

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

Division of the Deputy Registrar (Research)

COMMITTEE FOR RESEARCH ON HUMAN SUBJECTS (MEDICAL)

Ref: R14/49 Gassiep

CLEARANCE CERTIFICATEPROTOCOL NUMBER M03-09-12PROJECTThe Role of the Emergency Nurse Within the
Prehospital Environment and Emergency RoomINVESTIGATORS

Ms J Gassiep

DEPARTMENT

School of Therapeutic Sci, Baragwanath Nursing Coll.

DATE CONSIDERED

03-09-26

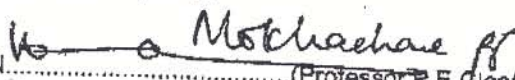
DECISION OF THE COMMITTEE

Approved unconditionally

Unless otherwise specified the ethical clearance is valid for 5 years but may be renewed upon application
This ethical clearance will expire on 1 January 2008.

DATE 03-10-23

CHAIRMAN


 (Professor P E Cleaton-Jones)

* Guidelines for written "informed consent" attached where applicable.

cc Supervisor: Ms S Schmollgruber

Dept of School of Therapeutic Sci, Johannesburg Hospital

Works2\ain0015\HumEth97.wdb\WM 03-09-12

=====

DECLARATION OF INVESTIGATOR(S)

To be completed in duplicate and ONE COPY returned to the Secretary at Room 10001, 10th Floor, Senate House, University.

I/we fully understand the conditions under which I am/we are authorized to carry out the abovementioned research and I/we guarantee to ensure compliance with these conditions. Should any departure to be contemplated from the research procedure as approved I/we undertake to resubmit the protocol to the Committee. I agree to a completion of a yearly progress form. I/we agree to inform the Committee once the study is completed.

DATE 13/10/03

SIGNATURE



PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES



Faculty of Health Sciences

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

7 York Road PARKTOWN Johannesburg 2193 Telegrams WITSMED Telex 4-24655.SA
FAX 643-4318 TELEPHONE 717-2075/2076
E-MAIL healthpg@health.wits.ac.za

MRS J GASSIEP
23 8TH STREET
LINDEN
2194

APPLICATION NUMBER 0009448D
STATUS (DEG 43) (MM031) PZZ

2003-12-03

Dear Mrs Gassiep

Approval of protocol entitled The role of the emergency nurse in the prehospital environment and the emergency room

I should like to advise you that the protocol and title that you have submitted for the degree of Master Of Science In Nursing (Full-Time) have been approved by the Postgraduate Committee at its recent meeting. Please remember that any amendment to this title has to be endorsed by your Head of Department and formally approved by the Postgraduate Committee.

Ms S Schmollgruber has/have been appointed as your supervisor/s. Please maintain regular contact with your supervisor who must be kept advised of your progress.

Please note that approval by the Postgraduate Committee is always given subject to permission from the relevant Ethics Committee, and a copy of your clearance certificate should be lodged with the Faculty Office as soon as possible, if this has not already been done.

Yours sincerely

S Benn (Mrs)
Faculty Registrar
Faculty of Health Sciences

Telephone 717-2075/2076

Copies - Head of Department _____ Supervisor/s

APPENDIX C

THE ROLE OF THE EMERGENCY NURSE IN THE PREHOSPITAL ENVIRONMENT AND EMERGENCY ROOM

PART 1 : MAIN ITEMS

1 scientific nursing process versus emergency preparedness



2 scientific nursing process versus prioritisation



3 scientific nursing process versus resuscitation



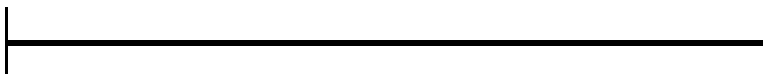
4 scientific nursing process versus stabilisation



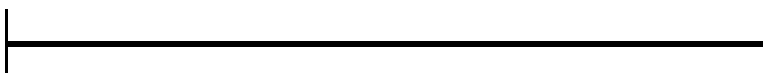
5 scientific nursing process versus crisis intervention



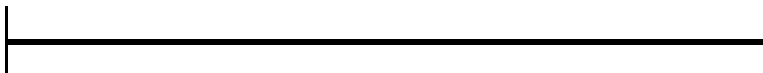
6 scientific nursing process versus prioritisation of care in an
uncontrolled environment



