



# **ENA Adopted Proposals**



# **2017 Adopted Proposals**

Resolution Title	Resolve Clauses	Status	Staff Lead
GA17-02 A National Standard for Child Passenger Restraint	<p><i>Resolved</i>, That ENA, in conjunction with other stakeholders, explore a consensus statement advocating for one set of national guidelines or standards relating to child safety restraints that align with evidence-based best practice; and</p> <p><i>Resolved</i>, That ENA advocate for child safety restraint laws in states that do not have current primary child passenger restraint laws.</p>	<p><b>Completed:</b> The Child Passenger Safety in the United States position statement was posted to the website.</p> <p>ENA worked closely with Advocates for Highway and Auto Safety, as well as Government Affairs leaders at the state level, to support passage of primary child passenger restraint laws. Government Relations informed states of new opportunities to get involved in efforts regarding not only primary seat belts, but also child safety seats. This includes signing onto letters of support of legislation in Colorado, Connecticut and Vermont.</p> <p>Continue to work with states to promote advocacy of stronger child safety restraint laws.</p>	Richard Mereu Suzanne Montella
GA17-03 Public Access to Bleeding Control Kits	<p><i>Resolved</i>, That ENA issue a position statement or topic brief in support of public access to bleeding control kits and bystander education;</p> <p><i>Resolved</i>, That ENA continue to promote awareness of this need and the benefit of provision; and</p> <p><i>Resolved</i>, That ENA advocate for public access to the education and equipment necessary for hemorrhage control, and endorse bystanders acting as immediate responders.</p>	<p><b>Completed:</b> A revision of the Trauma Nursing Education position statement, published March 2019, included the statement #6 Educating bystanders can help start the emergency treatments before emergency medical service arrive. Emergency nurses are therefore encouraged to support their communities by teaching injury prevention and first aid techniques such as hemorrhage control.</p> <p>A Stop the Bleed Challenge was initiated via ENA CONNECT for IQSIP chairs to become instructors, provide training at state conferences and recruit additional instructors. Tips on funding for STB training kits was also provided.</p> <p>Two STB infographics were developed and approved at the 2018 July Board meeting. One targeted ED nurses on how to become instructors and the other targeted to the public (for nurses to share at courses or community events). Both infographics are posted on ENA website.</p> <p>Government Relations worked with partners like the American College of Surgeons to review opportunities to engage on this issue, including the review of federal legislation once it is released. Arkansas ENA supported a bill, HB 1014, which would require bleeding control training be provided to public school students in grades 9-12. This bill became law on Feb. 28, 2019.</p> <p>We have been actively supporting state-level advocacy activities through our state councils to enact legislation to require hemorrhage control training in schools.</p> <p>Continue to work with ENA State Leaders to encourage seeking coalitions supporting similar educational mandates for hemorrhage control education, as this would largely be a state issue, not a federal one.</p>	Suzanne Montella
GA17-04 Against Human Trafficking	<p><i>Resolved</i>, 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;</p> <p><i>Resolved</i>, That ENA collaborate with stakeholder organizations in the development and dissemination of resources enhancing the recognition and overall safety of victims of human trafficking;</p> <p><i>Resolved</i>, 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</p> <p><i>Resolved</i>, 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.</p>	<p><b>Completed:</b> The Human Trafficking Joint position statement between ENA and IAFN was revised and posted to the website.</p> <p>Human trafficking was included in EN18 educational sessions, which were recorded and available via conference on demand.</p> <p>ENA partnered with NAPNAP to provide human trafficking training at EN19 and through an online offering on the ENA website. ENA Board was also trained.</p> <p>ENA worked in 2018 to support the Stop, Observe, Ask and Respond to Health and Wellness Act, which was signed into law on December 31, 2018. The new law authorizes federal funding to provide SOAR model training to health care professionals, including emergency nurses.</p>	Suzanne Montella

<p>GA17-05 Establishing a Standard for Emergency Department Preparedness to Care for Children</p>	<p><i>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;</i></p> <p><i>Resolved, That ENA develop a position statement that every ED designate a nurse Pediatric Emergency Care Coordinator (PECC) or incorporate the job duties of the PECC into an existing job description in all emergency departments that care for children;</i></p> <p><i>Resolved, That ENA disseminate the work of the EMS for Children Innovation and Improvement Center (EIIIC) to support pediatric readiness and to improve pediatric care quality; and</i></p> <p><i>Resolved, that ENA disseminate resources developed by EIIIC's Facility Recognition QI Collaborative as a basis for expanding these programs across the country.</i></p>	<p><b>Completed:</b> ENA was a stakeholder in developing the revised AAP/ACEP/ENA joint policy statement, which was simultaneously published in each organization's online journal on Nov. 1, 2018.</p> <p>A new position statement, "The Emergency Nurse's Role in Supporting Pediatric Readiness in the Emergency Department" was developed, approved by the Board, and posted to website in 2019. A new "Pediatric Readiness Improvement Award" was added to ENA Awards in 2018 to increase awareness and engagement of ED nurses in initiatives to improve pediatric readiness.</p> <p>EIIIC resources are disseminated periodically by sharing the website link and/or documents with members through various ENA communication channels.</p>	<p>Bridget Walsh Suzanne Montella</p>
<p>GA17-06 Develop an Emergency Department Geriatric Readiness Survey and Toolkit</p>	<p><i>Resolved, That ENA develop a national survey to assess the readiness of emergency departments to care for the geriatric patient;</i></p> <p><i>Resolved, That ENA develop a Geriatric Readiness Toolkit based on the Geriatric Emergency Department Guidelines;</i></p> <p><i>Resolved, That ENA provide ED leaders with a weighted readiness score and gap analysis to identify opportunities for improvement; and</i></p> <p><i>Resolved, That ENA develop a strategic plan for a voluntary recognition program for emergency facilities prepared for geriatric care.</i></p>	<p><b>Completed:</b> Deployed in 2018 to 1,600 respondents. The data from the survey and focus groups informed the study, Emergency Nurses Perceptions of Geriatric Readiness in the ED setting: A mixed Methods Study was published in March 2019 in JEN.</p> <p>The Geriatric Work Team developed a toolkit was approved at the September 2020 board meeting and is now available on the ENA website, free to members. Non-member pricing is \$30.</p> <p>With the introduction of ACEP Geriatric Emergency Department Accreditation Program, this meets the resolve for a voluntary recognition program. Included in this program is that ENA geriatric education offerings, GENE, has been included as recommended resource to fulfill education requirements.</p>	<p>Suzanne Montella Altair Delao</p>
<p>GA17-08 ENA's Position on Firearm Safety and Legislation</p>	<p><i>Resolved, That ENA encourage the identification, development, and dissemination of educational resources that promote the safe storage of firearms, and advocate for training in safe handling practices and competent usage for all firearm owners;</i></p> <p><i>Resolved, That ENA encourage the utilization of screening tools to assist in the identification of individuals at high risk for death or injury from firearms;</i></p> <p><i>Resolved, That ENA urge the lifting of the restrictions and limitations on research into firearm-related morbidity and mortality by the Centers for Disease Control and Prevention and the Department of Health and Human Services, and that funding be allocated for this research;</i></p> <p><i>Resolved, That ENA advocate for extension of the National Violent Death Reporting System, a database maintained by the Centers for Disease Control and Prevention, to include all U.S. states and territories; and</i></p> <p><i>Resolved, That ENA support technology to make firearms safer, as well as promote the distribution of existing safety devices to firearm owners.</i></p>	<p><b>Completed:</b> Resolves were incorporated into ENA Firearm Safety and Injury Prevention position statement published in March 2019 in JEN.</p> <p>Developed new topic brief, "Overview of Firearm Safety and Injury Prevention" published December 2018.</p> <p>ENA supported a bill that would help clarify the CDC's role in funding and conducting firearms research by removing the controversial "Dickey amendment" language from federal funding bills that has had the effect of stopping federal research funding in this area in the past. Study on this was published in JEN in January 2019.</p> <p>Language in recent appropriations bills has provided for funding for firearms research both at CDC and NIH. ENA supported these efforts in FY2020, which resulted in the allocation of \$25M between NIH and CDC. ENA supported efforts to increase funding in FY2021. Ultimately, this resulted in \$25 million investment in research enacted for FY2021.</p> <p>Continue to advocate for increases in funding for FY 2022. Currently, the House Labor HHS-Education Subcommittee on Appropriations has approved \$25 million each for CDC and NIH to study the root causes of firearm injuries and gun violence.</p> <p>Lock Them Up for Safety Infographic published July 2019.</p> <p>Received grant from AAP (2020) and developing firearm injury prevention education resources that deployed by May 2021</p>	<p>Richard Mereu Suzanne Montella</p>
<p>GA17-09 Safety When Removing Patients from Private Vehicles</p>	<p><i>Resolved, That ENA support initiation of a standard process to assist ED nurses in safely removing patients from private vehicles;</i></p> <p><i>Resolved, That ENA support research on the standard of care for removing patients presenting to EDs in private vehicles, and on the injuries to staff associated with this practice; and</i></p> <p><i>Resolved, That ENA identify and disseminate education highlighting standard methods to ensure safety when removing patients from private vehicles.</i></p>	<p><b>Completed:</b> As noted in the resolution, collection of data on this area would be challenging so we explored working with other stakeholders.</p> <p>Worked with member J. Burnie and web team to add iBook to ENA resources on iTunes platform.</p> <p>A new ENA practice resource: Safely Removing Patients from Private Vehicles Infographic is posted on the website.</p>	<p>Suzanne Montella</p>

