



**The Role of Public Health Nurses  
In Emergency Preparedness and Response**

**Position Paper**

**Association of State and Territorial Directors of Nursing  
Public Health Preparedness Committee**

**October 29, 2007**

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The Association of State and Territorial Directors of Nursing (ASTDN) recognizes that public health nurses bring a broad range of knowledge and skills to emergency planning and response. Thus, the ASTDN Public Health Preparedness Committee was charged with examining the role of public health nurses in emergencies. First, the committee examined selected emergency preparedness issues of national significance to public health nursing through a collaborative process with key partner organizations. Second, these issues were used to develop specific recommendations that ASTDN could realistically implement to help strengthen public health's capacity for an effective and efficient emergency preparedness system. One outcome of this effort involved the formation of a subcommittee to revise and expand the ASTDN position paper, *The Role of the PHN in Emergency Preparedness and Response*. We gratefully acknowledge the contributions and efforts of the ASTDN subcommittee in revising the position paper and of the other Public Health Preparedness Committee members that reviewed and provided feedback.

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**Introduction**

Preventing, preparing for, responding to, and recovering from disasters and emergencies has become a priority for everyone. Since Florence Nightingale demonstrated to the world the important role that nurses play on the front lines of responding to disasters, the field of public health and disaster nursing has continued to expand its scope and define its significance. No single entity, discipline, agency, organization or jurisdiction can or should claim sole responsibility for the complex array of challenges associated with disasters and emergencies, both natural and manmade. However, public health nursing expertise can and should be used during all phases of the disaster cycle: mitigation, preparation, response, and recovery (FEMA, 2006a).

Public health nurses contribute specific skills in times of disaster. They not only serve as first responders to some events, but they also embrace a population-based vision, and have the necessary skills and competencies to develop policies and comprehensive plans, conduct and evaluate disaster response drills, exercises and trainings. Public health nurses are integral members in emergency operations and command centers, in leadership and management roles, as well as in the field where they provide frontline disaster health and core public health services. Public health nurses collaborate with other experts, including environmentalists, epidemiologists, laboratory workers, biostatisticians, physicians, social workers and many others. One of the most exciting challenges for public health nurses, whether in the emergency management center or in a disaster shelter for hurricane victims, is to collaborate with other emergency workers from other disciplines to enhance the emergency response infrastructure at the local, regional, state, national and global levels.

Strong infrastructures, systems and models are needed to maximize the utilization of first responders, health care professionals, and volunteers. Public health nurses can engage other nurses, such as those who are retired or unemployed, as well as students, and volunteers to assist with disaster prevention, planning, response, recovery, training and exercises.

**Purpose and Use**

The purpose of this position paper is to provide national guidance during emergencies to all public health nurses in the United States and its Territories. This guidance

describes the roles and actions public health nurses must take to protect the health and safety of communities, families, and individuals during emergencies. The following foundational principles guide the practice of public health nursing in emergencies:

1. Public health nursing roles in emergency preparedness are generally consistent with the scope of public health nursing practice.
2. The components of the nursing process are aligned with the phases of all-hazards emergency preparedness.
3. Competencies provide a framework for defining public health nursing roles and actions in emergency preparedness. Competencies are directly linked to education, training and practice events.
4. Public health nurses bring leadership, policy, planning, and practice expertise to emergency preparedness and response.

This position paper will be useful in clarifying the expertise that public health nurses can contribute to teams that serve to protect the health and safety of communities against disaster threats and realities.

### **Vision**

The ASTDN vision for emergency preparedness is that every community, family, and individual will have a comprehensive emergency preparedness plan that minimizes the consequences of disasters and emergencies and enables communities, families, and individuals to respond and recover.

### **The Definition and Scope of Public Health Nursing Practice**

Public health nursing is defined as “the practice of promoting and protecting the health of populations using knowledge from nursing, social, and public health sciences” (American Public Health Association, Public Health Nursing Section, p. 1, 1996).

Population-based public health nursing interventions are not limited to those who seek service, are poor, or otherwise vulnerable. Public health nursing services and programs may be directed toward entire populations within a community, the systems that affect the health of those populations, or the individuals and families within those populations. The public health nurse partners with communities and populations to reduce health risks and to promote, maintain, and restore health, advocating for systems-level changes to improve health (American Nurses Association, p. 50, 2006).