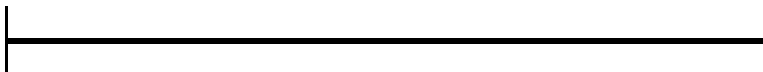
7 scientific nursing process versus preventive, promotion and
rehabilitation



8 emergency preparedness versus prioritisation



9 emergency preparedness versus resuscitation



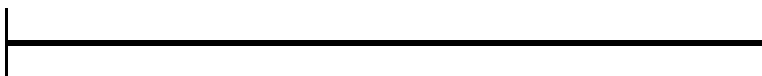
10 emergency preparedness versus stabilisation



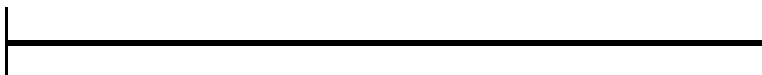
11 emergency preparedness versus crisis intervention



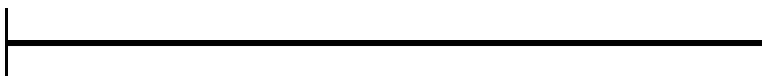
12 emergency preparedness versus prioritisation of care in an uncontrolled environment



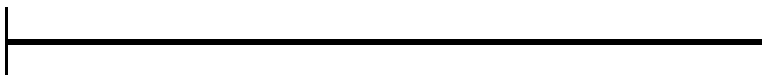
13 emergency preparedness versus preventive, promotion and rehabilitation



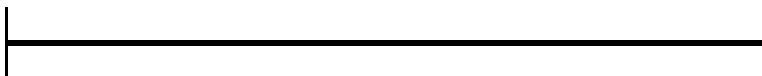
14 prioritisation versus resuscitation



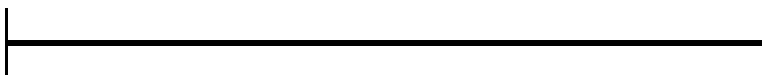
15 prioritisation versus stabilisation



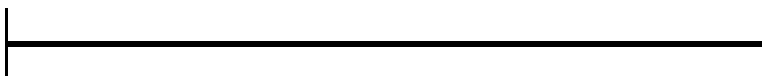
16 prioritisation versus crisis intervention



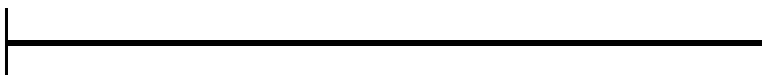
17 prioritisation versus prioritisation of care in an uncontrolled environment



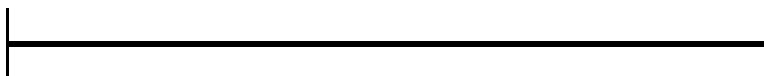
18 prioritisation versus prevention, promotion and rehabilitation



19 resuscitation versus stabilisation



20 resuscitation versus crisis intervention



21 resuscitation versus prioritisation of care in an uncontrolled environment



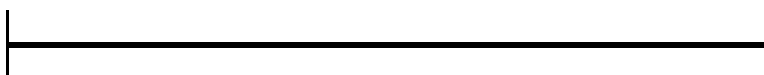
22 resuscitation versus prevention, promotion and rehabilitation



23 stabilisation versus crisis intervention



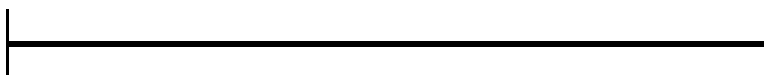
24 stabilisation versus prioritisation of care in an uncontrolled environment



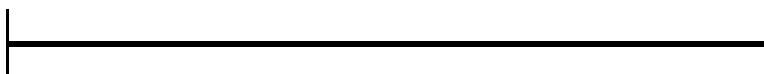
25 stabilisation versus prevention, promotion and rehabilitation



26 crisis intervention versus prioritisation of care in an uncontrolled environment



27 crisis intervention versus prevention, promotion and rehabilitation



28 prioritisation of care in an uncontrolled environment versus prevention promotion and rehabilitation



