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# President's message



Eleanor Roosevelt once said, "I cannot at any age, be content to take my place in a corner by the fireplace and simply look on." I believe that this

great lady had the heart of a NENA member.

Emergency nursing never has been and never will be a profession for just anyone. Emergency nursing is a passion, not just a profession. It is no secret that the pace of emergency nursing today is relentless, just as the scope of our practice is ever broadening. One reason we each entered emergency nursing is the variety from minute to minute, day to day and patient to patient. What attracted us is what holds us in one of today's most challenging specialities in health care. We must continue to find new ways to infuse courage and commitment to caring into our practice, our education and our research.

As emergency nurses, we are professionals who are trusted by the public for whom we care, because of our ethical and high standards of practice. It


takes dedication, commitment, energy and courage to be an emergency nurse today, more than ever before. As emergency nurses in Canada, we manage daily with increasing patient volumes, higher levels of acuity, growing complexity of care needs and extended lengths of stay of admitted patients in our departments.

As well as our countless responsibilities to our many patients, Canada's emergency nurses have many duties to ourselves; to maintain competence, to continue personal and professional growth and to contribute towards the advancement of our chosen profession. NENA is dedicated to facilitating the provision of high-quality education for all of Canada's emergency nurses, thereby serving our profession and all of its members.

Emergency nurses are not an unlimited resource. As NENA members, we are nursing leaders, charged with the responsibility to mentor and groom our profession's leaders of tomorrow. We must help to create and mould them, guide and support them, educate and encourage them, ultimately knowing that our shared knowledge and expertise will enable them to not only fly, but to soar.

Active participation in NENA, as well as involvement in various NENA initiatives, allows emergency nurses to contribute to the quality and to shape the future direction of emergency nursing in Canada. NENA's strength is derived from its visibility, recognition and membership. NENA members are both leaders and valued partners, working tirelessly to promote and advance a high standard of emergency health care for all Canadians.

NENA has been dedicated to quality emergency nursing care in Canada, since it was founded in 1982. NENA continues to meet its goals of "establishing educational programs for emergency nurses, promoting emergency nursing as a specialty in the nursing profession, developing standards in the practice of emergency nursing, and promoting and interpreting the role of the emergency nurse to other health care groups and to the community."

In order to ensure the maintenance of the integrity of our profession and our professional affiliation, we must all serve as ambassadors for NENA and emergency nursing. 

**Janice L. Spivey, RN, ENC(C), CEN**  
**NENA President**

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## From the editor




*Always ready,  
always caring.*

Nursing today, especially emergency nursing, is in a state of constant change. Initiatives such as Safer Health Care

Now Acute Myocardial Infarctions, Medication Reconciliation, Central Line Infections, Correct Site, etc., new emerging or evolving sepsis pathways (and

with this, often, the introduction of arterial line and central line monitoring in emergency), hypothermia post V-fib arrest, new ALS guidelines, new BLS guidelines, to name a few, have added more stress to an already chaotic environment, let alone the longer wait times, increasing acuity and increasing emergency visits. Within this dynamic state, I am continually awed, amazed and proud of the emergency nurse's ability to adapt, embrace and advocate for that which is of ultimate benefit to the patient, and to redirect and speak out to that which is

not. We are the poster children of flexibility, adaptability, reliability, accountability and professionalism, and I encourage everyone to pat themselves, and each other, on the back as we continue to proudly move forward in this time of turmoil.

*Be the change you want to see in the world – Mahatma Gandhi* 

**Colleen Brayman, RN, BScN**  
**Communication Officer**

# Highlights from the Fall 2006 BOD meeting

- Connections were made with Canadian paramedics and nursing students by the president in hopes of having better understanding of each other's group and to work collaboratively
- NENA president participated in the first International Congress of Nursing

in Ixtapa, Mexico, and has now been invited to speak in Seville, Spain, in May 2007

- Revision of NENA's strategic plan was done with the focus being on NENA INC as the acronym:

**N:** National Focus  
**E:** Education Focus  
**N:** Nursing Practice  
**A:** Affiliations  
**I:** Innovations in Research  
**N:** New Initiatives  
**C:** Communication

With this acronym in mind, the following questions were asked by the board:

1. What each of these means to us as a group?
2. What are we currently doing and how does it fit into the strategic plan? If it doesn't fit... should we be doing it?
3. What would we (NENA) like to do now and in the future?

