A satellite-style map of the United States with black outlines for state boundaries. The map is centered on the continental United States, showing the Gulf of Mexico to the south and the Atlantic Ocean to the east. The text is overlaid on the map.

Disaster Planning Emergency Response

Paula Ponder, MSN, RN, CEN, CNE

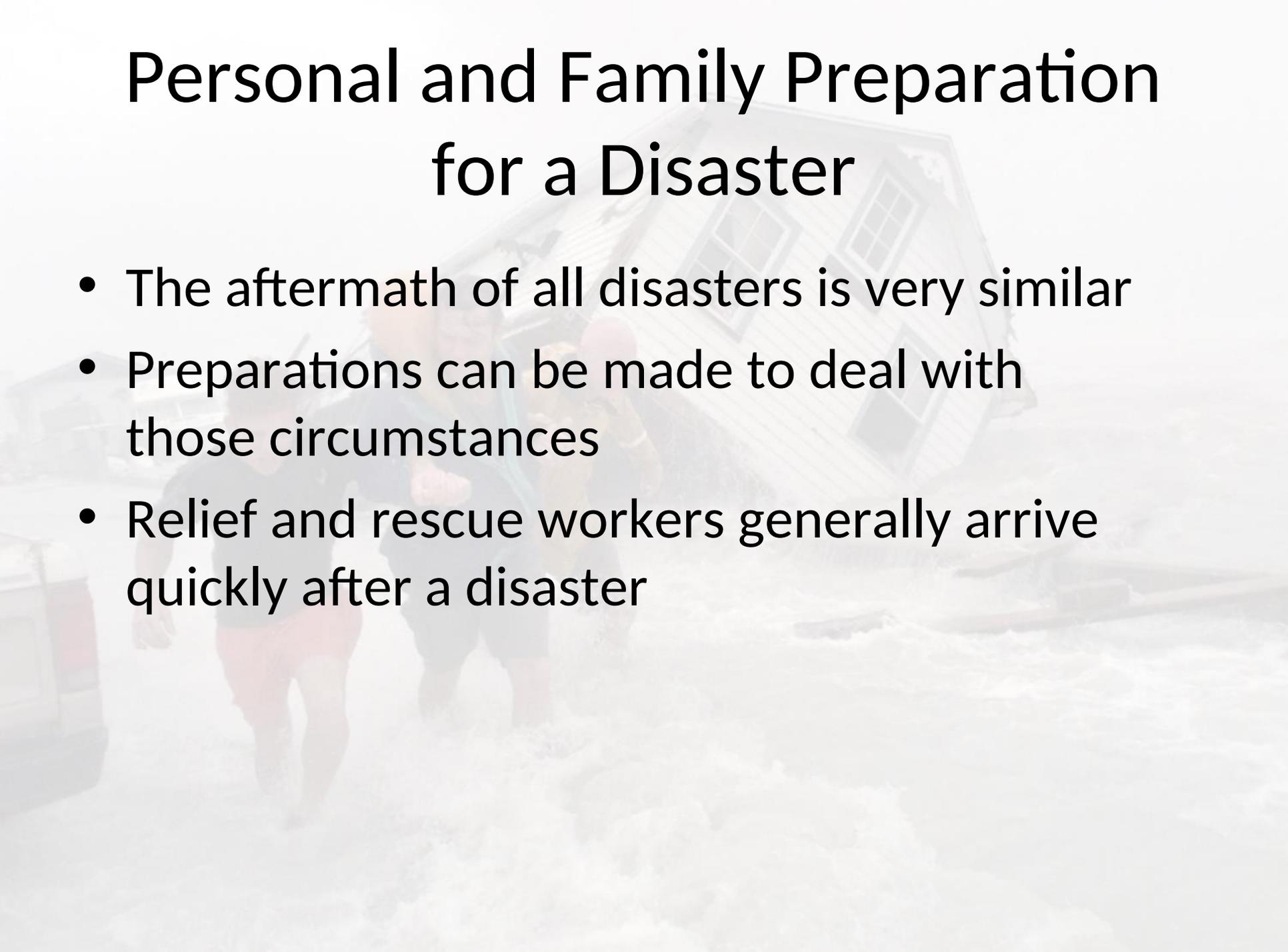
Disaster Defined

- A catastrophic event that leads to major property damage, a large number of injuries, displaced individuals, or major loss of life



Personal and Family Preparation for a Disaster

- The aftermath of all disasters is very similar
- Preparations can be made to deal with those circumstances
- Relief and rescue workers generally arrive quickly after a disaster



