



Dear Colleagues,

Perhaps a little bit late but.... **best wishes for 2018!!!**

On November 29th we had in Brussels the EuSEN General Assembly (GA) and a scientific meeting organized by the EuSEN Scientific Advisory Board (SAC). In this newsletter you can find a summary of the presentations and a report of the General Assembly.

Luciano Clarizia, the delegate from 'Associazione Infermieri Specializzati in Area Critica ed Emergenza' (AISACE) from Italy, one of the founders of EuSEN, resigned as boardmember. We thank Luciano for his important contribution to make EuSEN to what it stands for.

During the last EuSEN GA it was decided that, due to the increasing working costs, **each EuSEN member organization** has to pay a **yearly fee of 50 €** and each **individual EuSEN member** a **yearly fee of 15 €**. This is consistent with many other global/European organizations within various specialties in nursing.

Yves Maule, the EuSEN treasurer, will send an invoice to all member organizations and to all individual members. At the other hand a fundraising campaign has started to collect funding in order to achieve all the 2018 EuSEN-projects.

In 2017, 3 European Emergency Nursing organizations joined EuSEN.

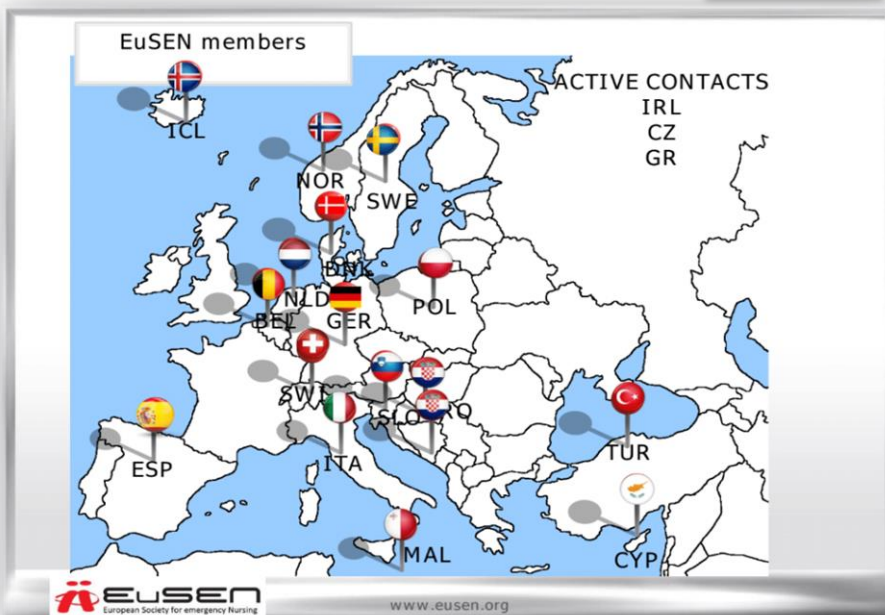


On behalf of the EuSEN Board

Door Lauwaert
President



EuSEN
member
organizations



Work Shadowing: Emergency Departement, Haaglanden Medical Center Westeinde, The Hague, Netherlands

Rahel Kugler

Acute Care Nurse Practitioner

In the Master of Science Nursing-Program at the University of Basel, Switzerland, students are sent out to work with Advanced Practice Nurses. Thanks to the European Society for Emergency Nursing (EuSEN) Vice President, Petra Valk, I was able to work with Acute Care Nurse Practitioners at the Emergency Department (ED) of Haaglanden Medical Center (HMC) Westeinde, The Hague, Netherlands.



At the start of my work shadowing, I got to know more EuSEN members. Christien van der Linden gave me an overview of the Emergency Department of HMC, followed by a tour around the ED by Frans De Voeght. I learned how they managed to introduce Nurse Practitioners successfully. And in the end, a team of Researchers came to the same conclusions as international research has already shown repeatedly when comparing the diagnostic accuracy of Emergency Care Nurse Practitioners versus Physicians related to minor illnesses and injuries, the Nurse Practitioners at Westeinde did just as good as the physicians.

Getting to work with two of the Nurse Practitioners, Rianne Lam and Peter Stap, I started to understand how their work differs from mine. They are able to take care of a patient from admission to discharge. At the beginning, Christien and an emergency physician developed the protocols which defined the boundaries of their work and got approval of other medical specialists.

