



National Emergency Nurses Association

Leaders in Emergency Nursing

Leaders pour les Soins Infirmiers d'Urgence

EMERGENCY NURSING STANDARDS OF CANADIAN PRACTICE

FIRST EDITION

April 2025

Emergency Nursing Standards of Canadian Practice
National Emergency Nurses Association

Copyright 2025 by the National Emergency Nurses Association (NENA)
No part of this document may be reproduced in any manner without the written permission of NENA.

First published as Emergency Nursing Scope and Standards of Practice 1986
Revised in 1993, 1999, 2007, 2011, and 2018.

TABLE OF CONTENTS

Table of Contents

TABLE OF CONTENTS	2
SECTION ONE	4
Introduction	4
SECTION TWO	5
Foundations of Emergency Nursing Practice	5
Theoretical Foundations of Emergency Nursing Practice	8
Theoretical Foundations	8
Patricia Benner - Novice-to-Expert Model	8
Competency-Based Practice	8
Metaparadigm of Nursing	9
Intersectionality	10
SECTION THREE	12
Emergency Nursing Practice Settings Considerations	12
Tertiary Emergency Department (ED)	12
Regional and Larger Community Emergency Department	12
Small Community and Rural Emergency Departments	13
Remote Nursing	13
SECTION FOUR	13
Emergency Nursing Standards	13
Domain 1: Clinical Practice	15
Standard 1: Triage	15
Standard 2: Assessment	16
Standard 3: Planning	16
Standard 4: Intervention & Evaluation	16
Standard 5: Disposition	17
Standard 6: Education and Registration	17
Standard 7: Clinical Judgement & Reasoning	17
Domain 2: Relational Practice	18
Standard 8: Communication	18
Standard 9: Collaboration	18
Domain 3: Professional Development	19
Standard 10: Professional Development	19
Standard 11: Leadership & Mentoring	19
Standard 12: Competency-Based Practice	19
Standard 13: Quality Improvement & Research	19

Standard 14: Professional Ethics	20
Domain 4: Legal Considerations	20
Standard 15: Legal Obligations	20
References	21

SECTION ONE

Introduction

Background

The National Emergency Nurses Association (NENA) is the national voice for the highest standards and practices in emergency nursing and emergency care environments across Canada (Canadian Association of Emergency Physicians, 2020; NENA, 2018). NENA was founded in 1982 and is dedicated to promoting quality emergency care. The Canadian Nurses Association (CNA) recognizes NENA as the professional association of national emergency nurses and designated emergency nursing as a speciality in 1991. Nurses from all Canadian provinces and territories comprise membership (NENA, 2018).

NENA promotes emergency nursing as a vital specialty in the field of health care and has demonstrated commitment to excellence in emergency nursing by:

1. Establishing the standards of emergency nursing practice and related competencies in Canada.
2. Publishing evidence-informed position statements on a wide range of topics pertaining to emergency nursing.
3. Promoting emergency nursing research with bursaries and publications.
4. Networking in conferences, including the National Emergency Nurses Association Annual Conference.
5. Publishing the Canadian Journal of Emergency Nursing (CJEN).
6. Establishing and providing internationally recognized courses including:
 - a. Canadian Triage and Acuity Scale (CTAS)
 - b. Trauma Nursing Core Course (TNCC)
 - c. Emergency Nursing Pediatric Course (ENPC)
7. Supporting clinically relevant courses including:
 - a. Advanced Cardiac Life Support (ACLS)
 - b. Pediatric Advanced Life Support (PALS)
 - c. Neonatal Resuscitation Program (NRP)
 - d. Emergency Practice, Interventions and Care-Canada (EPICC)

Purpose

The primary purpose of this standards document and the forthcoming associated document NENA Emergency Nursing Competency-Based Practice Framework are to advance, promote, guide, and direct professional practice of emergency nursing in Canada. Emergency care plays an integral role within the broader Canadian healthcare system. The complex nature of emergency care provision requires the emergency nurse to attain a specialized body of knowledge, skills, and competencies (Healthdirect, 2021; Little et al., 2021).

NENA endorses this edition of the Emergency Nursing Standards of Canadian Practice as the essential tool for all emergency nurses in Canada. These standards have contributed to the development of the Canadian Emergency Nursing

Certification Exam, where successful completion awards designation of Emergency Nurse Certified Canada (ENC(C)).

Definitions

Standards

Nursing standards represent a set of guidelines and expectations that outline the professional responsibilities and practices of nurses within a care setting. Standards inform practice related to clinical care, ethical conduct, patient safety, and professional development. Standards are defined as a “benchmark of achievement which is based on a desired level of excellence” (Ross, 2010).

Competence & Competency

Competence is a critical measure of one's capabilities and is defined as the integration of essential attributes for providing competent nursing care within a specific setting and context (CNA, 2025). Nurses are subject to legal and ethical obligations to uphold their competence, encompassing psychomotor, cognitive, and affective skills necessary for proficient execution of nursing responsibilities (Mrayyan et al., 2022). In achieving competency, the focus lies in the effective integration of nursing knowledge, skills, judgments, attitudes, and techniques into practice. These will be explored more comprehensively in the forthcoming NENA Emergency Nursing Competency-Based Practice Framework document.

Audience

This document provides comprehensive guidance for emergency nurses working in diverse healthcare settings, encompassing emergency departments (ED), pre-hospital and military environments, ambulatory care centres, and clinics where patients are provided emergent or urgent care. Furthermore, it is positioned as a valuable resource for regulatory bodies and organizations operating at local, provincial, and federal levels.

SECTION TWO

Foundations of Emergency Nursing Practice

Definition and Context of Emergency Nursing

Emergency nursing involves care of individuals across all age groups who often have undifferentiated health conditions on arrival or who require medical care and interventions for physical or emotional health needs within a designated emergency department or facility. Emergency nursing care is typically episodic, primary, and predominantly acute, encompassing diverse care settings (NENA, 2019). This care involves a blend of generalized and specialized nursing skills (NENA, 2019) as well as the systematic delivery of the nursing process, involving rigorous assessment, planning, implementation, and evaluation of interventions, often within a context of limited data and within a time-pressured, rapidly evolving environment (Higgins & Moore, 2000; Paparella, 2018).