<p>GA17-10 Care of the Lesbian, Gay, Bisexual, Transgender and Queer/Questioning Patient (LGBTQ)</p>	<p><i>Resolved</i>, That ENA support the inclusive care of LGBTQ patients in the emergency department in the form of a position statement;</p> <p><i>Resolved</i>, That ENA promote awareness for the unique needs of the LGBT population through education and advocacy; and</p> <p><i>Resolved</i>, That ENA develop an educational toolkit or program for emergency nurses that covers the unique needs of the LGBTQ population.</p>	<p><b>Completed:</b> The Position Statement Committee revised Cultural Diversity in the ECS Position Statement to reflect gender inclusivity. It was approved at the December 2018 board meeting and it posted on the website.</p> <p>LGBTQ Toolkit Micro-Volunteer Group was launched summer 2018. SMEs developed content for toolkit, that was reviewed and approved by the Board and posted to the ENA website in July 2019.</p> <p>June Connection published article titled "Empowering LGBTQ Patients in the ED" and there were LGBTQ Awareness Week social media posts</p>	<p>Heather Nash Bridget Walsh</p>
--	---	--	---------------------------------------



# **2018 Adopted Proposals**

Resolution Title	Resolve Clauses	Status	Staff Lead
GA18-04 Projected Health Effects of Climate Change	<i>Resolved</i> , the Emergency Nurses Association will provide leadership on comprehensive prevention, mitigation, adaptation, and evidenced-based strategies for the projected health effects of climate change in the emergency healthcare sector.	<b>Completed:</b> The Emergency Management & Preparedness Committee developed a series of three infographics on climate change in Dec. 2019.  This resource was an initial attempt to meet a comprehensive resolution. We should plan to include EB strategies for projected health effects of climate change in various future products and resources	Cathy Olson Monica Kolbuk
GA18-05 Support of Emergency Nurses after Violence	<i>Resolved</i> , That ENA conduct research related to the primary and secondary trauma of emergency nurses and the effect of trauma on the ability of the emergency nurse to provide safe patient care in a violent care environment; and  <i>Resolved</i> , That ENA develop an appropriate evidence-based document to provide actionable guidance to the support and care of emergency nurses primarily and secondarily exposed to WPV; and  <i>Resolved</i> , ENA create evidence-based content on mitigation of the effects of WPV on emergency nurses and their patients.	<b>Completed:</b> Executed a study examining the incidence and prevalence of secondary trauma in ED nurses and utilize findings to guide the development of resources to support nurses.  Upon completion of research, we plan to leverage micro volunteer group to incorporate research into evidence-based practice document to provide actionable guidance and evidence based content on mitigation.  In April 2019, a revised WPV course was released and coheres ways to recognize and mitigate all types of violence, including incidents precipitated by consumers/visitors, intruders, employees, and management.  Next iteration of TNCC/ENPC include concepts from study findings.  Include in ENA University Program and Residency Programs (charge RN and Preceptor)	Lisa Wolf
GA18-06 Develop Stand-Alone Educational Materials Related to Nurse-Initiated Non-Pharmacologic Interventions That May Be Used to Manage Pain in The Emergency Department (ED)	<i>Resolved</i> , That ENA create stand-alone educational material(s) that do the following: a.) simply explain how pain is mediated, b.) identifies types of nurse-initiated, non-pharmacologic methods for managing pain that can be used on all ages of patients, c.) describe/explain how to carry out these methods, d.) provide evidence based rationale for why they are successful and e.) provide strategies to teach patients/families how to continue to use these methods after discharge; and  <i>Resolved</i> , That ENA provide this educational material, with its accompanying continuing nursing education credits (CNE), to its members at low or no cost.	<b>Completed:</b> GA18-06 and GA18-11 will be linked together for actionable outcomes. The Clinical Guidelines Committee will be developing a new CPG.  ED Operations Committee developed a topic brief on <i>"Implementing Non-Pharmacologic Pain Management in the ED"</i> posted to the website in Dec. 2019.	Lisa Wolf Altair Delao Cathy Olson
GA18-07 Freestanding Emergency Centers (FSEC)	<i>Resolved</i> , That the ENA explore the usefulness of using current staffing models to create guidelines for staffing FSECs.  <i>Resolved</i> , That the ENA Scope and Standards of Practice to include guidelines for staffing FSECs.  <i>Resolved</i> , That the ENA encourage freestanding emergency centers and hospital outpatient departments to incorporate safe practice and safe care by promoting injury prevention, patient and staff safety initiatives, and nationally recognized guidelines.	We are exploring the best approach to the study of current FSECs staffing model to develop best approach to developing guidelines.  Collaborate with Government Relations to understand the state by state differences. Consider updates to Scope and Standards as part of the 2022 revision once more data is available.  Also based on the data ENA can determine the appropriate way to encourage FSECs to incorporate safe practice.  Series of three studies. Need data and sites. Will plan for 2023-2024 as opportunities are manifesting.	Lisa Wolf
GA18-08 Valuing the Emerging Professional	<i>Resolved</i> , that the ENA develop an advisory council to assess and engage the needs of the emerging professional.	The council began meeting and has developed three goals which are currently in progress: 1. Evaluate ENA Resources around New Nurse Onboarding and Nurse Residency Programs and look for ways to improve and strengthen those resources to benefit both new grad nurses and hospital systems of all sizes.  2. Work with ENA Staff to increase visibility of ENA education benefits to Emerging Professionals & provide ideas and insights for new benefits.  3. Collaborate with ENA staff on social media engagement efforts for emerging professionals to increase engagement of emerging professionals with ENA resources.  These goals along with their respective workgroups of council member & staff pairings will help develop new resources for emerging professionals and improve those resources already available.	Heather Nash

