



California State Council

POLICY AND PROCEDURE

Title: Conflict of Interest Policy	Number:
Cross Reference:	
Approved by: California ENA Board of Directors	Origination Date: 08/2016
Review Date(s):	Approval Date: 01/12/2017
	Revision Date:

I. POLICY PURPOSE:

The purpose of this policy is: to exercise reasonable care in oversight of the affairs of California State Council Emergency Nurses Association (Cal ENA); to ensure the prudent management of Cal ENA’s resources; to provide for the disclosure and appropriate handling of actual, potential or apparent conflicts of interest; and to minimize ethical dilemmas.

II. POLICY BACKGROUND:

Cal ENA recognizes that its members have significant professional, business and personal interests and relationships. Therefore, Cal ENA has determined that the most appropriate manner in which to address actual, potential or apparent conflicts of interest is initially through liberal disclosure of any relationship or interest which might be construed as resulting in such a conflict. Disclosure under this Conflict of Interest Policy (“Policy”) should not be construed as creating a presumption of impropriety or as automatically precluding someone from participating in a Cal ENA activity or decision-making process. Rather, it reflects Cal ENA’s recognition of the many factors that can influence one’s judgment, and a desire to make as much information as possible available to other participants in Cal ENA-related matters to allow them to properly weigh/address the interests of others and, as necessary, to implement a plan to properly manage conflicts.

III. PROTOCOL:

1. All Members of the Board of Directors, committee members, volunteers and other individuals involved in a decision-making process on behalf of Cal ENA (collectively, “Covered Persons”) are to act at all times solely in the best interest of Cal ENA and to fully disclose any personal, professional or business interests that conflict, potentially conflict, or appear to conflict, directly or indirectly, with the affected activity or decision.
2. Covered Persons may not use their position for individual advantage or for the advantage of a relative or business associate.
3. Covered Persons are obligated to disclose the positions they hold or relationships they have with other organizations or entities that may conflict, directly or indirectly, with their Cal ENA activities. They also must disclose any significant financial interest in, or other relationship with, an entity having a



“commercial interest” in the outcome of the decision. A commercial interest may exist not only where the entity’s products or services are under consideration by Cal ENA, but also where the entity’s products or services are in competition or potential competition with those under consideration. By the disclosure of such interests, other participants will have the opportunity to take potential biases into consideration. In addition, the Board of Directors (or, as applicable, committee members) will be in a better position to determine whether the participant may have an interest in conflict with the interests of Cal ENA that requires further management, beyond mere disclosure.

4. All Covered Persons must comply with this Policy and annually sign and submit a disclosure form (a copy of which is attached hereto) (“Disclosure Statement”) (i) acknowledging that he or she is aware of and has read the Policy; and (ii) disclosing the information described above. If, subsequent to any such annual disclosure (but prior to execution of a new annual disclosure form), a Covered Person becomes aware of a relationship required to be so disclosed, such Covered Person shall promptly make the required disclosure by submitting a revised Disclosure Statement identifying the organization, business, group, entity, etc. and describing the nature of the relationship.
5. The and President and Immediate Past President will review all volunteer disclosure statements in which a conflict is disclosed, and consult with others in confidence as needed and appropriate, to determine whether any conflicts exist and recommend appropriate action to the Board of Directors or committee, as applicable.
6. All Covered Persons must make a full disclosure of all relevant facts and circumstances whenever a conflict of interest exists or may appear to exist. In the event a Covered Person determines he or she has a conflict of interest on a particular matter under discussion or consideration, he or she must disclose the conflict to the Board of Directors, or to the other committee members, as applicable, whether or not the conflict was previously included in the conflict disclosure form. Board members also must make any conflict of interest disclosures at a board meeting according to the agenda.
7. Persons who fail to disclose a conflict (or potential conflict of interest) in accordance with this Policy may be subject to disciplinary action, including dismissal from office or appointment.
8. The Board of Directors will review promptly each identified conflict or potential conflict and will seek legal counsel as needed. If disclosure of a conflict would result in the publication of confidential information, the Covered Person may elect to disclose the details of the conflict confidentially to the President. However, such confidential disclosure must allow for publication, at a minimum, of the fact that a conflict exists to the other affected Covered Persons, even if the details are



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kept confidential. During the review process, any confidential information regarding the potential conflict will be communicated on a need to know basis.

