

## COMPETENCIES FOR EMERGENCY NURSING

### 1. NATURE OF SPECIALISATION

Emergency nursing is a speciality, involving nursing care for patients of all ages in the emergency and/or critical phase of their illness or injury, focusing on the level of severity and time-critical interventions (ENSSA, 2010) with or without advanced technology. It is the nursing care of individuals of all ages, urgent to non-urgent, with perceived or actual physical and/ or emotional alterations of health that require intervention.

Emergency nursing is episodic, primary, and usually acute in nature. It is carried out in the emergency nursing practice, which is not confined to the emergency department, but includes the pre-hospital emergency response e.g. disaster management, inter-facility patient care, occupational environments that have high risk (for example oil rigs and mines) and hospital environments.

Emergency nurses are prepared to take care of foreseeable emergencies, skilled at identifying life-threatening problems, prioritizing the urgency of care, and rapidly and effectively carrying out resuscitative measures and other treatment. These nurses act with a high degree of autonomy and ability to initiate required measures without outside direction, educating the patient and their family/significant others with the information and emotional support needed to manage the situation.

Whilst collaborating with members of the multidisciplinary emergency team, the emergency nurse plays a crucial role in the identification and management of life-threatening problems and priorities. This includes the prioritising of care, resuscitative and stabilization measures with appropriate management, and the provision of information and emotional care to the patient and family members/significant others and colleagues within a supportive environment, in accordance with established evidence-based protocols.



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The emergency nurse will use clinical judgement and critical reasoning skills to manage the emergency patient and consequently implement interventions with the aim to restore stability, prevent complications and achieve and maintain optimal responses and outcomes for all patients.

The emergency nurse will be professionally equipped to serve the community as a specialist emergency practitioner in the pre-hospital inter-facility and hospital environment. Such emergency nurse will be able to function independently with basic, intermediate and advanced clinical competencies, which are recognised both nationally and internationally in the emergency environment.

In the Emergency Department (ED) they will perform as independent, interdependent and dependant clinical practitioners, leaders, consultants and specialist practitioners in providing evidence-based care to patients and their families/significant others as set out by the relevant legislative frameworks.

The emergency nurse will be able to:

- Function competently and professionally in the emergency environment.
- Have a range of skills, knowledge and attitudes to enable them to make a meaningful contribution to the provision of emergency health services.
- Display a sense of equity, justice and ethics to ensure accountability.
- Actively resuscitate patients facing life threatening situations within any emergency setting
- Provide primary, secondary and tertiary care to patients during, but not limited to, the acute phase of illness or injury, ranging from prevention to rehabilitation and end of life care; a trauma system supportive approach.
- Work as a specialist practitioner with other team members within the health care system in the prevention of morbidity and mortality; before, during and after emergencies.

## **2. UNIQUENESS OF EMERGENCY NURSING**

Emergency nursing encompasses a field of nursing where the focus is on the care of patients of all ages who are experiencing either perceived or actual minor to life-threatening emergencies, which are managed in collaboration with members of the healthcare team. Emergency nursing takes place along a continuum, which starts from the scene of the accident or initial illness (pre-hospital setting), transfers to an appropriate care facility (inter-facility setting) and the emergency department (hospital environment), where the emergency nurse functions within a complex technological environment and displays a high level of knowledge, skill and competence in caring for the patient and family/ significant other until discharged home, to an appropriate ward or rehabilitation centre.

## 2.1 The emergency setting

The emergency setting includes basic level, intermediate level and advanced capabilities, based on various accreditation frameworks. The basic level facility offers emergency first response and stabilisation (primary health care clinic). The intermediate facility (regional) offers sufficient resources to initially stabilize and commence management. The advanced facility (tertiary/academic) offers definitive care and comprehensive emergency services (Calvello, Tenner, Broccoli et al, 2015). Care within the emergency setting spans the full spectrum of prevention and curative care and may include rehabilitative care within a healthy work environment.

The emergency nurse is also an integral component of the first line of emergency defence in a major incident or a disaster. Providing health care in these situations presents many unusual challenges, such as an unstable environment, managing with limited human and material resources, and safety risks, while caring for patients during their most vulnerable time.

A lack of sufficient resources will require optimum prioritisation, creativity and improvisation in order to manage patients properly (Powers and Daily, 2010).

Emergency nurses furthermore play a vital role in the provision of military health care services. The *military emergency nurse* executes this unique role in unsafe, unstable situations, often in a hostile environment, where the emphasis is placed on ethical conduct towards own and enemy forces in need of care. In this role it is expected of the military nurse to simultaneously function as a soldier and a health care provider.

The *occupational emergency nurse* executes this unique role in unsafe, unstable situations, and often unhygienic environments (dust, mud and rock falls), where an emphasis is placed on legal compliance with Health and Safety standards as governed by the *Compensation for Occupational Injuries and Diseases Act (COIDA)* and the *Mine Health and Safety Act*. In this role it is expected of the occupational emergency nurse to function as both an employee and a health care provider.

