2017 General Assembly
St. Louis, MO
Minutes

September 12, 2017

The first session of the 2017 General Assembly meeting of the Emergency Nurses Association was called to order at 8:05 am CDT on Tuesday, September 12, 2017, by President Karen K. Wiley, MSN, RN, CEN. The credentials report was adopted as presented by Immediate Past President Kathleen E. Carlson, MSN, RN, CEN, FAEN.

President Karen K. Wiley recognized the U.S. Transportation Command's Joint Services and St. Louis Caledonian Pipe Band for leading the procession, Anne May for singing the National Anthem, Reverend Judi Wiley for sharing words of reflection, and her family for the support they provided to her during her presidency this past year.

The proposed 2017 General Assembly Standing Rules of Procedure and business agenda were included in the 2017 General Assembly Handbook. Both documents were adopted as presented. A late resolution submission was also brought forward and adopted for consideration.

Reports were presented by the following:

- President, Karen K. Wiley
- President-elect, Jeff Solheim
- Secretary/Treasurer, Sally Snow
- Executive Director, Nancy MacRae
- ENA Foundation Chairperson, Christine Gisness

Resolutions Committee chairperson Eric Christensen led the open reference hearings, which invited delegates, ENA past presidents and non-voting ENA members to speak to all proposals.

Discussion was held regarding the following submitted proposals:

Bylaws Proposal

- GA17-01: Proposed Amended and Restated Bylaws

Resolution Proposals

- GA17-02: A National Standard for Child Passenger Restraint
- GA17-03: Public Access to Bleeding Control Kits
- GA17-04: Against Human Trafficking
- GA17-05: Establishing a Standard for Emergency Department Preparedness to Care for Children
- GA17-06: Develop an Emergency Department Geriatric Readiness Survey and Toolkit
- GA17-07: Freestanding Emergency Centers
- GA17-08: ENA's Position on Firearm Safety and Legislation
- GA17-09: Safety When Removing Patients from Private Vehicles
- GA17-10: Care of the Lesbian, Gay, Bisexual, Transgender and Queer/Questioning Patient (LGBTQ) – ***LATE RESOLUTION***

The meeting adjourned at 12:30 pm CDT.

September 13, 2017

The second session of the 2017 General Assembly meeting of the Emergency Nurses Association was called to order at 7:45 am CDT by President Karen K. Wiley, MSN, RN, CEN. The credentials report was adopted as presented by Immediate Past President Kathleen E. Carlson, MSN, RN, CEN, FAEN.

Resolutions Committee chairperson Eric Christensen assisted the General Assembly chairperson with the debate and vote on all proposals.

The following proposal was deffered back to the ENA Board of Directors:

- GA17-01: Proposed Amended and Restated ENA Bylaws

The following proposals were adopted as presented:

- GA17-02: A National Standard for Child Passenger Restraint
- GA17-03: Public Access to Bleeding Control Kits
- GA17-04: Against Human Trafficking
- GA17-05: Establishing a Standard for Emergency Department Preparedness to Care for Children
- GA17-06: Develop an Emergency Department Geriatric Readiness Survey and Toolkit
- GA17-09: Safety When Removing Patients from Private Vehicles
- GA17-10: Care of the Lesbian, Gay, Bisexual, Transgender and Queer/Questioning Patient (LGBTQ)

The following proposal was adopted as amended:

- GA17-08: ENA's Position on Firearm Safety and Legislation

The following proposal failed:

- GA17-07: Freestanding Emergency Centers

The General Assembly meeting adjourned at 3:30 pm CDT.

Following the close of General Assembly, delegates and ENA members were provided an opportunity to participate in an open dialogue; various topics were discussed.

