

Social Justice in Nursing & Public Health Preparedness

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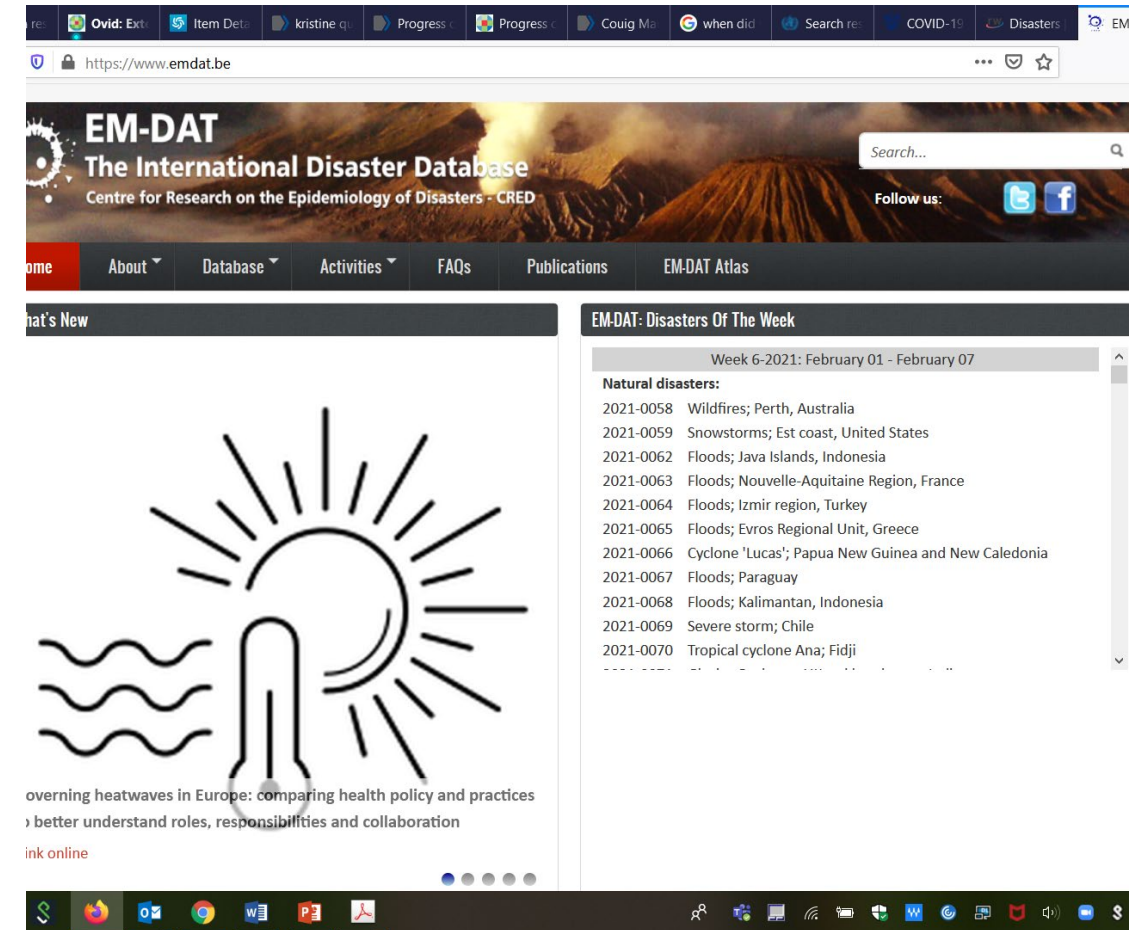
Drs. Lavin and Couig declare the following:

1. They have no conflict of interest.
2. Neither one of them received commercial support for this presentation.
3. The opinions stated in the presentation are their own and do not necessarily represent the College of Nursing, the Health Sciences Center or the University of New Mexico.
4. Some of the research presented was supported by the Centers for Disease Control & Prevention/American Association of Colleges of Nursing and the Health Resources Services Administration grants.

- Interpret progress made on the 2014 workshop and 2016 publication (Veenema et al, 2016) Nurses as Leaders in Disaster Preparedness and Response—A Call to Action.
- Identify pandemic and social justice concepts that can be incorporated into nursing education, practice, research and policy at state, national, and international level.
- Illustrate the key roles of nurses in disasters and pandemics.

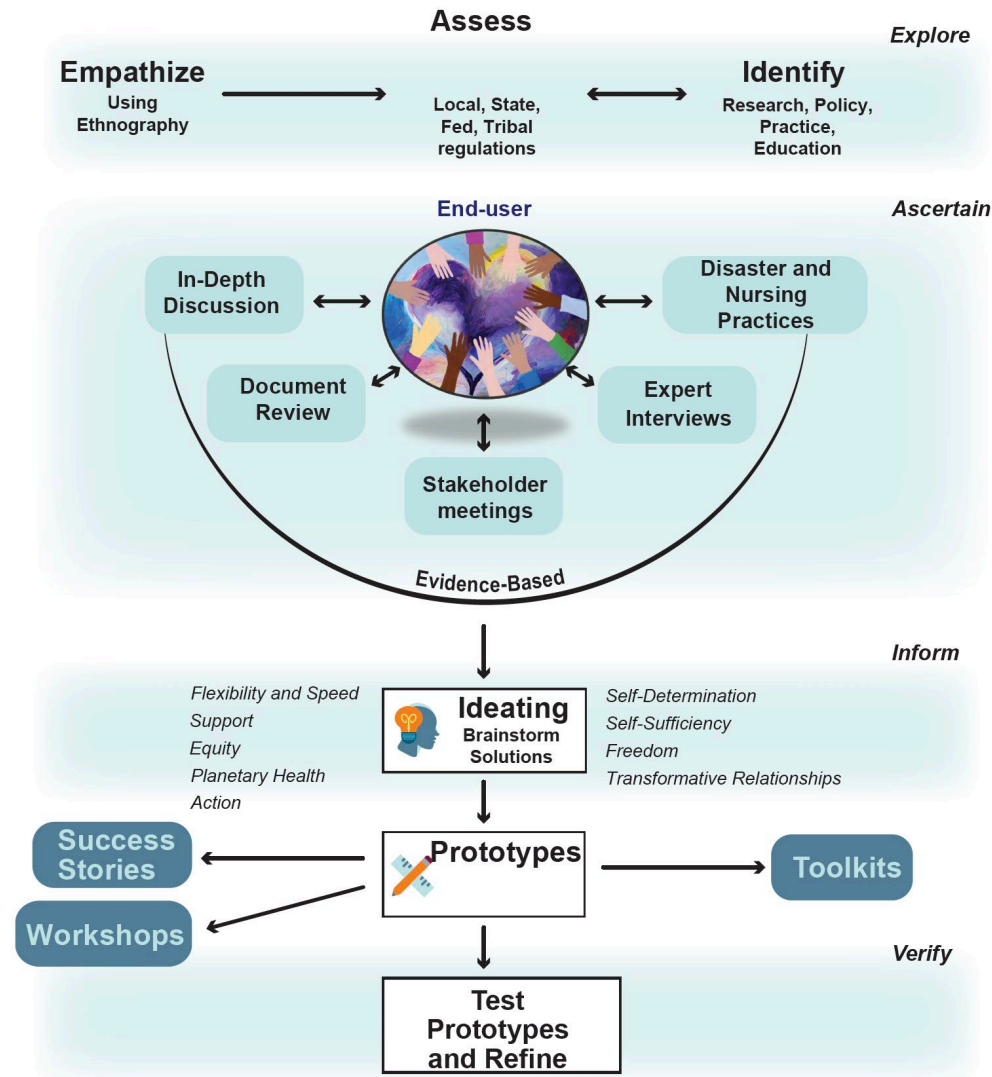
Where we are

- World Health Organization declared Pandemic—March 11, 2020
- Worldwide deaths—2,434,443 (February 18, 2021)
- US deaths—491,030 (February 18, 2021)
- 2021 Snow storms
- 2020 natural disasters that devastated communities and broke records include: the wildfires in the Western states, the hurricanes in the Atlantic, the rain and flooding in the Midwest, and the heat in the Southwest