## **2.2 The Emergency Nurse is able to carry out the following core skills:**

- Address injury prevention initiatives on primary, secondary and tertiary levels, in order to identify and provide education to the community through programmes to promote wellness and prevent injuries, such as alcohol awareness, child passenger safety, gun safety, bicycle and helmet safety, and domestic violence prevention etc.
- Critically reflect on practise and analyse epidemiology evidence (studies re burden of disease and injuries) to determine and implement injury prevention strategies on a primary (before the injury happens), secondary (assuring appropriate, timeous level of care) and tertiary (community-based education in preparation of return of the patient to the community) level.
- Triage and respond to the rapidly changing physiological and psychological status of complex emergency care patients based on haemodynamic parameters, with a focus on mechanism of injury or history of the illness and the presenting signs and symptoms.
- Analyse the mechanisms of injury and/or pre-hospital history and/or the patient's clinical presentation to formulate patient-centred interventions and health and safety precautionary measures.
- Be prepared to take care of any foreseeable emergencies, while focusing on the time and criticality aspects of the patient.
- Have a broad clinical knowledge, demonstrate sound clinical judgement and initiate appropriate management, urgent to non-urgent, in time-critical and often overcrowded, chaotic environments.
- Have a flexible and adaptable approach, to appropriately manage the dynamic and often uncontrolled environment and patient situations found in the Emergency settings.
- Collaborate with the multi-disciplinary team to assess, diagnose, prioritise, stabilise and transfer or discharge a patient population that encompasses the whole human life span, with perceived or actual minor to severe physical and/or emotional alterations of health that are undiagnosed or require further interventions.
- Initiate appropriately and sensitive contact and conversations (sometimes difficult) with patients and family/ significant others, employers and colleagues about the progression of care during their healthcare journey.

## **2.3 Different settings for provision of care**

Emergency nursing consists of care delivered in the pre-hospital, inter-facility and hospital environment, which is often challenging and usually time-sensitive. This environment includes, but is not limited to the following settings:

- Pre-hospital, which includes major and minor incidents or disasters; and military, mining and hostile environments;
- Industrial and occupational environments;
- Inter-facility, which includes road, water and air evacuation interventions, and maintaining care during inter-facility transfers (which may include the initiating of care in a mobile environment, e.g. the emergency nurse working on a ship or an aeroplane) or in open/dangerous areas such as the mines etc.
- Hospital, including emergency department/unit) and associated definitive care facilities.

### **3. OVERLAP OF COMPETENCIES**

While each of the study areas below may yield a stand-alone qualification, there is shared knowledge and skills (commonalities) among these, creating an overlap of some competencies. This will probably have educational implications, where some modules may have to be shared by the different specialities. It is possible that some of the named disciplines may not become full qualifications, depending on educational requirements and the percentage of core content.

Emergency Nursing competencies overlap with one another and should include components of:

- Intensive Care/Critical Care Nursing
- Orthopaedic Nursing and Neurological Nursing
- Medical and Surgical Nursing Care
- Paediatric and Neonatal Emergency Nursing Care
- Maternal/Obstetrical Emergency Nursing
- Forensic Nursing
- Operating Theatre Nursing
- Community Health Nursing

#### 4. SUMMARY OF CORE COMPETENCIES

DOMAIN 1: PROFESSIONAL, ETHICAL AND LEGAL PRACTICE	
SUBDOMAIN/CORE COMPETENCY	SPECIFIC COMPETENCY
<b>1.1. Professional Practice</b>	1.1.1 Accept accountability for increased responsibility, including own professional judgment, actions, outcomes of care, ethical practice and continued competence in accordance with legislation and policy frameworks (both national and international).
	1.1.2 Engage in continuous professional development, utilising formal and informal platforms, by reflecting and recognising own level of competence and limitations, seek development opportunities and record development activities to provide evidence of life-long learning.
	1.1.3 Commit to the development of peers, students and other categories of healthcare providers by creating a healthy practice environment that promotes and fosters professional growth and resilience.
	1.1.4 Foster professional autonomy and accountability within the independent, dependant and interdependent roles of the Emergency Nurse within themselves and others.
	1.1.5 Actively participate in activities and affairs of professional associations and regulatory bodies to advocate for professional matters and emergency care (specifically emergency nursing) in the development of legislation and policies, including the improvement of emergency care practices.
	1.1.6 Collaborate with the multi-disciplinary team to ensure a team-based approach in the care of emergency patients, and collective learning and implementation of evidence-based practice.
	1.1.7 Promote access to emergency care as a right to all South Africans as stipulated by the Constitution of South Africa.