### **Public Health Nursing Roles in Emergency Preparedness**

Emergency preparedness and response services provided by public health nurses should be consistent with the scope of practice for the specialty or area in which the nurse is currently practicing. For example, public health nurses have the necessary skills to staff a congregate shelter that provides temporary housing for the general population with basic health needs. However, the acuity levels of persons housed in some special needs shelters require nursing skills (e.g., administration of IV fluids, care of nasogastric tubes, hyperalimentation therapy, ostomy care), which may not be consistent with the current scope of practice for public health nursing.

If public health nurses do not practice these skills as part of their routine daily scope of practice, plans should be developed at the local, regional, and state levels to identify a pool of nurses with the necessary skills and ability to respond as volunteers or as paid workers when needed. However, the circumstances of any given disaster or emergency may unfold in ways that do not always assure the best match between the level of health care needs among victims and the level of skills among nurses available to respond. Therefore, emergency plans should provide for Just-In-Time Training to educate staff, both paid and volunteers, to update or learn the specific nursing skills needed in each situation.

### **Linking Components of the Nursing Process with Each Disaster Phase**

Public health nurses bring critical expertise to each phase of a disaster: mitigation, preparedness, response and recovery. The practice of public health nursing is often more visible and better understood by the general public during the response and recovery phases, but their contribution is just as vital in the prevention and planning phases, although probably underutilized. The increased involvement of public health nurses in disaster planning and response begins with their understanding the comprehensive scope and standards of practice and follows with their striving to achieve individual competencies so that they may better collaborate with others and contribute to emergency preparedness and response.

To clarify the relationship between nursing practice and phases of a disaster, Table 1 illustrates how each step of the nursing process is practiced during each disaster phase. This table can be used to educate and inform students, nurses, colleagues and partners about the potential role of public health nurses in emergency preparedness and response. Each work setting can insert its own examples for use in local planning, training or drills and exercises.

**Table 1**

**PHASES OF DISASTER LINKED TO THE NURSING PROCESS**

<b>EXAMPLES OF EACH DISASTER PHASE LINKED TO STEPS OF THE NURSING PROCESS</b>					
<b>DISASTER PHASE</b>	<b>DEFINITION</b>	<b>ASSESSMENT</b>	<b>PLANNING</b>	<b>IMPLEMENTATION</b>	<b>EVALUATION</b>
<b>MITIGATION</b>	Prevent a disaster or emergency; minimize vulnerability to effects of an event.	Assess a group of elderly citizens for their awareness about preventing heat stroke.	Develop community education plan to increase awareness about preventing heat stroke.	Conduct community education activities to increase awareness about preventing heat stroke.	Evaluate community education activities on preventing heat stroke.
<b>PREPAREDNESS</b>	Assure capacity to respond effectively to disasters and emergencies.	Assess the populations at risk for special needs during a disaster.	Develop plans to care for special-needs populations during a disaster.	Conduct training, drills and exercises related to care of special-needs persons.	Evaluate plans for serving populations with special needs.
<b>RESPONSE</b>	Provide support to persons and communities affected by disasters and emergencies.	Serve on a response team to determine the impact and specific health needs of hurricane survivors. Triage victims.	Develop plans to rotate staff on response teams to prevent stress and burnout among responders.	Deploy staff to shelters after a hurricane, in accordance with local and/or state emergency response plans.	Participate in after-action reviews and/or debriefings to evaluate quality of health services provided and lessons learned.
<b>RECOVERY</b>	Restore systems to functional level.	Serve on team to assess community assets and potential for recovery from a recent flood.	Collaborate with partners and community leaders to plan long-term recovery priorities after a flood.	Participate in restoring community services after a flood.	Serve on team to evaluate long-term impact on persons displaced by a flood.

## **Emergency Preparedness Competencies Applied to Public Health Nursing**

All public health workers in emergency and disaster preparedness need skills that are covered in a set of core competencies (Gebbie and Qureshi, 2002). These competencies are organized for the following groups:

1. All public health workers
2. Public health leaders/administrators
3. Public health professionals
4. Public health technical and support staff

Below is a synopsis of how 12 selected emergency-preparedness core competencies apply specifically to public health nurses.