Interpreting results, defining treatments, such competencies have been widely discussed within my class. What is the nursing part for Nurse Practitioners, when at a first glance, they seem to be mini doctors? My stay in The Hague helped me find an answer: Surely, Nurse Practitioners break up old boundaries between nurses and physicians. They study to learn and perform skills which have long been exclusive to physicians. Yet they are still nurses, having a different background. This is making the difference: the Nurse Practitioners are highly flexible. It's a constant change in roles which I was able to observe and they do it with ease: from NP to emergency care nurse to triage nurse to nurse educator and back to NP. They help out where needed, always giving expert care to their patients whether they are able to treat them independently according to protocol or treat patients with the team.

I could have read more articles about Nurse Practitioners, watched more introduction movies – it's being there with them, being able to ask questions, to see how they are included in the team and how it's all organized that truly helped in understanding their work. Thank you, Rianne and Peter, Christien, Frans and Petra, for making it possible.

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4 - 6 October 2018 | Noordwijkerhout, The Netherlands

What previous delegates have said:

"Excellent organised conference and was full of energy from all concerned."

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Join international delegates to share the latest research, knowledge, innovations and practice developments within emergency nursing, trauma care, paramedical and medical sciences, and healthcare in both the developed and developing world.

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- **Teri Reynolds**, Emergency, Trauma and Acute Care Lead, WHO, Switzerland
- **Mary Watkins**, Baroness Watkins of Tavistock and Visiting Professor King's College London, UK

Abstracts are invited for oral and poster presentation by **9 March 2018** on the following key topics:

- Emergency care in different environments
- Specialties in emergency nursing
- Pre-hospital care
- Advanced practice
- Research and education
- Patient safety and non-technical skills

**ABSTRACT
SUBMISSION
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Conference chairs

Robert Crouch OBE, University of Southampton and Hampshire and Isle of Wight Air Ambulance, UK

Mary Dawood, Imperial College Healthcare Trust, UK

Gerry Lee, Kings College London, UK

Petra Brysiewicz, University of KwaZulu-Natal, South Africa

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SUMMARY

EuSEN General Assembly

Brussels

29th of November 2017

- President of EuSEN Door Lauwaert (DL): Introduction of EuSEN and the board
- Secretary Ole-Petter Vinjevoll (OPV): Activity report:
 - 2 Board meetings
 - 6 Skype meetings
 - Competencies – PvZ
 - Published Newsletters
 - Facebook
 - Collaboration with EUSEM
- Treasurer of EuSEN Yves Maule (YM): the financial report
- OPV: future events (will be shared at Facebook and on the website)
 - Sept. 8th – 12th 2018. EuSEM conference in Glasgow with a nursing track
 - Oct. 4th – 6th 2018: the 3rd Global conference on emergency nursing and trauma care, The Netherlands
 - During this event, the yearly EuSEN General Assembly will take place at Noordwijkerhout, The Netherlands.
- Petra Valk-Zwackl (PVZ) and Guðbjörg Pálsdóttir (GP): future projects
 - Shadowing program
 - Competencies
- GP and Christien van der Linden (CvdL): presentation Scientific advisory board (SAC)
- YM: change of the organization because of the Belgian law (no implications for the member-organizations and individual members).

EuSEN Scientific Advisory Committee (SAC)

EuSEN has formulated a main purpose, presented by the EuSEN President, Door Lauwaert and can be found on its website: http://eusen.org/?page_id=2

“To promote the art and science of emergency nursing across Europe and to provide a platform for knowledge and information sharing amongst its members in the interest of our patients”.

Furthermore, the Board of EuSEN published last April, eight competencies for Emergency Departments Nurses in Europe, where one of the eight competencies is regarding Research. <http://eusen.org/wp-content/uploads/2017/04/EuSEN-Competencies-Emerg-Nurse.pdf>.

In our search for ways how to best fulfil this main purpose and supporting the competencies, the Board established a small subgroup of nurse researchers, which kindly offered their help. This was the start of the Scientific Advisory Committee (SAC). There are many differences in our countries, and these differences offer possibilities to investigate the effects of different interventions to the same clinical problem. There are also many similarities, which again create opportunities to establish research projects using multi-centre designs with large patient numbers.