GA17-02 Resolution

1 **TITLE: A National Standard for Child Passenger Restraint**
2
3 Whereas, Motor vehicle crashes remain the leading cause of death for children in the United States,
4 with 602 children under the age of 13 killed in motor vehicle crashes and over 120,000 injured in 2014;[1]
5
6 Whereas, More than 130,000 children aged 12 and under are treated annually in emergency rooms in the
7 United States for injuries related to motor vehicle crashes, with many sustaining debilitating injuries with
8 long-lasting sequelae;[2]
9
10 Whereas, Child restraints (correctly installed and used) can reduce deaths among infants by
11 approximately 70% and small children by 54%–80%;[2]
12
13 Whereas, Booster seats reduce the risk of serious injury for children aged four to eight years by 45%
14 compared to seat belts alone, and seat belt use reduces the risk of serious injury and death for older
15 children by almost half;[3]
16
17 Whereas, Even though the number of children killed in motor vehicle crashes in the United States
18 declined between 2002 and 2011, an additional 800 would have been saved if all children aged four and
19 under had been in car seats;[4]
20
21 Whereas, Since 2002, most states have increased the required age for child safety seat/booster seat
22 use, but there are significant differences between individual states. It is unrealistic to think families on a
23 cross-country road trip would be aware of the different laws in each state. More importantly, the laws of
24 physics and crash dynamics are the same in all states;[5]
25
26 Whereas, Evidence-based recommendations include the use of belt positioning booster seats for
27 most children through eight years of age, yet only two states (Tennessee and Wyoming) have laws requiring
28 child safety seats/booster seats for children through age eight;[4]
29
30 Whereas, Only four states (CA, NJ, PA, OK) require children younger than two years to be in a rear-
31 facing child seat, and two states lack booster seat laws altogether (FL, SD);[5] and
32
33 Whereas, Primary seatbelt laws allow law enforcement to stop a vehicle and issue citations
34 whenever an unbelted or unsecured driver or passenger is observed,[5] secondary seat belt laws require a
35 separate primary violation to occur before the vehicle can be stopped.
36
37 *Resolved,* That ENA, in conjunction with other stakeholders, explore a consensus statement
38 advocating for one set of national guidelines or standards relating to child safety restraints that align with
39 evidence-based best practice; and
40
41 *Resolved,* That ENA advocate for child safety restraint laws in states that do not have current
42 primary child passenger restraint laws.
43

GA17-02 Resolution

44 **Author(s):**
45 Amy Boren, MS, BSN, RN, CEN, CPEN
46 Eric Christensen BSN, RN, CEN, CPEN
47 Rose Johnson RN, FAEN
48 Deborah Skeen, BSN, RN, CEN, CPEN
49 Deb Spann RN-BC, CEN
50
51 **ADOPTED AS PRESENTED**

GA17-03 Resolution

TITLE: Public Access to Bleeding Control Kits

Whereas, Uncontrolled external bleeding is a major cause of preventable death in traumatic injury (Bulger et al, 2014);

Whereas, Bystander control of bleeding can significantly influence survival of someone with traumatic injury (American College of Surgeons, 2015);

Whereas, Control of hemorrhage is easily and rapidly accomplished with minimal resources (U.S. Department of Homeland Security, 2016);

Whereas, Bystander education is a Department of Homeland Security national priority (Department of Homeland Security, n.d.);

Whereas, Death from hemorrhage is preventable with appropriate preparation and education (Levy & Jacobs, 2016);

Whereas, Bleeding control kits should be provided for public access in all areas where lifesaving equipment is currently located, such as where automated defibrillators are housed (Jacobs & Joint Committee, 2015);

Whereas, Our nation's threat from intentional mass casualty events is high; therefore, there are potential opportunities in the prehospital sector for bystander interventions to control external hemorrhage (Jacobs & Joint Committee, 2015);

Whereas, A person involved in a traumatic event can exsanguinate in 5 minutes or less; it is essential to have the right equipment easily accessible to help prevent the loss of life (Taillac, 2014);