Emergency nurses demonstrate their proficiency in providing care and addressing health needs across the entire lifespan, from infancy to end of life. Positioned at the intersection of various specialties and subspecialties within the broader healthcare landscape, emergency nurses are pivotal in bridging the gaps between pre-hospital care and community health services, meeting the demands for unplanned emergent medical attention (Bell et al., 2019; Foley & Davis, 2017; Nursing Theories, 2021; Weaver & Olson, 2006). Competencies in emergency nursing build upon foundational skills acquired in basic nursing practice. Emergency nursing practice typically includes, but is not limited to:

- Triage, assessment, and reassessment.
- Initial and ongoing prioritization based on patient acuity and care needs.
- Stabilization and resuscitation.
- Crisis interventions to meet the needs of unique patient situations.
- Education of the patient and their family/caregiver(s) based on presenting complaint(s) and/or other health information needs.
- Liaising with the wider healthcare system including pre-hospital, acute care, community services, and outpatient services

(Bell et al., 2019; Jones et al., 2015)

The Patient Journey in the Emergency Department

Emergency nursing practice spans across the patient journey within the ED as outlined in *Figure 1*. The patient journey encompasses a series of steps navigating within the healthcare system. It is essential for the emergency nurse to understand the patient experience and trajectory to:

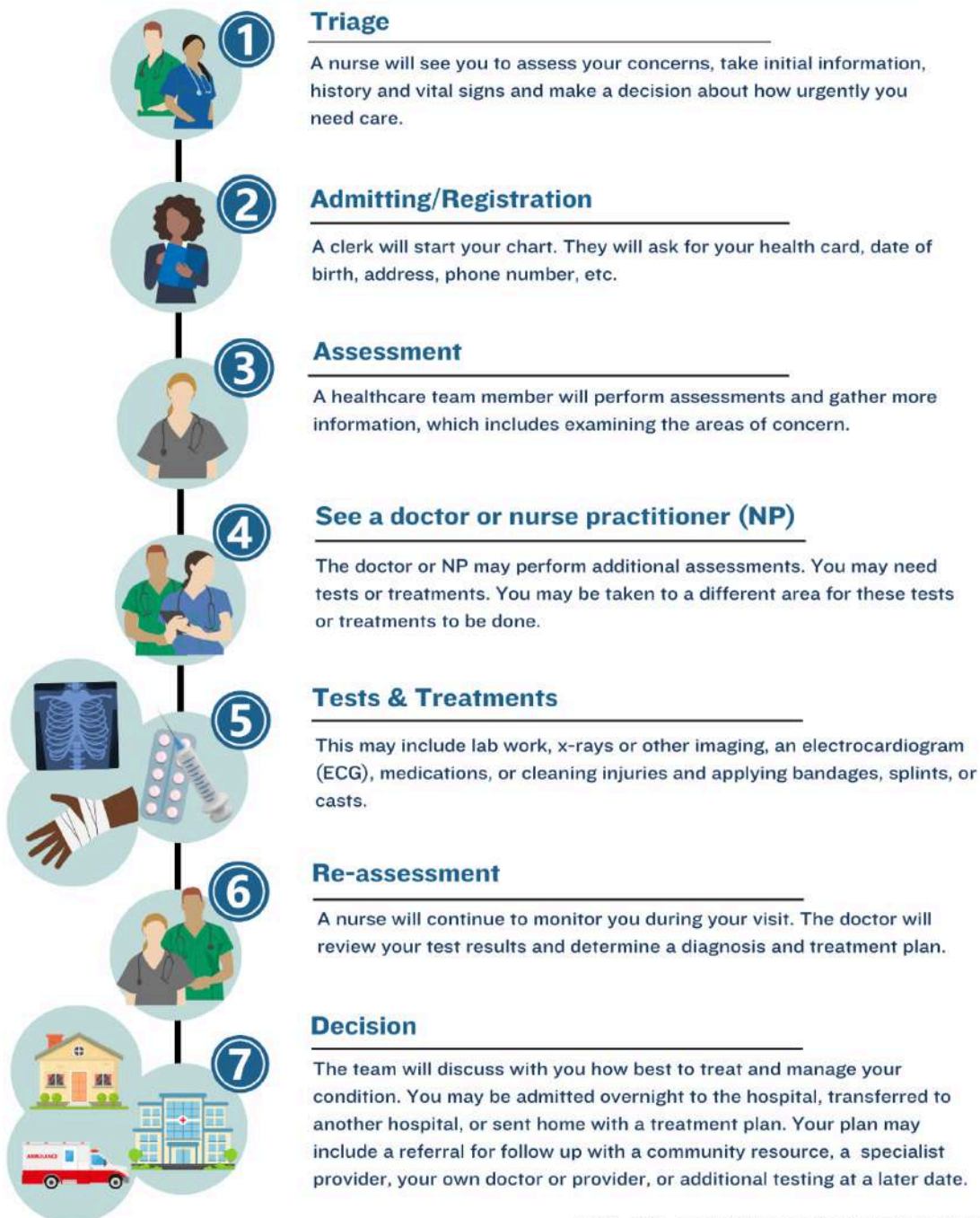
- Improve patient-centred care and patient advocacy.
- Improve communication, coordination, and collaboration with the patient regarding next steps and expectations, including referrals to care partners, resources, and discharge planning.
- Identify and prevent gaps in care or gaps at transitions of care between steps below.
- Identify barriers to patient flow or efficiency opportunities within the department.

(Royal College of Emergency Medicine, 2018).

Figure 1. A Visit to the Emergency Department (Patient infographic)

A VISIT TO THE EMERGENCY DEPARTMENT

Each emergency department visit is different. We care for the sickest first, so you may wait longer than someone else or wait at any point during your visit. Most visits involve the steps below, although you may not need the all steps. Together, you and the team will make decisions about your care. Whatever your needs, we are here to help.



(NENA, 2025, adapted from Interior Health Authority, 2021)

Theoretical Foundations of Emergency Nursing Practice

Theoretical Foundations

Nursing theories and frameworks serve as essential underpinnings and perspectives that guide ED nurses in their assessment, analysis and interpretation of data, clinical decision-making, relational skills, awareness of social trends and issues, as well as policy development. Nursing knowledge is shared and organized using concepts, models, frameworks, and theories (CNA, 2015). The authors of this document infused and shaped these *Standards* with various theories, models, and frameworks.

