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DISASTER PREPAREDNESS AMONG NURSES

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Abstract

Since nurses play an important role in responding to disasters, evaluating their knowledge on common patterns of disasters is a necessity. This study examined researches conducted using disaster nursing as well as the models adopted. It provides a critical analysis of the models available for disaster nursing. Disaster nursing healthcare practices is growing rapidly. However, conducting scientific research in this area is ethically and practically both complex and difficult. Thus, it is not surprising that the collection of research data during disasters often is not a priority for responding healthcare professionals. The majority of research concerning health planning, response, and recovery from a disaster is descriptive of the situation either before or after the event. Achieving evidence-based practice requires that disaster healthcare professionals seek new ways to understand the health aspects of a disaster and to evaluate their practice, both within and beyond the relief phase, and both in real time and retrospectively. Of course, some disaster-related problems only can be researched at certain times, such as with post-traumatic mental health issues and the responses of both individuals and entire communities to a disaster. There is considerable opportunity and need for research that contributes to the science of disaster health care and supports the way that we prepare for and respond to the health aspects of a disaster. The challenge is to develop research approaches that ensure robust findings and allow us to compare findings across studies, across events, and across societies, in an effort to improve the quality of the evidence that supports our practice.

Keywords: - disaster nursing, competency, nursing student, disaster relief, preparedness, response, disaster triage

INTRODUCTION: Disaster is a sudden, calamitous event bringing great damage, loss, destruction and devastation to life and property. In the words of Waeckerle (1991), “we do not expect disasters, but they happen”. With living come natural calamities; with industry and technologic advances come accidents; with

socioeconomic and political stagnation or changes come dissatisfaction, terrorism, and war. The damage caused by disasters is immeasurable and varies with the geographical location, climate and the type of earth surface / degree of vulnerability. This influences the mental, socio-economic, political and cultural state of the affected area. A disaster completely disrupts normal day to day life and negatively influences the emergency systems and normal needs and processes like food, shelter, health etc. The aftermath of disaster depends on intensity and severity of the disaster.

Health effects of Disasters:

Depending on the nature and location of the disaster, its effects on the short and long term health of a population may be difficult to measure. Disasters affects the health status of a community in the following ways:

- Disaster may cause premature deaths, illness and injuries in the affected community, generally exceeding the capacity of the local health care system.
- Disaster may destroy the local health care infrastructure, which will therefore be unable to respond to the emergency. Disruption of routine health care services and prevention of initiatives may lead to long term consequences in health care outcomes in terms of increased morbidity and mortality.
- Disasters may create environmental imbalances, increasing the risk of communicable diseases and environmental hazards.
- Disasters may affect the psychological, emotional and social well-being of the population in the affected community. Depending on the specific nature of the disaster, response may range from fear, anxiety and depression to widespread panic and terror.
- Disasters may cause shortages of food and cause severe nutritional deficiencies.
- May cause large population movements (refugees) creating a burden on other healthcare systems and communities? Displaced populations & their host communities are at increased risk for communicable diseases and the health consequences of crowded living conditions.

DISASTER MANAGEMENT CYCLE

1. The disaster event:

This refers to the real time event of a hazard occurring and affecting the 'elements at risk'. The duration of the events will depend on the type of threat, for example, ground shaking may only occur for a few seconds during an earthquake while flooding may take place over a longer period of time.

There are 5 basic phases to a disaster management cycle (Kim and Proctor, 2002) and each phase has specific activities associated with it.

a. RESPONSE

The response phase is the actual implementation of the disaster plan. The best response plans use an incident command system, are relatively simple, are routinely practiced and are modified when improvements are needed. Needs to continuously monitored.

Activities of hospital, healthcare system or public health agency should be taken immediately during and after a disaster or emergency has occurred.

b. RECOVERY

Once the incident is over, the organization and staff needs to recover. Invariably, services anxious to return to usual operations. It is essential that a formal evaluation be done to determine what went well (what really worked) and what problems were identified. A specific individual should be charged with the evaluation and follow – through activities.

c. MITIGATION

These are steps that are taken to lessen the impact of a disaster, should one occur, and can be considered as prevention a risk reduction measures. Examples of mitigation activities include installing and maintaining backup generator power to mitigate the effects of a power failure or cross training or cross training staff to perform other tasks to maintain services during a staffing crisis that is due to a weather emergency.

d. PREPAREDNESS/ RISK ASSESSMENT

Evaluate the faculty's vulnerabilities or prosperity for disasters. Issues to consider include: weather patterns; geographic location; expectations related to public events and gatherings; age, condition, and location of the facility; and industries in close proximity to the hospital (e.g; nuclear power plant or chemical factory) the reactions of individuals to disasters vary greatly. The speed of onset severity and duration of symptoms are determined by many personal variables. Despite psychological distress many people can .emotional distress. Some people will be so overwhelmed by the disaster that they will experience immediate extreme distress. Other with the help of defence mechanism they overcome the psychological problem. To function effectively the nurses and health workers use some of the defence mechanisms. The nursing interventions more helpful here is crisis reduction and counselling crisis intervention. Defusing (clearing the disillusion) Debriefing (discuss the event, feeling and reduction coping strategies etc.) A quick psychological assessment guide is a useful tool to help emergency personnel determine the psychological state of victims. After disaster the victims who are suffering psychological crisis will not seek for help. Therefore it is essential that the nurse to assess the stress level of victims.

CONCLUSION

There are no laws specifically defining the scope of practice for nurses, during a disaster however there are guidelines sources, including the states Nurses Practice Act, Professional Organization standards, a state attorney's opinions and current and common practice laws.

Although it does not have standards for disaster nursing, the American Nurses Association has Standards for emergency nursing practice. Although these are professional, not legal, standards common thinking will protect the nurse working within these standards of practice, for nurses working with ARC (American Red Cross),

protection is provided under the federal mandate, No state territory or local government can deny the right of the ARC to render its own services in accordance, with the congressional mandate and its own administrative policies.

As a volunteer during a disaster a nurse in most situations would be covered by the 'Good Samaritans Acts of the state, The purpose of the Good Samaritan acts are to encourage medically trained persons to respond to medical emergencies by protecting them from liability through grants of immunity.

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