



**EMERGENCY NURSES ASSOCIATION**  
New York State Council

# Setting the Pace

Summer 2003 • Volume 23, Number 2

**NYSCENA • P.O. Box 23451 • Rochester, NY 14692-3451**

## MESSAGE FROM THE PRESIDENT

*Susan D. Knapp*



What a great time we had in New York City! The Setting the Pace conference was a success. The speakers were wonderful. The food was great. Everyone seemed to enjoy themselves at the Reverse Auction. We had about 150 registrants for the conference. The Triage course the day before was well received as well with over 100 registrants. I'd like to thank all who attended, the vendors for their generosity and support, the Conference Committee and everyone who helped make this conference a success.

Congratulations to the NYSCENA award winners! The recipients are listed within. Please consider recognizing one of our colleagues. These awards are for you, the member. Every spring this newsletter asks for nominations for a number of awards. Start thinking about it now so you can nominate someone next year.

The Council meeting was held the day after the conference. A lot of work was done by the committees, information was shared, questions were asked, motions made and passed. Preparations were made towards future educational programs. There will be a CEN review course in Poughkeepsie in August prior to the NYSCENA meeting.

Our next meeting in August will be important. Not only will we be voting on the new bylaws for the state organization, this meeting will be devoted to discussing the upcoming resolutions to be presented at the General Assembly at the National ENA meeting in Philadelphia. The General Assembly which occurs prior to the Scientific Assembly is comprised of delegates from every state. These delegates will vote to support, reject or amend resolutions, bylaws and position statements of the national organization. Anyone may apply to be a delegate for New York State. If you would like an application, please call or email me. The number of delegates per state is determined by national ENA based on each state's total membership. The selection process in NY is based on a point system ranking a member's ENA activities at the local, state and/or national level. The point system is on the back of

the application. Please do not be afraid to apply. Philly is so close this year, many New York members will be going. This will be a great opportunity to participate and be a part of the process that makes ENA.

I'd like to take a moment to thank Mickey Forness for her dedication to emergency nursing and the continued working relationship between emergency nurses and EMS. Mickey has been our representative and liaison to the State EMS Council for the past 8 years. She has made sure that the interests of the Council and New York emergency nurses have been served. Thank you, Mickey!

Oh, I almost forgot, ENPC has undergone revisions. Be prepared for those changes to take effect in 2003. Our State ENPC Chair, Cathy Lind, along with other ENPC faculty will be attending an update class in Philadelphia after the Scientific Assembly and a plan to disseminate the changes will be developed and implemented.

I'd like to remind all members that National ENA elections are coming up. You will be able to vote online if desired. Candidates have position statements and bios on the ENA web site ([www.ena.org](http://www.ena.org)) for your review. Please take the time to vote. These people are supposed to be working for you. They will be directing the future of the organization and you will want to be sure they are going in the direction you think best for emergency nursing. Deadline to cast your vote is July 11<sup>th</sup>.

The next NYS Council meeting will be August 16<sup>th</sup> at the Best Western in Poughkeepsie. Please contact me if you need more information. If you are thinking of being a delegate to National General Assembly, that application is due to me by July 10<sup>th</sup> and attendance at the August meeting is strongly recommended. Attendance will allow you become familiar with the resolutions and help formulate New York State's position on them. Hope to see you there.

Susan D. Knapp  
315-524-4883  
rknapp5@rochester.rr.com  
rknapp02@rochester.rr.com



*NYS members enjoy meeting with colleagues at the National Leadership Conference in Albuquerque.*



*Anita Dorr Award winner Mary Lou Killian is joined by fellow ENA members Sue Knapp, Helen Keating and Bob Rivera.*

## THANKS TO OUR MILITARY

Thanks to all the Americans who serve in the US military. Through your service, all of us continue to live in a free nation.

Condolences to all who lost family and friends in Operation Iraqi Freedom. Of those who died, 8 were from New York State.

Our prayers and best wishes for a safe return of all those who presently serve overseas.

We can all do something to show our appreciation for those serving in the military. Many of you have heard of various projects to help. One great way to send a message to the troops of support is to give to the USO. This is a private non-governmental agency which uses the money it raises for entertainment and activities for the troops. You can contact them at 202-610-5700 or [www.uso.org](http://www.uso.org).

You can send a personal message by logging on to:  
[www.defendamerica.mil](http://www.defendamerica.mil)

Blockbuster and Home Depot have programs to help provide entertainment or to help families of military financially. Sean Hannity ([hannity.com](http://hannity.com)) is working with Freedom Alliance to raise scholarship funds for the children of those killed in action.

This is just a partial list of ways to encourage our service people.

Let us know of any ways you or your hospital have been involved in supporting our service people or their families.