Patricia Benner - Novice-to-Expert Model

Developed in 1982, Dr. Patricia Benner's Novice-to-Expert Model is a comprehensive framework used to guide, assess, and evaluate the professional practice of individual nurses. It outlines the progression of nursing skills and knowledge, evolving through five distinct stages based on clinical experience and exposure (Murray et al., 2018).

In general, nursing knowledge progresses from having minimal experience, applying a rules-based approach and requiring support as a novice, to using intuition and tacit knowledge to make quick, accurate decisions based on significant experience in the field as an expert (Benner, 1982). Benner emphasized the importance of experiential knowledge and situational knowledge (clinical practice experience) as separate and distinct from theoretical knowledge or formal education. The concept of acquiring competency, skill, and experience through practical exposure, not merely a passage of time, was articulated by Benner in 1982.

The five stages will be further explored and described in the associated forthcoming NENA Emergency Nursing Competency-Based Practice Framework, where Benner's model acts as the foundation.

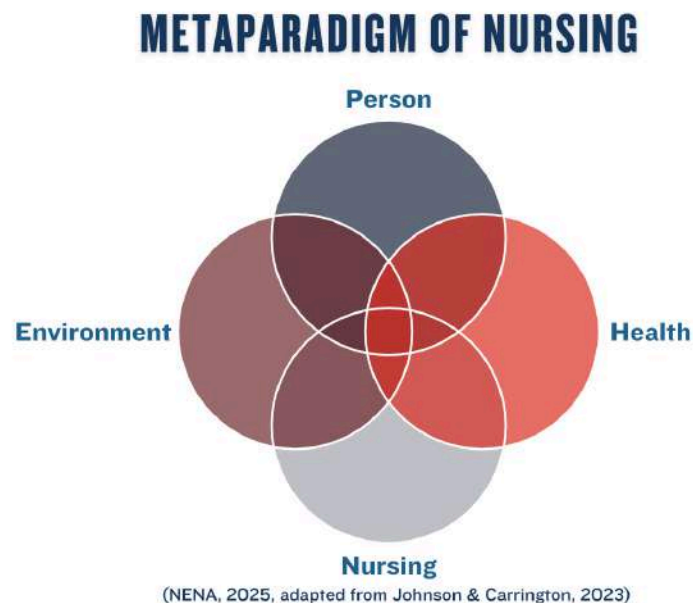
Competency-Based Practice

"Competency is the ability to execute a certain task or action with the necessary knowledge" (Mrayyan et al., 2023). Competency-based practice takes into consideration the dynamic process of competency: acquiring and applying the knowledge, behaviours, judgement, skills, values, and attitudes to provide patients with effective, safe, and quality care (Jones et al., 2015; Rush et al., 2013; Vandenberg et al., 2017). Competency-based practice uses a variety of methods, rather than specific timeframes, to move through the competency trajectory from Novice-to-Expert. Approaches may include self, peer, and/or educator assessment; mentorship; preceptorship; formal and informal education; experiential learning achieved in day-to-day practice, although simulations are often necessary when exposure is not frequent enough (Bowen & Prentice, 2016; Canadian Nurses Association & Canadian Federation of Nurses Unions, 2015; Holle et al., 2021; Jayasekara et al., 2017; Jones et al., 2015; Moore et al., 2019; Murray et al., 2018).

Metaparadigm of Nursing

The Metaparadigm of Nursing (Figure 2) is recognized as the conceptual foundation of nursing (CNA, 2015), guiding nurses to understand key relationships to deliver efficient and effective care using four overarching concepts. They are explored below in the context of emergency nursing and include *Person, Health, Environment, and Nursing* (Johnson & Carrington, 2023).

Figure 2. Metaparadigm of Nursing



Person

The person encompasses the patient, care partner, family, group, community, and/or population that an emergency nurse provides holistic care for (Johnson & Carrington, 2023). The emergency nurse applies principles of equity, diversity and inclusion and takes into consideration the patient's unique physical, emotional, social, spiritual needs during the patient visit. Emergency nurses have limited time to establish a therapeutic relationship due to the episodic nature of care.

Health

Emergency nurses prioritize and address acute and/or critical needs, stabilize patients, and prevent further deterioration of medical conditions to promote optimal outcomes. Examples of health concerns include critical illness, trauma, mental health, substance use, acute and chronic disease, injury prevention, health promotion, and other episodic health care needs (Johnson & Carrington, 2023; Weaver & Olson, 2006).

Environment

The emergency care environment is unpredictable and complex with a wide variety of presentations, acuity, volume, and persons as outlined above. Emergency nurses operate in dynamic, high-pressure environments, requiring them to multitask, prioritize, and adapt swiftly to diverse patient needs and department demands. These environmental factors can increase risk for violence, threatening, or verbal attacks within the ED (Peta, 2024; Martinez, 2016; Shafran-Tikva et al., 2017). “Emergency department (ED) nurses are at risk for burnout due to recurrent high stress situations. The environment includes staffing complements and skill mix of the staff providing patient care, which contribute to patient care outcomes and overall flow of the patients through the department (An Roinn Slainte, Department of Health, 2022). The daily responsibilities of the ED nurse may include crisis management, observing and managing tremendous human suffering, pain management, and violent or hostile patients or family members. While trying to prioritize care they often miss opportunities for self-care, including taking mental and physical breaks” (Peta, 2024). The factors discussed above impact retention and recruitment of ED nurses.

