



NURSING INSIGHT

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International Volunteers

Immediately after the devastating Haiti earthquake, the Editor of *Prehospital and Disaster Medicine* published this timely reminder of the problem of uncoordinated international volunteers responding without support or appropriate preparations for the scene of large scale disasters. This piece has been edited to fit *Nursing Insight* and reminds us to think twice before we respond, and, when and if we do, to respond within those organizations that provide the infrastructure and coordination that are required.

Stop!!!

*Birnbaum, Marvin L. MD, PhD
Prehosp Disaster Med 2010;25(2):97-98*

Something between a hindrance and a help.

Wordsworth Michael, I, 189

Well it happened again—this time in Haiti! It seems that we are doomed to repeat our mistakes. Will we never learn from what we have learned? Or do many caring health professionals neither know nor understand what we have learned regarding disaster responses? In response to naïve and inappropriate media requests, many of our colleagues dropped what they were doing and rushed to help. The outpouring of responders was a marvel to behold. Many travelled solo or with small groups of their colleagues. Often, they were not aware of the real needs, and too often, arrived without appropriate supplies and equipment to meet the needs of those affected. On arrival, many did not know where their services could be of maximum benefit, and in some instances, they may have displaced other essential personnel.

Following the 2004 earthquake and tsunami that devastated parts of Southeast Asia, it became apparent that the uncoordinated invasion of “helpers”, including many health-related, non-governmental organizations (NGOs), resulted in unnecessary duplication, competition, and failure to assist many of the victims in need. This waste of precious resources belies best practices.

The need for the enhanced coordination of ALL responses (relief and recovery) was recognized in the Hyogo Framework of 2005,¹ the Phuket papers,² and by the UN-Office for the Coordination of Humanitarian Affairs (UN-OCHA). Subsequently, the Interagency Standing Committee (IASC) of the UN-OCHA initiated changes called the “humanitarian reform”.³ A major initiative of the Humanitarian Reform movement was the formation of *clusters* whose principal mission was to assist the impacted government with coordination of ALL responses and with evaluations of the impact of

interventions directed at relief and/or recovery. The clusters endeavor to bring to the table all of the stakeholders and respondents, including responding organizations, potential beneficiaries, donors, and representatives of the intergovernmental and governmental agencies. The World Health Organization was appointed as the lead agency for the health cluster (medical care and public health).

Promptly following the earthquake in Haiti, the WHO Regional Office for the Americas, the Pan-American Health Organization (WHO-PAHO), quickly helped the Haitian government establish a national health cluster that was charged with assisting the Haitian government with the coordination of the health responses following the earthquake. Yet, many responders appeared in Haiti without contacting or informing the Haiti Health Cluster of their arrival or their mission. They just came; and the same problems that have been demonstrated over and over again appeared—with the same results.

This discussion is not to question the motivation of those who responded—indeed, they wanted (perhaps, in some cases, needed) to assist with saving lives and minimizing the pain and suffering of the victims. And, many did just that. But, once again, health support became fragmented. Furthermore, the media continued to scream that more doctors and nurses were needed, and thus, they came. This is not to say that they were not needed, but where were they most needed, and needed to do what?

So, what about those of you who responded or wanted to respond—what should you do the next time a disaster of such a scope occurs? To be of optimal value, please do not respond by yourself or even in small groups. Such small offerings are nearly impossible to coordinate and integrate into the overall responses—there just are too many. Disaster health is a science and demands understanding of many principles before practising these skills. Having credentials in another discipline, such as emergency medicine or nursing or trauma surgery, does not prepare you for international disaster responses. Not only must your usual practices be modified to fit the setting, but you must have an appreciation of the dangers, the languages, other responses already underway, and the culture into which you thrust yourself. Disaster health is special, and it is learned best in association with an experienced organization. Such organizations abound and will help you apply your knowledge and skills—and they need your help. They will prepare you to optimize your impact in the disaster zone and get you to areas within the disaster zone where you can pro-

vide the greatest impact. They will coordinate your activities with those of the other stakeholders who are participating in the national health cluster.

