The Role of Public Health Nurses
In Disaster Preparedness, Response, and Recovery

A Position Paper

Association of Public Health Nurses
Public Health Preparedness Committee

GOAL DATE: September 2013

This APHN Position Paper was informed by the first edition, published in October 2007, as well as input from the Quad Council, a coordinating organization of the four nursing organizations that have a focus on public/community health nursing: ACHNE, APHA, ANA, and APHN.
Acknowledgements

The Association of Public Health Nurses (APHN) recognizes that public health nurses bring a broad range of population based knowledge, skills, and nursing expertise to disaster planning and response. The original position paper on the role of public health nurses in disaster was published in 2007 under the APHN’s previous name: Association of State and Territorial Directors of Nursing (ASTDN) by its Preparedness Committee membership at the time. Using the previous paper’s template, the 2013 APHN Public Health Preparedness Committee reviewed current key national disaster documents, analyzed public health and nursing disaster roles in recent disasters, analyzed the current state of competency research and applicable practice models, and held focus groups for nursing and public health input. The result of that work is the 2013 The Role of Public Health Nurses in Disaster Preparedness, Response, and Recovery.

Public Health Preparedness Committee Members:

- **Sharon A. R. Stanley**, PhD, RN, RS, Chief Nurse, American Red Cross, National Headquarters, Washington D.C. – Subcommittee Chair
- **Christine Bronston**, RN, BSN – Director of Nursing, Mohave County Department of Public Health, Kingman, Arizona
- **Judy McGill**, RN, MS, Public Health Nurse Coordinator, Office of Community Health Systems and Health Promotion, Charleston, West Virginia
- **Clair Millet**, MN, APRN, PHCNS-BC, Director of Public Health Nursing, Louisiana Department of Health & Hospitals Office of Public Health, Baton Rouge, Louisiana
- **Darlene Morse**, RN, MEd, CHES, Public Health Nurse Program Manager, Bureau of Infectious Disease Control, State of New Hampshire Department of Health and Human Services, Concord, New Hampshire

We also thank the members of the Quad Council and other colleagues who reviewed and offered suggestions regarding the paper. While the contributions were numerous, there are a few individuals who we want to recognize by name in terms of their assistance:

- XX
# Table of Contents

Acknowledgements ........................................................................................................ 2

Introduction .................................................................................................................. 4

Vision ............................................................................................................................ 5

Purpose and use .............................................................................................................. 5

Competency for Disaster Practice ................................................................................... 6

Public Health Preparedness and Response Core Competencies .................................... 6

ICN Framework of Disaster Nursing Competencies ...................................................... 7

PHN Role in Disaster ..................................................................................................... 7

Definition and scope of PHN practice ............................................................................ 8

Putting it all together ..................................................................................................... 9

Linking Components of the Nursing Process with the Disaster Cycle ......................... 9

Leadership Planning and Policy Development ............................................................... 11

Leadership collaboration .............................................................................................. 11

Meta leadership (crisis leadership) ................................................................................ 11

Legal Issues .................................................................................................................. 12

Recommended Reading .............................................................................................. 13

Summary ...................................................................................................................... 14

References ................................................................................................................... 15


The Role of Public Health Nurses
In Disaster Preparedness, Response, and Recovery

A Position Paper

Introduction

Preparing for, responding to, and recovering from disasters is a public health priority that increasingly must be addressed alongside day-to-day public health practice in an environment of constrained resources. Florence Nightingale demonstrated to the world the important role of nurses on the front lines of war-related disaster, and the public health field and disaster nursing continues to grow these capabilities in the 21st Century. Public health was afforded the opportunity to greatly increase capacity across the disaster cycle in the community sector with dedicated resources in the early 2000s. It was a time of solid growth for both public health and public health nursing in terms of assuring community resilience at the local, state, and national sectors.

Public health must now, more than ever, expertly engage its internal and external partners, as well as its communities. No single discipline, agency, organization or jurisdiction can or should claim sole responsibility for the complex array of challenges associated with disasters and emergencies, whether caused by nature, humans, or some combination of both.