Nursing

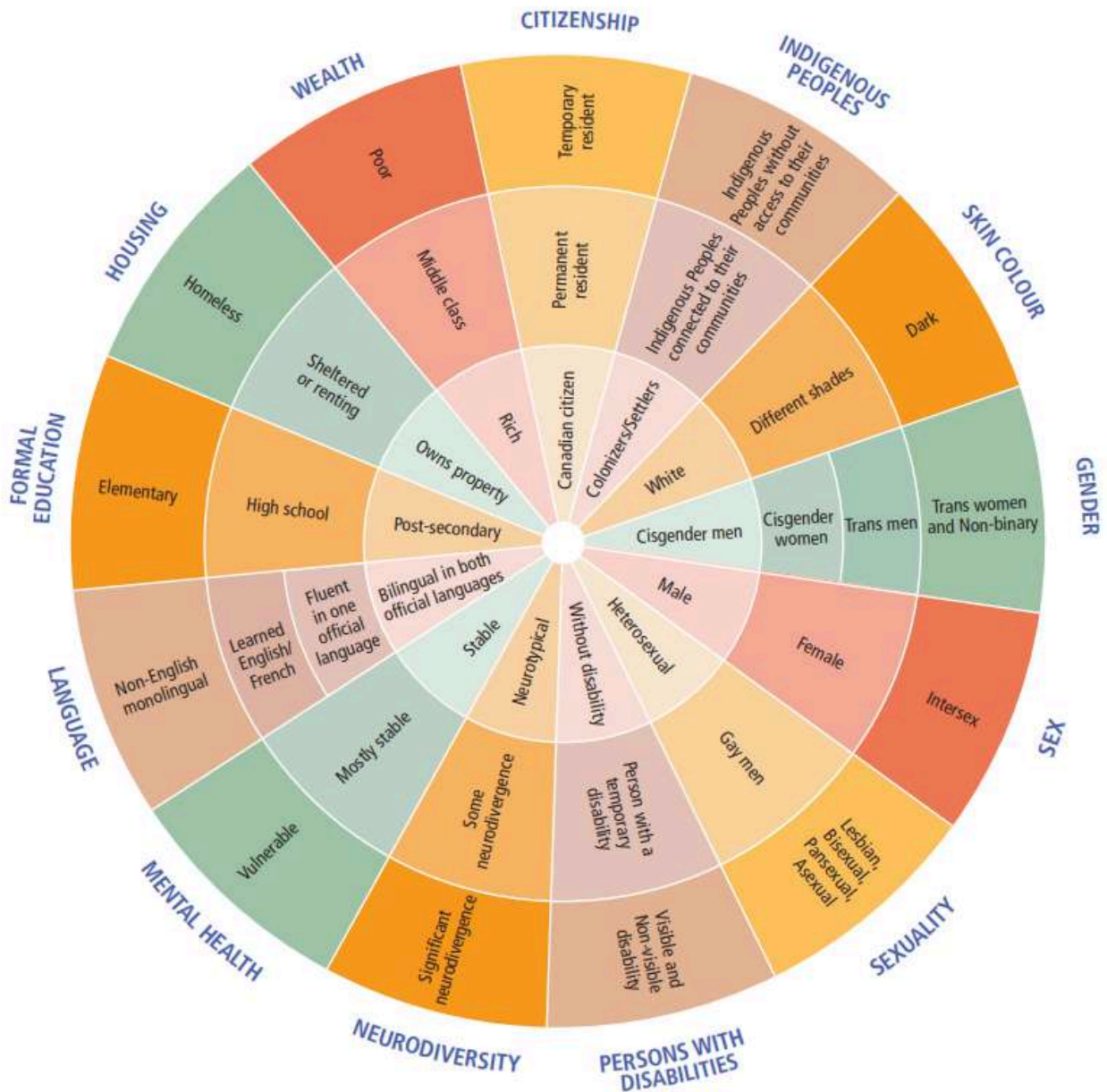
Nurses in the ED play a crucial role in triaging, assessing, implementing interventions and treatments, monitoring and evaluating. Within the environment of the ED, the emergency nurse requires a high level of awareness, preparedness, adaptability, and flexibility. Emergency nurses may adopt various roles or duties which require different competencies supported by comprehensive orientation programs with mentorship. Nurses are responsible for their professional practice, using self-assessment, reflection, and goal setting as tools for growth and development as they progress in their ED nursing career.

Intersectionality

Intersectionality is an essential foundational and theoretical lens of emergency nursing. Intersectionality is a systems-based analytical framework for social structures and determinants of health. Intersectional variables have a profound impact on health, access to care, and overall well-being. Intersectionality seeks to examine how individual variables of discrimination (e.g. race, religion, language, sexual orientation) intersect, overlap, interlock, and reinforce each other to create a multi-faceted social picture of patterns that influence marginalization, discrimination, and inequity (PHAC, 2022).

In the ED, patients experiencing inequities are less likely to seek care, more likely to leave without being seen or leave before their care is complete, and often return for repeat care. It is therefore essential for emergency nurses to understand intersecting variables (Figure 3) that contribute to health inequity to promote safe, inclusive, equity-oriented care environments (Gilboe et al., 2017; Park et al., 2015; Rodriguez, 2018; Varcoe et al., 2019).

Figure 3. Wheel of Privilege and Power, below demonstrates intersectional variables of privilege and power



Description: The closer to the centre, the more privilege and power the person has. These variables intersect and overlap. The categories in this wheel are examples within the Canadian Context and should not be limited to those displayed here. This tool represents a beginning point for discussions around intersectionality (Immigration, Refugees, and Citizenship Canada [IRCC], 2022).

SECTION THREE

Emergency Nursing Practice Settings Considerations

Undue strain is placed on the ED as this is the first point of contact with the healthcare system for many patients (Ministry of Health Ontario, 2023). Emergency departments in Canada are typically classified based on the level of services they offer. These classifications are influenced by factors such as population size, proximity to larger medical centres, travel time, and local, regional, and provincial considerations. The literature lacks a standardized definition for these service levels in emergency departments (Fleet et al., 2017b; Ontario Ministry of Health and Long-Term Care, 2012). As a result, the descriptions provided in the following sections are based on commonly used terminology in the Canadian healthcare system.

The role of the ED nurse may differ depending on considerations such as local, contextual, population, and geographic factors. Expanded competencies within the scope of the registered nurse may be supported in under-resourced areas. Therefore, opportunities to maintain or expand upon emergency nursing competencies via ongoing professional education are essential based on the identified learning needs for the nurse or for the department setting and available resources.

Tertiary Emergency Department (ED)

Tertiary EDs provide the highest level of emergency services available in a region, province or territory. They provide specialty and subspecialty emergency services, are typically the receiving facility for patients requiring higher levels of care and are located in densely populated areas. Tertiary EDs have a wide variety of specialized interdisciplinary support available 24/7.

Regional and Larger Community Emergency Department

Regional and larger community EDs support a geographical region, offering a higher degree of services than a smaller community or rural ED, but are less specialized or with fewer services than tertiary centres. Emergency nurses play a key role in transitions in care as they receive patients from smaller hospitals or facilities but may also transfer patients requiring a higher level of care to a tertiary centre. Emergency nurses working in this context are often exposed to a high volume of variable patient presentations, however often do not have equivalent access to interdisciplinary support staff as in the tertiary centre.

