

The Role of the Nurse in Emergency Preparedness

An official position statement of the Association of Women's Health, Obstetric & Neonatal Nursing

Approved by the AWHONN Board of Directors, December, 2011.

AWHONN 2000 L St.
N.W., Suite 740
Washington, DC 20036
(800) 673-8499

Position

Nurses serve a critical role in emergency preparedness at the local, state, and national levels through planning, community and consumer education, and direct care provided during disasters. The Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) encourages nurses to participate actively in all phases of disaster preparedness and response within their institutions and communities. Within their institutions, they should engage in hazards assessment and planning prior to a disaster, respond during a crisis, and assist with mitigating hazards throughout the recovery phase.

Because AWHONN members provide care primarily to women and infants, AWHONN is especially concerned with the needs of these vulnerable populations prior to, during, and after a disaster. Women's health and neonatal nurses should be well educated to respond to the physical, mental, nutritional, and other health care needs of women and infants during disasters. Nurses should also make a plan for themselves and their families in the event of an emergency.

Background

"All hazards preparedness" is a term that came to be used following Hurricane Katrina in 2005. It suggests the need to have a deliberate plan for responding to a variety of types of emergencies and disasters (natural, accidental, or deliberate). Multiple bodies, including state and local governments, health care facilities, and businesses have developed plans for potential crises. The process of planning is a continuous cycle that involves planning, organizing, equipping, training, exercising, evaluating, and making plan revisions (Federal Emergency Management Agency [FEMA], 2010).

Despite the ongoing work of many institutions to develop all hazards plans, considerations for pregnant and postpartum women and infants are often not addressed or given minimal, separate at-

tention. The void in guidance related to obstetric and neonatal populations is a significant oversight considering that each year there are more than four million births in the United States (Centers for Disease Control and Prevention [CDC], 2011), and childbirth is the most common reason for hospitalization (Russo, Wier, & Steiner, 2009).

During disasters, it is likely that pregnant women will have disruptions in their prenatal care. These women are also at an increased risk for preterm birth, low-birth-weight infants (Hamilton, Sutton, Mathews, Martin, & Ventura, 2009), and long-term mental health problems. Thus, women and infants are a large and vulnerable population that should be given special consideration in a disaster situation.

The Role of the Nurse

Nurses serve a vital role in maximizing the health and health care experiences of pregnant women, new mothers, and infants. This role extends to addressing the needs of women and infants in disasters. Nurses are well situated to reassure women and their families that healthy babies have been delivered in disaster situations (Badakhsh, Harville, & Banerjee, 2010).

Nurses often facilitate communication and coordinate care among members of the health care team, patients, and their families during a disaster. Clear communication is an essential element of disaster planning and response. This includes formal and informal communication (verbal and written) and electronic and paper documentation.

Nurses and other health care providers should collaborate with officials involved at all levels of disaster preparedness. They should also work to educate women and families about how to plan for and stay safe during disasters. Figure 1 summarizes considerations for pregnant and postpartum women and officials at all stages of disaster planning and response.