The four members of the SAC are dr. Jochen Bergs (Switzerland), dr. Florian Grossmann (Belgium), dr. Thordis Katrín Thorsteinsdóttir (Iceland), and dr. Christien van der Linden (The Netherlands), which leads the group.

The aims of the SAC are:

1. To facilitate collaborative research projects.
2. To discuss, support and promote international nursing research priorities, clinical practice guidelines, and external research opportunities.
3. To review international nursing research proposals, assessing quality of the study design and feasibility of the study.

One of SAC's first projects was to establish a scientific program for EuSEN General Assembly, which was held at the Chu Brugmann Hospital in Brussels November 29th. In the introduction, members and board members were asked by Christien van der Linden to write down any suggestions, ideas and comments that members could think off to promote and enhance Emergency Nursing Research and the role of EuSEN.

To guide this assignment, lectures about nursing research were prepared by dr. Jochen Bergs, dr. Thordis Katrín Thorsteinsdóttir, Mariella Dekker (representative of the Augoe Foundation), Ole Petter Vinjevoll and dr. Christien van der Linden. Lectures mainly concerned an overview of the presenters' own research, followed by the main research topics in the presenters' country, and possibilities for collaboration. First, dr. Jochen Bergs taught us the differences between nursing and medical research, and he answered our questions regarding how to choose a journal for your research article. Then dr. Thordis Katrín Thorsteinsdóttir gave us an example of research projects from the ED at Landspítali in Iceland, such as ED length of stay, elderly in the ED, foreign tourists needing health-care and nursing competencies in the ED. Ole-Petter Vinjevoll presented next his masters thesis where he explored a Norwegian Trauma Team Activation Protocol (TTA) and found out that it is relatively insensitive in identifying severe injury. Several mechanisms of injury have low sensitivity and could result in substantial over-triage, if used as a single criteria for TTA. This has relevance for the proposed development of national Norwegian TTA criteria. Mariella Dekker showed us the importance of screening for child maltreatment at the emergency department, and asked for the collaboration with EuSEN to survey the members on the topic of screening for child maltreatment. Finally, dr. Christien van der Linden gave us an insight into the Emergency Department crowding as a global and multifactorial problem and the importance for multifactorial solutions that involves awareness throughout the hospital in its broadest sense.

Abstracts of the presentations can be found in this newsletter.

All suggestions and remarks that were written down by the audience during the lectures were collected at the end of the day. The Scientific Advisory Committee (SAC) will discuss them during their next meeting and formulate some practical guidelines regarding nursing research for our members that will be discussed with the Board.

The Scientific Advisory Committee will publish relevant information and research related topics within the EuSEN website http://eusen.org/?page_id=425 in the future, as well as at the EuSEN facebook. Even though the group has just been established, the members have already began their work and co-operation. As an example of this, Christien van der Linden has already joined the EUSEM 2018 Congress Scientific Committee, which will be responsible for the congress program. For the 4th year, EuSEN will be joining EuSEM to provide an outstanding interdisciplinary global conference on emergency nursing and emergency medicine <http://www.eusemcongress.org/en/>.

The EuSEN Board and SAC will be having a joint meeting in Brussels, in June 2018 to establish further the emphasis and opportunities that awaits in the nearest future for SAC.

Christien van der Linden, chair-person SAC
Gudbjorg Palsdottir, EuSEN board-member

Introduction EuSEN SAC-members

Hi colleagues from all over Europe! I am Christien van der Linden and member of the Research Advisory Committee of EuSEN.

I have worked as a certified emergency nurse (for 15 years) and as an emergency nurse practitioner (for 5 years). In 2008 I finished my Masters in Clinical Epidemiology and in 2015 I successfully defended my PhD thesis on the subject of Emergency Department Crowding.

I work fulltime as a Clinical Epidemiologist Acute Care, involved in all kinds of research and studies taking place within the acute care chain. Note that I am available for all EuSEN members who need any help with their research projects or evidence based care projects.

Warm Regards,
Christien van der Linden, PhD

chris10vanderlinden@hotmail.com



Dr. Thordis Thorsteinsdottir is a Registered Nurse, she got a Master of Science in Nursing from the University of Iceland in 2006 and finished her PhD in clinical sciences at the Sahlgrenska Academy at the University of Gothenburg, Sweden in 2011 as well as a Diploma in Teaching Studies for Higher Education at the University of Iceland in 2015.

