ENA Adopted Proposals
2017 Adopted Proposals
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<th>Resolution Title</th>
<th>Resolve Clauses</th>
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| GA17-02 A National Standard for Child Passenger Restraint | Resolved, 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  
Resolved, That ENA advocate for child safety restraint laws in states that do not have current primary child passenger restraint laws. | Completed: The Child Passenger Safety in the United States position statement was posted to the website.                                                                                                           | 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.  
Continue to work with states to promote advocacy of stronger child safety restraint laws.                                                                                                                                   |
| GA17-03 Public Access to Bleeding Control Kits        | 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. | Completed: 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.  
A Stop the Bleed Challenge was initiated via ENA CONNECT for iQSSIP chairs to become instructors, provide training at state conferences and recruit additional instructors. Tips on funding for STB training kits was also provided.  
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.  
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.  
We have been actively supporting state-level advocacy activities through our state councils to enact legislation to require hemorrhage control training in schools.  
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. |                                                                                                                                                                                                                                                                                                                                                       |
| GA17-04 Against Human Trafficking                     | 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. | Completed: The Human Trafficking Joint position statement between ENA and IAFN was revised and posted to the website.                                                                                                           | Human trafficking was included in EN18 educational sessions, which were recorded and available via conference on demand.  
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.  
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.                                                                                           |
| GA17-05 Establishing a Standard for Emergency Department Preparedness to Care for Children | 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;  
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;  
Resolved, That ENA disseminate the work of the EMS for Children Innovation and Improvement Center (EIIC) to support pediatric readiness and to improve pediatric care quality; and  
Resolved, that ENA disseminate resources developed by EIIC’s Facility Recognition QI Collaborative as a basis for expanding these programs across the country. | Completed: 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.  
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.  
EIIC resources are disseminated periodically by sharing the website link and/or documents with members through various ENA communication channels. |
| GA17-06 Develop an Emergency Department Geriatric Readiness Survey and Toolkit | 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. | Completed: 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.  
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.  
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. |
| GA17-06 ENA’s Position on Firearm Safety and Legislation | 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;  
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;  
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;  
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  
Resolved, That ENA support technology to make firearms safer, as well as promote the distribution of existing safety devices to firearm owners. | Completed: Resolves were incorporated into ENA Firearm Safety and Injury Prevention position statement published in March 2019 in JEN.  
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.  
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.  
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.  
Received grant from AAP (2020) and developing firearm injury prevention education resources that deployed by May 2021 |
| GA17-09 Safety When Removing Patients from Private Vehicles | Resolved, That ENA support initiation of a standard process to assist ED nurses in safely removing patients from private vehicles;  
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  
Resolved, That ENA identify and disseminate education highlighting standard methods to ensure safety when removing patients from private vehicles. | Completed: Infographic developed and targeted ED nurses to increase safety and awareness, was approved at July 2018 board meeting and posted on the ENA website.  
As noted in the resolution, collection of data on this area would be challenging so we explored working with other stakeholders.  
Worked with member J. Burnie and web team to add iBook to ENA resources on iTunes platform.  
A new ENA practice resource: Safely Removing Patients from Private Vehicles Infographic is posted on the website. |
| GA17-10 Care of the Lesbian, Gay, Bisexual, Transgender and Queer/Questioning Patient (LGBTQ) | Resolved, That ENA support the inclusive care of LGBTQ patients in the emergency department in the form of a position statement;  
Resolved, That ENA promote awareness for the unique needs of the LGBT population through education and advocacy; and  
Resolved, That ENA develop an educational toolkit or program for emergency nurses that covers the unique needs of the LGBTQ population. | 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.  
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.  
June Connection published article titled “Empowering LGBTQ Patients in the ED” and there were LGBTQ Awareness Week social media posts |
2018 Adopted Proposals
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<td>GA18-04 Projected Health Effects of Climate Change</td>
<td>Resolved, 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.</td>
<td>Completed: The Emergency Management &amp; 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.</td>
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<td>GA18-05 Support of Emergency Nurses after Violence</td>
<td>Resolved, 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 Resolved, 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 Resolved, ENA create evidence-based content on mitigation of the effects of WPV on emergency nurses and their patients.</td>
<td>Completed: 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.</td>
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<td>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)</td>
<td>Resolved, 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 Resolved, That ENA provide this educational material, with its accompanying continuing nursing education credits (CNE), to its members at low or no cost.</td>
<td>Completed: GA18-06 and GA18-11 will be linked together for actionable outcomes. The Clinical Guidelines Committee will be developing a new CPG and the estimated timing is 2020. ED Operations Committee developed a topic brief on &quot;Implementing Non-Pharmacologic Pain Management in the ED&quot; posted to the website in Dec. 2019.</td>
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<td>GA18-07 Freestanding Emergency Centers (FSEC)</td>
<td>Resolved, That the ENA explore the usefulness of using current staffing models to create guidelines for staffing FSECs. Resolved, That the ENA Scope and Standards of Practice to include guidelines for staffing FSECs. Resolved, 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.</td>
<td>We are exploring the best approach to the study of current FSEC 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.</td>
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<td>GA18-08 Valuing the Emerging Professional</td>
<td>Resolved, that the ENA develop an advisory council to assess and engage the needs of the emerging professional.</td>
<td>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 &amp; 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 &amp; staff pairings will help develop new resources for emerging professionals and improve those resources already available.</td>
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### GA18-09 Guidelines for Emergency Department Spinal Motion Restriction