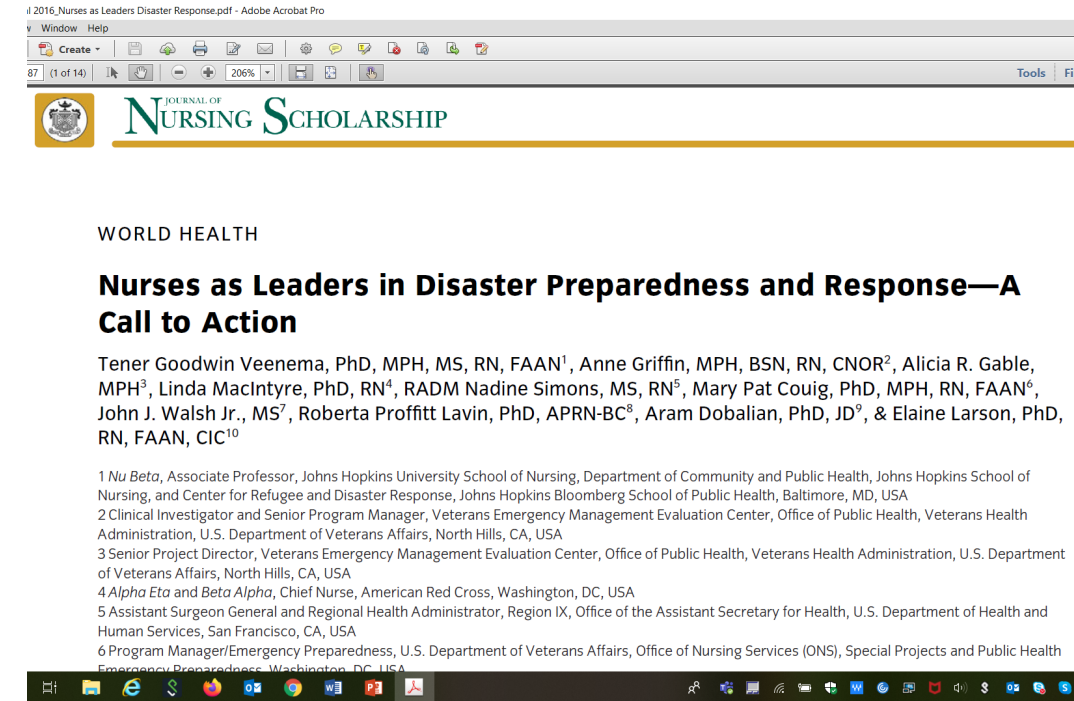
Practice, Education, Policy & Research

- Nurses providing clinical care
- Nurses as part of incident management teams in a broad range of settings
- Nursing faculty integrating new material into curriculum and supervising students providing vaccinations
- Public health nurses engaged with incident management teams, contact tracing, development of immunization plans and other related public health initiatives
- Nurses advocacy on care-related issues such as a lack of personal protective equipment (COVID-19)
- Professional organizations advocating for policy and legislation
- Refocusing of *The Future of Nursing 2020-2030* (NAM, RWJF) “The role of nurses in response to emergencies that arise due to natural and man-made disasters and the impact on health equity.”
- Veterans & uniformed services support to the address the pandemic
- World Health Organization and the International Council of Nurses



Progress on Nurses as Leaders in Disaster Preparedness & Response—A Call to Action

- Workshop held in December 2014; manuscript 2016
- Purpose— “To develop a vision for the future of disaster nursing, identify barriers and facilitators to achieving the visions and develop recommendations for nursing practice, education, policy and research.” (Veenema et al, 2016, p. 187).
 - Defined the vision
 - Identified barriers and facilitators (individual, organizational, environmental/systemic)
 - Recommendations for practice, education, policy and research



Society for the Advancement of Disaster Nursing

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JOIN THE DISCUSSION

Personal Emergency Preparedness: Nurses Serving Nurses as Trusted Messengers



RECENT POSTS

- Health care and other organizations support clinical nursing practice during disasters that are consistent with crisis standards of care and address barriers to willingness of nurses to respond.
- Nurse leaders collaborate to advance & support practice of disaster nursing and public health emergency preparedness

- Develop national disaster nursing competencies to be integrated into the American Association of Colleges of Nursing, draft Essentials document and the National League for Nursing Guidelines for Nursing Education
- Establish nursing school coalitions to develop evidence-based and competency driven didactic and clinical learning opportunities using multiple delivery platforms.
- Expand life-long learning opportunities across all health and public health settings
- Create a national clearinghouse of information

- Review disaster and public health emergency preparedness national policies and planning documents to ensure the inclusion of nurses at local, state and federal levels
- Encourage volunteerism
- Expand liability protections for volunteers

- Establish a research agenda
- Expand research methods
- Increase the number of doctorally prepared nurse scientists

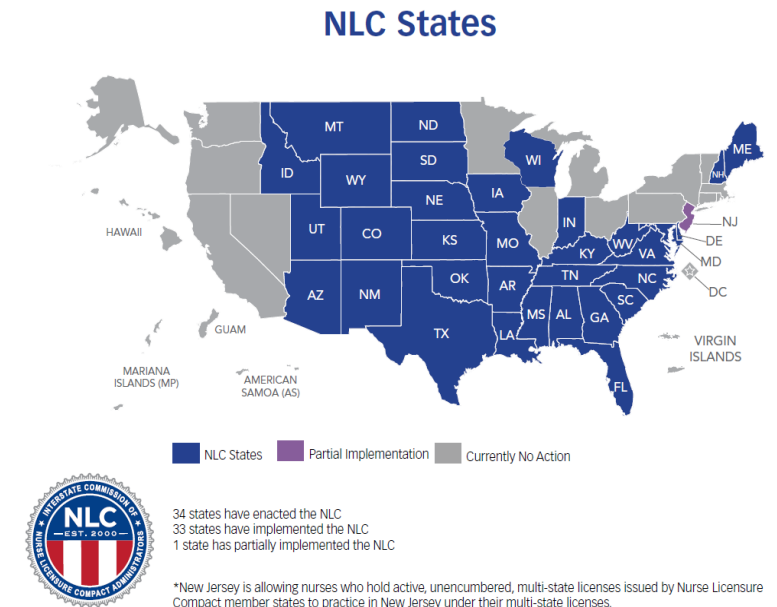
- Review disaster and public health emergency preparedness national policies and planning documents to ensure the inclusion of nurses at local, state and federal levels
 - Review initiated—examples of documents reviewed
 - National Response Framework
 - ESF#8 Public Health & Medical
 - CDC planning & capabilities
 - National Strategy for CBRNE Standards Subcommittee
 - National Health Security Strategy

- Encourage volunteerism through national nursing professional organizations—members to register with disaster response organizations
 - Advance registration and training
 - Coordinate existing volunteer systems
 - Faculty and student engagement
- Principles for consideration when volunteering
 - What are your employer's expectations?
 - What is your health status?
 - What are your family obligations?
 - Do you have a family plan?
 - Are you registered with an organization?