*Crew members of the USS Yorktown visit Bellevue Hospital in Manhattan. The crew served in Operation Iraqi Freedom and visited NYC for Fleet Week.*

### ATTENTION ADVERTISERS!

The New York State Council of the Emergency Nurses Association (ENA) has a newsletter circulation of 2300. It is published quarterly and reaches all Emergency Departments and ENA members in New York State. We accept paid advertisements meeting the following criteria:

1. Products which relate to emergency nursing
2. Services relating to emergency nursing
3. Recruitment advertising within New York State

Advertisements are subject to committee approval prior to publication. Advertisements are to be copy ready and reducible. The New York State Council of ENA disclaims any responsibility for advertising material and does not guarantee, or endorse any product or service advertised. We are very proud of the work that is done by the Council and encourage your support of ENA. Should you decide to advertise, checks should be made payable to NYSCENA. For further information, please contact Mary Roth, [mrs4life@ix.netcom.com](mailto:mrs4life@ix.netcom.com) or fax (516) 766-5709.

## THANKS TO OUR SPONSORS

New York State Emergency Nurses Association would like to thank the following corporations for their generous and ongoing support which made *SETTING THE PACE 2003* possible.

Braintree Laboratories  
BSN Medical  
Datascop  
Ethox Brand Product Sales  
E-N Chart Scanning Program  
Elsevier Science  
Modular Services Company  
New York-Presbyterian Hospital  
Roche Pharmaceuticals  
Sicios Inc.  
Sims Level I  
Sound Equipment Corp.  
Specialty Professional Services  
Stryker Medical  
T- System Charting  
Bristol Myers Squibb

## NYSCENA BYLAWS

This will hereby serve as notice to the membership that total revision of the Council bylaws has been completed. You may request a hardcopy or electronic copy of the bylaws from Susan Knapp, NYSCENA President. The bylaws will be presented for vote on August 16, 2003 at the Council meeting in Poughkeepsie. Please contact Susan at [rknapp02@rochester.rr.com](mailto:rknapp02@rochester.rr.com), [rknapp5@rochester.rr.com](mailto:rknapp5@rochester.rr.com) or 315-524-4883 if you would like a copy or have questions.

## DELEGATES TO GENERAL ASSEMBLY

Delegate forms are available from Susan Knapp. If you are interested in applying to be a delegate to the General Assembly in Philadelphia in September, please contact Sue. Applications must be returned to her by July 10 to be considered. Please complete the front and back of the application form. You are strongly encouraged to attend the August 16th Council meeting in Poughkeepsie to obtain information on the resolutions up for vote. Contact Sue at [rknapp02@rochester.rr.com](mailto:rknapp02@rochester.rr.com), [rknapp5@rochester.rr.com](mailto:rknapp5@rochester.rr.com) or 315-524-4883.

## NEWSLETTER/COMMUNICATIONS COMMITTEE

Please submit any ideas, suggestions, or articles to:

**Editor:** Mary Schmidt Roth  
E-mail: [mrs4life@ix.netcom.com](mailto:mrs4life@ix.netcom.com)  
Phone: (516) 766-2784  
Fax: (516) 766-5709

**Contributing Editors:** Lori Barker  
E-mail: [Bark518@aol.com](mailto:Bark518@aol.com)

Denise Harris  
E-mail: [Dharris719@aol.com](mailto:Dharris719@aol.com)

Next issue deadline: August 1, 2003

## IT'S HIPAA TIME

Denise Harris, RN, BSN, CEN

HIPAA is "The Health Insurance Portability and Accountability Act of 1996." Why has it taken so long to institute? Hospitals all over the country requested an extension for implementation and their time has run out. D-Day was April 14, 2003.

HIPAA is a federal law creating a uniform standard for billing transactions and eligibility as well as creating a minimum standard for protecting patients' privacy and security of patient information.

- **Everyone** who works in a hospital, including volunteers and students are required to receive training regarding HIPAA.
- It makes both the hospital **and** the individual employee liable for breeches in patient confidentiality and gives the patient the ability to restrict what information is given out.
- Breeches of HIPAA bring about monetary fines and jail terms (civil and criminal). Ex: violations for gain or harm (ambulance chasers come to mind) can yield up to \$250,000 and up to 10 years in prison.
- Hospitals are required to give HIPAA training to all employees and incorporate HIPAA in their policies. If other laws are more stringent such as laws protecting the rights of HIV, mental health and psychiatric patients, the more stringent law applies. A Privacy and Security Officer to oversee HIPAA compliance is mandated by the law.

Basically, HIPAA is as follows:

- General Privacy Rule restricts disclosure and use of "Protected Health Information" or PHI except where privacy regulations allow you, mainly for treatment, payment and operations of the facility.