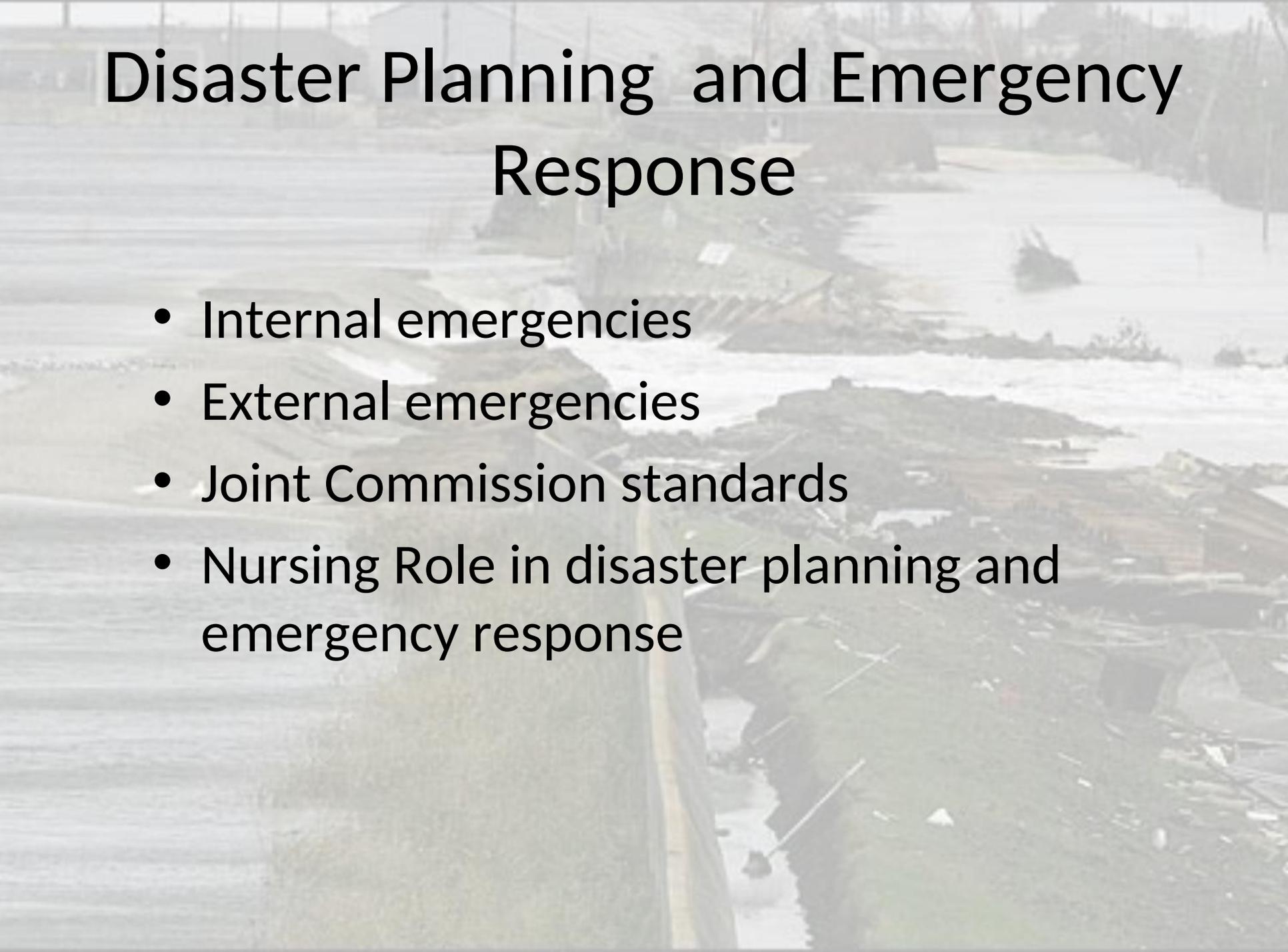
Make a plan

- Get informed
- Get an “out-of-town” contact person
- Establish a preselected meeting place
- Have a family communication plan
- Map out escape routes and safe places
- Make a plan for pets

Make a plan

- Put together a disaster supplies kit
- Take an inventory of all home possessions
- Protect important records and documents
- Check your insurance coverage
- Learn how to turn off water, gas, and electricity

Disaster Planning and Emergency Response



- Internal emergencies
- External emergencies
- Joint Commission standards
- Nursing Role in disaster planning and emergency response

Disaster Planning and Emergency Response

- Nurses will function outside their usual practice setting
- They may assume a variety of roles in meeting needs of disaster victims
- Nurses must be able to perform under stressful and sometime physically dangerous conditions