APPENDIX D**THE ROLE OF THE EMERGENCY NURSE IN THE
PREHOSPITAL ENVIRONMENT AND EMERGENCY ROOM****PART 2 : SUBITEMS****Scientific Nursing Process****Prehospital****1** assessment versus planning**2** assessment versus management**3** assessment versus continuous evaluation**4** planning versus management**5** planning versus continuous evaluation**6** management versus evaluation**ER****1** assessment versus planning**2** assessment versus management



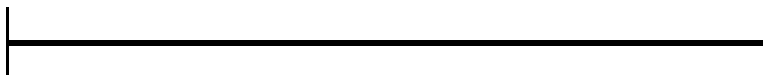
3 assessment versus evaluation



4 planning versus management



5 planning versus continuous evaluation



6 management versus evaluation



EMERGENCY PREPAREDNESS

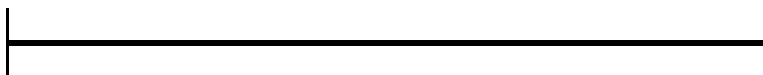
Prehospital

1 equipment versus individual knowledge base / skills



ER

1 equipment versus individual knowledge base / skills



PRIORITISATION

Prehospital

1 triage versus individual prioritisation



2 triage versus resources



3 individual prioritisation versus resources

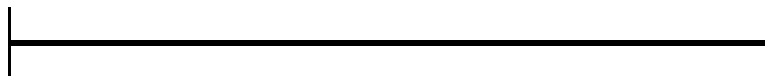


ER

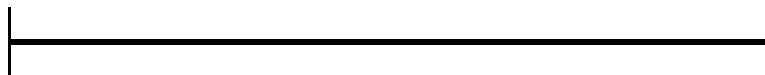
1 triage versus individual prioritisation



2 triage versus resources

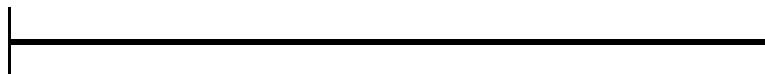


3 individual prioritisation versus resources

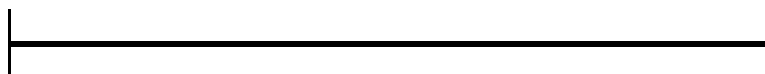


RESUSCITATION PREHOSPITAL

1 ethical considerations versus identification of patients



2 ethical considerations versus BLS and ALS



3 ethical considerations versus documentation



4 ethical considerations versus technological support



5 identification of patients versus BLS and ALS



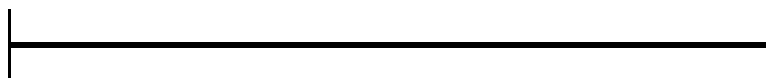
6 identification of patients versus documentation



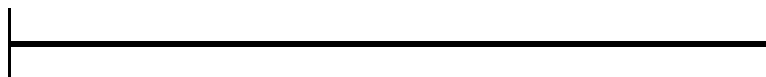
7 identification of patients versus technological support



8 BLS and ALS versus documentation



9 BLS and ALS versus technological support



10 documentation versus technological support



ER

1 ethical considerations versus identification of patients



2 ethical considerations versus BLS and ALS



3 ethical considerations versus documentation



4 ethical considerations versus technological support



5 identification of patients versus BLS and ALS



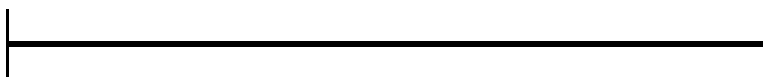
6 identification of patients versus documentation



7 identification of patients versus technological support



8 BLS and ALS versus documentation



9 BLS and ALS versus technological support



10 documentation versus technological support



STABILIZATION

Prehospital

1 Safety versus

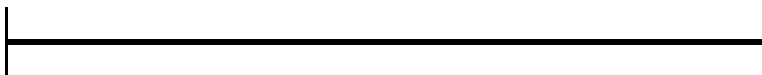


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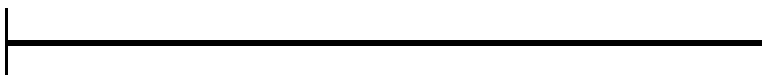
1 safety versus unpackaging