- Examples of PHI is patient's name, address, insurance number, or date of birth. This includes oral, written and electronic transfer of information.
- **MINIMUM NECESSARY RULE:** Disclose only information needed to get the job done.
- A privacy notice will be given out at the entry point of the hospital (ED, Admitting, Clinic, etc) explaining how their PHI will be used, their rights and how to make complaints regarding breeches.
- The hospital may disclose and use PHI to:
  - Other providers if it relates to treatment, payment, or healthcare operations (i.e.: QA meetings)
  - To Dept. of Health and Human Services
  - Patients family or significant other (with permission from patient)
  - Facility Directory (Patient Information Department).
- Patient may fill out "Restriction of Information Form" to restrict information dissemination or have information transmitted by fax or email.
- HIPAA No-No's
  - Discussing patient information in public places, including at home and at family gatherings.
  - Sharing of passwords for computers.
  - Leaving PHI lying around in the open, unattended.
  - Sending information over internet without authorization.

For more information regarding HIPAA, contact your hospital's Privacy Officer or <http://www.cms.hhs.gov/hipaa/>

## CONFERENCE SCHOLARSHIP AWARDEES

Each year NYSCENA gives scholarships to nursing students interested in emergency care to the Annual Setting the Pace Conference. Congratulations to this year's awardees, Angie Vargas and Olivia Nicastro. Both Angie and Olivia are graduating students from Beth Israel School of Nursing in Manhattan.

We enjoyed having you at the conference and wish you the best of luck in your new careers.



Nursing student scholarship winners Angie Vargas and Olivia Nicastro join Sue Knapp (center) at the conference.

## CONGRATULATIONS

Congratulations to Denise Harris on winning a national ENA scholarship to the Scientific Assembly in Philadelphia!



Conference attendees check out the Exhibit Hall.



At the Registration table.

## ASK THE CLINICIAN

Catherine Emerson Castle

### Are there any new treatments for hypothermia?

Hypothermia can be broken down into mild (32-35 degrees C), moderate (28-32 degrees C), and severe (less than 28 degrees). Heat is lost and/or gained through various methods. These include radiation, conduction, convection, and evaporation. Hypothermic patients who are exposed to a cold or cool environment will continue to lose a significant amount of heat. Keeping the ambient temperature in the resuscitation room elevated is an important first step in treating hypothermia.

To understand the treatments and their side effects, an understanding of the pathophysiology is necessary. Complications are generally related to the sequelae of metabolic changes. Initially patients will increase their metabolism to generate more heat. As the temperature drops, so does metabolic rate. At 30° C, the drop is dramatic. At this point normal body functions are no longer working. Respiratory rate, heart rate, and cardiac output are decreased. Blood is shunted away from the periphery to sustain the vital organs. There are marked CNS changes. In severe hypothermia, cerebral oxygen requirements decrease by 50% protecting the CNS and allowing the brain to withstand long periods of anoxia. Hypothermic patients who are continually exposed to a cold or "cool" environment will continue to lose a significant amount of heat, therefore keeping the ambient temperature elevated in the resuscitation room is important.

The cornerstone of treatment is rewarming the patient. Passive external rewarming is accepted as proper treatment for all mild hypothermic patients. With this method the patient is insulated from heat loss and is able to generate their own heat. Passive external warming will raise the patient's temperature by 0.5° – 2° C/hr.

Moderate and severe hypothermia require more aggressive measures. These more aggressive methods of rewarming have serious potential side effects. The first of these is known as "core temperature afterdrop." This occurs when the cold stagnant blood in the periphery dumps into the core causing further drop in temperature. A second effect of aggressive warming is known as "rewarming shock." Vascular collapse can be seen with rewarming. As the vessels dilate, a depressed heart cannot contract effectively to maintain an adequate cardiac output.

Active external rewarming is an aggressive method. External heat is applied to the patient via heat lamps or forced air blanket. One study completed by Koller et al. reported using forced air rewarming on 5 patients and found no core temperature afterdrop with this method. This method will raise patients' temperature by approximately 2.4° C/hr.

In severe hypothermia, active core rewarming is necessary. There are many ways to achieve core rewarming; they are equipment and user dependent. One of the critical components of core rewarming is the amount of blood that will "pass by" the warmed area. The measures that work the best are those modalities that have a high blood flow, little overlying tissue to delay heat transfer, and exchange

the warming medium rapidly. Warming the oxygen on a ventilator works best for patients who are not in cardiac arrest. Every warmed breath passes the enormous capillary bed that has virtually no overlying tissue. The other advantage of warmed vented oxygen is its simplicity. This is a technique that can be rapidly used on any hypothermic patient in any Emergency Department. The next best method is peritoneal lavage. This requires a higher level of skill and specialized equipment as well as a longer time to warm the same volume of blood. Warmed IV fluids do little rewarming, but they are part of the mainstay of treatment as the administration of room temperature fluids are associated with further cooling of the patient and has been linked to causing ventricular fibrillation. Lavaging the bladder or stomach is generally not helpful since blood is shunted away from both when the patient is cold, and the volume held in each cavity is small.