Emergency and Mass Casualty Incident Preparedness

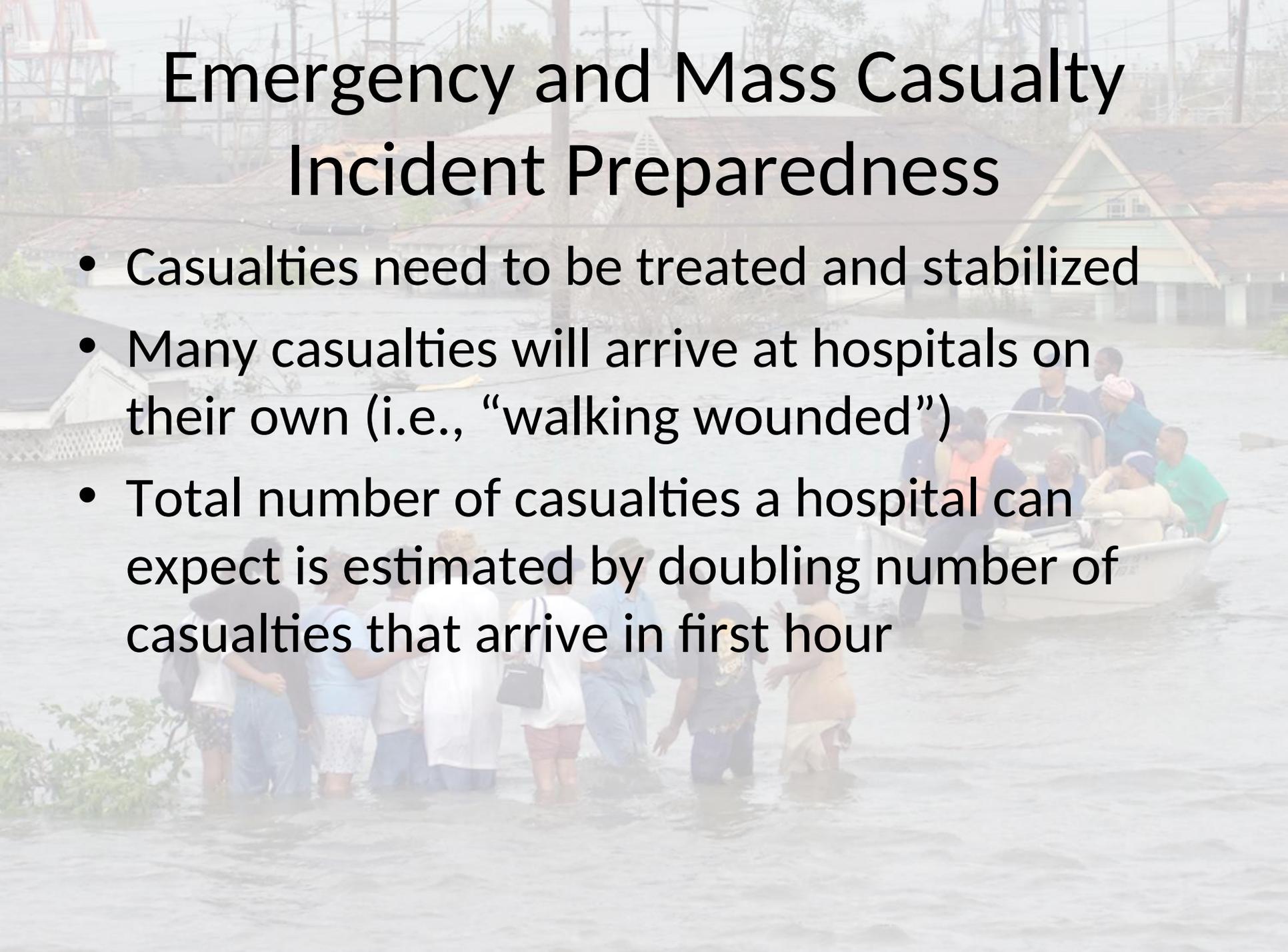
- Mass casualty incident (MCI)
- MCIs usually involve large numbers of injured (>100)
- MCIs always require assistance from people/resources outside community

Emergency and Mass Casualty Incident Preparedness

- Triage of casualties differs from usual ED triage and is conducted in <15 seconds
- System of colored tags designates both seriousness of injury and likelihood of survival
 - Green
 - Yellow
 - Red
 - Black

Emergency and Mass Casualty Incident Preparedness

- Casualties need to be treated and stabilized
- Many casualties will arrive at hospitals on their own (i.e., “walking wounded”)
- Total number of casualties a hospital can expect is estimated by doubling number of casualties that arrive in first hour



