

President's message



What a ride!

Hello everyone... I am writing you today from the Vancouver Paralympic Village (formerly the Vancouver Olympic Village) where I have been working as one of the managers of the medical services. Your national treasurer, Lori, has been working in Whistler, as well. Needless to say, 90 days without a day off sounds like a fun idea at first... and then reality hits on about day 40-something... when the whole world is sitting down to watch the opening ceremony of the Olympic games and we realize that we're only halfway there.

To the world, the Olympic and Paralympic games are a few weeks, but

to us putting on the show, it's been years of planning and a 90-day drive that we will never forget. Of course, during this time, I have still been your national president and have had a great opportunity to meet many people from around the world travelling with the teams, and can't wait to share my experiences in future **Outlook** issues and at conferences.

On the NENA front, I have continued to foster relationships with other organizations and within the health care industry. Since I last wrote, I have been to Toronto again to sit on a national advisory committee for pandemic influenza research and will be heading there again in the next couple of weeks (right after the games) to sit on another research advisory panel for pandemic

planning. Thankfully these efforts are funded by the research supporters, which allows NENA to get our voice out there and not spend the membership money to do so!

Well that's it for now... I look forward to seeing ALL of you in Saint John in May for the national conference... I know to some of you it may be a bit far away, but only those on Vancouver Island and north of Inuvik can say that they have to travel further than me, so no excuses! We look forward to seeing old friends again and making new ones as we learn to "Ride the Wave of Change". Information and registration forms are available on the NENA website at www.nena.ca

Landon James, RN, BSN, MA
NENA President

From the editor



I recall a story we read to our children of a packrat that lived near an abandoned gold miner shack. "A peculiar characteristic [of the packrat] is that if they find something they want, they will drop what they are currently carrying... and "trade" it for the new item. They are particularly fond of shiny objects" (http://en.wikipedia.org/wiki/Pack_rat). One day this packrat spotted a dull yellow stone and picked it up to carry it off to his den. On his way to its burrow, it spotted a foil gum wrapper and, dropping the dull yellow gold nugget, snatched the debris and carried it off. Failing to appreciate the value of the first object, he was enthralled with the attractiveness of something lacking any value.

What does a children's story about a packrat have to do with emergency nurses? We are constantly confronted with choices in our work and in our personal lives. Choices about how we use our time, how we use our money, whose companionship we seek, what continuing education opportunities we select, and so on. Usually, selecting one thing requires foregoing another.

I have heard from the planning committee for the 2010 NENA conference and I am confident that this year's conference in Saint John, NB, is going to be a gold nugget! If you are undecided about attending, I encourage you to try to arrange to be there. It might mean missing something else, but it's going to be a

worthwhile event. In addition to wonderful sessions, there will be a great opportunity for networking with emergency nurses from across Canada and a chance to have some fun along the way.

See you in Saint John,
Stephanie Carlson



Riding the Wave of Change

May 6-8, 2010
Saint John, New Brunswick

Find information about the upcoming NENA Conference on page 9.

Use of proper equipment prevents mishaps

By Catherine McCormick,
Halifax, NS

Did you know that using parenteral syringes (with Luer locks that can be attached to a needleless IV system) to administer oral/enteral liquids presents a serious chance of misadministration? It can take a momentary mental lapse to connect it to an IV and inject it into the patient.

Most health care professionals believe that this type of error would NEVER happen to them; unfortunately, these types of errors have happened (even to the most experienced nurse).

Take for example these cases:

Case 1: A premature infant was being given intermittent feeds with a parenteral syringe. It was given intravenously instead of via NG and the infant died.

Case 2: Yogurt was drawn up in a parenteral syringe and then accidentally administered to an adult patient through a PICC line. The line was then flushed with water. The distal ends of the enteral and PICC lines were all unlabelled and looked similar.

Case 3: Midazolam and acetaminophen were drawn up in a parenteral syringe and administered IV to an 11-year-old

child being prepped for the OR. An emergency came into the department and another nurse took over the child's care. The other nurse administered the medication IV, thinking that the child was NPO for surgery.

The consistent use of oral syringes for the preparation and administration of liquid medication should be practised in all health care settings.

Oral syringes should be a standard of practice in every health care setting.

Ref: ISMP Oct. 22, 2009

"Nurses eat their young"

By Kimberly Dondale, RN, BScN

This statement was heard several times throughout nursing school. I thought it was a joke, but after speaking with several of my classmates 10 months after graduation, I am starting to think that there may be something to this statement.

I am a 2009 grad from the BScN program at Dalhousie University. Along with me, one other grad from my graduating class was hired right out of nursing school to work in the emergency department at Soldier's Memorial Hospital (SMH), Middleton, Nova Scotia. We work in a rural hospital with limited resources. This causes nurses to rely on their skill and ability.