A more aggressive technique is closed thoracic lavage utilizing 2 chest tubes. One tube is placed anterior and the other posterior (preferably on the left side). Warmed fluid is then instilled via one tube and drained by the other. For patients in arrest the most effective method of rewarming is extracorporeal circulation, using a warming circuit with a heart lung pump. There's limited availability.

Other important considerations surrounding hypothermia are the administration of medications and defibrillation. Many medications are not helpful in severe hypothermia, and they may cause toxicity as the patient warms. Medications that are considered useful are glucose, vasopressors, and Lidocaine. Defibrillation should be attempted at standard energy. If unsuccessful it should be deferred until the patient has reached 28° C – 32° C. Many of these patients will require large amounts of IV fluids. Placing a central line to monitor CVP is a good way to monitor the patient's fluid status.

There are some new developments for the treatment of severe hypothermia. Currently under investigation is the use of IV fluids heated as high as 65° C. Studies in animals have been promising, doubling the rate of rewarming without any significant complications. The use of diathermy is also being investigated for use in warming. This technology uses high frequency electrical current to produce heat.

The key to treating hypothermia is early recognition so effective warming measures are implemented. Knowing the consequences of our actions and being prepared to treat any side effects is paramount for patient survival.

#### References:

Corneli, H. Environmental emergencies: hot topics in cold medicine. *Clinical Pediatric Emergency Medicine* 2001.

Schinco, M., Tepas, J. Beyond the golden hour: avoiding pitfalls from resuscitation to critical care. *Surgical Clinics of North America*; 2002

Holleran, R. Flight nursing principles and practice; second edition: 526-539.

**NEW YORK STATE  
EMERGENCY NURSES ASSOCIATION  
PRESENTS  
CEN REVIEW COURSE**

*This program is designed to help the emergency nurse prepare for the emergency nursing certification exam. The program provides an overview of topics covered in the exam as well as test taking and study strategies.*

**DATE:** AUGUST 15 , 2003

**TIME:** 08:30 - 17:00

**PLACE:** Best Western  
Route 9  
Poughkeepsie, NY

**Cost:** \$ 75.00 ENA members  
\$ 85.00 Non- ENA members

Registration includes meals, course handouts, and continuing education certificate.

**For further information call: (845) 454-3202**

---

***Registration***

Make checks payable to New York State ENA

**Mail registration to:** Marylou Killian  
129 Stringham Road # 20  
LaGrangeville, NY 12540

NAME: \_\_\_\_\_

ENA NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## PROFESSIONAL DEVELOPMENT COMMITTEE NEWS

The committee met at the NYSCENA Council Meeting held in New York City on May 3, 2003 with the following items on the agenda: ENPC and TNCC Instructor courses, Instructor "bridging" practices, schedule of upcoming programs, and to discuss proposed programs for Setting the Pace, 2004.

There will be an EPNC and a TNCC Instructor program offered on Friday, November 9, 2003 at the Turning Stone Resort and Casino in Verona. All interested persons must submit the following:

- A copy of your current provider card for the respective program
- Current resume
- Letter of commitment to teach the program at least once annually; please indicate which program in your letter.
- Letter of support from chapter president OR a colleague with whom you have taught a program ( e.g.: inservice, ACLS, etc.)

Please send to: Cathy Norton Lind  
141 Beach 207<sup>th</sup> Street  
Rockaway Point, New York 11697

Submissions must be received by July 30, 2003. Applications will be reviewed by Committee members at the meeting to be held on August 16, 2003 in Poughkeepsie. Candidates will be notified via mail (or e-mail if preferred).

There will be 8 slots for ENPC and 8 slots for TNCC.

Current ENPC or TNCC Instructors wishing to "bridge" to the other program must contact Cathy Lind at 718-634-6765 (H) or 718-240-6512 (w) or via e-mail: clind@brookdale.edu or harbor97@aol.com.

Several concerns have been raised by National ENA Course Operations. Joan Mika, course operations director for ENA has relayed the following information for all instructors:

### ATTENTION: NYSENA DELEGATES

Please RSVP to Sue Knapp by July 31st if you intend to be at the August State Council meeting and will be joining the group for lunch. (lunch reservations required) Contact Sue at 315-524-4883, or rknapp5@rochester.rr.com.

