The Role of the Public Health Nurse

In Disaster

Preparedness, Response, and Recovery

A Position Paper

Association of Public Health Nurses
Public Health Preparedness Committee

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Executive Summary

No single discipline, agency, organization or jurisdiction can or should claim sole responsibility for the complex array of challenges associated with disasters, whether caused by nature, humans, or some combination of both. Each entity, though, must understand its respective role. Public health nurses play an integral role in meeting the National Preparedness Goal. In disaster preparedness, response, and recovery operations, public health nurses must be able to do what they do best -- population based practice in their communities. Sometimes, though, there is confusion as to what a public health nurse should and can do in preparedness, response, and recovery operations. This position paper provides practical guidance across the disaster life cycle as well as providing respective resource linkages. It is designed to inform public health nurses about how to conduct their critical work in a disaster while helping others to understand that work.

Acknowledgements

The Association of Public Health Nurses (APHN) recognizes that public health nurses possess a broad range of population based knowledge, skills, and nursing expertise when it comes to disaster preparedness, response, and recovery. The original position paper on the role of public health nurses in disaster was published in 2007 (under the APHN's previous name: Association of State and Territorial Directors of Nursing (ASTDN) by its Preparedness Committee membership at the time. Using this previous template, the 2013 APHN Public Health Preparedness Committee reviewed current key national disaster documents, analyzed public health and nursing disaster roles in recent disasters, analyzed the current state of competency research and applicable practice models, and held focus groups for nursing and public health input. The result is the 2013 *The Role of Public Health Nurses in Emergency and Disaster Preparedness, Response, and Recovery*.
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A Position Paper

Introduction

Preparing for, responding to, and recovering from disasters is a public health priority that must be addressed in an environment of constrained resources. Florence Nightingale demonstrated to the world the important role of nurses on the front lines of war-related disaster, and nurses continue to grow these capabilities in the 21st Century. Public health was afforded the opportunity to greatly increase capacity across the disaster cycle in the community sector with dedicated resources in the early 2000s. It was a time of solid growth for public health and public health nursing in terms of assuring community resilience at the local, state, and national sectors.

Public health must now, more than ever, expertly engage its internal and external partners, as well as its communities. No single discipline, agency, organization or jurisdiction can or should claim sole responsibility for the complex array of challenges associated with the disaster, whether caused by nature, humans, or some combination of both.

Public health nurses (PHNs) play an integral role in meeting the National Preparedness Goal, a part of the National Preparedness System: "A secure and resilient nation with the capabilities required across the whole community to prevent, protect against, mitigate, respond to and recover from the threats and hazards that pose the greatest risk (FEMA, 2013). " Nursing and, specifically, public health nursing practice must remain a constant across the national planning framework and its disaster cycle of preparedness (prevention, protection, mitigation), response, and recovery. The recognition of PHNs' population-based skills in times of disaster is an extremely important part of our national capacity for response. Public health nurses should not be simply viewed as acute care (i.e., hospital) replacements or first responder extenders (e.g., triage personnel) in a mass casualty environment. This is not to say that PHNs cannot do these functions if educated. Indeed, all health professionals may be called upon to expand in non-routine practice areas during a catastrophic response. Above all, though, in disaster preparedness, response, and recovery, PHNs are better used for services they do best, namely population based practice like rapid needs assessments of communities impacted by the incident, population-based triage, mass dispensing of preventive or curative therapies, community education, providing care or managing shelters for displaced populations and, of course, provision of ongoing continuity in essential public health services.

Public health nurses possess the skills and knowledge to develop disaster policies and comprehensive plans, and to conduct and evaluate preparedness and response drills, exercises and trainings. They are integral members in response operations and command centers, in

leadership and management roles, as well as in the field where they provide frontline population health and core public health services. The PHN is also adept in collaborating with other experts, including environmentalists, epidemiologists, laboratorians, biostatisticians, physicians, social workers, and other nurses. Interprofessional practice is required to enhance preparedness, response, and recovery at the local, regional, state, national and global levels. Strong systems and models are needed to maximize the collaboration of first responders, health care professionals, and volunteers.