Whereas, Ready access to tourniquets and other hemorrhage control materials, in addition to education would provide the public with a means of assisting in a case of uncontrolled bleeding (Levy & Jacobs, 2016);

Whereas, Focusing on the management of uncontrolled bleeding provides an opportunity to impart knowledge from military medicine to our citizens, enabling them to perform simple but important actions that can significantly increase a trauma victim's chance of survival (Jacobs & Joint Committee, 2015); and

Whereas, Immediate responders trained in hemorrhage control will not remain bystanders, while waiting for emergency medical services to arrive at the scene of a traumatic injury. Actions taken by those responders can prevent death by exsanguination (Levy, 2016).

Resolved, That ENA issue a position statement or topic brief in support of public access to bleeding control kits and bystander education;

Resolved, That ENA continue to promote awareness of this need and the benefit of provision; and

Resolved, That ENA advocate for public access to the education and equipment necessary for hemorrhage control, and endorse bystanders acting as immediate responders.

Author(s):
Deborah Spann, ADN, RN, CEN, RN-BC
Michael Gary, ADN, RN
Donelle Brasseal, MSN, RN

ADOPTED AS PRESENTED (via Consent Agenda)

GA17-04 Resolution

TITLE: Against Human Trafficking

Whereas, Human trafficking is often referred to as modern-day slavery and involves the use of force, fraud, or coercion to obtain some type of labor or commercial sex act. Human trafficking is the largest and fastest growing multi-billion dollar criminal enterprise and the second largest criminal industry in the world, after drug trafficking. Human trafficking is problematic in all 50 states and the District of Columbia affecting every race and ethnicity;

Whereas, The average age of entry of victims into the commercial sex industry is 12-14 years old and as young as 7 years old, both male and female. Human trafficking victims of any age are often beaten, threatened, tortured, starved, drugged, and manipulated into cooperating;

Whereas, The US state department estimates over 77 thousand identified victims worldwide in 2015[1] while the National Human Trafficking Hotline reports a 2016 conservative estimate of over 7,500 identified victims in America[2], presenting a challenge to emergency care delivery;

Whereas, The Code of Ethics for Nurses identifies not only the provision to "promote, advocate, and protect the rights, health, and safety" of patients, but also to advance the profession through professional standard development[3]; and

Whereas, Emergency nurses are among the few professionals most likely to interact with these victims while they are still being controlled/held by their traffickers. ENA's existing position statement on human trafficking states emergency nurses play a vital role in recognizing and responding to the needs of victims and are proactive in educating staff vulnerabilities for victimization and signs of victimization.[4]

Resolved, That ENA revise the existing position statement on Human Trafficking Patient Awareness in the Emergency Setting to support efforts to prevent and eliminate human trafficking exploitation and to update resource hyperlinks;

Resolved, That ENA collaborate with stakeholder organizations in the development and dissemination of resources enhancing the recognition and overall safety of victims of human trafficking;

Resolved, That ENA provide resources to inform and educate members in the recognition of psychosocial and physical characteristics of human trafficking victims including provision of educational resources to counteract victims' stigmatization and criminalization; and

Resolved, That ENA include evidence-based resources related to identification, safe intervention, and education of victims about rights and opportunities while complying with state laws regarding mandatory reporting of underage victims into the next revision of ENA educational resources, such as ENPC, TNCC, ENA Online Orientation, or Emergency Nursing Core Curriculum.