### ATTENTION: ALL MEMBERS

The website has been updated and we are looking for comments on the website, both for form and for content. You will notice that certain portions are under construction and we would like feedback before continuing. Email msr4life@ix.netcom.com. Indicate under subject: website.

### Not as computer savvy as you would like?

To obtain help in developing your computer skills, try your own personal consultant. Find answers to your questions.

Brian O'Toole  
(P) 516-697-5134  
(F) 253-563-4521  
(M) otoole1312@yahoo.com

Get assistance with:

Computer Support  
Network Support  
Website Design and Maintenance

1. Each participant must have their *own* manual (no sharing)!
2. All manuals must be paid for in advance before shipping (in other words, submit the payment for manuals with the course application).
3. Applications for courses should be submitted as early as possible (six weeks or more in advance of the course).
4. Post course materials must be returned with appropriate payments within one week of completing the course.
5. All participant information must be on the Scantron forms.
6. Course directors must request that participants do not place "0" for an instructor if the section does not apply (e.g.: skill station or lecture if the instructor was not taught that part of the program).
7. Instructor candidates are not considered in the faculty-student ratio.
8. Every instructor must have their own instructor supplement.
9. Any individual that audits a course must be charged the indirect fee (\$60.00). Assure that auditors are marked in the Summary Performance Sheet. They may practice the skill stations and receive CECHs. They do not receive a provider card.

Several topics that were raised at the committee were forwarded to the Conference Committee for review. Some suggestions were: Risk Management, Pediatric Cardiology, EKG reviews and a Wound management Workshop.

Respectfully submitted,  
Cathy Norton Lind,  
Chair

Contact your Chapter Chair to learn about activities in your area:

#### Adirondack

Lori Barker: Bark518@aol.com

#### Brooklyn-Staten Island

Veronica Flynn: bjfref@aol.com

#### Chatt

Michelle Silliker: 716-373-0735

#### Central

Sharon Southwick: ssouthwickus@yahoo.com

#### Genessee

Sue Chalupa Breese: rbreese1@rochester.rr.com

#### Lower Hudson

Helen Keating: golfers@bestweb.net

#### Manhattan-Bronx

Anna Hassell: anna.hassell@ngsc.org

#### Mark Twain

Bernadette Josbeno Oakes: bjosbeno@stny.rr.com

#### MidHudson

Sue Prezzano: tnc136@aol.com

#### Mohawk

Anna Giannico: agiannic@stemc.org

#### Nassau-Queens

Cathy Lind: harbor97@aol.com

#### Southern Tier

Mary Ellen Jennison: Mary\_Ellen\_Jennison@uhs.org

#### Suffolk

Glenda Miranda: gmiranda@bmhmc.org

#### Western

Joanne Fadale: 716-648-7843

## ASK THE CLINICIAN

Susan Strauss

### Is there a research recommendation for nurses to use so that when they draw blood the specimen does not become hemolyzed?

I found a paucity of research related to nursing technique and phlebotomy, so I decided go to the phlebotomists at my local institutions to query them and see if they could direct me to published paper(s). Anecdotally, I got just what I had suspected and believed all along - Bigger Is Better. The best way to prevent hemolysis of a specimen is to draw from the largest vessel available and with the largest needle possible. But the truth is what you want is not always what you get. The NCCLS, an international standards organization for clinical laboratories has published two recent guidelines that address the issues of preanalytical factors. These recommendations are summarized in an article *Collection, Handling, Storage of Coagulation Specimens*, Arkin, Charles F., January 2002 available at [www.ADVANCEforAL.com](http://www.ADVANCEforAL.com).

Basic recommendations are as follows:

- Avoid obtaining blood via syringe from the IV catheter site when possible. If you do use a syringe, it should be 20cc or less. This decreases the chance that the blood will clot prior to transfer.
- Withdraw the plunger SLOWLY and steadily. Transfer using a 20-18g needle.
- Do NOT force blood into the tubes. They should fill spontaneously and it is recommended that they be 90% full.
- The coagulation specimen should be collected into the second or third tube. This aids in eliminating contamination factors.
- Hand veins should be avoided when possible, due to their diameter and torturous nature.
- Invert (stir don't shake) all blood tubes 5-10 times immediately after they are filled.
- The blood should be delivered to the laboratory as soon as possible with little agitation. i.e. not in your lab coat pocket.

Bottom line from one of the phlebotomists – “If your lab is calling you on a regular basis about hemolysis of specimens, it's time to evaluate the practice of both the lab and the ED.”

### What is the best practice to reduce the incidence of restraint use for older patients who exhibit episodes of confusion?