- At each BOD meeting, there is discussion about the issues in each province that are concerns for emergency nurses. Issues discussed at this meeting were:

- Geriatric specific issues
- Rural dilemmas
- Legal issues at triage
- Customer services for emergencies
- Wait times in EDs
- Safe staffing
- Retaining and recruiting staff
- Resource sharing
- Recruiting new members

• **Conferences**

Conference 2006:

- Total number of nurses present was 315
- Profit from conference was \$52,000.00.

Conference 2007:

- St. John's Newfoundland at the Fairmont Hotel

## Board meeting observer policy

NENA Policies & Procedures 5 . 6 . 0

NENA board of directors' meetings are open to NENA members on a pre-arranged basis.

The objectives of open board of directors' meetings are to enhance the board's accountability to those who have an interest in the affiliation's affairs and to facilitate member understanding of the board's governance of the emergency nursing specialty.

### Observer policy

- Those wishing to observe a NENA board of directors' meeting will contact the NENA president with their wish to do so at least 30 days prior to the board meeting, when possible.
- Numbers of observers allowed will be at the discretion of the board.
- If the request is less than 30 days in advance of a NENA board of directors' meeting, it will be at the discretion of the NENA executive as to whether or not permission will be granted.
- All observers shall be identified at the beginning of the meeting.
- A review of observer expectations will be outlined at the start of the meeting and are as follows:
  - i. Observers, prior to the start of the meeting, must agree to confidentiality of matters discussed.
  - ii. Observers will not be allowed to attend in-camera sessions.
  - iii. All observers will have non-voting status.
  - iv. Observers may not enter into the discussion of the business of the board.
  - v. The observer may comment in writing to their official representative while the meeting is in progress.
  - vi. Observers cannot be elected to chair a standing committee.
  - vii. Observers will be placed in a row behind the table where the meeting is held, depending on the number of observers present.
  - viii. NENA, Inc. will not be responsible for any expenses incurred by the observer attending a NENA board of directors' meeting (i.e., meals, accommodation, travel, etc.).
  - ix. If any observer becomes disruptive, they will leave the BOD meeting immediately on the request of the president.

- Theme for the conference is: Emergency Care: Rock Solid
- Conference will be May 5-7, 2007
- Course in Advanced Trauma Nursing II (CATN II) will be offered prior to the conference
- Forensic nursing course will also be offered prior to the conference.

#### Conference 2008:

- Preliminary plans for conference 2008 are under way
- Place will be Banff Park Inn, Banff, Alberta
- Dates have been confirmed for May 8-11
- No theme has been decided as of yet
- A conference planning package was finalized and is now ready for use by those provinces that will be having conferences. This package includes templates to be used for speakers and sponsors, how to get started, etc
- National Working Group for Canadian Triage Acuity Scale: A meeting was held November 24, 2006, in Toronto. At this meeting, the final package was completed and rollout was January 2007. OHA will disseminate its product in Ontario and NENA can roll out the other package across Canada.

#### Highlights for

##### Trauma Nursing Core Course

Courses / students taught May 1, 2006 to Nov. 1, 2006:

BC 9 / 117	AB 13 / 213
SK 13 / 68	MB 8 / 144
ON 30 / 515	QC 1 / 8
NB 1 / 14	NS 2 / 29
NL 7 / 78	NWT 1 / 5

New revisions to TNCC are:

- Disaster management with triage scenarios

- Airway and ventilation
- All chapters are being updated
- Special populations chapter on pediatric, geriatric trauma and obstetrics
- Surface trauma chapter contains burns and wounds/soft tissue injuries
- Brain trauma chapter awaiting new brain injury guidelines
- New Canadian content in Chapter 2: Epidemiology, biomechanics and mechanism of Injury
- NCAC reviewing chapters.

#### Skill station revisions:

- Trauma nursing process will be the only tested skill station along with a written exam
- Six new TNP scenarios
- Exposure moved to primary survey
- Airway and ventilation skill station taught only
- Spinal immobilization will be taught / demo only.

New course rollout: early 2007 written exam to be validated course expected fall 2007.

#### Emergency Nursing Pediatric Course

Course and students taught May 1, 2006, to Nov. 1, 2006:

BC 9 / 138	AB 8 / 108
SK 2 / 22	MB 3 / 39
ON 13 / 178	QC 1 / 20
NS 1 / 12	

#### CATN II

- Currently there are three CD in BC and two in AB
- Course is going to Manitoba with the potential for two CDs.