It is in this way that you can make a real difference to those who need your help. Please stop rushing in; please look before you leap. We need you in disaster health, but be part of a team that can provide you with what you need to meet the defined needs and get you to where your abilities really are needed. Responses must be coordinated through the national health cluster. I applaud your desire to help those in need. It is what we do, but we must do it together.

...I have seen that in any great undertaking, it is not enough for a man to depend simply on himself.

Lone Man (Teton Sioux) late 19th Century

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2. *Prehospital and Disaster Medicine* 2006;2 (6). Available at: <http://ochaonline.un.org/roap/WhatWeDo/HumanitarianReform/tabid/4487/language/en-US/Default.aspx>. Accessed 11 May 2011.
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Disaster Readiness: A Community-University Partnership

Adams LM; Canclini SB

OJIN: The Online Journal of Issues in Nursing 2008;13(3).

Reviewed by Elaine Daily RN, BS, FAHA, FCCM

Following community involvement after Hurricane Katrina, the faculty and students of the Texas Christian University Harris College of Nursing and Health Sciences became interested in helping their community become prepared to better care for themselves during future disasters. Using the participatory action research framework, baccalaureate nursing students worked with community partners to plan, implement, and evaluate a community-based, health education program on disaster preparedness. Steps in this process included: (1) assessing the community's needs through meetings with stakeholders; (2) developing community partnerships through meetings and educational seminars and interactive activities; and (3) a survey evaluation of the undertaken educational intervention. Community outcomes included the building of relationships and collaboration between community schools to develop a complementary disaster plan. In addition, a disaster-preparedness booth was sponsored at a local health fair. Student outcomes included knowledge of the roles of community members and healthcare professionals in disaster preparedness, and an understanding of the research process. Students also reported improved personal preparedness following this project.

COMMENT: This study was a “win/win” on so many fronts. Not only did it allow students and faculty the opportunity to address obvious needs they encountered

following Hurricane Katrina, but also it afforded nursing students the opportunity to participate actively in a project that honed their skills in assessment, communication, disaster preparedness, and research. Likewise, the community developed valuable relationships, and gained useful information that would leave them better prepared for the next event. Although this study involved only faith communities and, thus, was limited in its scope, this project can serve as a model for wider community-university partnerships in disaster preparedness as well as in other health-related activities. Use of the participatory action research method is ideal for such a problem-focused endeavor.

Pilot Training Program for Developing Disaster Nursing Competencies Among Undergraduate Students in China

Pang SMC; Chan SSS; Cheng Y

Nursing and Health Sciences 2009;11(4):367–373.

Reviewed by Yuli Zang, PhD, MMed, BMed

Nurses constitute the largest part of the health workforce, and their competency in delivering appropriate care during and after disasters is of significance to the recovery of survivors and affected communities. In the face of a variety of challenges to providing nursing care in disaster affected areas after the 2008 Sichuan Earthquake, a Disaster Nursing Taskforce was formed involving faculty members from both the Hong Kong Polytechnic University and Sichuan University Schools of Nursing. The Taskforce addressed the need for nurses to have improved disaster nursing knowledge and skills following the disaster.

This paper describes the implementation and outcomes of a pilot training program for developing disaster nursing competencies among 150 nursing undergraduates from 44 member schools of the Chinese Consortium for Higher Nursing Education.

The ICN Framework for Disaster Nursing Competencies and Global Standards for the Initial Education of Professional Nurses and Midwives guided the development of the training program entitled “Introduction to Disaster Nursing”. The program involved a two-week intensive course, with 60 contact hours, and was conducted in quake-affected areas in Sichuan, China in July 2009. Five hours were used to deliver lectures, and the remainder of the program was used for action learning, problem-based learning, and skill training. According to participants' evaluations of the program, these teaching methods were described as successful with the strength in engaging students to achieve expected learning objectives (i.e., perceived competence improvement in disaster nursing). Of particular importance, learning materials and activities were carefully constructed using data about local conditions following the earthquake.