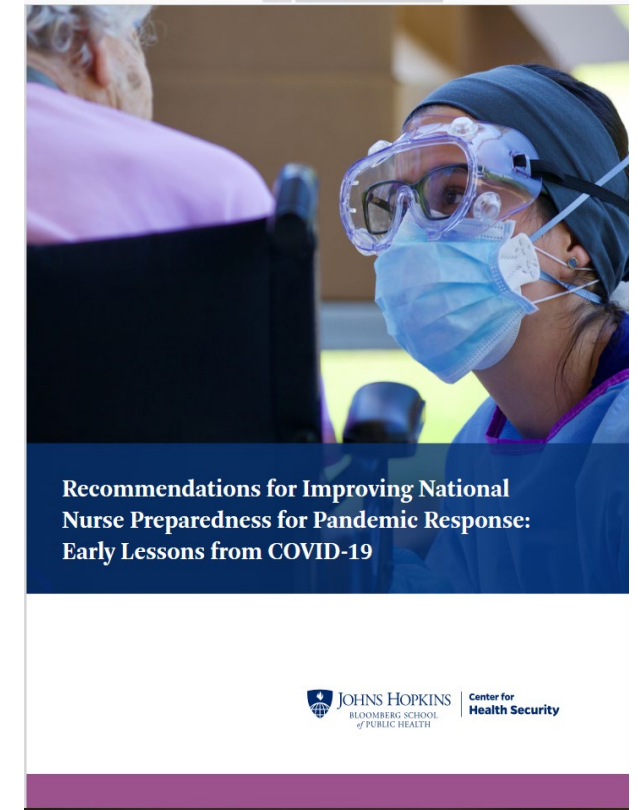
Nurses as Leaders--Recommendations Policy

3.3

- Efficient and timely deployment of nurses and other healthcare workers by ensuring and expanding liability protections for volunteers
- Coverage for volunteers harmed while deployed
 - Licensure issues
 - Scope of practice
- National Council of State Boards of Nursing--Nurse Licensure Compact (NLC). Allows RNs & LPN/VNs who hold a multistate license to work in multiple states either in-person or via telehealth
- Need for multi-sectoral engagement
- Expanded scope of practice for APRNS during COVID

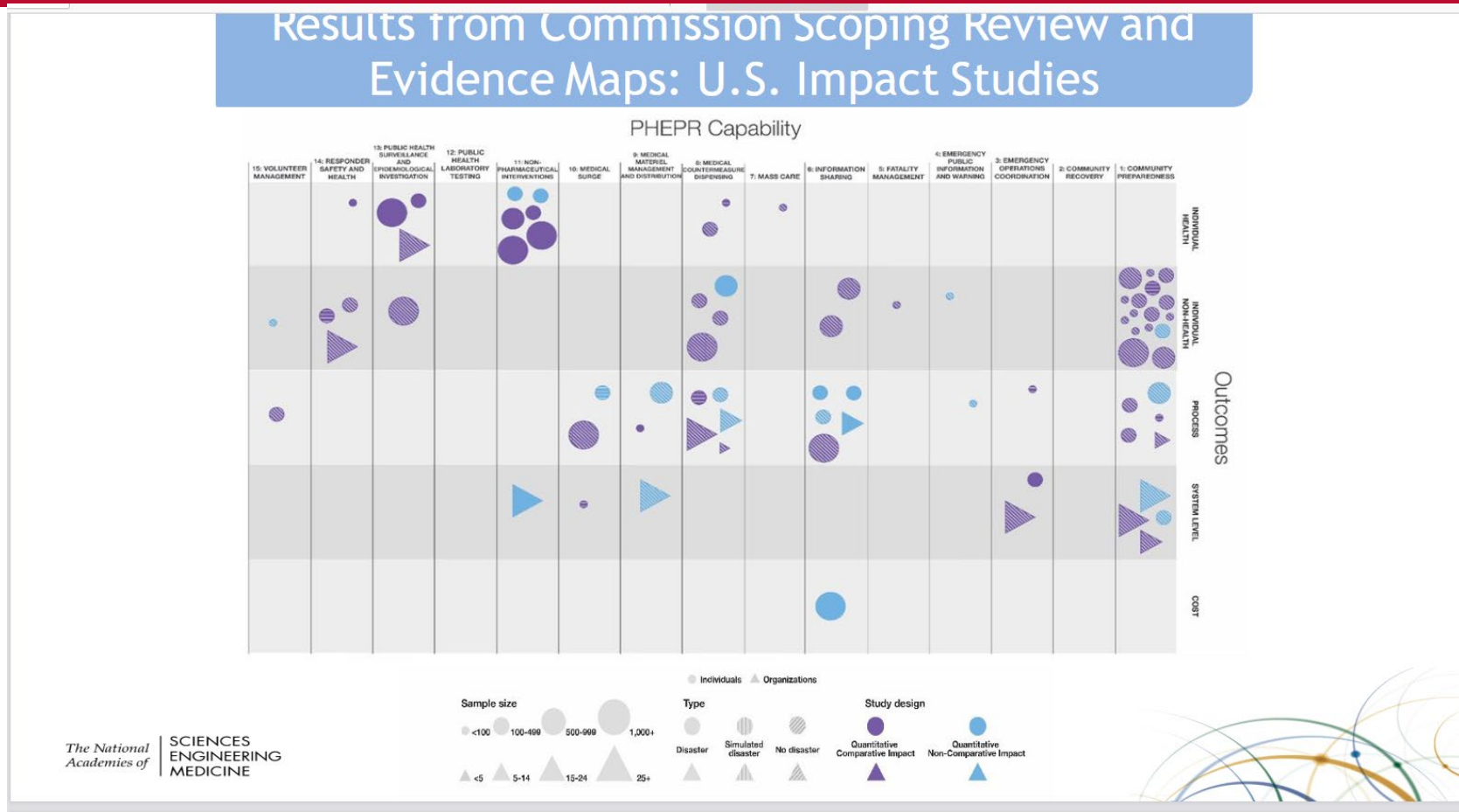


- Veenema, TG, Meyer, D, Bell, SA, Couig, MP, Friese, CR, Lavin, RP et al. 2020. Recommendations for improving national nurse preparedness for pandemic response: Early Lessons from COVID-19. JHU Center for Health Security.
 - Recommendations for healthcare worker protections, public health infrastructure, federal agencies, Congress, private sector, professional organizations, healthcare accrediting organizations & others
- Veenema, TG, Lavin, RP & Couig, MP. 2020. Nurses and COVID-19: Into the battle with all that we have and all that we lack. American Journal of Nursing, Off the Charts Blog.
<https://ajnonffthecharts.com/nurses-and-covid-19-into-the-battle-with-all-that-we-have-and-all-that-we-lack/>



- Nursing Administration Quarterly, Volume 41(2) pgs. 97-191, E1-E10 April/June 2017—dedicated issue.
 - Authorship from a number of SADN members. Topics included: nursing leadership; education; student experiences with the Medical Reserve Corps; state level perspective of nursing leadership in times of limited resources; nurses' mental health, nursing leadership in hospitals and the urban core; and disaster recovery and the electronic health record.
- Glauberman, G., & Qureshi, K. (2018). Exploratory Qualitative Study of Fire Preparedness Among High-rise Building Residents. PLoS currents, 10, ecurrents.dis.aa27444baa486dc3d5b3fa7c28009b22. <https://doi.org/10.1371>
- Langan, J. C., Lavin, R. P., Griffin, A. R., Veenema, T. G., & Dobalian, A. (2019). From Brainstorming to Strategic Plan: The Framework for the Society for the Advancement of Disaster Nursing: A Work in Progress. Nursing administration quarterly, 43(1), 84–93. <https://doi.org/10.1097/NAQ.0000000000000335>
-

- Establish a research agenda
- SADN Research Committee
 - Delphi Study with national experts
- Research done by Education & Practice Committee members
- Review other work done on national research priorities
- Issues with funding & need for collaboration



The Action Collaborative on Disaster Research Webinar 1: Back to the Future - Moving the Nation's Disaster Research Capacity Forward:
<https://www.nationalacademies.org/event/10-16-2020/the-action-collaborative-on-disaster-research-webinar-1-back-to-the-future-moving-the-nations-disaster-research-capacity-forward>

