Disaster Response: Nursing Leadership in Difficult Times

42nd Biennial Convention
Indianapolis, IN
November 17, 2013
OBJECTIVES

• Discuss the structures of global response to disasters and opportunities for involvement of nurses.

• Identify existing resources for disaster response and preparedness, including the newest information regarding Disaster Nursing.
MEMBERS OF THE INTERNATIONAL SERVICE TASK FORCE 2011-2013

Safiya George Dalmida, PhD, RN, Chair (GA, USA)
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Cheryl Franklin, DSN, RN (VI, USA)
Susan Graybill, MSN, MSEd, CNOR (PA, USA)
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Benson Wright, MSN, RN (IL, USA)
Shannon Perry, PhD, RN, FAAN (AZ, USA)
Roxanne Amerson, PhD, RN (SC, USA)
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Patrice Nicholas, DNSc, MPH, RN, FAAN Board Liaison (MA, USA)
Janell Jackson, Staff Liaison (IN, USA)
Sabrina Collins-Christie, Staff Liaison (IN, USA)
HISTORY AND THE DEVELOPMENT OF INTEREST

Disaster Nursing
Community and Focus
INTRODUCING STTI HEADQUARTERS STAFF EXPERTS

CYNTHIA VLASICH, MBA, BSN, RN
JOANNE MCGLOWN, PHD, MHHA, RN, FACHE
Global Disasters

Increasing in Frequency and Severity?

- 1994-2003 more than 2.5B affected by disasters, a 60% increase over previous 2 10-yr. periods (United Nations Report)
  - Significant increase in:
    - number of disasters
    - impact on populations
    - their destruction of economic and social assets
- 2002-2011: Decrease in:
  - Average disaster frequency
  - Human impact from disasters
  - 124.5 Million victims worldwide in 2012, versus average of 268 million/yr. average 2002-2011

Disaster Cycles?

Time Trend of Natural Disasters
1975-2006

Emergency Management Cycle

Natural Disaster Classifications

- Biological
- Geophysical
- Hydrological
- Meteorological
- Climatological

Citation for all CRED data:

Photos courtesy of J. Cash
## The Healthcare Continuum

<table>
<thead>
<tr>
<th>Prehospital Care</th>
<th>Hospitals</th>
<th>Non-hospital Healthcare</th>
<th>Patient Care Support Health and Medical Services</th>
<th>Infrastructure or Area Support to Health and Medical</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Emergency Medical Services (EMS)</strong></td>
<td><strong>Hospitals</strong></td>
<td>• PUBLIC HEALTH</td>
<td>• Laboratory</td>
<td>• Power (electricity, gas)</td>
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<td>• Clinical providers</td>
<td>• Pharmacy</td>
<td>• Water</td>
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<td></td>
<td>• Physicians</td>
<td>• Occupational health</td>
<td>• Sewer</td>
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<td>• Clinics</td>
<td>• Radiology</td>
<td>• Environmental</td>
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<td></td>
<td></td>
<td>• Home health or hospice</td>
<td>• Dietary</td>
<td>• Laundry</td>
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<td></td>
<td></td>
<td>• Urgent care facilities</td>
<td>• Fatality Management</td>
<td>• Information management</td>
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<td></td>
<td></td>
<td>• Day surgery</td>
<td>• Preventive Health</td>
<td>• Food</td>
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<td></td>
<td></td>
<td>• Non-urgent medical transportation</td>
<td>• Other public health services</td>
<td>• Transportation services</td>
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<tr>
<td></td>
<td></td>
<td>• Nursing homes</td>
<td></td>
<td>• Other critical infrastructure</td>
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<td>• Outpatient, rehabilitation, or</td>
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<td>specialty care outpatient facilities</td>
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<td>• Colleges, Universities for</td>
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<td>nursing and healthcare education and</td>
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<td>training</td>
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Global Health in Danger

• Shortage of health workers
  – 4.3 million in 2006, including 2.4 million doctors, nurses and midwives.
  – 57 countries face critical shortage of doctors and nurses
  – Threatens the achievement of the Millennium Development Goals

• Increasing demand for health workers

• Emigration contributes to the shortages of health workers in some developing countries, and affects health service delivery

• Toward a global code of practice for the recruitment of health workers (WHO)
Volunteerism in the U.S.

