS, psychosocial impairments from ACEs are linked to decreased educational and employment outcomes (Paccione-Dyszlewski, 2018, p. 1); and

WHEREAS, debilitating conditions from ACEs inhibit work performance; affecting future work productivity as work absenteeism costs the US approximately \$246 billion dollars (Rosenberg, 2018, p. 235, 237); and

WHEREAS, ACEs have been shown to increase poor lifestyle choices leading to long-term chronic diseases which account for 86% of healthcare related costs (Zarnello, 2018, p. 52); and

WHEREAS, even brief parent-child separation can lead to long-term effects from the constant fear of family separation causing a stress response resulting in obesity, cardiac disorders, inflammatory responses, and type 2 diabetes (Teicher, 2018, p. 2); and

WHEREAS, exposure to ACEs make it difficult to work, pursue education, or take care of a family, and research supports that successful refugee resettlement must include psychosocial support as well as access to healthcare (Office of Refugee Resettlement, 2018, p. 1); therefore be it

RESOLVED, that the Iowa Association of Nursing Students (IANS), nursing students, and nursing schools promote education and awareness of the detrimental effects family-child separation can have; and be it further

RESOLVED, that IANS encourages school chapters to raise awareness of ACEs in the refugee parent-child population through education or advocacy actions by submitting articles to their local and school papers, if feasible; and be it further

RESOLVED, that that IANS provide information about minimizing refugee parent-child separation due to ACEs on its website and publish an article in *Imprint* if feasible; and be it further

RESOLVED, that IANS send a copy of this resolution to Iowa Nurses Association, American Nurses Association, American Association of Colleges of Nurses, National Student Nurses Association, National League of Nursing, Iowa Board of Nursing, Iowa Nurse Practitioner Society, Iowa Association of Nurse Practitioners, American Association of Nurse Practitioners, Iowa Department of Human Services, American Psychiatric Nurses Association, US Committee for Refugees and Immigrants, Amnesty International, Iowa American Academy of Family Physicians, American Academy of Family Physicians, Iowa Medical Society, Iowa Chapter of American Academy of Pediatrics, American Academy of Pediatrics, Office of Refugee Resettlement, Iowa Association of Social Workers, National Association of Social Workers, American Civil Liberties Union, University of Iowa Clinical Law, and all others deemed appropriate by the IANS Board of Directors.

Resolution #3

**TOPIC: INCREASING AWARENESS OF THE LONG-TERM EFFECTS OF SEXUAL ASSAULT**

**SUBMITTED BY: Grand View University Nursing Student Association**

**AUTHORS: Alexx Scheidecker, Stephanie Rennich, Allison Stanley & Paige Staton**

WHEREAS, sexual assault is defined as any sexual act that is perpetrated against one's will; including rape, abusive sexual contact and noncontact sexual abuse (Chang, Fowler, Hirsch, Jilani, Kahle, Lin, Yu, & Yu, 2015, p. 211); and

WHEREAS, sexual assault has many negative, long term effects including but not limited to: chronic pain, cervical cancer, genital injuries, migraines, gastrointestinal disorders, cognitive and social dysfunction, depression, post-traumatic stress disorder, low self-esteem, and poor coping mechanisms leading to suicidal ideation and self-harm post-assault (Hellman, 2014, p. 2, 5); and

WHEREAS, in a qualitative study, it was found that the most critical symptoms of PTSD on sexual assault survivors were avoidance and emotional numbing, and the survivors can suffer from these symptoms twenty years after the initial assault (Elklit, Hansen, Hyland, Murphy, Shevlin, & Vallieres, 2015, p. 503); and

WHEREAS, in a quantitative study, it was found that women manifested more anxiety and social protective behaviors whereas men exhibited more depression following the sexual assault (Ponce-Garcia, Madewell, & Brown, 2016, p. 541); and

WHEREAS, of 378 sexual assault survivors, 47.3% suffered from depression versus 16.7% of 4508 non-sexual assault victims having depression (Faseru, Hart, Haskett, Johnson, Santaularia, & Welsh, 2014, p. 8); and

WHEREAS, 50% of sexual assault survivors were found to become less religious after their assault (*attack*) (Hellmen, 2014, p. 5); and