Principles for PHN practice in disaster

1. Public health nursing roles in disasters are consistent with the scope of public health nursing practice and are articulated specifically in those standards and scope (ANA, 2013).

2. The components of the nursing process align with the National Planning Framework phases of preparedness (prevention, protection, mitigation), response, and recovery (ANA, 2010; FEMA, 2013).

3. Competencies provide a framework for defining PHN role and standards of practice across the disaster cycle and these competencies include those from public health nursing, disaster nursing, disaster public health, and competencies specific to public health nurses practice in disasters (ASPH, 2010; ICN 2009; Quad Council, 2011).

4. Public health nurses bring leadership, policy, planning, and practice expertise to disaster preparedness, response, and recovery.

Vision

Public health nurses who understand their disaster roles in light of their scope of practice and the National Planning Frameworks will be ready for practice across the disaster cycle, advocating for and working beside the whole community.

Purpose and use

Public health nursing practice focuses on population health through continuous surveillance and assessment of the multiple determinants of health with the intent to promote health and wellness, prevent disease, disability, and premature death, and improve neighborhood quality of life (ANA, 2013: 2). This position paper targets the following audiences: 1) public health nurses at local, regional, and state levels; 2) disaster partners in order to better coordinate efforts; and 3) stakeholders who need to understand PHN practice in disaster situations.

The Public Health Nursing Role in Disaster Preparedness, Response, and Recovery

Definition and scope of PHN practice

Public health nursing is "the practice of promoting and protecting the health of populations using knowledge from nursing, social, and public health sciences (American Public Health Association, Public Health Nursing Section, 2013, p.1)."

Societal and political changes leading into the 21st century have enhanced the evolution of identified threats to the health of the population. These threats have been identified as: (1) re-emergence of communicable disease; (2) environmental hazards; (3) physical or civic barriers to healthy lifestyles; (3) overall concern about the structure and function of the healthcare system; (4) modern public health epidemics, such as pandemic influenza, obesity, etc.; and (5) global and emerging crises with increased opportunities for exposure to multiple health threats (ANA, 2013, pp. 1-2). These threats have created a crucial shift towards public health all-hazards preparedness.

During a disaster, PHNs continue to adhere to the eight principles of public health nursing practice (Quad Council, 2011) and the core functions of public health (IOM, 1988).

Putting it all together

Public health nurses work at the individual, family, community, and systems levels to promote health and prevent disease with the ultimate goal of healthy people in healthy communities. They bring critical expertise to each phase of the disaster cycle: preparedness (prevention, protection, and mitigation), response and recovery. They have a unique skill set and an ability to link systems that are vital to the disaster continuum to include, but not limited to disease surveillance, disease and health investigation, case finding, rapid needs assessment, public health triage, mass prophylaxis and treatment, collaboration, health teaching and provider education, community organizing, outreach and referral, population advocacy and policy development. Public health nursing's abilities are critical for population-based care across the disaster cycle. Public health nurses are knowledgeable about the diverse community resources that are available, as well as what gaps may exist in community services, before, during and after a disaster. Thus, the PHN has a unique awareness of the vulnerable populations in the community, and who may be at heightened risk.

A PHN's clinical knowledge in multiple determinants of health and epidemiology and well-honed community assessment skills serve a crucial role in disaster preparedness, response, and recovery. Resilient communities are able to recover from adverse events. Public health nurses help further resilience in communities during disasters with their diverse skill sets. They assist populations to overcome great adversity and stress that often occur in disaster(s) by facilitating individuals, families and communities to use available resources to respond to, withstand, and recover.

Linking components of the nursing process with the disaster cycle

To clarify the relationship between PHN practice and phases of a disaster, **Table 1** illustrates how each step of the nursing process is practiced during each phase of the disaster cycle. This table can be used to educate and inform nurses, partners, and students about the potential role of PHNs across the disaster cycle.

