



## Disaster Management and Response

28 H.O. 2379

### CONTENTS

VOLUME 40 • NUMBER 3 • SEPTEMBER 2005

#### Preface

xiii

Judith Stoner Halpern and Mary W. Chaffee

#### Emergency Preparedness: Concept Development for Nursing Practice

419

Lynn A. Slepski

Emergency preparedness is a concept frequently referred to within medical and psychological literature and in local, state, and federal documents, yet it is not well defined. There is no published theoretical or operational definition of the term, and no conceptual analysis of the phenomena of emergency preparedness exists within the literature. Because nursing is the single largest health professional resource for response, work toward further refinement of the concept of emergency preparedness has relevance for nursing practice. This article examines and attempts to clarify the concept of emergency preparedness, especially as it applies to nursing.

#### The Impact of Disaster on Culture, Self, and Identity: Increased Awareness by Health Care Professionals is Needed

431

Pat Deeny and Brian McFetridge

Self, identity, and culture are important psychosocial concepts in the analysis of how individuals perceive self in social context, self across the lifespan, and self in relation to cultural context. Contemporary theories emphasize the importance of a holistic perspective and promote the idea of identity as opposed to self-concept. This article explores the application of these ideas to disasters to provide guidance for health care professionals on how disasters impact individuals, groups, and communities. Disasters have a major impact on social infrastructure and culture, and in turn result in a range of human responses. Placing identity and maintenance of cultural integrity at the heart of practice, health care professionals are encouraged to take a holistic perspective across all phases of the disaster. Individuals, groups, and communities exhibit a range of responses influenced by levels of vulnerability or resilience. Facilitating expression of feelings related to the disaster experience is an important focus for health care. Always working within the cultural context and being sensitive to the rituals related to remembering and mourning help preserve dignity and possibly facilitate creation of a new identity and a revised culture after a disaster.

## **Disaster Nursing Curriculum Development Based on Vulnerability Assessment in the Pacific Northwest**

**441**

Eleanor F. Bond and Randal Beaton

Disasters caused by naturally occurring or deliberately caused infections, toxic chemical spills, radiologic releases, or other catastrophic events are likely to challenge the US health care system and pose special risks to vulnerable groups. Despite these threats in the environment, most US nursing programs lack disaster nursing content. This article describes disaster nursing competencies needed in Washington State based on standards, local geographic and population vulnerabilities, expert review, and surveys of nursing students and practicing nurses. Disaster nursing competencies included the following categories: (1) providing for patient care needs; (2) practicing safely; (3) preparing, implementing, and evaluating institutional and community protocols in preparation for a disaster; (4) reporting and communicating; and (5) accessing up-to-date information. Practicing nurses and student nurses indicated a strong need for disaster nursing content; the greatest perceived need was for content related to caring for injured or ill patients and practicing safely during a disaster.

## **Disaster Competency Development and Integration in Nursing Education**

**453**

Joan M. Stanley

Nurses, because of their nursing education and perspective practicing in multiple roles and settings, are uniquely qualified for mass casualty preparedness and response. Educating the current 2.7 million registered nurses and all future nursing graduates is a daunting task. Nursing education must ensure that graduates are prepared with the necessary knowledge and skills for mass casualty incidents. Four key entities are essential for education's successful implementation of disaster preparedness: education and professional organizations, accreditation and regulatory bodies, schools of nursing, and continuing education providers. This article examines the role each of these key entities plays in the development of a nursing workforce prepared for mass casualty response. In addition, the International Nursing Coalition for Mass Casualty Education (INCMCE) registered nurse (RN) competencies for mass casualty incidents and guidelines for integrating these competencies into the nursing education curricula are presented.

## **A National Curriculum for Nurses in Emergency Preparedness and Response**

**469**

Elizabeth E. Weiner

Preliminary and continuing education concerning emergency preparedness is needed for nurses. Although some nurses have had natural disaster training, most have not had training to respond to bioterrorism events. Several organizations are working to develop

standards and curricula for such training. This article highlights these efforts.