Boy, is this a hot topic!! When I started to practice, anyone who was the least bit confused or combative was restrained based on a nursing directive. That directive now will get you 5 to 10 in the state pen for assault, battery, false imprisonment, and a whole list of charges. In the last three years, the Kendal Corporation has monitored eighteen studies conducted that identify the negative physical and psychological effects of restraints. Even bedrails are defined as restraints. These studies show that restraints can actually add to the risk of falls and injury as the patient attempts to free themselves. The Centers for Medicare and Medicaid Services (formerly HCFA) state that patients have a right to be free from restraint or seclusion, and they prohibit the use of restraints for staff convenience, punishment of patients, or as a retaliatory measure. The August 2002 issue of JEN has several wonderful articles on the use of restraints, with caremaps and protocols for documentation. These articles stress the point that less is best these days. Initial steps of reorientation, modification of the environment and diversional activities need to be attempted and documented. Keeping beds at the lowest possible position, enlisting family or volunteers to sit with the patient all need to be addressed prior to the use of physical restraint. If physical restraint is required it must be the least restrictive possible and serve only to keep the patient safe. If the patient is attempting to remove an IV, a single mitt might suffice. Monitoring the patient's response and addressing basic needs must also be documented.

Recommendations for the chemical restraint in the elderly patients are rare. Many psychoactive medications cause orthostatic changes, dizziness, and akathesis and increase the risk of falls.

## CALL FOR CANDIDATES

The State Council is looking for candidates for officers and directors at large for 2004. As a member of the board of directors, you would be in a position to help shape the future of our organization. All of these positions provide networking opportunities as well as leadership development opportunities that may not be available to the emergency nurse in the course of their regular employment. The positions that are open in 2004 are:

**Director at Large:** (two year commitment) As Director at Large, an individual would be expected to:

1. Attend at least seventy five percent of the state council meetings and board of director meetings.
2. Assist the president in the day to day running of the organization as asked by the president.
3. Be available to advise chapters and serve as a LIAISON between the chapters, committees and the state council.
4. The director at large may also be asked to serve as a chairperson of one of the state council standing committees.

**Secretary:** (Two year commitment) The secretary is a member of the board of directors. The secretary's responsibilities include:

1. Record and disseminate minutes for the board of directors and state council quarterly meetings.
2. Attend at least seventy five percent of the state council meetings and board of director meetings
3. Be available to advise chapters and serve as a LIAISON between the chapters, committees and the state council.
4. With the president's assistance, compile a directory of chapter officers, representatives and committee chairs.

A laptop computer and printer are provided for the secretary's use.

**President-Elect:** (Three year commitment) The President-Elect is a one year term with the commitment to continue as president, and immediate past president. The responsibilities of the president-elect include:

1. Serve as timekeeper and parliamentarian for the quarterly State Council meetings.
2. Serve as chairperson to the awards committee.
3. Assist the president in the day to day running of the organization as asked by the president.
4. Attend at least seventy five percent of the state council meetings and board of director meetings.
5. Be available to advise chapters and serve as a LIAISON between the chapters, committees and the state council.

**Qualifications for all positions:** Candidates must be members in good standing of New York State ENA. While it is recommended that the candidate has been active either within their chapter or the state council, it is not a requirement. It is strongly advised that once a member decides to run for this position they attend the remaining state council meetings prior to the election.

Elections will take place at the fall meeting. If you are interested in running for one of these positions or need further information to make your decision please contact:

Marylou Killian  
(845) 454-3202 (home/fax)  
(914) 204-2663 (cell)  
Email: [MLK724@aol.com](mailto:MLK724@aol.com) (try last)

## AWARD PRESENTATIONS

At the Setting the Pace Conference in New York City, the NYSCENA presented awards and certificates of appreciation to five outstanding individuals.

Two Certificates of Appreciation were presented to volunteers for their support of ENA activities. Bob Breese was recognized for his outstanding job providing audio-visual support for the state conference. His troubleshooting kept the conference running smoothly. Bob did a professional job assessing, planning and trouble shooting wherever needed. He did it all with a smile, thanks, Bob.

Last year for the Razzle Dazzle Auction, NYSCENA donated a customized trip to New York City. This involved a lot of planning, and was made possible through the efforts of Gail O'Neil McSpaden, a travel agent who donated her services in organizing the trip. The winner, who hails from Philadelphia, said they had a wonderful time... so thanks to Gail for all her hard work!

NYSENA has four major awards they present. Three awards were given this year:

### Education Award

The recipient, Judy Jax, Trauma Coordinator at Winthrop Hospital, has been an active member of ENA as well as an Emergency Nurse for over 20 years. She was honored because of her role as an educator for trauma, emergency care, pre-hospital care, and disaster management. She is also the Chair for Injury Prevention Committee in NY. She is an

active, committed leader in ENA, someone who always gets the job done, and is a mentor to many. Congratulations Judy!