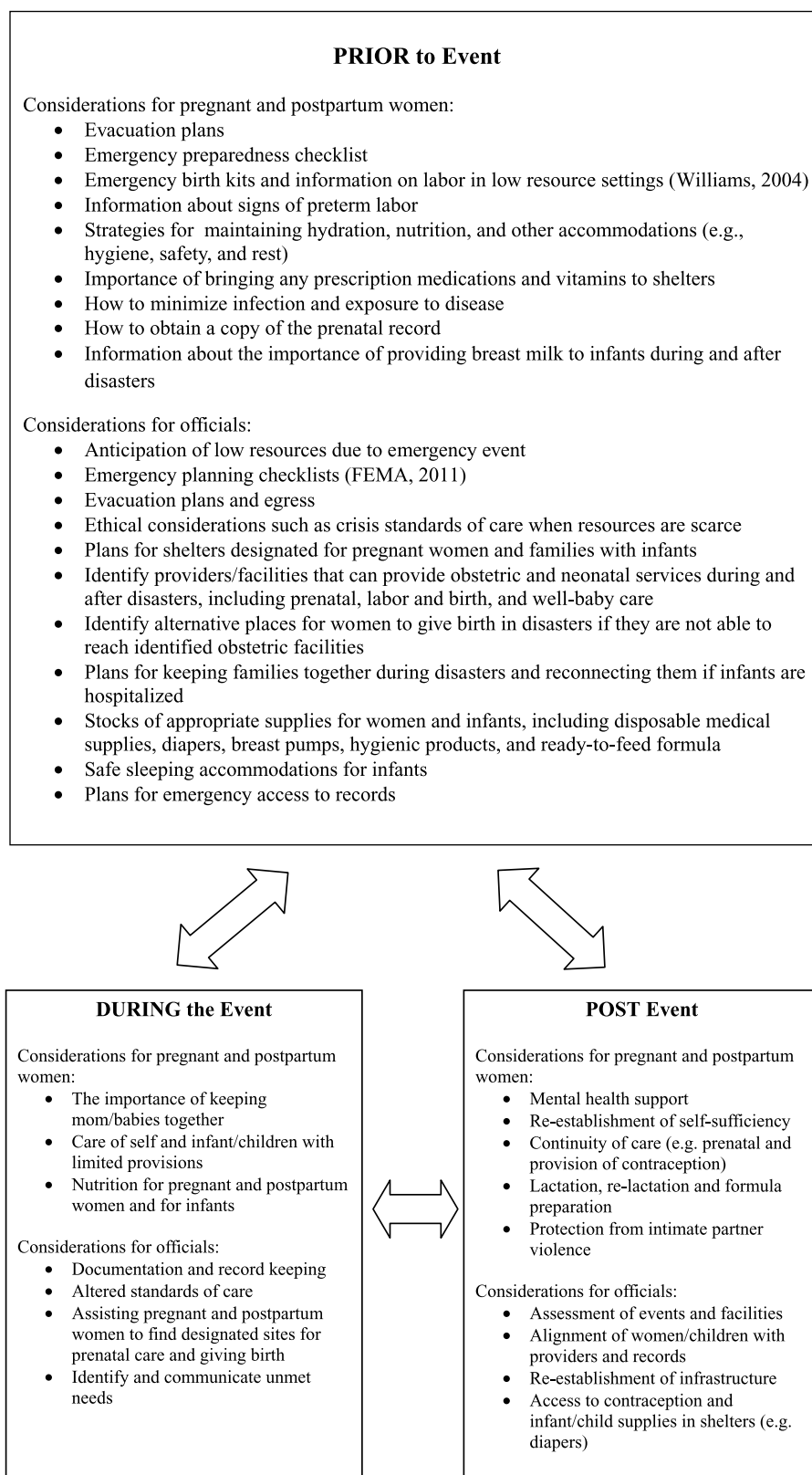


Figure 1. Critical considerations for pregnant and postpartum women and officials during disasters.

Other Considerations

For perinatal and neonatal populations, alternative care sites may be necessary in a disaster. All hazards plans should incorporate guidance for various scenarios, particularly in the event of an epidemic or pandemic. There are also a number of ethical issues for nurses to consider in emergency preparedness planning and response. The American Nurses Association (ANA; 2008) identified values that may be challenged during a disaster, including individual liberty, protection of the public, privacy, duty to provide care, provision of equitable care, trust, and solidarity (defined as collaboration with shared vision). Nurses and other health care providers may need to adapt certain standards of care in extreme conditions when resources may be scarce (ANA). There should be practice, policy and legal recognition of this reality.

