

# The Role of Emergency Nurses in Emergency Preparedness and Response

## Description

Hospitals, especially emergency departments (EDs), are essential in the medical system for emergency preparedness: mitigation, planning, response, and recovery (Health and Human Services, 2019, WHO 2022; WHO 2024; FEMA, 2023). As a result, emergency nurses may routinely encounter patients who have been exposed to hazardous materials or infectious diseases, victims of no-notice events, or evacuees from an immediate threat to life. These patients may present via the emergency medical system, by private vehicle, or without prior notification and unrelated to a disaster (Homeland Security (2019); EPA (2023); FEMA (2024); ASPR (n.d. a); GSA (2022). Patients affected by disaster may also present to the ED in large volumes, creating a surge in patient census, which can overwhelm EDs that are not prepared.

The United States Department of Homeland Security's National Response Framework describes a disaster as "... any natural or manmade incident, including terrorism, which results in extraordinary levels of mass casualties, damage, or disruption severely affecting the population, infrastructure, environment, economy, national morale, or government functions (GSA, 2022 p. 1)." The International Federation of Red Cross and Red Crescent Societies (IFRC) goes on future to note as a result of a disaster as described above a community's functioning is seriously disrupted beyond its capacity to cope on its own (IFRC, 2024) The increased risk associated with climate change and the need for coordination across the healthcare community to respond to the health effects of climate-related emergencies have been highlighted by the World Health Organization (WHO). Both the increased risk and the need for coordination require focus as disaster plans are developed (Keller, 2023). Over the past decade more severe weather events associated with climate change have resulted in loss of life, injuries, and public health impacts (Jay et al, 2023).

. Optimal care for patients involved in a disaster is best achieved using a systematic, standardized, and coordinated delivery approach across all facets of the healthcare system (HHS, 2019; ASPR nd a; GSA, 2022, UNHCR, 2023). A leading method for preparing to manage all types of disaster events is an all-hazards, capability-based approach to preparedness (EPA, 2023; FEMA 2024; Jay et al, 2023) This approach has been endorsed by the Centers for Medicare and Medicaid Services (CMS) and is part of the updated standards that The Joint Commission (TJC) made effective in 2016.

Regular training for potential emergency incidents can assist in mitigating the extent of damage, injuries, and patient complications, as well as aid in the recovery from an event. Disaster training and preparation for any emergency is essential for the emergency nurse (Alert Media, 2023; ASPR, 2024a). Emergency nurses have a responsibility to address the changing climate within the context of healthcare, where historically, "nurses have long been faithful to our contract with society, which obligates us to promote the health of the public, through caring service, using knowledge, skills, and competence, even in hazardous service (ASPR TRACIE, 2024, p 6). In the modern landscape of healthcare, emergency nurses must balance responsibilities that they face daily. While ongoing education and training have been shown to improve outcomes in emergency events, there are significant barriers to regular training. Cost of training, facility workflow disruptions, healthcare workforce shortages and staff turnover, as well as, competing regulatory training requirements are all barriers to successful emergency preparedness training.

ENA Position

40 It is the position of the Emergency Nurses Association (ENA) that:

- 41 1. Emergency nurses play a pivotal role in the all-hazard's approach to emergency preparedness  
42 centered around the four phases of a disaster process: mitigation, preparedness, response, and  
43 recovery.
- 44 2. Disasters can exacerbate socioeconomic disparities in health, disproportionately affecting  
45 vulnerable populations.
- 46 3. Emergency nurses actively participate in emergency preparedness education and training to include  
47 the all-hazards approach through both didactic and hands-on training.
- 48 4. The frequency of all-hazards emergency preparedness education and training be determined by the  
49 level of risk for each facility and based on the individual hospital's annual hazard vulnerability  
50 analysis process.
- 51 5. Mass casualty disaster plans should be clear, concise, and easy to follow with the planning done  
52 after a completion and systematic review of a healthcare facility and its surrounding community
- 53 6. Emergency nurses collaborate with their community response partners to develop, implement, and  
54 evaluate disaster preparedness strategies.
- 55 7. The development of emergency preparedness guidelines, policies, and procedures be based on  
56 evidence-based practice.
- 57 8. Climate change has been scientifically shown to have a direct impact on the prevalence, scale, and  
58 impacts of natural disaster events. Thus, emergency preparedness plans need to incorporate climate  
59 change impacts as part of disaster planning.
- 60 9. Emergency nurses take individual accountability and develop a personal and family preparedness  
61 plan.

## 62 **Background**

63 In 2006, the Pandemic and All-Hazards Preparedness Reauthorization Act was signed into law. in an  
64 effort to prepare the United States for public health emergencies and disasters (Fowler, 2015).. Still, the  
65 coronavirus disease 2019 (COVID-19) pandemic has tested healthcare facilities' emergency plans and  
66 exposed vulnerabilities in healthcare emergency preparedness on a scale not previously experienced.  
67 (ASPR, 2024b). The goal All Hazards preparedness is not to design plans for every possible risk but  
68 rather to make the planning risk-based and flexible. An example is a hospital that creates a plan for staff  
69 sheltering. The plan is designed to provide structure for situations when a hospital may shelter staff. The  
70 incident that triggers this plan may be weather-related, such as a snowstorm, or a public safety risk, like a  
71 threat of violence in the surrounding area. The successful execution of an operational plan can be  
72 maximized through structured planning and training, including partnerships with healthcare coalitions. A  
73 recurring cycle of assessing, planning, training, exercising, and revising is vital to maintaining  
74 healthcare system preparedness, even in the absence of an immediate, high probability threat. As  
75 stated by the National Guidance for Health Care System Preparedness document and the National

76 Response Framework, “healthcare coalitions coordinate with healthcare organizations, emergency  
77 management staff, other emergency support function personnel, relevant response partners, and  
78 stakeholders to develop plans through the all-hazards approach” (Homeland Security, n.d.). The use of  
79 social media during a disaster can provide up-to-the-minute news information - such as updates on road  
80 closures, evacuation routes, designated help areas, and shelter locations (hence, the importance of  
81 reaching out to the appropriate groups and individuals beforehand) (Niles, et al., 2019). Today's health  
82 emergencies are increasingly complex due to factors such as globalization, urbanization and increased  
83 connectivity where people, goods and potential vectors of disease are constantly on the move. This  
84 coordinated effort during planning, response, and recovery can lead to an improved state of preparedness  
85 (CMS, n.d.).

