



University of the Philippines Manila
THE HEALTH SCIENCES CENTER
COLLEGE OF NURSING

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DISASTER NURSING (N 110)
STUDY GUIDE

ROLE OF NURSES IN DISASTER MANAGEMENT

Introduction

Hello students!

“Nurses are often the first medical personnel on site after disaster strikes. In these situations where resources are scarce, nurses are called upon to take roles as first responder, direct care provider, on-site coordinator of care, information provider or educator, mental health counsellor and triage officer.” - Eric Laroche

(WHO Assistant Director General for Health Action in Crises, 2008)

While passing through immigrations, the immigration officer asked about the purpose of the trip, where and what the international convention is all about. After giving the answer, and she saw the letter of invitation to the convention, her serious face changed, she smiled and remarked, “*Nurse po pala kayo and teacher from... Ako rin po Nurse. Actually, apat po kaming graduates of Nursing dito...*” And she pointed to her nurse colleagues who were likewise busy with travelers passing through immigration. If it were not for the long queue the exchange would have continued.

During one of the post-Typhoon Yolanda (2013) de-briefing of volunteers, a physician related how one of the volunteer groups survived a week in disaster response work immediately after the onslaught of Typhoon Yolanda. Burdened by physical exhaustion and the psychological impact of what they witnessed: seeing the mutilated dead bodies, and hearing the pleas for food from amongst the survivors, one of the members of the six-man volunteer team from a mining industry remarked: “*We would not have made it and would have given up...seeing the remains of those we extricated from the disaster left by Typhoon Yolanda, if it were not for our team leader. His guidance and leadership saw us through....*” And then he added, “*...maybe because he is a Nurse.*”

This study guide focuses on nurses and the role they play across the disaster continuum: from deskwork to active participation in disaster response, and afterwards in ensuring a continuity of efforts to help survivors and communities in the recovery and rehabilitation phase. In addition to their roles, we will look into the required competencies to fulfill these roles. A specific topic will look into nurses and health care responders during disasters as recipients of care and not just as providers.

Learning Outcomes

At the end of the module, you should be able to:

1. Define the roles and functions of nurses in disaster management across the disaster continuum or phases
2. Describe the basic competencies of nurses in disaster management
3. Identify the work settings and related nursing activities in disaster management
4. Apply basic principles in attending to the needs of health care providers deployed during disaster events
5. Appreciate the role of nurses in caring for health care providers deployed during disaster events



Concept Outline

Over the years the [nursing profession's roles](#) have greatly expanded to include caring for clients beyond the bedside and outside the traditional hospital or health facility settings. Much of this expansion is a response to the growth and development in health care and more importantly, the increasing needs of clients requiring nursing care in all settings, particularly in the community and involving various population groups. The expansion of nurses' roles signifies the profession's critical contribution to healthcare reform which expects delivery of safe, quality, client-centered, accessible, and affordable provision of healthcare (Salmond and Echevarria, 2017).

Other driving factors point to [environmental hazards and climate change](#). The current global covid-19 pandemic and the increasing frequency of disasters from natural hazards, as well as complex humanitarian events challenge the nurse, and other health professions, to face up to the increasing health demands and changing health landscape.

Roles and functions of nurses in disaster management

The disaster continuum

Before we look into what nurses can do in a disaster situation, first let us look at the [disaster continuum](#) – the term used to refer to the life cycle of a disaster. This is usually divided into three phases putting in the time factor: the pre-impact stage (before), the impact stage (during), and the post-impact stage (after the disaster). The [pre-impact stage](#) involves among others early warnings and mobilization, and when the disaster becomes imminent evacuation takes place. Days prior to the eruption of Taal Volcano in early 2020, the Philippine Institute of Volcanology and Seismology (Phivolcs) has been monitoring the activities surrounding Taal volcano and issuing warnings and bulletins to update the local government and communities, while other government agencies make their own preparations for an imminent evacuation.