#### Contracts

- Contract recently signed and good until 2008
- Cost of manuals and indirect fees remain the same
- Retained the grant fund to a maximum to \$1,000.00 US
- CATN II contract now in place.

#### Web course application

Working on course application as an online process with the NENA webmaster.

Goals for such a process are:

- Seamless course application to ENA and NENA
- Automatic approval of instructors
- Generation of a list of courses and where they are located and how to access the course
- Access to course directors and instructors contact by all instructor faculty
- Ability to post news items and "course happenings newsletter/ updates to the web
- Instructor chat line.

Dr. Cass spoke to the BOD about disaster preparedness. Dr. Cass stated that his hope, by talking with the board, would have three goals:

1. Input from the leadership of NENA and identifying the goals, gaps and adding the nursing perspective
2. Promotion from NENA to their members, which, in the long run, will increase the nursing perspective
3. NENA to utilize the CEEP website to disseminate more information to its members.

Next BOD meeting May 3-5, 2007, in St. John's, Newfoundland. 

## Outlook

### Conference watch

#### Ontario Injury Prevention Conference 2007

June 3-5, 2007, at the Valhalla Inn, Thunder Bay, ON. Website: [www.oipc.org](http://www.oipc.org), Conference Secretariat: Firedog Communications, [stephanie@firedogpr.com](mailto:stephanie@firedogpr.com)

#### The 2007 Canadian Injury Prevention and Safety Promotion Conference, "Evidence to Action: Injury, Violence and Suicide Prevention"

November 11-13, 2007, at Westin Harbour Castle, Toronto, ON. Website for more information:

[www.injurypreventionconference.ca](http://www.injurypreventionconference.ca), Conference Chairperson: Shelley Callaghan at [purpledog@sympatico.ca](mailto:purpledog@sympatico.ca)

# Annual report to the Canadian Nurses Association

## Group

National Emergency Nurses' Affiliation (NENA Inc.)

## Historical perspective:

The National Emergency Nurses Affiliation was formed in 1981. As NENA has grown and developed, nine provinces have become part of the affiliation. We also have several independent members in Quebec, the territories and internationally.

## General structure

There are nine active provincial interest groups, each led by a provincial director, as well as the independent members in NENA. The NENA Board of Directors comprises an executive (president, past-president or president-elect, secretary, treasurer and communications officer) as well as the nine provincial directors. The NENA BOD meets for three days twice each year.

NENA has several operating committees; Professional Practice & Documents Committee, Nursing Research Committee, Political Action Committee, Nominations Committee, Bursaries & Awards Committee and the National Course Administration Committee (NCAC).

NENA holds an annual emergency nursing conference that rotates across Canada. Each province hosts this national education initiative in turn. The NENA Annual General Meeting is held in conjunction with the annual conference.

## Mission

To represent the Canadian emergency nursing specialty.

## Values

- All individuals have the right to quality health care.
- Essential components of emergency nursing practice are wellness, health promotion and injury prevention.
- Continuing education and professional development are fundamental to emergency nursing practice.
- Research guides emergency nursing practice.

## Goals

- Strengthen the communication network.
- Provide direction for clinical practice of emergency nurses.
- Promote research-based practice.
- Support and disseminate education.

## Membership

As of March 2006, NENA has 720 members, distributed as follows:

British Columbia	111
Alberta	155
Saskatchewan	33
Manitoba	48
Ontario	247
New Brunswick	23
Nova Scotia	40
Prince Edward Island	9
Newfoundland & Labrador	44
Independent	9
International	1

## Special projects and activities:

The NENA website continues to be increasingly interactive, resulting in more frequent site utilization by the members. The website contains a public section as well as members-only sections, accessible by an individual password. Member participation through affiliation polls has resulted in significant increases in member interest and

involvement. Information that is both current and pertinent to emergency nurses is frequently updated on the NENA website, [www.nena.ca](http://www.nena.ca)

NENA has sent a letter of support to the Saskatchewan Minister of Health in response to his government's recent new legislation requiring the mandatory reporting to law enforcement agencies, of the presence of victims of gunshot wounds and stab wounds in emergency departments. A recent poll of NENA members concluded that, as well as our duty to respect an individual patient's right to privacy and confidentiality, Canada's emergency nurses believe they also have a responsibility to other patients, visitors, colleagues, our communities and society as a whole.