Thordis holds a position as the Emergency Nursing Academic Manager at Landspítali University Hospital (LSH) and the University of Iceland (UI), working as an assistant professor at the Faculty of Nursing and project manager at the Research Institute in Emergency Care at LSH and UI. She has worked on various interdisciplinary studies in the field of emergency care at Landspítali, as well as on the professional advancement of emergency nursing in Iceland as the head of the emergency nurses professional council at Landspítali. Her scope of research is in clinical epidemiology and the nursing of acute and critically ill patients, focusing on effective and safe flow of patients through emergency services.

Best regards
Thordis Katrin Thorsteinsdottir, PhD

thordist@hi.is



Hi, my name is Jochen.

I couldn't decide what to do with my life, so half of my time I'm working as an emergency nurse, the other half I'm a researcher / teacher at Hasselt University (Belgium).

My research is focused on improving patient safety in critical care settings; with a special interest in implementation science and emergency care. I'm also an associate editor for International Emergency Nursing.

Jochen Berghs, PhD MSc Med RN EMT

jochen.berghs@uhasselt.be

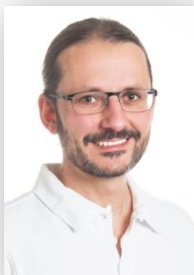


Hi everyone, my name is Florian Grossmann,

I am a clinical nurse specialist with a special interest in geriatric emergency nursing. At the University Hospital Basel, Switzerland, I work together with a team of CNSs from the entire department of medicine (which includes the ED) on practice development. My research focus is on triage, geriatric emergency care, delirium.

Florian Grossmann, MSc

Florian.Grossmann@usb.ch



Abstracts

EuSEN Scientific Meeting

Brussels

29th of November 2017

Nursing research in the Netherlands, examples of own research, main topics and challenges in the Netherlands and opportunities for collaboration

Dr. Christien van der Linden

Emergency department (ED) crowding is a global problem. For most countries it is not a new problem. Studies mainly originate from the USA, Australia, Canada, and also some European countries. There are almost no studies on crowding in low-income countries.

Because there are a lot of really sound scientific studies performed in countries where crowding is the norm, we know the consequences. We know that when patients are assessed during ED crowding, they have longer door-to-needle times, more missed diagnoses and a lengthier stay at the ED. Also, more patients leave the ED without being seen, and there is even a higher mortality for patients who are admitted through crowded ED's. We also know it's bad for staff, for nurses, for doctors. More staff illness, more staff burnout, and more staff leaving for other jobs.

We also know the causes. We can divide the causes of crowding into input-causes, throughput causes, and output causes. Input causes are for example more patients coming in for acute care, a higher age, more co-morbidity. Throughput causes refer to the processes at the ED, for example waiting times for diagnostics or waiting times for triage. Output causes are the processes that prevent patients from leaving the ED, causes like a lack of inpatient capacity or a lack of home care. From all the existing research we know that output causes are the most important. When you have no beds available in your hospital, your patients will be stuck in the ED, occupying ED beds, preventing the new patients to come in. You can work really hard on your throughput times, set up an extra triage point, hire more doctors, however, when patients need to be admitted and there are no beds, your profit will be blown away by the exit block.

We also know the solutions. We know that there is not one single solution to crowding, like there is also not one cause. A multifactorial problem needs multifactorial solutions. Working on the input causes, you might consider the diversion of patients, for example by implementing a General Practitioners Cooperative. Working on your throughput phase, you might consider point-of-care testing or setting up a nurse practitioners unit to improve throughput. But keep in mind that you will always have to work on your output phase, you will have to guarantee beds for patients in your hospital.

The most important intervention that you should be working on, is to create awareness throughout the hospital. For example awareness of the medical specialists, who should discharge their patients at the inpatient units before noon, creating empty beds when the peak times at the ED start.

So what is it we do not know yet? What should be on our research agenda? European perspectives on ED crowding? Cultural differences? What different definitions or different measures are used? What interventions are used to improve ED efficiency? And do they work? And would they also work in different EDs in different countries? How important is ED design and technology?

Nursing research – when and why choosing for nursing journal? Are there differences between nursing research topics and medical research topics?