When the [impact stage](#) of the disaster sets in, disaster response plans are implemented setting into motion a series of actions from all levels and all sectors to ensure at the minimum, reduction in deaths, injuries and loss of property, and assure prompt assistance to victims or

survivors. With the eruption of Taal volcano, the response from the **Philippine Red Cross** included mobilization of damage assessment and needs analysis, establishment of welfare desks in evacuation centers, and activation of the Water, Sanitation and Hygiene (WASH) units in Batangas (International Federation of Red Cross and Red Crescent Societies, 2020). During the post-impact stage, assessment of damages and impact on the community are determined with the aim of restoring pre-impact norm or if needed, to set new norms to prevent or mitigate future disasters (Al-Jazairi, 2018). When the Taal volcano alert has been lowered, residents started to return home, and amid international and national aid, the people had to contend with issues surrounding government services, infrastructure, and public health (VOA, 2020).

Disaster management requires a proactive approach. This includes identifying action plans at each and every stage of the disaster life cycle in order to reduce, or avoid, the potential losses from hazards, assure prompt and appropriate assistance to victims of disaster, and achieve rapid and effective recovery, which are the aims of disaster management (Warfield, 2008). The [disaster management](#) action plans are divided into or stages that cuts across the disaster cycle which would lead to greater preparedness, better warnings, reduced vulnerability or the prevention of disasters during the next iteration of the cycle (Warfield, 2008; Al-Jazairi, 2018). These phases include: mitigation, preparedness, response, recovery and rehabilitation.

Deepening Your Understanding

For a better understanding of the *Disaster Management Continuum*, read this topic in the reference **ICN Framework of Disaster Nursing Competencies, pp 39 – 46**. You can find this in the Resource Page in the N110 course site.

The discussion explains the different phases providing specific actions or activities, some of which were from the nurse's perspective.

After spending time to read and gain understanding of these phases and the activities involved, do the **Self-Assessment Activity**. You can access this in the course site.

The nurse's roles in disaster management

Let us define our terms so we have a better grasp of the concepts and principles we are discussing. **Role** refers to a socially expected behavior pattern usually determined by an individual's status in a particular society (Merriam-Webster Dictionary, 2021) or the professional position of a person or the part played by a person in a professional environment or given specific situation (Pediaa, 2017). **Function** refers to the natural purpose or to the duties held by a (person given his/her) certain position (Pediaa, 2017). In some context, roles and functions are used interchangeably. For this course, we will use the ICN definition for **Competence** as “a level of performance demonstrating the effective application of knowledge, skill and judgment” (ICN, 1997, as cited in WHO; ICN 2009). Here we note the components of: knowledge coupled with understanding and judgement; a set of skills (psychomotor, technical and interpersonal); and certain personal attributes and attitudes. This is the S-K-A as we familiarly know it. **Competencies** are the abilities or the applied skills and knowledge that enable people to do their work (Gebbie and Gill, 2004 as cited in WHO, ICN 2009). These are observable descriptive statements that enables the measurement of competence.

Now that we have a working knowledge of these terms, let us turn our focus on the roles of nurses and accompanying functions in disaster management. There are a lot of published materials related to the various roles of nurses in disaster management particularly in the areas of specialization (critical care, maternal and child care, public health, and mental/psychiatric care). In addition, these roles are usually linked to what nurses are seen to visibly perform during the disaster response phase (WHO and ICN, 2009). The ICN document reminds us that nurses are key figures in all phases of the disaster management cycle, i.e., from mitigation and preparedness to long-term recovery.

Deepening Your Understanding

Read the ICN document further elaborates the **Role of Nurses** identifying factors that enhance these roles as well as knowledge gaps and other barriers that may impede the performance of these roles or the development of the required competencies to fulfill these roles. The specific topic can be found in pages 15 – 24.

Ask yourselves the following questions as you read the material:

1. What factors make the professional nurse a valuable key player in disaster management?
2. What barriers or challenges hinder the performance of these roles?