GA17-04 Resolution

43 **Author(s):**
44 Cheryl MacDonald-Sweet, BS, RN, CEN, CPEN
45 Tami Wheeldon, BSN, RN, CEN
46 Carla Brim, MN, RN, ARNP, CNS, CEN, PHCNS-BC, FAEN
47 Andi Foley, DNP, RN, CEN, AACNS-AG
48 Kathy Robinson, BS, RN, FAEN
49
50 **ADOPTED AS PRESENTED (via Consent Agenda)**

GA17-05 Resolution

TITLE: Establishing a Standard for Emergency Department Preparedness to Care for Children

Whereas, A national assessment of pediatric readiness in the nations emergency departments in 2003 was not comprehensive and demonstrated relatively poor pediatric readiness with a reported weighted pediatric readiness score of 55;[1]

Whereas, Day to day emergency department readiness to care for children effects disaster planning and response and patient safety;

Whereas, ENA co-authored the joint policy statement “Guidelines for Care of Children in Emergency Departments” (guidelines) with the American Academy of Pediatrics (AAP) and the American College of Emergency Physicians (ACEP) and is currently engaged in the revision of the joint statement;

Whereas, The National Pediatric Readiness Project (NPRP) based on the 2009 guidelines provided ED leaders with a weighted readiness score and gap analysis to identify opportunities for improvement. 84% of over 5000 hospitals competed the assessment;

Whereas, The NPRP demonstrated 87% of children seen in emergency departments nationwide are seen in general ED’s in community hospitals, not in specialty children’s hospitals, and 27% of all annual ED visits are pediatric related accounting for 31 million children and adolescents with different clinical presentations and needs than adults;[9]

Whereas, ENA played a key role in encouraging hospital ED nurse leaders to participate in the NPRP assessment through the efforts of its national and state pediatric committees;

Whereas, ENA is a partner in the EMS for Children Innovation and Improvement Center Facility Recognition QI Collaborative which includes 14 states;

Whereas, The evidence demonstrates in states with pediatric facility recognition programs, pediatric readiness scores are higher;[3]

Whereas, The AAP and ACEP demonstrated in 2005, the presence of a champion improves emergency department readiness to care of children;[1] and

Whereas, The 2006 Institute of Medicine, emergency care for children: growing pains identified gaps in care for pediatric patients in the nations ED’s and recommended that hospital ED’s should have 2 pediatric emergency care coordinators, one a physician.

Resolved, That ENA write a position statement recognizing the most current AAP/ACEP/ENA joint policy statement “Guidelines for Care of Children in the Emergency Department” as the ED preparedness standard of care for hospitals and free-standing emergency departments;

GA17-05 Resolution

43 *Resolved,* That ENA develop a position statement that every ED designate a nurse Pediatric Emergency
44 Care Coordinator (PECC) or incorporate the job duties of the PECC into an existing job description in all
45 emergency departments that care for children;
46
47 *Resolved,* That ENA disseminate the work of the EMS for Children Innovation and Improvement Center
48 (EIIC) to support pediatric readiness and to improve pediatric care quality; and
49
50 *Resolved,* that ENA disseminate resources developed by EIIC's Facility Recognition QI Collaborative as a
51 basis for expanding these programs across the country.
52
53 **Author:**
54 Barry F Hudson, RN, BSN, CPEN
55
56 **ADOPTED AS PRESENTED**

GA17-06 Resolution

TITLE: Develop an Emergency Department Geriatric Readiness Survey and Toolkit

Whereas, In the US, the geriatric population is the fastest growing sector of the population by a factor of 3;[1,2]

Whereas, Emergency department visits by geriatric patients will increase from the current 16% of the total to 24% by 2020;[3]

Whereas, Over 57% of elderly patients were categorized by triage as high priority compared with 35% of younger patients;[3]

Whereas, The geriatric population represents 43% of emergency department admissions and has longer lengths of stay;[4]

Whereas, The current emergency management model may not be adequate for geriatric care; [5] and

Whereas, Older adults have multiple co-morbidities, multiple medications, and complex physiologic changes that defines this population as a special needs group requiring specific considerations.[7]

Resolved, That ENA develop a national survey to assess the readiness of emergency departments to care for the geriatric patient;

Resolved, That ENA develop a Geriatric Readiness Toolkit based on the Geriatric Emergency Department Guidelines;

Resolved, That ENA provide ED leaders with a weighted readiness score and gap analysis to identify opportunities for improvement; and

Resolved, That ENA develop a strategic plan for a voluntary recognition program for emergency facilities prepared for geriatric care.