• 64.3 million Americans (~25% of the U.S. population) volunteered through an organization in 2011

• America’s volunteers dedicated more than 7.9 billion hours of service in 2011, worth an estimated $171 billion

Source: Corporation for National and Community Service, 2011 (CNCS)
(Credit to CAPT Rob Tosatto, Director, DCVMRC; 2013)
National Disaster Medical System

A public/private sector partnership
HHS  DHS  DOD  VA

A Nationwide Medical Response System to:

• Supplement state and local medical resources during disasters or major emergencies

• Provide backup medical support to the military/VA medical care systems during an overseas conventional conflict
NDMS Response Teams

Disaster Medical Assistance Teams (DMAT)

International Medical / SURgical Teams (IMSURT)

National Veterinary Response Teams (NVRT)

Disaster Mortuary Operational Response Teams (DMORT)
MEDICAL RESERVE CORPS
“At A Glance”

• National network
• Mission: Engage volunteers to strengthen public health, emergency response and community resiliency
• Vision: Dedicated Volunteers & Strong, Active Units...Building Resiliency and Reducing Vulnerability
• Key Points:
  – Locally organized and utilized
  – Integrated with existing programs, organizations and resources
  – Volunteer management -- identify, screen/verify credentials, train
  – Focus areas:
    • Public Health
    • Preparedness
    • Emergency Response

(Credit to CAPT Rob Tosatto, Director, DCVMRC; 2013)
• # MRC Units - 972
• # MRC Volunteers – 206,659
• % U.S. Population Covered – ~91%
• % U.S. Area Covered - ~74%

(Credit to CAPT Rob Tosatto, Director, DCVMRC; 2013)
MRC Volunteers

- Physicians: 13385
- Physician Assistants: 1765
- Nurse Practitioners: 3396
- Nurses: 56727
- Pharmacists: 3924
- Dentists: 1693
- Veterinarians: 2147
- Mental Health Professionals: 7904
- EMS: 10761
- Respiratory Therapists: 989
- Other Public Health Medical: 23363
- Non Public Health Non Med: 79067

(Credit to CAPT Rob Tosatto, Director, DCVMRC; 2013)
Size of MRC units
(# members)

- 0 - 50
- 51 - 100
- 101 - 250
- 251 - 500
- 501 - 1,000
- 1,001 - 2,500
- >2,500

Mean = 213
Median = 71
Range = 0 - 7,257

(Credit to CAPT Rob Tosatto, Director, DCVMRC; 2013)
## MRC Activities

<table>
<thead>
<tr>
<th>Activity Focus</th>
<th>FY10</th>
<th>FY11</th>
<th>FY12</th>
<th>FY13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative/Unit Development</td>
<td>1,054</td>
<td>1,866</td>
<td>3,535</td>
<td>4,507</td>
</tr>
<tr>
<td>Preparedness</td>
<td>1,496</td>
<td>1,695</td>
<td>2,124</td>
<td>2,265</td>
</tr>
<tr>
<td>Public Health</td>
<td>2,819</td>
<td>1,845</td>
<td>2,200</td>
<td>2,379</td>
</tr>
<tr>
<td>Response</td>
<td>1,834</td>
<td>997</td>
<td>1,173</td>
<td>1,426</td>
</tr>
<tr>
<td>Training</td>
<td>2,241</td>
<td>2,951</td>
<td>3,775</td>
<td>4,183</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>9,444</strong></td>
<td><strong>9,354</strong></td>
<td><strong>12,807</strong></td>
<td><strong>14,760</strong></td>
</tr>
</tbody>
</table>

(Credit to CAPT Rob Tosatto, Director, DCVMRC; 2013)
Find nearest MRC Unit
www.medicalreservecorps.gov

(Credit to CAPT Rob Tosatto, Director, DCVMRC; 2013)
Emergency Support Functions (ESFs)

#1. Transportation
Department of Transportation

#2. Communications
National Communications System

#3. Public Works and Engineering
Department of Defense/U.S. Army Corps of Engineers

#4. Fire fighting
Department of Agriculture/Forest Service

#5. Emergency Management
Federal Emergency Management Agency

#6. Mass Care, Housing & Human Services
FEMA & American Red Cross

#7. Resource Support
General Services Administration

#8. Public Health and Medical Services
Department of Health and Human Services

#9. Urban Search and Rescue
Federal Emergency Management Agency

#10. Oil and Hazardous Materials
Environmental Protection Agency

#11. Agriculture & Natural Resources
Department of Agriculture/Food and Nutrition Service

#12. Energy—Department of Energy

#13 – Public Safety & Security

#14 – Long-term Community Recovery and Mitigation

#15 – External Affairs
ESF 8: Public Health and Medical Services
Roles/Responsibilities (cont.)