Small Community and Rural Emergency Departments

Small community and rural EDs often provide basic emergency services to smaller community areas and rely heavily on emergency services to transport to higher levels of care for specialty and subspecialty services. These centres typically have a lower volume of patients compared to larger centres. Additionally, care teams are less resourced with staffing or availability of testing locally. Emergency nurses working in this context are competent in a broad range of skills, providing care to patients of all acuity levels including the initial stabilization and transport of high acuity patients.

Remote Nursing

Remote nurses may not be required to meet the full competencies expected of an emergency nurse, though emergency nurses can and often do work in this practice setting. Remote areas are often the least resourced and have limited diagnostic and treatment capabilities. Nursing skills for remote nurses are broad and often include emergency preparedness and first response, increased autonomy and independence, and the ability to use telehealth or telemedicine. Nurses in this setting often heavily draw upon knowledge from primary care, chronic disease management, public health, cultural safety and awareness, emergency nursing, and the ability to be a first responder.

SECTION FOUR

Emergency Nursing Standards

In addition to emergency nursing standards, emergency nurses practice guided by provincial and federal professional standards and regulatory guidelines, as well as specific organizational guidelines or policies (Almost, 2021). The purpose of this document is not to duplicate professional standards, rather to highlight the standards pertinent to emergency nursing.

The standards in this section are organized into **four overarching domains of Clinical Practice, Relational Practice, Professional Development and Legal Considerations** (Figure 4), as they relate to emergency nursing.

Figure 4. Domains of Emergency Nursing Practice



(NENA, 2025)

Domain 1: Clinical Practice

Standard 1: Triage

Triage nurses as the initial point of contact for patients in the ED, play a critical role in shaping the patient encounter and require competence in triage. Utilizing the Canadian Triage and Acuity Scale (CTAS), triage nurses determine appropriate wait times for patients to see an Emergency Care Provider and promptly address any immediate interventions required.

A crucial aspect of the triage process is the knowledge and implementation of infection control practices to prevent additional microorganism transmission to healthcare providers, patients, and visitors. Triage nurses take into consideration presenting symptoms, local, regional, or provincial requirements as well as public health outbreak notifications. Triage nurses initiate, use, and communicate the ongoing need for personal protective equipment (PPE) to the healthcare team and implement the appropriate precaution level for the patient (NENA, 2024).

1a. Triage Assessment

Triage nurses perform a rapid, systematic collection of data related to the patient's chief complaint. Triage nurses use critical thinking and judgement to assign a triage level according to the urgency of their presenting problem within the CTAS categories (Figure 5).

1b. Triage Plan

Triage nurses utilize their assessment and critical thinking skills to determine the destination and next steps appropriate in the patient's care.

1c. Triage Interventions

Triage nurses implement the triage plan and nursing interventions, protocols, and processes. Interventions at triage should be limited to first aid and/or life-saving interventions. If time allows, secondary triage nursing activities can be completed, however triage nurses recognize that patients who are waiting to be triaged are the priority.

1d. Triage Collaborative Care

Triage nurses communicate and collaborate with the interdisciplinary team to facilitate safe and timely care of patients. Triage nurses also communicate and collaborate with patients and their care partners by providing education, information, and updates regarding their care. This includes instruction for the patient to return for reassessment if any changes in their condition occur while waiting for an ED care space.

Figure 5.
The CTAS Five Levels of Triage



Source: (Bullard et al., 2017).

1e. Triage Evaluation

Triage nurses strive to meet the assessment and reassessment times as outlined by CTAS. Triage nurses have awareness of the volume of both patients waiting for a care space and those waiting to be triaged. Triage nurses recognize when the demands, volumes, and acuity of the ED leads to overcrowding and creates an environment where they are unable to meet triage standards. Triage nurses communicate and collaborate with the ED care team to support patient safety, including escalation to leadership in cases of overcrowding (CAEP, 2013). As part of individual reflective practice and systemic quality improvements, triage nurses participate in review of quality metrics and processes.

Standard 2: Assessment

After the initial triage determination, the emergency nurse completes the most appropriate initial assessments such as a primary/secondary, or focused assessment based on triage assessment and patient's current status. The emergency nurse utilizes critical thinking to determine the most appropriate ongoing assessments based on findings and patient acuity, including adjustment of frequency for status changes, and documents accordingly.

Standard 3: Planning

The emergency nurse determines and continually adapts the plan of care based on assessment and reassessment findings, while taking into consideration the priorities of other patients in their care and in the department. The emergency nurse provides concise, clear patient information during care transitions, such as shift handover.

Standard 4: Intervention & Evaluation

The emergency nurse determines and applies any relevant local protocols or guidelines and anticipates and prepares for interventions according to the patient's care needs and preferences. They assist with and complete additional interventions as part of the ED care team. The emergency nurse evaluates the outcome of interventions, communicates significant findings, and participates in updating the plan of care as needed.

Standard 5: Disposition

The emergency nurse facilitates safe and effective disposition from the ED including discharge, transfer, or admission through care planning and patient and family education. When a transition in care occurs internally or externally, the emergency nurse ensures clear, detailed communication including treatments received while in the ED, clinical findings, and follow-up instructions/care planning, using a structured evidence based reporting format.

When discharging home, the emergency nurse ensures the patient and/or their family/caregiver is aware of and understands the discharge plan and instructions as communicated by the ED care team. This may include, but is not limited to provision of written instructions, teaching resources, referral records, and other resources to support the patient post-discharge.

Due to the nature of the ED, there may be times when a patient is seen and discharged by the ED Provider without the emergency nurse participating in the discharge. These situations typically occur with lower acuity patients, and the emergency nurse is expected to document that the patient was discharged without being seen by the emergency nurse.

Standard 6: Education and Registration

Emergency nurses compare their practice to established emergency nursing specialty standards, recognizing and addressing their knowledge, training, and educational needs, by engaging in continuous learning to enhance competency and expertise to deliver safe, effective, and evidence-based care (CENA, 2020).