<b>1.2. Research activities for Professional Practice</b>	1.2.1 Contribute towards improving knowledge by conducting or synthesising research and other evidence that reveals, examines and evaluates current emergency nursing practice, knowledge, theories, criteria and creative approaches to ultimately improve emergency care and professional development.
	1.2.2 Engage in research activities to inform evidence-based practice, to improve and promote optimal patient outcomes.
	1.2.3 Disseminate research findings through activities, such as presentations, publications, consultations and journal clubs to a variety of audiences that include but are not limited to healthcare providers in the emergency care setting.
	1.2.4 Critically analyse and discuss the findings of research within the healthcare team in the field of emergency care, and negotiate for the implementation of relevant and appropriate applicable research findings in the emergency setting.
	1.2.5 Provide and translate evidence-based recommendations for patients with complex, acute, critical illness/injury or atypical presentations.
	1.2.6 Analyse the effects of community systems, resources such as Emergency Medical Service (EMS) pre-hospital protocols, and identify opportunities for improvement to promote optimal emergency care.

<b>1.3. Legal Practice</b>	1.3.1 Practice in accordance with professional and other relevant international and national legislation applicable to specialist nursing practice and the special patient population (emergency patients).
	1.3.2 Recognise and act upon laws relating to the professional role and/or professional Code of Conduct.
	1.3.3 Practice in accordance with current emergency care policies and evidence-based procedural guidelines and protocols.
	1.3.4 Interpret and evaluate current regulations to develop or implement clinical practice guidelines and policies for situations of violence, neglect and abuse.
	1.3.5 Identify, mitigate and manage potential and actual medico-legal risks in the emergency setting, and the reporting thereof to the relevant authorities.
<b>1.4. Ethical Practice</b>	1.4.1 Deliver emergency care in a manner that preserves and protects the autonomy, dignity, rights, values, beliefs and preferences of health care workers, patients and their family/significant others in the midst of challenging, unpredictable emergency settings.
	1.4.2 Participate in ethical and legal debates concerning complex decisions and orders in the emergency setting, for example: end of life decisions ( <i>do not attempt resuscitation</i> or <i>do not escalate care/palliative care</i> ) and care of the vulnerable populations. This includes research activities.
	1.4.3 Acknowledge the significance and contribution of the emergency patient and family/significant others in ethical decision making in conjunction with the multidisciplinary team, and assisting them to make informed decisions.
	1.4.4 Maintain and advocate for patient autonomy and confidentiality within the legal and ethical framework of emergency care, and the patient's access to emergency care.

	<p>1.4.5 Intervene according to legislative guidance in cases of illegal, unethical or inappropriate behaviour that exposes the emergency patient to risk and jeopardizes the best interests of the patient, e.g. report suspected criminal activity and adverse events to relevant structures, including the regulatory body.</p>
	<p>1.4.6 Recognise, address and respond appropriately to safety and quality improvement concerns in emergency care practices.</p>
	<p>1.4.7 Participate in and advocate for the patient, family/significant others and the profession in all aspects of decision making, especially in ethical dilemmas and time-constrained situations. Serve as a mentor and role model by participating in the resolution of ethical and clinical dilemmas.</p>
	<p>1.4.8 Advocate for staff in addressing risks and safety concerns in the emergency setting (violence towards staff, patients, family/significant others), promoting advancement and positive practice environments whilst recognising limitations, legal responsibilities and scope of practice.</p>
	<p>1.4.9 Display sensitivity to cultural, professional and technological diversity within the multi-disciplinary team and emergency care continuum.</p>
<b>1.5. Coaching</b>	<p>1.5.1. Serve as a mentor, role model and expert resource for pre-hospital personnel, inter-professional/ inter-disciplinary colleagues and students, as well as nurses and EMS staff.</p>
	<p>1.5.2. Develop, implement and evaluate educational programmes related to emergency care (e.g. triage, trauma, psychiatric emergencies, disaster management etc.).</p>
	<p>1.5.3. Facilitate the recognition, prevention, referral and treatment of stress responses among emergency care providers as it relates to critical incidents, compassion fatigue, vicarious trauma, acute stress disorder or post-traumatic disorder.</p>

<b>1.6. Major Incident and Disaster Practice</b>	1.6.1 Recognise the fundamental approaches to major incident and disaster nursing, including nursing in a combat situation.
	1.6.2 Display competencies related to preparedness, organisation and implementation of appropriate responses within an ethically challenging environment, whilst applying health policy and organisational and personnel planning for emergencies.
<b>DOMAIN 2: CLINICAL PRACTICE – CARE PROVISION AND MANAGEMENT</b>	
<b>SUBDOMAIN/CORE COMPETENCY</b>	<b>SPECIFIC COMPETENCY</b>
<b>2.1. Prevention through health promotion</b>	2.1.1 Critically reflect on practise and analyse epidemiology studies (burden of disease and injuries) to determine and implement injury prevention strategies on a primary (before the injury happens), secondary (assuring appropriate, timeous level of care) and tertiary (community-based education in preparation of return of the patient to the community) level.
	2.1.2 Create awareness through collaboration and engagement with the community (professional and non-professional) in an attempt to avert or reduce episodes of critical illness and the burden of injury (health promotion and injury prevention).
	2.2.3 Develop and communicate critical discharge advice and information, including health promotion and injury prevention information, to the emergency patient and/or family/significant others in order to assist them to plan and manage their own care effectively.