Table 1: The Disaster Cycle Linked to the Nursing Process

		Examples of Each Disaster Phase Aligned with the Nursing Process❖ Preparedness, response and recovery focuses on the public health infrastructure needed to monitor the environment, assess population needs, and allocate resources in times of disaster. ❖*Based on Jakeway, C., LaRosa, G., Cary, A. &Schoenfisch, S. (2008). The role of public health nurses in emergency preparedness and response: A position paper of the Association of State and Territorial Directors of Nursing. Public Health Nursing, 25 (4), 353-361.*			
Disaster Cycle	**Definition*** ***Definitions retrieved from: http://www.fema.gov/mission-areas**	**Assessment**	**Planning**	**Implementation**	**Evaluation**
Preparedness	Preparedness includes prevention, protection and mitigation. It comprises "the capabilities necessary to avoid and/or prevent a disaster, as well as to reduce the loss of life and property by lessening the impact of disasters." Elimination of threats before a disaster strikes.	Assess the region for populations at risk for access and functional needs during times of disaster. Conduct a hazard vulnerability assessment for threats and hazards that pose the greatest risk.	Develop a care plan to address access and functional needs of populations during times of disaster. Complete this assurance function in collaboration with stakeholders to address needs such as sheltering in place, evacuation, and mass casualty surge capabilities.	Conduct training, drills and exercises related to the care of individuals, families and communities during disaster, focusing on populations with access and functional needs in an identified region.	Evaluate the training, drills and exercises related to the care of populations with access and functional needs in disaster, identifying gaps and remaining needs. Evaluate operational plans for preparedness, response and recovery for populations with access and functional needs.

		ASSESSMENT	PLANNING	IMPLEMENTATION	EVALUATION
RESPONSE	Response comprises "the capabilities necessary to save lives, protect property and the environment, and meet basic human needs after an incident has occurred." ✣*PUBLIC HEALTH TRIAGE: F.M. BURKLE, POPULATION-BASED TRIAGE MANAGEMENT IN RESPONSE TO SURGE CAPACITY REQUIREMENTS DURING A LARGE-SCALE BIOEVENT DISASTER. ACADEMIC EMERGENCY MEDICINE 2006: 13:1120.*	Use public health, population-based triage to assess communicable disease outbreak impact and needed response (e.g., influenza). Population based triage involving surveillance to divide the affected population into susceptible, exposed, infected, removed, and vaccinated for expedient and life-saving treatment.✣	Collaborate with response partners to develop plans for triage algorithms that determine appropriate care and sustenance logistics for populations based on their symptoms and co-morbid conditions (e.g., chronic disease).	Identify and place public health nurses and other support personnel to provide care according to the developed algorithms. Assure that logistics are in place to support community care during the crisis period. Conduct ongoing rapid needs assessments during the response phase in order to meet population needs.	Participate in ongoing response planning during the incident (e.g., the Incident Management System and its Planning "P"). Participate in service planning and provide real-time adjustment on the basis of real-time public health response evaluation. Assure needed and necessary public health nursing care.
RECOVERY	Recovery comprises "the core capabilities necessary to assist communities affected by an incident to recover effectively."	Conduct ongoing rapid needs assessment at appropriate intervals to determine health and critical resource capacity after a natural disaster (e.g., earthquake.)	Work with community stakeholders to plan for any long-term health concerns following an incident, getting ahead of the curve by identifying key resources and critical care logistics.	Participate in the reconstitution of critical services and the sustainment of the health and social infrastructure. Assist the community to find its "new normal" post-disaster.	Conduct evaluation of the long-term impact of disaster consequences on the whole community, promoting public health essential services through public health nursing.

Competency for Disaster Practice

In competency-based practice, the public health nurse may have a hard time deciding *which* set of competencies to use. The choice is an important one, though, since competencies serve to inform evidence based practice, standards development, and learning needs (International Council of Nursing (ICN), 2009).