WHEREAS, a high percentage of sexual assault survivors report having a lower quality of life due to fear of another sexual assault (Senn, Eliasziw, Barata, Thurstun, Newby-Clark, Radtke, & Hobden, 2013, p. 2); therefore be it

RESOLVED, that the Iowa Association of Nursing Students (IANS) encourages nursing schools to provide education to nursing students on the long-term effects that a previous sexual assault can have on a client; and be it further

RESOLVED, that IANS include a sexual assault campaign or foundation at the 2019 IANS conference to provide information to students on the long-term effects of sexual assault, if feasible; and be it further

RESOLVED, that Grand View University write an article bringing awareness to the long-term effects of sexual assault, and IANS share this article to their website, in *Imprint*, and on social media, if feasible; and be it further

RESOLVED, that IANS send a copy of this resolution to ANA, Iowa Association of Nurses, Association of Women's Health, Obstetric and Neonatal Nurses, American Forensic Nurses, Emergency Nurses Association, and all others deemed appropriate by the IANS Board of Directors.

Resolution #4

**TOPIC: PREVENTING THE SPREAD OF INFECTION THROUGH DISINFECTING STETHOSCOPES**

**SUBMITTED BY: Mercy College Association of Nursing Students**

**AUTHORS: Isabelle Fidler, Sydney Steimel, Elizabeth Wadle, Ellie Lemer, Cassie Hanawalt & Lexi Crutchfield**

WHEREAS, the diaphragm and bell of a healthcare provider's stethoscope comes into contact with each patient and can acquire more germs and other sources of infection than a healthcare professional's hands (U.S. Patent No. 9,918,803, 2018); and

WHEREAS, the diaphragm and bell are considered significant sources of infection (Grif Alspach, 2014, p. 11); and

WHEREAS, each patient that comes into contact with a healthcare provider's stethoscope is also exposed to pathogens from previous patients cared for by that healthcare provider (Grif Alspach, 2014, p.11); and

WHEREAS, in regard to patient safety, a stethoscope should be disinfected in a process similar to that of hand hygiene because a stethoscope is considered an extension of a healthcare professional's hand (HCPro, 2017, p. 3); and

WHEREAS, hand hygiene is a more common practice compared to that of stethoscope disinfection, though there is evidence that a stethoscope can contain *Staphylococcus aureus*, *Pseudomonas aeruginosa*, *Clostridium difficile*, and *vancomycin-resistant enterococci* (VRE) (Holleck, Merchant, Lin, & Gupta, 2017, p. 811); and

WHEREAS, repeated use of a stethoscope without disinfection between patient examinations is linked to the spread of germs and other microorganisms, which can lead to hospital-acquired infection (U.S. Patent No. 9,918,803, 2018); and

WHEREAS, there is minimal available training in regard to stethoscope disinfection as well as no awareness of institutional policies regarding this topic, suggesting there has been little evidence displaying establishment and use of these disinfection policies (Ghumman, Ahmad, Pop-Vicas, & Iftikhar, 2018, p. 18); and

WHEREAS, disinfection of stethoscopes can be accomplished by simply wiping the instrument thoroughly with an alcohol wipe (Grif Alspach, 2014, p. 11); therefore be it

RESOLVED, that the Iowa Association of Nursing Students (IANS) will provide education, such as instructional pamphlets and/or promotional video, regarding stethoscope disinfection methods to healthcare professionals, if feasible; and be it further



RESOLVED, that IANS will provide access to instructional materials in regard to proper stethoscope disinfection processes to ensure nursing students may understand the proper technique for disinfection; and be it further

RESOLVED, that IANS will advocate for nursing students to instill proper stethoscope disinfection processes into their everyday nursing practice in order to prevent the transmission of infection; and be it further

RESOLVED, that IANS will publish an article on the importance of stethoscope disinfection processes on the IANS website, social media websites, and *Imprint*, if feasible; and be it further

RESOLVED, that the NSNA send a copy of this resolution to the American Nurses Association, American Association of Colleges of Nursing, Organization for Associate Degree Nursing, National League for Nursing, and all others deemed appropriate by the NSNA Board of Directors.