## **Homeland Security Challenges in Nursing Practice**

**481**

Connie Boatright and K. Joanne McGlown

Nurses need a comprehensive knowledge of doctrine, laws, regulations, programs, and processes that build the operational framework for health care preparedness. Key components of this knowledge base reside in the areas of: evolution of homeland security; laws and mandates affecting health care and compliance and regulatory issues for health care organizations. This article addresses primary components in both of these areas, after first assessing the status of nursing's involvement (in homeland security), as portrayed in the professional literature.

## **The Role of Public Health Nursing in Emergency Preparedness and Response**

**499**

Rosemarie Rowney and Georgia Barton

Public health services are vital to homeland security and defense, and nurses make up the majority of public health care workers. This article identifies issues in preparing for bioterrorism and describes the role of public health nurses in bioterrorism preparedness.

## **The Role of the Nurse Practitioner in Disaster Planning and Response**

**511**

Frank L. Cole

Advanced practice nurses (APNs) and nurse practitioners (NPs) have provided health care services during disasters; however, little appears in the literature about their role. APNs and NPs represent a significant portion of the nursing workforce. This article focuses on critical factors to consider when preparing and planning for the role of NPs.

## **Practical Considerations for Providing Pediatric Care in a Mass Casualty Incident**

**523**

Susan McDaniel Hohenhaus

Children have unique physiologic and developmental characteristics that need to be considered. Plans for pediatric care during mass casualty incidents (MCIs) need to be developed. This article highlights challenges in providing care to children after MCIs and provides considerations for providing pediatric care.

## **Disaster Care: Psychological Considerations**

**535**

Ann M. Mitchell, Teresa J. Sakraida, and Kirstyn K. Zalice

Disasters are tragic events that disrupt the normal functioning of a community and overwhelm personal and community resources. The

people who experience or simply witness traumatic events can be affected emotionally and develop a range of physical and emotional responses, which in turn can produce psychological, social, and physiological dysfunction. The challenge for health care providers is to recognize the range of emotions and to be able to identify when professional help is indicated. This article provides an overview of the human stress response and describes sources of stress that follow disasters, acute stress disorder, post-traumatic stress disorder, and interventions and resources used to care for victims after disasters.

## **Research Issues in Preparedness for Mass Casualty Events, Disaster, War, and Terrorism**

**551**

Patricia Hinton Walker, Sandra C. Garmon Bibb, and Karen L. Elberson

This article provides a perspective on the types of research questions that might be explored and strategies used in relation to disaster, terrorism, and mass casualty events. Research is addressed in the context of three areas of focus: issues related to the health care provider; issues affecting the patient, individual, family, and community; and issues related to the health care system.

## **Hospital Response to Acute-Onset Disasters: The State of the Science in 2005**

**565**

Mary W. Chaffee

The level of emergency preparedness in US hospitals is a concern in light of the steady threat of natural disasters, transportation and industrial accidents, and the possibility of terror attack resulting in mass casualties. The science of hospital emergency preparedness is in an early stage of development. For research to logically expand knowledge, an accurate assessment—or examination of the state of the science—is conducted to determine the current state of knowledge, gaps in knowledge, and opportunities for future research. Milsten reviewed the literature on hospital response to acute-onset disasters from 1977 to 1999. His review of 107 articles contains research studies, case studies, and lessons learned pieces largely published in the medical literature. Milsten's analysis provides a substantial starting point. This article examines Milsten's review, identifies articles that have been published that add to this knowledge base, and identifies additional phenomena of interest.

## **The Human Factors in a Disaster**

**579**

Kevin Davies and Ray Higginson

Although natural disasters are claiming fewer lives now than even as recently as 30 years ago, they remain responsible for many premature

deaths, most in third-world countries. This article highlights the relationship of human factors that can be found with third-world disasters and reviews interventions that have been used to reduce illness, injuries and deaths.