Nursing and, specifically, public health nursing practice must remain a constant across the national planning framework: prevention, protection, mitigation, response, and recovery (FEMA, 2013). The recognition of public health nurses’ specific, population-based skills in times of disaster is an extremely important part of our national capabilities. Public health nurses are not just acute care replacements or back-up first responders for triage assignments in a mass casualty environment. This is not to say that they cannot do these functions if trained, and, indeed, all health professionals may be called on to stretch into non-routine practice areas in a catastrophic response. In disaster and emergency response, though, it is time for public health nursing to take a stand on its scope of practice and standards.

Public health nurses have the necessary skills and competencies to develop policies and comprehensive plans, conduct and evaluate disaster response drills, exercises and trainings.
They are integral members in response 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 are adept in collaborating with other experts, including environmentalists, epidemiologists, laboratory workers, biostatisticians, physicians, social workers, and other nurses. 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 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 use 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 in all preparedness, response, and recovery efforts.

Vision

Public health nurses ready for disaster practice across the cycle and community advocacy.

Purpose and use

Public health nursing practice focuses on population health through continuous surveillance and assessment of the multiple determinants of health with the intent to promote health and wellness, prevent disease, disability, and premature death, and improve neighborhood quality of life (ANA, 2012). This position paper provides guidance to take public health nursing scope, standards of practice, and competencies into disaster preparedness, response, and recovery. It provides information on the roles and actions public health nurses must take to protect the health and safety of communities, families, and individuals.

The following foundational principles guide the practice of public health nursing in disaster:

1. Public health nursing roles in disaster are consistent with the scope of public health nursing practice and are called out specifically in those standards and scope (ANA, 2012).

2. The components of the nursing process align with the national planning framework phases of prevention, protection, mitigation, response, and recovery (ANA, 2010; FEMA, 2013).

3. Competencies provide a framework for defining public health nursing role and practice across the disaster cycle and these competencies include those from public health nursing, disaster nursing, disaster public health, and competencies specific to public health nurses practice in disaster (ASPH, 2010; ICN 2009; QUAD COUNCIL, 2011).

4. Public health nurses bring leadership, policy, planning, and practice expertise to disaster preparedness, response, and recovery.
Competency for Disaster Practice

In the world of competency based practice, an increasingly wide world since the initial Gebbie and Merrill (2002) compilation of 43 competencies for the public health worker, the public health nurse may have a hard time deciding which competency set to use. The choice is an important one for a public health nurse since competencies serve to inform evidence based practice, standards development, and learning needs (International Council of Nursing (ICN), 2009).

If public health nurses cannot convey their scope of practice for others during the preparedness and disaster planning phase, they will likely be underused and unable to join the leadership discussion that they must be a part of for their communities. Nurses in general remain the largest health care provider group available for disaster response and recovery, as do public health nurses. It is important that public health nurses understand then promote their disaster capabilities before the incident.

Competency development is a process that involves the review of peer-reviewed literature and educational theory, a review of existing competencies, the synthesis of new competencies, a review by an expert panel, a refining of new competencies, and the development of terminal objectives for each competency (Gebbie, Hutton, & Plummer, 2012).

The earliest work on nursing specific competencies at the national level was done by the International Nursing Coalition for Mass Casualty Education (INCMCE), a group established at Vanderbilt University School of Nursing which was later renamed as the National Emergency Preparedness Education Coalition or NEPEC (NEPEC, 2003). Work on competencies specific to public health nurses was completed by an Ohio State University workgroup in 2007 using all elements of the competency development process to include a pilot educational program with terminal objectives (Polivka et al., 2008).

For purposes of this position paper, two well recognized national models are proposed for public health nursing use: 1) the set considered as the “second iteration” of the Gebbie and Merrill competencies (2002) and developed as a part of the public health response to PAHPA legislation with a panel of more than 300 public health practitioners and academics for mid-level public health workers (Association of Schools of Public Health [ASPH], 2010); and 2) the 2009 ICN Framework of Disaster Nursing Competencies, developed after an impetus from the United Nations and World Health Organization (WHO) in reducing worldwide disaster impact in 2005 (Gebbie, Hutton, & Plummer, 2012).