In addition to the minimum educational requirements for entry-level practice, and requirements to maintain active registration with their respective regulatory bodies, emergency nurses are further encouraged to enhance and refine their speciality knowledge. This can be achieved by acquiring speciality education through postgraduate emergency nursing certificate programs, membership in professional associations or organizations such as the Canadian Nurses Association (CNA) and/or the National Emergency Nurses Association (NENA), or by earning the CNA emergency nursing certification credential.

Standard 7: Clinical Judgement & Reasoning

The emergency nurse provides competent, quality care in a dynamic and complex environment identifying, anticipating, and mitigating patient deterioration which requires application of expertise, knowledge, assessment and evaluation, critical thinking, and judgement for optimal patient outcomes. Emergency nurses also develop and hone planning and emergency preparedness skills such as responding to day-to-day surges in activity, clinical emergencies, or mass casualty events. Emergency nurses therefore must be attuned to rapidly shifting priorities and patient care needs dependent on the ever-changing environment of the ED, using sound clinical judgement in their decision-making.

Domain 2: Relational Practice

Standard 8: Communication

In the dynamic environment of the ED, where challenges to dignity, privacy, and confidentiality are heightened, the emergency nurse remains committed to upholding these fundamental aspects of patient care. By incorporating the theoretical framework of intersectionality, the emergency nurse engages in non-judgmental and open communication to deliver culturally sensitive care and maintain confidentiality, particularly when attending to marginalized and vulnerable patient populations.

The emergency nurse clearly and effectively communicates:

- During acute emergencies/resuscitation:
 - With patients and their care partners

- With the interdisciplinary team
- With external partners
- Post acute emergencies/resuscitation/traumatic events:
 - Debriefing
 - Coworker support
- During the patient journey:
 - Plan of care
 - Updates on care and wait times
 - Teaching regarding interventions
 - Discharge instructions
 - Transfer of Accountability
- With police, legal authorities, and community partners:
 - Consent for release of information
 - Collection and release of forensic evidence
 - Mandatory or legally required reporting which may include gunshot wounds, child maltreatment, and communicable diseases
 - Requests by authorities for access to patients and/or their belongings within the ED
- The need for additional referrals or services for vulnerable patients such as:
 - Elder abuse
 - Intimate partner violence
 - Human Trafficking
 - Sexual assault
 - Suicide risk
 - Substance use concerns
 - Mental health crisis or concerns

Standard 9: Collaboration

The emergency nurse participates in and coordinates patient care activities to facilitate safe, quality care across the patient journey continuum as outlined in **Figure 1**. Additionally, emergency nurses collaborate with patients and their care partners, including them in care planning and decision-making processes. Care coordination activities include communicating and collaborating within the interdisciplinary care team, delegating care, liaising with internal and/or external partners, and facilitating the completion of all relevant care activities and interventions, including safe transitions of care.

Domain 3: Professional Development

Standard 10: Professional Development

The emergency nurse demonstrates competency in their specialty as outlined in the NENA Emergency Nursing Core Competencies (2019) document. . They strive to meet and maintain NENA ED Nursing Competencies through a variety of modalities for example self-directed learning, and formal or informal education. Emergency nurses recognize that this process is a collaborative effort between themselves and the organizations they work for, and thus strive to support their own journey from Novice

to Expert. Emergency nurses provide evidence-informed care and maintain currency in emergency nursing and medical literature and evidence.

Standard 11: Leadership & Mentoring

While leadership is a component of all nursing practice, within the ED, leadership can encompass specialty skills and training such as Code Team, Trauma Nurse Leader, and other clinically focused leadership roles such as mentoring or precepting.

Emergency nurses facilitate the professional development of colleagues and staff within the ED (CENA, 2020). To support new learners within the ED, the emergency nurse requires knowledge, understanding, and competencies in knowledge sharing, knowledge translation and cultivating skill development.

Standard 12: Competency-Based Practice

Competency-based practice and skill progression are essential for emergency nurses. Emergency nurses are self-regulating clinicians who take on added roles or responsibilities in addition to foundational nursing competencies.

Emergency nurses may need to move through various roles, and role transitions, as such training for these roles should be based on individual readiness and evaluations of competencies. This approach ensures proficiency, enabling nurses to transition from novice to expert roles and respond effectively to changing healthcare demands, which enhances patient care and outcomes in dynamic emergency settings.

Standard 13: Quality Improvement & Research

Quality of care is defined by the World Health Organization (WHO) as being effective, safe, people-centred, timely, equitable, integrated, and efficient (WHO, 2020).

Research and evidence inform emergency care pathways, tools, protocols, processes, workflows, and standards of care. This enhances nursing knowledge and skills, and improves patient outcomes (CENA, 2020).

Emergency nurses leverage their expertise to identify patterns and guide improvement opportunities with organizational leaders. They advocate for high-quality, evidence-based emergency care by identifying process and policy improvement opportunities, engaging in patient and staff safety initiatives, and completing incident reports to enhance emergency nursing practice (CENA, 2020; Mustonen et al., 2024; WHO, 2020).

Standard 14: Professional Ethics

Nursing in Canada is a self-regulating profession, with nurses bound to a code of ethics as part of a regulatory process aimed at serving and safeguarding the public (CNA, 2017). Additionally, nurses demonstrate ethical practice by maintaining awareness of social determinants of health and wellbeing, broader societal issues and to advocate for improvements (CNA, 2017).

Emergency nursing is fundamentally centred on the ability to efficiently prioritize and attend to multiple patients in urgent need of prompt assessment and management

to mitigate potential suffering, long-term disability, and mortality. This imperative focus on optimizing the quality of life and care for individuals at various stages of health underscores the ethical nature of emergency nursing (CENA, 2020).

Domain 4: Legal Considerations

Standard 15: Legal Obligations

Emergency nurses are subject to the same legal requirements as all nurses in Canada and adhere to the guidelines established by local, provincial, and federal regulatory agencies.

Emergency nurses understand that the following situations within emergency nursing have been examined by the courts and require additional diligence:

- Sharing health information with authorities, external partners, or mandatory reporting requirements.
- Informed consent, understanding that in critical situations, obtaining consent before providing care may not be feasible.
- Triage guidelines, assessments and decisions around the patient's condition, risk level and urgency of care needs.
- Prioritization of resources including equipment and personnel within the ED, which can be complicated by overcrowding.
- Communication and role clarity within the interdisciplinary team.
- Understanding authorizing mechanisms relevant to the emergency department environment (such as physicians orders, delegated acts, or medical directives).
- Documentation of the initiation of organizational medical directives and/or policies for immediate interventions for patients in pre-cardiac arrest or other critical situations prior to the presence of a physician.
- Accurate, timely, and thorough documentation reflects the quality of care provided and is evidence that the nurse acted as required or ordered.

