

# An update to the Emergency Nursing Standards of Canadian Practice

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## Introduction

The 2025 NENA Emergency Nursing Standards of Canadian Practice document was revised in response to the evolving landscape of emergency nursing environments and practice in Canada. A shift in societal and healthcare priorities within the emergency department (ED) resulted in the addition of the following concepts within the emergency nursing standards: equity, diversity, inclusion, and accessibility (EDIA); intersectionality; overcrowding; and violence language.

A standards document is required due to the complex nature of emergency care that requires the nurse to attain a specialized body of knowledge, skills, and competencies (Healthdirect, 2021; Little et al., 2021). This was accomplished over a 2-year period by a group of dedicated NENA members, who reviewed current trends and issues unique to emergency nursing practice.

This article outlines the updates to the NENA standards, and discusses the methods and resources utilized. The standards help guide and shape competencies and are arranged into four overarching domains. These domains organize the framework for the novice-to-expert ED nursing practice.

## Methods

In June 2023, a call for volunteers was requested of the NENA membership to update the NENA Emergency Nursing Scope and Standards of Canadian Practice document last published in 2018. A group of approximately 20 ED nurses from seven provinces and territories collaborated, bringing a true pan-Canadian perspective. These members represented a diverse clinical practice background, including ED staff nurses, clinical and academic educators, and managers from emergency departments and urgent care centres.

An environmental assessment included relevant publications and articles, industry reports, news articles, and expert opinions, to identify emerging patterns and challenges to the practice of ED nursing. When developing the standards, the working group considered different practice environments across the country in which emergency nurses practise, from remote nursing stations to tertiary care centres. Subsequently, a critical literature review was performed to delve deeper into select issues. This allowed for the development of a robust, contemporary, and contextually relevant ED Standards document.

A review of existing standards and theoretical frameworks from associations and national emergency bodies, such as

the Canadian Association of Emergency Physicians (CAEP), the Emergency Nursing Association (ENA), and Canadian Association of Critical Care Nurses (CACCN), was conducted for this update.

Based on this analysis, the NENA working group determined a theoretical framework was required as the basis for the revisions to the existing standards. After collaboration and discussion, consensus was obtained that the Canadian Nurses' Association (CNA) framework would provide a strong foundation for the development of broad, overarching emergency nursing standards for ED nurses in all practice settings across Canada.

The working group incorporated, revised, and synthesized this research into various drafts. Working within deadlines, the final draft was presented to the NENA Board of Directors and general membership. Feedback was considered for integration into the final version, which was approved by the Board.

## Key differences

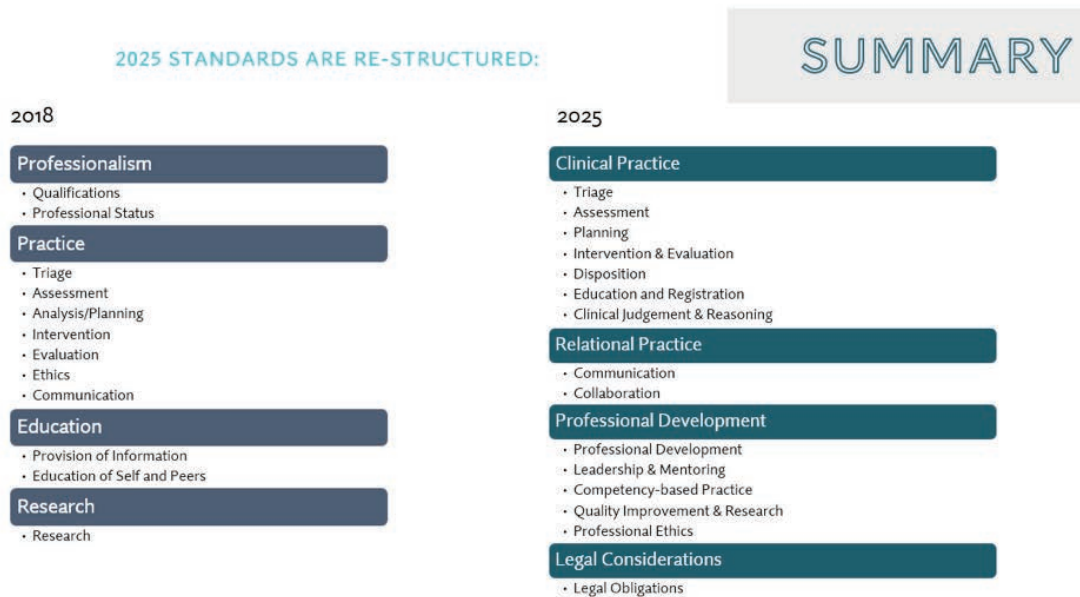
The working group reviewed the existing title, NENA Emergency Nursing Scope and Standards of Canadian Practice, and removed the word *Scope* to be consistent with other international emergency nursing bodies. This resulted in the creation of the first edition of the Emergency Nursing Standards of Canadian Practice. *Scope* refers to the regulatory aspects of nursing practice, which are set out by the legislation defining controlled acts and provides the authorizing mechanisms for such acts, whereas the word *standard* refers to a benchmark for the nurse to meet when carrying out nursing practice.

In this edition of the Standards, the content was organized into four overarching domains including Clinical Practice, Relational Practice, Professional Development, and Legal Considerations. New graphics were included to represent the frameworks and conceptual models. This use of graphics increases clarity and readability (see image below).

The next task of the association is to update the NENA Emergency Nursing Competency Based Practice Framework, which will act as a companion to guide ED nurses in meeting the NENA emergency standards.

To serve as a backdrop for emergency nursing quality care and patient advocacy, intersectionality was identified as a relevant, person-centred concept. The inclusion of the wheel of privilege and power (Immigration, Refugees and Citizenship Canada [IRCC], 2022), demonstrates that those depicted on the

**Figure 1**



periphery have less privilege or power and, therefore, experience greater stigmatization and bias, which can impact access to healthcare, health equity, and overall patient experience.

It was essential to highlight the increasing trend of violence experienced by ED nurses, including exposure to patients experiencing intimate partner violence and human trafficking. Given this phenomenon, self-care is essential for emergency nurses.

The environmental phenomenon of ED overcrowding and capacity was essential to include in the updates, as this requires specific navigation and support. Multiple factors were identified that contribute to ED overcrowding, which may have medico-legal implications for the ED nurse.

## Conclusion

This edition of the ED standards document is a cornerstone resource for ED nurses, healthcare leaders, and organizations, with a focus on improving and advancing ED nursing practice throughout Canada. Built on essential theoretical foundations that are central to ED practice, it fosters a contextual comprehension of ED nursing and establishes standards for professional practice in the field. This resource (Appendix 1), which is beneficial across the novice-to-expert continuum of ED nurses, will be available on the NENA website.

**Figure 2**