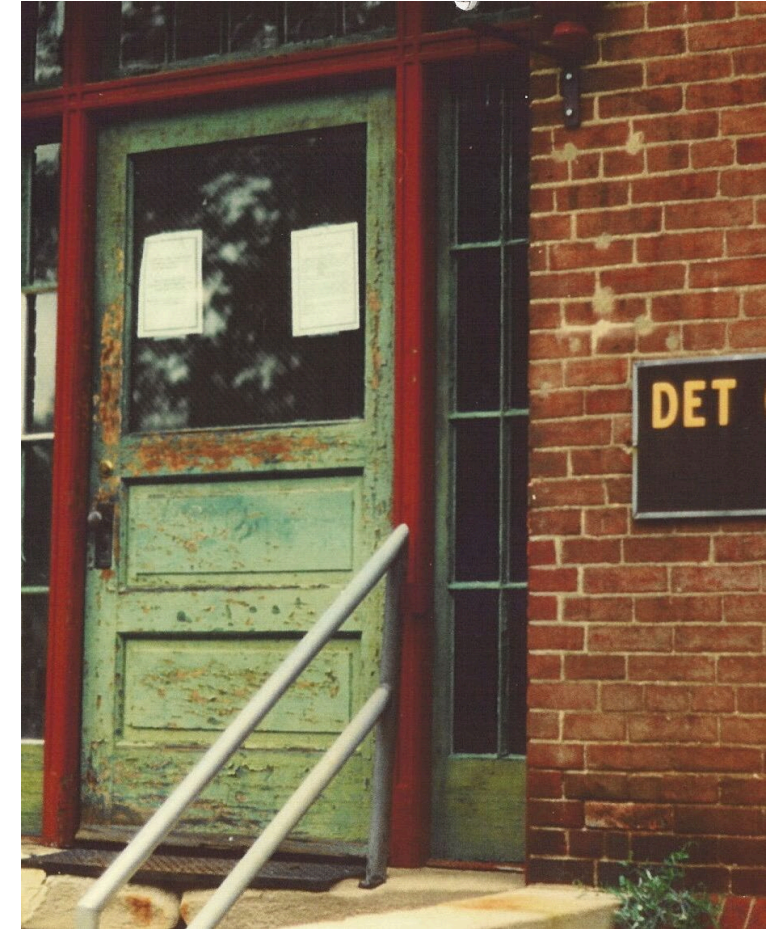
- Expand research methods for disaster nursing
- Need to move from mostly descriptive, e.g.
 - Interventional
 - Quantitative
 - Qualitative
- Lavin & Couig grant submissions—telehealth & COVID-19 (Collaboration with Wayne State University), frontline perspectives of nurses caring for patients with COVID-19 (collaborative with Veterans Emergency Management Evaluation Center), collaboration with the UNM/College of Pharmacy METALS superfund program and collaboration with Sandia National Laboratories

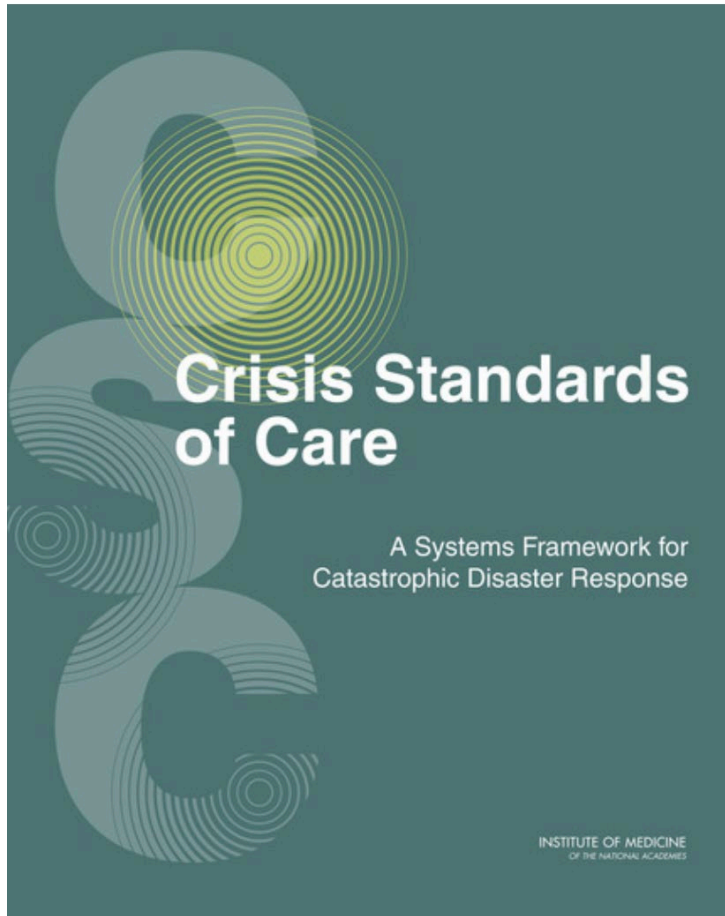
Nurses as Leaders--Recommendations

Research 4.3

- Increase the number of doctorally prepared nurse scientists
- SADN members at universities
 - Johns Hopkins University, Center for Health Security
 - University of Hawaii
 - University of Missouri at St. Louis
 - University of New Mexico
 - create an infrastructure to contribute to social justice in nursing and public health preparedness through education, practice, research and policy, and help develop the next generation of experts.

- If we don't do a better job educating nurses for disaster and public health emergency response, we may be asking ourselves what is a detached nurse?





- Health care and related organizations support clinical nursing practice during disasters to reflect crisis standards of care and address common barriers to willingness of nurses to respond to a disaster
 - Adopt *Crisis Standards of Care: A Systematic Framework for Catastrophic Disaster Response*
 - Scope of practice
 - Regular, ongoing interprofessional disaster education, training, and drills
 - Willingness to respond
 - Environment and climate impact willingness to respond
 - Disaster family planning
 - PPE, vaccines, and antiviral drugs for all employees
 - Nursing representation on disaster planning committees



Sequential Organ Failure Assessment (SOFA) score thresholds (e.g., >11) to make decisions. But this is not ethically justifiable. This Topic Collection includes plans that have adjusted their cri-

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Confidence re: disaster preparedness based on education	Mean [Scale: 1-7]			
	MPH	DNP	D.O.	M.D.
Solve problems under emergency conditions (1)	4.11	4.61	4.04	3.95
Manage behaviors associated with emotional responses in self and others (2)	4.29	4.8	4.5	4.32
Act within the scope of one's legal authority (3)	3.59	4.67	3.96	3.13
Facilitate collaboration with internal and external emergency response partners (4)	3.59	4.2	3.65	3.37
Use principles of risk and crisis communication (5)	3.6	4	3.39	2.74
Report information potentially relevant to the identification and control of an emergency through the chain of command (6)	3.71	4.24	3.62	2.82
Contribute expertise to the development of emergency plans (7)	3.29	3.83	3.16	2.47
Refer matters outside of one's scope of legal authority through the chain of command (8)	3.27	4.3	3.57	3.03
Maintain personal/family emergency preparedness plans (9)	3.93	4.7	3.94	3.63
Employ protective behaviors according to changing conditions, personal limitations, and threats (10)	3.88	4.44	3.84	3.32
Report unresolved threats to physical and mental health through the chain of command (11)	3.48	4.37	3.9	3
Match antidote and prophylactic medications to specific biological/chemical agents (12)	2.54	3.11	2.93	2.58
Assist with triage in a large-scale emergency event (13)	3.22	4.56	3.87	3.32
Report an unusual set of symptoms to an epidemiologist (14)	4.06	4.31	3.79	3.11
Present information about degree of risk to various audiences	3.73	3.73	3.33	2.71

Student Responses

The level of confidence a student had in their ability to respond was assessed using a Likert scale

1 = Not confident at all

7 = Extremely confident



Confidence re: disaster preparedness competency in program	Mean [Scale: 1-7]			
	MPH	DNP	D.O.	M.D.
Solve problems under emergency conditions (1)	3.25	3.61	5.25	2
Manage behaviors associated with emotional responses in self and others (2)	3.13	4.14	6	2.75
Act within the scope of one's legal authority (3)	4	4.39	6.25	3
Facilitate collaboration with internal and external emergency response partners (4)	3.38	3.65	5.25	2
Use principles of risk and crisis communication (5)	3.63	3.82	5.25	2
Report information potentially relevant to the identification and control of an emergency through the chain of command (6)	3.13	3.39	5	1.5
Contribute expertise to the development of emergency plans (7)	2.63	3	4.75	2
Refer matters outside of one's scope of legal authority through the chain of command (8)	3.25	3.84	5.25	2
Maintain personal/family emergency preparedness plans (9)	2.25	3.35	5.25	1.25
Employ protective behaviors according to changing conditions, personal limitations, and threats (10)	2.75	3.5	5.5	1.25
Report unresolved threats to physical and mental health through the chain of command (11)	2.75	3.51	5	1.5
Match antidote and prophylactic medications to specific biological/chemical agents (12)	3.25	3.16	5.5	1.5
Assist with triage in a large-scale emergency event (13)	2.63	3.63	5.75	2
Report an unusual set of symptoms to an epidemiologist (14)	4	3.47	5	1.5
Present information about degree of risk to various audiences (15)	3.88	3.19	4.75	1.75