Resolution #5

**TOPIC: IN SUPPORT OF NURSES ADOPTING INITIATIVES TO REDUCE ENVIRONMENTAL IMPACT**

**SUBMITTED BY: Grand View University**

**AUTHORS: Sidney Groen & Katelyn Martinson**

WHEREAS, the World Health Organization reports that “each hospital or nursing home bed in the United States currently generates about six pounds of waste daily” (Jablow, 2016, p.3); and

WHEREAS, researchers at the University of California, San Francisco Medical Center, estimated that in a single year the hospital wasted 2.9 million dollars in neurosurgery supplies alone (Allen, 2017, p. 5); and

WHEREAS, there are a variety of practices that can reduce the operating room’s environmental impact, and “daily practices in the operating room affect not only the environment, but also the health of health care providers, patients, and individuals in the surrounding communities” (Moyle, 2013, p. C7); and

WHEREAS, in a Portland Hospital warehouse, a nurse discovered twenty million dollars worth of unopened or unused hospital supplies and equipment which she used to open a nonprofit organization, Partners for World Health to collect and send discarded hospital supplies to nations with medical supply shortages worldwide (Mirza, 2017, p. 1); and

WHEREAS, a quantitative study that examined the amount of wasted hospital supplies and associated costs concluded that “effective management of material resources reduces the costs of the processes and reduces waste” (Castro, Castilho, 2013, p. 1228); and

WHEREAS, adopting an initiative to reduce environmental impact would decrease inflation, thus decreasing overall cost of healthcare for many Americans (Cherry, Jacob, 2014, p. 111); and

WHEREAS, nursing was ranked the most trusted profession for fifteen years in a row, and nurses are able to influence the ethical standards of others by acting as role models to promote change in the work environment (American Nurses Association, 2017, p. 17); and

WHEREAS, a demonstration of organizational commitment to environmental sustainability provides hospital staff members with encouragement to seek out additional opportunities to recycle, reuse, replace, reprocess, and divert in their daily practices to further improve operational efficiencies (Moyle, 2013, p. C10); therefore be it

RESOLVED, that the Iowa Association of Nursing Students (IANS) provides education to nursing programs by distributing teaching materials regarding strategies to

identify opportunities to reduce environmental impact within the field of nursing; and be it further

RESOLVED, that IANS encourage nursing educators and current nurses to engage students in the awareness and impact of healthcare waste and reduction practices; and be it further

RESOLVED, that IANS encourages health care facilities to provide incentives for staff actively adopting conservation efforts in their daily practices; and be it further

RESOLVED, that IANS encourages nursing students to be proactive and advocate for environmental sustainability and reduction of health care facility waste; and be it further

RESOLVED, that IANS send a copy of this resolution to the American Association of Colleges of Nursing, American Nursing Association, Iowa Nursing Association, National League for Nursing, National Student Nursing Association (NSNA), Sigma Theta Tau, and all others deemed appropriate by the IANS Board of Directors.

Resolution #6

**TOPIC:** **IN SUPPORT OF EDUCATION ON STUDENT’S RIGHTS AND PRIVACY**

**SUBMITTED BY:** **University of Iowa College of Nursing**

**AUTHORS:** **Matthew Ellefson & Megan Pickhinke**

WHEREAS, “41.8% of faculty, regardless of rank and tenure status, lack an understanding of

WHEREAS, FERPA regulations” (Shellenbarger, Perez-Stearns, 2010, p. 164); and

WHEREAS, FERPA protects students’ rights in handling of educational records, and applies

WHEREAS, to all intuitions that obtain direct funding from the U.S. Department of Education (Shellenbarger, Perez-Stearns, 2010, p. 164); and

WHEREAS, “Family Educational Rights and Privacy Act requires student data to be available

WHEREAS, to parents and school staff who have a legitimate and educational interest in

WHEREAS, the student’s well-being” (Vessey, 2003, p. 24); and

WHEREAS, “a school must annually notify eligible students in attendance of their rights

WHEREAS, under FERPA” (Department of Education, 2011, p. 5); and

WHEREAS, faculty are required to ensure grades are not available to students in a public