<b>2.2. Essential Clinical skills, including competencies across the spectrum for the primary, resuscitative and secondary phases of Emergency Care</b>	2.2.1 Engage in a continuous cycle of assessment (primary and secondary survey), planning and implementation of interventions, and evaluation and re-evaluation of the effectiveness thereof.
	2.2.2 Collaboratively and continuously analyse, record and report interventions, patient response and progress, as directed by care-appropriate management tools.
	2.2.3 Considers the unique age-specific aspects of assessment, planning, implementation and evaluation techniques during all phases of emergency care for the following vulnerable patient population: bariatric, physically and mentally challenged, cognitive impaired, forensic, geriatric, new-born, paediatric, pregnant, psychiatric.
	2.2.4 Promote optimal family-centred care in the emergency nursing practice involving, but not limited to the following: <ul style="list-style-type: none"> <li>• Collaboration with the patient, family/significant others and multi-disciplinary team members to establish a holistic and individualised plan of emergency care;</li> <li>• Provide assurance and appropriate information to family/significant others, including the employer;</li> <li>• Encourage the family, employer/colleagues to remain involved with the care of the patient;</li> <li>• Provide regular, honest, relevant and realistic information;</li> <li>• Collaborate with other services to provide on-going support;</li> <li>• Use of language consistent with the level of understanding.</li> </ul>
	2.2.5 Consider psychosocial aspects in the care of the emergency patient/family as well as the professional emergency staff.
	2.2.6 Operate various relevant/ appropriate types of technology used in the emergency and health care setting safely and appropriately.
	2.2.7 Apply timeous critical thinking and clinical judgment and decision making underpinned by scientific, biomedical and technological knowledge in the emergency setting to prioritise and deduce comprehensive, individual care for

	<p>the emergency patient, in collaboration with the relevant multidisciplinary team.</p>
	<p>2.2.8 Monitor the haemodynamic, biomedical and clinical effects of the disease/injury processes and multiple pharmacological agents used in the emergency setting, such as but not limited to analgesics, anti-microbial therapy, cardio-vascular and respiratory agents, as well as antidotes.</p>
	<p>2.2.9 Manage and optimise the emergency nursing context (physical, psychological and physiological) in a professional manner to the benefit of emergency patients, families/significant others and other health care workers, for example:</p> <ul style="list-style-type: none"> <li>• Implement aseptic techniques: infection prevention/control;</li> <li>• Implement appropriate bundles of care, e.g. to decrease healthcare associated infections;</li> <li>• Ensure equipment in the emergency setting is checked, maintained and readily available for use;</li> <li>• Provide a safe space for the mentally ill and victims of abuse.</li> </ul>
	<p>2.2.10 Monitor, critically evaluate and re-evaluate interventions and progress of the patient condition regularly, as determined by the signs of patient improvement and/or deterioration, care management tools, and in collaboration with the multidisciplinary team.</p>
	<p>2.2.11 Specific minimal clinical skills:</p> <ul style="list-style-type: none"> <li>- Open and maintain an airway, using basic and advanced skills.</li> <li>- Management of oxygenation and ventilation, including but not limited to using a bag-valve-mask device, peep valve and mechanical ventilation. Interpretation of Venous Blood Gas and Arterial Blood Gas and making the necessary changes to ventilator settings.</li> <li>- Able to obtain peripheral and intra-osseous vascular access.</li> <li>- Fluid resuscitation (manage massive fluid resuscitation or massive blood transfusion).</li> <li>- 12-lead ECG interpretation.</li> <li>- Basic life support (BLS).</li> <li>- Use of a manual defibrillator.</li> </ul>

