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

Meaghan Whelan

INTRODUCTION

“Emergencies can create a variety of hazards for workers in the impacted area. Preparing before an emergency incident plays a vital role in ensuring that employers and workers have the necessary equipment, know where to go, and know how to keep themselves safe when an emergency occurs” (Osha, 2021, p.1).

“Healthcare facilities and their staff play a key role in emergency preparedness and response efforts for all types of events, including natural or man-made disasters, pandemic outbreaks or terrorist attacks. The availability of healthcare services is essential to accommodate the surge in demand that accompanies an emergency or disaster” (Premiersafetyinstitute, 2021, p.1).

SIGNIFICANCE

-“More than 1,000 hospitals across the United States are "critically" short on staff, according to numbers released this week by the Department of Health and Human Services” (McMinn, 2020, p.1).

-“21% of all hospitals reporting say they anticipate having critical staffing shortages in the next week” (McMinn, 2020, p.2).

-“GetUsPPE, a nonprofit organization led by medical professionals that formed in March to get protective equipment to healthcare workers and other first responders and has delivered more than 2.1 million units since it started, currently has more than 13,000 active requests for PPE in its database and has filled only 10% of those requests” (Dall, 2020, p.6).

-National Nurses United conducted a survey of registered nurses in California on hospital preparedness, “Preliminary results from more than 1,000 nurses in California are worrisome” (Nationalnursesunited, 2020, p7):

-“Only 27 percent report that there is a plan in place to isolate a patient with a possible novel coronavirus infection. 47 percent report they don't know if there is a plan” (Nationalnursesunited, 2020, p.7).

POSITION STATEMENT

Healthcare workers, especially in the hospital setting are not prepared for disasters in the community. This is evident through the surge of the Corona Virus nationwide.

SUPPORT FOR POSITION

-“COVID-19–related shortages of personal protective equipment and drugs continue to plague the US healthcare system, but now in the third US pandemic wave, nursing and other staffing shortages are sweeping the country” (McLernon, 2020, p.1).

-Due to the overwhelming number of patients being admitted to the hospital during Covid, “An Associated Press report found that at Hurley Medical Center in Flint, Michigan, the nurse-to-patient ratio went from its recommended 1:1 to 1:4” (McLernon, 2020, p.2).

-“The Centers for Disease Control and Prevention (CDC) recommends that during crisis situations, N95 respirator masks be used only during aerosol-generating procedures, but that means risking exposure of health care workers using less protective surgical masks around patients with confirmed or suspected Covid-19 infection” (Ranney, 2021, p.5).

According to the FDA (FDA, p.1) :

-Devices in the device shortage list include personal protective equipment, testing supplies and equipment, and ventilation related products.

-Devices in the discontinuance list include infusion pumps and related accessories, orthopedic, personal protective equipment, sterilization products, ventilation related product, and vital sign monitoring.

IMPLICATIONS FOR PRACTICE

According to (Toner, 2020):

-“Comprehensive and realistic planning based on actual CDC FluSurge projections in each hospital, and collaborative planning among all hospitals in a region (eg, healthcare coalitions)”

-Employ at least 1 full-time hospital emergency manager in each hospital.

-Dedicate a full-time infection prevention practitioner to work on infection prevention aspects of the preparations, including education, training, and exercises.

-Limiting the nosocomial spread of the virus to (1) protect the healthcare workers and, thus, maintain a hospital workforce; (2) prevent the hospital from being a disease amplifier; and (3) protect the non–COVID-19 patients from infection, so as to maintain the ability to provide essential non–COVID-19 health care

-Maintaining, augmenting, and stretching the hospital workforce

-Vaccinate all staff for influenza to reduce the burden of that disease.

-Coordinate plans with other hospitals in the region to recruit and use volunteers.

-Allocating limited healthcare resources in a rational, ethical, and organized way so as to do the greatest good for the greatest number.



(Lucas, 2020)

CONCLUSION

As a global pandemic arose and the numbers began to spike with those infected by COVID-19, the United States was unprepared and had a serious shortage of supplies and staff, resulting in the inability to sufficiently take care of those who were ill and needed to seek medical treatment.

As the pandemic is still an ongoing issue, frontline workers have tried to figure out more efficient ways to become more prepared for rises in cases and increase in numbers in healthcare facilities. Floors have been dedicated to people with a positive Covid test. Individuals are tested for Covid upon admission for precautionary measures.

Although there is a lot of uncertainties of what this pandemic may bring, healthcare facilities and workers are doing everything in their power as more regulations and protocols are now set into place.

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