### Special Recognition Award

The Special Recognition Award was given to Kathy Carlson. Kathy was a member of the NYSENA for a relatively short time, yet she made a big impression on all. As editor of the ENA CEN Review Manual, Kathy recruited many of her NY colleagues to assist in writing the newest version. Kathy is a willing mentor and energetic worker. She's enthusiastic, totally supportive and always willing to lend a hand. Kathy has moved to Virginia. We miss her and know that Virginians will benefit from her many talents.

### Anita Dorr Award

Our most prestigious award is the Anita Dorr Award. Anita was one of the cofounders of ENA and hails from Buffalo, NY. The nurse chosen for this award was chosen not for the offices she holds or the chair positions she has held, but for the spirit she brings to all her efforts.

The winner for 2003, Mary Lou Killian, is always available to help and she works hard to ensure that projects are successful. She is truly dedicated to NYSCENA and its tradition of leadership. We congratulate Mary Lou and thank her for a job well done.

It is not too early to start thinking about award nominations for 2004. It is important that we take the time to recognize our peers for all the great things that they do. Don't just think about it... do it!



*Bob Breese receives his certificate of appreciation from President Sue Knapp.*



*President-Elect Mary Ellen Jennison presents the Kathy Carlson with the Special Recognition Award.*



*President-Elect Mary Ellen Jennison presents the Education Award to Judy Jax.*



*Anita Dorr Award winner, Mary Lou Killian.*



## ARE WE REALLY PREPARED FOR THE INEVITABLE?

Denise Harris, RN, BSN, CEN

Are we really prepared for a mass casualty event (MCE)? Can our hospitals survive another World Trade Center type incident? What about our daily challenges being interrupted and stressed by a biohazardous spill or release of a biochemical agent? Can our hospitals survive and recoup after being quarantined or even managing a suspected case of anthrax?

I recently took a four day course, sponsored by the US Public Health Service in conjunction with the Department of Health and Human Services, called "Healthcare Leadership and Administrative Decision Making in Response to WMD Incidents" at the Noble Training Center which is located at the former Noble Army Hospital at Fort McClellan. The course essentially puts you in real time scenarios at Noble Hospital in the fictitious city of Noble, USA. It was designed for ED nurses, physicians, hospital executives, hospital and EMS administrators and public health officials. We assumed roles similar to those at home and were put to the task of making decisions as if we were in the midst of a MCE. An MCE could be anything from an internal event like a chemical spill in the hospital or a bomb threat, to external events such as release of chemicals from a neighboring plant, or a biological event such as Severe Acute Respiratory Syndrome (SARS). All these can overwhelm your hospital's resources. Hospital Emergency Incident Command System or HEICS, a system meant to coordinate resources during a MCE. HEICS was put into effect. Incident Command, in conjunction with outside entities like the Department of Health, EMS, CDC, and FBI were challenged to make decisions in an effort

to handle the situation and recovery. There were opportunities to discuss and share experiences as well as to network with colleagues. It was interesting to me to find that other states feel we are so prepared since we went through 9/11. We have systems in place, but do individual hospitals and staff **know** the plan?

What I liked about the course was you really felt that you were going through a real event. It brought about the emotions one might feel if they were in the actual situation. It gave you a chance to experience HEICS and to evaluate recovery. How does a hospital recover, or do they? There was also opportunity to don "the suit" as I call it: Level B Personnel Protective Equipment (PPE), which included jumpsuit, respirator, rubber gloves and boots. I wore it for 10 minutes and found it quite uncomfortable. It gave me a new appreciation for the Haz-Mat teams and the military.

When the course was over, we were challenged to go back to our hospitals and improve our current disaster plans. We were encouraged to drill more often and disseminate information about the plan to all, not just the ED. I have taken courses over the years about bioterrorism, and put the information in the back of my mind. We must bring it to the forefront and really know it. Being prepared is the only way we will be able to deal with an event appropriately, safely, and confidently.

For more information on the course, visit [www.auburn.edu/research/vpr/noble](http://www.auburn.edu/research/vpr/noble) or contact Mary Davis at the Noble Training Center at 256-741-3600, or [mldavis@osophs.dhhs.gov](mailto:mldavis@osophs.dhhs.gov).

## COMMITTEE NEWS

### Injury Prevention

Please contact Committee Chair, Judy Jax, if you have attended an ENCARE Provider or Trainer course in the past year. Also, Take Care and Dare to Care, two ENCARE programs, are available on CD for ENCARE providers. Contact Judy if you would like a copy. Copies will be limited to those who have submitted ENCARE reports in the last year. Contact Judy at: [jjax@winthrop.org](mailto:jjax@winthrop.org) for these programs or information.