Administrator Responses

The level of confidence a student had in their ability to respond was assessed using a Likert scale

1 = Not confident at all

7 = Extremely confident



Crosswalk of competencies and survey data

Core
competencies for
disaster medicine
and public health
were used for
comparison

Competencies	Student				Administration				Measure
	MPH	NP	DO	MD	MPH	NP	DO	MD	
1.0 Demonstrate personal and family preparedness for disasters and public health emergencies	25	46	18	16	33	62	75	25	Covered moderately to thoroughly
2.0 Demonstrate knowledge of one's expected role(s) in organizational and community response plans activated during a disaster or public health emergency	19	8	9	3	25	31	75	25	Covered moderately to thoroughly
3.0 Demonstrate situational awareness of actual/potenital health hazards before, during and after a disaster or publhealth emergency	39	9	14	3	63	32	75	0	Covered moderately to thoroughly
4.0 Communicate effectively with others in a disaster or PHE	18	6	9	3	38	31	75	25	Covered moderately to thoroughly
measures that can be implemented in a disaster or PHE	3.88	4.44	3.84	3.32	2.75	3.5	5.5	1.25	Confidence
6.0 Demonstrate knowledge of surge capacity assets, consistent with one's role in organization, agency, and/or cummunity response plans	3.22	4.56	3.87	3.32	2.63	3.63	5.75	2	Confidence
7.0 Demonstrate knowledge of principles and practices for the clinical management of all ages and conditions affected by disasters and PHE, in accordance with professional scope of practice	27	8	17	8	62	25	75	0	Covered moderately to thoroughly
8.0 Demonstrate knowled of public health principles and practices for the management of all ages and populations affected by disasters and public health emergencies	30	10	14	3	63	31	75	0	Covered moderately to thoroughly
9.0 Deonstrate knowledge of ethical principles to protect the health and safety of all ages, populations, and communities affected by a disaster or pHE.									Covered moderately to thoroughly
10.0 Demonstrate knowledge of legal principles to protect the health and safety of all ages, populations, and communities affected by a disaster or PHE	17	9	21	3	63	35	75	0	Covered moderately to thoroughly

Practice 1.2 Advance the practice of disaster nursing

- Establish a collective effort among nurse leaders to advance the practice of disaster nursing and public health emergency preparedness and response.
 - A society or association with sufficient policy and operational expertise would be dedicated to advancing practice of disaster nursing and public health preparedness
 - Work with national nursing organizations to promote nurses as leaders in disaster preparedness by issuing position statements and participating in initiatives to advance the practice of disaster nursing

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Serving Nurses as Trusted Messengers**

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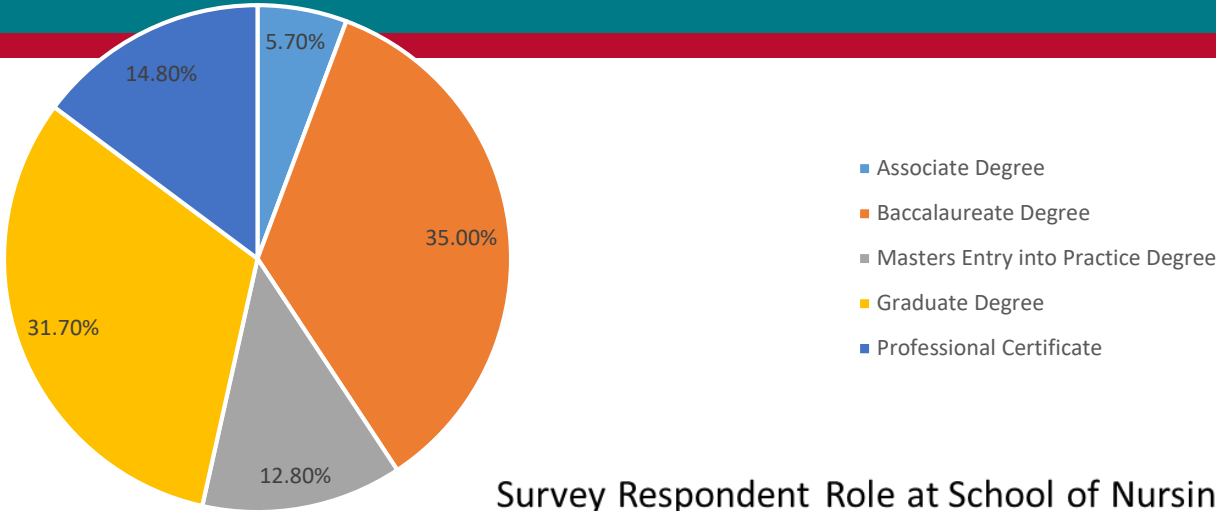
- Advisory Committee Representation
 - Veterans Emergency Management Evaluation Center
 - Columbia University School of Nursing
 - American Red Cross
 - National League for Nursing
 - American Nurses Association
 - American Association of Colleges of Nursing
 - Vanderbilt University Medical center

- Develop a national set of disaster nursing competencies to be integrated into the AACN Essential of Nursing and NLN Guidelines for Nursing education.
 - Workforce development
 - Competency-based disaster nursing programs
 - Standardized disaster curricula, training guidelines, and performance measures
 - Identify a minimum set of competencies.
 - A national workgroup could review existing published competencies in disaster nursing and develop a limited set of competencies needed by all nurses.



- Results
 - Majority of the studies III or IV (low evidence).
 - Thematic analysis revealed wide variation regarding focus of inquiry.
 - Studies addressed themes related to nurse readiness but did not measure readiness itself.
 - Robust metrics for measuring readiness were absent.
- Conclusions
 - Empirical evidence related to nurse readiness is predominately descriptive in nature and address the roles and responsibilities nurses *would* need to fill but our review failed to provide quantitative attestation to support that nurses *are able and willing* to serve in these roles.

T Y O F N E W M E X I C O
 Veenema, T.G., Lavin, R.P., Bender, A., Thornton, C., Schneider-Firestone, S., (2018). National Nurse Readiness for Radiation Emergencies and Nuclear Events: A Systematic Review of the Literature. *Nursing Outlook*.



School of Nursing Demographics

Survey Respondent Role at School of Nursing		
Respondents Role in Pre-licensure Programs (n=677)		
Dean or Director	23.2%	(157)
Associate Dean or Associate Director	10.2	(69)
Faculty Member involved in Curriculum decisions	43.6%	(295)
Faculty member with little involvement in curriculum decisions	17.0%	(115)
Respondents Role in Graduate Level Programs (n = 674)		
Dean or Director	17.8%	(120)
Associate Dean or Associate Director	8.0%	(54)
Faculty Member involved in Curriculum decisions	30.3%	(204)
Faculty member with little involvement in curriculum decisions	26.0%	(175)