Terrorism - Bioterrorism

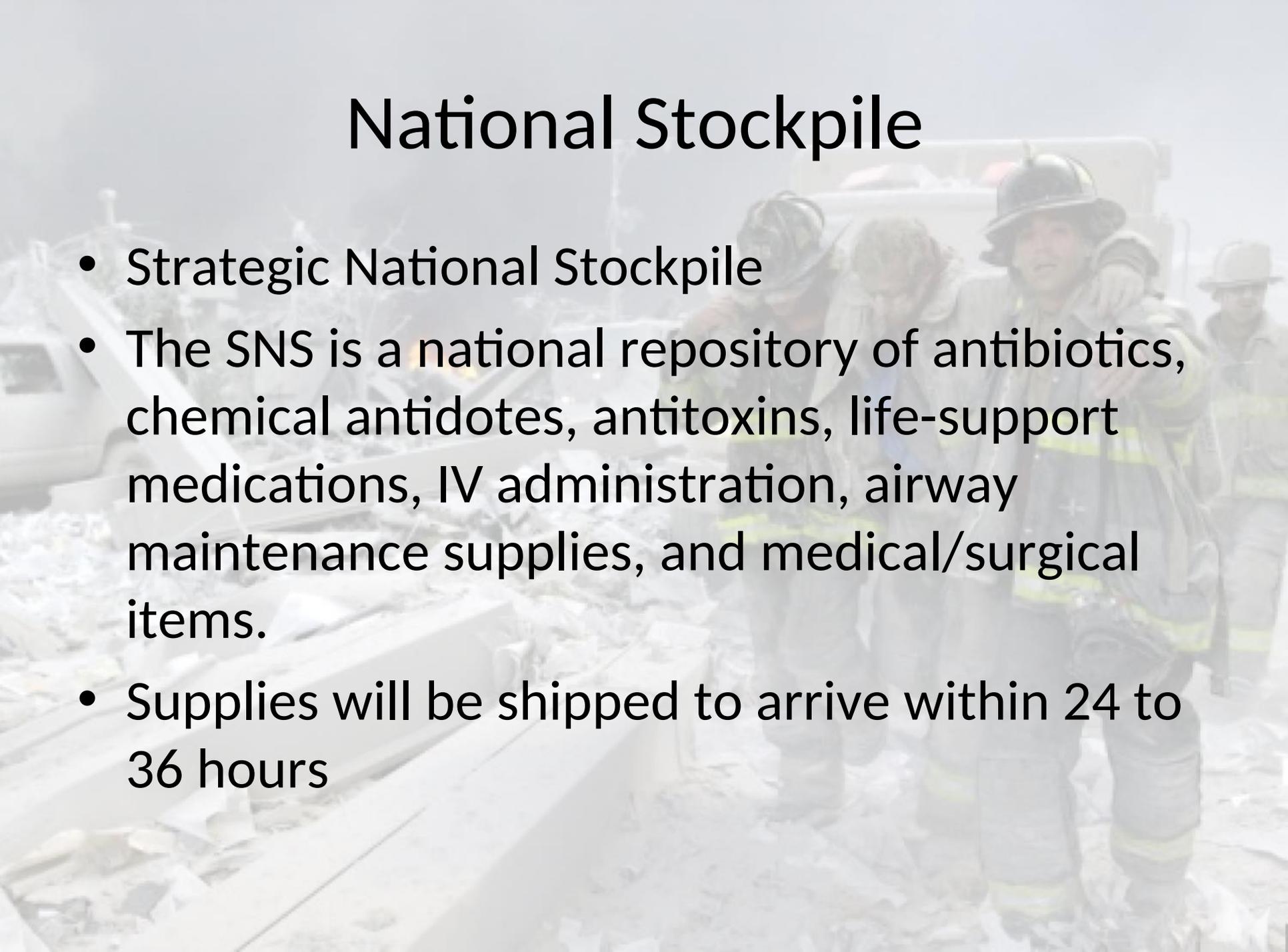
The background image shows a person in a full-body white biohazard suit, including a hood and gloves. They are wearing a gas mask with large, round lenses and a circular filter. The person is holding a rifle. Another person in similar gear is visible in the background, slightly out of focus. The overall scene suggests a military or law enforcement unit dealing with a biological hazard.

- Anthrax
- Plague
- Tularemia
- Smallpox
- Botulism
- Hemorrhagic fever

Chemical Agents of Terrorism

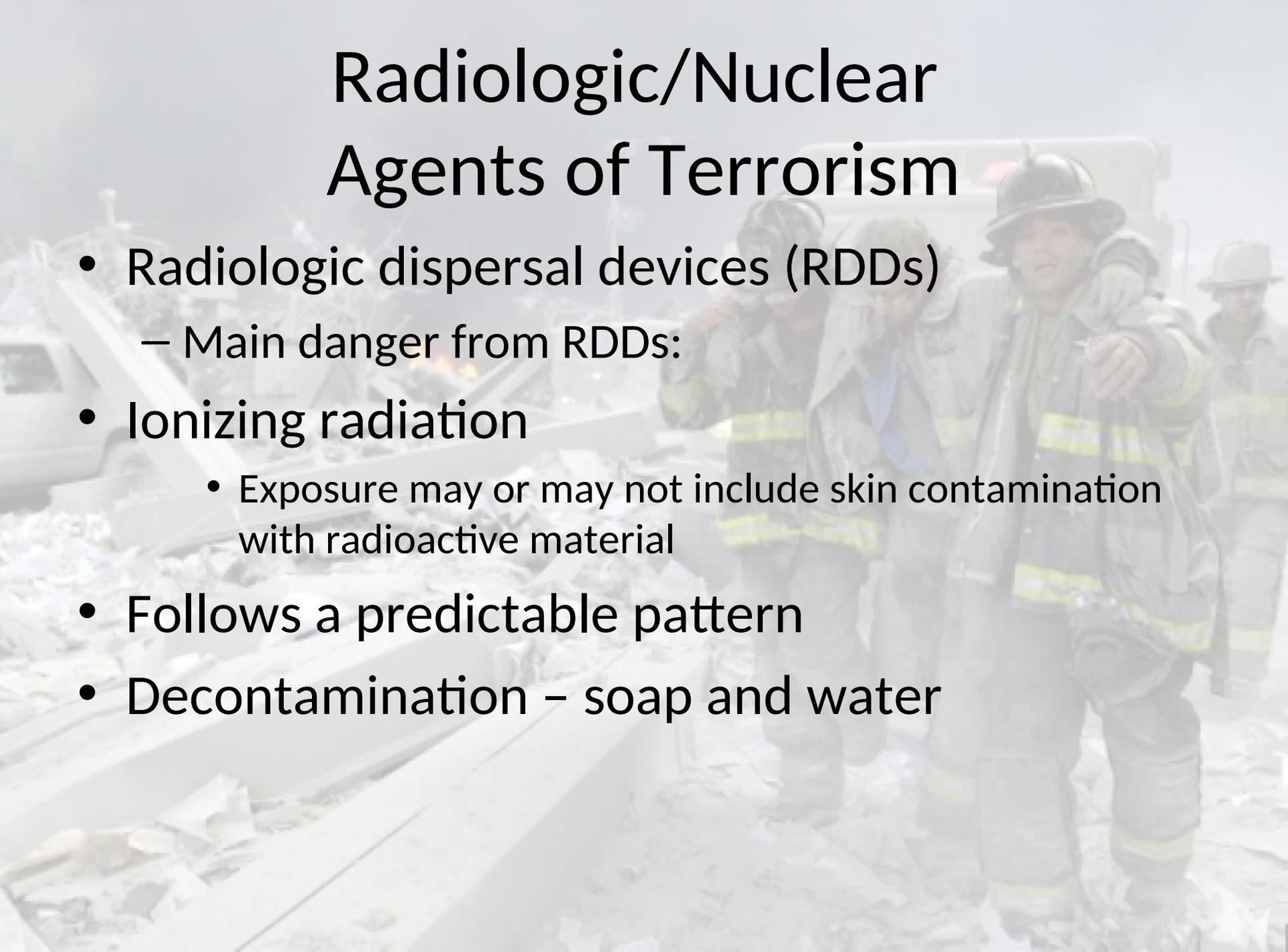
- Categorized by target organ or effect
 - Sarin – Nerve
 - Phosgene – Pulmonary
 - Hydrogen cyanide - Blood
 - Mustard gas - Blister/Vesicants
 - Antidotes for nerve agents

