The Critical Role of Nurses and Midwives in Disasters

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Introduction: The critical role that nurses and midwives undertake during disasters has received significant attention in recent years. Nurses globally have faced multiple disasters, often occurring within months of each other and even overlapping. Within the past decade, on a global scale, nurses and midwives have experienced two Public Health Emergencies of International Concern (PHEIC) (SARS-CoV-2 and Monkeypox), the devastating and ongoing conflict in Ukraine and an unprecedented number of international natural hazards that have impacted them personally and professionally.

Method: A discussion with frontline nurses and midwives provided insight into the challenges of delivering health care during disasters.

Results: The results revealed that while there is some information available about disaster care and the role nurses play, there is minimal information about how nurses and midwives are personally affected by disasters impacting their own communities. Disaster nursing is a relatively new area of health care practice and is rarely taught at an undergraduate or workplace level.

Three opportunities for improving/acknowledging the critical role of nurses and midwives during disasters include:

1) Acknowledging that the involvement of nurses and midwives is critical to any disaster response

2) Promoting the importance of a nursing voice within the emergency management sector

3) Structural reforms be urgently adopted to address workforce sustainability including addressing gender inequality

4) These three approaches form only a part of the reform required to address the key roles that nurses and midwives perform during disasters.

Conclusion: The ongoing pandemic has placed severe stress on an already overstretched nursing workforce, now is the right time to empower and support our nurses. In all aspects of emergency and disaster management nurses and midwives are at the frontline. Greater acknowledgement of the value nurses bring and the sacrifices they make in serving their communities will strengthen nurses' commitment and resolve in tackling future crises.

Nurses' Perception of Humanitarian Training Post-deployment on Plans to Redeploy

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Introduction: Pre-deployment training for nurses ensures readiness.

Method: A quantitative descriptive research methodology was used to conduct an anonymous survey distributed to all registered nurses deployed in 2017 to Hurricane Maria with a hospital-supported team and a federal team. The project sought to improve the pre-deployment preparation experience of nurses to positively impact nurses' willingness to redeploy. The survey was administered for ten days in January 2021.

Results: This quantitative descriptive study sought to understand nurses' perceptions of their readiness for deployment during a disaster response. Thirty-nine surveys were distributed with a 46% response rate (n = 18).

Gender was not related to agreement with the role variable (p = 0.070). Marital status was significantly related to role (p = 0.015), as was age (p = 0.022). Single individuals and individuals >50 yo were more likely to agree that they understood their role during the disaster.

Gender was not related to agreement with the preparedness variable (p = 0.465), nor was marital status (p = 0.067). Age was significantly related to perceptions of preparedness (p = 0.004). Individuals >50 yo were more likely to respond that they were prepared for their deployment.

Gender was not related to perceptions of knowledge of providing clinical care during a disaster (p = 0.235), nor was marital status (p = 0.627) or age (p = 0.674).

Conclusion: The results suggest that single nurses > 50 yo with more years of nursing experience who have previously deployed may understand the role better and feel more prepared to deploy.

However, their responses do not indicate that they feel more knowledgeable about the type of nursing care they are expected to provide in a disaster response.

The Enhanced Emergency Response Plan for Augmented Quarantine Hotels During the COVID-19 Pandemic

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Introduction: During the COVID-19 outbreak in May 2021, Taipei City has transformed many vacant hotels to augmented

quarantine hotels, recruiting retired medical staff to provide medical care, in order to preserve hospitals' medical capabilities. In an augmented quarantine hotel at Caesar Park Hotel Taipei, the complexity of COVID quarantine, quarantine status of the residents, and hotel staff working with medical staff has made the original emergency response plan inappropriate. Henceforth, a series of modifications were made to ensure the emergency response readiness of Caesar Park Hotel Taipei.
Method: The enhancements of emergency response capability of the augmented quarantine hotel at the Caesar Park Hotel Taipei, were made in accordance with the following list: 1. Revise evacuation plan, 2. Setup emergency equipment cart, 3. Modify emergency response procedure, 4. Update staff training and resident notice, 5. Routine stock count of medical supplies and emergency equipment.
Results: The enhanced emergency response plan has ensured the safety of all personnel, plans were made in accordance with the COVID-19 quarantine status, and the staff has a clear perception of their duty with a picture of the overall emergency response plan.
Conclusion: The enhanced emergency response plan was completed and under implementation in June 2021, and at the end of that month there was a fire that took four lives with 22 injured at a quarantine hotel in Changhua County. A review of the enhanced emergency response plan was made by the staff and corresponding hospital; many problems that happened at the Chunghua County quarantine hotel fire had already been considered or prevented in the enhanced emergency response plan. Such a method for building an enhanced emergency response plan has the potential to be implemented in more locations, and possibly in different scenarios.

Exploring Advanced Nursing Practice in Australian Disasters: A Scoping Review

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Introduction: As the largest body of health professionals, nurses are looked upon during a disaster for leadership, clinical assistance, and support during these events. Nurses are at the forefront of managing disasters in their communities, yet their complex role as advanced nurse practitioners, clinicians, managers, and leaders is not always fully understood and/or recognized. The aim of this paper is to explore the level of Advanced Nursing Practice (ANP) in Australia that takes place in a disaster
Method: This scoping review was guided by Arksey and O'Malley's framework. The review searched five relevant databases. A scoping review design was chosen as the authors expected that evidence in the field would be produced using a wide variety of methodologies.
Results: Nurses work long hours during a disaster with hospitals and nurses becoming the center of events and the "go to" place during a disaster. During disasters nurses often have little sleep, have limited time to meet their individual/personal needs, and frequently put others needs before themselves. Nurses mentioned in these studies were reported to have worked while they were worried for themselves and their families. These nurses reported feeling capable and reported that all their experience and skills came to the fore during these challenging situations.
Conclusion: During disasters, most nurses are found to be flexible and adaptable, with many taking on a variety of roles. Nurses are quick to find solutions with problem-solving keys and their ability to respond to disasters "just what you do." The nurses in these studies demonstrated fundamental expertise and had the agility to pivot when the occasion demanded. As a result of this study, it is evident, and not surprising, that these Australian nurses work beyond conventional limits during a disaster.