Title:

Scoping Nursing's Roles in Disasters Through Participation in Community Disaster Drills

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Session Title:

Education of Nurses

Slot:

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Scheduled Time:

11:05 AM

Keywords:

community disasters, disaster nursing education and preparedness

References:

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International Council of Nurses. (2009). *ICN framework of disaster nursing competencies*. Retrieved from: http://www.icn.ch/images/stories/documents/networks/DisasterPreparednessNetwork/Disaster_Nursing_Competencies_lite.pdf.

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National League for Nursing. (2013). Emergency! Educating nurses and nursing students to handle disasters. *NLN Report*, 19, 1-4.

National Student Nurses' Association, Inc. (NSNA). (2012). Guidelines for planning disaster preparedness, recovery, and relief projects. Retrieved from:http://www.nsna.org/Portals/0/Skins/NSNA/pdf/Disaster%20Preparedness%20Guidelines%202011_12.pdf

Abstract Summary:

This presentation will discuss educational opportunities related to disaster nursing and identify potential nursing roles in the phases of disasters through participation in various disaster drills, activities in the community, and interaction with key agencies/stakeholders. **Learning Activity:**

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
Discuss nursing faculty's and students' participation in community disaster drills.	Participating in disaster drills allows nurses to connect with others in the disaster field, helps to foster understanding and connectedness between various stakeholders (government, first responders, healthcare workers), develops a more effective and efficient disaster system, and demonstrates civic engagement.
Describe ways in which student nurses can participate in disaster preparedness and response activities.	Student nurses are pre-professionals with varying levels of education. As such, with disaster education and training, they can be an important resource in disaster preparedness and response, increasing community capacity to participate in disaster activities and to respond during crises. National and international nursing organizations promote disaster nursing education.

Abstract Text:

Background: Major nursing organizations have endorsed disaster education for nurses and promote better articulation of the roles of nurses in the phases of disasters. The International Council of Nurses (ICN) has developed a set of disaster nursing competencies. With multiple disasters increasing globally, the role of nurses in all phases of disasters is evolving and expanding. Nursing organizations in the United States such as the American Association of Colleges of Nursing (AACN) and the National League for Nursing (NLN) advocate some form of disaster nursing education across all levels of nursing (AACN, 2006, 2008, 20011; NLN, 2013). The International Council of Nurses developed a list of core competencies for disasters in 2009; the National Student Nurses' Association (NSNA) in the United States (2012) promoted the training and use of student nurses during disasters. Nurses lack confidence and adequate education to participate in disaster activities (Hanes, 2016; Locke & Fung, 2014).

Purpose: This presentation will discuss educational opportunities related to disaster nursing and identify potential nursing roles in the phases of disasters through participation in various disaster drills, activities in the community, and interaction with key agencies/stakeholders.

Conceptual Frameworks: FEMA's disaster framework, health belief model, composite cognition (a new construct), Bloom's taxonomy, and volunteerism and human behavior models.

Methods: Faculty and students involved in disaster nursing volunteered to participate in, observe, or evaluate disaster drills in various community agencies: a community active shooter drill in a local ED (internal disaster); a multi-agency active shooter drill in a community location (external disaster with first responders); an earthquake drill/final examination for Community Emergency Response Team (CERT) members (internal and external disasters); a mass casualty incident/multiagency response/final exam for paramedics at the county Office of Emergency Management. Some members had the opportunity to be moulaged (have disaster make-up applied) and were assigned to various "victim" roles; some were transported via ambulance while others were triaged and remained at the "scene".

Results: Direct field observation enabled faculty members and students to have a more authentic experience related to disasters and to see nurses performing in non-traditional first responder and teaching roles. Moulage provided a more engaging and realistic experience. Participation in the debrief/hotwash enabled participants and observers to identify areas of strength, weaknesses, and the under recognized roles of nurses. There were opportunities for discussions of areas of miscommunication and misunderstanding between first responders, receivers, and other stakeholders. Learning occurred across domains: cognitive, affective, and psychomotor.

Implications/Conclusions: Preparing nurses for 21st century healthcare realities includes being knowledgeable about nursing roles in all phases of disasters in traditional and non-traditional surroundings. Participating in disaster drills allows nurses to connect with others in the disaster field, helps to foster understanding and connectedness between various stakeholders (government, first responders, healthcare workers), develops a more effective and efficient disaster system, and demonstrates civic engagement.