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Health care emergency preparedness has undergone significant changes since the first widespread distribution of federal funds occurred in 2002. Prior to the development of the Health Resources and Service Administration Bioterrorism Preparedness grant, support to hospitals and public health was limited to smaller regional preparedness programs such as the Chemical Stockpile Emergency Preparedness Program. Measurable progress with both the hospital preparedness program and public health emergency preparedness requires development of partnerships, establishment of coalitions, development of measurable objectives, and a community willingness to work together to solve complex preparedness problems.

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Sherrill J. Smith and Sharon L. Farra

As the largest profession of health care providers, nurses are an integral component of disaster response. Having clearly delineated competencies and developing training to acquire those competencies are needed to ensure nurses are ready when disasters occur. This article provides a review of nursing and interprofessional disaster competencies and development of a new interprofessional disaster certification. An overview of a standardized disaster training program, the National Disaster Health Consortium, is provided as an exemplar of a competency-based interprofessional disaster education program.

All the Resources was Gone: The Environmental Context of Disaster Nursing	569
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Stasia E. Ruskie

US nurses are not prepared for the altered conditions of the disaster environment, nor has the context of providing disaster nursing care been a focus of disaster research. Using an existential phenomenologic approach, US nurses described the "not normal" conditions of the disaster environment they experienced as physically and emotionally challenging, because of the reduced infrastructural capabilities, unfamiliar patient

populations, and reliance on low-technology nursing with insufficient staff and supplies. Preparation for the reduced resources of the disaster environment should be integrated into current nursing education, clinical practice, and disaster preparedness policy.

Complicated Realities: Mental Health and Moral Incongruence in Disaster/Humanitarian Response

585

Suzanne M. Boswell

In the course of disaster/humanitarian response, providers are exposed to chaotic environments riddled with morally complex situations. This article disseminates research findings that highlight the impact of moral incongruence on responder mental health within the disaster/humanitarian setting by focusing on the theme "Everything was gray." The information is extracted from a larger, mixed methods study examining numerous variables considered within relevant literature to be influential in the occurrence of psychological distress among disaster/humanitarian responders.

Federal Emergency Management Agency Response in Rural Appalachia: A Tale of Miscommunication, Unrealistic Expectations, and "Hurt, Hurt, Hurt"

599

Lauren M. Oppizzi and Susan Speraw

In spring of 2012, rural southeastern Kentucky was impacted by torrential storms and flooding that activated federal disaster response through Federal Emergency Management Agency (FEMA). This qualitative research study examines the experience of community members affected by the Kentucky floods of 2012 (N=9) and describes their interactions with FEMA representatives, in their own voice, thereby giving insight into gaps in rural disaster response. The principal investigator spent 6 weeks living in the community and conducted open-ended interviews. Narratives were transcribed verbatim and analyzed using a phenomenological approach.

US Military Nurses: Serving Within the Chaos of Disaster

613

Felecia M. Rivers

The purpose of this article is to share US military nurses' experiences of responding to disasters. Using phenomenology, 23 participants serving as US military nurses from different service branches and the US Public Health Service volunteered for a single face-to-face interview. Five polar themes plus one final theme emerged from the narratives. Nurses expressed a sense of loss, reshaping of thoughts regarding disasters, and new appreciation of how people's lives are totally disrupted. Findings showed a need for change in nursing education, practice, training, policy, and recommendations for higher education and how the military may better educate its personnel.

Wildfire Disasters and Nursing

625

Patricia Frohock Hanes

Multiple factors contribute to wildfires in California and other regions: drought, winds, climate change, and spreading urbanization. Little has been done to study the multiple roles of nurses related to wildfire disasters.

Major nursing organizations support disaster education for nurses. It is essential for nurses to recognize their roles in each phase of the disaster cycle: mitigation, preparedness, response, and recovery. Skills learned in the US federal all-hazards approach to disasters can then be adapted to more specific disasters, such as wildfires, and issues affecting health care. Nursing has an important role in each phase of the disaster cycle.

**Evolution of a Nursing Model for Identifying Client Needs in a Disaster Shelter:
A Case Study with the American Red Cross** **647**

Janice Springer and Mary Casey-Lockyer

From the time of Clara Barton, Red Cross nursing has had a key role in the care and support of persons affected by disasters in the United States. Hurricane Katrina and other events brought to light the need for a shelter model that was inclusive of the whole community, including persons with disabilities, at-risk and vulnerable populations, and children. From an intake process to a nursing model for assessment, an evidence-guided process informed a systematic approach for a registered nurse-led model of care.

Hospital Decontamination: What Nurses Need to Know **663**

Brent Cox

Incidents involving the release of hazardous materials challenge medical providers with safely, quickly, and correctly removing contaminants from the victim. While doing so, the safety of the first receiver, current patients, bystanders, as well as the victim all have to be considered. Key challenges with hospital decontamination include, but are not limited to, selection of team members, training protocols, employee turnover, and funding. Best practices, based on the available literature and evidence, include administration buy-in and support; strong policy and procedure documentation; equipment maintenance programs; and team member recruitment, retention, and education.

Radiation, Fear, and Common Sense Adaptations in Patient Care **675**

Robert C. Beauchamp

Lack of understanding about the basic nature of radiation exposure and contamination may lead to unreasonable fear in nursing staff. A brief review of a well-known case shows that in general, both the public and health care providers are radiophobic. Studies have shown that the level of fear correlates inversely with an understanding of radiation. This article explores underlying principles of ionizing radiation and their application in patient management. Reality based, scientifically accurate information along with practical suggestions can free health care providers from unreasonable fear of victims of a radiation accident.

Vehicle of Hope: Faith-based Disaster Response **697**

Deborah J. Persell

In August 2005, the United States experienced one of the most catastrophic and costly disasters in its history: Hurricane Katrina. Faith-based

Organizations (FBOs) made a major contribution to the response and recovery efforts. Whereas the activities and skill sets of FBOs vary, their core missions are very similar: they want to provide hope. As a concept, hope has been purported to be essential for health and well-being, is viewed as multi-dimensional and a life force, as well as is highly individualized. This mixed methods study used interviews of the phenomenology tradition and the Herth Hope Index.