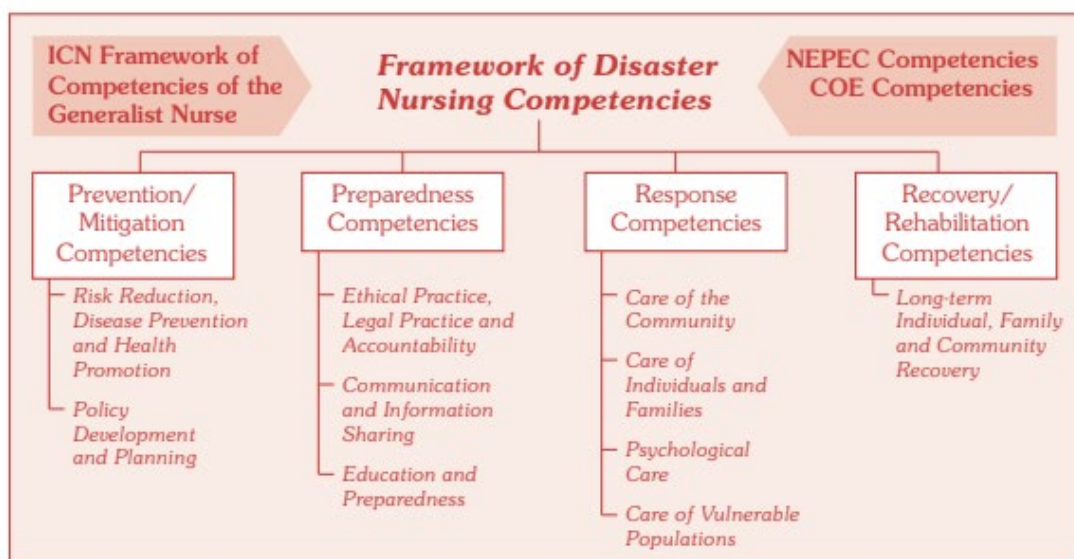
After reading, you will find a summary of these roles [here](#).

Competencies of nurses in disaster management

The WHO and ICN framework of disaster competencies for nurses (2009) is a product of several consultations among experts and review of published research on disaster nursing competencies across countries. It uses the disaster management continuum and thus organized into four main areas or phases: mitigation/prevention competencies; preparedness competencies; response competencies; and recovery/rehabilitation competencies. Within the four areas, the competencies are grouped into 10 domains which reflect the roles earlier discussed. **Refer to Figure 1 below.**

The ICN document further enumerates specific functions or activities under each competency domain to further describe expectations of what the nurse can do or activities the nurse can perform independently or in collaboration with other members of the disaster management team. If you would notice, except for specialized knowledge and skills, these functions and activities are already known to the professional nurse from their educational preparation and work experience. The application of these functions and activities in disaster events and situations will therefore be the challenge.

In summary, the “ICN Disaster Nursing Competencies describe the expected competencies of the generalist nurse working in a disaster, making the competences a valuable tool in determining if a nurse has the knowledge, skills and abilities to function safely in a disaster situation. Gaps in knowledge can be identified. Training programs can then be developed to address any knowledge deficits of the nurses” (WHO and ICN, 2009, p.63).



* COE: Center of Excellence; ICN, International Council of Nurses; NEPEC, Nursing Emergency Preparedness Education Coalition.

Figure 1. Adapted from ICN Framework (2009)

Core competencies in disaster nursing v2.0 (2019). The covid-19 pandemic and the continuing armed conflicts around the world are examples of major global health challenges that impact negatively on our health. We earlier saw that nurses are key players in health-related emergencies and disasters. A decade after the release of the ICN Framework on Disaster Nursing Competencies (2009), the review of these competencies is a timely effort to increase the capacities of nurses in all levels of competence and responsibilities. The Core Competencies in Disaster Nursing version 2.0 (International Council of Nurses, 2019) addresses not only the competencies for generalist or novice nurses, but looks into the proficient and expert levels of nurses specifically defined in the document.