<p>GA18-09 Guidelines for Emergency Department Spinal Motion Restriction</p>	<p><i>Resolved</i>, That ENA authorize study of current research regarding evidence-based practice for spinal motion restriction emergency department expectations for response; and</p> <p><i>Resolved</i>, That ENA publish an addendum to the 2015 Translation into Practice document that includes current evidence-based guidelines for spinal motion restriction; and</p> <p><i>Resolved</i>, That ENA work collaboratively with other healthcare organizations to promote translation of guidelines and integration into clinical practice.</p>	<p><b>Completed:</b> Conducted a review of current research and determine if there is enough evidence to develop new CPG. Based on the review, paucity of evidence found. Doing a randomized controlled study would be unethical.</p> <p>Trauma Committee decided not to update Translation into Practice document because they are being phased out.</p> <p>Updated guidelines in TNCC and TNP</p> <p>We support the ACS-COT, ACEP, NAEMSP Joint PS on Spinal Motion Restriction (posted on website). Consider taking a step further to initiate discussion with these groups re: options to log-rolling.</p> <p>An infographic was developed, "Safely Log Rolling Trauma Patients" and posted to the website in December 2019.</p>	<p>Lisa Wolf Altair Delao Cathy Olson</p>
<p>GA18-11 Multimodal Pain Management in the Emergency Department</p>	<p><i>Resolved</i>, That the Emergency Nursing Association (ENA) will provide additional practice resources for the use of opioid-free, multimodal pain management; and</p> <p><i>Resolved</i>, That Emergency Nursing Association (ENA) will provide nursing education on opioid alternatives for pain management such as conference presentations on the topic and reference material for nurses, educators and emergency department leadership.</p>	<p><b>Completed:</b> Linked with GA 18-06 for actionable outcomes.</p> <p>ED Operations Committee developed a topic brief, "<i>Implementation of multimodal options for pain management in the ED</i>" posted on the website Dec. 2019.</p>	<p>Lisa Wolf Altair Delao Cathy Olson</p>



# 2019 Adopted Proposals

Resolution Title	Resolve Clauses	Status	Staff Lead(s)
GA19-02 Productivity Accounting for ED Boarding Patient Care	<p><i>Resolved</i>, That ENA endorse the practice of hospitals keeping the calculation of caregiver hours for boarded patients and ED patients separate;</p> <p><i>Resolved</i>, That ENA support the position that ED productivity should not include caregiver hours devoted for boarding patients;</p> <p><i>Resolved</i>, That ENA update its applicable position statement(s)3 and educational materials to include the results of this resolution; and</p> <p><i>Resolved</i>, That ENA offer education and/or provide resources on various methodologies to account for caregiver hours for ED patients and boarded patients.</p>	<p><b>Completed:</b> Review and make clarifications to ENA's two existing position statements; Staffing and Productivity in the Emergency Department (March 2021) and Crowding, Boarding and Patient Throughput was completed in December 2020.</p> <p>The relationship between staffing and patient outcomes in the ED is being examined via the Lantern study, which was Apr. 2021.</p> <p>Leverage information from the existing resources on staffing hours for ED patients including the 2019 Staffing Guidelines Online Course/Modules and consider revision of the Emergency Department Throughput Topic Brief or the staffing hours for boarded patients.</p> <p>An ENA Executive Summary resource was developed,"Emergency Department Productivity: Accounting for Boarded Patients" was developed and posted to website Jan. 2021.</p>	Cathy Olson Lisa Wolf
GA19-03 PTSD and Suicide Among Emergency Nursing Professionals	<p><i>Resolved</i>, That ENA work with stakeholders to compile and make available resources to assist nursing professionals to prevent and cope with PTSD, prevent suicide, and to help support the survivors of the suicide of a nursing professional; and</p> <p><i>Resolved</i>, That ENA collaborate with other stakeholders to support research targeted at studying nursing suicide rates, causes, and prevention efforts.</p>	<p><b>Completed:</b> Development of a new education resource based on ENA's Education Nursing Research Advisory Council research study that is examining the incidence and prevalence of secondary trauma in ED nurses. We are actively collaborating with ANA on Healthy Nurse Healthy Nation Initiative and Well Being Initiative.</p> <p>Explored collaborations with stakeholder organizations to support research.</p>	Lisa Wolf Cathy Olson
GA19-05 All Nurses Should be Permitted and Encouraged to Learn and Provide Hemorrhage Control	<p><i>Resolved</i>, That the Emergency Nurses Association support all nurses in the application of hemorrhage control techniques as appropriate interventions that are within the nursing scope of practice by issuing a position statement;</p> <p><i>Resolved</i>, That the Emergency Nurses Association will continue the dissemination and promulgation of the Bleeding Control Basics Provider (BCon) or similar education as a public health and community safety need equal to CPR; and</p> <p><i>Resolved</i>, That the Emergency Nurses Association will communicate and collaborate with the National Council of State Boards of Nursing, the National Association of School Nurses, the Society of Trauma Nurses, the U.S. Department of Education, and other stakeholders to encourage relevant policy updates, education, and the removal of barriers that discourage or prevent nurses from learning and/or performing hemorrhage control techniques, including the use of tourniquets and topical hemostatic agents.</p>	<p><b>Completed:</b> Position Statement, Hemorrhage Control in ED, approved in September 2021. Continue to offer the Stop the Bleed training at annual. Offered Stop the Bleed at EN19 and Fall 2019 Regional.</p> <p>Focus efforts on the development of various partnerships. Research required on the relevant policy update and barriers.</p> <p>We have supported federal legislation, the Prevent BLEED Act, since November of 2019. The legislation would amend existing programs to allow Homeland Security grant funding to train individuals in anti-blood loss activities as well as fund the installation and maintenance of bleeding control kits in public gathering spaces, including schools.</p> <p>We have been actively supporting state-level advocacy activities through our state councils to enact legislation to require hemorrhage control training in schools. This includes the passage and enactment of legislation in Arkansas in 2019 that requires hemorrhage control training in schools.</p> <p>The support for the legislation stems from work with ACS as part of the trauma coalition</p> <p>Continue to work with these groups and others in support of the Prevent BLEED Act or similar legislation in the 117th Congress, as we await the introduction of new legislation.</p> <p>Continue to work with ENA State Leaders to encourage seeking coalitions supporting similar educational mandates for hemorrhage control education, as this would largely be a state issue, not a federal one.</p> <p>We will be working with partner organizations to identify new opportunities for our members to support legislation in their state</p>	Rashonda Legault Richard Mereu