86 Mass casualty disaster plans should be clear, concise, and easy to follow. Prevention, protection,  
87 response, recovery, and mitigation are all vital elements of this planning (HHS, 2019; FEMA, 2024,  
88 WHO 2022; WHO 2024). Basic to that planning is the completion and systematic review of the hazard  
89 vulnerability assessment (HVA) for the healthcare facility and its surrounding (Office of the Assistant  
90 Secretary for Preparedness and Response, 2016) A hospital's medical surge preparedness or surge  
91 capacity preparedness plays a significant role in reducing mortality and morbidity in the disasters (ASPR,  
92 2024c). The HVA assists in identifying and preparing for the specific types of hazards that put a hospital  
93 or community at risk, such as acts of violence, environmental impacts, infectious disease outbreaks, and  
94 hazardous materials exposures. For hospitals to be aware of these types of hazards, it would be  
95 beneficial for HVAs to be conducted, at minimum, once a year, as recommended by The Joint  
96 Commission (Thomasian et al, 2021; TJC, 2022) However, a HVA can be conducted if and when the  
97 perceived or actual risks to a hospital are identified. For example, the re-emergence of the Ebola virus  
98 disease may warrant an HVA to assess risk. Considerations for hospital preparedness should include  
99 personnel safety, incident command structure, disaster triage, syndrome surveillance, hazardous materials  
100 awareness and response, use of personal protective equipment, self-sustaining capability, and other  
101 relevant topics. It is essential that hospital emergency plans include an understanding of the resources  
102 available within a local area or through federally administered emergency management compacts. All-  
103 hazards planning also includes the needs of vulnerable populations, including communication,  
104 transportation, evacuation, shelter, supplies, mental health, chronic disease, and consideration of  
105 populations with animals (Landesman et al., 2021). ENA is in partnership with the Emergency Medical  
106 Services for Children (EMSC) and continues to support and advocate for pediatric readiness in Eds  
107 (Landesman et al, 2021; Snow & Stone, 2019; Gilchrist & Simpson, 2019). One of the identified areas  
108 for improvement in U.S. emergency departments is developing disaster plans and conducting drills that  
109 integrate the specific needs of vulnerable populations such as children, particularly those in low and  
110 middle income areas (Gilchrist & Simpson, 2019; Remick et al. 2019; Kappy et al. , 2022). Although  
111 progress has been made to improve pediatric readiness, there remain significant opportunities for further  
112 progress.

113 With the increasing number of disasters and communities affected, coupled with the threats from climate  
114 change, attention has been drawn to the risks of disasters, and what can be done about them. A hospitals  
115 HVA process should consider the impacts of climate change and the environmental effects on their  
116 hospitals and communities. The WHO and the Centers for Disease Control and Prevention, have  
117 concluded that climate change will exacerbate environmental impacts on health from severe weather,  
118 temperature extremes, and vector ecology (Keller, 2023; Jay et al., 2023; Sharpe & Davison, 2022; WHO,

119 2018). Due to the scope and scale of the problem, the projected health consequences of climate change  
120 have been identified as the most profound factor to affect human health over the next generation (WHO,  
121 2018; IPCC, 2023; Romanello et al., 2021).

122 Despite the resource requirements of disaster preparedness exercises, their repetitive, iterative nature  
123 allows for staff exposure and continuous improvement of plans (Dasandi, et al., 2022). This is so  
124 important when often, research and educational materials regarding emergency preparedness and response  
125 are based on anecdotal evidence and case studies, While these anecdotal documents may lack research-  
126 validated outcomes, they do provide strategies for emergency nurses to review and consider how they  
127 could be augmented to match the needs of an individual department (ASPR, 2024a; Dasandi, et al., 2022;  
128 Moss & Gaarder 2022; Hung, et al., 2021). Training of staff through classroom, simulation, and drills is  
129 an essential aspect of hospital preparedness (ASPR, 2024a; Hung, et al., 2021). Although many  
130 researchers have demonstrated positive effects of disaster training, there remains a need to obtain input  
131 about the specific types of training that were useful and would be most useful from nurses who have been  
132 part of a disaster. (Moss & Gaarder 2022; Hung, et al, 2021; Samei et al., 2023). Prioritization of  
133 preparedness and training activities based on the HVA will enable hospitals, and especially emergency  
134 nurses, to focus resources on mitigating risks specific to their own organization, community, or region.

135 Besides being personally prepared to protect themselves and their families, emergency nurses can help to  
136 improve their own confidence in their ability to respond to an emergency through preparation, education,  
137 and training. An essential first step is establishing a personal disaster plan that considers their own care,  
138 along with the care of their families and friends, pets, and other support individuals. Having an  
139 established plan for a nurse's support group can alleviate stress and concern about the safety and security  
140 of their loved ones during an event. The website Ready.gov is a reliable source of information for self-  
141 planning before an event happens (Ready, 2024).

## 142 **Resources**

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343 This position statement replaces Disaster and Emergency Preparedness for All Hazards, (2014).

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### 345 **How to Reference This Document**

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