National Stockpile



- Strategic National Stockpile
- The SNS is a national repository of antibiotics, chemical antidotes, antitoxins, life-support medications, IV administration, airway maintenance supplies, and medical/surgical items.
- Supplies will be shipped to arrive within 24 to 36 hours

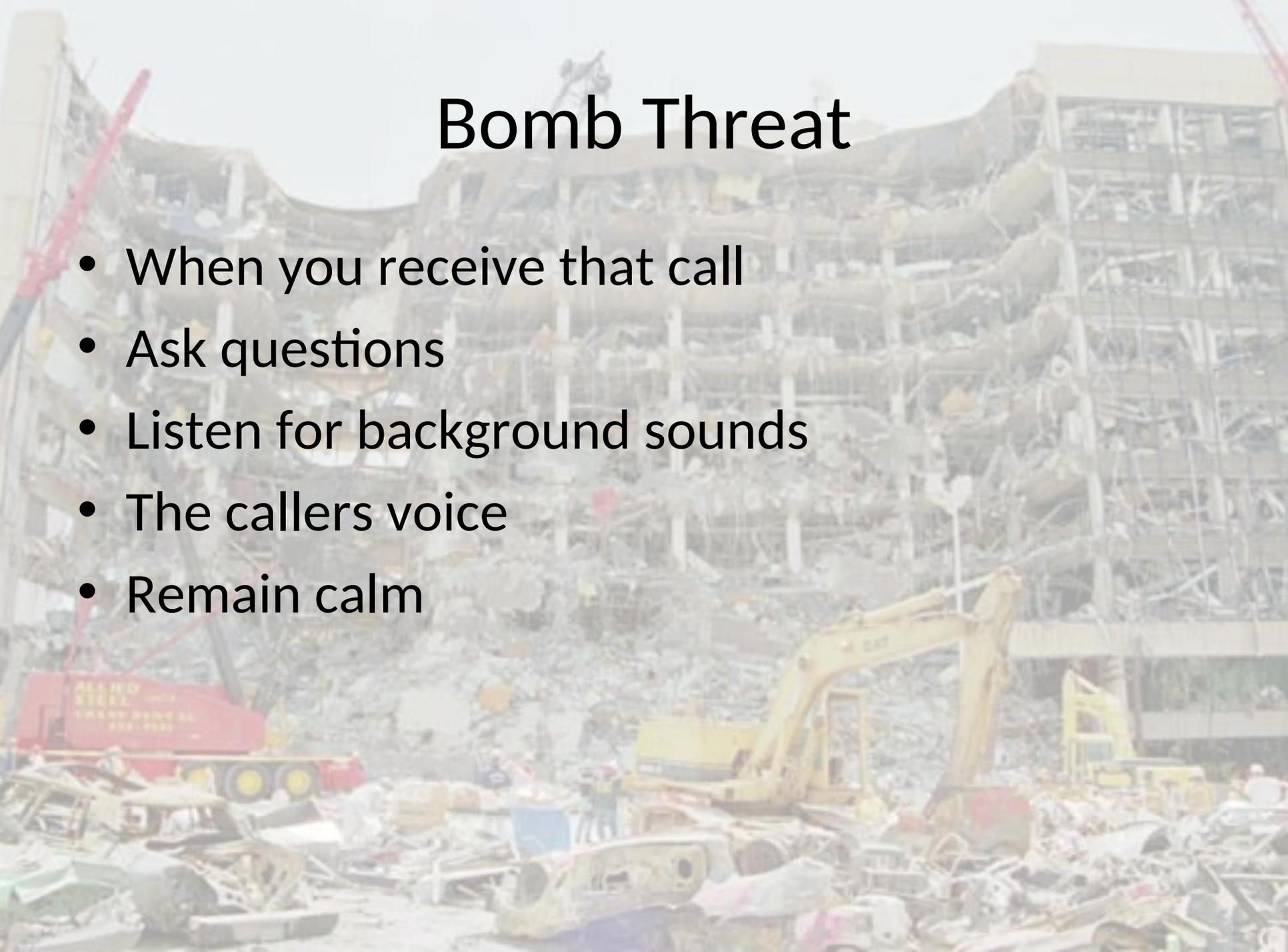
Radiologic/Nuclear Agents of Terrorism

- Radiologic dispersal devices (RDDs)
 - Main danger from RDDs:
 - Ionizing radiation
 - Exposure may or may not include skin contamination with radioactive material
 - Follows a predictable pattern
 - Decontamination – soap and water
- 
- A background image showing several firefighters in full protective gear, including helmets and jackets with reflective stripes, working in a debris-filled environment. They appear to be investigating or managing a hazardous situation, possibly related to a radiologic or nuclear incident.

Explosive Devices as Agents of Terrorism

- Result in one or more of following types of injuries: Blast, crush, or penetrating
- Damage to the
 - lungs, middle ear, gastrointestinal tract
 - Brain, Heart and Circulatory system,
 - Traumatic amputation, fractures, crush injuries