The NENA journal, **OUTLOOK**, continues to be published twice per year. All members are encouraged to make submissions and write articles for publication. NENA members benefit greatly from the expertise of **OUTLOOK** section editors for pediatrics, research, trauma and forensics in emergency nursing.

Emergency preparedness is an important issue for Canada's emergency nurses. NENA, having already established a connection with the Centre for Excellence in Emergency Preparedness (CEEP) and the Public Health Agency of Canada, has expressed interest in joint participation in ongoing initiatives and future program development. To this end, NENA and CEEP have committed to a continuing and collaborative working relationship. Recently, NENA representative Sharron Lyons from British Columbia participated in a national working group addressing pediatric specific issues in emergency preparedness.



NENA has long been working as a member of Canada's National Working Group (NWG) for the Canadian Triage and Acuity Scale (CTAS). Through much hard work, countless long hours and genuine dedication, NENA representatives Jerry Bell, Debbie Cotton, Valerie Eden and Carla Policicchio have actively participated in making NWG and NENA's dream a reality. At long last, a high-quality, made in Canada, both adult and pediatric, standardized TRIAGE program is about to be taught to every Canadian emergency nurse.

## Events

The annual NENA conference "Stayin' Alive", which took place in Ottawa, Ontario, on May 4-6, 2006, was a huge success. While attendees arrived from every Canadian province and territory, the speakers and topics well covered the broad scope of the specialty of emergency nursing. The pomp and circumstance befitting a NENA conference were enjoyed by all, including a special visit by Canada's Chief of Defence, Major General Richard Hillier.

The three-day spring 2006 NENA Board of Directors' meeting was held immediately prior to the conference. At NENA's request, Canada's Federal Minister of Health, the Honourable Tony Clement, met with the NENA

BOD. The issues of emergency overcrowding, wait times, nursing shortages, patient safety, recruitment and retention, as well as increasing financial support availability for ongoing specialty nursing education were discussed with the Minister. NENA recommended increasing the availability of support services (labs, CT scans, MRIs, home care and public health) in order to facilitate patient throughput in the Canadian health care system.

Health Minister Clement also addressed attendees at the NENA conference the following day, where he publicly committed to an ongoing working relationship with NENA.


NENA President Janice Spivey gave two presentations at the First International Emergency Nursing Congress in Ixtapa, Mexico, in May 2006, "Canadian Trauma Care" and "Issues Faced by Canadian Emergency Nurses". NENA Past-President Carla Policicchio also attended this conference and presented "Triage Issues in Canada" and "The Canadian Triage and Acuity Scale" (CTAS) to the international emergency nurses.

The NENA 2007 conference, Emergency Care: Rock Solid, will take place in St. John's, Newfoundland, May 5-7, 2007, with attendees expected from across Canada. This exciting NENA event on "The Rock" promises to

provide attendees with high-quality educational opportunities, pertinent skill upgrading, exposure to various corporate exhibitors, valuable networking time, Puffins, lots of Screech and a down-home Kitchen Party!

The NENA president has been invited to present at the upcoming International Emergency Nursing Conference, being held March 15-17, 2007, in Seville, Spain. The presentations will be "Certification in Emergency Nursing" and "Prescribing: The Use of Nurse Practitioners in Canada's Emergency Departments". While proudly representing the specialty of emergency nursing throughout Canada, NENA is honoured to also be recognized internationally.


## Issues of concern

Overcrowding, wait times, personal safety, the ever-increasing pace, patient volume and level of acuity, patient safety, emergency preparedness, as well as nursing recruitment and retention, all remain issues of concern for Canada's emergency nurses. NENA continues to participate actively to address these issues and any other concerns as they come to the forefront. 

**Janice L. Spivey, RN, ENC(C), CEN**  
**NENA President**  
**January 20, 2007**

## Outlook

### Bouquets

 NENA wishes to express sincere appreciation to Mr. Dale Roberts, Therapeutic Specialist, ROCHE Pharmaceuticals, Saskatchewan, for his generous and selfless donation to the affiliation of much personal time, as well as his valuable industry knowledge and corporate expertise. Dale has been a longstanding friend of NENA and an active supporter of NENA national conferences for many years. During the past two years, Dale has also served the membership in the role of NENA Industry Representative. On behalf of the board of directors and the entire NENA membership, I extend our heartfelt gratitude to Dale Roberts.

