## **Nurses Were Built for the Front Lines**

Malikah Taylor, MPH, MSN, RN

Nurse Consultant, Emergency Medical Services and Preparedness, Division of Public Health

## **Abstract**

Increased severity of natural disasters and a rise in man-made disasters have underscored the importance of disaster planning, mitigation, and recovery. Designating and credentialing professionals assigned to protect the health and well-being of the public is a major component in safeguarding the public during and after a disaster. The nursing professional is a subject matter expert in care provision and advocacy in the community. Nurses excel in high stress environments and routinely manage scarce resources making them a natural ally in disaster preparedness and recovery efforts. Disaster education for nurses and home preparedness planning create an eager every-ready responder.

A disaster is an unplanned event that overwhelms a community, and results in human, environmental, and economic losses that exceed or threaten available resources. As the rate of natural disasters and the threat of terrorist attacks rise, it has become increasingly important that there be increased focus on disaster planning, mitigation, and recovery. A large portion of this planning includes designating and credentialing professionals who will work to protect the health and well-being of the public during and after a disaster. There is a natural partnership between mass care incidents and the nursing profession. There are over four million nurses throughout the U.S., which are essential to the success of any health care organization. Education, experience in chaos, synergy with ancillary groups, and connection to the community are just a few reasons why nursing is at the foundation of disaster care.

The standard nursing program takes two to four years to complete. Associate degree programs, completed in just two years, have begun aligning with four-year programs in a push to have 80 percent of Bachelor degree nursing candidates prepared by 2020.<sup>2</sup> It is in the halls of academia that nurses learn the fundamentals of what it takes to be a successful nurse, but that is just the tip of the iceberg. After graduation, nurses learn to care for patients throughout the lifespan and illness continuum, as well as the communities they serve. On-the-job training at the hands of experienced professionals with actual patients builds foundational knowledge that naturally sharpens triage and patient teaching skills. The skill of triage and experience with clinical guidelines and protocols are invaluable during mass care incidents (MCI).

A 2018 workforce study reported that 58 percent of registered nurses were employed either in hospitals or in hospital-based organizations. The U.S. health burden and unequal access to health care have led to a significantly disproportionate amount of medical services received in emergency departments and urgent care centers. Nurses are skilled in multitasking, adaptation, and prioritization because they swim through a sea of need every day, thriving in chaos. Nurses deliver clinical care, team leadership, creative problem-solving skills, resource management, as well as develop important communication skills in situations of rapid changes. These characteristics are crucial in MCIs and community planning activities that affect the health and safety of the public at large, especially during natural or man-made disasters such as Hurricane Sandy, winter storms, and multiple dwelling fires.

Nurses plays a vital role in health care, but they cannot do it alone. Health care has a multitude of moving parts working together to produce a common purpose: quality health care. Collaboration is ingrained in nursing practice as the role has stakes in health outcomes in the post-treatment phase of an illness such as hospital readmissions and disease exacerbation. Working relationships with social workers, home care organizations, and community-based care programming are necessary to manage population health. Effective relationships manufacture lasting partnerships based on mutual respect, ownership of roles, and confidence in the greater public health system. Disaster nursing is systematic and adaptable, using clinical knowledge and skills conducted in cooperation with other partners to reduce damages to health and eliminate a disaster's life-threatening hazards. During emergencies, nurses rely heavily on established bonds.

Lastly, nursing has a palpable connection to the community. Nurses have great communication skills, are experienced in educating patients and families, and possess sharp problem-solving abilities to help patients manage their conditions at home. The nurse-patient connection lasts beyond a single health event. The interconnected nature of our society means that although the patient is the focus of the clinical care, the entire family unit and potentially the entire community can learn and benefit from those efforts. As the most trusted health care professional and a masterful advocate, nurses should be the first alliance considered when engaging the public during public health emergencies, natural disasters, or other MCIs.

Nurses are encouraged to lend a hand during a disaster or MCI; there are plenty of ways to get involved. Licensed professionals in Delaware who want to volunteer should volunteer with licensed agencies such as Delaware Medical Reserve Corps (DMRC) and The American Red Cross. Nurses will work in unfamiliar physical environments during a disaster, but their nursing skills and thoroughly drafted medical protocols will serve as their guide. Lack of disaster education and training are reasons that health professionals fail to volunteer. Nurses should be equipped with the necessary knowledge and abilities to work in a disaster and to meet the needs in the community; however, few have had previous experience in disaster response. National nurse readiness is critical to improving population health outcomes and protecting patients and families affected by disaster events and are directly related to the health security of the U.S. 10

The Division of Public Health's Office of Emergency Medical Services and Preparedness offer training for professionals who are registered volunteers or have a medical State Health Operations Center (SHOC) role. The Annual Shelter Nurse Training introduces the SHOC, the medical command and control for public health and medical response and recovery functions in an attempt to fill the education and training gap. During these trainings, nurses are presented with potential patient scenarios and conditions and gain experience with the equipment and supplies they will encounter at Shelter Medical Stations (SMS) within State of Delaware Community Shelters. A SMS is a designated area managed by DPH that provides basic medical services and can be expanded to coordinate supportive care during an incident. Hands-on training for specialized life-saving inventions such as respiratory distress and arrest, anaphylaxis, opioid overdose, diabetic emergencies, and hemorrhage control are offered in small rotating skill stations. Simulation of an SMS is constructed to familiarize RNs with the clinical area. Nurses can also earn Continuing Education Units and interact with other nurses as well as DMRC nurse volunteers.