If you recall, the levels of nurses the version 2.0 refers to describes the stages of proficiency in nursing practice according to Patricia Benner (From Novice to Expert Model in 1982). The five stages or levels include: novice, advanced beginner, competent, proficient, and expert.

How are the two versions different? What changes were made in the version 2.0? As the document explained, considerations were provided taking into account the need for a common preparedness approaches among the different professions engaged in disaster management and the other similar works done in this area. Thus, from the 10 original domains, version 2.0 has now eight domains, and not necessarily categorized across the disaster phases or cycles. As a result, some of these domains will cut across the disaster phases (e.g., Domain 2 – Communication), while some will be specific to a disaster phase (e.g., Domain 7 – Recovery) (International Council of Nurses, 2019).

Deepening Your Understanding

Go through the eight domains of this Core Competencies by ICN (2019). Each domain lists the competencies it covers and is categorized into the generalist or novice nurse level and the advanced or specialist nurse level.

As you go through the list, under the generalist nurse level, ask yourself if you have the beginning competency for each of these. Remember that N110 is not the only course that will prepare you for these competencies, but an integration of all your undergraduate preparation. Nevertheless, there are specific competencies that N110 will cover.

ICN Core Competencies in Disaster Nursing Version 2.0

Work settings in disaster management

Equipped with the needed competencies and resources, nurses along with other health and non-health professionals provide holistic care in very challenging conditions in responding to catastrophic events like natural disasters and armed conflicts. Far from the safety of hospitals and health institutions, nurses with specific training in disaster response work right in the community affected by the disaster as *members* of the disaster triage team, or specialized teams which include: surgical response teams, search and rescue teams, or mortuary assistance teams, in addition to the regular emergency medical service personnel (Wanner and Loyd, 2020). Depending on each country, specialized disaster and emergency response teams can be classified into disaster medical assistance teams (DMAT) or disaster surgical assistance teams (DSAT). It is common that nurses form part of these teams.

Some nurses work as part of the transport team (via ambulance or airlift) in order to care for survivors who are en route to a healthcare facility or hospital, particularly those in critical conditions. While specially trained nurses are deployed as part of the emergency or disaster response teams, majority who are employed in healthcare facilities will remain to await the arrival of survivors from disaster sites to provide them the needed care. Majority of those in public health nursing will eventually manage the health of affected population in evacuation centers or shelters (Kep, Petpichetchian, & Maneewat, 2011).

Consider the following situation...

"Healthcare emergencies resulting from armed conflict are not limited to battle injuries.... The complex costs of conflict have been painfully illustrated by the civil war that has ravaged Yemen since early 2015. As of late 2019, it is estimated that more than 100,000 Yemenis have died as a direct result of conflict, and more than 130,000 have died from indirect causes including starvation and disease. More than half of Yemen's population lacks access to proper healthcare and clean water, according to the International Medical Corps.

Humanitarian nurses working to help refugees may operate in stationary or mobile health clinics, providing services ranging from primary care to disease prevention and reproductive health. Nurses operating in areas of armed conflict such as Yemen may have to triage and treat large

numbers of patients with severe injuries. They are also more likely to see victims of sexual and gender-based violence. Additionally, one in five people living in conflict areas has a mental health condition, according to the U.N.” (Advent Health University, 2020).

From the hospital to the field, from the desk to the shelters. Nurse managers whose work is in the field of disaster management are critical players to ensure that proper coordination and correct, effective implementation of the disaster response plan are carried out. While there are nurses doing the so-called “groundwork,” there are those who would be engaged in supervising and overseeing the coordination and collaboration of work with other responders, assisting displaced populations with regard to health care, maintaining services, and managing stressful environments.

