Readiness: How Prepared Are You?

Authors: Cathleen A. Evans, MSN, RN, CEN, CNE, and Mary Baumberger-Henry, PhD, RN, Chester, PA

Disaster education is important for everyone and especially nurses. Being informed, making individual and family communication plans, and creating the needed supplies to shelter in place or evacuate for one's self and family are required core readiness behaviors. Nurses also need to understand their role within the employer's emergency plans and incident command structure. All of these behaviors help the nurse to be ready and available to care for patients during disaster and emergency incidents.

Members of the nursing profession engage with patients during experiences of health and illness in many different care environments, and when a disaster occurs, that environment changes. This article offers evidence from the literature that supports the need for emergency readiness. The Ready Campaign, which was launched in 2003 by the Federal Emergency Management Agency (FEMA), is a call for the nation to be ready. To be ready includes *being informed* about what to do before, during, and after a disaster; *making a plan* for communication to prepare for and stay informed during emergencies; and *building a kit* with essentials including food, water, clothing, and medicine. [1] If nurses do not have basic core readiness, for themselves and for their families, they face the quandary of whether to report for or stay at work to care for others. There is a difference between willingness to report and stay and having the readiness to report and stay. The latest 2013–2014 National Snapshot Report of Public Health Preparedness[2] by the Centers for Disease Control and Prevention (CDC) continues the call for nurses and health care providers to be on task for emergency readiness.

Readiness is the "knowledge, skills and attitudes that transition abilities to change outcomes" (C. A. Evans, MSN, RN, CEN, CNE, unpublished manuscript, 2012). Prepared nurses send a clear message regarding the profession's commitment to the public that nurses will be available and ready to care for patients during a disaster or emergency incident. However, if a disaster occurs and nurses do not have basic core readiness for themselves and their families, the likelihood of their availability to care for patients becomes an unknown.

A look at the United States level of disaster readiness was examined in a 2009 Citizen Corps National Survey (N = 4461). Data indicated that just half of the respondents had gathered emergency supplies.[3] Interestingly, this study took place during the 2009 H1N1 virus outbreak, demonstrating the value of measuring actual versus perceived preparedness.

In 2011, a federal survey measured preparedness with a citizen sample (N = 3211) from 8 central states. Findings indicated that two thirds of the participants were aware of basic emergency preparedness[4]; however, no measurable gains in the actual behaviors of being informed, making a plan for communication, and building a kit were found since the 2009 Citizen Corps National Survey was conducted.[5] These surveys indicate that the level of awareness is important and growing but that a gap in actualized behaviors translates to a lack of readiness on the part of individual citizens.

Registered nurses likely have disaster readiness awareness but often lack efficacious disaster readiness behaviors. During hurricanes Katrina and Rita, a survey conducted of health care professionals (N = 725), which included registered nurses (n = 214), identified gaps related to surveillance information, work environment, and other disaster and emergency preparedness and training. [6] Nurses' perceptions of emergency preparedness knowledge were again measured in 2 separate state studies in Wisconsin and South Carolina. Each study rated overall familiarity with emergency preparedness at a mean of 2.29 using a 1 to 5 Likert scale, with 1 being not familiar and 5 being familiar.[7,8]

Mass casualty events, incidents that have an impact on a large area and last longer than an hour, and disasters, regardless of the type, have patterns. If these risk patterns are recognized, preincident plans can be made to meet basic human needs.[9] Emergencies, in contrast to disasters, are unforeseen circumstances that require immediate action[10] and can potentially occur during a disaster. Nurses, as the

Cathleen A. Evans, *Member, BuxMont Chapter*, is Visiting Instructor, School of Nursing, Widener University, Chester, PA.

Mary Baumberger-Henry, *Member, New Jersey Chapter*, is Associate Professor, Widener University, Chester, PA.

For correspondence, write: Cathleen A. Evans, MSN, RN, CEN, CNE, School of Nursing, Widener University, One University Place, Chester, PA 19013; E-mail: caevans@mail.widener.edu.

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TABLE 1
National documents associating emergency and disaster readiness and health care

Document	Web site
Health Care at the Crossroads: Strategies for Creating and Sustaining Community Wide Emergency Preparedness Systems 2003	http://www.jointcommission.org/assets/1/18/emergency_preparedness.pdf
Patient Safety and Quality: An Evidence-Based Handbook for Nurses, Chapter 9 (2009)	http://www.ahrq.gov/professionals/clinicians-providers/resources/nursing/resources/nurseshdbk/nurseshdbk.pdf
American Nurses Association Professional Definition (2010) and Code of Ethics (2001)	http://www.nursingworld.org/
Healthy People 2020 (2013)	http://www.healthypeople.gov/2020
The National Preparedness Goal (2013)	http://www.fema.gov/national-preparedness-goal
2013-2014 National Snapshot of Public Health Preparedness (2013)	http://www.cdc.gov/phpr/pubs-links/2013/documents/2013_Preparedness_Report.pdf

largest and one of the most trusted sectors of health care personnel,[11] have the power to make a positive impact on community resiliency after a disaster or emergency. Nurses may be involved within the community response either as a first responder, providing care and expertise upon arrival at the incident scene, or as a first receiver, administering care for patients at a receiving health care organization.

Disaster or emergency incidents, no matter how large, become local phenomena, and without health care providers positioned in treatment/consultation areas and without supplies with which to provide care, the impact of long-term outcomes, particularly with affected vulnerable populations, cannot be predicted with any reasonable confidence. This situation may translate to low-staff/high-patient ratios, regardless of whether the nurse is in the role of a first responder or a first receiver. Consistent empirical evidence from 2 research studies have indicated that health care workers (N = 6248)[12] and nurses (N = 1339)[13] are often able to respond, but the commonly identified barriers of child, elder, family, and pet care and transportation are barriers to being available to provide patient care. Moreover, fear, concerns for family and self, and health issues, either as a result of personal history or the incident itself, influence and obstruct the willingness to report to work.[12,13]

Education Supports Readiness

Nursing education on disaster topics is critical to knowledge, skills, attitudes, abilities, and the creation of a workforce necessary for the management of human needs during emergencies.[14,15] Nurses need disaster education to implement assessment skills for promoting health and preventing harm during the course of a disaster, from preplanning to recovery.

It is important to note that no mass causality or large-scale incident is an event managed alone by health care professionals. Fire, police, EMS, governmental, private sector, and faith-based organizations are all involved in a large-scale event. Through disaster education the nurse develops a working knowledge of the roles and functions of the incident command structure, which is designed to promote communication, organization, and resource management.[16]

In addition, it is important that nurses have an understanding of their purpose, function, and role within their employer's emergency preparedness plan whether they are working or off work. Emergency events may be internal or external to health care organizations, requiring a nurse to be available and capable of providing best patient care while managing an incoming patient surge and determining alternative sites for care or reverse triage of current patient populations. Such decisions require focused thinking and again support the concept that if nurses have a plan for themselves and their families, then the nurses will be available and willing to engage in nursing's professional priority, patient care.

Six national documents support the need for nurses to be educated in disaster and emergency preparedness (Table 1). The Joint Commission,[17] the major health care accrediting organization in the US, has established standard measures for organization preparedness, including staff employment roles, responsibilities, and methods to provide patient care to vulnerable populations affected by a disaster/emergency incident. Next is the Agency for Healthcare Quality and Safety publication *Patient Safety*