

### Awards Presentations at the ENA State Conference

*Mary Ann Wylie, RN*

The New York State Emergency Nurses Association Awards were presented Friday, April 22, 1993, at the Holiday Inn in Rochester, New York. The recipients of the awards are:

#### **Anita Dorr Award**

***Gwendolyn Williams, RN BSN CEN***

"Gwen's dedication to emergency nursing is without measure." This is one of the many quotes about Ms. Williams, the 1993 recipient of the NYSCENA Anita Dorr Award. Gwen Williams has been an active member of ENA since 1986. She has been involved in all offices of the Genesee Valley Chapter, in which she is currently President. Gwen is currently a Clinician I in the emergency department, and a BLS instructor/trainer and ACLS instructor/coordinator at Rochester General Hospital.

Gwen is the immediate past president of NYSCENA, Secretary of NYSCENA (1988-1990), and General Assembly Delegate (1987-1992). She has chaired multiple committees on the state level and is now serving on National ENA's Government Affairs Committee. Gwen is very active in her commitment with the American Heart Association as a BLS and ACLS instruction/trainer. Gwen is a member of ANA, ATS, NYSNA, GVNA and Sigma Theta Tau. She has also served on the board of the Greater Rochester Chapter of the American Association of Critical Care Nurses.

"The dedication and commitment of her time, and herself have been instrumental in bringing NYSCENA to it's present state of professionalism." Gwen was nominated by Mel Wilson of the Suffolk Chapter of NYSCENA and 1993 President of NYSCENA.

#### **Education Award**

***Janice Rogers, RN MS CS***

As a pediatric clinical specialist at the University of Rochester Medical Center, Jan has been extensively involved "in the writing, teaching, and promotion of the ENPC Course both on a National and a State level."

Jan is currently the Chairperson of the National ENA ENPC Task Force and is Chairperson of the NYSCENA Pediatric Committee which directs ENPC activities in New York State. Within her Genesee Valley Chapter, Jan has served as "an instructor, researcher, consultant and community resource."

Jan is a PALS provider/instructor and a TNCC provider. She is also a member of Sigma Theta Tau and the Genesee Valley Nurses Association.

#### **Special Recognition Award**

***Virginia Knecht, RN BS CEN***



*Mary Ann Wylie (right) presents Virginia Knecht (left) with this year's Special Recognition Award.*

Ginny has been an active member of ENA since 1980. She is one of the founding members and Past Presidents of the Mark Twain Chapter by which she was nominated. Ms. Knecht is an ACLS provider/instructor, TNCC provider/instructor and a PALS provider.

She has been active in all aspects of pre-hospital EMS and is an A-EMT certified instructor, member of the Southern Tier Regional EMS Council and Past Chairperson for STRIEMS Council Training Committee.

Ginny has been a dedicated emergency nurse for over twenty years. She was the nurse manager of the emergency department at St. Joseph's Hospital, Elmira, NY, from 1972-1991. "She always sees the good no matter how bad the situation and always takes time out for everyone." She is well known for "her love for her fellow emergency nurses and her dedication to emergency nursing." Ginny "has been known to help care for her employees' sick and dying relatives, to counsel or console her nurses whether the problem has been personal or work related." ❖

Submit articles, comments  
or suggestions to:  
Susan Strauss, RN CEN  
CCRN, Editor or Jeanette  
Barth, RN BSN CEN,  
Associate Editor  
167 Hooker Avenue  
Poughkeepsie, NY  
12603-3305

## President's Address: Violence

Mel Wilson, RN BA BS CEN, 1993 President NYSCENA



Recently, much has been written about the almost daily exposure to violence and abuse emergency nurses face in their practice. Emergency nurses have to deal with many crisis situations in their profession and unfortunately, violence is edging its way up the ladder.

Certainly the shooting incident at Los Angeles County-USC Medical Center in February brought our hazardous situation to the attention of the media. Of course, no one had to bring it to the attention of anyone who works in the emergency department. It has been quite apparent to us in New York State and across the rest of the country that we can expect either verbal or physical abuse at some point in our careers.

The reasons for the violence and abuse have been delineated in article after article. Overcrowding and long waits for care contribute to increased stress. As stress increases, patients frequently express their frustration to the emergency department staff.

