



Anniversaries Are for Remembering

National Preparedness Month

Can you believe it? This month, September 2011, is the 10-year anniversary of 9/11 and the East Coast anthrax attacks and the six-year anniversary of Hurricane Katrina, horrific benchmark examples of terrorism and natural disasters in the United States. ENA members are reminded of those tragedies, the continuing recovery and the need for a culture of preparedness, to be ready. In coordination with the www.ready.gov coalition in recognizing the national need for all-hazards preparedness, this is the third year *ENA Connection* has dedicated an entire issue to National Preparedness Month.

Disasters in 2010-2011

Mass community shootings, hazmat incidents, hospital fires, tornadoes, evacuations, brown-outs and winter storms were examples of emergency events and disasters in 2010 and 2011, events resulting in casualties or affecting patients and requiring some form of assistance from outside the hospital. Disasters have been defined as “any event, typically occurring suddenly, that causes damage, ecological disruption, loss of human life, deterioration of health and health services, and which exceeds the capacity of the affected community on a scale sufficient to require outside assistance”

(Veenema, 2007). Eighty-one federal disaster declarations were made for 38 states and territories during 2010, compared to 59 disaster declarations in 2009.

Federally declared disasters in 2010 included ice storms and other winter weather, tornadoes, mud slides, flooding, hurricanes, tropical storms and a water main break. These events directly and/or indirectly impacted emergency nurses and patient care by resulting in casualties or interrupting services or resources needed. Since 1953, the number of annual disaster declarations has been steadily trending upward (see Chart 1).

While federal disaster declarations involve larger scope and scale events and historically tend to be geophysical in origin, there are also the more frequent, almost daily, emergencies and threats that challenge the emergency department and hospital. The American Society of Healthcare Engineers’ hazard vulnerability analysis tool, published in 2000, offers 47 potential hospital threats or hazards, including 15 natural, 19 technological and 13 human-related events.

Common Requirements

There are many hospital hazard, emergency and disaster response scenarios, internal and external. There are also common requirements or capabilities for all these events. Just look at

the complete Hospital Incident Command System organization chart and the role position titles to grasp potential resources and capabilities needed for response.

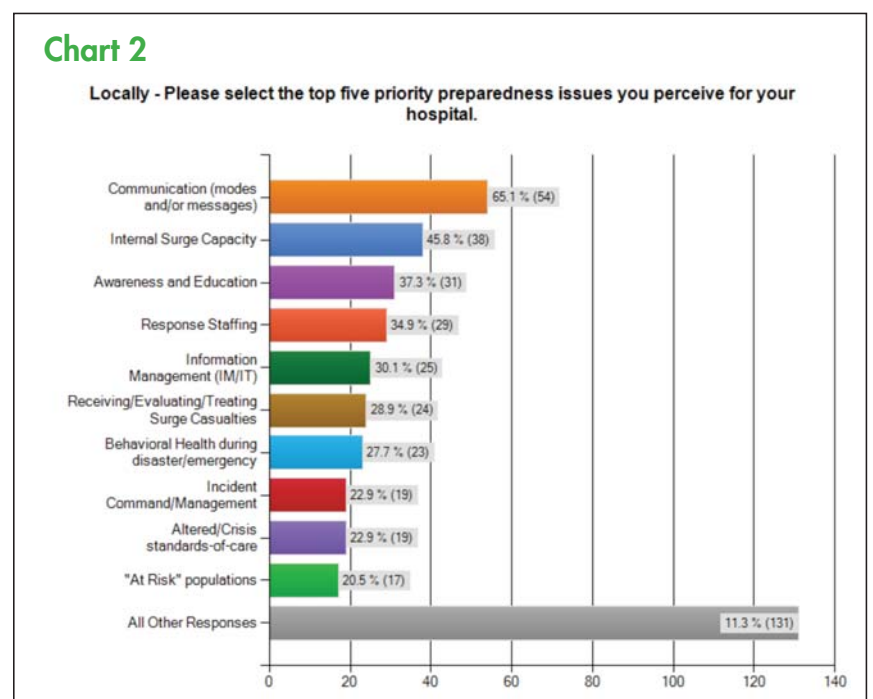
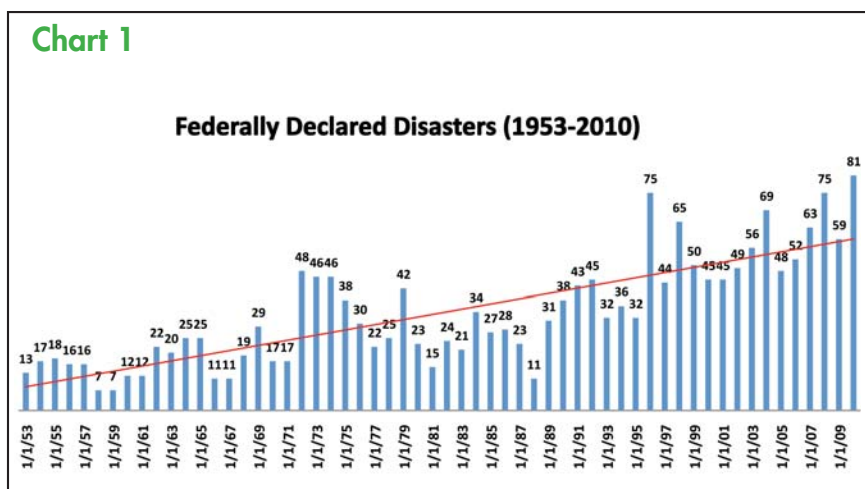
Assuming one does not have money and resources to address everything, what capabilities are perceived as a priority? What components of emergency preparedness are perceived priorities for your hospital and for the nation?