9. The President will report to the Board of Directors in executive session any actions recommended to be taken to manage conflicts of interest and a specific agenda item will be included to allow opportunity for discussion and determination of action as indicated.

CONFLICT OF INTEREST DISCLOSURE STATEMENT

Instructions for completing questionnaire:

1. Please read the attached Emergency Nurses Association Conflict of Interest Policy Statement before completing this Disclosure Statement.
2. If additional space is needed for answering a question, please attach an additional sheet and indicate the number of the question, which is being answered.
3. The terms "family relationship" and "immediate family" as used herein, refer to any parent, spouse, domestic partner or child.
4. The term "affiliate" means any organization that directly or indirectly through one or more intermediaries, controls or is controlled by, or is under common control with the Association.
5. If any item is inapplicable, answer "none" or "n/a" as appropriate.
6. After completing the questionnaire, please sign and date it and return it to Cal ENA's Secretary.

I. **NAME AND BACKGROUND INFORMATION**

A. Name: _____

Address: _____

Position with Cal ENA: _____

B. I hereby state that I or members of my immediate family have the following affiliations or interests and have taken part in the following transactions that, when considered in conjunction with my position with or relation to the California State Council Emergency Nurses Association (Cal ENA) or any of its affiliates or subsidiaries, might possibly constitute a conflict of interest. (Check "none" where applicable.)

II. **OUTSIDE INTERESTS**

Identify any position held by yourself or a member of your immediate family in any outside concern from which Cal ENA or any of its subsidiaries or affiliates secures goods or services or that provides services competitive with Cal ENA or any of its subsidiaries or affiliates.

(_____) none

III. **INVESTMENTS**

List and describe, with respect to yourself or a member of your immediate family, all investments that might be considered a "material financial interest," as described below:

A. Capital stock, obligations, or a combination of both, of any concern the capital stock or obligation of which are listed on any nationally recognized securities exchange, having an aggregate value in excess of \$500,000; or

B. Any interest in any other outside concern, with the exception of the holding of indebtedness; or

C. Holding of indebtedness of any outside concern, other than those mentioned in subparagraph A above, in any amount in excess of \$100,000.

(_____) none

IV. OUTSIDE ACTIVITIES

List any other activities in which you or your immediate family are engaged that might be regarded as constituting a conflict of interest, giving particular attention to activities rendered as a director, manager, consultant or employee of any outside concern that does business with or competes with Cal ENA or any of its subsidiaries or affiliates, and to activities in which it would be possible to disclose or use information relating to Cal ENA or any of its subsidiaries or affiliates for your advantage or of that of a member of your immediate family.

(_____) none

V. GIFTS, GRATUITIES AND ENTERTAINMENT

List and describe any gifts, gratuities or entertainment that you or members of your immediate family have received from any person or outside concern that does business, hopes to do business, or competes with Cal ENA or any of its subsidiaries or affiliates. (If you have received such benefits, please approximate their value. Do not list gifts or entertainment of nominal value.)

(_____) none

ACKNOWLEDGEMENT AND SIGNATURE

I hereby agree to report to the Executive Director any changes in the response to each of the foregoing questions which may result from changes in circumstances before completion of my next Conflict of Interest Disclosure Statement.

I have read, understand and agree to the terms of Cal ENA's Conflict of Interest Policy. To the best of my knowledge and belief, the information reported above is complete and accurate, and I am not aware of any other personal or professional position(s) or interest(s) or activities in which I am, or am about to be, engaged that reasonably may be anticipated to conflict with the interests of Cal ENA.

Signature

Position

Date