Dr. Jochen Bergs

Introduction:

An important aspect of the Scientific Advisory Committee (SAC) is to promote emergency nursing research. Because, if you have done some meaningful research, you want others to learn from your findings and discuss potential implications for practice with your peers. Consequently publishing is part of a researcher's life, which is an endeavor on its own! The first question addressed during the general assembly was "When and why choosing for a nursing journal".

Methods:

We used the opinion of a highly biased individual (the associate editor of International Emergency Nursing) to form a general advise on "When and why choosing for a nursing journal". Data was collected using narrative synthesis of his presentation provided at the general assembly. Meaningful ideas were jotted down and discussed during the last 2 minutes of the presentation.

Results:

The first slides weren't really interesting. However, the fourth slide showed a meaningful comparison of descriptions and aims from a selected number of emergency medicine and nursing journals (as published on their website). In summary, a considerable amount of overlap in aims and targeted readership exists. Next, some trends in emergency nursing research are outlined. It was found that a tendency towards defining emergency nursing professionalism and the exploration of (new) niches exists in nursing journals. For instance, triage, geriatrics, aggression, terrorism). This was summarized as using research to prove professional autonomy. Finally, some benefits nursing journals were highlighted: some aspects of nursing could be seen as too soft for hard-core medical journals; nursing journal editors are nurses and understand your adverse relation with publishing so they will support you to produce ass-kicking papers; peer-reviewers exist of your target audience.

Discussion:

Nurses need to publish in order to extend (nursing) knowledge, but also to prove professional autonomy and claim their rightful place alongside other healthcare professionals. We conclude that the results of this first presentation convinced all emergency nursing researchers to submit their work to International Emergency Nursing. We recognize the potential bias of the data source, however, the fact that this Journal is an official publication of the European Society of Emergency Nurses (EuSEN) and officially recognized by the National Emergency Nurses Affiliation Inc. (Canada) (NENA) strengthen the conclusion that emergency nurses should publish in nursing journals.

Nursing research in the Iceland – elderly at the ED, developing care and nurses competencies

Dr. Thordis Katrin Thorsteinsdottir

For the past 5 years, emergency nursing research has increased exceedingly at the Landspítali University Hospital. The Research Institute in Emergency Care focuses on clinical research where the staff members of the Emergency Department as well as BS-, MS- and doctoral students have forum to bring their research ideas, develop them into projects, which then end in research and often publication. Examples of some recent research projects are ED length of stay, implementing the service of clinical pharmacists in the ED – medication errors, epidemiology of childhood fatal injuries 1980-2012, traffic injuries and deaths in Iceland, Ottawa ankle-rule, self-harm and suicides in aspects of the financial crisis, elderly in the ED, foreign tourists needing health-care and nursing competencies.

A special focus has been among the nurses on the elderly at the ED, regarding visits, revisits and screening. One research showed that mean number of visits by 67 years and older to the ED over a 5 year research period 2008-2012, were 3.1 visits per individual and men were more likely to revisit the ED. Interestingly, majority of the men were married but the women were most often widows. Predictors were identified for referrals to nurse-led clinics after ED visits. Hip fractures among elderly were also studied over the same research period. Majority of them were women (72%) and 50% of the population were widowers/widows. Cumulative mortality rate within 12 months was significantly higher for men (35,6%) than women (21%). The results led to further implementations in change of practice, such as hip-fracture protocol, delirium screening tools, screening and assessment tool (Inter-RAI ED Screener) and Geriatric Emergency Management (GEM) nurse role was established in the ED.

The value of well-defined competencies and competence assessment in nursing is acknowledged worldwide. Lack of defined core competencies among nurses could reduce their clinical performance and could be a threat to patients' safety and quality of care. In 2013 the ED nurses at Landspítali University Hospital started a project to define core competencies for their work in different situations at the ED. The aim was to define the adequate nurse competencies as well as the possible steps in professional development and absolutely define them in context to our patients' need. The work was based on Patricia Benner's theory, from Novice to Expert and focus groups with emergency nurses defined goal within 10 competence categories that were specific, appropriate, realistic and measureable. This project has already produced some research projects. The implementation has been in association with the emergency nurses, including mentor system, clear aims throughout the carrier and the nurses' professional development is now continuous and visible.