Preparedness Survey Results

In June and July 2011, a two-question, multiple choice, anonymous survey was offered on the ENA Preparedness and Managers list-servs. Volunteer participants were asked to select their perceived top five preparedness issues from 24 possibilities for 1) their hospital and 2) the nation. Eighty-four surveys were completed (n=84). The same 24 possible issue answer choices were offered for both questions, including an option for the respondent to add an issue not listed. The survey’s issue choices were based on components of the Department of Homeland Security’s Exercise and Evaluation Program tool for medical surge.

Issues for Hospitals and the Nation

The top five perceived priority preparedness issues selected for the respondent’s hospitals



DISASTER MAN

art by: Bob Renzas



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were communications—modes and or messages (65.1 percent); internal surge capacity (45.8 percent); awareness and education (37.3 percent); response staffing (34.9 percent); and information management (30.1 percent). Additional hospital issues included mass fatality planning; active shooter; and nuclear threats (see Chart 2).

For question two, participants ranked the perceived top five preparedness priorities for the nation. Priorities selected were communications—modes and messages (68.7 percent); information management (36.1 percent) (t); awareness and education (36.1 percent) (t); behavioral health during disaster/emergency (33.7 percent); response staffing (32.5 percent); and internal surge capacity (28.9 percent). Additions included mass fatality planning and response time for federal assistance (see Chart 3).

These priority issues and capabilities will be developed and discussed in future issues of *ENA Connection*.

WCDEM 2011

Consider that the world is getting smaller as once distant nations are becoming more connected and interdependent through economies, technology and transportation. Today what affects one country ripples outward to affect another country, as is certainly the case during a disaster. What are priority preparedness issues for the world and where might one gain a more global preparedness perspective of threats and vulnerabilities?

The 17th World Congress for Disaster and Emergency Medicine was convened in Beijing, China, May 31 – June 4, 2011. A function of the World Association for Disaster and Emergency Medicine (www.wadem.org), the congress



Knox Andress, BA, RN, AD, FAEN, with Capt. Dawn Higgins, MS, BSN, RN, EDM, in front of Higgins' poster at the 17th World Congress for Disaster and Emergency Medicine in Beijing.

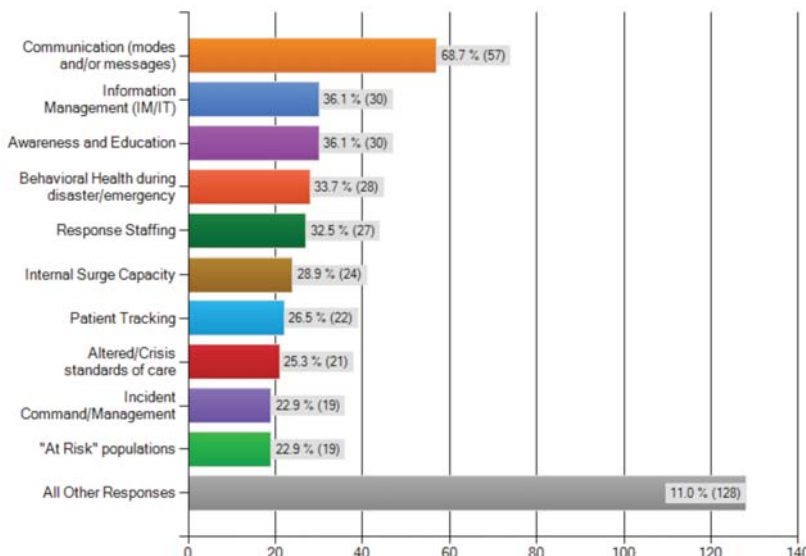
ENA Members in China

Several ENA members attended the congress in Beijing and made poster or oral presentations. Elisabeth Weber, MA, RN, CEN, presented her poster, *The Oxygen Bus*, while Capt. Dawn Higgins, MS, BSN, RN, EDM, presented *Trauma Triage: Does the Red-Blue Criteria Enable Overtriage?* (see photo). Knox Andress, BA, RN, AD, FAEN, presented oral abstracts on *Increasing Medical Situational Awareness and Interoperability via Virtual USA; Emergency Preparedness Roles in Louisiana Nursing Programs and Disaster Patient Tracking—Local, State and Federal Interoperability During a Multi-hospital Evacuation Exercise*.

Many ENA member emergency preparedness resources can be found on your ENA preparedness list-serv community and can help you get ready. Have you signed up? Go to www.ena.org/membership/listserv/Pages/list.aspx.

Chart 3

Nationally - Please indicate the top 5 preparedness issues you perceive the nation to face.



convened nurses, physicians, emergency medical technicians, dentists, psychologists and other scientists from around the globe to consider research and topics of medical preparedness and disaster response in an international venue. More than 1,600 congress participants representing 51 countries convened at the WCDEM.