Caring for Carers

The Health EDRM workforce Health workforce, one of the six building blocks in the WHO health systems framework, is key to the successful implementation of Health Emergency and Disaster Risk Management (Health-EDRM) practices. Networks and organizations around the world, led by the WHO, recognize the importance of health workforce development activities, which include: training & development, certification & licensing and accreditation, safety and security of staff (Kayano, Chan, Murray, Abrahams, Barber, 2019).

The effects of disasters on health care professionals A study in the US on willingness to work in a disaster (Qureshi, et al, 2005) revealed that there are specific barriers that would prevent nurses from reporting to work. These included: personal and family safety, transportation issues, care of children and the elderly, pet care, other work or volunteer obligations. To avoid any conflicts, both nurse and employer should have a prior understanding (or statement in the contract) regarding the matter.

You have to be aware that as future responders, you may experience the same range of reactions as survivors: physical, emotional, cognitive, and behavioral. Survivors also react with grief to the loss of loved ones, homes, and possessions. They experience poor concentration, detaching self from social networks, and depressed mood characterized by grief reactions. These may be transitory and thus are considered normal reactions following a disaster (Labadee & Bennett, 2012). Sometimes, emergency and disaster responders also suffer from personal losses, as when their family or community may be affected by the disaster; concern for their safety and those of others which may be aggravated by the devastating effects of witnessing the impact of the disaster on other people.

Emergency planning and recovery for carers These reactions and behaviors are valid, thus, these should likewise be addressed for a resilient and effective health emergency and disaster workforce. [Strategies for reducing or mitigating psychological distress](#) among health care providers outside disaster situations, and more so as a consequence of work-related exposures to the effects of disasters have been a priority concern.

Watch, Observe and Learn

One of the most effective means of coping with a disaster, and in a healthy way, relates to the preparation carried out prior to the disaster. The professional nurse concerns himself/herself with personal preparations prior to engaging in a disaster response.

Watch the following short video in our [N110 YouTube Channel](#) on some tips for nurses prior to deployment in a disaster response.

Deepening Your Understanding

You can read further a commentary article: **Caring for the Carers: the emotional effects of disasters on health care professionals**. It discusses the issue related to these emotional effects and suggests strategies to help oneself or assist another in coping and building resilience.

Huggard, Peter. 2011. Caring for the Carers: the emotional effects of disasters on health care professionals. Australasian Journal of Disaster and Trauma Studies. Vol 2011-2.

N110 Lab: Group Work

Roles and Activities of Nurses in Disaster Management

The ICN Disaster Nursing Core Competencies (2009) highlights the list of competencies a nurse generalist needs to develop in order to effectively participate in disaster management. The competencies cuts across the Disaster Management Phases or Cycle to emphasize that the role of the nurse is not limited only to the disaster response phase but starts from the pre-disaster phase.

The following activity looks into the roles of nurses across the disaster management phases. The general aim is for you to have an overview of these roles and functions then have these validated in real disaster event.

Objective:

1. Determine the functions and activities of the nurse in specific disaster events or situation.
2. Familiarize oneself with the ICN Framework on Disaster Nursing Competencies

Instruction: *This is a group activity.*

1. Using the template provided (refer to the link in the course site)
 - a. Identify a specific disaster event (international or local).

- b. Provide a brief background of the disaster event (*description of the event and summary of impact*)
 - c. Using the ICN 2009 Framework, list the functions or activities of the nurse (based on actual or reported participation of nurses). *Not all domains will necessarily be filled up. This will depend on the disaster event, available information or report on the actual event.*
2. A shared worksheet (in Google doc) will be provided per group through a link to be posted in the course site. Only the group members assigned to that worksheet will have access including the assigned faculty for giving comments/suggestions. Your contribution to the assignment will be monitored through the document version history and comment history.
3. For the *final version of your assignment*, **download the google doc and post the PDF copy in the N110 course submission bin.**
4. Cite your references using the APA format.

