

Disaster planning: public health role

[Environment](#), [Natural Disaster](#)



After working through the project “ Disaster in Franklin County,” I will admit that I have a new appreciation for the role of the public health nurse in the event of an emergency. The simulation helped me to understand the important role that the public health team plays in assisting the community during a disaster. Role of the Major Public Health Personnel Each of the major public health personnel, including the public health nurse, play a key role in keeping a disaster organized flowing smoothly.

The key roles are the medical health director, agency incident commander, public information officer, liaison officer, operations chief, planning chief, logistics chief, finance and administration chief, and public health nurse. With the exception of the public health nurse, the positions are often filled by people who may not be specifically trained for the roles, however, have a general overview of what the specific role requires.

Agency Incident Commander – The agency incident commander is responsible for making the assignments of each of the other roles. She/he will have a familiarity with the specific skill sets of each person who is eligible for a role and be able to use these skill sets appropriately within each role to obtain the highest amount of effectiveness. The incident commander will have a broad overview of what the different areas are working on, and know how each role will work to benefit other roles within the big picture.

The AIC oversees the development of the incident mission and key goals, and from this comes the development of an Incident Action Plan (IAP). The AIC is responsible for ensuring that the public health agency incident mission and

goals are synchronous with those of the other responding agencies and jurisdictions. The person in this position will have natural leadership qualities such as reliable critical thinking and problem solving skills, ability to make a quick decision, flexibility, adaptability, and a broad understanding of the area affected.

Public Information Officer – The public information officer is the communication coordinator or spokesperson. This individual is responsible for assuring that appropriate information is provided to the public, governmental officials and collaborating agencies. The Public Information Officer also assures that the required information is provided to the public health agency staff, so that the message of the agency is consistent, and in synchrony with other agencies.

This person needs to be proficient in gathering the correct data for the situation, organizing facts, preparing appropriate releases for the press and the public, should have good communication skills, the ability to think quickly before responding, and have a good working knowledge of correct policy and procedure, standards, and laws in the public health realm. **Liaison Officer** – The liaison officer interfaces with and coordinates all activities with external agencies.

The Liaison Officer assures that external agencies that are working with the department of health are provided with the resources that are required, as well as assure that agency policies, procedures and sovereignty are respected. She will be a point of contact for other agency representatives, and will coordinate assistance from other agencies such as hospitals, counties, EMS and federal emergency management.

She will be responsible for creating and maintaining a list of cooperating agencies, their representatives, and point of contacts, and keeping other agencies aware of the public health status within the given situation. The liaison officer will have a functional working relationship with other agencies and have good communication and organizational skills. Operations Chief – The Operations Chief carries out the specific tasks and objectives that the public health agency needs to do in order to accomplish the goals of the incident.

In this section, the Incident Action Plan is actually executed. This person will have a working knowledge of what needs to be done, how to get it done, and who to send to complete the task. He will also identify additional issues and resources needed and make those requests to the appropriate people. Examples of Operations activities include distribution of vaccines, water or soil sampling, delivery of risk communication messages to the public and case investigation, to name a few.

The skill set appropriate for this person is someone with leadership qualities such as critical thinking, direct communication, and the ability to multitask. Planning Chief – The planning chief position is used to organize data, make projections and forecasts about the event and report the information to the AIC. Where required, this person may engage in intelligence activities – which for public health may be gathering, analyzing and sharing incident information (some of which may be sensitive) with other agencies.

Examples of intelligence activities may include analysis and projections regarding epidemiological data about a bioterrorist event, risk assessments based on information reported by law enforcement or determination of toxic

contamination levels in an environmental incident is responsible for knowing the status of all resources available during a disaster both personnel and equipment. They will know how to obtain these resources, be able to determine current situation and status of the event, making a plan to provide the community with the things that are needed during a disaster, and have contingency plans in case the initial plans are unable to be carried out.

This person will have strong contacts throughout the community, a working knowledge of resources available and strong planning skills. Logistics Chief – The Logistics Chief provides the support to all other sections that have been activated in the public health agency so that the work can be accomplished. Logistics acquires and sets up the things that are needed for Operations to get the job done. A logistics chief will have excellent organizational skills and good ties with the community.

Finance and Administration Chief – The finance and administration chief has an essential role including assuring that a contractual and financial process is in place for emergency procurement of supplies, equipment, space and personnel; interpretation of human resource policies; tracking of fiscal resources that are expended during the response (so that costs can be recovered by the agency during the recovery phase of the event) and in some cases, assurance of availability of resources to address the physiological and psychological needs of the paid and volunteer agency personnel who are engaged in the response.

Diligent work done by the Finance / Administration Chief during an emergency can serve to prevent a financial or human resource disaster after

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the event. This person will have a skill set and background in finance or bookkeeping. Public Health Nurse – The public health nurse's role in a disaster is to assess medical health and safety needs of the community and implement interventions as soon as safely possible after the event.

This may include assessing individual needs of community members for things such as appropriate shelter, medications, basic provisions, such as food and water, and assessing for overall coping and stress management skills within a household. As these needs are assessed the public health nurse may refer to other agencies for resources in assisting these community members. The public health nurse will also be involved in vaccine delivery as appropriate and treating basic emergencies as needed.

Chain of Command for the Community Health Nurse

In the simulation “ Disaster in Franklin County,” the chain of command for the community health nurse began with reporting to the agency incident commander who reported to the public health director, who reported to the medical health director, who then reported to the operations chief for the county incident command system, who reported to the emergency operation center commander. This clear-cut chain of command makes it easy to get information up the chain to the appropriate people without the public health nurse having to relay information to multiple people.