Author(s):
Barry F. Hudson, RN, BSN, CPEN
Valerie C. Brumfield, MSN, RN, CNS, CCRN, CEN

ADOPTED AS PRESENTED

GA17-08 Resolution

1 **TITLE: ENA's Position on Firearm Safety and Legislation**
2
3 Whereas, The Code of Ethics for Nurses calls on nurses to act to change those aspects of social
4 structures that detract from health and well-being;[1]
5
6 Whereas, Emergency nurses witness firsthand the devastating consequences of firearm injuries for
7 victims and their families, and bear a responsibility to participate in efforts to mitigate these preventable
8 tragedies;
9
10 Whereas, The mission of ENA includes prevention of injury and promotion of wellness and safety as
11 essential components of emergency nursing practice and emergency care;
12
13 Whereas, Each day on average, 88 Americans are killed and 202 are injured in firearms-related
14 incidents;[2,3]
15
16 Whereas, The U.S. firearm morbidity and mortality rate is up to twenty times higher than in 23 other
17 high-income countries analyzed collectively.[4]
18
19 Whereas, Firearm-related trauma is the third-ranked cause of accidental death by traumatic injury in
20 the U.S., with traumatic injury as the fourth leading cause of death overall;[5]
21
22 Whereas, Suicide attempts by firearm are up to 95% fatal, and firearms are used in almost 50% of all
23 suicide attempts, resulting in more than 22,000 deaths annually; for comparison, suicide attempts by overdose
24 have a fatality rate of approximately 1.5%;[3,5,31]
25
26 Whereas, The financial consequences of firearms-related death and injury impose an enormous
27 financial burden on society, costing $174 billion annually;[6]
28
29 Whereas, Universal background checks are the only legislative measure found to reduce morbidity and
30 mortality by firearms, and such measures are supported by a majority of Americans;[22, 23]
31
32 Whereas, Research into firearm morbidity and mortality is currently restricted by the federal
33 government;
34
35 Whereas, General Assembly Resolution 14-02 states: "That ENA encourages further research relating to
36 educational interventions for firearm safety;" and
37
38 Whereas, Owing to the overwhelming risks and harm to the population associated with firearms, and
39 the scale, complexity, and geographic variability of the problem, the issue is a public health crisis that requires a
40 comprehensive, multifaceted approach.[7]
41
42
43

44 *Resolved,* That ENA encourage the identification, development, and dissemination of educational
45 resources that promote the safe storage of firearms, and advocate for training in safe handling practices and
46 competent usage for all firearm owners;
47
48 *Resolved,* That ENA encourage the utilization of screening tools to assist in the identification of
49 individuals at high risk for death or injury from firearms;
50
51 *Resolved,* That ENA urge the lifting of the restrictions and limitations on research into firearm-related
52 morbidity and mortality by the Centers for Disease Control and Prevention and the Department of Health and
53 Human Services, and that funding be allocated for this research;
54
55 *Resolved,* That ENA advocate for extension of the National Violent Death Reporting System, a database
56 maintained by the Centers for Disease Control and Prevention, to include all U.S. states and territories; and
57
58 *Resolved,* That ENA support technology to make firearms safer, as well as promote the distribution of
59 existing safety devices to firearm owners.
60
61 **Author(s):**
62 Kristen M. Cline, BSN, RN, CEN, CPEN, SANE-A, TCRN, CFRN
63 Kirk Bobst, MSN, RN, CEN, CPEN, TCRN
64 Joop Breuer, RN, CEN, FAEN
65 Curtis Olson, BSN, BA, RN, EMT-P, CEN
66 William Schueler, MSN, RN, CEN, WVTS
67
68 **ADOPTED AS AMENDED**