GA19-06 Forensic Nursing Education for Emergency Department Professionals	<p><i>Resolved</i>, The Emergency Nurses Association will explore potential partnerships with stakeholders to promote competent, evidence based forensic nursing practice for emergency department professionals; and</p> <p><i>Resolved</i>, The Emergency Nurses Association in collaboration with other stakeholders will collaborate to research the feasibility of establishing a Forensic Nursing educational resource for emergency department professionals.</p>	<p><b>Completed:</b> partnership opportunities and type of course needed were determined.</p> <p>Resolve two will be a future initiative for ENA. Currently discussion partner opportunities with AFN. Initial conversations were held with Cathy Olson (ENA) and Diana Faugno (AFN) and will have a follow-up conversation in early 2023 to discuss next steps.</p>	Mark Kardon Lisa Wolf
GA19-07 Global Health Initiative for Emergency Nursing	<p><i>Resolved</i>, That ENA support the elements of the World Health Organization's 2019 report outlining the top 10 threats to global health;</p> <p><i>Resolved</i>, That ENA address global health challenges with additional evidenced-based clinical resources and or educational opportunities for dissemination to the worldwide emergency nursing community; and</p> <p><i>Resolved</i>, That ENA continues to participate in collaborative efforts to improve public health and safety and humanitarian outreach to mitigate the impact of global health threats.</p>	<p>Formation of a micro volunteer group to review the WHO 2019 global health initiative, identify educational resources and disseminate to membership.</p> <p>A feasibility study on the creation of a new content and educational offering development.</p> <p>A new position statement, "Mitigating the Effects of Climate Change on Health and Healthcare: The Role of the Emergency Nurse" was developed, approved by Board and posted Dec. 2020 (climate change is listed as one of the top 10 threats to global health).</p>	Cathy Olson Lisa Wolf
GA19-09 Management of Vaso-Occlusive Episodes in Persons with Sickle Cell Disease in the Emergency Department	<p><i>Resolved</i>, ENA support the dissemination of the NHLBI recommendations for the treatment of VOE for children and adults with SCD;</p> <p><i>Resolved</i>, ENA support the dissemination of existing educational resources and tools to promote best practice for the treatment of VOE; and</p> <p><i>Resolved</i>, ENA investigate the need for additional educational tools to support best practice for the treatment of VOE in the ED.</p>	<p><b>Completed:</b> ENA Peds committee reviewed NHLBI recommendations and developed peds-specific infographic "Care of Children with Sickle Cell Disease in the ED" posted Dec. 2020.</p> <p>Resolution authors agree to participate as micro-volunteer group to help identify educational gaps and develop new education resource based on NHLBI. Topic brief was published in 2021.</p> <p>ENA will continue to share various best practice tools and resources for treatment of VOE through its communication venues.</p> <p>Feb. 2022: shared new SCD clinical management tool developed by ED Sickle Cell Care Coalition and American Society of Hematology via ENA Educ Newsletter</p>	Cathy Olson
GA19-10 Development of an Emergency Nurse Residency Program	<p><i>Resolved</i>, that the Emergency Nurses Association (ENA) develop an Emergency Nurse Residency Program toolkit to assist emergency departments (EDs) in on-boarding nurses new to the practice of Emergency Nursing.</p>	<p><b>Completed:</b> Developing program framework and content with pilot program in 2-3 locations with the possibility of leveraging Lantern recipient EDs (Jan. 2021). Based on pilot results, design full residency program which may include tools and offerings. Consider alignment with Magnet accreditation standards.</p> <p>Currently contacting hospitals to determine interest in the pilot program.</p> <p>Training pilot completed at 1 hospital and a second pilot training program scheduled for 3/18/2021. Pursuing 4 additional hospitals to pilot the residency program. Target is 4th quarter to launch residency program, however, if we are not able to engage the additional hospitals by mid-April, the launch will be delayed as we need sufficient data on the program before launching.</p> <p>Currently 11 pilots participating in the testing phase which will end in early Dec. Starting to receive feedback and over the next several months will be reviewing the data and determining the changes required to the program. Plan is to launch the program in April 2022. Continuing the development of the content updates and working with the pilot hospitals to receive the feedback and lasaster rubric data.</p> <p>Emergency Nurse Residency Program in spring of 2022. Pilot hospital feedback provided valuable insights into updates needed prior to launch that have been included in the program.</p>	Mark Kardon Lisa Wolf

GA19-11 Leadership Resources for Engaging and Retaining Multigenerational Nurses	<i>Resolved</i> , that the Emergency Nurses Association provide a toolkit to help nursing leaders and leaders of ENA better engage and retain the multigenerational workforce.	<p>The Emerging Professional Advisory Council hosted a career path live networking session as part of EN20X to further engage future nurse leaders, as well as recorded an on-demand session on developing your career beyond the bedside. The group has also expanded its' reach to a Facebook community where nurses can engage and network with each other. Additional networking and mentoring opportunities will be developed as we continue to grow the ENA Connect Community and Mentoring program.</p> <p>The keynote speaker for SCLO 2020 delivered a presentation directly speaking to multi-generational workforce and communication with positive feedback from state and chapter leaders.</p> <p>The 2021 Member Needs Assessment provided key insights into the needs of emerging professionals within our membership, and the Emerging Professionals Advisory Council plans to work on new-nurse resources in 2022 that are digital-first.</p>	Matt Hessler
GA19-12 Recommendation for Emergency Nursing Staffing and Budgeting	<p><i>Resolved</i>, that the Emergency Nurses Association (ENA) will develop a research-based study to determine the accuracy of staffing models such as HPPV model as compared to actual nursing care needs and impact of patient safety outcome; and</p> <p><i>Resolved</i>, that based on the findings of the study the Emergency Nurses Association (ENA) will develop and/or revise the position statement on staffing and productivity and/or a clinical practice guideline to disseminate the findings of this study.</p>	<p>New staffing guidelines outcome study. Developing methods to access the appropriate amount of data for this study. Study to be developed to look at what type of staffing is optimal, safe with tangible outcomes. HPPV only covers provision of care.</p> <p>Based on study findings, revise ENA's Staffing and Productivity Position Statement (in progress). Results to be published in journal article, not CPG.</p>	Lisa Wolf Cathy Olson
GA19-13 Increase the Expansion of Trauma Systems Specifically to Rural and Underserved Areas	<p><i>Resolved</i>, That ENA identify and collaborate with stakeholders in the field of trauma to increase the expansion of trauma systems, specifically to rural and underserved areas; and</p> <p><i>Resolved</i>, That ENA and stakeholders compile and disseminate resources and education involving EMS and nurses in the improvement of trauma care in the rural setting.</p>	<p>Planning to contact relevant stakeholders (e.g., ACS, STN, ATS, Nat'l Rural Health Association) to explore options in 1st-2nd qtr 2022</p> <p>Met with American Trauma Society Exec Director in April 2021 re: various partnership opportunities; strong supporter of trauma system expansion, open to possible collaboration Currently developing pediatric trauma resources for rural EDs in partnership with EMSC.</p> <p>ENA Government Affairs staff visited Indianapolis in 2021 to discuss trauma system and need for stable funding mechanism with Rep Brad Barrett.</p> <p>Resolve 2: compilation and dissemination of resources/education pending collaboration with above named organizations</p>	Cathy Olson