Bomb Threat



- When you receive that call
- Ask questions
- Listen for background sounds
- The callers voice
- Remain calm

Emergency and Mass Casualty Incident Preparedness

- Communities have initiated programs to develop community emergency response teams (CERTs)
 - Life-saving skills with emphasis on decision making and rescuer safety
- All health care providers have a role in emergency and MCI preparedness

Emergency and Mass Casualty Incident Preparedness

- Response to MCIs often requires the aid of a federal agency such as the National Disaster Medical System (NDMS)
- NDMS: Organizes and trains volunteer disaster medical assistance teams (DMATs)
 - DMATs: Categorized according to ability to respond to an MCI

Emergency and Mass Casualty Incident Preparedness

- Many hospitals and DMATs have a Critical Incident Stress Management unit
 - Arranges group discussions to allow participants to verbalize and validate their feelings and emotions about the experience

All Hazards Preparedness

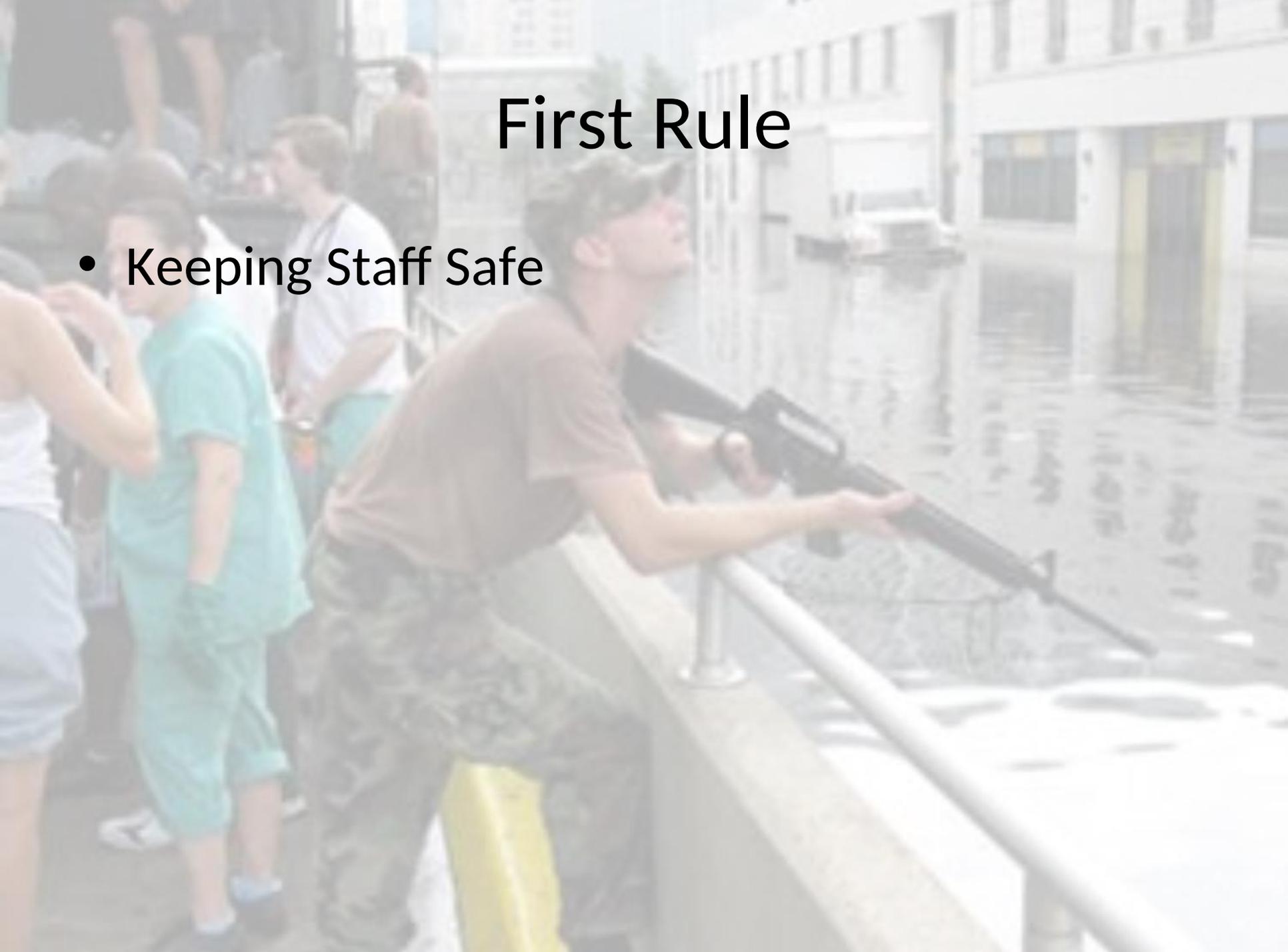
- Disaster Task Force
- Emergency Management Team
 - Incident Command
 - Disaster Plans
 - Surge Capacity
 - Lockdown Plan
 - Staffing Plan