(CNPS, 2010; HIROC, 2017).

References

- Almost, J. (2021). *Regulated Nursing in Canada: The Landscape in 2021*. Canadian Nurses Association.
- An Roinn Slainte Department of Health. (2022). *Framework for Safe Nurse Staffing and Skill Mix in Adult Emergency Care Settings in Ireland*. Retrieved from <https://assets.gov.ie/226687/1a13b01a-83a3-4c06-875f-010189be1e22.pdf>
- Bauer, G. (2021). *Meet the methods series: Quantitative intersectional study design and primary data collection*. <https://www.womenshistory.org/education-resources/biographies/sojourner-truth>
- Bell, A., Ghasem-Sam Toloo, D., Fellow Julia Crilly, R., John Burke, P., Director, D., FitzGerald, G., & of School, H. (2019). Emergency department models of care in Queensland: a multisite cross-sectional study. *Australian Health Review*, 43, 363–370. <https://doi.org/10.1071/AH17233>
- Benner, P. (1982). From novice to expert. *American Journal of Nursing*, 82(3), 402-407

- Bowen, K., & Prentice, D. (2016). Are Benner's expert nurses near extinction? *Nursing Philosophy, 17*(2), 144–148. <https://doi.org/10.1111/nup.12114>
- Bullard, M. J., Musgrave, E., Warren, D., Unger, B., Skeldon, T., Grierson, R., van der Linde, E., & Swain, J. (2017). Revisions to the Canadian Emergency Department Triage and Acuity Scale (CTAS) Guidelines 2016. *Canadian Journal of Emergency Medicine, 19*(S2), S18–S27. <https://doi.org/10.1017/cem.2017.365>
- Canadian Association of Emergency Physicians. (2013). *Canadian Association of Emergency Physicians Statement on Emergency department overcrowding and access block*.
https://caep.ca/wp-content/uploads/2016/03/cjem_2013_overcrowding_and_access_block.pdf
- Canadian Association of Emergency Physicians. (2020). *Canadian Association of Emergency Physicians Statement on Violence in the Emergency Department*.
<https://doi.org/10.1016/j.ijnurstu.2013.01.010>
- Canadian Nurses Association. (n.d.). Career Competencies. Retrieved from <https://www.cna-aiic.ca/en/nursing/career-development/career-planning/career-competencies>
- Canadian Nurses Association. (2015). Framework for the Practice of Registered Nurses. <https://www.cna-aiic.ca/en/nursing/regulated-nursing-in-canada/rn-practice-framework2>
- Canadian Nurses Association. (2017). Code of Ethics for Registered Nurses. Regulated Nursing in Canada.
<https://www.cna-aiic.ca/en/nursing/regulated-nursing-in-canada/nursing-ethics>
- Canadian Nurses Association, & Canadian Federation of Nurses Unions. (2015). *Joint Position Statement: Practice Environments - Maximizing Outcomes for Clients, Nurses and Organizations*.
- Canadian Nurses Protective Society. (2010). InfoLAW: Emergency Room Nursing. <https://cnps.ca/article/emergency-room-nursing/>
- College of Emergency Nursing Australasia. (2020). Practice standards for the specialist emergency nurse. 4th edition. Victoria: CENA.
<https://www.cena.org.au/public/118/files/Policies/2020%20PracStnd%20SpecEmergencyNurse.pdf>
- Foley, A. S., & Davis, A. H. (2017). A guide to concept analysis. *Clinical Nurse Specialist, 31*(2), 70–73.
https://www.nursingcenter.com/journalarticle?Article_ID=3993352&Journal_ID=54033&Issue_ID=3993308
- Gilboe, F., Wathen, M., Varcoe, C. N., Herbert, C., Jackson, C., & Browne, A. J. (. (2017). *Promoting Health Equity for Indigenous and non-Indigenous People in Emergency Departments in Canada 1 Examining the Impacts of an Organizational-level Health Equity Intervention in Emergency Departments*.
https://equiphealthcare.ca/files/2019/12/EQUIP-ED-project-summary_20Jun2019.pdf
- Government of Canada. (2022). IRCC Anti-Racism Strategy 2021-2024: Change management. Retrieved from <https://www.canada.ca/en/immigration-refugees-citizenship/corporate/mandate/anti-racism-strategy/change.html>
- Healthcare Insurance Reciprocal of Canada. (2017). Strategies for Improving Documentation - Lessons from Medical-Legal Claims A Guide for Healthcare