WHEREAS, way, and that grades are distributed directly to students (Shellenbarger,

WHEREAS, Perez-Stearns, 2010, p. 167); therefore be it

RESOLVED, that Iowa Association of Nursing Students (IANS) recommends that all nursing

RESOLVED, institutions ensure students have the access to their full, nonmodifiable rights as

RESOLVED, outlined in Family Educational Rights and Privacy Act (FERPA); and be it further

RESOLVED, that IANS recommends all nursing institutions to annually provide students with

RESOLVED, a notice consisting of information about exposure of certain information, right

RESOLVED, to refuse exposure, and the time period in which they are able to refuse; this

RESOLVED, notice should be provided to students through common college publications,

RESOLVED, such as e-mails, handouts, syllabi, or the student handbook; and be it further

RESOLVED, that IANS recommends all nursing institutions to educate students on where to

RESOLVED, file a complaint or question regarding student rights within the institution

RESOLVED, and/or regarding the Family Education Rights and Privacy Act; and be it further

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RESOLVED, that IANS recommends all nursing institutions to educate students on where to

RESOLVED, file a complaint or question regarding student rights within the institution

RESOLVED,

that IANS send a copy of this resolution to American Association of Colleges of Nursing, all nursing schools in the state of Iowa, and all others deemed appropriate by the IANS Board of Directors.

Resolution #7

**TOPIC: IN SUPPORT OF RAISING AWARENESS OF BEDSIDE REPORT TO INCREASE PATIENT SAFETY AND OUTCOMES**

**SUBMITTED BY: Briar Cliff University**

**AUTHORS: Lyndsey Johnson, Brianna Creter, Angela Dopita, Makenna Ford, Kelsie Huebner, Sophia Lord, Kaitlin Pauls, Jamie Ramirez, Erica Thorn & Carina Topf**

WHEREAS, “two-thirds of sentinel events in hospitals are related to communication issues, with patient handoff accounting for a large portion of miscommunication” (Taylor, 2015, p. 415); and

WHEREAS, “patients and families stated that bedside report (BSR) increases their understanding of the medical situation, enhances their communication with nurses, and makes them feel valued as partners in care” (Bains et. al., 2018, p. 20); and

WHEREAS, “results demonstrated that patient fall rates decreased by 24%, and nurse satisfaction improved with four of six nurse survey questions (67%) having percentage gains in the strongly agree or agree responses following implementation of bedside report” (McAllen, Stephens, Biarman, Kerr, & Whiteman, 2018, p. 1); and

WHEREAS, “among licensed staff, survey results indicated bedside report prompted increased accountability, and caused improvements in passing information, relationships between shifts, accuracy of report, and the amount of pertinent information conveyed” (Sherman, Sand-Jecklin, Johnson, 2013, p. 310); and

WHEREAS, “additional benefits of bedside nurse report that have been mentioned in the literature include improved nurse–patient relationship, increased mentoring opportunities, [and] increased nurse ability to answer physicians’ questions at the beginning of the shift” (Sand-Jecklin, Sherman, 2014, p. 2856); and

WHEREAS, more benefits of bedside reports include “general improvement in nurse satisfaction with report, reduction in patient discharge times due to improvement in patient education, better task prioritizing at the beginning of shift, a decrease in falls, improvements in nurse friendliness and attitude, and more prompt response to patient calls, and a decrease in patient call light use” (Sand-Jecklin, Sherman, 2014, p. 2856); therefore be it

RESOLVED, that the Iowa Association of Nursing Students (IANS) encourage hospitals, and all other clinical settings deemed appropriate by the IANS Board of Directors, to educate their nursing staff members regarding the benefits of bedside report and encourage implementation of BSR; and be it further

RESOLVED, that IANS encourages nursing students to incorporate the information regarding bedside report into clinical settings in order to observe benefits in patient safety, communication throughout the care team and patients, and improved patient satisfaction; and be it further

RESOLVED, that IANS send a copy of this resolution to the American Nurses Association, Iowa Nurses Association, the Iowa Hospital Association, National Student Nursing Association, and all others deemed appropriate by the IANS Board of Directors.