# 2020 Adopted Proposals

Resolution Title	Resolve Clauses	Status	Staff Lead(s)
GA20-02 Hemorrhage Control Education in Schools	<p><i>Resolved</i>, That the Emergency Nurses Association (ENA) issue a position statement or topic brief in support of inclusion of hemorrhage control education in schools; and</p> <p><i>Resolved</i>, That ENA partner with the American College of Surgeons, the Society of Trauma Nurses and other stakeholders to advocate for and support legislation to include hemorrhage control education in schools.</p>	<p><b>Completed:</b> We have supported federal legislation, the Prevent BLEED Act since November of 2019. The legislation would amend existing programs to allow Homeland Security grant funding to train individuals in anti-blood loss activities as well as fund the installation and maintenance of bleeding control kits in public gathering spaces, including schools.</p> <p>We have been actively supporting state-level advocacy activities through our state councils to enact legislation to require hemorrhage control training in schools.</p> <p>This includes the passage and enactment of legislation in Arkansas in 2019 that requires hemorrhage control training in schools.</p> <p>The support for legislation stems from work with ACS as part of the trauma coalition</p> <p>Continue to work with these groups and others in support of the Prevent BLEED Act or similar legislation in the 117th Congress, as we await the introduction of new legislation.</p> <p>Continue to work with ENA State Leaders to encourage seeking coalitions supporting similar educational mandates for hemorrhage control education, as this would largely be a state issue, not a federal one.</p> <p>We will be working with partner organizations to identify new opportunities for our members to support legislation in their state.</p> <p>Hemorrhage Control Position statement complete, approved, and published in ENAU. Also to be published in JEN.</p>	Cathy Olson Rob Kramer
GA20-04 Patient Screening in the Emergency Department	<p><i>Resolved</i>, That ENA promote a thoughtful, evidence-based process for decisions about which screening activities are appropriate during triage or during emergency department care;</p> <p><i>Resolved</i>, That ENA opine that screening for information which does not impact the assignment of a triage acuity level should not be mandated as a part of the triage process;</p> <p><i>Resolved</i>, That ENA opine that screening for information which does not impact care for the presenting complaint be considered optional, not mandatory;</p> <p><i>Resolved</i>, That ENA encourage the use of screening tools with demonstrated reliability and validity in the emergency department setting;</p> <p><i>Resolved</i>, That ENA endeavor to collaborate with stakeholder organizations (e.g., The Joint Commission [TJC], Centers for Medicare &amp; Medicaid Services [CMS]) regarding evidence-based screening in triage and in the emergency department; and</p> <p><i>Resolved</i>, That ENA create a resource for emergency nurses and emergency department and hospital leaders to use to support evidence-based decisions about which screening tools and processes are required in triage or in the emergency department.</p>	<p>Study proposal is being drafted to examine this problem for data collection at EN22.</p> <p>Research Advisory has planned a 4 part research study with IRNB in July 2022 and data collection in Fall 2022. With new evidence a position statement with supporting practice resources is envisioned.</p>	Lisa Wolf Cathy Olson
GA20-08 Advocating for Standardized Safety and Well being of ER Nurses	<p><i>Resolved</i>, That ENA conduct, compile, and disseminate research on the effects of disasters, epidemics, and pandemics on the mental, physical, and socioeconomic health of emergency nurses, and work with other stakeholders to identify needs of this group.</p>	<p><b>Completed:</b> Twitter study was conducted, manuscript was written and submitted to help inform the Healthy Workplace Initiative underway at ENA.</p>	Lisa Wolf



# **2021 Adopted Proposals**

Resolution Title	Resolve Clauses	Actions	Staff Lead(s)
GA21-04: Federal Nurse Practice Act and Licensing in the United States of America	<i>Resolved</i> , ENA will continue support furthering of state licensure compacts.	As a part of our ongoing advocacy work at the state level, we will continue to work with ENA state leaders to identify, track and support legislation that would advance their states to join the national state licensure compact in accordance with established ENA policy positions supporting such.	Rob Kramer
GA21-05: CATN (Course in Advanced Trauma Nursing) in the Classroom	<i>Resolved</i> , that the ENA explore restoring CATN as an interactive learning opportunity; and  <i>Resolved</i> , that the ENA explore developing CATN as a verification course.	The current course expires in Sept 2023. As part of the review process we are investigating the feasibility, implications and opportunity regarding the two resolves. We are currently evaluating TCAR and ATCN as these are advanced trauma courses to compare how they are delivered in relation to CATN.  ENA staff spoke with authors at 2022 leadership. Idea was to have something like ACLS-EP where the learner "challenges" the TNCC test prior to engaging in advanced pathophys content that was presented in the instructor-led version of CATN II. Not all students would want/need TNCC verification so this might be optional - TNCC was not a pre-req for the original CATN.  Currently working on the development of a new advanced trauma course to replace CATN in Q3 2023 and a subsequent verification program for 2024.  A new course, Trauma Patient Care a Case Study Approach is replacing CATN in Sept 2023. The new course is designed to be an updated version of CATN focused on using case studies as the primary education method. ENA is in the process of developing an interactive course that will be an advanced trauma course.	Monica Kolbuk Mark Kardon
GA21-06: Emergency Clinical Nurse Specialist National Certification	<i>Resolved</i> , that ENA establish the education, skills, and competency requirements for nurses to be credentialed as a CNS in the emergency setting;  <i>Resolved</i> , that ENA advocate for a national certification designation for emergency CNSs;  <i>Resolved</i> , that ENA explore strategic partnerships to enable equitable access to national certification for emergency CNSs; and  <i>Resolved</i> , that ENA explore the development of a national certification mechanism for emergency CNSs.	The 2018 CNS work team and ENA research teams have developed and published in market the Emergency Nursing CNS Competencies. This EN CNS Research Study was published in the journal Clinical Nurse Specialist in the March/April 2023 issue. Wolf, L., Perhats, C., Delao, A. M., Campbell, D., Brim, C., Campos, G., House, D., Rettig, A., Williams, D., & Chan, G. K. (2023). Current Practice and Practice Competencies of Clinical Nurse Specialists Working in US Emergency Care Settings. 37(2), 64. <a href="https://doi.org/10.1097/nur.0000000000000731">https://doi.org/10.1097/nur.0000000000000731</a> . This work will inform the education program for the EN CNS. An ENA practice resource is under development as a resource for ENA members.  The ENA Emergency Nurse Advanced Practice Advisory Council conducted exploratory conversations on the feasibility of a national EN CNS certification. ENA is not a certifying body; therefore the initial conversation was had with BCEN as the certifying body for emergency nurses. The effort and investment to pursue this was significant. As of yet, BCEN has not pursued any additional action on this with the ENA.  The ENA continues to advocate for CNSs practicing in the emergency setting. The ENA has been involved with NACNS and ANA (as well as AAENP) in the exploration of emergency as a population within the consensus model, which will also inform the national certification discussion. This group worked throughout 2022/2023 and still continues to determine if emergency as population will or will not be recommended to the LACE steering team.  During Acute Care Across the Lifespan as a Population meetings, there is a concern for CNSs not having the volume of students to entice educational programs to establish them as having enough volume for a new CNS exam.	Suzanne Montella Meg Carmen LaToria Woods Lisa Wolf