For a new grad, the transition period from student to nurse can be trying and scary, as one tries to become familiar with her surroundings. Although being told that the ER was no place for a new grad, I knew it was where I wanted to be after graduation. During my fourth year of school, I tried to prepare myself by

taking extra courses that would be beneficial in the emergency setting.

I am fortunate to be working in the emergency department with the present staff, as it is encouraging and supportive. I can honestly say that the nurses I work with have done everything in their power to make me feel comfortable and have created a working environment that is safe.

I participated in a 10-week co-op course during the summer between my third and fourth year of school, which took place at SMH. The co-op allowed the staff and me the opportunity to get to know each other. When the time came for me to start work as a new grad, the senior staff members took it upon themselves to provide a sufficiently long orientation to enable me to feel comfortable in my new setting and my new position. While doing this, the staff always communicated with me to ensure me that I was not expected to have the experience of senior staff, and that it was their job to guarantee that I felt safe within the tasks I was being asked to do.

This was done without making me feel that I was inadequate.

Do nurses eat their young? I suppose they can, and based on conversations I have had, it does not matter if you work in the emergency department or on a medical floor for this to occur. From my experience, the transition from student to nurse has been wonderful, due to the help of considerate, caring, senior nurses who have taken the time to invest in their new staff.

To future nurses wanting to become emergency nurses, it is possible. Make sure you find a senior nurse who is willing to invest in you. Be eager to learn and never be scared to ask for help. For the senior nurses who create that safe environment that I have experienced, thank you! It is you who are securing the future of nursing—and for those of you who "eat your young," remember you were once in our shoes. Try to have patience, as it is you who can encourage or discourage the new nurse to become great.

Canadian nurses in post-Chernobyl Ukraine

By **Mary Dubyk-Wodoslawsky, RN, CDE, Irene Osinchuk, RN, BN, ENC(c) and Anne Sochan, RN, MA**

For more than seven years, Canadian Registered Nurses Irene Osinchuk (from Winnipeg) and Mary Dubyk-Wodoslawsky (from Toronto) have spent their summer vacations volunteering their professional services for the underserved, poor and orphaned in Ukraine.

Irene and Mary are dedicated volunteers with the Children of Chernobyl Canadian Fund (CCCF) Medical Advisory Committee (MAC). This organization provides humanitarian assistance and health care-related professional services to orphanages, hospitals, rehabilitation centres and health care clinics throughout Ukraine. Initially, CCCF focused on the hardest hit areas affected by the Chernobyl nuclear explosion in 1986. MAC has since expanded its activities to all of Ukraine.

More than 20 years have passed since the Chernobyl nuclear disaster, yet the full scope of its impact on the health of Ukrainians is difficult to grasp. When Chernobyl Reactor No. 4 exploded, it sent radiation into the earth's atmosphere equivalent to 500 Hiroshima atomic bombs. It drifted 3 km north over the sleeping town of Prypiat, 10 km further into Belarus and Russia and, finally, over most of Northern Europe. A few days later, the wind, loaded with radioactive iodine, cesium and strontium, turned southward over the capital of Ukraine—Kyiv.

While estimates are difficult to confirm, as a result of the immediate aftermath of the explosion, in Ukraine, Belarus, and Russia:

- 40,000 individuals who were involved in the clean-up of the reactor, most of them men in their 30s and 40s, have since died.

By the end of 2001 (the most recent available statistics from Ukraine's Ministries of Health, and Chernobyl), the Ukrainian state was caring for more than

3.3 million people affected by the Chernobyl "accident", including 1.2 million children. Generally:

- Incidence of leukemia/other blood disorders has increased—particularly in children
- 50% of men, aged 13 to 29, have problems with fertility—highest rate in the world
- Chromosomal damage is 7x higher in children born to men involved in liquidating the reactor, including Down's syndrome, cleft palate and other deformities
- Increased incidence of birth defects and nervous system disorders in babies born to females who were between the ages of one and six years at the time of the Chernobyl disaster
- Increased number of babies born with brittle bones due to strontium replacing bone calcium
- Infant mortality is twice that of the European average
- Thyroid cancer is occurring at rates 80 times the global norm, and cardiac problems, chronic skin conditions, gastrointestinal problems, respiratory illness, and miscarriages have increased.

The consequences of the Chernobyl "environmental health care" catastrophe are not yet known. The half-life of some radiation elements lasts for thousands of years. Long-term contamination of land, water, and ecosystems exists, yet many continue to live on lands contaminated by radiation because they cannot leave. While approximately 70,000 inhabitants from Chernobyl and Prypiat were evacuated to 53 locations throughout Ukraine, most lost their possessions and livelihoods. Indeed, the physical, psychological and social consequences of Chernobyl are just beginning to be recognized and addressed. The incidence of post-traumatic stress disorder, alcoholism and drug abuse is considerably higher among Ukraine's "environmental refugees" compared with the general population. While the

Ukrainian government is aware of these health concerns, it is unable to adequately finance and support all of the health care services its people require, as it struggles to develop its fledgling democracy.