**Resolved**, That ENA authorize study of current research regarding evidence-based practice for spinal motion restriction emergency department expectations for response; and

**Resolved**, That ENA publish an addendum to the 2015 Translation into Practice document that includes current evidence-based guidelines for spinal motion restriction; and

**Resolved**, That ENA work collaboratively with other healthcare organizations to promote translation of guidelines and integration into clinical practice.

**Completed:** 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.

Trauma Committee decided not to update Translation into Practice document because they are being phased out.

Updated guidelines in TNCC and TNP.

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.

An infographic was developed, "Safely Log Rolling Trauma Patients" and posted to the website in December 2019.

### GA18-11 Multimodal Pain Management in the Emergency Department

**Resolved**, That the Emergency Nursing Association (ENA) will provide additional practice resources for the use of opioid-free, multimodal pain management; and

**Resolved**, 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.

**Completed:** Linked with GA 18-06 for actionable outcomes.

ED Operations Committee developed a topic brief, "Implementation of multimodal options for pain management in the ED" posted on the website Dec. 2019.
2019 Adopted Proposals
2019 Adopted Proposals
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<th>GA19-06 Forensic Nursing Education for Emergency Department Professionals</th>
<th><strong>Resolved</strong>, The Emergency Nurses Association will explore potential partnerships with stakeholders to promote competent, evidence based forensic nursing practice for emergency department professionals; and <strong>Resolved</strong>, 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.</th>
<th>Focused efforts to identify and build the working partnership with multiple stakeholder groups. Explore how we can leverage current partners, such as IAFN and newer organizations such as the Academy of Forensic Nursing. Assess the feasibility of educational resource through the identification of education gap and potential education resource concept and investment required. Worked with IAFN and AFN to develop a member survey to better understand the current level of forensic knowledge and where we need to focus. Study will take place after the COVID crisis abates. Member survey developed and in process of IRB approval. Plan is to send out survey in November 2020. Survey results will be reviewed in April to determine content needs. We will be developing next steps based on the content needs. Targeting a 2022 release. Survey results were reviewed with the team to help us identify knowledge gaps. Reviewed the IAFN No SANE in Sight Course with the team. Next steps are Research will provide the needs assessment to Education so the needs can be mapped out from a course/modules standpoint. In addition, plans meet the needs of members. Presentation also includes collaboration with IAFN and AFN SME’s. Education is working on the content agenda to review with the team in early 2022 for directional agreement.</th>
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<td>GA19-07 Global Health Initiative for Emergency Nursing</td>
<td><strong>Resolved</strong>, That ENA support the elements of the World Health Organization's 2019 report outlining the top 10 threats to global health; <strong>Resolved</strong>, 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 <strong>Resolved</strong>, 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.</td>
<td>Formation of a micro volunteer group to review the WHO 2019 global health initiative, identify educational resources and disseminate to membership. A feasibility study on the creation of a new content and educational offering development. A new position statement, &quot;Mitigating the Effects of Climate Change on Health and Healthcare: The Role of the Emergency Nurse&quot; was developed, approved by Board and posted Dec. 2020 (climate change is listed as one of the top 10 threats to global health).</td>
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<td>GA19-08 Management of Vaso-Occlusive Episodes in Persons with Sickle Cell Disease in the Emergency Department</td>
<td><strong>Resolved</strong>, ENA support the dissemination of the NHLBI recommendations for the treatment of VOE for children and adults with SCD; <strong>Resolved</strong>, ENA support the dissemination of existing educational resources and tools to promote best practice for the treatment of VOE; and <strong>Resolved</strong>, ENA investigate the need for additional educational tools to support best practice for the treatment of VOE in the ED.</td>
<td>ENA Peds committee reviewed NHLBI recommendations and developed peds-specific infographic “Care of Children with Sickle Cell Disease in the ED” posted December 2020. Resolution authors agree to participate as micro-volunteer group to help identify educational gaps and develop new education resource based on NHLBI. Topic brief in progress, with goal to complete by April/May 2021. ENA will continue to share various best practice tools and resources for treatment of VOE through its communication venues.</td>
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<td>GA19-10 Development of an Emergency Nurse Residency Program</td>
<td><strong>Resolved</strong>, 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.</td>
<td>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. Currently contacting hospitals to determine interest in the pilot program. 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 assisntional hospitals by mid-April, the launch will be delayed as we need sufficient data on the program before launching. 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.</td>
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<td>GA19-11 Leadership Resources for Engaging and Retaining Multigenerational Nurses</td>
<td>Resolved, that the Emergency Nurses Association provide a toolkit to help nursing leaders and leaders of ENA better engage and retain the multigenerational workforce.</td>
<td>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. Work continues in compiling research and first-hand information to develop and deliver tools and resources for nurses and ENA leaders that assist in multi-generational workforce retention. The keynote speaker for SCLO delivered a presentation directly speaking to multi-generational workforce and communication with positive feedback from state and chapter leaders.</td>