Available Resources

Resources available to the community health nurse to deal with situations outside her scope of practice included environmental health specialists to assist with inspections of restaurants available to reopen and inspections of

housing before people returned home and help educate the public regarding the use of generators; law enforcement to assist with volatile situations, security and safety needs; hazmat and fire crews to assure safety of homes and businesses, and assist with cleanup efforts; public works to assure water safety, electrical safety, and assess for gas leaks are just a few of the resources available to the public health nurse to assure that the community is safe throughout the event and healthy upon returning to their homes.

Actions Taken During the Door-to-Door Interviews During the door-to-door interviews in the simulation, the community health nurse encountered Mr. Fugate, who did not have his blood pressure medications. This had the potential to be an emergency, had Mr. Fugate's blood pressure been high, or had he been symptomatic. The simulation stated that Mr. Fugate could have stayed at home or gone to the shelter, according to the community health nurse.

In this situation, even though his blood pressure came back at a reasonable reading at the moment, I believe Mr. Fugate would be best served at the shelter where his blood pressure and his general safety could be monitored until events after the storm could be better stabilized. Should Mr. Fugate, choose to stay at home, there is a risk that his blood pressure would spike to a much higher level at a time when he is alone, and unable to receive appropriate medical treatment in a timely fashion. This also increases his risk for issues such as stroke and falls. While we must respect the wishes of the patient, as nurses, we also can make strong recommendations to our patients using basic health facts and logic that will sometimes change their decisions.

In the case of Mrs. Alvarez, who spoke Spanish only, the enclosed generator had the potential to be lethal to Mrs. Alvarez and her son. The immediate education regarding the ventilation of the generator was necessary to prevent a buildup of deadly gases. Had there not been anyone at the Alvarez residence who spoke English, not having access to a translator could have been detrimental to their health as they would not have been a way to discuss the risks with Mrs. Alvarez. Having a plan in place for access to a translator in a time of the disaster is very important as education, such as this, may be necessary on the spot, as opposed to at a later time.

In the case of Susan Fuhr, my main concern would have been a lack of coping skills and an immediate danger to herself and her child. In a disaster, many things can happen to cause an increase in stress levels. In a person who is already stressed, any one of the stressors may cause an already overloaded person to be pushed beyond their breaking point. This puts at risk everyone in their path for physical and verbal abuse. Susan Fuhr had the stressors of a young child, as well as caring for her mother-in-law to deal with before the storm. While a recommendation to go to the shelter would have provided her with food, shelter and water, sometimes the stress of being away from your home, especially when caring for others is more difficult to deal with.

Assuring that the family had the essentials that they needed and that follow-up was arranged was imperative in this situation. In a disaster, many people are afraid that they will be a burden to others if they ask for help. In the case of Mr. Westlund, the chemical spill and cleanup without being educated about the proper ways to do this could be detrimental to Mr. Westlund's

health. Putting him in touch with the appropriate resources, such as the hazmat team, was imperative to assuring that the chemical spill was cleaned up properly, both for Mr. Westlund and the community. Assisting the Community in Coping The community health nurse provided education to each of these families appropriate to their situations.

She acted as a coordinator and advocate to put them in touch with the appropriate resources as well as a collaborator, by listening and respecting their needs and wishes. Using these techniques helps to calm the fears of the residents of the community by helping them feel more prepared through education, know that their needs and wishes are important and will be respected by those providing help to them, and by acting as an advocate, they are reassured that someone cares about their situation and wants to help them in this time of need. DisasterNursing-How Can I Help As a nurse in the community, whether working in the public health realm or another sector, it is our instinct to go where they need is.

One of the first things that you can do to help in the situation of the disaster is to be preregistered with an organization that is known to provide first responder assistance such as the Red Cross, Salvation Army, or local disaster teams. Even though the areas we are needed are rarely the areas of our expertise, extra bodies and extra hands are always welcome in a disaster. For those that work in areas such as hospitals, emergency rooms, and urgent care centers, checking in with your employer to see where help is needed is always appropriate. As a nurse, I worked through Hurricane Ike in September 2008 as it hit the Texas coastline and wreaked havoc on the city of Houston and surrounding communities. Even though I was in management at the

time, I worked 58 hours straight through the hurricane coordinating nursing staff, caring for patients, and doing whatever needed done.

This meant that, along with normal nursing duties, I made sandwiches, I cleaned beds, I removed red bags with patient waste inside, I assisted in putting out small fires, and I coordinated a move of the nursery when water started leaking through the ceiling. None of these was my regular duty, however, they were things that needed done at that moment. I believe the biggest service in any disaster for nursing personnel is to first be prepared for the disasters that can happen in your area; have a plan for your own family that can include being separated from them; know how you will get to the area you could be working in should a disaster occur in; and once you're there, be willing to do what needs to be done, even if it's outside your comfort zone. Being a nurse during a disaster can be stressful and exciting all at the same time. It will make you think outside the box to solve situations in new and different ways. Critical thinking and problem solving are taken to a whole new level during a disaster. Nursing of this type will boost confidence and test endurance as the nurse often works with little sleep, little food, and stress surrounding her. I will also say that nursing during a disaster is some of the most rewarding nursing I have ever done, and as crazy as it will sound to the rest of the world, nurses will always run in as everyone else runs out. It's just who we are.