Identifying competencies is a process that involves the review of peer-reviewed literature and educational theory, a review of existing competencies, the synthesis of new competencies, a review by an expert panel, a refining of new competencies, and the development of terminal objectives for each competency (Gebbie, Hutton, & Plummer, 2012). Each of the recommended competency sets in this section followed that process. Public health nurses are encouraged to study and acquire these competencies, then apply them to their own practice in anticipation of disaster preparedness, response, or recovery.

Public Health Preparedness and Response Core Competencies (ASPH, 2010)
The Public Health Preparedness and Response Core Competencies are to be used with the understanding that they are practiced within foundational public health competencies, generic emergency core competencies, and position-specific or professional competencies. The four core competencies span preparedness, response and recovery roles.

Performance Goal: Proficiently perform assigned prevention, preparedness, response, and recovery role(s) in accordance with established national, state, and local health security and public health policies, laws, and systems.

1. Model Leadership
    - 1.1 Solve problems under emergency conditions.
    - 1.2 Manage behaviors associated with emotional responses in self and others.
    - 1.3 Facilitate collaboration with internal and external emergency response partners.
    - 1.4 Maintain situational awareness.
    - 1.5 Demonstrate respect for all persons and cultures.
    - 1.6 Act within the scope of one's legal authority.

2. Communicate and Manage Information
    - 2.1 Manage information related to an emergency.
    - 2.2 Use principles of crisis and risk communication.
    - 2.3 Report information potentially relevant to the identification and control of an emergency through the chain of command.
    - 2.4 Collect data according to protocol.
    - 2.5 Manage the recording and/or transcription of data according to protocol.

3. Plan for and Improve Practice

3.1 Contribute expertise to a community hazard vulnerability analysis (HVA).
3.2 Contribute expertise to the development of emergency plans.
3.3 Participate in improving the organization's capacities (including, but not limited to programs, plans, policies, laws, and workforce training).
3.4 Refer matters outside of one's scope of legal authority through the chain of command.

4. Protect Worker Health and Safety
4.1 Maintain personal/family emergency preparedness plans.
4.2 Employ protective behaviors according to changing conditions, personal limitations, and threats.
4.3 Report unresolved threats to physical and mental health through the chain of command.

International Council of Nurses (ICN) Framework of Disaster Nursing Competencies (ICN and World Health Organization, 2009)

The International Council of Nurses (ICN) developed disaster nursing competencies to help clarify the role of the nurse in a disaster and assist in the development of disaster education. Although the competencies do not address the specific competencies required for PHN practice, they are designed to serve as the underpinning (ICN, 2009, p. 7).

The ICN disaster nursing competencies span four broad areas of competencies: 1) mitigation and prevention; 2) preparedness; 3) response; and 4) recovery/rehabilitation. The competency domains are:

1. Risk reduction, disease prevention and health promotion
2. Policy development and planning
3. Ethical practice, legal practice and accountability
4. Communication and information sharing
5. Education and preparedness
6. Care of the community
7. Care of individuals and family
8. Psychological care
9. Care of vulnerable populations
10. Long-term recovery of individuals, families and communities

In addition to these competency sets, generic models and competencies for PHN practice such as the Minnesota Department of Health PHN Intervention Wheel (2001) or the Quad Council PHN Competencies (2011) provide appropriate practice models, whether that PHN practice is delivered day-to-day or in a disaster.

By combining both the ICN Disaster Nursing Competencies and the Public Health Preparedness and Response Core Competencies, the PHN finds a solid platform to inform practice across the disaster cycle. Both of these competency sets are found in the *Recommended Reading and Key Documents* section at the end of this paper.

Leadership Planning and Policy Development

> *"As priority public health initiatives evolve to address emerging health trends, public health nurses take leadership roles. They identify evidence by which new public health systems changes are implemented and evaluated, and develop operational systems that may be effectively deployed. Public health nursing leadership ultimately enhances the ability of public health systems to address the health issues facing all people and creates conditions in which people can be healthy (ANA, 2013: 2)."*

The 2nd edition of *Public Health Nursing: Scope and Standards of Practice* (2013) makes it clear that PHNs are leaders. This is no less true in public health preparedness, response, and recovery.