IMPORTANT



92.5% believe radiation & nuclear emergency preparedness is important

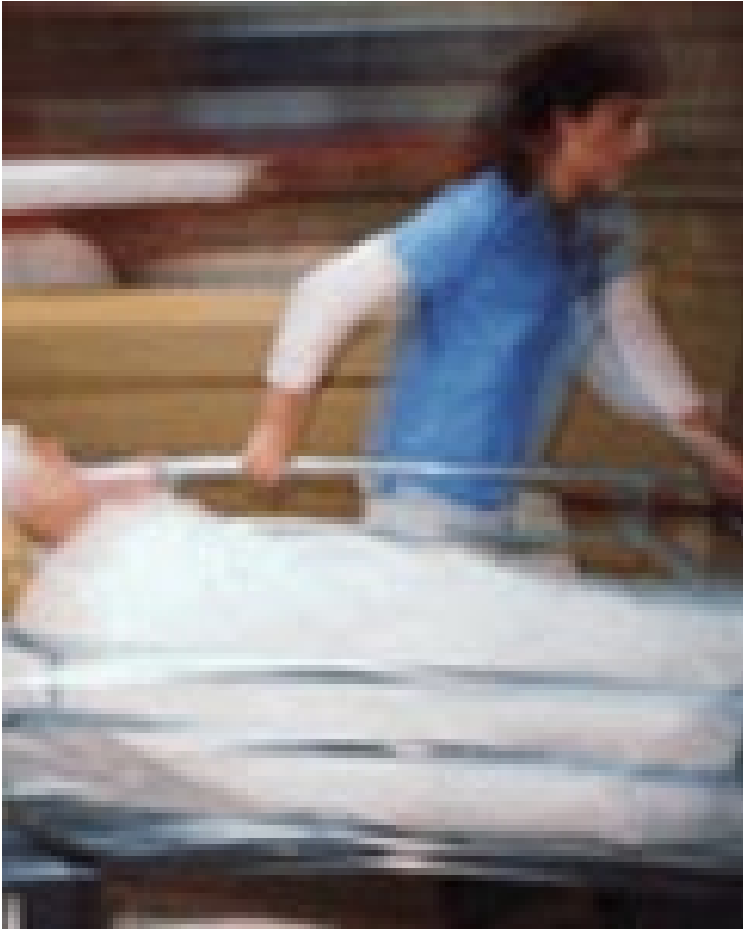
75.1 % of schools teach <1 hour of radiation/nuclear emergency preparedness

91.3 % of faculty would not know what to do

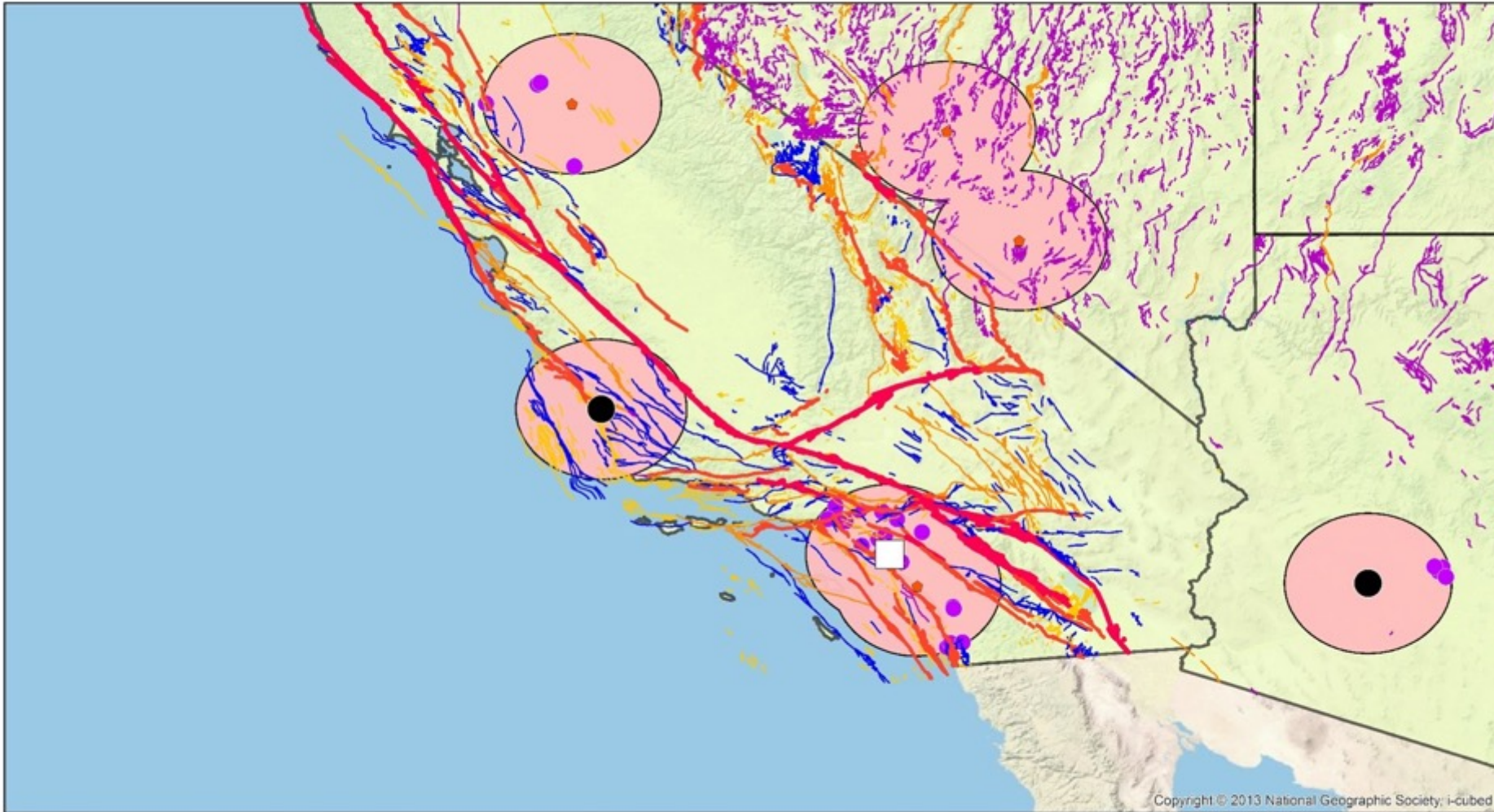
Why is it not being taught?

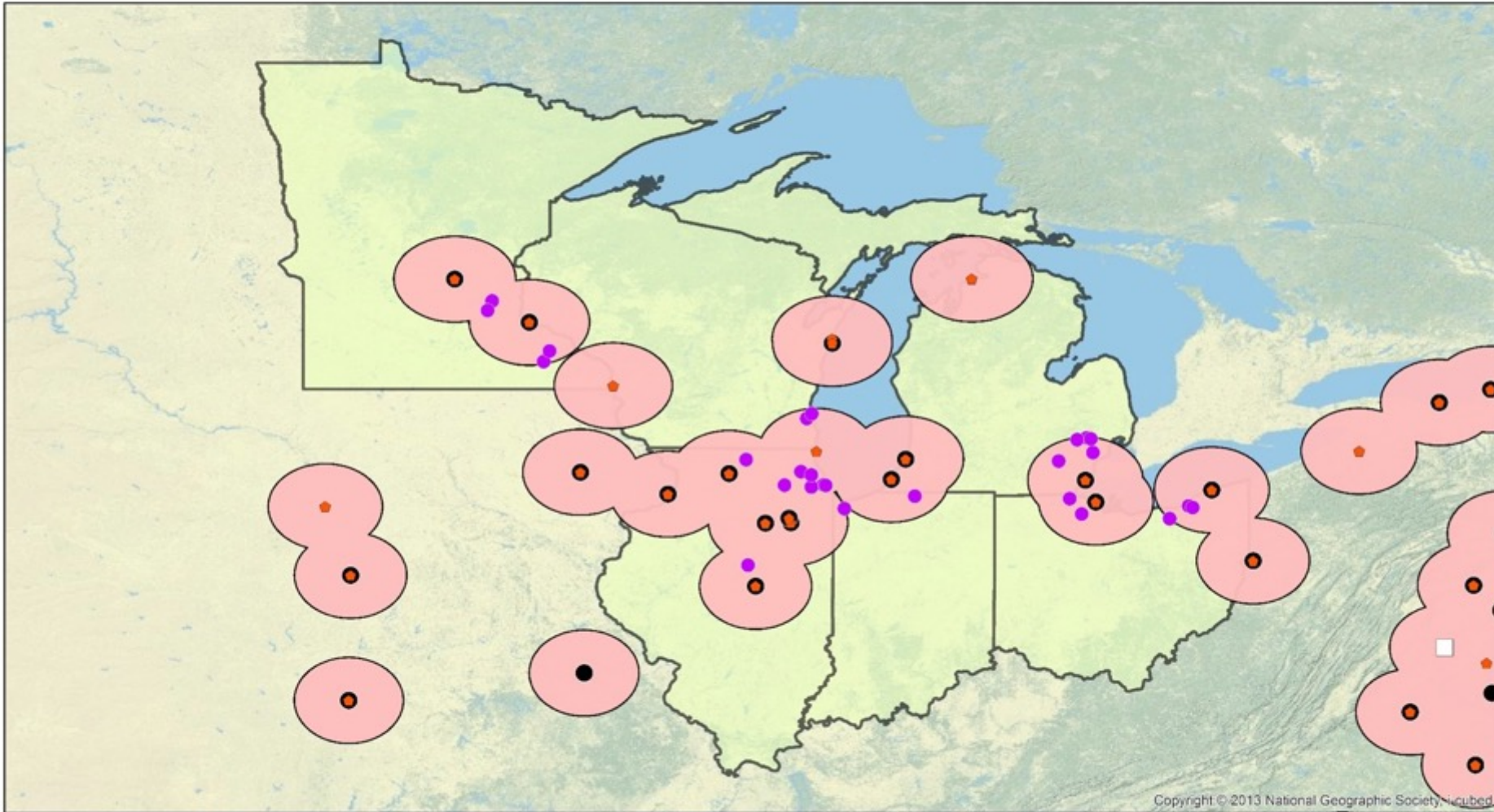
- Inadequate time in the curriculum, 26.4%
- Topic not mandated in BS or MSN Essentials document, 18.8%
- Never occurred to teach radiation/nuclear content, 20.7%
- Not sure why their school did not teach radiation/nuclear content, 22.6%
- Not important and or no perceived risk of this event, 10.4%
- No perceived risk of this type of event for our area