Pre- and post-tests assessed students' perceived and assessed level of competence in prevention/mitigation, preparedness, response, and recovery/rehabilitation using a self-report strategy. It was revealed that improvements were made in knowledge and skills. Continuous assessment, through role-play, simulation lab practice, problem-based

learning, and written examination also were used to track students' learning progress and to provide timely feedback.

COMMENT: The pilot-training program described in this paper provides a systematic process to strengthen the pre-service disaster nursing competence of students in mainland China. Considering participants' positive comments, it could be concluded that this training program successfully integrated realistic local scenarios with teaching and learning activities, while placing emphasis on fostering students' capability and problem-solving ability. This active participatory learning approach was an effective aid to learning. There is a need to adapt the training program by incorporating fire, traffic accidents, or extreme weather as scenarios to facilitate the on-site study for the development of competencies in disaster nursing.

Resilience and Challenges among staff of Gulf Coast Nursing Homes Sheltering Frail Evacuees following hurricane Katrina, 2005: Implications for Planning and Training

Laditka SB; Laditka JN; Cirnman CB; Davis CB; Richter JVE

Prehospital and Disaster Medicine 2009;24(1):53-62.

Reviewed by Lynette Cusack, PhD, RN

This paper presents a qualitative research approach using grounded theory and thematic analysis to explore the experiences and responses of nursing home staff who cared for evacuees from Hurricane Katrina. While most previous studies have concentrated on nursing home administrators' views of preparedness and response, the residents are directly affected by their daily interactions with care staff. Therefore, it is important to identify the experiences and perceptions of staff caring for residents following a disaster, and not only the administrators of these services.

This study included interviews of 38 direct care staff members plus site visits of four nursing homes that received evacuees following Hurricane Katrina. The findings identified that the staff: (1) recognized the need for emotional as well as physical care of the residents; (2) considered their responses to be positive; and (3) demonstrated resilience in caring for the residents through long hours, and challenging conditions such as loss of power and communication systems, and shortage of supplies and staff. Many of the participants placed the wellbeing of the residents as their first priority. This study supported the importance of planning, teamwork, drills and exercises, adequate supplies and staffing, as well as the need for cross training of staff. The training should emphasize emotional support as well as the physical care of residents. It also confirmed that preparation for disasters is important for all staff, including nursing home support staff.

COMMENT: This study provided a voice for the staff of nursing homes affected by Hurricane Katrina to discuss their experiences in caring for evacuated, frail, older persons. This is an important study as there is very little research undertaken in this area of the healthcare system.

Yet, the residents of nursing homes are very vulnerable and highly dependent on the direct care staff for their wellbeing. The important message that all staff should be prepared and cross trained to respond to an event, whether it is a fire, flood, hurricane, or pandemic, is relevant for all nursing home staff in every country. The research approach using grounded theory and thematic analysis was appropriate for such an inquiry, as it explored the experiences of those staff caring for the residents at the time they were evacuated. This study contributes to our science by building on the research already undertaken in this area, adding the experiences of those who care directly for the residents.

International Disaster Nursing

Robert Powers, Elaine Daily

New York: Cambridge University Press. ISBN 978-0-521-16800-7, 614 pgs.

Cost \$US 85.00

Reviewed by Kristine M. Gebbie, DrPH, RN

International Disaster Nursing is, to quote the frontispiece, "the first truly comprehensive and internationally focused resource to address the diversity of issues and myriad scenarios that nurses and other health personnel could encounter during a disaster event." It is the first text in the field of disaster health (or disaster medicine) developed under the auspices of the World Association for Disaster and Emergency Medicine (WADM). WADM, established in 1976, has provided a major forum for dialogue about the best practices for those preparing for, responding to, and recovering from large scale emergencies or disasters internationally. In its meetings and its journal, *Prehospital and Disaster Medicine*, WADM has provided a forum for nurses to share experiences and practices that can improve response world-wide. The WADM support for this volume is one more example of the strong interdisciplinary nature of the organization.

