



The Pulse

Sacramento Chapter ENA News

May 2014

News from the President

We are well on our way to a very busy and productive year for Sacramento chapter ENA. We were pleased to host the state meeting in March as well as Legislative Day. We have held two in person meetings with CE provided for our members. The meetings have been well attended. Our last meeting, held April 29th, included 16 student nurse attendees from Sacramento State. Heather Venezio spoke on Care of the Psychiatric patient in the ED. We also spent time reviewing and revising the chapter by-laws to be consistent with State and National by-laws. Our next in person chapter

meeting will be held on June 16 and Dr. Jones will be speaking on Violence in the ED. Food and CEs will be provided.

Our Simulation event was very successful. The evaluations were all positive. The cases presented were snake bite, hypertension, malignant hyperthermia, and trauma. We plan to repeat the Simulation event in the fall, requested topics include pregnancy and eclampsia. We are planning to invite a speaker for half the day and simulation for half the day. Thanks to Jen Denno for organizing these educational events. She does a fantastic job.

Don't forget our state educational event on August 7 in Lake Tahoe. There are plenty of good speakers presenting and the event will be held at Harvey's Casino so you can get in some fun time while learning.

Don't forget to vote in the National ENA elections going on right now. Submit your voting receipt to the State to be entered in a drawing. Submit your voting receipt to Sandy Bauman at srb1116@msn.com to be entered into a drawing for a registration to the state conference in August.

Delegate applications are due by June 5.

Inside this issue:

<i>Education</i>	2
<i>Trauma</i>	2
<i>Practice</i>	2
<i>Social Media</i>	3
<i>Emergency Preparedness</i>	4-7
<i>Upcoming Dates</i>	8

Chapter leaders and members attend State ENA Meeting

March state meeting was held in Sacramento. Jen Denno attended. We had another great state meeting with chapters representatives from all over California. We met at the Hyatt right across from the Capitol following Legislative Day. Committees met in the morning to discuss various topics such as trauma, pediatrics, quality and safety,

and government affairs. You can read all the committee reports in The Monitor newsletter on the Cal ENA website. These are great meetings to meet ED nurses from all over and learn ways that other hospitals are solving problems you may have in your hospital. All members are welcome to state committee and board meetings.

May state meeting was held in Riverside, CA. Sandy Bauman and Diane Schertz attended. Each chapter was asked to contribute \$1.50 per member to the ENAF state challenge. We have close to 500 members so Sacramento Chapter will be donating \$750.

• Want to learn more? Check out the ENA State Council website and the National ENA website:

- www.calena.us**
- www.ena.org**

Leadership and Practice

Marcus Godfrey and California ENA received a \$50,000 grant from National for a violence study. The study is taking place in Southern California in the Ventura area. Health Care Workers will be surveyed for any violence, any shift for one month. If the study goes well, it will expand to a statewide study.

California ENA is seeking support for two resolutions proposed for the General Assembly in October. One is related to Prescription Drug Abuse. We are asking the ENA to develop guidelines to create education on pain management strategies, medication storage, and proper medication disposal so that it does not get in the hands of our young people. The other is related to Mild Traumatic Brain Injury and the importance of ENA being a resource for current care practices. . If you know anyone in leadership positions in other states who could sign on in support, contact Kathy Van Dusen (Kathy.VanDusen@stjoe.org)

Trauma

The Trauma Committee announced the roll out of the 7th edition of TNCC. The new books are now available and instructors need to complete the updates. Both edition courses can be offered through June. June 30th is the last day to hold the 6th edition course. Information on the 7th edition roll out is available at www.ena.org and

www.traumacalena.com. The 7th edition contains more information about the mechanism of injury than previous editions. The trauma committee had a positive balance of \$15,000 that was moved to the regular state budget at the end of the year. The trauma committee held several instructor courses over the past year.

Next State Council Meeting is August 8 in Lake Tahoe

Education committee

Tobin Miller is the chair of the state education committee. He can be reached at tobinjmiller@hotmail.com if you need to arrange for CE for a meeting. The education committee is planning a conference on August 7, 2014 in Lake Tahoe immedi-

ately preceding the state council meeting on August 8. The education committee is also planning ER Update at Sea in November. There were approximately 25 people at the event this past November. The Queen Mary can hold 50 people in the

conference room so registration will be open to 50 for the event this coming November. The ship will sail to Mexico. The proposed dates are November 9 through 12.

ENA Leadership Convention/ Scientific Convention

Many Sacramento chapter members attended the National ENA Leadership conference in Phoenix, AZ. Andrea Perry and Jen Denno presented as faculty which was a great experience. The first day of Leadership is a full day of training for chapter and state leaders which Sandy and Jen found invaluable. There was a large vendor hall, ENA

marketplace, a wellness station, and many excellent educational sessions covering a wide variety of topics.