1. Assessment of Health and Medical Needs:
   – Public Health
   – Primary Care
   – Special Populations
   – Acute Care
   – In-patient Care
   – Intensive Care

2. Health Surveillance

3. Medical Care Personnel

4. Health/Medical Equipment & Supplies/Supply Chain

5. Patient Evacuation
ESF 8: Public Health and Medical Services
Roles/Responsibilities

6. In-Hospital Care
7. Food/Drug/Medical Device Safety
8. Worker Health/Safety
9. Radiological, Chemical, and Biological Hazards
10. Mental Health
11. Community Outreach/Public Health Information
12. Vector Control
13. Potable Water/Wastewater & Solid Waste Disposal
14. Victim Identification/Mortuary Services
15. Veterinary Services
Competencies for Healthcare Providers

• U.S. based are rich and plentiful
• Across the nursing education and training spectrum
  - Nursing is involved in many ways:
    - ICN’s Disaster Nursing Network
    - WHO’s Disaster and Nursing Collaborating Centers
    - UN and related agencies – educate, respond, report
International

- Internationally – varied, by country
  - Are political systems; critical to remember in response
  - Examples of global systems
WHO Collaborating Center for Nursing in Disasters and Health Emergency Management – University of Hyogo, Japan

Pan American Health Organization

Systematization of Practice in Safe Hospitals in the Dominican Republic

This book, prepared by the Ministry of Health of the Dominican Republic and PAHO/WHO, is a compilation of the experiences of a group of multidisciplinary experts in disaster prevention, mitigation, and response, who have worked for three years as evaluators and professional trainers in the field of hospital safety. Currently, this publication is available in Spanish only.

Read more...

Including People with Disabilities Is a Necessity for Disaster Reduction

The International Day for Disaster Reduction, celebrated every year on 13 October, gives us

WHO's Emergency Response Framework Now Available in Spanish

The World Health Organization publication Emergency Response Framework, whose function is to clarify WHO’s role and

The Pan American Health Organization's Emergency Operations Center (EOC)
A centralized location for coordination and control of health-related emergency response activities.
PAHO's Organization-wide Disaster Task Force and the Epidemic Alert and Response Task Force collects, analyzes, prioritizes, monitors, and disseminates information about health crises or disasters.
Enables health authorities in Member States & the international community to make timely and effective decisions.

Caribbean Disaster Emergency Management Agency (CEDEMA).
What comprises “Disaster Nursing” today?
• The provision of...
• The preparation for...
• The management of...
• The leadership that supports...
Coordination of care/aid for overall disaster response

Coordination of care/aid regional response (personnel, materials, sites)

Coordination of care/aid – local response

Provision of care/aid
What is the nurse’s role as a leader in disaster planning, management and evaluation?
To participate in planning at every level of your organization/community

To be fully prepared: educationally, mentally and physically to respond if needed

To engage as part of the team to sharpen skills and knowledge

To demonstrate leadership among and with teams
To lead, mentor and educate

To deploy and “stand down” appropriately

To evaluate each response, with active planning for improvements

To contribute to the body of knowledge through the use of evidence-based practice and the conduct of research
Need to have:

• CREDIBILITY
  – Knowledge
  – Experience
  – Reputation
  – Relationships
  – Ability to get things done well and done right

• ATTITUDE
  – “WIN-WIN”
  – Clear benefit to all areas and personnel
  – Synergistic accomplishment
  – Impacted populations are priority
“A good leader inspires people to have confidence in the leader, a great leader inspires people to have confidence in themselves.”

-http://thinkexist.com/quotiation/a_good_leader_inspires_people_to_have_confidence/169218.html
The most effective disaster – and global – nurse leaders:
My Top 10

A PRAGMATIC APPROACH FROM PERSONAL EXPERIENCE
**Communication**

- An ability to quickly pick up phrases, meanings, nuances in other languages
- Multi-lingual
- Ability to immediately understand body language and its implications
- Knowledge of cultural verbal and non-verbal language dynamics/meanings
**Intuition**

- Ability to ‘read’ a situation quickly and accurately, including issues of personal safety, & political pitfalls and landmines

- Recognize the actual leaders

- This can be a natural trait or a nurtured skill

"The intuitive mind is a sacred gift and the rational mind is a faithful servant. We have created a society that honors the servant and has forgotten the gift." - Albert Einstein
Knowledge and Skill

- Global “engineering-type” knowledge of healthcare systems, structures, organizations, channels
- Ability to apply nursing process in any setting
- Nursing skills that are broad enough to apply in high and low tech settings
- Ability to change at a moment’s notice when priorities shift or newly emerging issues become apparent
- Ability to work with everyone, at every level, with respect and grace
- Ability to re-purpose resources of all types, and plan to do this before ever the need is apparent
Availability

- To provide support

- To be “present” - virtually or in person, for however long is needed
Drive/resiliency

- Energy
- Ability to bounce back
- Motivation
- Self-starter and mover
- Ability to make decisions and act on them
- Ability to make plans and recommendations without reliance on many others
- Ability to respect independence in others and act on yours
- Self-reliance
Creativity

- A duck is not always a duck
- What can any set of tools or resources be best deployed to do...today?...tomorrow?
- How can I best enact this policy/impact this change/work with this system?
Confidence

- provides a sense of security to others.

- justified confidence earns you the trust of others.

