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PICOT Assignment

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### Disaster Planning and Preparedness

Question:

Within the disaster patient population, how does the competency of the nurse leader in regard to disaster planning and preparedness affect patient outcomes?

Summary:

To have effective disaster planning and preparedness the nurse leader and the nurse team should first have good communication about disaster management. To have a successful competency the nurse leader and team should have good communication, planning, safety, decontamination, and staying prepared for the disaster. The first phase is called the preimpact, this is where the team should identify the different types of disaster risks that could happen to communities, hospitals, and families. For example, for West Texas, Lubbock area, types of disaster risks that can occur are tornadoes, high-speed wind, fires, chemical spills, drought, biological and gas agents, bomb threats, and winter storms. The second part of the preimpact phase is to start preparing for the disaster, which means the need to educate and train the nurse team and other people in the community. To be successful the team needs to communicate the list of materials needed, exit plans, and decontamination if needed. For example, a fire occurs in the south tower of Covenant Hospital, the nurse leader needs to communicate and show the nursing staff what route to take if the fire is on one side of the floor, how to get the patient out of the room, and down the stairways. The hospital should have fire drills a couple of times a year to keep preparedness in place. The nurse leader team should also make sure the fire equipment is working and the fire exit plan is posted on all the nurse stations. Another example, in the Emergency Department, they need to have a plan for a biological agent, how to get the patient to safety, and keep the nursing staff safe while decontaminating the patient. So the ED will have to make sure all the decontamination equipment still works, is up to date, and have the nurse team practice decontamination every couple of months. The second phase is called the impact where the nurse team will respond to the disaster. The best way to know if the preparedness and planning work is to communicate about what happens after the disaster this is called the postimpact phase. This phase happens after the disaster is over then the nursing team will adjust the planning and evaluation of what went right and wrong during the disaster plan. When applying all the disaster planning phases together the outcome for the patient will be more effective safety. For example, if there was a natural disaster occurring like a tornado at the hospital then we would do streamlined triage protocols which would mean patients get seen and get treated faster leading to fewer complications and hospital stay time.

Conclusion:

In conclusion, after researching the impact of effective competency in being prepared for disaster plans for patients. If the nurse leader and team, follow these phases preimpact, impact, postimpact all these will be effective preparedness for disaster planning. The outcome of the disaster plan is to keep our patients in less harm and fewer complications occur from the disaster.

**Work Cited:****Primary Source**

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**Secondary Source**

Elizabeth Chuang, Pablo A. Cuartas, Tia Powell & Michelle Ng Gong (2020) “We’re Not Ready, But I Don’t Think You’re Ever Ready.” Clinician Perspectives on Implementation of Crisis Standards of Care, *AJOB Empirical Bioethics*, 11:3, 148-159, DOI: [10.1080/23294515.2020.1759731](https://doi.org/10.1080/23294515.2020.1759731)

**Tertiary Source**

Alzahrani F, Kyratsis Y Emergency nurse disaster preparedness during mass gatherings: a cross-sectional survey of emergency nurses' perceptions in hospitals in Mecca, Saudi Arabia *BMJ Open* 2017;7:e013563. doi: 10.1136/bmjopen-2016-013563