Through its programs, CCCF/MAC distributes pharmaceuticals, diagnostic and life-support equipment, as well as educational resources to Ukraine's environmental refugee hospitals, treatment centres, and rural health care clinics. CCCF also sponsors a variety of initiatives aimed at promoting the health and well being of its inhabitants.

As members of CCCF/MAC, Osinchuk and Dubyk-Wodoslawsky have participated in delivering humanitarian assistance to some of the hardest-hit areas post-Chernobyl. Responding to the needs of our Ukrainian partners, and working with our Ukrainian colleagues to address those needs is "what we do", notes Osinchuk. Whether fundraising in Canada for a much-needed neonatal unit, or delivering vitamins and school supplies to an orphanage north of Kyiv, it is working together "locally and internationally" that makes a difference in the lives of those affected by Chernobyl.

Since 2002, Irene and Mary have also worked with another of the sub-projects of CCCF, "Help Us Help the Children" (HUHTC). CCCF/HUHTC is an orphanage-focused program that strives to ensure that basic health care, educational, and social needs of orphaned children in Ukraine are met. Many of them live in the Chernobyl zones. There are more than 100,000 orphans in Ukraine under state care. Some are "true" orphans, where one or both parents have died. Most, however, are "social" orphans, having been abandoned by their parents too poor, or too ill to look after them. Ukraine's orphanages, despite being state-funded institutions under the auspices of the Ministry of Education (and the Ministry of Health, if the orphanage is dedicated

to physical and/or mental disabilities), depend heavily on private, international, and humanitarian assistance.

“Our nursing skills are useful in the care of Ukraine’s orphans,” comments Dubyk-Wodoslawsky. Children from each orphanage attend a summer camp in the Carpathian Mountains in Western Ukraine. What is a “rite of passage” for most children to attend summer camp in Canada, for Ukraine’s orphans, these experiences are funded by the CCCF/HUHTC program. Summer camp offers a variety of “life skills building

opportunities” for the children. Irene and Mary, graduates of the St. Boniface School of Nursing in Winnipeg, keep up their friendship and contribute their professional “camp nursing” knowledge and skills in caring for Ukraine’s orphans. Their activities range from teaching basic first aid, hygiene, and water safety to engaging the children in health promotion activities including HIV/AIDS awareness, infectious disease control, and anti-trafficking strategies aimed at preventing the victimization of boys (into organized crime) and girls (into prostitution or

slavery) when they leave the orphanage at age 17—no longer wards of the state. CCCF/MAC are always looking for more nursing volunteers!

For more information on Children of Chernobyl Canadian Fund, please see www.chornobyl.ca or contact us at: 2118-A Bloor St. W., Ste 200, Toronto, ON M6S 1M8. Telephone: (416) 604-4611, E-mail: cccf@bellnet.ca

Editor’s note: The website URL reflects a transliteration of the Ukrainian language form of the name of the city.



Forensic Nurses’ Society of Canada (FNSC)

**By Dr. Cathy Carter-Snell,
Associate Professor, Coordinator,
Forensic Research Network,
Mt. Royal College**

The FNSC is now formally a special interest group of the Canadian Nurses’ Association and on its way to becoming a fully elected organization. We thank Sheila Macdonald and Sheila Early for their participation in founding the FNSC and for their contributions as inaugural membership coordinator and communications officer respectively, as their terms ended in spring 2009. A fall election brought us some enthusiastic and energetic new board members—Nancy Horan (ON) is the new membership coordinator and Joanne Maclaren (BC) is the new communications/education coordinator. Susan Wilson (NS) offered to act as secretary in the absence of a

nominee. A president-elect position (three-year term) and a treasurer position (two-year term) are both up for nomination and election this spring. The new membership year starts on April 1, 2010, and will kick off with a free webinar for all members on April 28 (8 PST, 9 MST, 11 EST) followed by the annual general meeting online. We have a number of ideas for webinars, position papers and online communications to get members more involved this year. There is also an opportunity to assist FNSC in

welcoming the International Association of Forensic Nurses to Montreal in fall 2011. We are excited about the expanded board and looking forward to active participation from our members, many of whom are ER nurses and members of NENA as well!

If you are interested in joining the Forensic Nurses’ Society of Canada (FNSC), first complete an application form located at <http://www.forensicnurse.ca/members/members.htm>.

NENA is pleased to provide an opportunity for the Forensic Nurses’ Society of Canada to communicate with its members on the pages of the Outlook. Welcome, Forensic Nurses!



Calling all instructors

If your students have put the work into a presentation, a case study, a disease process, research, etc., encourage them to write it up into a brief article to be published in **Outlook**. Our section editors will work closely with them to help in the process, and they can see their hard work in print, help to educate emergency nurses across the country and add a publication to their resume—a win/win situation!

Articles can be submitted to the Communication Officer, Stephanie Carlson, Box 31E, R.R. 1, Station Main, Regina, SK S4P 2Z1, communicationofficer@nena.ca