- can help protect you in situations of confrontation and challenge.
Diplomacy

- Remaining neutral under fire when pressed to take a side/stand.

- Thinking and conveying the overall good, over any one’s good.

“Diplomacy: The business of handling a porcupine without disturbing the quills.” - Unknown
Where are you strongest?

Drive/Resiliency
Diplomacy
Confidence
Creativity
Knowledge & Skill
Intuition
Independence
Language
Flexibility
Availability
TOOLS are widely available and frequently open access – e.g. IFRCRCS:

“Any part of this handbook may be cited, copied, translated into other languages or adapted to meet local needs without prior permission from the International Federation of Red Cross and Red Crescent Societies, provided that the source is clearly stated.”
The International Federation of the Red Cross and Red Crescent has developed and provides a range of Disaster Management Tools for its members across the world which are described in this folder.

**Disaster preparedness assessment tools**

**Better programming initiative (BPI) provides:**

- a simple tool to support planning, implementation and analysis of aid programmes; and
- a practical framework to analyse the quality and ethical implications of Red Cross Red Crescent action in the community.

**Well-prepared National Society (WPNS) provides:**

- National Societies with a questionnaire self-assessment tool which helps identify their disaster preparedness capacities;
- best practice by identifying critical factors within National Societies coping well with disasters; and
- a base for other more detailed assessments such as vulnerability and capacity assessment.

**Vulnerability and capacity assessment (VCA) provides:**

- a better understanding of main risks and hazards; who are most at risk from natural and man-made disasters;
- identification of main vulnerabilities and capacities of people at risk;
- recommendations for appropriate community action to reduce risks, better cope with and recover from disasters;
- National Society priorities to support communities at risk; and
- a mechanism to work closely with authorities and other organisations.

**Disaster preparedness and risk reduction**

Disaster preparedness and risk reduction are essential to Red Cross and Red Crescent Societies to reducing disaster impact and related vulnerabilities.

It is the role of the National Red Cross and Red Crescent Societies to improve the lives of vulnerable people who are at risk from situations that
What is VCA?
An introduction to vulnerability and capacity assessment

International Federation of Red Cross and Red Crescent Societies
Global food security assessment guidelines
A step-by-step guide for National Societies

International Federation of Red Cross and Red Crescent Societies
Preparedness Planning

Preparedness Plan
- Disaster scenarios
- Roles & responsibilities
- Organisational management & coordination
- Response priorities
- Objectives and tasks

Disaster Preparedness Training Programme

International Federation of Red Cross and Red Crescent Societies
Household water treatment and safe storage in emergencies
A field manual for Red Cross/Red Crescent personnel and volunteers
Disaster: how the Red Cross Red Crescent reduces risk
Logistics

Disaster Management Training Programme

1st Edition
Global Action

STTI is your connection to nursing worldwide. Utilize these resources to get involved in improving the health of the world’s people.

Global Initiatives
Discover how STTI collaborates with other organizations to improve the health of the world’s people.

STTI and the UN
Learn about the UN Millennium Development Goals and how you can make a difference.

Nursing Organizations
Links to other nursing organizations worldwide.

Faculty Summit
Find out how the Global Summit on Nurse Faculty Migration, convened by the International Council of Nurses and STTI and supported by the Elsevier Foundation, is addressing the critical global need for qualified nursing faculty.

Global Ambassador Program
See details on how you can help increase STTI’s global viability while you travel.
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What’s New
Website Translation Project
Access Research Abstracts on global health issues
Are you interested in disaster preparedness? Join discussions in The Circle!

New STTI publication: Night Shift Nursing
Member Driven Interest

- International Service Task Force – Subcommittee on Disaster Nursing to make recommendations
- Formed Disaster Preparedness Community on The Circle
- Identifying STTI’s role for the nursing profession

From: Kristine Gebbie
To: Disaster Preparedness Community
Posted: April 03, 2013 7:20 PM
Subject: Excellent opportunity!

Message:
This new discussion provides an excellent opportunity for nurses interested in assuring a high level of preparedness and resilience to explore how nursing scholarship more generally can contribute to this inter-disciplinary work. I hope many members join in!

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Kristine Gebbie DrPh, RN
Adelaide
Australia

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You are currently subscribed to nursingsociety_disasterpreparednesscommunity.htm at: cynthia@stti.iupui.edu in The Circle. To change your subscription options (or unsubscribe), go to: My Subscriptions and update your preferences.
VHL Transitions to a Scholarly Nursing Research Repository

• In 2011, STTI began to transition the VHL’s *Registry of Nursing Research* database to an open repository structure.

• The nearly 40,000 study and presentation abstracts contained in the database were kept as a foundation for the new repository.
There is a collection entirely devoted to the area of disaster nursing.

How will this help to further the field of disaster nursing?