The content of the book is divided into 33 chapters, credited to a total of 57 authors from 12 countries; an additional 12 individuals contributed anecdotal information included in "Sidebars" throughout the chapters. Despite the geographic diversity, the majority (38) of the authors are from the United States and 15 from Australia, with three each from Israel and the United Kingdom and the remaining eight countries represented by only one or two authors. These national representations may mean less than imagined, as many expert responders have relocated at some point, and many often respond to emergencies beyond their own city, region, or nation.

There are two significant strengths to this new book: its breadth and the depth of reference materials. The topics and content range from conceptual to practical details with illustrations. For example, the introductory chapter, authored by editor Robert Powers, reviews national and international definitions of disasters and disaster nursing. Without going into necessary skill sets or details, the chapter ends with discussion of how nurses would use critical thinking, adaptability, and leadership in each of the three main phases of preparedness, relief response, and recovery. For nurses

who have not yet assimilated the importance of disaster nursing for every member of the profession, this conceptual discussion can be extremely important. The transition from this high level to technical detail can be rather abrupt, however.

There are four chapters devoted to major types of response challenges (chemical, biological, radiation, explosive) followed by a chapter on decontamination from a hospital perspective. This last includes specific steps in the decontamination process and the types of personal protective equipment required by current standards for hospitals in economically developed countries. Likewise, the chapter on radiation emergencies includes a table of the 13 categories of staff composing a hospital emergency reception team in a radiation treatment area. This chapter does have overlap with the decontamination chapter, with a photo of decontamination of a wound that is apparently contaminated with a biologic rather than radioactive agent.

The references are included at the end of each chapter, and are described as including the latest research findings relevant to the topic of the chapter. The number of references included is almost overwhelming at >50 for some chapters (93 in the chapter on pandemic planning), though less than five for others. The challenge for the reader, however, is remembering that these were the current references at the time the text was sent to the publisher. It would be easy for someone beginning the literature review to support a research project or new policy to assume that this is a universal source when it is really only a starting point. It would be essential to use a reliable bibliographical search mechanism, such as PUBMED, to find more recent material that augments or even contradicts what these authors were able to find when developing this text.

As with any text, there are also weaknesses. The greatest one is the detail provided on United States' approaches to emergencies and disasters without similar detail on other nations. A detailed chapter on the US Federal Resources, for example, is not necessarily of value to nurses in other regions, though a nurse in a policy-making role elsewhere might use this material as a sample of an approach. More valuable might have been a chapter that contrasted the national response structures of several nations with differing approaches to disaster response. There are chapters on Japan and Israel, which are very informative, but it would

have been useful, for example, to include something about the structure and organization of emergency response in a Latin American, African, or Southeast Asian nation. The specific chapter on the 2004 Southeast Asia Tsunami, for example, is authored by one of the volume's editors, not a health professional from the area. This gap may represent the substantial differences in nursing's visibility and participation in some parts of the planet, as referred to early in the text. If nurses in a country are not respected as professionals with a contribution to make to policy, research and emergency response, there may be no nurses from those nations prepared to write for an international audience.

For a nurse educator preparing to teach emergency and disaster nursing at the introductory (undergraduate) or advanced levels, or someone organizing continuing education for practicing nurses, this text will be an invaluable resource. It is, however, a costly book that may be beyond the reach of some students even in economically developed nations, and of students and faculty in other regions. WADEM should be encouraged to work with Cambridge Press to make at least some portions of the text available on line for a lower cost. Finally, this book has value for policy makers and researchers from any discipline thinking about ways to strengthen emergency and disaster response generally. It is not unusual for nurses to be overlooked by such individuals; International Disaster Nursing should be the evidence that leaving nursing out of any disaster planning and response process is a grave mistake.

WADEM Nursing Repository

Medicine (WADEM) Nursing Section, a repository of research projects by and for the members has been created. This repository aims to foster the network of WADEM nurses interested in research in the field of disaster and emergency health. The information contained in the repository can be used by members to identify researchers working in similar research fields, to build collaboration, and to support those new to disaster nursing research. All members of the nursing section are invited to share information about their research projects through this repository.

More details are available at:
http://wadem.medicine.wisc.edu/nursing_section.html