<b>2.3. Clinical competencies for Primary Care provision</b>	2.3.1 Assess for environmental hazards and take immediate action to protect the patient, bystanders, colleagues and the members of the multidisciplinary team to ensure the safety of the emergency care environment. This includes accessing the appropriate resources or disciplines to provide safety.
	2.3.2 Apply biomedical and social sciences knowledge such as anatomy, physiology, pathophysiology, clinical pharmacology, educational, psycho-socio-cultural, ethical, legal and economical contexts of disease to assess an emergency patient (e.g. primary, secondary and continuous survey).
	2.3.3 Triage and prioritise patient care based on haemodynamic parameters, with a focus on mechanism of injury, history of the illness and/or presenting clinical signs and symptoms.
	2.3.4 Promptly assess and intervene when life-threatening conditions are present.
	2.3.5 Implement interventions to monitor and maintain airway patency while protecting the patient's cervical spine, using the appropriate evidence-based practice guidelines.
	2.3.6 Implement interventions to monitor and maintain ventilation and oxygenation that include basic, intermediate, advanced and difficult airway interventions, using the appropriate evidence-based practice guidelines.
	2.3.7 Implement interventions to monitor and maintain circulation, using the appropriate evidence-based practice guidelines.
	2.3.8 Implement appropriate immobilization accordingly. Implement interventions to assess and evaluate the neurological status of the patient, utilizing the correct equipment and techniques and using appropriate scoring systems (disability).
	2.3.9. Implement interventions to monitor and maintain the metabolic status of the patient.

<b>2.4. Clinical competencies for resuscitation/management</b>	2.4.1 Implement the resuscitative actions, guided by best practice guidelines in accordance with the findings from the history and primary survey.
	2.4.2 Implement the prioritised interventions based on the assessment and findings, including the use of appropriate technological devices e.g. automated external defibrillator (AED), defibrillator (internal/external) and external pacing.
	2.4.3 Utilise evidence-based formulae to accurately calculate drug dosages, fluid volumes, blood and blood products; and administer drugs, fluids, blood and blood products for the emergency patient population, while observing for responses and reactions to the proposed treatment.
	2.4.4 Implement individualised, comprehensive, evidence-based care, based on the findings of the scientific, biomedical and technological assessment of the emergency patient within the relevant contextual variables/factors and multidisciplinary collaboration.
	2.4.5 Prepare for, assist with and perform procedures on the emergency patient, including execution of insightful post procedure observations, e.g. thoracotomy, ultrasound, lumbar puncture, peri-cardiocentesis, needle thoracocentesis, CVP, intra-costal drains and intra-osseous access.
	2.4.6 Communicate effectively and timeously within the multidisciplinary team in relation to consultation and referral of complex problems or deterioration in the patient's status.
	2.4.7. Practice effectively as a leader and member of the emergency team.
<b>2.5. Clinical competencies for provision of Secondary Care</b>	2.5.1 Systematically assess the emergency patient from head-to-toe (secondary survey) to identify actual and potential injuries or underlying conditions.
	2.5.2 Continuously and timeously re-evaluate the intervention plan, and prioritise care.

	2.5.3 Interpret the relevant data of the emergency patient from the various data sources, to direct further care.
	2.5.4 Ensure the comfort of the patient through appropriate basic strategies such as: decreasing spine board times, pain management, positioning and splinting of fractures.
	2.5.5 In collaboration with the multi-disciplinary team, validate the emergency patient's response to interventions, in keeping with a patient-centred approach and being aware of the time-sensitive environment.
<b>2.6. Clinical competencies for transfer and receiving of patients from EMS and other healthcare providers</b>	2.6.1 Actively participate in decision making on transfer of patients to appropriate care facilities.
	2.6.2 Ensure continuity of care through an accurate, systematic and comprehensive handover to the healthcare providers of the next level of care, e.g. ward, intensive care unit (ICU), operating room (OR) or transferring facility.
	2.6.3 Be cognisant of available resources, and initiate referrals to ensure timely and relevant referral, to promote optimal patient outcomes.
	2.6.4 Prepare, package and monitor while accompanying the emergency patient to ensure safe intra-hospital and inter-facility transportation.
<b>2.7. Therapeutic communication and relationships</b>	2.7.1 Use advanced communication and interpersonal skills to initiate, develop and discuss therapeutic relationships with emergency patients, their families or significant others.
	2.7.2 Practice active listening skills in an unbiased manner, respect points of view of others, and promote the expression of diverse opinions and perspectives.
	2.7.3 Establish and apply open channels of communication (written, non-verbal and verbal) within the emergency setting.
	2.7.4 Be role models for and encourage patient-centred communication, including patients with compromised

	communication ability, in the challenging emergency environment.
	2.7.5 Advocate for the patient in relation to all interventions and orders, especially in relation to clinical trials, “do not resuscitate” orders and termination of life support.
	2.7.6. Communicate with the family of the emergency patient to orientate them about the emergency care interventions, technology and the patient status (especially when there is a change in the patient’s status) e.g. in cases of family presence during resuscitation, and to foster smooth transition of the patient across the emergency setting.
	2.7.7 Establish rapport with the emergency patient and families/ significant others through active listening, giving honest and appropriate answers, displaying a non-judgmental attitude etc.
<b>2.8. Clinical practice and management in a major incident, combat or disaster situation</b>	2.8.1 Systematic assessment and provision of major incident, disaster and combat nursing by assessing needs and planning, providing and managing care in a resource limited environment while maintaining core competencies.
	2.8.2 Care for vulnerable people and their families/significant others in a hostile, often unsafe or unstable environment, using appropriate competencies. Treat people with special needs and maintain ethical judgement towards wounded enemy soldiers, hostile population groups or victims of hostile actions.
	2.8.3 Provide care management in emergency and disaster situations, using competencies for maintaining the care environment and team system with insufficient resources, which requires improvisation and initiative.
	2.8.4 Support the maintenance of the care environment through competencies in maintaining environmental health, mine health, ensuring safe water, optimal sanitation and maintaining hygiene in a major incident, disaster or combat scenario. These competencies may necessitate improvisation in respect of communications/ information sharing, cold chain management, supply of equipment and sterility.