Public Health Preparedness and Response Core Competencies (ASPH, 2010)

The Public Health Preparedness and Response Core Competencies are to be used with the understanding that they are practiced within foundational public health competencies, generic emergency core competencies, and position-specific or professional competencies. The four core competencies are woven across preparedness, response and recovery roles.
**Performance Goal:** Proficiently perform assigned prevention, preparedness, response, and recovery role(s) in accordance with established national, state, and local health security and public health policies, laws, and systems.

1. **Model Leadership**
   1.1 Solve problems under emergency conditions.
   1.2 Manage behaviors associated with emotional responses in self and others.
   1.3 Facilitate collaboration with internal and external emergency response partners.
   1.4 Maintain situational awareness.
   1.5 Demonstrate respect for all persons and cultures.
   1.6 Act within the scope of one's legal authority.

2. **Communicate and Manage Information**
   2.1 Manage information related to an emergency.
   2.2 Use principles of crisis and risk communication.
   2.3 Report information potentially relevant to the identification and control of an emergency through the chain of command.
   2.4 Collect data according to protocol.
   2.5 Manage the recording and/or transcription of data according to protocol.

3. **Plan for and Improve Practice**
   3.1 Contribute expertise to a community hazard vulnerability analysis (HVA).
   3.2 Contribute expertise to the development of emergency plans.
   3.3 Participate in improving the organization's capacities (including, but not limited to programs, plans, policies, laws, and workforce training).
   3.4 Refer matters outside of one's scope of legal authority through the chain of command.

4. **Protect Worker Health and Safety**
   4.1 Maintain personal/family emergency preparedness plans.
   4.2 Employ protective behaviors according to changing conditions, personal limitations, and threats.
   4.3 Report unresolved threats to physical and mental health through the chain of command.

---

**International Council of Nurses (ICN) Framework of Disaster Nursing Competencies (ICN and World Health Organization, 2009)**

The ICN disaster nursing competencies are stretched across four broad areas of competencies: 1) mitigation and prevention; 2) preparedness; 3) response; and 4) recovery/rehabilitation. The competency domains are:

1. Risk reduction, disease prevention and health promotion.
2. Policy development and planning.
3. Ethical practice, legal practice and accountability.
4. Communication and information sharing.
5. Education and preparedness.
6. Care of the community.
7. Care of individuals and family.
8. Psychological care.
9. Care of vulnerable population.
10. Long-term recovery of individuals, families and communities.

The Public Health Nursing Role in Disaster

Definition and scope of PHN practice
Public health nursing is dynamic and increasingly complex. The discipline focuses on population health through continuous surveillance and assessment of the multiple determinants of health with the intent to promote health and wellness, prevent disease, disability, and premature death to improve quality of life (ANA, 2012).

Societal and political changes have enhanced the evolution of identified threats to the health of the population. These threats have been identified as: (1) re-emergence of communicable disease; (2) environmental hazards; (3) physical or civic barriers to healthy lifestyles; (3) overall concern about the structure and function of the healthcare system; (4) modern public health epidemics, such as pandemic influenza, obesity, etc.; and (5) global and emerging crises with increased opportunities for exposure to multiple health threats (ANA, 2012).

The American Public Health Association Public Health Nursing Section defines public health nursing 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).

Putting it all together
Public health nurses work at the individual, family, community and systems levels to promote health and prevent disease with the ultimate goal of healthy people in healthy communities. Public health nurses bring critical expertise to each phase of the disaster cycle: prevention (mitigation), preparedness, response and recovery. They have a skill set that is vital to the disaster continuum to include, but not limited to disease surveillance, disease and health investigation, case finding, rapid needs assessment, public health triage, mass
treatment/prophylaxis, health teaching and provider education, community organizing, referral, population advocacy and policy development. Their vast array of skills is critical to population-based level of care. They are knowledgeable of the diverse community resources that are available, as well as what gaps may exist in community services. This places the public health nurse with a unique awareness of the vulnerable populations in the community, who may be at particular risk in times of disaster.