**Janice Spivey**  
**NENA President**

# Letter to Saskatchewan Health Minister re: Gunshot wounds

January 20, 2007

The Honourable Len Taylor,  
Saskatchewan Minister of Health,  
2405 Legislative Drive,  
Regina, Saskatchewan  
S4S 0B3

Dear Minister Taylor,

On behalf of the Board of Directors of the National Emergency Nurses' Affiliation (NENA Inc.), I wish to extend our support to you, your health ministry and your provincial government on your recently passed legislation regarding the mandatory reporting of victims of gunshot wounds (GSWs) and stab wounds presenting to Saskatchewan emergency departments.

NENA, being the professional organization representing Canada's emergency nurses, had previously conducted a membership poll regarding the important and pertinent practice issue of GSWs. Many responding members aligned the possibility of GSW reporting with the situations of child abuse and assorted communicable diseases, both currently bearing mandatory reporting status. Your government has carried this situation one step further, to also include stab wounds in the emergency departments.

As emergency nurses, we have a duty to maintain confidentiality while respecting patients' rights to privacy. The majority of NENA poll respondents believed that as well as our responsibility to individual patients, emergency nurses also have a responsibility to other patients, visitors, colleagues, their community and society as a whole. The conclusion derived from the NENA poll is clear that public safety must be the priority in this very serious issue.

While it should be recognized that the role of the emergency nurse would be solely to inform law enforcement agencies, NENA recommends that all Canadians should be advised of this important legislation. The National Emergency Nurses' Affiliation commends the Saskatchewan government on their responsible actions.

Yours sincerely,

**Janice L. Spivey, RN, ENC(C), CEN,**  
**NENA President,**  
**112 Old River Road, RR2,**  
**Mallorytown, Ontario**  
**K0E 1R0**  
**Phone: H: (613) 923-5539**  
**W: (613) 548-2335**  
**E-mail: president@nena.ca**  
**Fax: (613) 923-5916**

## Course happenings update – Spring 2007


We are pleased to announce that the Trauma Nursing Core Course (TNCC) revision is entering the first step of a two-step process. The first step will consist of rolling out the new course to **U.S. instructors only**. This process will begin in May with three national U.S. sessions planned with the final session occurring in July 2007.

The second step of the process will be updating the international instructors, of which Canada is a part. The National Course Administration Committee (NCAC) will be receiving a DVD along with printed material to review and, from there, a process will be agreed upon to facilitate the roll-out across Canada. We anticipate that this will start to occur in late summer, early fall. The roll-out of the new TNCC course must be completed by April 2008.

It is therefore **very important that all TNCC course directors and instructors are registered on [www.nena.ca](http://www.nena.ca)** with their information, such as mailing address and e-mail address. Bulletins will be posted on the NENA website, as well as e-mails sent individually to all TNCC instructors as the roll-out process begins. It will be very important to know who is current as a TNCC instructor. This is not a small undertaking as there are more than 300 TNCC instructors in Canada.

NCAC is also pleased to announce the partnership with Claire Thibault and a group of dedicated ENPC instructors out of MUHC Pediatric Network at McGill in Quebec, along with the support of ENA and NENA. They are proceeding with the French translation of the exam and slides with the next step to look at

translating the ENPC manual. The long-term goal, once the TNCC revisions roll-out is complete, is to look at opportunities to translate this course as well. This is great news for our French-speaking colleagues across the country as it means more emergency nurses will be able to partake in these very valuable courses.

One last reminder is that all TNCC, ENPC and CATN II instructors must be members of NENA to teach. Remember provincial dues are paid on July 1, 2007, so make sure you mark it on your calendar and renew both your fees and update your information on [www.nena.ca](http://www.nena.ca). Courses that do not have current NENA instructors cannot be processed. 

**Karen Latoszek  
Chair, NCA**

### outlook

#### Guidelines for submission

##### Editorial Policy

1. **Outlook** welcomes the submission of clinical and research articles, case studies, and book reviews relating to the field of emergency nursing.
2. Statements or opinions expressed in the articles and communications are those of the authors and not necessarily those of the editor, publisher or NENA. The foregoing disclaim any responsibility or liability for such material and do not guarantee, warrant or endorse a product or service advertised in this publication, neither do they guarantee any claim made by the manufacturer of such product or service.
3. Authors are encouraged to have their articles read by others for style and content before submission.