	<p>2.8.5 Display professional development competencies, including:</p> <ul style="list-style-type: none"> <li>- Monitoring, mentoring and evaluation, with a focus on competency in leadership;</li> <li>- Co-ordination and team work in a hostile environment setting, while maintaining accountability as well as legal/ethical aspects.</li> </ul>
<b>DOMAIN 3: QUALITY OF PRACTICE</b>	
<b>SUBDOMAIN/CORE COMPETENCY</b>	<b>SPECIFIC COMPETENCY</b>
<b>3.1. Quality Improvement</b>	<p>3.1.1 Always adopt safe practice. Regularly analyse the emergency care system and its philosophy to align emergency nursing accordingly, e.g. aligning with the <i>Primary Health Care approach</i>, the implications of <i>National Core Standards for Emergency Nursing Practice</i>, other national health care programmes such as the <i>Strategy for Nursing Education, Training and Practice</i>, infection control programmes, <i>Mine Health and Safety standards</i>, disaster programmes and adhering to best practice guidelines (national and international).</p>
	<p>3.1.2 Collaboratively develop, monitor and analyse indicators, checklists and outcomes to monitor for risks, unintended outcomes, and the implementation of quality initiatives and effectiveness of emergency nursing practice, based on contextual variables such as infection rates, length of stay, morbidity, mortality and adverse events.</p>
	<p>3.1.3 Recognise workplace violence and implement risk mitigation strategies for the recognition and management of disruptive and violent behaviour in the emergency setting.</p>
	<p>3.1.4 Design innovations to effect change in emergency nursing practice and improve patient outcomes through the integration of evidence-based knowledge and skills.</p>
	<p>3.1.5 Evaluate the practice environment and quality of emergency nursing rendered in relation to existing evidence, feedback from health care users and pre-set indicators, and implement appropriate strategies.</p>

	3.1.6 Use the results of quality improvement activities to initiate changes in emergency nursing practice and in the health care delivery systems.
<b>3.2. Continuing Education</b>	3.2.1 Create and utilize learning opportunities for orientation and teaching of staff, patients and families of emergency patients in the highly unfamiliar and stressful emergency care environment.
	3.2.2 Continuously reflect on the self and staff competence and keep themselves and staff up to date with current health issues and health care trends in this dynamic environment.
	3.2.3 Consciously seek new experiences and formal and independent learning activities to maintain and regularly develop clinical and professional skills and knowledge, and enhance personal growth.
	3.2.4 Apply principles of teaching, learning and evaluation to designing educational programmes that enhance the knowledge and practice of staff.
	3.2.6 Participate in the formal and informal education of students and new staff members.
	3.2.7 Act as a consultant or resource person for emergency care in the health care facility, e.g. as follows: <ul style="list-style-type: none"> <li>• Responding to and participating in calls for resuscitation in other units;</li> <li>• Responding to and participating in calls for major incident management in the healthcare environment.</li> </ul>
	3.2.8 Maintain professional records that provide up to date evidence of competency and lifelong learning.

DOMAIN 4: MANAGEMENT AND LEADERSHIP	
SUBDOMAIN/CORE COMPETENCY	SPECIFIC COMPETENCY
<b>4.1. Management and Leadership</b>	4.1.1 Be a role model by demonstrating/displaying clinical competency, critical thinking, ethical practice and caring. Ensure the appropriate utilisation and delegation of available team members in the emergency environment, taking into consideration the qualified staff and skills mix, in order to provide safe patient care. Able to direct and supervise, which include but are not limited to the supervision and education (mentorship) of colleagues and other healthcare practitioners in the emergency department.
	4.1.2 Share, foster and translate the vision and mission of the organization into the practice of nursing in the emergency care setting.
	4.1.3 Coordinate the care of emergency patients across the patient healthcare journey, to achieve optimal patient outcomes within this time-sensitive environment.
	4.1.4 Oversee the care given by others, while ensuring accountability for the quality of care given to the emergency patients and their families.
	4.1.5 Mentor colleagues for the continued advancement of emergency nursing practice, the nursing profession and quality of care.
	4.1.6 Develop and implement a succession plan to ensure continuity of care (and emergency nursing leadership) in the emergency nursing practice.
	4.1.7 Participate in key roles on committees, councils and administrative teams in the interest of empowering own nursing practice, that of colleagues and the profession.
	4.1.8 Influence decision-making bodies to improve the emergency nursing practice environment and patient outcomes.