SONs and Faculty Do Not Recognize Their Vulnerability



- 87.5 % of nursing schools do not have a radiation/nuclear disaster plan
- 94 % of schools have not tested or drilled for a rad/nuclear emergency
- 91.3% of faculty do not know what to do for a rad/nuclear emergency
- 31.3 % Topic is not important or relevant to our school/no perceived risk
- 295 respondents located within 50 mile EPZ of nuclear facility
 - **53% did not know they were within 50 mile EPZ when in fact they were.**
 - **Perceived Risk vs. Actual Risk**






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- Establish coalitions of schools of nursing to develop evidence-based and competency-driven didactic and clinical learning opportunities using multiple delivery platforms that can be integrated into the undergraduate and/or graduate nursing curricula
 - Core courses with didactic and clinical components components, or
 - Content woven through existing course work
 - Sufficient questions on NCLEX

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RSSES LEADING IN DISASTER



NURSING EDUCATION COMMONS

ished through a collaborative process among nine stakeholder organizations and build on initiative to advance national nurse readiness for disasters/ public health emergencies that enema, et. al, 2016). Drawing on our relationships and expertise, in consultation with CDC tion of Colleges of Nursing we are providing training that promotes a population health aredness and response in both content and pedagogy. The project will strengthen the re and public health workforces to improve population health for those impacted by ining availability, implementing training in primary care education, and disseminating the

us for chronic disease and disaster preparedness involves the following key components: (1) d needs assessment of public health schools and primary care training programs, for d response, (2) Convening key stakeholders to review current population health / current resources and curricular needs, including one meeting in Atlanta to review and remaining gaps, and develop a collaborative dissemination plan, (3) Creating, curating and at includes: (a) Written population health curricular training materials for partnership-based d response, with both core content and educational methods, (b) Related online curriculum rted by the Practical Playbook's website as workforce development/training resources, (c) id the Flint water crisis, Zika, 9/11 Air Particulates, and other emerging public health and nciies to be developed via the Practical Playbook, and (4) Developing and implementing a boration and partnership-centered approaches to disaster preparedness and response.

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- Disaster Nursing Education Commons
 - The Disaster Nursing Education Commons project was established through a collaborative process among 9 stakeholder organizations and built upon the existing Society for the Advancement of Disaster Nursing Call to Action imitative to advance national nurse readiness for disasters and Public Health Emergencies.

Disaster Nursing Commons

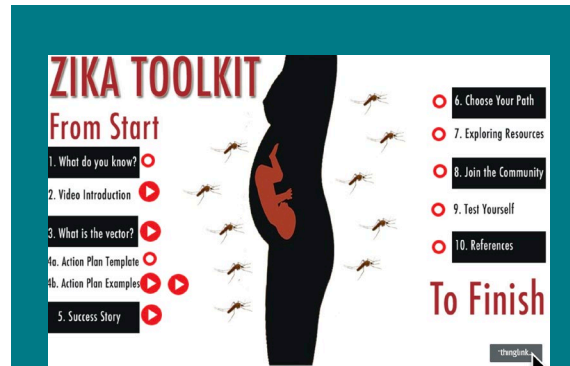
These toolkits were established through a collaborative process among nine stakeholder organizations and build on the existing [Call to Action initiative](#) to advance national nurse readiness for disasters/ public health emergencies.



9/11 Air Particulates

<https://disasternursing.org/911-air-particulates/>

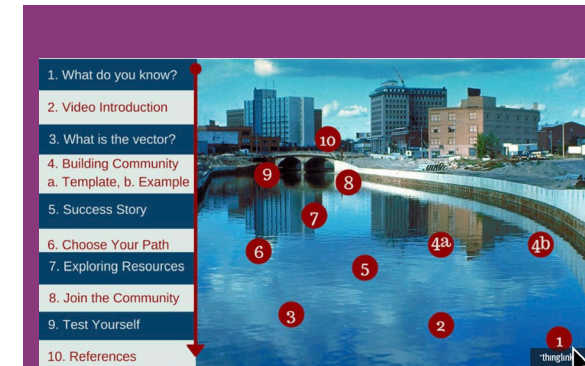
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Zika Toolkit

<https://disasternursing.org/zika/>

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Flint Water Crisis

<https://disasternursing.org/toolkit/flint-water-crisis/>

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- Broaden life-long, continuing education opportunities in disaster nursing and public health emergency preparedness and response for nurses through healthcare and related organizations across all healthcare settings
 - Expand opportunities for all nurses at all levels
 - Address unique learning needs of nurse executives and nursing faculty

Where we are

Progress on a Call to Action: Nurses as Leaders in Disaster Preparedness and Response

Mary Pat Couig¹, Alicia Gable, Anne Griffin, Joanne C Langan, Judith R Katzburg, Kelly A Wolgast, Kristine Qureshi, Aram Dobalian, Roberta Proffitt Lavin, Tener Goodwin Veenema

Affiliations + expand

PMID: 28263268 DOI: [10.1097/NAQ.0000000000000226](https://doi.org/10.1097/NAQ.0000000000000226)

Abstract

This article provides an update on the progress of the "Call to Action: Nurses as Leaders in Disaster Preparedness and Response." A steering committee, initiated, directed, and supported by the Veterans Emergency Management Evaluation Center of the US Department of Veterans Affairs, has undertaken the work of bringing together subject matter experts to develop a vision for the future of disaster nursing. The ultimate goal is to ensure that every nurse is a prepared nurse. As one result of this work, the Society for the Advancement of Disaster Nursing has held its inaugural meeting in December 2016.

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Questions?

Contact Associate:
Director of Population Health Initiatives Allison Jacobs at
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Coronavirus Resources for Nurse Educators

Free Webinar on Environmental Extreme Events and COVID-19 in 2020 from The National Academies of Sciences, Engineering, and Medicine

Free Online Course: Making Contact: A Training for COVID-19 Contact Tracers through the Association of State and Territorial Health Officials

Interview with Dr. Sydney Record, Director of Staff Development and Infection Prevention, Seattle, Washington

Society for the Advancement of Disaster Nursing - This site is designed to help nurses prepare for and respond to disasters and public health emergencies.

• Toolkits include: (a) Written population health curricular training materials for partnership-based disaster preparedness and response, with both core content and educational methods, (b) Related online curriculum content that can be supported by the Practical Playbook's website as workforce development/training resources, (c) New success stories around the Flint water crisis, Zika, 9/11 Air Particulates, and other emerging public health and infectious disease emergencies to be developed via the Practical Playbook.

