Nurses and disaster preparedness

ICN Position:

Disaster preparedness, including risk assessment and multi-disciplinary management strategies at all system levels, is critical to the delivery of effective responses to the short, medium, and long-term health needs of a disaster-stricken population. It is also important for sustainable and continued development.

To help ensure that crucial immediate relief services are to be provided in the chaotic post-disaster period, the International Council of Nurses (ICN) urges that realistic scenarios be used as the basis for relief operations and contingency plans.

ICN strongly believes that there must be a link between relief and development planning. Furthermore, relief operations must develop and adhere to credible accountability systems to prevent an abusive use of financial and human resources.

ICN condemns violations of human rights that often occur during and after a disaster thus further threatening recovery.

ICN promotes strategies that support social justice and equity of access to needed health and social services and calls on governments and relief organizations to establish the support systems required to address the health needs of relief workers as well as the direct disaster victims.

ICN will actively:

- Assist countries, in their planning, to integrate disaster prevention and impact reduction within the existing machinery and strategies, while establishing contingency plans so that disaster prone areas have faster access to alternative care services.
- Encourage National Nurses Associations (NNAs) to develop and/or support a regulatory framework that helps nurses meet regulatory requirements in a timely manner when providing nursing care in an affected jurisdiction.
- Lobby development banks and international financial institutions to integrate disaster prevention and mitigation in their aide programmes.
- Promote the dissemination and facilitate access to knowledge, information, training and technology.
- Develop, encourage and support international networks, as disasters do not respect borders.
- Support international coordination of relief efforts to reduce duplication of services.
- Support NNAs in their work to mitigate the impact of natural disasters.

ICN encourages NNAs to increase the profession’s ability to provide adequate health services before and after a disaster occurs by their participation in prevention, mitigation, preparedness and relief operations (see below).
Background

Large-scale disasters around the world demonstrate that no one and no country are immune from the threat of natural or other calamities. It is estimated that 3 million people have died in natural disasters in the last 11 years with many more affected. Often the scope, magnitude, and impact of disaster require cooperation between health and social agencies and between countries.

Disaster may be human-induced (e.g. armed conflict, environmental degradation, industrial) or natural (e.g. flood, earthquake, drought, volcano). Any type of disaster, however, can interrupt essential services, such as the provision of health care, electricity, water, sewage/garbage removal, transportation, and communications, seriously affecting the health, social, and economic networks of local communities and countries long after the disaster has struck. Thus, four areas of activity are required to create disaster-resistant communities: disaster prevention, mitigation, preparedness, and relief.

There is a close link between disaster reduction and sustainable development. Developing nations require particular attention, as they are less able to finance disaster preparation and recovery. Therefore, when disaster does strike, funds are diverted for emergency efforts and infrastructure reconstruction from already urgently required programmes. This, in turn, further hinders health, social, and economic development.

Risk is differentially distributed between and within countries. Vulnerable groups of individuals require special attention during and after a disaster.

Those who experience disaster may suffer from ill health and harm against their person and property (e.g. loss of household possessions, livestock). Women and marginalized groups are particularly ill prepared, and have difficulty surviving and recovering from disaster due to discrimination (e.g. gender, age, disability, race). For example, gender inequality may lead to inferior citizenship and legal status (e.g. land rights), lack of access to education, less mobility (due to family obligations), and economic insecurity, all of which render women particularly vulnerable to the repercussions of disasters. Women may also suffer from domestic and sexual violence, especially when living in refugee camps and during human-induced disasters, such as war.

Nurses with their technical skills and knowledge of epidemiology, physiology, pharmacology, cultural-familial structures, and psychosocial issues can assist in disaster preparedness programmes, as well as during disasters. Nurses, as team members, can play a strategic role cooperating with health and social disciplines, government bodies, community groups, and non-governmental agencies, including humanitarian organisations.

1 Yokohama Strategy for a Safer World: Guidelines for Natural Disaster Prevention, Preparedness and Mitigation
Care and support (meeting daily physical and emotional needs) must be provided for the relief workers who are experiencing human tragedy first-hand, and may be stressed, fatigued, and trying to provide services with too few resources in physically unsafe circumstances. Research has documented that nurses and other care providers may experience post-traumatic stress syndrome during and after disaster. Attention also needs to be given to their health, accident and professional indemnity insurance coverage.

NNAs have a vital role to play in prevention, mitigation, preparedness and relief. Activities include:

1. Prevention, mitigation, and preparedness:
   - Be familiar with and raise public awareness of those natural disasters that their region and country are most likely to experience.
   - Be informed of disease (e.g. cholera) and social behaviours (e.g. theft) associated with disasters and that may be exacerbated by deteriorated living conditions.
   - Be aware of associated physical and mental health, socio-economic, and nursing needs.
   - Lobby institutions and governments to prepare in advance for disaster by assessing potential hazards and vulnerabilities, and by increasing their ability to predict, warn, and respond to disaster (e.g. a national disaster plan, emergency funds).
   - Actively participate in strategic planning and implementing of disaster plans ensuring nursing input.
   - Support the development of an accountable chain of command within the network of relief organisations (e.g. government or designated expert organisation) and the division of the affected region into manageable administrative areas to facilitate access to resources (e.g. goods and services).
   - Urge the development and implementation of relevant policies, procedures (e.g. disaster simulation exercises, mobilization teams), and legislation.
   - Systematically train nursing personnel to be effective in a crisis/emergency situation. Incorporate disaster preparedness awareness in educational programmes at the pre-registration and post-basic levels and provide continuing education to ensure a sound knowledge base, skill development, and ethical framework for practice.
   - Network with other professional disciplines, governmental and non-governmental agencies at local, regional, national, and international levels.
   - Celebrate World Disaster Reduction Day every October.

2. Relief response:
   - In the short term, assist in efforts to mobilise the necessary resources (e.g. access to food, water, sanitation, shelter), including helping with emergency medical assistance, giving special attention to vulnerable groups, such as the ill, handicapped, children, women, and the elderly.
• Work with existing capacities, skills, resources, and organizational structures.
• In the long term, assist with resettlement programmes, psycho-social, economic, and legal needs (e.g. counselling, documentation, mobility).
• Partner with independent, objective media, local and national branches of government, international agencies, and non-governmental organisations.
• Care for those providing direct services.

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Related ICN Positions:
- Nursing and development
- Health services for migrants, refugees and displaced persons
- Nurses and human rights
- Nurses and the natural environment
- Armed conflict: Nursing’s perspective

The International Council of Nurses is a federation of more than 130 national nurses associations representing the millions of nurses worldwide. Operated by nurses and leading nursing internationally, ICN works to ensure quality nursing care for all and sound health policies globally.