

Are Healthcare Workers in Hospitals Ready for Disasters in the Community?

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INTRODUCTION

- Through their rigorous academic and clinical challenges, nursing programs train students to become competent nurses that will be able to venture into the workforce in many different areas. These areas can be nursing homes, hospice care, schools, rehabilitative facilities, patients homes, and of course hospitals, which all pose their unique challenges. However, the focus here is on hospital nurses and if they are truly ready for disasters in the community?"

- "With the increasing global frequency of disasters, the call for disaster preparedness training needs to be reinforced. Nurses form the largest group of the healthcare workforce and are often on the frontline in disaster management. Therefore, nurses should be adequately equipped with the knowledge and skills to respond to disasters..." The United Nations Office for Disaster Risk Reduction defines a disaster as a "serious disruption of the functioning of a community or society involving widespread human, material, economic or environmental losses and impacts which exceeds the ability of the affected community and society to cope using its own resources" (Achora & Kamanyire, 2016)

- The focus of this poster will be on the COVID-19 pandemic and registered nurse's preparedness leading into 2020.

SIGNIFICANCE

Results from National Nurses United surveying more than 8,200 registered nurses on preparedness for COVID-19 outbreak:

- Only 44% report that their employer has provided them information about novel coronavirus and how to recognize and respond to possible cases.
- Only 29% report that there is a plan in place to isolate a patient with a possible novel coronavirus infection. 23% report they don't know if there is a plan.
- Only 63% of nurses report having access to N95 respirators on their units. 27% have access to PAPRs.
- Only 30% report that their employer has sufficient PPE stock on hand to protect staff if there is a rapid surge in patients with possible coronavirus infections. 38% don't know.
- Only 65% report having been trained on safely donning and doffing PPE in the previous year.
- 66% have been fit tested in the previous year; 33% have not been fit tested in the previous year.
- Only 14% report that their employer has an overflow plan to place additional, trained staff to enable safe care provision to patients on isolation for possible novel coronavirus. 43% report they don't know.
- Only 19% report that their employer has a policy to address employees with suspected or known exposure to novel coronavirus. 43% don't know.

(National Nurses United/California Nurses Association, 2020)

POSITION STATEMENT

- Nurses in hospitals are not fully prepared for disasters in the community.
- The shortage is not only proper protective equipment but also equipment vital for taking care of the critically ill such as ventilators, negative pressure rooms, and intensive care unit beds.
- Medications to treat the corona virus, the virus causing the COVID-19 pandemic, are not yet approved for treatment and require time to be put through clinical trial, while others rapidly become sick (Harvard Health Publishing, 2020).

SUPPORT FOR POSITION

- A panel of leading immunologists, epidemiologists, and infectious disease researchers at the University of California San Francisco estimate up to 21 million people in the United States may need hospitalization (National Nurses United, 2020).
- At this time the United States has only 925,000 hospital beds (National Nurses United, 2020).
- Unless the epidemiological curve is quickly flattened, resources will have to be rationed as it will be tough keeping up with the demand.
- Nurses and other staff are already being asked to reuse protective equipment, which would typically be strictly prohibited, all while putting themselves at risk.
- Currently, no enforceable OSHA infectious diseases standard exists nationally for this pandemic (National Nurses United/California Nurses Association, 2020).
- Without proper resources proper care becomes unattainable.
- If nurses and other health care workers are not protected, the hospital beds will not be staffed.

IMPLICATIONS FOR PRACTICE

To decrease the overwhelming demands brought on through this pandemic along with overwhelming need for resources, we should:

- Consider sourcing materials from less essential businesses to meet hospital needs. Ex. Mass amounts of N95 masks from construction companies to hospitals in need.
- Re-open any recently closed hospitals (more than 120 since 2015), many in medically underserved areas (National Nurses United, 2020).
- Use consumer production factories to convert to making medical supplies. Ex. Mechanical based companies can shift to making ventilators. While textile and fabrics can mass-produce respirator masks.
- Escalate tactics to ensure lesser chance of spread. Ex. Establish stricter consequences/laws where people who are not essential must stay inside.
- Consider strategies to improve incentive like overall working conditions, salary, and benefits in nursing to encourage more people to pursue nursing and prevent shortage of workers in future.



(Weiss, 2020)

A century later?

Based upon previous statistics, strategies to be effectively prepared in the future could be:

- Mass producing and stockpiling equipment, specifically set aside for pandemics and other disasters.
- Being more aggressive in the field of infectious disease. Ex. Isolating more virus's/diseases and tirelessly finding vaccine, cure, and treatment. Advocate for more funding.
- Revamping CDC and FDA guidelines on process of drug approval and administration in critical circumstances.

CONCLUSION

"Nurses are confident we can care for COVID-19 patients, and even help stop the spread of this virus, IF we are given the protections and resources we need to do our jobs..." - Bonnie Castillo, RN (National Nurses United/California Nurses Association, 2020).

In conclusion, to be prepared for disasters of any nature, there needs to be strict policies and protocols in place. Even then, institutions having their own policies and protocols in place will not undue the problem. This is a problem, of numbers, a problem of volume. The curve needs to be flattened so that resources are not exhausted as quickly. By flattening the curve, or spreading out the number of people sick over time as opposed to so many sick at once, there are more ventilators, more masks, more beds, and ultimately more time to work on vaccines and safe, effective medication regimens.

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