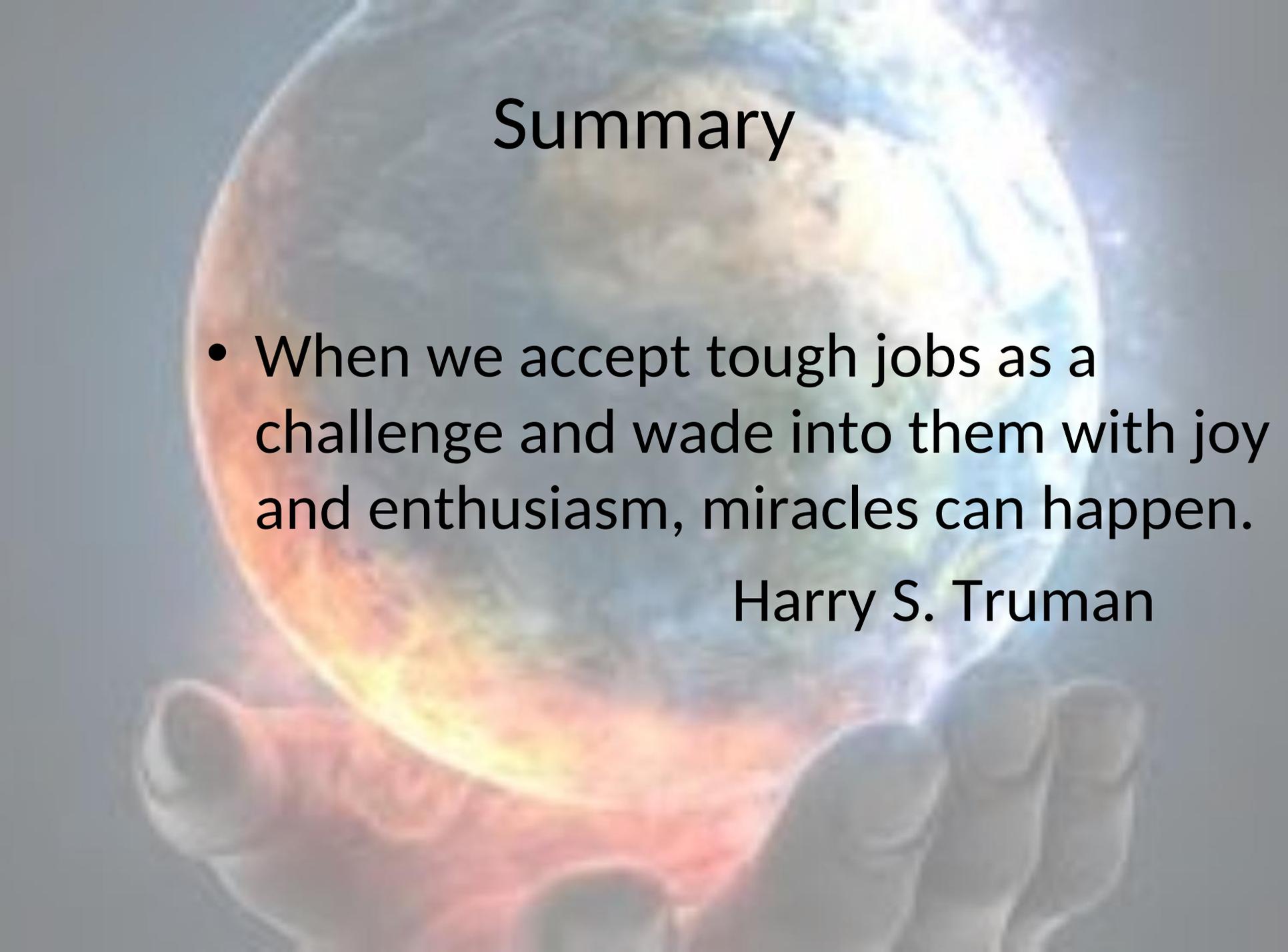
Hospital bed availability

- Reverse triage to increase surge capacity
- Who can be discharged
- How do we decide

First Rule

- Keeping Staff Safe



A hand is shown from the bottom, holding a glowing globe of the Earth. The globe is illuminated from the right, showing a bright horizon and a colorful gradient from yellow to red to blue. The background is a dark, starry space.