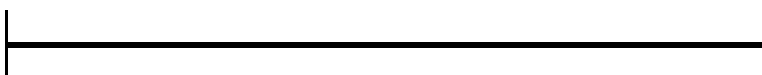
2 safety versus haemodynamic monitoring



3 safety versus specialist referral



4 unpackaging versus haemodynamic monitoring



5 unpackaging versus referral to specialist



6 haemodynamic monitoring versus referral to specialist

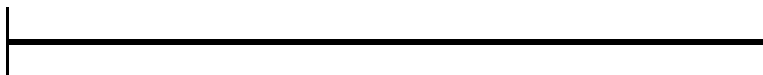


**CRISIS INTERVENTION
PREHOSPITAL**

1 Defusing versus debriefing



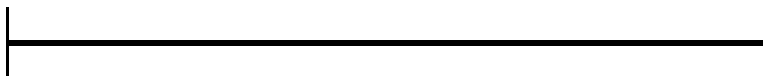
2 defusing versus crowd control



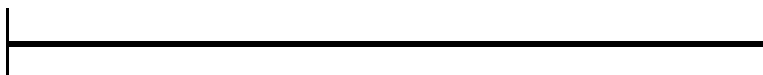
3 defusing versus care of special victims



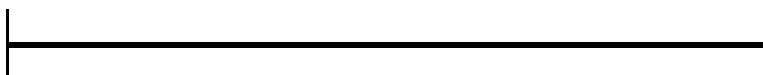
4 debriefing versus crowd control



5 debriefing versus care of special victims



6 crowd control versus care of special victims



ER

1 Defusing versus debriefing

2 defusing versus crowd control

3 defusing versus care of special victims

4 debriefing versus crowd control

5 debriefing versus care of special victims

6 crowd control versus care of special victims

PRIORITISATION OF CARE IN UNCONTROLLED ENVIRONMENT**Prehospital**

1 safety versus triage

2 safety versus disaster management

| |

3 safety versus austere environments

| |

4 safety versus collaboration with experts

| |

5 safety versus forensic medicine

| |

6 triage versus disaster management

| |

7 triage versus austere environments

| |

8 triage versus collaboration with experts

| |

9 triage versus forensic medicine

| |

10 disaster management versus austere environments

| |

| |

11 disaster management versus collaboration with experts

| |

12 disaster management versus forensic medicine

| |

13 austere environments versus collaboration with experts

| |

14 austere environments versus forensics medicine

| |

15 collaboration with experts versus forensics medicine

| |

ER

1 safety versus triage

| |

2 safety versus disaster management

| |

3 safety versus austere environments

| |

4 safety versus collaboration with experts



5 safety versus forensic medicine



6 triage versus disaster management



7 safety versus fire fighting principles



8 triage versus disaster management



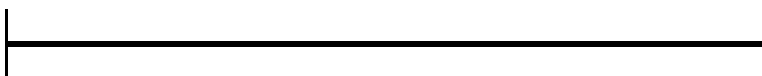
9 triage versus austere environment



10 triage versus collaboration with experts



11 triage versus forensics medicine



12 triage versus fire fighting principles



13 disaster management versus austere environments



14 disaster management versus collaboration with experts



15 disaster management versus forensic medicine



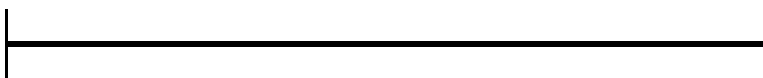
16 disaster management versus fire fighting equipment



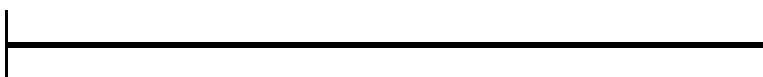
17 austere environment versus collaboration with experts



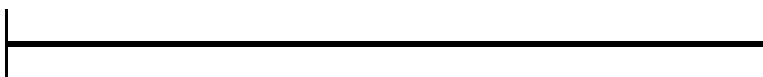
18 austere environment versus forensic medicine



19 austere environment versus fire fighting principles



20 collaboration with experts versus forensic medicine principles



21 collaboration with experts versus fire fighting principles



22 forensic medicine principles versus fire fighting equipment



PROMOTION, PREVENTION AND REHABILITATION

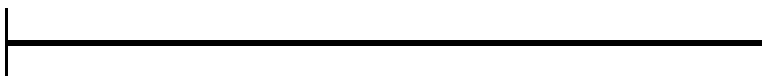
Prehospital

1 health education versus



ER

1 health education versus



**THE ROLE OF THE EMERGENCY NURSE
IN THE PREHOSPITAL ENVIRONMENT AND EMERGENCY ROOM**

INFORMATION SHEET

Dear

My name is Jasmin Gassiep and I am presently studying towards a Masters Degree in Nursing Science at the University of the Witwatersrand. I am conducting a research study on the role of the emergency nurse in South Africa and would like to invite you to participate in the study.