**Competency 1: Describe the public health role in responding to a range of likely emergencies.** To ascertain this competency, public health nurses must know and describe, in advance, their agency's role and expectations during an emergency response. Knowing in advance exactly what is expected of the organization during an emergency or disaster gives public health nurses the opportunity to acquire the pertinent knowledge and to practice the necessary skills beforehand (Gebbie and Qureshi, 2002). For example, local public health department nurses may describe their agency's role as "this department provides surveillance, investigation and public information in disease outbreaks and collaborates with other agencies in biological, environmental and weather emergencies" (Columbia University School of Nursing Center for Health Policy, 2002, *Bioterrorism and Emergency Readiness Competencies for all Public Health Workers*). Public health nurse leaders should be able to explain the roles of each of the key partner organizations in disasters and emergencies and their relationships at the local, state and federal levels.

**Competency 2: Describe the agency's chain of command in emergency response.** Each public health nurse needs to be familiar with and be able to describe the lines of authority and communication in emergency response, a command chain that is based on the Incident Command System (FEMA, 2006b). Although public health nurses can function in many capacities, they are most likely to be deployed to the "operations section" because they bring leadership capacity, broad understanding of community systems, nursing knowledge, skills, and abilities. Every public health nurse should know how to draw the organizational structure most likely to connect him or her to the agency command structure during an emergency.

**Competency 3: Identify and locate the agency's emergency response plan (or its pertinent portions).** Every public health nurse needs to know where to find the emergency response plan and to be familiar with its contents before an emergency arises (US Department of Homeland Security, 2006). The orientation program for new public health nurses should include an overview of the agency's emergency response plan, its location, how to access it, and how to keep informed of any revisions to the plan. The expectations should be communicated through job descriptions at the time of orientation and should be reviewed at least annually. Ideally, each public health nurse

will have, within easy access (e.g., home and work), a copy of key portions of the agency plan and emergency contact list(s).

**Competency 4: Describe one's functional roles and responsibilities in emergency response and demonstrate those roles in regular drills.** Effective emergency response requires that each team member know what to do and how to do it (US Department of Homeland Security, 2006). The public health nurse's role may be essentially unchanged or may entail different duties – for example, working in a community shelter or mass vaccination clinic, developing line lists and making contacts for disease surveillance during a large scale disease outbreak, or reporting for duty at the designated “staging area” during an emergency. To ensure competence during an emergency or disaster, it is important that tasks be practiced (Gebbie and Qureshi, 2002). Public health nurses should know which types of emergencies are likely to occur in their area, which health conditions are likely to result, and which emergency response roles they are most likely to be assigned (Gebbie and Qureshi, 2002).

Nurses should practice their likely roles by participating in local and statewide drills, exercises and training programs. While the bulk of this training should be with multiple and diverse partners, both internal and external to the organization, public health nurses must also participate in training that is specific to nursing in events anticipated for their geographical area (e.g., earthquakes, hurricanes, tornadoes), including weapons of mass destruction.

**Competency 5: Demonstrate the correct use of equipment (including personal protective equipment) and the skills required in emergency response during regular drills.** During an emergency, public health nurses may be required to use equipment not a part of everyday practice. Identifying the settings to which public health nurses may likely be dispatched affords them the opportunity to learn how to use such equipment in advance. Public health nurses may need to be familiar not only with standard personal protective equipment used as part of an agency's infection control program (e.g., gloves, gowns, and respiratory masks), but also with advanced equipment and procedures used in emergencies (e.g., donning and doffing full body suits, setting up and using decontamination equipment) (Gebbie and Qureshi, 2002).

**Competency 6: Demonstrate the correct use of all equipment used for emergency communication.** Teamwork and communication are essential during emergency response (Gebbie and Qureshi, 2002). Public health nurses need to be familiar with and practice operating all emergency communication devices in their agency's emergency plan before an event occurs (e.g., fax machines, two-way radios, *Blackberry*© devices, electronic mail, laptop computers, satellite phones, and cell phones). When public health nurses do not know how to use an array of communication equipment, simple tasks become cumbersome and time is wasted (Gebbie and Qureshi, 2002).