<p>GA21-08: Training of the Emergency Care Assistive Personnel in the Emergency Department</p>	<p><i>Resolved</i>, That the ENA will update or revise the existing Emergency Care Technician Curriculum published in 2003 to guide the orientation and training for the ECAP.</p>	<p><b>Completed:</b> A copy of the 2003 curriculum has been obtained from JBL and will be reviewed before the end of 2021. The gating process will be initiated in 2022 to determine the feasibility of and options for updating this resource.</p> <p>Pre-gating meeting held Mar. 2022. Two subject matter experts have expressed interest in working on a revision. Thomas MacDonald (ED tech from CHOP) and Cathlyn Robinson. ENA staff reached out Mar. 2022 to ask them to review the current text. SME's have reviewed text and suggested pretty minimal updates. Need to gate project and determine how to get raw material to update (only copy is a physical manual.)</p> <p>Sept. 2023 Mike Hastings has also agreed to participate in the develop process. Elsevier in Oct. 2022 published an ED tech manual. ENA reviewed the manual and determined the ESI algorithm was not properly referenced and a couple statements are inaccurate. ENA has reached out to Elsevier for clarification. We are investigating if the ENA tech manual needs to be a manual or could be a toolkit or other resource that provides the overview needed.</p> <p>Jan. 2024 Decision reached to utilize the Elsevier ED Technician Handbook in lieu of ENA updating our version. The Elsevier book is very complete and provides all the information needed for the ED Tech working in the ED. The ED Tech Manual is listed in the Practice Resource's web page with it's own searchable title. Also can be searched using the ENA search feature. In addition, added to the ENAU hamburger menu. Will also be posted in the Jan/Feb edition of the Education Bulletin. This project should be considered completed and closed.</p>	<p>Mark Kardon</p>
<p>GA21-09: Increasing Community Resources</p>	<p><i>Resolved</i>, that ENA develop resources to help state councils and chapters engage members for community outreach.</p>	<p>A review of existing/historical programs and partnerships (e.g. Nurses on Boards, Project Helping Hands) related to the resolved and their success metrics and identification of existing resources/programs provided by other organizations will be conducted in early 2022. This will inform the scope and timeline of future actions such as ENA-development of resources/programs, potential partnerships/affiliations, and sharing of opportunities in a consistent way with States &amp; Chapters.</p>	<p>Matt Hessler</p>
<p>GA21-10: Identify and Support Ways that Decrease Emergency Department Nurses taking Work-Related Stress Home</p>	<p><i>Resolved</i>, ENA will identify and support interventions that mitigate risk of, and increase ED nurses' ability to cope with, secondary traumatic stress (compassion fatigue) and primary/post traumatic stress to help prevent them from taking work-related stress home.</p>	<p><b>Completed:</b> This resolve is related to ENAs Healthy Work Environment Plan. Some of the related specific support we are working on are new/revised education to help members to cope with STS and primary/post traumatic stress.</p> <p>Two new courses have been launched in Feb. 2022 on Healthy Coping Mechanisms. Also promoting ANA Well-Being Resources through our communication venues. Measuring impact related to stress at home is not possible.</p>	<p>Lisa Wolf Cathy Olson Suzanne Montella</p>