Expected Output: Tabular presentation of Nurses Roles and Functions based on the 2009 ICN Framework on Disaster Nursing Competencies

Submission Date:

September 30, 2022

N110 Lab: Fieldwork

Roles and Activities of Nurses in Disaster Management: Validation

In 2009, the ICN published its framework of disaster nursing competencies. This was reviewed and updated in 2019 and published as version 2.0 of the Core Competencies in Disaster Nursing to identify competencies for a more relevant and responsive practice in disaster management.

Objective:

1. Validate the relevance and applicability of these core competencies among nurses from the field.
2. Develop an appreciation of nurses' roles in disaster management.

Instruction: Conduct a brief interview with a professional nurse who has participated in any phase of the disaster management cycle or whose work (current or past) is/was related to disaster risk management. The interview should cover:

- a. the interviewee's perceived role and competencies in disaster management

- b. support or justification of the relevance and applicability of the 2019 disaster nursing core competencies (e.g., narration of his/her field experience).

Expected Output: Summary of the interview results and the group's evaluation of the fieldwork or activity.

**Note: discuss with your Faculty Facilitator your plan for this activity.*

Submission Date:

September 30, 2022

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Evolving Roles of Nurses



Since the time of Florence Nightingale **nursing roles** continue to evolve and expand for nurses to be more responsive to client needs amidst a changing health landscape.

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HOW THE ENVIRONMENT IMPACTS OUR HEALTH

People are exposed to risk factors in their homes, work places and communities through:

AIR POLLUTION
including indoors and outdoors

INADEQUATE WATER, SANITATION
and hygiene

CHEMICALS
and biological agents

RADIATION
ultraviolet and ionizing

COMMUNITY NOISE

OCCUPATIONAL RISKS

AGRICULTURAL PRACTICES
including pesticide-use, waste-water reuse

BUILT ENVIRONMENTS
including housing and roads

CLIMATE CHANGE

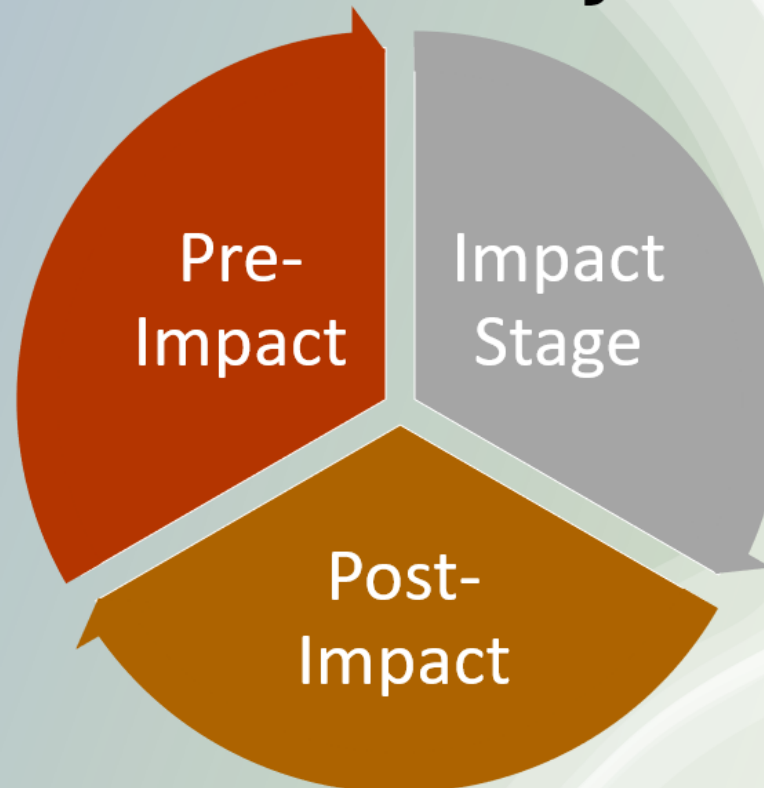
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Disaster Life Cycle

