Review Article

Indian Journal of Trauma and Emergency Pediatrics
Volume 14 Number 3/July – September 2022
DOI: http://dx.doi.org/10.21088/ijtep.2348.9987.14322.2

Disaster Preparedness Among Nurses

Abhishek Singh[1], Bandhu Sharma[2], Mansi Dabola[3], Nazni[4]

How to cite this article:
Abhishek Singh, Bandhu Sharma, Mansi Dabola, et. al./Disaster Preparedness Among Nurses/Indian J Trauma Emerg Pediatr.2022;14(3):79–81.

ABSTRACT

Nurses play such a significant role in disaster response, assessing their understanding of common disaster patterns is essential. This study looked into disaster nursing research as well as the models that were used. It offers a thorough examination of the many catastrophe nursing models accessible. The number of disaster nursing healthcare practice is continuously increasing. Conducting scientific study in this area, on the other hand, is both ethically and practically complex and challenging. As a result, it's not surprising that collecting scientific data during disasters isn't often a top priority for first responders. The majority of research on disaster health planning, response, and recovery is descriptive of the circumstances before or after the disaster. To achieve evidence based practice, disaster healthcare practitioners must seek innovative techniques to comprehend the health aspects of a disaster and to evaluate their practice, both in real time and retrospectively, both during and after the relief phase. Of course, some disaster related concerns can only be researched at specific times, such as post-traumatic mental health disorders and individual and community responses to disasters. There is a significant opportunity and demand for research that contributes to the science of disaster health care and supports how we plan for and respond to catastrophe related health issues. The aim is to create research methods that produce reliable results and allow us to compare findings across studies, events, and societies in order to increase the quality of evidence that supports our practice.

Keyword: Disaster nursing; Competency; Nursing student; Disaster relief; Preparedness; response; Disaster Triage.

Author Affiliation: [1]Tutor, Department of Mental Health Nursing, SGT University, Gurugram 122505, Haryana, India, [2]Tutor, Department of Child Health Nursing, [3]Tutor, Department of Medical Surgical Nursing, [4]Tutor, Department of Obstetrics Nursing, Rufaida College of Nursing, Jamia Hamdard University, Delhi 110062, India.

Corresponding Author: Bandhu Sharma, Tutor, Department of Child Health Nursing, Rufaida College of Nursing, Jamia Hamdard University, Delhi 110062, India.

E-mail: bandhusharma7@gmail.com

Received on: 26.07.2022 **Accepted on:** 28.08.2022

INTRODUCTION

Disaster is an unexpected, catastrophic event that causes significant damage, loss, destruction, and devastation to people and property. "We don't expect disasters," Waeckerle (1991) says, "yet they do." Natural disasters occur as a result of living; accidents occur as a result of industry and technological advancements; and unhappiness, terrorism, and war occur as a result of socioeconomic and political stagnation or change. Disaster damage is immeasurable and varies depending on geographical location, temperature,

and type of earth surface/degree of susceptibility. This has an impact on the affected area's emotional, socioeconomic, political, and cultural well being. A disaster severely disrupts daily life and has a negative impact on emergency systems as well as basic requirements and processes such as food, housing, and health. The aftermath of disaster depends on intensity and severity of the disaster.

HEALTH EFFECTS OF DISASTERS

The consequences of a disaster on the immediate and long term health of a population may be difficult to quantify depending on the kind and location of the disaster. Natural disasters have the following effects on a community's health:

- A disaster may result in premature deaths, illnesses, and injuries in the afflicted population, beyond the capacity of the local health care system in most cases.
- A disaster might devastate the local health-care infrastructure, rendering it unable to respond to an emergency. Disruption of ordinary health care services and the failure to implement projects may have long-term health care effects, such as increased morbidity and mortality.

Environmental imbalances may result from disasters, raising the risk of communicable diseases and environmental risks.

- Natural disasters can have an impact on the population's psychological, emotional, and social well being. The response to a tragedy can ranges from worry, anxiety, and despair to widespread panic and horror, depending on the nature of the disaster.
- Natural disasters may result in food shortages and severe nutritional deficiencies, as well as large scale population movements (refugees) that place a strain on other healthcare systems and communities? Displaced people and their host communities are more vulnerable to infectious diseases and the health repercussions of overcrowding.

DISASTER MANAGEMENT CYCLE

The disaster event is a real time event that occurs when a hazard occurs and affects the 'elements at risk.' The duration of the occurrences will vary depending on the type of threat; for example, during an earthquake, ground shaking may last only a few seconds, whereas flooding may last for several hours.

A catastrophe management cycle contains five fundamental phases (kim and proctor, 2002), each of which has its own set of activities.

Response

The response phase is when the catastrophe plan is put into action. The best response plans employ an incident command system, are straightforward, are consistently practiced, and are tweaked as needed. It is necessary to keep an eye on it at all timeIt is necessary to keep an eye on it at all times. During and after a disaster or emergency, hospital, healthcare system, or public health agency activities should be undertaken immediately.

Recovery

After the incident, the organization and its employees must recover. Services are always eager to resume normal operations. A proper review is required to evaluate what went well (what actually worked) and what issues were discovered. The evaluation and follow-up tasks should be assigned to a specific person.

Mitigation

These are actions done to decrease the impact of a disaster, should one occur, and can be classified as risk reduction or prevention initiatives. Installing and maintaining backup generator power to reduce the consequences of a power outage, or cross training or cross training workers to perform other duties to sustain services during a staffing crisis caused by a weather emergency, are examples of mitigation actions.

Preparedness/Risk Analysis

Evaluate the faculty's vulnerability or success in the event of a disaster. Weather patterns, geographic location, expectations relating to public events and gatherings, the facility's age, condition, and position, and industries in close proximity to the hospital are all factors to consider (e.g; nuclear power plant or chemical factory)

Individual reactions to tragedies differ tremendously. Many personal factors influence the time it takes for symptoms to appear, how severe they are, and how long they last. Many people can perform efficiently during the impact phases of a disaster despite their psychological pain, but they will subsequently endure extreme emotional distress. Some people will be so shocked by the calamity that they will be in excruciating pain right away. They solve the psychological difficulty with

the aid of defence mechanisms.

Nurses and health workers employ several defence mechanisms in order to function properly. Crisis reduction and counselling crisis intervention are two nursing therapies that are very useful in this situation. Defusing the situation (clearing the disillusions) Taking a break (discuss the event, feeling and reduction coping strategies etc.)

A short psychological assessment guide can aid emergency responders in determining the mental state of victims. Victims who are experiencing a psychological crisis after a calamity will not seek assistance. As a result, it's critical for the nurse to measure the stress level of the sufferers.

CONCLUSION

There are no laws directly specifying the scope of practice for nurses, but there are numerous sources, such as the state Nurses Practice Act, Professional Organization standards, state attorney's views, and current and common practice legislation, that can be used during a crisis.

Although it does not have disaster nursing standards, the American Nurses Association does have emergency nursing practice guidelines. Although they are professional, not legal, standards, common sense will protect the nurse who follows them. Nurses who work for the American Red Cross (ARC) are protected by federal law; no state, territory, or local government can reject the ARC's authority to deliver services.

In compliance with the congressional mandate and its own administrative procedures, it provides its own services.

In most instances, a nurse volunteering during a crisis would be covered under the state's 'Good Samaritans Acts.' The goal of the Good Samaritan Acts is to encourage medically qualified professionals to respond to medical emergencies by shielding them from liability through grants of immunity.

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