# 2022 Adopted Proposals

<b>Resolution Title</b>	<b>Resolve Clauses</b>	<b>Actions</b>	<b>Staff Lead(s)</b>
GA22-02: Augmenting Membership Growth and Sustainability Through the Creation of an Emergency Nurses Association Membership Focused Outreach Group	<i>Resolved</i> , recommend ENA's governing board create a voluntary membership focused outreach group to be charged with conducting focused membership outreach for the purpose of augmenting association membership communications, growth, and sustainability.	Create a work team through the micro-volunteering process open to all ENA members. Staff will outline key charges for the work team that would support the new graduated member structure, advise on communications and resource development for growth and retention and be the ambassadors supporting the initiative to our local ENA leaders.	Matt Hessler
GA22-03: Sustaining Just Culture	<i>Resolved</i> , ENA create a position statement endorsing and encouraging, the implementation of just culture;  <i>Resolved</i> , ENA consider incorporating just culture, into the future development and revision of educational materials; and  <i>Resolved</i> , ENA partner with other organizations in the dissemination of research initiatives identifying potential changes in patient safety and employee performance outcomes to strengthen a just culture.	Reviewing current resources and TJC resources on topic. Concepts of Just Culture will be incorporated into Healthy Work Environment Position Statement and HWE Topic Brief upon revision. Staff will leverage Wellness Committee members as subject matter experts and reviewers.  Continue to find ways to socialize Just Culture with partnering organizations. Discussions are being held during the Nursing Organizations Alliance Fall Summit on the topic.  The Research Advisory Council will look into what research is already out related to patient safety and employee's performance. Staff to further explore which organizations support this and how we can greater partner with organizations to support this initiative.	Cathy Olson Lisa Wolf
GA22-04: Opposing the Criminalization of Medical Errors	<i>Resolved</i> , recommends that ENA establish a workgroup to identify research and resources that can be used to increase transparency, inclusion, and collaboration among legislators, regulatory agencies, employers, nurses, the public, and prosecutorial staff on the importance of peer review and just culture as a means to improve patient safety; and  <i>Resolved</i> , that ENA draft a position statement that opposes the criminalization of medical and nursing errors and emphasizes a message that criminal prosecution of nurses should be reserved for those that have been investigated by the state nursing regulatory body and found to have been grossly negligent or to have willfully caused harm.	Combine the first resolved with GA22-03: Sustaining Just Culture. Include a Board member as part of the work group.  Gather feedback from Government Affairs chairs to see if states are adding medical errors to states.	Rob Kramer
GA22-05: A Workers' Compensation and Insurance Bill to Include Psychological Injuries in the Definition of "Injury" for Healthcare Workers and First Responders	<i>Resolved</i> , ENA will work with other organizations and stakeholders to advocate for development of legislation that will include mental and psychological injury in the definition of "injury" for workers compensation claims for healthcare workers and first responders.	Gather information from Government Affairs Chairs on how many states include mental and psychological injury. Partner with states that don't have psychological injury and help advocate for those states.  Identify and explore partners in individual states and start to partner with organizations on future opportunities related to this topics.	Rob Kramer
GA22.06: Fentanyl Testing Limitations in the Emergency Department	<i>Resolved</i> , that ENA develop education materials and conduct an information campaign to inform emergency department health care providers of the limitations of urine toxicology screening that does not include fentanyl;  <i>Resolved</i> , that ENA encourage its members to use these materials to educate their colleagues and hospital administrators about the importance of ensuring routine drug toxicology screening includes fentanyl; and  <i>Resolved</i> , that ENA collaborate with relevant organizations to identify and reduce barriers to testing for fentanyl and partner together to inform health care providers of the limitations of routine drug toxicology screening tests as related to fentanyl.	Quality and Safety Advisory Council developing an infographic for dissemination to increase emergency nurses' and other HCP's awareness.  Identified list of partners/relevant organizations that ENA can collaborate with to identify and reduce barriers to testing for fentanyl and partner together to inform health care providers of the limitations of routine drug toxicology screening tests as related to fentanyl.	Cathy Olson Dominique Johnson
GA22-08: International Inclusivity	<i>Resolved</i> , ENA will identify and support changes to use inclusive language within Position Statements, Clinical Practice guidance, and other education materials and other forms of communication to ensure inclusion of the international community;  <i>Resolved</i> , ENA will consider the development of an internal operational process which is inclusive and respectful of international specialty certifications;  <i>Resolved</i> , ENA will continue to collaborate with existing nursing organizations globally to ensure inclusive educational opportunities, respecting diversity and enabling participation through the removal of geographical, cultural, and language barriers; and  <i>Resolved</i> , ENA will ensure educational opportunities exist for international members to develop their skills through accredited education and utilize opportunities to provide global content relevant to international members.	Identify opportunities to do things differently ex: International Course Administration Guidelines.  Identify and explore partners and opportunities globally that ENA can engage with to ensure inclusive educational opportunities, respecting diversity and enabling participation through the removal of geographical, cultural, and language barriers.  Charge the International Advisory Council with developing an opportunity list to do identify ways for ENA to engage internationally.	Terrence Sykes



# **2023 Adopted Proposals**

Proposal Title	Action/Resolve Clauses	Proposal Update	Staff Lead(s)
GA23-01 Proposal to Amend Bylaws: Membership Categories	<p><b>Article III: Section 2</b>  Section 2. Classifications and Criteria. Membership may be granted to any individual who (i) abides by these bylaws, the ENA Code of Ethics, and such other policies, rules and regulations as ENA may adopt; and (ii) meets the criteria for membership set forth in one of the following categories:  A. Voting Members – Only licensed (or the equivalent thereto) professional registered nurses are eligible to be Voting Members. Voting Members shall have the right to vote, hold elected office, serve on the Board of Directors, serve on committees, and attend ENA’s meetings and social functions.  B. Nonvoting Members – Nonvoting membership may be granted to any individual who shares interest in and supports the purpose, mission and objectives of ENA, but does not otherwise meet the criteria for voting membership in ENA. Nonvoting Members shall be entitled to serve on ENA committees and attend ENA member meetings and social functions.</p> <p><b>Article V: Section 1</b>  <b>Section 1. General Assembly</b>  A. The General Assembly shall be composed of delegates from states, territories, federal districts, and those members representing the international membership.</p>	Move forward with implementing changes to the membership categories.	Terrence/Alicia
GA23-02 Proposal to Amend Bylaws: Expanding Councils for International Inclusivity	<p>Section 1. Councils  Voting Members of ENA who are licensed or reside within a clearly defined region, country, state, province, or other geographical area (the “territory”) may be organized as a constituent of ENA (each of which is referred to as a “Council”). The Board of Directors may authorize the establishment of Councils which shall:</p> <p>i. be organized and operated in accordance with these Bylaws, and such additional rules, regulations and policies as may be adopted by the Board of Directors from time to time;  ii. fulfill criteria for affiliation as may be established by the Board of Directors from time to time;  iii. enter into charter agreements with ENA, as determined by ENA;  iv. be issued a charter by ENA; and  v. organize and conduct their activities in such a manner as to establish its fundamental alignment and functional compatibility with ENA.</p> <p>A. Council’s general purposes and objectives shall be complementary and consistent with those of ENA and the Council will advance the general and specific purposes of ENA within its territory. All members of a Council must be members of ENA in good standing.</p> <p>Section 2. Application for Recognition as a Council  The Board of Directors, or its designee(s) shall adopt an application form, criteria, and procedures for application review to facilitate the consideration of applicants seeking to be organized as a Council and approve those who meet the qualifications. The Board of Directors or its designee(s), shall review the application of all applicants and determine, based on the criteria set forth in these bylaws and such other guidelines as the Board of Directors may prescribe, if applicants meet the qualifications necessary for recognition as a Council.</p> <p>A. ENA shall fund chartered Councils pursuant to a formula determined by the Board of Directors.  B. Each Council shall be incorporated as a not-for-profit corporation (or the equivalent thereto), have a Board of Directors, officers and bylaws in such form as shall be approved by the Board of Directors or its designee(s) consistent with applicable local laws and regulations in the country of incorporation. Councils must maintain voting membership categories and criteria that are identical to ENA’s. Any changes to a Council’s bylaws require the prior written approval of the Board of Directors, or its designees(s).  C. Each Council may hold such meetings as it deems appropriate.  D. Members may belong to only one Council.  E. A member of a Council may transfer to another Council by written request to ENA.  F. Charters for the operation of Councils may be revoked by the ENA Board of Directors according to due process procedures established by the Board of Directors. Upon revocation of a Council’s charter, the Council immediately shall remit all of its funds (after satisfying any existing debts or obligations) and records to ENA.  G. No Council or other entity shall use ENA’s name or trademarks in any manner whatsoever unless duly authorized to do so by ENA pursuant to the terms of a written agreement or policy.</p> <p>Section 3. Chapters  Voting members of the same Council that are licensed or reside within the same territory may be organized by the Council as a chapter (each a “Chapter”). Each Chapter will be an integral part of the Council (i.e., it shall operate and function as a committee or special interest group of the Council). The name, boundaries, eligibility requirements for Chapters, and policies and procedures governing their operations, shall be determined by the Council, subject to applicable local laws, the prior written approval of the Board of Directors, and such rules and policies as may be adopted by the Council or Board of Directors from time to time. A Council is responsible for overseeing and managing the activities of its Chapters and shall have the right to disband or dissolve any Chapter it creates, with appropriate due cause.</p>	Move forward with the execution of expanding councils for international inclusivity.	Matt/Ashley