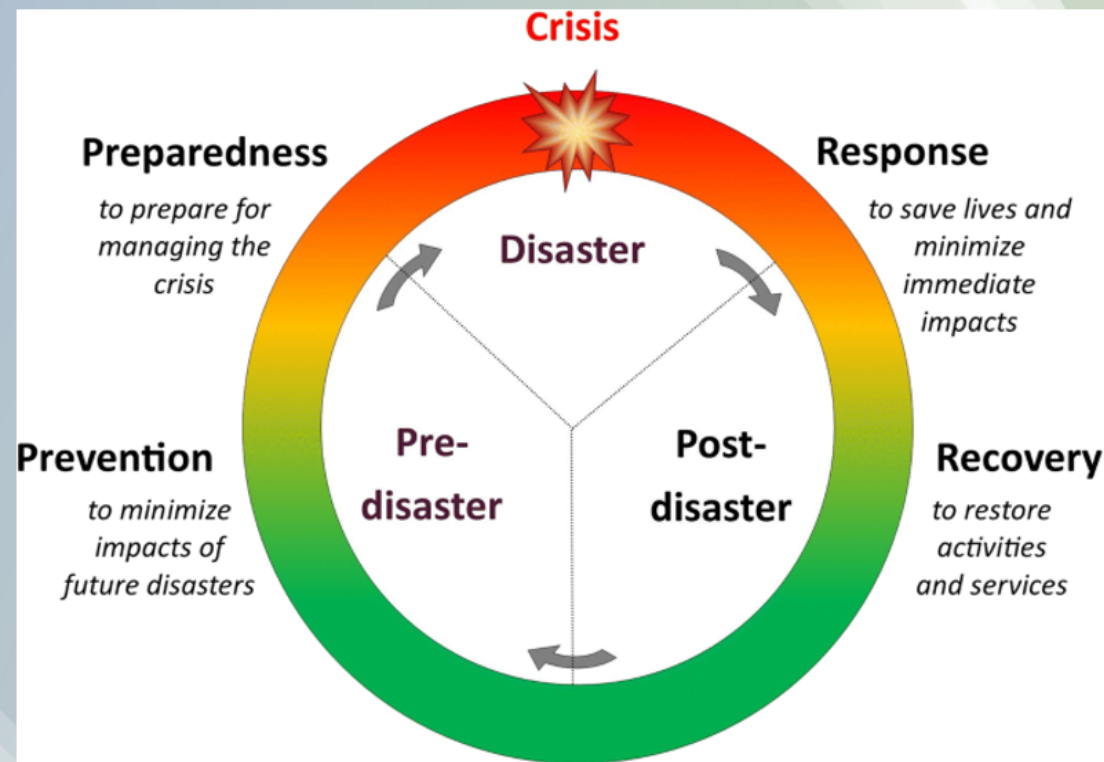
1. Before a disaster: to reduce the potential for human, material, or environmental losses caused by hazards and to ensure that these losses are minimized when disaster strikes;
2. During a disaster: to ensure that the needs and provisions of victims are met to alleviate and minimize suffering; and
3. After a disaster: to achieve rapid and durable recovery which does not reproduce the original vulnerable conditions.



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Disaster Management Cycle

- Mitigation/Prevention and Preparedness focus on capacity building and pre-impact activities
- Response through emergency actions to save lives and reduce immediate impacts
- Recovery and rehabilitation focus on restoration and reconstruction

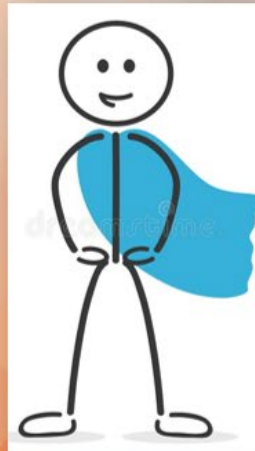


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Roles and Functions of a Health Emergency Manager

- ☐ Direction
- ☐ Coordination
- ☐ Communication
- ☐ Advocacy
- ☐ Advising
- ☐ Assessment



- ☐ Planning
- ☐ Resource management
- ☐ Activity management
- ☐ Capacity development
- ☐ Evaluation

These roles and functions cut across all types of fields of specialization. Are professional nurses ready and educationally prepared to take on these roles?