- Flint Water Crisis
- Air Particulates
- Zika
- Other resources and links

ASPR TRACIE - Brought to you by HHS ASPR, the Technical Resources, Assistance Center, and Information Exchange (TRACIE) was created to meet the information and technical assistance needs of regional ASPR staff, healthcare coalitions, healthcare entities, healthcare providers, emergency managers, public health practitioners, and others working in disaster medicine, healthcare system preparedness, and public health emergency preparedness.

NLM Disaster Information Management Research Center - The core purpose of the Disaster Information Management Research Center (DIMRC) is to develop and provide access to health information resources and technology for disaster preparedness, response, and recovery. The intent is to connect people to quality disaster health information and foster a culture of community resiliency.

Centers for Disease Prevention and Control (CDC) Emergency Preparedness Center - Information for the public and emergency responders on how to stay safe during public health emergencies.

Center for Domestic Preparedness (CDP) - The CDP identifies, develops, tests, and delivers training to state, local, and tribal emergency response providers.

Emergency Management Institute (EMI) - The EMI supports the Department of Homeland Security and FEMA's goals by improving the competencies of the U.S. officials in Emergency Management at all levels of government to prepare for, protect against, respond to, recover from, and mitigate the potential effects of all types of disasters and emergencies on the American people.

National Center for Disaster Medicine & Public Health (NCDMPH) - The NCDMPH improves our Nation's disaster health readiness through education and science. In collaboration with partners, they create and translate science education to improve readiness.

Veterans Emergency Management Evaluation Center (VEMEC) - VEMEC is the leading center for the study and development of emergency management practices. They help the U.S. Department of Veterans Affairs (VA) and other organizations optimize and integrate disaster risk management into their strategy and operations.

Nurses as Leaders in Disaster Preparedness and Response - A Call to Action

Progress on a Call to Action: Nurses as Leaders in Disaster Preparedness and Response

Articles

Charney, R., Lavin, R., Bender, A., Langan, J., Zimmerman, R., & Veenema, T. (2019) Ready to Respond: A Survey of Interdisciplinary Health-Care Students and Administrators on Disaster Management Competencies. *Disaster Medicine and Public Health Preparedness*, 1-8. doi:10.1017/dmp.2019.96

Lavin, R., Veenema, T., Langan, J., Charney, R., Zimmerman, R., & Bender, A. (2019) Zika and Flint Water Public Health Emergencies: Disaster Training Tool Kits Relevant to Pregnant Women and Children. *J Perinat Neonatal Nurs* 20 June 2019. doi: 10.1097/JPN.0000000000000418.

- Establish a national clearinghouse of information to provide guidance and resources on disaster nursing
 - Resources might include:
 - Case studies
 - Research studies
 - Policy issues
 - Interprofessional training tool
 - Exemplars of didactic and clinical learning experiences
 - Outline of competencies



What are the Basics

A Synopsis

I have an almost complete disregard of precedent, and a faith in the possibility of something better. It irritates me to be told how things have always been done. I defy the tyranny of precedent. I go for anything new that might improve the past. – Clara Barton



Personal

Personal and Family Plan

Each NURSE, new grads and faculty, need a plan of how to care for their family during a crisis. It is the time we most need to be able to report to

work.T H E U N I V E R S I T Y O F N E W M E X I C O



Potential Hazards

Know the potential hazards.



Surge Capacity

Surge capacity is utilized when the needs exceed the resources. Too many patient and too few nurses, respirators, PPE, ICU beds, etc.



Social Justice

It is important to review your state guidance on patient abandonment, altered standards of care, and what to do when you have too many patients to safely provide care.




Legal

Keep up with any waivers to your state practice acts.

Practice and Education Needs Remaining



Ready to Respond: A Survey of Interdisciplinary Health-Care Students and Administrators on Disaster Management Competencies

Rachel L. Charney, MD; Roberta P. Lavin, PhD; Annah Bender, PhD; Joanne C. Langan, PhD, RN, CNE; Rick S. Zimmerman, PhD; Tener Goodwin Veenema, PhD 

ABSTRACT

Background: A sense of competency and confidence in disaster management is linked to response willingness and efficacy. This study assessed current health-care student disaster competency curricula and resultant confidence.

Methods: A survey was sent to students and administrators in nurse practitioner (NP), master of public health (MPH), and medical/osteopathic schools (MD/DO), assessing curriculum coverage of 15 disaster management competencies (1-4, total 15-60), and confidence in performing 15 related behaviors (1-7, total 15-105). One-way analysis of variance with Tukey's post-hoc and Mann-Whitney U-tests were used to examine group differences.

Results: A total of 729 students and 72 administrators completed the survey. Low coverage of all topics was reported by both students and administrators (mean 24.4; SD 9.6). Among students, NP students (21.66 ± 8.56) scored significantly lower than MD/DO (23.32 ± 8.19 ; $P < 0.001$) and MPH students (26.58 ± 9.06 ; $P < 0.001$) on curriculum coverage. Both administrators and students expressed low confidence in competence, with students significantly lower ($P < 0.001$). NP students scored higher (63.12 ± 20.69 ; $P < 0.001$) than both MPH (54.85 ± 17.82) and MD/DO (51.17 ± 19.71 ; $P < 0.001$) students.

Conclusions: Health-care students report low coverage of topics considered to be necessary disaster response competencies, as well as their confidence to execute functions. This may negatively impact willingness and ability of these professionals to respond effectively in a disaster.

Key Words: collaboration, competencies, disaster response, disaster preparedness, student

The United States needs a national health-care and public health workforce that possesses the knowledge, skills, and abilities to respond to any disaster or public health emergency in a timely and appropriate manner. The level of workforce readiness as well as willingness to participate will be critical to the success of any large-scale disaster response and to comprehensive education and training in emergency preparedness (HEP) and disaster response competencies.¹ A single list of curricular competencies that are leveled as basic, intermediate, and expert does not currently exist.³ However, most lists of competencies address the broad categories of prevention, mitigation, prepared-



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Zika and Flint Water Public Health Emergencies

Disaster Training Tool Kits Relevant to Pregnant Women and Children

Roberta P. Lavin, PhD, FNP-BC, FAAN; Tener G. Veenema, PhD, MPH, MS, RN, FAAN; Joanne C. Langan, PhD, RN, CND; Rachel L. Charney, MD; Rick S. Zimmerman, PhD; Annah Bender, PhD, MSW

ABSTRACT

Pregnant women and children and individuals suffering from chronic illness are disproportionately impacted by public health emergencies. To meet the healthcare needs of these populations, the nursing workforce must be capable of responding in a timely and appropriate manner. The goal of this project was to create interactive and engaging evidence-based educational tool kits to advance healthcare provider readiness in the management of population health in response to the Zika and Flint Water crises. A multipronged, mixed-methods approach was used to identify essential education needs and required core competencies. Data were synthesized from discussion with key informants, review of relevant documents, and surveys of schools of nursing, public health, and medicine. The ADDIE model was used to integrate results into the development of the online learning tool kits using the ThingLink software

program. An innovative online educational program to prepare healthcare providers to rapidly identify, mitigate, and manage the impact of the Zika and Flint Water crises upon pregnant women and children was implemented by the Society for the Advancement of Disaster Nursing. Innovative online learning tool kits can advance healthcare provider readiness by increasing knowledge and understanding of key components of specific public health emergencies.

Key Words: education, nurses, public health emergencies, readiness, tool kits

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The importance of having a well-educated, clinically competent healthcare workforce prepared to participate in the response to a large-scale public health emergency (PHE) cannot be overstated. The recent Zika outbreak across the Americas and the 2014 Flint Michigan Water Crisis are evidence of PHEs that disproportionately impacted pregnant women, infants, and children. Increasing advanced practice nursing education and training in response to these events and the perinatal impact of environmental and infectious exposures is critical to an effective public health response. In early 2015, a widespread epidemic of Zika virus fever emerged in Brazil and quickly spread to other