The next National ENA event will be in October in Indianapolis, IN. This is the Scientific Assembly which offers wonderful education and the General Assembly. All members are encouraged to apply

to be a delegate at the National Assembly-it is a fun and exciting experience. There is reimbursement and mentoring available. Delegate applications are due June 5 Applications and more information are available on the Cal ENA website.

Using Social Media to Promote the CEN

Lindsay Lawless BSN, RN, CNRN, Bruce Gittings, RN MSN CNL

Background

In today's busy lives, it is difficult to form study groups or to get days off for classes. The use of social media among nurses across all age groups (digital native to digital naive) is increasing. More digital-naïve nurses are becoming accustomed to technology in their workplace with electronic health records and in their daily lives with smartphones. The Certified Emergency Nurse (CEN) certification is specific to emergency nursing and measures the attainment of a defined body of nursing knowledge pertinent to that specialty. Currently, more than 28,000 nurses hold the CEN certification. Some of the goals of promoting the CEN include:

- Establishing a level of knowledge, competency, requirements and achievements;
- Measuring the attainment of a defined body of knowledge needed to function at a current, competent level;
- Encouraging participation in continuing education;
- Promoting professional development and career advancement;
- Providing employers, patients and peers a mechanism to recognize knowledgeable professionals; and

Promoting self confidence

Implementation

Facebook is available as an application for smartphones, tablets, and personal computers. It features private groups that require an invitation for content to be seen. The ability to add pictures and files made this the best app for trialing a CEN prep group amongst the staff nurses in the Emergency Department at the University of California, Davis Medical Center. The idea began as a challenge among a small group of nurses but many colleagues expressed enthusiasm for participating. A small private group was started, and utilizing existing "Facebook friend" networks as well as word-of-mouth, new members were invited. Every few days questions were posted with a theme, "Tachy Tuesday", "Trauma Thursday", etc.

Members became engaged with the content material and were able to initiate discussions of question rationales. The small group quickly grew to 44 members with over 120 CEN review questions posted from various study manuals. Community events hosting CEN review classes were created in the group and served as a re-minder to members to register and make arrangements to attend.

Results

The group members embraced this use of social media and began actively utilizing its potential to enhance their review and provide motivation to study for the CEN. Communication began to evolve and awareness about the CEN was gained throughout the emergency department. Group members indicated they felt more engaged in the process and used the questions posted as opportunities to hold themselves accountable to review content. The group continued to gain attention and facilitated the idea to celebrate certified nurses in our unit specifically on Certified Nurses Day. The group was formed for 4 months and 3 out of the 44 members took the necessary steps to register for the examination who weren't already planning to sit for the examination prior to the creation of the Facebook group.

Active Shooter: When the Unthinkable Happens

By: ErikAngle, RN, MICN, KJ6YJD

Sacramento Chapter ENA Member

Active Shootings and Mass Killings, while rare, have been occurring in the United States for many years. News Media and Social Media have brought these to light in often graphic and unfortunately glorified ways. Per the New York City Police Department report *Active Shooter: Recommendations and Analysis for Risk Mitigation* there have been a total of 324 Active Shooter Incidents worldwide from 1966-2012. The United States has most in the world at 271 with the runner up being Canada with only 8 Active Shooter Incidents in that same time frame. Between 2000-2011, there were a reported 159 Hospital Based shooting incidents. These Hospital Based shooting incidents were not rage or mass killing type incidents, but usually tied into revenge, suicides and euthanasia of terminally ill family members. Of the Hospital Based shooting incidents, 59% of them occurred inside the facility and 41% occurred outside the facility, such as in parking lots.

So, what is an **Active Shooter or Mass Killer**? Definitions vary and there is no one set stereotype. An **Active Shooter or Mass Killer** is an individual actively engaged in killing or attempting to kill people in a confined space and populated area; in most cases, active shooters use firearms and there is no pattern or method to their selection of victims. The person has no intention of robbery or hostage taking. Aim is generally to create a high casualty rate and potentially mass media coverage to make some form of statement before being confronted by police. *Not specific* to any age, gender, race, religion or nationality. **Active Shooters and Mass Killers** routinely plan for weeks, months or even years for the incident.



From investigations and analysis, many Active Shooters or Mass Killers were described as social isolates; they harbored feelings of hate and anger against individuals, groups or genders, and/or had some reported contact with mental health professionals. Mental illness and family dynamics are commonly referenced as potential contributing factor, but the impact of these on the attack can only be speculated and must be looked at and analyzed closer. Very few active shooters had previous arrests for violent crimes. Common catalysts or triggers observed include may include, but not limited to, loss of significant relationships; changes in financial status; loss of a job; changes in living arrangements; major adverse changes to life circumstances and feelings of humiliation or rejection on the part of the shooter.