GA17-09 Resolution

1 **TITLE: Safety When Removing Patients from Private Vehicles**
2
3 Whereas, Direct patient caregivers are known to have the highest risk of workplace injuries, the most
4 common being musculoskeletal and needlestick injuries;[1]
5
6 Whereas, The Emergency Nurses Association (ENA) recognizes workplace safety as a priority as
7 evidenced by the "Workplace Injury Prevention (WPIP) Toolkit;"[2]
8
9 Whereas, Utilization of the ENA WPIP Toolkit problem-identification process reveals that emergency
10 department (ED) nurses are at increased risk of needlestick and musculoskeletal injuries. There is no mention of
11 the specific problem of removing victims of opioid abuse when they present to the ED in private vehicles;
12
13 Whereas, The inherent risks to ED staff members who assist in the removal of unconscious individuals
14 from private vehicles are not mentioned in the ENA WPIP Toolkit;
15
16 Whereas, ED nurses are not educated in the safe removal of patients from private vehicles; and
17
18 Whereas, ENA has no position statement, guideline, or any educational reference to prepare ED nurses
19 to safely handle the influx of opioid overdose patients presenting to EDs as a consequence of the current
20 national heroin epidemic.
21
22 *Resolved,* That ENA support initiation of a standard process to assist ED nurses in safely removing
23 patients from private vehicles;
24
25 *Resolved,* That ENA support research on the standard of care for removing patients presenting to EDs in
26 private vehicles, and on the injuries to staff associated with this practice; and
27
28 *Resolved,* That ENA identify and disseminate education highlighting standard methods to ensure safety
29 when removing patients from private vehicles.
30
31 **Author(s):**
32 Jeannie Burnie, MS, APRN, CEN, AGCNS-BC, FAEN
33 Maria Newsad, BSN, RN, NE-BC
34 Christine Hassert, RN, CEN
35 Ohio ENA State Council, Kristan Napier, president
36
37 **ADOPTED AS PRESENTED**

GA17-10 Resolution

1 **TITLE: Care of the Lesbian, Gay, Bisexual, Transgender and Queer/Questioning Patient (LGBTQ)**
2
3 Whereas, The mission of the Emergency Nurses Association (ENA) is to advocate for patient safety and
4 excellence in emergency nursing practice;
5
6 Whereas, All patients should be treated with respect and dignity;
7
8 Whereas, Patients in the lesbian, gay, bisexual, transgender, queer/questioning (LGBTQ) population
9 have unique medical and psychosocial needs;[1]
10
11 Whereas, An estimated 9 million people in the United States self-identify as LGBTQ;[2]
12
13 Whereas, An estimated 21% of transgender patients reported having avoided ED care because of a
14 perception that their transgender status would negatively affect such an encounter;[3]
15
16 Whereas, Transgender-specific negative ED experiences were reported by 52% of patients presenting in
17 their preferred gender;[1]
18
19 Whereas, ENA exists to promote the interests of its members and to improve the professional
20 environment of the emergency nurse through education and public awareness;
21
22 Whereas, ENA has a current position statement addressing Cultural Diversity in the Emergency Setting,
23 but does not refer to gender or gender identity within the document;[4] and
24
25 Whereas, Other professional organizations such as ACEP, AAP, AMA, The Joint Commission, and the
26 institute of Medicine show support in their policies regarding the care of the LGBTQ patient.
27
28 *Resolved,* That ENA support the inclusive care of LGBTQ patients in the emergency department in the
29 form of a position statement;
30
31 *Resolved,* That ENA promote awareness for the unique needs of the LGBT population through
32 education and advocacy; and
33
34 *Resolved,* That ENA develop an educational toolkit or program for emergency nurses that covers the
35 unique needs of the LGBTQ population.
36
37 **Author:**
38 Justin Milici, MSN, RN, CEN, CPEN, TCRN, CCRN, FAEN
39
40 **ADOPTED AS PRESENTED**
41