**Competency 7: Describe communication role(s) in emergency response.** This competency involves using established communication systems within the agency, with the media, with the public (including patients and families), and with personal contacts

(one's own family, friends and neighbors). Every organization should delineate specific roles and responsibilities that apply to both internal and external communications. Everyone should have a family disaster plan that covers how family members communicate at the onset of a disaster and a backup plan in case the first level of communication is not functioning. Each nurse should know which particular radio and/or TV stations will be used to learn about workplace closings. When disasters and emergencies occur outside normal work hours, public health nurses need to know what is expected in terms of checking in with their supervisor and/or others for an initial assessment as well as for periodic updates. All these details should be documented in the agency's disaster plan and reviewed at least annually with all staff. Each public health nurse should make certain that the agency maintains current and complete contact information.

**Competency 8: Identify the limits of one's own knowledge, skills and authority, and identify key system resources for matters that exceed these limits.** In general, public health nurses should be assigned roles that capitalize on the expertise that they bring to a team. For public health nurses who may be functioning in a new role, best efforts should be made to offer Just-in-Time Training to enhance their ability to care for the affected population. However, because of the unpredictable nature of most disasters, this additional training cannot always be assured. Public health nurses need to be flexible about the types of assignments and duties they take on during a disaster without going beyond their knowledge, skills and authority. For example, a nurse who normally works with adult and chronically ill populations may be assigned to work in a disaster shelter with significant numbers of children. Assessing the health of a child reporting abdominal pain may require determining if any other on-site staff has the necessary knowledge and skills to care for children, accessing consultants by phone, or seeking other assistance.

**Competency 9: Apply creative problem-solving skills and flexible thinking to unusual challenges within one's functional responsibilities and evaluate the effectiveness of all actions taken.** Disasters rarely arise and develop exactly as the preparedness plan describes. Each disaster and emergency has its unique onset and set of characteristics. Systems, equipment, or plans may fail. Creative problem solving entails addressing a situation with whatever resources are available (Gebbie and Qureshi, 2002). Public health nurses are accustomed to using critical thinking and problem solving skills in their daily practice. It is part of their basic training as nurses. Public health nurses provide leadership to improve disaster plans and response activities.

**Competency 10: Recognize deviations from the norm that might indicate an emergency and describe appropriate action.** Public health nurses use assessment skills to detect deviations (time, place, person) from the norm that may need to be investigated. Public health nurses may be the first or among the first persons to identify and report something out of the ordinary through established channels of communication. For example, a school nurse reports to the local health department that many students are exhibiting symptoms uncommon for the community or atypical for the

season, which may indicate the beginning of an infectious disease outbreak and warrant an emergency response by the local health department.

**Competency 11: Participate in continuing education to maintain up-to-date knowledge in areas relevant to emergency response.** Public health nurses need to participate in continuing education programs to assure that they are adequately prepared to serve in any phase of the disaster cycle. Besides maintaining licensure or specialty certification through regular continuing education, nurses should maintain knowledge and skills in emergency preparedness and response. As environmental, political, or societal conditions change, the nature of emergencies and disasters will also change along with the plans, methods and technologies used in emergency response. For example, when biological threats such as bovine spongiform encephalopathy (“mad cow disease”) and anthrax loomed, public health nurses found that they needed to know more about emerging infections. Furthermore, any kind of change – of one’s role in an organization, of equipment, or of technique – is likely to affect how one responds. A public health staff nurse who becomes a supervisor or manager will need to acquire new management competencies. For example, during an emergency response he or she will need to know the protocol and how to access communication with hospital medical services teams and local, regional or statewide emergency management services (Gebbie and Qureshi, 2002). As technology changes and as plans are reviewed and updated, public health nurses need to keep abreast of new developments, protocols, policies and practice guidelines that are pertinent to the agency’s current emergency and disaster plan.

**Competency 12: Participate in planning, exercising and evaluating drills.** Public health nurses should actively participate in emergency response and disaster drills, exercises, and training programs that are relevant to their local agency and role. Public health nurses may also take the lead in assuring that all community nursing partners participate in the drill or exercise. A debriefing meeting is held after each practice event to review the response. What went well should be kept or added to the emergency plan, and what needs improvement should be strengthened, practiced or revised. This process gives every public health nurse an opportunity to review the emergency response and contribute to developing the response plan (Gebbie and Qureshi, 2002).