Vicky Bradley, Immediate Past President of National ENA stated in her President's Message in the December 1992 issue of *JEN*, that there has been another type of abuse that has gained attention: Workplace Abuse.

Emergency nurses are professionals who frequently work under chaotic and stressful conditions. While we are trying to find solutions to defuse stressful situations, we must ensure that we do not become abusive towards each other. Nothing can be gained by lashing out at a colleague. We have to stand and support each other no matter what the provocation. We must work together to find solutions. ❖

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## The News On the Emergency Nursing Pediatric Course

Jan Rogers, National Pediatric Task Force

Many nurses have asked, "What is the difference between the Emergency Nursing Pediatric Course (ENPC) and Pediatric Advanced Life Support (PALS)?"

ENPC is a two-day comprehensive pediatric nursing course developed through the Emergency Nurses Association. This course integrates both lecture and psychomotor skills. It includes information on resuscitation, trauma, pediatric variation, medical emergencies, triage, transport, legal issues, preventative strategies and many other topics. CECH's and verification cards are awarded to nurses who successfully complete the course.

PALS is a two-day course developed by the American Academy of Pediatrics, which focuses on pediatric and neonatal resuscitation through lectures and skills stations. PALS emphasizes the early identification and initial management (including Basic and Advance Life Support Skills) of respiratory failure, shock and cardiopulmonary resuscitation. Verification cards are provided upon successful completion of the course.

Both are excellent courses. While PALS focuses primarily on resuscitation, ENPC takes a more comprehensive approach to pediatric

emergency nursing care. Both courses include pediatric resuscitation. The ENPC presentation of resuscitation is consistent with PALS standards and the *JAMA* recommendations.

ENPC courses are currently being taught in various states. New York State has twelve well qualified instructors who are pleased to announce the dates and locations for the first ENPC courses to be offered in New York State.

**October 15-16, 1993**

Strong Memorial Hospital  
Rochester, New York

Coordinator: Jan Rogers, RN MS CS  
(716) 275-4954 or (716) 346-6202

(continued on page 3)

*New York State Council News* is published quarterly. The opinions expressed in this newsletter are not necessarily those of the New York State Council of the Emergency Nurses Association.

President . . . . .	Mary Ellen Wilson
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Treasurer . . . . .	Patsy Ballard
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Past President . . . . .	Gwen Williams

# Tidbits

## Staffing Models Sought

Nurse Manager of a Level II Trauma/Emergency Department which averages 25,000 patient visits per year is looking for resources. Information is needed regarding staffing models and productivity measurements. The hospital recently down-sized staffing levels due to a decline in the inpatient census; however, the emergency department volume remains constant. I am looking for methods to utilize in demonstrating staffing requirements.

### Please Contact:

*Maureen Tuite, RN*  
Nurse Manager, Emergency Department  
Arnot Ogden Medical Center  
600 Roe Avenue  
Elmira, NY 14905  
(607) 737-4194

## Nursing Scope of Practice

The position statement on the *Use of Non-Registered Nurse Caregivers in Emergency Care* has been revised. The ENA Board of Directors has made this issue their number one priority for this year, according to Eleanor Kirsch, Deputy Executive Director of the Emergency Nurses Association. In fact, the National Office is tracking the prevalence, incidence and trends surrounding emergency nursing scope of practice in all states. If there are any issues affecting the emergency nursing scope of practice in New York State, please contact:

*Mel Wilson, RN BA BS CEN*  
65 Clovercrest Drive  
Rochester, NY 14618  
(716) 244-5085

## New York State Council Reception

The New York State Council of ENA will hold it's annual open house reception at the Scientific Assembly in Seattle,



The newsletter of the New York State Council of ENA currently has a circulation of 1800, is published quarterly, and reaches all ENA members within New York State. NYSCENA accepts paid advertisements for products or services that relate to emergency nursing within New York State. Ads are subject to committee approval prior to publication. Advertisements must be camera-ready and reducible.

Advertising space and price (per issue):

1/8 page (3" x 2") . . . . \$40

whole page . . . . . \$300

Make checks payable to NYSCENA and send to Susan Strauss, RN, Editor, 167 Hooker Avenue, Poughkeepsie, NY 12603-3305.

The New York State Council of ENA disclaims any responsibility or liability for advertising material and does not guarantee, or endorse, any product or service advertised.