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<td>GA19-12 Recommendation for Emergency Nursing Staffing and Budgeting</td>
<td>Resolved, 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 Resolved, 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.</td>
<td>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. Based on study findings, revise ENA’s Staffing and Productivity Position Statement (in progress). Results to be published in journal article, not CPG.</td>
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<td>GA19-13 Increase the Expansion of Trauma Systems Specifically to Rural and Underserved Areas</td>
<td>Resolved, 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 Resolved, That ENA and stakeholders compile and disseminate resources and education involving EMS and nurses in the improvement of trauma care in the rural setting.</td>
<td>Trauma Committee and EMS Advisory Council to explore options as to how to further define options for expansion of trauma systems. Other stakeholders could include ACS, STN, Nat’l Rural Health Association. A &quot;Rural Trauma Dev't Course&quot; already exists. Resolve 2 would also require development and program for dissemination of new resources (possible connection with humanitarian efforts) 2021.</td>
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2020 Adopted Proposals
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<td>GA20-02 Hemorrhage Control Education in Schools</td>
<td>Resolved, That the Emergency Nurses Association (ENA) issue a position statement or topic brief in support of inclusion of hemorrhage control education in schools; and Resolved, 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.</td>
<td>Completed: 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. 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. The support for legislation stems from work with ACS as part of the trauma coalition 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. 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. We will be working with partner organizations to identify new opportunities for our members to support legislation in their state. Hemorrhage Control Position statement complete, approved, and published in ENAU. Also to be published in JEN.</td>
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<td>GA20-04 Patient Screening in the Emergency Department</td>
<td>Resolved, That ENA promote a thoughtful, evidence-based process for decisions about which screening activities are appropriate during triage or during emergency department care; Resolved, 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; Resolved, That ENA opine that screening for information which does not impact care for the presenting complaint be considered optional, not mandatory; Resolved, That ENA encourage the use of screening tools with demonstrated reliability and validity in the emergency department setting; Resolved, 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 Resolved, 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.</td>
<td>Study proposal is being drafted to examine this problem for data collection at EN22.</td>
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<td>GA20-08 Advocating for Standardized Safety and Well being of ER Nurses</td>
<td>Resolved, 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.</td>
<td>Twitter study was conducted, manuscript was written and submitted to help inform the Healthy Workplace Initiative underway at ENA.</td>
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2021 Adopted Proposals
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<td>GA21-04: Federal Nurse Practice Act and Licensing in the United States of America</td>
<td>Resolved, ENA will continue support furthering of state licensure compacts.</td>
<td>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.</td>
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<td>GA21-05: CATN (Course in Advanced Trauma Nursing) in the Classroom</td>
<td>Resolved, that the ENA explore restoring CATN as an interactive learning opportunity; and&lt;br&gt;Resolved, that the ENA explore developing CATN as a verification course.</td>
<td>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 leadership. Idea was to have something like ACLS-EP where the learner &quot;challenges&quot; 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.</td>
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<td>GA21-06: Emergency Clinical Nurse Specialist National Certification</td>
<td>Resolved, that ENA establish the education, skills, and competency requirements for nurses to be credentialed as a CNS in the emergency setting;&lt;br&gt;Resolved, that ENA advocate for a national certification designation for emergency CNSs;&lt;br&gt;Resolved, that ENA explore strategic partnerships to enable equitable access to national certification for emergency CNSs; and&lt;br&gt;Resolved, that ENA explore the development of a national certification mechanism for emergency CNSs.</td>
<td>2018 CNS work team and Research team have developed and put in market the CNS Competencies research survey from Oct. 2021. Initial findings from study have been collected and manuscript is under development Feb. 2022. This will inform the resolves on national certification discussion. At same time, ENA is 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. We plan to have this topic on the 2022 ENAP agendas.</td>
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<td>GA21-08: Training of the Emergency Care Assistive Personnel in the Emergency Department</td>
<td>Resolved, 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.</td>
<td>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. 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.</td>
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<td>GA21-09: Increasing Community Resources</td>
<td>Resolved, that ENA develop resources to help state councils and chapters engage members for community outreach.</td>
<td>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.</td>
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<td>GA21-10: Identify and Support Ways that Decrease Emergency Department Nurses taking Work-Related Stress Home</td>
<td>Resolved, 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.</td>
<td>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. 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.</td>
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