	4.1.9 Participate in efforts to influence health care policy on behalf of health care users and the profession.
	4.1.10 Participate in designing systems that support effective teamwork and positive outcomes in the emergency nursing environment.
	4.1.11 Introduce, evaluate and manage innovation and change in the emergency nursing setting through encouraging creativity, problem solving and critical thinking skills in staff.

**5. HIGHLIGHTING THE DIFFERENCES BETWEEN *CRITICAL CARE NURSES, PRE-HOSPITAL PERSONNEL AND EMERGENCY NURSES***

<b>PRE-HOSPITAL PERSONNEL</b>	<b>EMERGENCY NURSING</b>
Take charge of the scene, extrication	Do not take responsibility for scene management
Greater focus on 'mechanism of injury'	Limited focus on 'mechanism of injury'
Follow the biomedical model	Look at the patient holistically
Some understanding of a hospital setting	Advanced understanding of the hospital setting
Focus on primary survey and primary interventions – very seldom do secondary surveys and rather focus on primary life saving	Do primary and secondary surveys etc. – provide a far more comprehensive service, from injury to rehabilitation
Focus on initial primary life-saving skills (limited)	Resuscitation phases are more advanced, involve a great deal more diagnostics and drugs

Limited focus on psychosocial aspects – utilisation of ‘softer skills’ more prominent	Psychosocial skills play a large part
Forensics – can highlight, identify high index of suspicion, but do not pursue any further	Forensics – need to identify, manage and pursue across all aspects
Transfer to appropriate care, with minimal stabilization prior to transfer	Assist with advanced stabilization and transfer to appropriate definitive care from Level II to Level I
Limited involvement in injury prevention	Injury prevention an important aspect – fully involved in community prevention initiatives and programmes
<b>CRITICAL CARE NURSING</b>	<b>EMERGENCY NURSING</b>
Work in the ICU	Work in different environments i.e. pre-hospital, Emergency Department etc.
Nurse patient during critically ill phase only	Manage patient from time of accident/injury until rehabilitation: whole patient journey
Closed unit	Unpredictable, uncontrolled environment, often hostile
Critically ill patients	Large proportion of non-urgent patients in addition to critically ill patients
Stable patient levels	Fluctuating patient volumes and acuity levels
Transferred to the ICU from other areas within the hospital	Receiving patients directly from the scene
Less variation	Alternating between patients of different ages, diagnoses and urgent/non-urgent status in a short space of time
‘Packaging’ patients from a controlled environment	‘Packaging’ patients for transfer in an uncontrolled environment
Continuum of care is very broad but less fluctuating over a short period of time	Continuum of care is very broad – takes into account everything and everyone, fluctuating over short period of time (advanced generalist)
Use advanced invasive technology for haemodynamic monitoring	Basic haemodynamic monitoring – based on clinical manifestations and history

Patient usually 'worked up' and diagnosed	Work to establish diagnosis and then plan care
Advanced ventilation and weaning practices	Initiate and manage ventilation; rarely involved with weaning
ICP monitoring	Clinical signs-raised ICP used only
Complex pharmacological usage, long term	Acute pharmacological management
Implement long term strategies to prevent infections	Initial prevention of infections during emergency nursing management
Minimal assessment of environment hazards	Assess for environmental hazards – HAZMAT
Advanced and long term wound care	Initial wound care treatment
Dialysis	No dialysis
Limited management of toxicology	Initial management of toxicology – identification and initial management
Involvement with family/significant others is longer term	First encounter with and often brief involvement with family/significant others who are often highly stressed
Nursing outcome measures more related to patient outcomes, less related to time	Nursing outcome measures emphasis related to time and appropriate interventions
Limited involvement in mass casualty incidents	Mass casualty incident management – manage from scene onwards, manage multiple patients  Often in charge of hospital disaster management
Some community prevention	Large amount of community prevention – primary, secondary and tertiary level