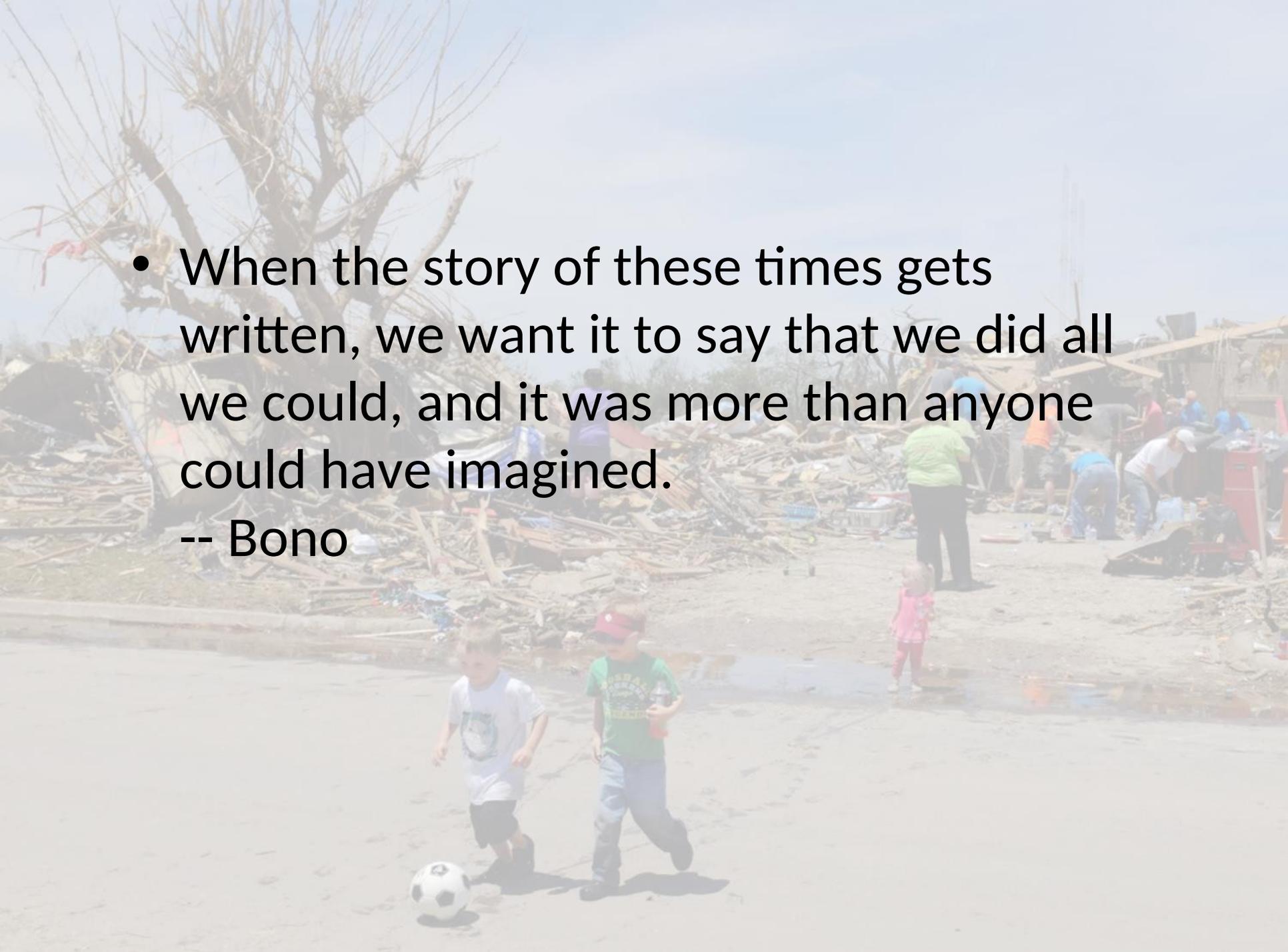
Summary

- When we accept tough jobs as a challenge and wade into them with joy and enthusiasm, miracles can happen.

Harry S. Truman

- When the story of these times gets written, we want it to say that we did all we could, and it was more than anyone could have imagined.

-- Bono



References

- Catalano, J.(2015). *Nursing Now Today's Issues, Tomorrow's Trends (7th ed.)*. Philadelphia: F.A. Davis
- Huber, D. (2010). *Leadership and Nursing Care Management (4th ed.)*. Maryland Heights: Saunders Elsevier.
- <http://www.cdc.gov/phpr/stockpile/stockpile.htm>