##### Preparation of Manuscripts

1. The original copy of manuscripts and supporting material should be submitted to the **NENA Outlook** editor. The author should retain one complete copy.
2. Manuscripts must be typed, double-spaced (including references), on 8 1/2" x 11" paper with adequate margins. Manuscripts longer than one page must be submitted in a disk format in Word Perfect or Word. Submissions are accepted via e-mail to the communication officer.
3. Author's name(s) and province of origin must be included.
4. Clinical articles should be limited to six pages.

5. Direct quotations, tables and illustrations that have appeared in copyrighted material must be accompanied by written permission for their use from the copyright owner, and original author and complete source information cited.

6. Photographs of identifiable persons, whether patients or staff, must be accompanied by signed releases, such as the following: "I hereby give (author's name) authorization to use the photograph of (subject's name) in the **NENA Outlook**."

*Please submit articles to:*  
Colleen Brayman, Outlook Editor,  
337 Providence Avenue,  
Kelowna, BC V1W 5A5  
e-mail: [communicationofficer@nena.ca](mailto:communicationofficer@nena.ca)

**Deadline dates:**  
February 20 and August 16



**NENA**  
**National Conference**  
**May 8-10, 2008**

**NENA National Conference**

**May 8-10, 2008**

*Banff, Alberta*

# **Emergency Nursing, No Mountain Too High**

## **Where:**

Banff Park Lodge

Banff, Alberta

[www.banffparklodge.com](http://www.banffparklodge.com)

## **When:**

**Pre-Conference Educational Sessions**

May 6-7, 2008

**Conference**

May 8-10, 2008

Check the NENA website at [www.nena.ca](http://www.nena.ca) for continuing updates about the conference

Conference Chairperson: Carole Rush

[carole.rush@calgaryhealthregion.ca](mailto:carole.rush@calgaryhealthregion.ca)

Banff Tourist Information: [www.banff.ca](http://www.banff.ca)

Calgary Tourist Information: [www.aroundcalgary.com](http://www.aroundcalgary.com)

Come join your emergency nursing colleagues in the beautiful Canadian Rockies!



# CALL FOR ABSTRACTS

**NENA National Conference – May 8-10, 2008**

*Banff, Alberta*

## Emergency Nursing, No Mountain Too High

The National Emergency Nurses' Affiliation, Inc. (NENA) would like to announce a Call for Presentation Abstracts for the National Conference on May 8-10, 2008, in Banff, Alberta. Our conference theme is Emergency Nursing, No Mountain Too High. This is a terrific opportunity to share your research, clinical practices, knowledge and commitment to emergency nursing with colleagues from across Canada. Come and take an Alberta break to learn, network and experience the beautiful Canadian Rockies.

### **Guidelines for presentation abstracts:**

#### **1. Submissions:**

- The deadline for submissions is June 30, 2007.
- Abstract selection is a peer review process by the NENA 2008 Conference Committee. Selections will be completed and acknowledged by October 1, 2007.
- Successful presenters must indicate their commitment to attend by October 30, 2007.

#### **2. Format:**

- Abstracts are to be written in English. The abstract is limited to 500 words or fewer describing the central theme of the presentation.
- Your abstract should include a title, purpose, summary of content and implications for emergency nursing practice in one of the following areas: clinical practice, education, innovative solutions to emergency care issues, case studies, research, injury prevention.
- A cover page must include the abstract title, the authors' names, credentials, current position, address for correspondence, e-mail address and phone number.
- Indicate your preferred presentation audience: plenary (whole group) or concurrent (smaller group).
- Abstracts to include authors past presentation experience including audience type and size.
- Abstracts must be submitted by e-mail in Microsoft Word to:  
**na2008@telus.net**

#### **3. Other information:**

- Concurrent presentations will be 60 minutes in length, including questions.
- Plenary presentations will be 75 minutes in length, including questions.

Acknowledgement of receipt of any files or communication will be sent via e-mail soon after receipt. If you do not receive such acknowledgement, or if you need to communicate with us, please contact Rosemarie Enokson at (403) 251-1011 or e-mail **na2008@telus.net**