## 6. SKILLS LIST FOR EMERGENCY NURSING

<b>Assessment and recording</b>		
	<b>Yes</b>	<b>No</b>
• Effectively determine patient priority based on assessment (triage)		
• Direct patients to appropriate areas, teams, and services		
• Use the structured A-E (primary) approach to undertake patient assessment and management of life-threatening emergencies		
• Use a structured approach to gather and document the clinical history		
• Use a structured (secondary) approach to undertake head-to-toe patient assessment		
• Safely and accurately record all clinical observations and interventions		
<b>Safety within the hospital environment</b>		
• Ensure that patients are managed in a safe environment		
• Safely assess, plan and implement moving of patient (e.g. MRI scan, ICU)		
• Follow guidelines/policies on the administration of medication		
• Select appropriate equipment and safely administer medication as prescribed		
• Recognise and take appropriate action when a patient experiences early signs of adverse medication reactions, allergic reactions or anaphylaxis		
• Ensure adequate information for patients about medication prior to discharge		
• Apply the isolation, waste, linen, and 'sharp' policies, and standard precautions to promote best practices, and challenge bad behaviour		
• Apply and remove personal protective equipment (PPE)		
• Apply guidelines to reduce healthcare related infections		
• Demonstrate the use and removal of extrication devices		
• Demonstrate the ability to identify and manage any medico-legal and ethical issues encountered		

<b>Airway and cervical spine management</b>		
	<b>Yes</b>	<b>No</b>
• Demonstrate effective and accurate airway positioning		
• Demonstrate the removal of a foreign body removal: upper airway		
• Demonstrate the ability to manage the airway of a patient		
• Demonstrate spinal immobilisation of patient with suspected spinal injuries		
<b>Breathing and ventilation</b>		
	<b>Yes</b>	<b>No</b>
• Initiate appropriate oxygen therapy		
• Deliver inhaled medication		
• Prepare equipment and support patient undergoing chest aspiration/ drain insertion for a pneumo- or haemothorax		
• Demonstrate the principles of rapid sequence intubation		
• Initiation of mechanical ventilation ( <i>non-invasive and invasive</i> )		
• Nursing care of a patient on a mechanical ventilator		
• Monitoring and effectively address the oxygenation, ventilation and metabolic status of a patient		
• Demonstrate an emergency needle decompression of tension pneumothorax		
• Demonstrate the management of a chest drainage system		
• Interpret a chest X-ray		
• Demonstrate the ability to perform endotracheal suctioning (open and closed)		

## CIRCULATION WITH HAEMORRHAGE CONTROL

	Yes	No
• Monitor the haemodynamic status of a patient		
• Recognise signs of shock and summon appropriate clinical support		
• Correctly analyse 12-lead ECG and troubleshoot where recordings are of poor quality		
• Demonstrate a systematic approach to ECG interpretations of life-threatening and non-life-threatening arrhythmias		
• Perform basic and advanced life support skills ( <i>including defibrillation, cardioversion, administration of drugs, IV/IO access</i> )		
• Instigate appropriate monitoring and investigations following the return of spontaneous cardiac output		
• Provide appropriate support during the process of imparting bad news		
• Care for the dying patient and family/significant others		
• Demonstrate the management of acute wounds		
• Demonstrate the administration of fluid and blood products		
• Demonstrate the ability to initiate appropriate intravenous access		
• Demonstrate the ability to correctly calculate appropriate fluid management		
• Demonstrate effecting splinting of limbs		
• Demonstrate effective splinting of pelvis		
• Demonstrate the removal of a helmet		

**Disability, differential diagnosis, defibrillation and drugs**

	Yes	No
• Monitor a patient's level of consciousness		
• Monitor the blood glucose level		
• Prescribe appropriate medication to facilitate:		
- Sedation		
- Analgesia		
- Skeletal muscle relaxation		
- Increased cardiac output with the use of positive inotropes		
- Thrombolysis in acute myocardial infarction		
• Order appropriate investigations (e.g. venous blood gas, lactate)		

**Exposure and environmental control**

	Yes	No
• Implement measures to reverse hypothermia		
• Implement measures to reverse hyperthermia		

**Adjuncts**

	Yes	No
• Perform an arterial stab and insert an arterial line if appropriate		
• Perform a gastric lavage		
• Demonstrate the removal of a ring		
• Demonstrate eye irrigation		
• Demonstrate the packaging for epistaxis		
• Prepare for inter-facility ground or air transport		
• Demonstrate the implementation of basic principles in the preservation of forensic evidence		

• Demonstrate an understanding of the disaster management plan and be a part of the disaster management committee		
<b>Special circumstances</b>		
	<b>Yes</b>	<b>No</b>
• Supportive management for obstetric emergencies		
• Assessment of foetal heart rate		
• Emergency child birth		
<b>Communication and Leadership</b>		
	<b>Yes</b>	<b>No</b>
• Demonstrate effective communication with colleagues, both internal and external, in the emergency care setting		
• Demonstrate effective communication with patients of all ages and their families/significant others, including regular updates on care plans		
• Demonstrate the ability to work effectively in a team		
• Demonstrate the ability to lead a small team		
• Demonstrate the ability to lead the departmental team on a shift basis		
• Demonstrate skill in managing, supervising and supporting colleagues on a shift basis		
• Demonstrate a teaching role in the unit		

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- *Trauma Society of South Africa*
- *Emergency Nurses Society of South Africa*
- *Emergency Medicine Society of South Africa*

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