The purpose of the study is to identify the role of the emergency nurse in South Africa within the pre hospital environment and emergency room and to utilize the information from this research to provide guidelines which could be used to influence the development of a scope of practice for emergency nurses and for further education and training. '

I would like to state that there are no benefits to the individual nurse participating in the study, however the aim is to utilize the guidelines to develop an appropriate scope of practice for emergency nurses and for education and training in this field. The benefit of partaking in this study will be through the clarification of your roles, which will enhance professional practice, assist with the elimination of malpractice, avoid role ambiguity and improve the functioning of the emergency care team. The future education and training of emergency nurses will also be affected. Your input as the specialist nurse is extremely important for the self determination of the future of the emergency nurse in South Africa.

Participation in this study is completely voluntary and you may terminate your involvement with the study at any point. This will have no repercussions for you. Anonymity and confidentiality will be maintained. All information obtained from you will be kept in the strictest confidence. Your consent form will be separated from your responses, so your name will not be linked to your responses. All information will be kept in a safe place. The questionnaire will take approximately 30 minutes to complete. .

If you do consent I would appreciate it if you would complete the attached consent form and questionnaire.

If you have any questions about the study or your rights as a participant I can be reached at (011) 6459909 during office hours, or (011) 888-9737 after office hours.

Thanking you for your time and effort.

Mrs. J Gassiep

**THE ROLE OF THE EMERGENCY NURSE
IN THE PREHOSPITAL ENVIRONMENT AND EMERGENCY ROOM**

CONSENT FORM

I _____ (please print your name)

Here with consent to participate in the above study.

I have read with understanding the content of the information sheet and I have been given the opportunity to ask questions regarding the study.

Date

Signature

The Role of the Emergency Nurse in the Pre-hospital environment and the Emergency room

Research questionnaire

Please indicate whether you agree or disagree with the following Roles of the emergency nurse within the pre-hospital environment and emergency room. **Place a tick next to your choice.**

If you strongly believe that a certain role has not been stated please add it under the space provided under “other”.

THE SCIENTIFIC NURSING PROCESS:

Pre-hospital environment

	AGREE	DIS- AGREE
• Primary and secondary assessment		
• Planning (protocol based)		
• Management (protocol based)		
• Continuous evaluation		
• Others		

Emergency room

• Directed (focused) primary and secondary assessment		
• Planning (Definitive, advanced, supportive)		
• Management (definitive, advanced, supportive)		
• Continuous evaluation		
• Others		

EMERGENCY PREPAREDNESS:

Pre-hospital environment

- Availability of equipment (knowledge and skills of it's mechanics)
- Individual knowledge base and skills of
 - o Primary and secondary survey
 - o Advanced life support with/without technical support
 - o Consideration for patients with special needs
 - o Application of communication systems
 - o Decontamination

Others		

Emergency room

- Availability of equipment (knowledge and skills of it's mechanics) - Individual knowledge base and skills of - Primary and secondary survey - Advanced life support with/without technical support - Consideration for patients with special needs - Application of communication systems - Decontamination		
Others		

PRIORITIZATION:

Pre-hospital environment

- Triage according to principles - Individual prioritization through use of ALS principles		
Others		

Emergency Room

- Triage according to the use of principles in stepped up care - Individual prioritization through use of ALS principles		
Others		

RESUSCITATION:

Pre-hospital environment

- Ethical considerations - Identification of patients requiring resuscitation - Knowledge, skills and techniques of BLS and ALS - Pharmacological intervention - Documentation		
Others		

Emergency room

• Ethical considerations		
• Identification of patients requiring resuscitation		
• Knowledge, skills and techniques of BLS and ALS		
• Pharmacological intervention		
• Documentation		
• Others		

STABILIZATION:

Pre-hospital environment

• Safety (self, scene, vehicles, patients)		
o Immobilization		
o Extrication		
o Transportation		
o pharmacological intervention (ALS protocols and scope of practice)		
• Others		