Additionally, personal preparedness is essential for nurses, whether or not they respond in a disaster. Nurses should ask themselves these questions: Are you ready? Could you survive at

home if you had to shelter in place? Do you have an emergency plan for your own household? Do you know your employer's emergency response plan? What is your role?

Personal preparedness is the first step to being crisis ready. Everyone should make a plan for communication and contacts, meeting spots and routes, health information, and evacuation and re-unification plans. Make a kit with food, drinking water, and necessary supplies for at least three days. Stay informed via the Delaware Emergency Notification System (DENS) and Emergency Alert System (EAS) radio stations. <sup>11</sup> Nursing is an essential role in any organization, which means that they have a duty to report to work despite what may be going on around them. Nurses are caregivers and reliable responders. Emergency care during an MCI or disaster is governed by Crisis Standard of Care and polices designed to protect clinicians responding during a crisis. An employer may provide travel, housing, and food for a time and is ultimately responsible for the health and safety of responders.

We cannot stop a disaster from occurring, but we can be prepared. Nursing is a sizeable workforce in the U.S. and an ideal partner in providing health care services during a disaster. Nurses are educated in medical care, thrive in chaotic environments, are experienced team players, and are well connected and trusted in the community. Nurses should develop their own home preparedness plans and then prepare for mandatory or voluntary reporting opportunities.

Training and practice are key to successful disaster mitigation.

## References

- 1. U.S. Nursing Workforce. (2018). The U.S. nursing workforce in 2018 and beyond. *Journal of Nursing Regulation*, 8(4), S3–S6.
- 2. Carrissimi, K., & Burger, J. (2017). Bridging the gap: Seamless RN to BSN Degree transitions. [OJIN]. *Online Journal of Issues in Nursing*, 22(2).
- 3. Uscher-Pines, L., Pines, J., Kellermann, A., Gillen, E., & Mehrotra, A. (2013, January). Emergency department visits for nonurgent conditions: Systematic literature review. *The American Journal of Managed Care*, 19(1), 47–59. PubMed
- 4. Pourvakhshoori, N., Norouzi, K., Ahmadi, F., Hosseini, M., & Khankeh, H. (2017, July 31). Nurse in limbo: A qualitative study of nursing in disasters in Iranian context. *PLoS One*, 12(7), e0181314. PubMed https://doi.org/10.1371/journal.pone.0181314
- 5. Mayo, A. T., & Woolley, A. W. (2016, September 1). Teamwork in health care: Maximizing collective intelligence via inclusive collaboration and open communication. *AMA Journal of Ethics*, 18(9), 933–940. PubMed <a href="https://doi.org/10.1001/journalofethics.2016.18.9.stas2-1609">https://doi.org/10.1001/journalofethics.2016.18.9.stas2-1609</a>
- Franklin, C. M., Bernhardt, J. M., Lopez, R. P., Long-Middleton, E. R., & Davis, S. (2015, March 16). Interprofessional teamwork and collaboration between community health workers and healthcare teams: An integrative review. *Health Services Research and Managerial Epidemiology*, 2. <a href="https://doi.org/10.1177/2333392815573312">PubMed https://doi.org/10.1177/2333392815573312</a>
- 7. Kalanlar, B. (2019, May/June). The challenges and opportunities in disaster nursing education in Turkey. *J Trauma Nurs*, 26(3), 164–170. PubMed https://doi.org/10.1097/JTN.0000000000000017

DOI: 10.32481/djph.2019.10.016

- 8. Clay, A. M., & Parsh, B. (2016, January 1). Patient-and family-centered care: It's not just for pediatrics anymore. *AMA Journal of Ethics*, *18*(1), 40–44. PubMed <a href="https://doi.org/10.1001/journalofethics.2016.18.1.medu3-1601">https://doi.org/10.1001/journalofethics.2016.18.1.medu3-1601</a>
- 9. Loke, A. Y., & Fung, O. W. (2014, March 20). Nurses' competencies in disaster nursing: Implications for curriculum development and public health. *International Journal of Environmental Research and Public Health*, 11(3), 3289–3303. <a href="https://doi.org/10.3390/ijerph110303289">PubMed https://doi.org/10.3390/ijerph110303289</a>
- 10. Veenema, T. G., Lavin, R. P., Griffin, A., Gable, A. R., Couig, M. P., & Dobalian, A. (2017, November). Call to action: The case for advancing disaster nursing education in the United States. *J Nurs Scholarsh*, 49(6), 688–696. PubMed https://doi.org/10.1111/jnu.12338
- 11. Prepare, D. E. org. (n.d.). Stay informed. Retrieved from: https://www.preparede.org/stay-informed/

Copyright (c) 2019 Delaware Academy of Medicine / Delaware Public Health Association.

This is an Open Access article distributed under the terms of the Creative Commons Attribution Non-Commercial License (https://creativecommons.org/licenses/by-nc-nd/4.0/) which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.