



Position Statement

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The Role of Emergency Nurses in Emergency Preparedness and Response

Description

Hospitals, and especially emergency departments (EDs), are an essential link in the medical system for emergency preparedness planning, response, and recovery.¹ As a result, emergency nurses may routinely encounter patients who have been exposed to hazardous materials or infectious diseases, who are victims of no-notice events, or who are 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.²⁻⁵ Disaster affected patients might also present to the ED in large volumes, creating a surge in patient visits, which can paralyze 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."^{16(p1)} 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 requires focus as disaster plans are developed.⁶ Over the past decade more severe weather events associated with climate change have resulted in loss of life, injuries, and public health impacts.⁷

Optimal care for disaster patients is best achieved using a systematic, standardized approach across all facets of the healthcare system.^{1,8} A leading method for preparing to manage all types of disaster events is an all-hazards, capability-based approach to preparedness. 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.^{9,10}

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 type of emergency is an essential function of the emergency nurse.¹² Emergency nurses face both balance and responsibility to address the changing climate in the modern landscape 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."^{13(p6)} This quote speaks to the balance and responsibility that emergency nurses face in the modern landscape of healthcare. While ongoing education and training have been shown to improve outcomes in emergency events, there are significant barriers to regular training. Cost of training,



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facility workflow disruptions, and other competing regulatory training requirements are all barriers for successful emergency preparedness training.

ENA Position

It is the position of the Emergency Nurses Association that:

1. Emergency nurses play a pivotal role in the emergency preparedness, response, recovery, and mitigation process.
2. Emergency nurses actively participate in emergency preparedness education and training to include the all-hazards approach through both didactic and hands-on training.
3. The frequency of all-hazards emergency preparedness education and training be determined by the level of risk for each facility and based on the individual hospital's annual hazard vulnerability analysis (HVA) process.
4. Emergency nurses collaborate with their community response partners to develop, implement, and evaluate disaster preparedness strategies.
5. The development of emergency preparedness guidelines, policies, and procedures be based on evidence-based practice.
6. Climate change has been scientifically shown to have a direct impact on the prevalence, scale, and impacts of natural disaster events. Thus, emergency preparedness plans need to incorporate climate change impacts as part of disaster planning.
7. Emergency nurses take individual accountability and develop a personal and family preparedness plan.

Background

In 2013, the Pandemic and All Hazards Preparedness Reauthorization Act was signed into law in the U.S. in an effort to prepare the United States for public health emergencies and disasters.¹¹ The phrase “all-hazards approach” can lead to confusion. The goal is not to design plans for every possible risk but rather that the planning should be risk-based and flexible. An example is a hospital that creates a plan for staff sheltering. The plan is designed to provide structure for the times when a hospital may shelter staff. The incident that triggers this plan may be weather-related, such as a snowstorm or a public safety risk like a threat of violence in the surrounding area. The successful execution of an operational plan can be maximized through structured planning and training, including partnership with healthcare coalitions. As stated by the National Guidance for Health Care System Preparedness document along with the National



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Response Framework, healthcare coalitions coordinate with health care organizations, emergency management staff, other emergency support function personnel, relevant response partners, and stakeholders to develop plans through the all-hazards approach.¹⁴ This coordinated effort during planning, response, and recovery can lead to an improved state of preparedness in the country.¹⁵

Vital elements of that planning include prevention, protection, response, recovery, and mitigation.^{1,8} Basic to that planning is the completion and systematic review of a hospital and community hazard vulnerability assessment (HVA).¹⁶ The HVA assists in identifying and preparing for certain hazards that may be a risk to a particular hospital or community, such as acts of violence, environmental impacts, infectious outbreaks, and hazardous materials exposures. In order for hospitals to be aware of certain hazards, it would be beneficial for HVAs to be conducted at minimum, once a year, as recommended by The Joint Commission.⁹ However, the process of an HVA can be conducted if and when the perceived or actual risks to a hospital are identified. For example, the reemergence of the Ebola virus disease may warrant an HVA to assess risk. Considerations for hospital preparedness should include personnel safety, incident command structure, disaster triage, syndrome surveillance, hazardous materials awareness and response, use of personal protective equipment, self-sustaining capability, and other relevant topics. It is important that hospital emergency plans include an understanding of the resources available within a local area or through federally administered emergency management compacts. All-hazards planning also includes the needs of vulnerable populations, including communication, transportation, evacuation, shelter, supplies, mental health, chronic disease, and consideration of populations with animals.¹⁷ ENA is in partnership with the Emergency Medical Services for Children (EMSC) and continues to support and advocate for pediatric readiness in EDs.^{18,19} One of the identified areas needing improvement in U.S. ED's is development of disaster plans and holding drills that integrate the specific needs of vulnerable populations like children.¹⁹ Although progress has been made to improve pediatric readiness, there remain significant opportunities for further progress.

The HVA process should consider the impacts of climate change and the environmental effects on hospitals and communities. The WHO, along with the Centers for Disease Control and Prevention, have concluded that climate change will exacerbate environmental impacts on health from severe weather, temperature extremes, and vector ecology.²⁰⁻²² Due to the scope and scale of the problem, the projected health consequences of climate change have been identified as the most profound factor to affect human health over the next generation.²³⁻²⁵

Emergency nurses and healthcare providers require training and education to be prepared to respond to emergency events beyond simply applying nursing skills. Research on and educational materials about emergency preparedness and response are often based on anecdotal events and case reviews. While these documents may lack research-validated outcomes, they do provide strategies for emergency nurses to review and to consider how they could be augmented to match the needs of an individual department.^{12,26,27} Education of staff through classroom, simulation, and drills is an essential aspect of hospital preparedness.²⁶ Although many researchers have demonstrated positive effects of disaster training, there remains a need to obtain the opinions of nurses who have been part of a disaster about



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the specific types of training that were useful and would be most useful to them.²⁸ Prioritization of preparedness and training activities based on the HVA will enable hospitals, and especially emergency nurses, to focus resources on mitigation of risks specific to their own organization, community, or region.

Besides being personally prepared to protect themselves and their families, emergency nurses can help to improve their own confidence in their ability to respond to an emergency through preparation, education, and training. An important first step is establishing a personal disaster plan that involves their own care, as well as the care of their families and friends, pets, and other support individuals.² Having an established plan for a nurse's support group can alleviate stress and concern about the safety and security of their loved ones during an event. The website Ready.gov is a reliable source of information for self-planning before an event happens.

Resources

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