- Providers and Administrators 2.
<https://www.hiroc.com/system/files/resource/files/2018-10/Documentation-Guide-2017.pdf>
- Healthdirect. (2021). *Hospital Emergency Departments*. Healthdirect Australia.
<https://www.healthdirect.gov.au/hospital-emergency-departments>
- Holle, M. N., Strayer, D., Balderrama, D., & Hanson, D. (2021). Recruitment and Retention of Healthcare Personnel: Nursing Staff Development and Employee Orientation. *CINAHL Nursing Guide*. <https://doi.org/10.3928/00220124-20180517-09>
- Interior Health Authority. (2021). *An Emergency Visit*.
- Jayasekara, R., Smith, C., Hall, C., Rankin, E., Smith, M., Visvanathan, V., & Friebe, T.-R. (2017). The effectiveness of clinical education models for undergraduate nursing programs: A systematic review. *Nursing Education in Practice*, 29, 116–126.
<https://doi.org/10.1016/j.nepr.2017.12.006>
- Johnson, E., & Carrington, J. M. (2023). Revisiting the nursing metaparadigm: Acknowledging technology as foundational to progressing nursing knowledge. *Nursing Inquiry*, 30(1), e12502. <https://doi.org/10.1111/NIN.12502>
- Jones, T., Shaban, R. Z., & Creedy, D. K. (2015). Practice standards for emergency nursing: An international review. *Australasian Emergency Nursing Journal*, 18, 190–203. <https://doi.org/10.1016/j.aenj.2015.08.002>
- Little, A. D., Kharbanda, V., Joshi, D., Imran, S., Kenkere, N., & Bhageria, P. (2021). *Building the Next Generation of Emergency Care Systems*.
https://www.adlittle.com/sites/default/files/reports/ADL_Emergency_care_systems.pdf
- Martinez, A. J. S. (2016). Managing workplace violence with evidence-based interventions: A literature review. *Journal of Psychosocial Nursing and Mental Health Services*, 54(9), 31–36.
<https://doi.org/https://doi-org.ezproxy.library.ubc.ca/10.3928/02793695-20160817-05>
- Ministry of Health (2023). *Office of the Auditor General of Ontario - Value-For-Money Audit: Emergency Departments*. Retrieved from
https://www.auditor.on.ca/en/content/annualreports/arreports/en23/AR_emergencydepts_en23.pdf
- Moore, A., Meucci, J., & McGrath, J. (2019). Attributes of a successful clinical ladder program for Nurses: An integrative review. *Sigma Worldviews on Evidence-Based Nursing*, 16(4), 263–270. <https://doi.org/10.1111/WVN.12371>
- Mrayyan, M. T., Abunab, H. Y., Khait, A. A., Rababa, M. J., Al-Rawashdeh, S., Aljunmeeyn, A., Saraya, A. A., & Abunab, Y. (2023). Competency in nursing practice: a concept analysis. *BMJ Open*, 13, 67352. <https://doi.org/10.1136/bmjopen-2022-067352>
- Murray, M., Sundin, D., & Cope, V. (2018). Benner's model and Duchscher's theory: Providing the framework for understanding new graduate nurses' transition to practice. *Nurse Education in Practice*, 34, 199–203.
<https://doi.org/10.1016/j.nepr.2018.12.003>
- Mustonen, M., Ameal, M., Ritmala, M. (2024). Nursing Quality Indicators in Emergency Nursing: A Scoping Review. *Journal of Nursing Care Quality*, 39(4), 376-382. Retrieved from
https://journals.lww.com/jncqjournal/fulltext/2024/10000/nursing_quality_indicators_in_emergency
- National Emergency Nurses Association. (2014). *Position Statement: Violence in the ED*. <https://nena.ca/wp-content/uploads/2023/04/Violence-in-the-ED.pdf>

- National Emergency Nurses Association. (2018). *Scope and Standards of Canadian Practice*.
<https://nena.ca/w/wp-content/uploads/2018/11/Standards-of-ED-Nursing-Practice-2018.pdf>
- National Emergency Nurses Association. (2019). Board Policy ED Definition – Board of Director Qualifications [PDF document].
<https://nena.ca/wp-content/uploads/2023/03/ED-BOD-Qualification-Definition-Defc2019.pdf>
- National Emergency Nurses Association. (2019). Emergency Nursing Core Competencies.
<https://nena.ca/wp-content/uploads/2023/04/NENA-Core-Competencies-10%E2%80%A211%E2%80%A219.pdf>
- National Emergency Nurses Association. (2025, in press). Canadian Triage Acuity Scale Education Package Participant Manual, version 2024.3
- Nursing Theories. (2021). *Models of Nursing Care Delivery*.
https://currentnursing.com/nursing_theory/models_of_nursing_care_delivery.html
- Park, A., Anderson, A., Nguyen, J., Saltzman, D., Kastetter, B., Winsauer, L., Phillips, C., & Capp, R. (2015). Assessing economic and health care access social determinants of health in the emergency department. *Annals of Emergency Medicine*, 66(4S), S65. <https://doi.org/10.1016/j.annemergmed.2015.07.214>
- Peta, D. (2024). NENA position statement on the self-care of the ED Nurse. *Journal of the National Emergency Nurses' Association*, 47(1), 107–108.
<https://doi.org/https://doi.org/10.29173/cjen207>
- Public Health Agency of Canada. (2022, June). *How to integrate intersectionality theory in quantitative health equity analysis? A rapid review and checklist of promising practices*.
<https://www.canada.ca/content/dam/phac-aspc/documents/services/publications/science-research-data/how-integrate-intersectionality-theory-quantitative-health-equity-analysis/intersectionality-report.pdf>
- Rodriguez, J. K. (2018). Intersectionality and Qualitative Research. In *The SAGE Handbook of Qualitative Business and Management Research Methods: History and Tradition*. SAGE Incorporated.
<https://doi.org/https://dx.doi.org/10.4135/9781526430212.n26>
- Ross, J. (2010). *Nova Scotia Emergency Care Standards*.
<https://novascotia.ca/dhw/publications/Emergency-Care-Standards.pdf>
- Rush, K. L., Adamack, M., Gordon, J., Lilly, M., & Janke, R. (2013). Best practices of formal new graduate nurse transition programs: An integrative review. *International Journal of Nursing Studies*, 50(3), 345–356.
<https://doi.org/10.1016/j.ijnurstu.2012.06.009>
- Shafraan-Tikva, S., Chinitz, D., Stern, Z., & Feder-Bubis, P. (2017). Violence against physicians and nurses in a hospital: How does it happen? A mixed-methods study. *Israel Journal of Health Policy Research*, 6(59).
<https://doi.org/10.1186/s13584-017-0183-y>
- Vandenkerkhof, E., Sears, N., Edge, D. S., Tregunno, D., & Ginsburg, L. (2017). Patient safety in practical nurses' education: A cross-sectional survey of newly registered practical nurses in Canada. *Nurse Education Today*, 51, 48–56.
<https://doi.org/10.1016/j.nedt.2017.01.003>
- Varcoe, C., Bungay, V., Browne, A. J., Wilson, E., Nadine Wathen, C., Kolar, K., Perrin, N.,

Comber, S., Garneau, A. B., Byres, D., Black, A., & Price, E. R. (2019). EQUIP Emergency: Study protocol for an organizational intervention to promote equity in health care. *BMC Health Services Research*, 19(1), 1–14.

<https://doi.org/10.1186/s12913-019-4494-2>

Weaver, K., & Olson, J. K. (2006). Understanding paradigms used for nursing research. *Journal of Advanced Nursing*, 53(4), 459–469.

<https://doi.org/10.1111/j.1365-2648.2006.03740.x>

World Health Organization. (2020, July 20). Quality health services [Fact sheet]. Retrieved from

<https://www.who.int/news-room/fact-sheets/detail/quality-health-services>