GA23-03 Proposal to Amend Bylaws: Leadership Development and Elections Committee	<p>Leadership Development and Elections Committee.</p> <p>1.Composition  a.The Leadership Development and Elections Committee shall consist of up to eleven (11) Voting Members elected to serve on the Leadership Development and Elections Committee in the ENA national election. The Leadership Development and Elections Committee shall include at least one member from each of six regions (as determined by the Leadership Development and Elections Committee) who has not previously served on the Board of Directors and one member who has served on the Board of Directors. Leadership Development and Elections Committee members may only represent the region in which they hold a voting membership.</p> <p>The General Assembly also voted to replace "Nominations and Elections Committee" with "Leadership Development and Elections Committee" in all places that it appears in the Bylaws.</p>	Move forward with operationalizing the Leadership Development and Elections Committee.	Ashley
GA23-04 Virtual Option for All Future Emergency Nurses Association Conferences	<p><i>Resolved</i>, ENA explore offering a virtual option (either live or asynchronous) to enhance global accessibility for all future conferences (including viewing general assembly as an observer) with a pricing structure focused on affordability for ENA members (e.g. 20% off the in-person member registration rate); and</p> <p><i>Resolved</i>, ENA explore offering a virtual option (either live or asynchronous) to enhance state and chapter leader accessibility for all future leadership orientation meetings with a pricing structure focused on affordability for ENA's volunteer leaders (e.g. 20% of the non-complimentary in-person registration rate).</p>	Explore ways to engage members that aren't able to attend ENA events.	Denise/Ken
GA23-05 Infant Safe Haven Law Awareness and Alignment	<p><i>Resolved</i>, That the ENA campaign to raise awareness of variability in state to state laws related to Safe Haven;</p> <p><i>Resolved</i>, That the ENA promote education for emergency nurses regarding state to state variability of Safe Haven laws and how these laws impact their practice in the state in which they work, or are licensed; and</p> <p><i>Resolved</i>, That the ENA collaborate with other professional organizations such as the Association of Women's Health, Obstetric and Neonatal Nurses (AWOHNN) and the American College of Emergency Physicians (ACEP) to explore the impact of variability on patients and nurses.</p>	Gather information from Government Affairs Chairs on variability based on state laws. Create a practice resource to promote education of Safe Haven laws. Collaborate with other organizations to identify and explore the impact of variability.	CCO/Cathy
GA23-06 Education and Mitigation to Decrease Pediatric Window Falls	<p><i>Resolved</i>, that ENA strategically disseminate educational materials to patients, caregivers, administrators, and policy makers, in order to raise awareness of the risk of and ways to prevent window falls; and</p> <p><i>Resolved</i>, that ENA collaborate with relevant organizations to identify and reduce barriers to support legislation around window safety and window fall prevention to improve equity and inclusion.</p>	Gather information from the Quality and Safety Advisory Council and Government Affairs Chairs. Collaborate with other organizations to identify future opportunities to reduce barriers.	Rob/Cathy
GA23-07 The Emergency Nurses Association Exploring the Advancement of the Specialty of Geriatric Emergency Nursing	<p><i>Resolved</i>, ENA will explore opportunities to advance education around the specialty of geriatric emergency nursing.</p>	Expand on ENA's current Geriatric Emergency Nursing products by identifying and exploring partners and opportunities.  ENA has been working with the Veterans Administration on developing a course focused on geriatric veterans that will help ED Nurses in non-veteran administration hospitals be better prepared to address the specific needs of geriatric veterans. The course will be introduced in Q1 2025.	Colleen/Mark
GA23-09 Improving Emergency Department Team Member Safety	<p><i>Resolved</i>, ENA will recruit subject matter experts in ED team member safe practice strategies to develop criteria to improve environmental safety with micro and macro-level interventions; and</p> <p><i>Resolved</i>, The subject matter experts recruited by the ENA will utilize the available interdisciplinary literature to develop inclusive environmental prevention strategies that could be prioritized, dependent upon hospital setting by ED leaders and team members to promote a safe environment.</p>	Collaborate with IAHS to see what resources already exist to improve environmental safety.	Cathy
GA23-10 Licensure Requirements for Emergency Nurses Association Membership	<p><i>Resolved</i>, the ENA Board of Directors or their designee(s) be tasked with investigating changes to the ENA Bylaws that would allow nurses without current active, unencumbered licenses to continue to participate in ENA as voting members in some situations; and</p> <p><i>Resolved</i>, the ENA Board of Directors submit a proposed amendment or amendments to the ENA Bylaws regarding licensure requirements for voting membership if warranted by the findings of the investigation, for discussion and vote by the General Assembly at the next possible opportunity.</p>	Research best practices for members without current active, unencumbered licenses to continue to participate as voting members.	Ashley/Brittany
GA23-11 Support the Use of the Title "Doctor" by Doctorate-Prepared Registered Nurses	<p><i>Resolved</i>, That ENA formally support the use of the title doctor for nurses who have completed doctoral education (e.g., Ph.D., D.N.P., Ed.D.) with the acknowledgment that nurses are not attempting to replace or supersede physicians;</p> <p><i>Resolved</i>, That ENA work with stakeholders (e.g., American Nurses Association, American Association of Colleges of Nursing, American Association of Nurse Practitioners, and other specialty nursing organizations) to provide education and clarity to the public around the use of the title of doctor by nurses who have achieved the doctoral level; and</p> <p><i>Resolved</i>, That ENA collaborate with other stakeholders to advocate against legislation limiting the use of earned doctorates.</p>	Partner with the advanced practice advisory council to create a position statement of the use of the title doctor for nurses.	LaToria/Rob
GA23-12 Support for the Use of Nasal Naloxone on Airlines and in Public Schools and Universities	<p><i>Resolved</i>, The Emergency Nurses Association (ENA) supports use of nasal naloxone on airlines, in public schools and universities, and in public facilities that have AEDs and STBs; and</p> <p><i>Resolved</i>, ENA collaborates with other stakeholders in expanding access to naloxone and support for harm reduction programs with the goal of informing the public about the use of naloxone to prevent overdose deaths.</p>	Create a practice resource and collaborate with stakeholders to enhance public education safety.	Rob/Cathy
GA23-13 Support Epinephrine Auto Injection on Airlines	<p><i>Resolved</i>, The Emergency Nurses Association (ENA) support use of epinephrine via auto injection route for inflight anaphylactic reactions that could occur; and</p> <p><i>Resolved</i>, ENA collaborate with other stakeholders to develop education and training for the use of epinephrine in emergency situations in accordance with best practices.</p>	Create a practice resource and collaborate with stakeholders to enhance public education safety.	Rob/Cathy