From the *2013 Hartford Consensus*, designed by a team of The American College of Surgeons and the Federal Bureau of Investigation, they created guidelines and standards for response and survival for EMS, Fire and Law Enforcement personnel in **Active Shooter and Mass Killer Incidents** based on the acronym **THREAT**:

- Threat suppression**
- Hemorrhage control**
- Rapid Extrication to safety**
- Assessment by medical providers**
- Transport to definitive care**



Additionally, in the *2014 Active Shooter Planning and Response in a Healthcare Setting*, created by the Healthcare and Public Health (HPH) Sector Critical Infrastructure Protection (CIP) Partnership created guidelines and standards for response and survival in an Active Shooter and Mass Killing Incident in a healthcare setting based on the acronym ALICE:

- Alert** – Can be anything from announcement to hearing gunshots.
- Lockdown** – This is a semi-secure starting point from which to make survival decisions. If you decide not to evacuate, secure the room or unit you are in.
- Income** – Using any means necessary to pass on real time information on to law enforcement, hospital operators, staff, patients and visitors.
- Counter** – This is the use of fighting techniques should you be confronted by the Active Shooter or Mass Killer and imminent threat of death. Use team approach; use whatever weapons available to stop the threat.
- Evacuate** – Remove yourself from the danger zone as quickly as possible and do not re-enter until cleared.

Acronyms and guides, while beneficial do not and should not replace education and training. While the larger threat to hospitals and healthcare is the community based **Active Shooter and Mass Killer** Incident that would overwhelm the facilities in the region with trauma and other victims, we still cannot ignore the potential direct threat that hospitals face that these incidents may occur there as these type of incidents garner extensive media coverage and many consider hospitals a safe area.

To counter this and create good situational awareness, hospitals should provide annual training on **Active Shooter and Mass Killer** response for all staff. This training could be online modules but more education can be gained from educational courses or even briefings in departmental meetings. These course should cover signs to look for in patients and co-workers that may point to the risk of violence and potential **Active Shooter and Mass Killer** threat and encourage staff to report these to the Supervisor, Manager Security or HR with no threat of repercussion. Provide exercises and drills from table top exercises, small functional departmental drills and eventually a Full Scale Exercise with hospital staff, EMS, Fire and Law Enforcement in regards to an **Active Shooter and Mass Killer** threat in the community and in the hospital.

Full Scale Internal Exercises can be done in refurbished, shuttered or unopened hospital wings and could be invaluable in the response for the SWAT Teams but also for your hospital leadership and clinical and non clinical staff. These drills should cover the unique patient populations inside the facility and also cover the ethical issues and potential feelings of anger, fear and grief involved with Active Shooter and Mass Killing Incidents.

Use the education and drills and learn from them. Potentially modify existing policies and procedures and increase the training of hospital response teams. Research and history have indicated that the actual risk at most **Active Shooter and Mass Killer** Incidents is over before first responders arrive on scene, since they only last between 7-12 minutes. Rescue efforts will be delayed until the shooter is stopped and hospital staff will be the initial first rescuers. Consider training Internal **Rapid Response Teams (RRT)** and **Hospital Emergency Response Task Force (HERT)** on **Assaultive Behavior, Disaster Triage and Evacuation** Techniques **Hospital Security** should be professionally and quality trained for **Tactical Violent Behavior Management, Basic First Aid, Hands Only CPR** and **Evacuation** Remember basics of first aid and consider developing and deployment of **Disaster and Active Shooter Trauma Kits** to trained personnel. These teams may be the *first and best chance* at victim survival and those victims may be your friends, co-workers and even your family.

Active Shooter and Mass Killer Incidents are now an unfortunate part of the new reality that we all must face. Since 2008, the types and methods of the attacks have become more complex and deadly, with more firepower and weapons. The potential shooters research new tactics as well as they learn from other **Active Shooter and Mass Killer Incidents** and utilize the Internet and Social Media more to get information and contacts. We as hospitals must not exist in a silo and work with EMS, Fire and Law Enforcement and plan and prepare now in the best way possible for the best response to the worst of situations.



*Want to learn more
about disaster
preparedness? Look for
future articles by Erik!*

ENA Events

Chapter Meeting June 16	Violence in the ED Dr. Kevin Jones
Chapter meeting-phone call	July 22
State Educational Event at Harvey's South Lake Tahoe	August 7
Sacramento Chapter Meeting	August 7 evening in Lake Tahoe
State ENA meeting Lake Tahoe	August 8
Sac ENA Sim Education: Peds/OB focus	Sept 15
Chapter meeting	Sept 23-dinner meeting
ENA Scientific Assembly	Oct 6-10, Indianapolis, IN
Chapter meeting	Oct 28
State ENA meeting in Long Beach on the Queen Mary	November 14
Fun event	Dec (week of 8-12)

For more information, visit our website:
www.calena.us and click on the Sacramento
chapter link

Do you have an idea for an article? We can
help you if you are new to writing!

Contact Sandy Bauman or Jen Denno