Emergency Room

• Safety (self, scene, patients)		
o Immobilization		
o Extrication		
o Transportation		
o pharmacological intervention (ALS protocols and scope of practice)		
• Unpackaging		
• Assessment and management of minor and major conditions (haemodynamic monitoring, cardiac monitoring, with appropriate interventions, ventilation, oxygenation)		
• Referral for specialists care		
• Others		
•		
•		
•		

CRISIS INTERVENTION

Pre-hospital environment

- Defusing
- Critical incident crisis intervention
- Crowd control
- Care/consideration of special “victims”/ needs (rape, child abuse, cultural differences)
- Others

Emergency Room

- Defusing
- Critical incident crisis intervention
- Crowd control
- Care/consideration of special “victims”/ needs (rape, child abuse, cultural differences)
- Others

PRIORITIZATION OF CARE IN AN UNCONTROLLED ENVIRONMENT

Pre-hospital environment

- Safety
- Triage
- Disaster management
- Preparation for alternative interventions in an austere environment with lack or failure of resources
- Collaboration with experts
- Use of forensic medicine principles
- Others

Emergency Room

- Safety
- Triage
- Disaster management
- Preparation for alternative interventions in an austere environment with lack or failure of resources
- Collaboration with experts
- Use of forensic medicine principles

• Knowledge of fire fighting equipment		
• Others		

PREVENTIVE, PROMOTIVE AND REHABILITATIVE ASPECTS

Pre-hospital environment

• Health education		
• Others		

Emergency Room

• Health education		
• Others		

> .

```

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log type: text
opened on: 21 Jun 2004, 11: 16: 26

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```

1. xtgee I_score s1 s2 s3 s4 s5 s6 s7 s8, i( pm) noconstant
note: s8 dropped due to collinearity

```

```

Iteration 1: tolerance = .49297632
Iteration 2: tolerance = .58021893
Iteration 3: tolerance = .0386431
Iteration 4: tolerance = .00059429
Iteration 5: tolerance = 8.377e-06
Iteration 6: tolerance = 1.179e-07

```

GEE population-averaged model

```

Group variable: Number of cbs = 224
Link: identity number of groups = 8
Family: Gaussian obs per group: = 28
Correlation: exchangeable avg = 28.0
max = 28
Wald chi2(7) = 33.94
Prob > chi2 = 0.0000
Scale parameter: 2.890526

```

I_score	I	Coef.	Std. Err.	z	P> z	[95% Conf. Interval]
s1	I	-.2843631	.1220681	-2.33	0.020	-.5236121 -.0451141
s2	I	.0210005	.1113251	0.19	0.850	-.1971928 .2391937
s3	I	-.0671315	.1013494	-0.66	0.508	-.2657727 .1315097
s4	I	.1583807	.0923897	1.71	0.086	-.0226998 .3394613
s5	I	.0456714	.0847689	0.54	0.590	-.1204726 .2118154
s6	I	.0037443	.0788759	0.05	0.962	-.1508496 .1583383
s7	I	.0446847	.0751186	0.59	0.552	-.102545 .1919144

Coeff	exp	scaled	scaled_0_1
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0.021	1.021222	12.80	0.1280
-0.0671	0.935102	11.72	0.1172
0.1583	1.171518	14.69	0.1469
0.0456	1.046656	13.12	0.1312
0.0037	1.003707	12.58	0.1258
0.0446	1.04561	13.11	0.1311
0	1	12.54	0.1254
	7.976354	100.00	1.0000

21 Jun 2004, 11:04:57

```
. xtgee I_score i1 i2 i3 i4 if mi == 1, i( pm) noconstant
note: i4 dropped due to collinearity
```

GEE population-averaged model		Number of obs	=	48
Group variable:	pm	Number of groups	=	8
Link:	identity	Obs per group: min	=	6
Family:	Gaussian	avg	=	6.0
Correlation:	exchangeable	max	=	6
		Wald chi2(3)	=	3.89
		Prob > chi2	=	0.2735