Disaster 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. A public health nurse’s clinical knowledge regarding disease pathophysiology and epidemiology in conjunction with community assessment skills can serve a crucial role in emergency preparedness and response. Resilient communities are able to recover from adverse events. Public health nurses help to maintain resilience in communities during disasters with their diverse skill sets. They assist vulnerable populations to overcome great adversity and stress that often occur in disaster(s) by facilitating individuals, families and communities to utilize those available resources to respond to, withstand, and recover from adverse situations. This is often done via a systems approach to restore health and prevent disease and premature death. The role of public health nurses after a natural disaster or a bioterrorism event is essential to the successful outcome and rehabilitation of the community.

**Linking Components of the Nursing Process with the Disaster Cycle**

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 phase of the disaster cycle. 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: The Phases of Disaster Linked to the Nursing Process

<table>
<thead>
<tr>
<th>DISASTER PHASE</th>
<th>DEFINITION</th>
<th>ASSESSMENT</th>
<th>PLANNING</th>
<th>IMPLEMENTATION</th>
<th>EVALUATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>PREVENTION (MITIGATION)</td>
<td>Prevent the disaster or emergency; reduce risks before they occur; minimize the vulnerability to the effects of the event.</td>
<td>Assess a group of elderly citizens in terms of their awareness for preventing heat stroke.</td>
<td>Develop community education plan to increase awareness for preventing heat stroke.</td>
<td>Conduct community education activities to increase awareness for preventing heat stroke.</td>
<td>Evaluate community education activities regarding heat stroke prevention.</td>
</tr>
<tr>
<td>PREPAREDNESS</td>
<td>Assure the capacity to respond effectively to disasters and emergencies.</td>
<td>Assess the population at risk for special needs during times of disaster.</td>
<td>Develop plans for care of special needs populations during times of disaster.</td>
<td>Conduct training, drills and exercises, which include care of special needs persons.</td>
<td>Evaluate the components of the plans for serving populations with special needs.</td>
</tr>
<tr>
<td>RESPONSE</td>
<td>Provide support to persons and communities affected by disasters and emergencies.</td>
<td>Serve on a response team to determine the extent of impact and the specific health needs of hurricane survivors. Triage victims.</td>
<td>Develop plans for rotation of staff who serve on the response teams to prevent stress and burnout among responders.</td>
<td>Deploy staff to shelters after a hurricane, in accordance with local and/or state emergency response plans.</td>
<td>Participate in after action reviews and/or debriefings to evaluate the quality of health services provided and lessons learned.</td>
</tr>
<tr>
<td>RECOVERY</td>
<td>Restore systems to functional level.</td>
<td>Serve on the team to assess community assets and potential for recovery from a recent flood.</td>
<td>Collaborate with partners and community leaders in planning long-term recovery priorities after a flood.</td>
<td>Participate in the restoration of community services after a flood.</td>
<td>Serve on the team to evaluate long-term impact on persons displaced by a flood.</td>
</tr>
</tbody>
</table>
Leadership Planning and Policy Development

“As priority public health initiatives evolve to address emerging health trends, public health nurses take leadership roles. They identify evidence by which new public health systems changes are implemented and evaluated, and develop operational systems that may be effectively deployed. Public health nursing leadership ultimately enhances the ability of public health systems to address the health issues facing all people and creates conditions in which people can be healthy (ANA, 2012).”

The 2nd edition of Public Health Nursing: Scope and Standards of Practice (2012) makes it clear that public health nurses are leaders. This is no less true in disaster preparedness, response, or recovery.

Leadership collaboration

Well-prepared public health nurses bring leadership and management expertise to each phase of disaster. 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 and disaster preparedness plans and policies at local, regional, state and national levels. These connections between public health nurses and community partners must occur in order to address complex issues such as providing mass care during times of scarce resources, supervising spontaneous volunteers and unlicensed health care providers, identifying and planning for the care of populations with functional and access needs, as well as developing and maintaining effective systems of volunteers prepared to assist prior to the incident. Public health nurses also must use their networks across regional and state boundaries to achieve consistency in the protocols, practice standards and operational guidelines prior to the disaster incident.