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Aerogen technology reduces Emergency Department admissions by 32%

Study revealed 75% less medication required by patients treated with bronchodilators when delivered by Aerogen technology

Analysis also confirmed a significant reduction in median length of emergency department stay



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- ✓ Improved patient response²
- ✓ Quick & easy to set-up with no added flow
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About Aerogen:

Aerogen (www.aerogen.com) is the world's leading medical device company specialising in aerosol drug delivery systems. Aerogen's patented vibrating mesh technology turns liquid medication into a fine particle mist, gently and effectively delivering drugs to the lungs of critically ill patients of all ages around the world.

Breakthrough data just published in the American Journal of Emergency Medicine reinforce Aerogen's credentials as global leaders in high performance aerosol drug delivery. The results show a 32%¹ reduction in the admission of patients to hospital from the emergency department when treated with their vibrating mesh technology.

Aerogen's technology has the potential to significantly impact the number of hospital admissions, as a superior treatment option in the Emergency department.

The same research also shows that patients treated with Aerogen technology in the same setting required 75% less medication¹– versus those treated with traditional small volume jet nebulisers. Secondary analysis also confirmed a significant reduction in median length of stay of 37 minutes¹–.

Speaking at the announcement of the results, lead investigator and study author Robert Dunne, MD, Vice Chair of Emergency Medicine at St. John Medical Centre, Detroit said “The study results prove what we saw everyday treating patients in our emergency room: people who needed treatment with a bronchodilator got better faster, with less medicine, and required fewer admissions when using the Aerogen Solo and Ultra than patients receiving treatment with a traditional small volume jet nebuliser,”

SUPERIOR CARE WITH AEROGEN ULTRA

In a comparison study with a SVN, Aerogen Ultra resulted in a:

32%

reduction in ED admission rates¹

75%

reduction in medication¹

37 min

reduction in ED median length of stay¹



EuSEN

European Society for emergency Nursing

Are you interested in Emergency Nursing?
Then join the European Society for Emergency Nursing NOW!

The society's aim is to promote nursing activities in the field of emergency care

The Society's purpose is:

- to promote science and art of nursing in emergency care
- to promote contacts, exchange and cooperation between European emergency nursing associations
- to represent emergency nurses within and outside of Europe
- to draft and promote standards for training, implementation of the profession and management in the field of emergency nursing
- to harmonize the training of emergency nursing across Europe
- to promote cooperation with all healthcare professionals, institutions and organizations with a professional interest in emergency care
- to promote basic knowledge about emergencies throughout the population.

EuSEN is a NON-Profit association. To be a member with EuSEN you need to be a member of a local or national emergency nurse association. The association needs to have local standards and official statutes.

Do you want to learn more about the EuSEN Please contact :

The President of EuSEN

Door Lauwaert

Post address: UZ Brussel, Emerg. Dpt, Laarbeeklaan 101, 1090 Brussels, Belgium

Or door.lauwaert@uzbrussel.be

To join us - Fill in the admission form on the next page.

www.eusen.org



EUSEN

European Society for emergency Nursing

Application form EuSEN

Name of the Association

.....

Country.....

URL Website.....

Number of members.....

Does the association follow official statutes **Yes** **No**

The associations main purpose in emergency care

.....
.....
.....

Name of the President.....

Contact address, E-Mail and phone number

.....
.....

Second contact person of the association (if not the President is the contact person)

.....

Contact address, E-Mail and phone number

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.....

Send the application form and relevant documents presenting your organization to:

The President of EuSEN Door Lauwaert

Post address: UZ Brussel, Emerg. Dpt, Laarbeeklaan 101, 1090 Brussels, Belgium

Or door.lauwaert@uzbrussel.be

www.eusen.org

Individual membership EuSEN

Dear future member,

If you want to support us developing EuSEN, you can become an individual EuSEN Member.

Membership fee for individual member had been fixed to **15€/year** by the EuSEN Board . This money help us to promote the association throughout Europe.

As an Individual Member, you'll be informed of any evenemential action of EuSEN and every publication, you'll also have member price for Congress supported by EuSEN and any promotional action held by EuSEN.

Individual Membership don't give the right to vote at the General Meeting Assembly (Only for the Association) and membership of EuSEN don't mean that you are member of all the European nurses associations.

WE NEED YOU, if you want to help us by becoming a individual member, fill the form (see website EuSEN) and the treasurer will contact you as soon as possible to give you information about the procedure to pay the annual fee.

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European Society for emergency Nursing



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