Washington, Saturday, September 11, 1993. All New York State registrants to the General & Scientific Assembly are welcome to attend. Look for our Poster at the General Assembly for the time and place.

## 1993 General Assembly Bylaws and Resolutions

The following are the proposed Bylaw amendments and resolutions to be discussed and voted on at the General Business Meeting in Seattle, September 6 and 7, 1993:

### Proposed Bylaw Amendments

93-01 - Increasing the size of the ENA Board of Directors by one seat and extending voting privileges to the Immediate Past President.

93-02 - Changing the eligibility requirements for board members.

93-03 - Decreasing the length of terms for Directors-at-Large.

93-04 - Limiting years of service on the Board of Directors.

### Resolutions:

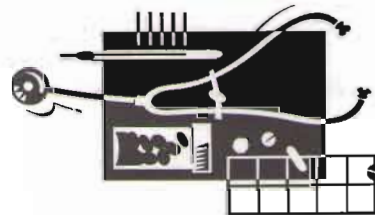
1. Emergency department management of patients exposed to hazardous materials.

2. Family presence at the bedside during invasive procedures and/or resuscitation.

3. Recommendations for minimum education for emergency nurses caring for pediatric patients.

## Southern Tier Teaching Day

The Southern Tier Chapter will be presenting their Annual Teaching Day October 13, 1993, at the Oneonta Holiday Inn. For information about topics and costs contact Mary A. Thuma, PO Box 128, Schuylers Lake, NY 13457, or call (315) 858-2535. ❖



(Pediatric Course—continued from page 2)

November 5-6, 1993

Regional Emergency Medical Organization REMO  
Albany, New York

Coordinator: Mary Lou Killian, RN MSN CEN  
(518) 454-1315 (Ext-1079)

Two courses are being planned for 1994, in January and February, to be given in the New York City/Long Island area. We are looking forward to bringing ENPC courses to New York State and encourage you to attend. As more instructors are verified we will be able to offer an increasing number of courses. If you are interested in having a course in your area, contact Jan Rogers at (716) 275-4954. ❖

## Officer Candidates for 1994

### President-Elect

#### **Michelle Silliker, RN CEN**

Michelle has been an active member of ENA since 1987. She has been a General Assembly delegate representing New York State at each General Assembly since 1987. She has been a Chatt Chapter Delegate, Chairperson of the Membership/Newsletter Committee, Chairperson of the Public Awareness Committee, and State Council Secretary. She has been a member of the New York State ENA Trauma Committee involved in verifying TNCC instructors for the state. In 1989, Michelle received the State Council Special Recognition Award.

Ms. Silliker is active in the pre-hospital arena as a member of the Cattaraugus County EMS Enhance 911 Committee and in teaching and precepting of AEMT-CC's. An avid skier, Michelle is a member of the National Ski Patrol (NSP) and works at Holimont in Ellicottville, NY. She wrote for the NYSCENA newsletter on skiing knee injuries recently.

Michelle received her RN in 1973 from Falls River School of Nursing and is currently completing work for her BSN. She has received certifications as a CEN, EMT, NSP Instructor, TNCC Provider/Instructor, ACLS and PALS. She is currently employed in the emergency department at Olean General Hospital.

#### **Susan F. Strauss, RN CCRN CEN**

Susan is presently a staff nurse at St. Luke's Hospital in Newburgh, New York. She has been the editor for *NYSCENA News* since 1991. She is the Chairperson of the NYSCENA Membership Committee and is serving her second year on the Board of Directors for the New York State Council of ENA. Ms. Strauss has been a New York State Delegate to the National ENA General Assembly for four out of the last five years. Susan is co-chair for the 1994 "Setting the Pace" conference to be held in West Point, NY.

Ms. Strauss would like to see an increase in focus on education and research. She is a frequent lecturer for her Mid-Hudson Valley Chapter and was a speaker at the 1992 "Setting the Pace" Conference. Susan is active on a local level with the American Heart Association's educational offerings and was the program chairperson for their recent conference on Women and Heart Disease.

Susan graduated from the Medical College of Pennsylvania School of Nursing. She is currently pursuing her BSN for SUNY's External Degree Program. Ms. Strauss holds certifications for ACLS, MICN, CEN, CCRN and TNCC provider/instructor.