### Issues and Practice

The Legislative Breakfast has been scheduled for January 21, 2004 in Albany. Save the date. If you would like to volunteer to help, please contact Mary Lou Killian at 845-454-3202.

### Communications

The committee is seeking comments from emergency nurses on why they chose emergency nursing. They are also looking for pictures of ED nurses in their leisure time. The committee is also looking for creative ways to celebrate Emergency Nurses Day. Some of the suggestions include:

- Providing lunch or dinner for staff
- Gift raffle
- Small gifts for each staff member
- Sharing pictures, anecdotes, and ENA publications with staff
- Educational table in the lobby giving information about the ED nurses' various roles
- Providing cookies, membership forms, and congratulatory letter to all chapter hospitals

Send us your ideas. Mail to 43 Lehigh Ct., Rockville Centre, NY 11570.

## CHAPTER NEWS

### Mohawk Chapter

Congratulations to Coleen Vesely on her new job as Trauma Program Coordinator for Bassett Healthcare. Good Luck!

Congratulations to the staff at Bassett Healthcare. Bassett had an independent survey group come in to see how they stood in the eyes of the clients. The company is "The Jackson Group" out of Baltimore. The Emergency Department scored 4.39 points out of a possible 5. The surveyors said they have never had an emergency room score so high on patient satisfaction. This is the first time Bassett has done an outside survey like this. Two ED nurses went to Baltimore for the awards presentation last March.

### Adirondack Chapter

The chapter recently completed a membership survey to help give them direction for the future. They have been active with teaching programs, including Insulin Choices and Traumatic Brain Injury. They also provided an ENCARE program to teens about alcohol awareness.

Best of luck to Cathy Emerson Castle who is running in the Vermont City Marathon to raise money for the Leukemia and Lymphoma Society.

### Brooklyn -Staten Island Chapter

In addition to running a full schedule of educational programs, members want to congratulate Jean Gordon, an active member, on her recent adoption of a baby girl, Shanna Rose. It's been a special experience and both mom and daughter are very happy.



**EMERGENCY NURSES ASSOCIATION**  
New York State Council

PRSRT STD  
US POSTAGE  
**PAID**  
ROCHESTER NY  
PERMIT #1404

**2003 NEW YORK STATE COUNCIL  
EMERGENCY NURSES ASSOCIATION SCHEDULE**

CEN Review Course	August 15	Best Western Poughkeepsie, NY	TNCC Provider Course	Oct. 11/12	Rochester General Hospital Contact Kathy Karski 585-922-4732 Kathy.Karski@viahealth.org
Council Meeting	August 16	Best Western Poughkeepsie, NY	TNCC Provider Course	June 7, 8	St. Luke's Roosevelt, Manhattan Contact Meg Barry 212-305-2432
General Assembly	September 17-18	Philadelphia, PA	TNCC Provider Course	June 13, 14	Columbia Presbyterian Manhattan Contact Meg Barry 212-305-2432
Scientific Assembly	September 18-20	Philadelphia, PA	TNCC Provider Course	October 11,12	Rochester General Hospital Contact Kathy Karski 585-922-4732 Kathy.Karski@viahealth.org
ENPC/TNCC Instructor Course	November 7	Turning Stone Resort Verona, NY	TNCC Provider Course	Dec. 6, 7	North General Hospital Bronx Contact Meg Barry 212-305-2432
Council Meeting Election of Officers	November 8	Turning Stone Resort Verona, NY	CEN Review	Nov. 13, 14	Montiflore Med Ctr. Bronx Contact Lisa Kosits 718-920-5241
ENPC Provider Course	Sept. 30/Oct. 7	Rochester Contact Sue Knapp Rknapp02@rochester.rr.com 315-524-4883	Landmark Lawsuits	June 11	Brooklyn-Staten Island Contact Veronica Flynn bjfref@aol.com
ENPC Provider Course	October 1, 2	Erie County Medical Ctr. Contact Joanne Fadale 716-648-7843	Emerging Issues in ED Nursing	June 11	Douglaston, Queens Contact Mary Roth msr4life@ix.netcom.com
ENPC Provider Course	October 4, 5	Montiflore Med Ctr. Bronx Contact Lynda Levy 212-305-3202 LyndaLevy@lil9005@nyp.org	Triage First	Aug. 21/22	Contact Virginia Hebda vahn446@aol.com
TNCC Provider Course	Sept. 13/14	Columbia Presbyterian Contact Meg Barry 212-305-2432			
TNCC Provider Course	June 9/16	Suffolk County Contact Glenda Miranda 631-687-4093			
TNCC Provider Course	Oct. 11/18	Rochester Contact Sue Knapp Rknapp5@rochester.rr.com			

New York State Council Emergency Nurses Association Website:

**www.nysena.org**