Scale parameter: 2.292354

I_score I	Coef.	Std. Err.	z	P> z	[95% Conf. Interval]
i1 I	.1943613	.2066666	0.94	0.347	-.2106978 .5994204
i2 I	-.0117117	.1533212	-0.08	0.939	-.3122158 .2887924
i3 I	.0066279	.1094769	0.06	0.952	-.2079429 .2211986

```
. xtgee I_score i1 i2 if mi == 2, i( pm) noconstant
note: i2 dropped due to collinearity
```

estimates diverging (absolute correlation> 1)
r (430);

```
. _tgee I_score i1 i2 i3 if mi == 3, i( pm) noconstant
note: i3 dropped due to collinearity
```

GEE population-averaged model		Number of obs	=	24
Group variable:	pm	Number of groups	=	8
Link:	identity	Obs per group: min	=	3
Family:	Gaussian	avg	=	3.0
Correlation:	exchangeable	max	=	3
		Wald chi2(3)	=	311.29
		Prob > chi2	=	0.00000

Scale parameter: .5621763

I_score I	Coef.	Std. Err.	z	P> z	[95% Conf. Interval]
i1 I	2.136777	.1211975	17.63	0.000	1.899235 2.37432
i2 I	.9205404	.2266075	4.06	0.000	.476398 1.364683

```
. xtgee I_score i1 i2 i3 i4 i5 if mi == 4, i{ pm) noconstant
note: i5 dropped due to collinearity
```

```
GEE population-averaged model
Group variable:          pm          Number of obs      =    80
Link:                   identity      Number of groups   =     8
Family:                 Gaussian      Obs per group: min =    10
Correlation:            exchangeable      avg =   10.0
                                           max =    10
                                           Wald chi2(3)      =   21.62
                                           Prob > chi2       =  0.0002
```

```
Scale parameter:          2.780332
```

```
-----
I_score I   Coef.   Std. Err.   z    P>|z|   [95% Conf. Interval]
+-----+-----+-----+-----+-----+-----+
   i1 I-.1141149   .2383542  -0.48   0.632   -.5812805   .3530508
   i2 I-.0052986   .1952595  -0.03   0.978   -.3880002   .377403
   i3 I .3910896   .1574128   2.48   0.013   .0825661   .699613
   i4 I-.0326238   .1295002  -0.25   0.801   -.2864396   .221192
-----
```

```
. xtgee I_score i1 i2 i3 i4 if mi == 6, i( pm) noconstant
note: i4 dropped due to collinearity
```

```
GEE population-averaged model
Group variable:          pm          Number of obs      =    48
Link:                   identity      Number of groups   =     8
Family:                 Gaussian      Obs per group: min =     6
Correlation:            exchangeable      avg =    6.0
                                           max =     6
                                           Wald chi2(3)      =    3.52
                                           Prob > chi2       =  0.3187
```

```
Scale parameter:          2.832207
```

```
-----
I_score I   Coef.   Std. Err.   z    P> I z I[95% Conf. Interval]
+-----+-----+-----+-----+-----+-----+
   i1 I-.3154789   .3158636  -1.00   0.318   -.9345601   .3036024
   i2 I-.1047197   .235469   -0.44   0.657   -.5662304   .356791
   i3 I .0773802   .1698562   0.46   0.649   -.2555318   .4102923
-----
```

```
. xtgee I_score i1 i2 i3 i4 i5 i6 if mi == 7, i( pm) noconstant
note: i6 dropped due to collinearity
```

```
GEE population-averaged model
Group variable:      pm
Link:                identity
Family:              Gaussian
Correlation:         exchangeable

Number of obs      =    120
Number of groups   =     8
Obs per group: min =    15
                  avg  =   15.0
                  max  =    15
Wald chi2(3)       =    8.54
Prob > chi2        =    0.1290
```

```
Scale parameter:      2.394516
```

I_score I	Coef.	Std. Err.	z	P> z	[95% Conf. Interval]
i1 I	.1134064	.2566033	0.44	0.659	-.3895267 .6163396
i2 I	.2877933	.2219577	1.30	0.195	-.1472358 .7228225
i3 I	.2766705	.1907083	1.45	0.147	-.0971111 .650452
i4 I	.0101939	.1647985	0.06	0.951	-.3128053 .3331931
is I-	.1122947	.1470779	-0.76	0.445	-.400562 .1759726

main_item	coeff	exp	std_wt
1	0.1943	1.214461	0.288508
	-0.0117	0.988368	0.234797
	0.0066	1.006622	0.239134
0		1	0.237561
		4.209451	1