### Secretary

#### **Jeanette Barth, RN BS CEN**

Jeanette has served at all levels of office within the Suffolk Chapter of ENA. Ms. Barth was Treasurer of the NYSCENA in 1991-1992 and a New York State Delegate to ENA National General Assembly in 1988, '90, '91, '92. Jeanette

was one of the first members in New York to become a ENPC instructor candidate in April of this year. She is presently employed with North Shore University Hospital as a Clinical Nurse III in the emergency department.

In 1986, Jeanette became a member of the Dix Hills Fire Department Rescue Squad. She received the 1990 Rescue Person of the Year Award from that squad. Jeanette has been the Suffolk ENA's representative to the Regional EMS Council since 1991, serving on the Resource Needs and Government Affairs Committees. In 1991, she received the New York State ENA EMS Award for her contribution to emergency nursing in the field of EMS.

Ms. Barth received her BSN in 1983 from the SUNY Regents External Degree Program. Her present certifications include CEN, BLS instructor, ACLS, EMT-CC, and TNCC.

#### **Cliff Green, RN CEN CNP**

Cliff is a 1971 graduate of Corning Community College. He pursued his education while working in emergency and critical care. After obtaining his BS, he completed the Nurse Practitioner Program at SUNY Upstate in 1981. He is currently working as a practitioner in the emergency department at Crouse Irving Memorial Hospital. In addition, he holds certifications in ACLS, BLS and TNCC.

Cliff was instrumental in the recent NYSCENA Bylaws revisions. He is active in his Central New York Chapter of ENA serving as secretary for three years and as a member of the Education and Government Affairs Committees. He has coordinated local teaching days for nurse and actively teaches EMTs.

#### **Mary Goyette, RN BSN CEN**

Ms. Goyette is currently employed in the emergency department at St. Peter's Hospital in Albany, as a Clinical Staff Nurse. She is involved in the education of emergency nurses and teaches classes for her department on Environmental Emergencies and Professional Issues. She is a graduate of Russell Sage College and Samaritan Hospital School of Nursing. Mary is an ACLS provider and received her CEN in 1989.

Mary has been a member of ENA since 1985. She has held many Adirondack Chapter offices including Treasurer in 1992 and President-Elect in 1993. She has been active in planning and teaching chapter teaching days. Ms. Goyette became active in the NYSCENA in 1992 and attended the National General and Scientific Assemblies that year as a representative of New York State. ❖



This is part one of a two-part series on violence and safety in the emergency department.

## Violence and Your Safety in the Emergency Department

Susan F. Strauss, RN, CEN

**H**elp! Help! Someone call security! Get the leathers!  
He has a gun!

These statements cause a rush of adrenaline and fear in every emergency nurse and patient in your department. In one recent study 49 percent of assaults in hospitals took place in the emergency department. Several incidents have heightened the awareness of violent behavior, including the killing of a nurse at the Alta View Hospital in Utah and the wounding of three emergency physicians at Los Angeles County (USC) Medical Center.

A survey was conducted by the New York State Council ENA (see attached) to help evaluate emergency nurses perception of violence in the emergency department. Two hundred eighty nurses responded to the survey. The type of emergency department (rural, teaching, urban) was not specified.



### Have you every been struck or physically threatened by a patient?

Ninety-two percent of the respondents stated that they had been assaulted by a patient. The most common reaction was anger. Other reactions included shock, disbelief, fear, retaliation, called for help, and ducked. These are not unlike the emotions of most victims of assault. The feeling of anger is intensified by the idea that we are there to "help" this person. This problem is not only seen in the USA, a questionnaire by the University College Hospital in London showed only 17.3 percent of accident nurses had never had an encounter with physical violence.

### Can you identify potentially violent patients prior to violent behavior?

Eighty percent stated they could. If we are so good at identifying violent patients, why do we have such a high assault rate? It is true that the nature of the patients and the stress in which we work, play a role in displaying the violent nature of our society today. It is also true that shock and anger are the emotions most commonly felt because we don't expect it to happen to us.

### Should the emergency department nurse press charges on these patients?

Seventy-five percent of the nurses polled said yes. One study encouraged pressing charges as a method of releasing feelings of impotence that all victims feel. The psychiatric population believes that the intoxicated, psychiatric or sub-

stance abuser who strikes a health care worker should have charges pressed against them. As in all behavior modification practices, ignoring an inappropriate behavior show that behavior will be tolerated. The patient must know that their violence is unacceptable and will not be excused.