Nursing Education

Nursing curricula and continuing education programs should incorporate emergency preparedness information. Education and best practices about women's health issues during disasters is needed on relevant topics including the following:

- Delivery of care in low resource settings,
- Issues with special implications in disasters (e.g., infectious disease and violence against women in shelters),
- Triage and appropriate care of perinatal/neonatal populations in disasters,
- Altered basic life sustaining requirements for the pregnant woman and her fetus (e.g., adequate rest/sleep, clean water, hygiene, nutrition, and safe bathroom facilities),
- The psychological burden for women and children in disasters, especially issues related to separation from their significant others,
- Long-term mental health needs,
- Nutrition for pregnant and postpartum women and infants, and
- The importance of access to contraception in shelters.

Volunteering

Nurses with women's health or obstetric backgrounds are encouraged to volunteer with emergency planning organizations at the community and state levels. The first step in doing so is to register with the Emergency System for Advance Registration of Volunteer Health

Professionals (ESAR-VHP). This national network of state-based systems verifies volunteer health professionals' identities, licenses, accreditations, credentials, and hospital privileges before an emergency takes place. The ESAR-VHP allows nurses and other health care professionals to become engaged in emergency planning and be members of response teams in order to respond quickly when a disaster strikes (U.S. Department of Health and Human Services, 2011).

Nurses can play a key role in advance of a disaster by preparing communities and individuals so that potential hazards are mitigated when disaster strikes. This is all the more critical when planning for vulnerable populations, such as pregnant and postpartum women and infants who have unique needs during a crisis. During and after a crisis event, nurses with women's health or obstetric backgrounds can facilitate rapid response and recovery to minimize the impact of the disaster on women and infants.

REFERENCES

- American Nurses Association. (2008). *Adapting standards of care under extreme conditions: Guidance for professionals during disasters, pandemics, and other extreme emergencies*. Silver Spring, MD: Author. Retrieved from <http://nursingworld.org/MainMenuCategories/HealthcareandPolicyIssues/DPR/TheLawEthicsofDisasterResponse/AdaptingStandardsOfCare.aspx>
- Badakhsh, R., Harville, E., & Banerjee, B. (2010). The childbearing experience during a natural disaster. *Journal of Obstetric, Gynecologic, & Neonatal Nursing*, 39, 489–497. doi:10.1111/j.1552-6909.2010.01160.x
- Hamilton, B. E., Sutton, P. D., Mathews, T. J., Martin, J. A., & Ventura, S. J. (2009). The effect of Hurricane Katrina: Births in the U.S. gulf coast region, before and after the storm. *National Vital Statistics Reports*, 58(2), 1–29. Retrieved from http://www.cdc.gov/nchs/data/nvsr/nvsr58/nvsr58_02.pdf
- Centers for Disease Control and Prevention, National Vital Statistics System. (2011). *Birth data*. Atlanta, GA: Author. Retrieved from <http://www.cdc.gov/nchs/births.htm>
- Federal Emergency Management Agency. (2010). *Preparedness*. Washington, DC: Author. Retrieved from <http://www.fema.gov/prepared/index.shtm>
- Federal Emergency Management Agency. (2011). *Make a plan*. Washington, DC: Author. Retrieved from <http://www.ready.gov/americas/makeaplan/>
- Russo, C. A., Wier, L., & Steiner, C. (2009). *Hospitalizations related to childbirth, 2006* (HCUP statistical brief #71). Rockville, MD: U.S. Agency for Healthcare Research and Quality. Retrieved from <http://www.hcup-us.ahrq.gov/reports/statbriefs/sb71.pdf>
- U.S. Department of Health and Human Services. (2011). *Emergency system for advance registration of volunteer health professionals*. Washington, DC: Author. Retrieved from <http://www.phe.gov/esarvhp/pages/faqs.aspx>
- Williams, D. (2004). Giving birth "in place": A guide to emergency preparedness for childbirth. *Journal of Midwifery & Women's Health*, 49(4, Suppl 1), 48–52. Retrieved from http://www.midwife.org/siteFiles/education/giving_birth_in_place.pdf