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Functions of Nurses in Emergencies/ Disasters

Planning

- ❑ meeting with national/local coordination bodies
- ❑ planning/implementing command systems
- ❑ planning for logistics and administrative arrangements
- ❑ planning for safety and security arrangements

Coordination

- ❑ with military
- ❑ with private sectors
- ❑ with professional associations
- ❑ with international assistance
- ❑ with forensics and mortuaries (e.g. care of the dead)
- ❑ with social and welfare services (e.g. management of missing)



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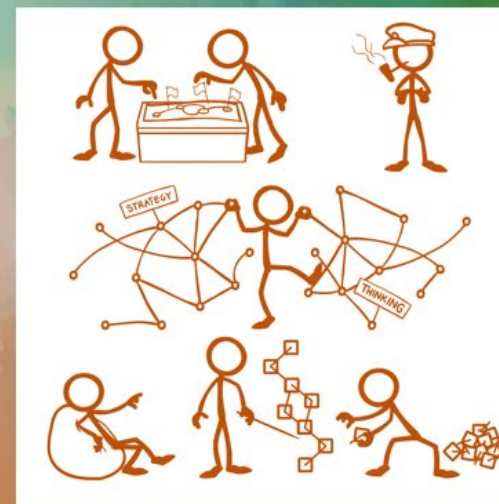
Functions of Nurses in Emergencies/ Disasters

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Functions of Nurses in Emergencies/ Disasters

Assessment

- ☐ conducting inter-sectoral damage analysis and needs assessment
- ☐ conducting community risk assessment
- ☐ conducting patient assessment



Providing immediate care

- ☐ search and rescue
- ☐ evacuation
- ☐ first aid
- ☐ triage
- ☐ transport of victims
- ☐ trauma/primary care
- ☐ victim identification and reporting

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Functions of Nurses in Emergencies/ Disasters

Providing acute care

- ☐ treatment of disease or injury
- ☐ DEP, VBD, VPD, DPHS control
- ☐ laboratory services and blood bank products
- ☐ medical supplies
- ☐ essential drugs

Providing rehabilitation care

- ☐ orthotics and prosthetic
- ☐ dental care
- ☐ disability care



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Functions of Nurses in Emergencies/ Disasters

Primary health care

- ☐ emergency shelter
- ☐ water safety and quality
- ☐ food safety and nutrition
- ☐ food supply and food security
- ☐ energy, protection and security
- ☐ recovery of PHC activities (EPI, MCH, CDD, ARI)

Communication and reporting

- ☐ emergency reporting system
- ☐ disability and infectious/outbreak surveillance



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Functions of Nurses in Emergencies/ Disasters

Recovery and rehabilitation

- ☐ compensation of victims
- ☐ recovery, reconstruction and rehabilitation of community
- ☐ post-event evaluation
- ☐ research and documentation
- ☐ community risk reduction program



Providing training in Emergency Preparedness and Response

- ☐ emergency drills
- ☐ risk communication
- ☐ mass casualty management



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Personal strategies

- *Do not try and do too much*
- *Work with others*
- *Talk about your experiences*
- *Acknowledge and celebrate your achievements*
- *Take regular breaks*
- *Look after your physical health*
- *Stay in contact with your family*



Organisational strategies

- *Promote healthy workplaces*
- *Access to education*
- *Clear roles*
- *Rotating through high stress, medium stress and low stress work*
- *Sufficient time off*
- *Promote teamwork*



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