Meta leadership (crisis leadership)

Nurses are often familiar with the concept of meta-research, where many areas of research around a topic are pulled together for a new look at a complex problem and new solutions. In disaster, a type of leadership that is increasingly called for in disaster or crisis complexity is meta-leadership. Meta leadership is defined as a five-dimensional ability to work cross-boundary integration of an organization’s capabilities into the community (Rowitz, 2013). In order to do that, an individual must understand self, the problem at hand, their organization, their supervisors and how to lead up, and the connectivity of the defined community, both its organizations and its agencies (Marcus et al., 2009).

These five dimensions of meta-leadership align perfectly into public health nursing practice.
Legal Issues

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 like hurricanes, which cross state borders and affect thousands of people, licensed nurses may be allowed by federal and/or state law or declarations to practice in other states. Many states have now eliminated the issuance of wallet licensure cards because paper cards can be forged, altered, do not reflect recent disciplinary action, and can enable identify theft and/or imposters. Licensure is now often verified online at state boards of nursing sites, even during disaster. In addition, the National Council of State Boards of Nursing, through their Nursys Database, provides the capacity for bulk license checks by response organizations. Nurses who volunteer to provide disaster services should clarify the expectations for licensure and liability protection of the organization for which they plan to volunteer.

Good Samaritan Law

Good Samaritan laws generally provide liability protection to individuals 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, but many do not explicitly recognize public declared disasters (Courtney, Priest, & Root, 2012). The Good Samaritan law applies to situations in which the care or aid rendered was a good-faith effort and a voluntary act. This means that Good Samaritan Laws do not protect a provider working as an employee or an organizational volunteer. Also, Good Samaritan laws do not protect against negligence or gross misconduct.

Existing Protections

While there is currently no comprehensive national protection for health providers working in the disaster cycle, liability protections now exist in many parts of the nation and through the federal government. In fact, given federal laws such as the Federal Public Readiness and Emergency Preparedness Act and the Federal Volunteer Protection Act and state laws such as State Volunteer Protection Acts, Model State Emergency Health Powers Acts, and State Public Health and Emergency Management Provisions, many believe that what used to be called a patchwork has become a much stronger safety net of provider protections (Courtney, Priest, & Roost, 2012). The reality of resource constraints, undesirable environments, and mass casualty surge may well stress the best of planning and preparations and may provide great anxiety for public health nurses. The bottom line, is the measure of what a reasonably skillful and prudent provider would do in a similar situation, making competency based training and the guidance of public health nursing scope and standards of practice all the more important.
Recommended Reading and Key Documents

National, Public Health, and Nursing References for understanding Public Health Nurse Practice in Disaster Preparedness, Response, and Recovery


Association for Community Health Nursing Educators (ACHNE) Task Force on Disaster Preparedness. 2008. Disaster preparedness white paper for community/public health nursing educators.

http://www.asph.org/userfiles/PreparednessCompetencyModelWorkforce-Version1.0.pdf


http://www.cdc.gov/phpr/publications/A_Natl_Strategic_Plan_for_Preparedness.htm


http://training.fema.gov/IS/NIMS.aspx
Disaster preparedness, response, and recovery have been a part of nursing practice since the birth of the profession. Known by various plans and labels through the years, the disaster cycle names and practice will undoubtedly change into the future to best address our national security needs and the latest natural and human made threats. Change will also occur in the response policy and supporting infrastructure that enables our country and our communities to best prepare for and partner to build true resilience. What will not change is the need to have nurses who understand the population-based nature of a disaster response and the creativity needed to address a chaotic and resource-constrained environment: the public health nurse.
References


ANA. (2010). *Nursing: Scope and standards of practice, 2nd ed.* Silver Spring, Maryland: ANA.