### **Competencies: A Core Concept in the National Strategy**

Developing these competencies in all public health nurses provides a substantial step toward the U. S. Center for Disease Control and Prevention’s vision of “every health department fully prepared: every community better protected” (Columbia University School of Nursing Center for Health Policy, 2002). These competencies can initially be introduced to nurses in a general orientation. However, the competencies will need to be adapted for full training and measurement by tailoring them to the structure and function of each agency and the anticipated individual functional roles of public health nurses during an emergency. Competency-based education and training of public health nurses should be planned and implemented based on needs identified through assessments and evaluations of performance. For example, an audience of experienced state-level public health nursing directors proficient in Core Competencies

for Public Health Professionals (Council on Linkages Between Academia and Public Health Practice, 2001) will require much less detail than an audience of newly hired local-level public health nurses. Training and exercises should be grounded in the National Incident Management System (FEMA, 2006b) as an introduction to advanced Incident Command System, Emergency Operation Plans and Centers, and weapons of mass destruction. All nurses must keep abreast of changes in personal protective equipment and isolation techniques (Gebbie and Qureshi, 2002) and participate in training and exercises related to plans such as the Strategic National Stockpile Plan, Interim Pharmaceutical Plan, Pandemic Influenza Plan, and Mass Clinic Plan.

### **Leadership, Planning, and Policy Development**

Well-prepared public health nurses bring leadership and management expertise to each phase of emergency preparedness. As an integral part of the health care system infrastructure within their community and jurisdictions, public health nurses have established linkages to community health-related networks and resources that are vital to developing emergency preparedness plans and policies at the local, regional, state and national levels. These connections between public health nurses and community partners should be engaged to address such complex issues as providing mass care during times of scarce resources, using unlicensed health care providers, identifying and planning for the care of populations with special needs, as well as developing and maintaining effective systems of volunteers prepared to assist with emergencies and disasters.

Public health nurses should also use their networks across state boundaries to achieve consistency in the protocols, practice standards and operational guidelines used in disaster plans. If public health nurses in one state are called upon to help another state respond to mass casualties and morbidity resulting from a terrorist attack with *Bacillus anthracis*, the two states' treatment protocols and practice guidelines must be consistent to assure the best use of nursing personnel and the most effective response.

### **Legal Issues Affecting Public Health Nurses in Emergencies**

#### **Licensing Health Care Professionals**

Public health nurses should be familiar with the nurse practice act of their state and how this act references the practice of nursing in disasters and emergencies. During large-scale disasters such as hurricanes, which cross state borders and affect thousands of people, licensed nurses may be allowed by federal law to practice in other states. If a nurse does provide disaster relief nursing services in another state, he/she should carry a copy of his/her nursing license. Nurses who volunteer to provide disaster relief services should clarify the expectations for licensure and liability protection of the organization for which they plan to volunteer.

#### **Emergency Powers Acts**

Many states have enacted laws and regulations following the guidance of the Model State Emergency Powers Act promulgated by the Center for Law and the Public's Health at Georgetown and Johns Hopkins Universities (2001). These bills specifically

address mass casualty events and related legal considerations. Any nurse practicing in a state with modernized emergency health powers should become familiar with the provisions of the act.

### **Good Samaritan Law**

Good Samaritan laws generally provide liability protection to healthcare providers for situations where emergency care is rendered using reasonable and prudent judgment for the circumstances. Most states have enacted some form of Good Samaritan law prohibiting a patient from suing a health care professional for injuries that may have resulted from a Good Samaritan act. The Good Samaritan law applies to situations in which the care or aid rendered was a good-faith effort and a voluntary act. Good Samaritan laws do not protect against negligence or gross misconduct and do not apply when a nurse is acting in an assigned emergency response role.

## Recommended Reading

Just In Time Training – Division of Strategic National Stockpile Mobile Preparedness, *Course Participant Workbook*, Volume 2, Issue 2.

National Council of State Boards of Nursing provides information regarding nurse practice acts and Good Samaritan Acts.

[http://www.ncsbn.org/public/regulation/regulation\\_index.htm](http://www.ncsbn.org/public/regulation/regulation_index.htm)

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