### What type of patient do you feel is the highest risk for violent behavior?

Most nurses ranked the psychiatric and substance abusers at high risk. A recent study showed no greater threat of violence in the psychiatric patient if the patient is treated adequately. All patients listed are potentially at risk for violent behavior. One study of a security department showed that 20 percent of violent episodes were caused by visitors of patients.

### In what patients are chemical restraints appropriate?

Most of the respondents felt the use of chemical restraints was limited to psychiatric or substance abusers. The head injury or the intoxicated patient who's neurological status must be frequently evaluated may be treated with psychotropic agents. It serves to decrease the intracranial pressure in the combative patient without change in the GCS. In the severely combative head injury patient intubation and muscle relaxant should be implore prior to staff injury. Chemical restraints are documented to be safe and effective and the emergency nurse should be well versed in their indications and use.

### Do you feel that an RN should be allowed to institute physical restraints while seeking a physician order?

Ninety-nine percent where in agreement with a nurse instituting restraints. The usage of restraints is supported in a 1982 Supreme Court decision (Youngberg v. Romero) that states a patient could be restrained if justified to protect others or self in the clinical judgment of the health professional. The Federal Drug Administration is attempting to encompass restraints as a prescription to be dispensed only with an order.

### Do you have security guards stationed in the immediate vicinity of the emergency department?

Only 35 percent responded yes. Some studies show anywhere from 50-80 percent of all violent acts within a hospital occurred in the emergency department. Nurses have taken on a role of policing their departments. Ninety-two percent of the respondents stated they want full time security officers. Thirty-five percent stated that they would like armed security guards. Do we want weapons of any type in our emergency departments?

### Do you believe a metal detection device should be installed in your emergency department?

Sixty percent of the nurses stated that they would like to have a metal detection device in their emergency department.

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*(Violence—continued from page 5)*

One hospital confiscated 300 weapons per month using a metal detector. King Drew Medical Center in Los Angeles, reported that 25 percent of the major trauma patients that presented to their Level I Trauma Center were carrying lethal weapons. There are many potential weapons found in the emergency department, such as scalpels, needles, oxygen tubing, etc. These implements will not be stopped with the use of a metal detector. The need for such technology would have to justify the cost and training required to install and maintain, and would not preempt the need for staff safety training.

**Do you believe your emergency department handles violent/potentially violent patients well?**

Fifty-five percent believed that their security department did not handle these patients well. Despite the conceivable danger, cost and harm inflicted by violent patients there is a lack of training and education. Techniques to avoid further bodily damage must be taught to security and health care personnel.

To quote Tim Dufelmeiser, RN, a nurse present in the emergency department during the recent LA shooting, "the problem has been mentioned in staff meetings since Jesus was a little boy." Emergency nurses need to study and evaluate the potential for violence in their own emergency departments. Only through documentation and research can we make "our" problem the problem of the hospital and the community that we serve.

I would like to thank the New York State Council and the emergency nurses of New York State for their participation in collection of this data. - S. F. Strauss ❖

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New York State Council Emergency Nurses Association  
PO Box 23451  
Rochester NY 14692-3451

## Calendar of Events

### SEPTEMBER

- 7 National Board of Directors Meeting, Seattle, WA
- 8-9 National ENA General Assembly, Seattle, WA
- 10-12 National ENA Scientific Assembly, Seattle, WA
- 28 Genesee Valley Chapter Educational Meeting,  
**Topic - Epiglottitis**

### OCTOBER

- 13 Emergency Nurse Day
- 22-24 New York State EMS Conference, Vital Signs '93  
Albany, NY
- 21-24 New York State Nurses Association  
Annual Meeting, Saratoga Springs, NY
- 21 Genesee Valley Chapter  
Executive Committee Meeting

### NOVEMBER

- 18 Genesee Valley Chapter  
Executive Committee Meeting
- 19-20 New York State Council ENA Meeting  
Albany, NY

### DECEMBER

- 6 Genesee Valley Chapter Christmas Party
- 16 Genesee Valley Executive Committee Meeting

Do you have an upcoming event that you would like placed in the calendar? Send a postcard with the time, date, place and contact person to: Susan Strauss, 167 Hooker Ave, Poughkeepsie, NY 12603-3305. ❖

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