Leadership collaboration

Well-prepared PHNs bring leadership and management expertise to each phase of disaster cycle. As an integral part of the health care system infrastructure within their community and jurisdictions, PHNs have established linkages to community health-related networks and resources that are vital to developing disaster preparedness plans and policies at local, regional, state and national levels. These connections between PHNs and community partners must occur in order to address complex issues such as providing mass care during the chaos of a disaster, prioritizing scarce resources, supervising spontaneous volunteers and unlicensed health care workers, identifying and planning for the care of populations with functional and access needs, as well as developing and maintaining effective systems of volunteers prepared to assist prior to the incident. Public health nurses also can use their networks across regional and state boundaries to achieve consistency in the protocols, practice standards and operational guidelines prior to the disaster incident.

Leadership efforts in policy and planning

Public health nurses are leaders in policy and planning to ensure that the communities they serve receive prioritized and actionable solutions to their health and social problems. An example of this is their effort in Functional Needs and Support Services (FNSS) for disaster-affected populations (FEMA, 2010). Solutions for meeting sheltering needs for those with access and functional needs are found below, aligned with each policy process step (Stanhope, M., 2012; FEMA, 2010):

1. Statement of a health care problem – *Children and adults with disabilities have the same right to services in general population shelters as other residents.*

2. Statement of policy options to address the health problem - *Historically, resource gaps have existed in planning for and meeting access and functional needs in general population shelters. The intent of this planning guidance is to ensure that individuals are*

not turned away from general population shelters and inappropriately placed in other environments (e.g., "special needs" shelters, institutions, nursing homes, and hotels and motels disconnected from other support services).

3. Adoption of a particular policy option - *Key considerations in planning for shelter operations are broader than medical services, to include of dietary needs, service animals, communication, bathing and toileting needs, quiet space, mental health services, dental services, medication, and transportation services.*

4. Implementation of a policy product (e.g., a service) - *Functional Needs Support Services (FNSS) are defined as services that enable individuals to maintain their independence in a general population shelter. FNSS includes:*
   - *reasonable modification to policies, practices, and procedures*
   - *durable medical equipment (DME)*
   - *consumable medical supplies (CMS)*
   - *personal assistance services (PAS)*
   - *other goods and services as needed*

5. Evaluation of the policy's intended and unintended consequences in solving the original health care problem. – *Ongoing through various organizations and agencies, to include Red Cross' Disaster Health Services and nurses.*

Meta-leadership (crisis leadership)

Nurses are familiar with the concept of meta-research, where many areas of research around a topic are pulled together for a new look at a complex problem and new solutions. During a disaster, a type of leadership that is increasingly called for in crisis complexity is meta-leadership. Meta-leadership is not just a two-dimensional relationship between a supervisor and employee or incident commander and the chain of command; rather, it occurs across numerous entities and in many directions: up, down, and sideways. Meta-leadership is defined as a five-dimensional ability to work within cross-boundary integration of an organization's capabilities into the community (Rowitz, 2013). In order to do that, an individual must understand self, the problem at hand, their organization, their supervisors and how to lead up (i.e., satisfy the boss while making sure the right thing gets done), and the connectivity of the defined community, both its organizations and its agencies (Marcus et al., 2009).

These five dimensions of meta-leadership align perfectly into public health nursing practice. Meta leaders, like public health nurses, motivate, inspire, and give to ensure that the communities they serve join in the solution.

Although in-depth coverage of how to lead in disaster cannot be covered in this position paper, the Marcus et al. (2007) materials included in the recommended reading section to enable the PHN to develop familiarity with meta-leadership principles.

Legal and Ethical Issues

Licensure, geographic boundaries and duty to respond

Public health nurses should be familiar with the nurse practice act of their state and its information about the practice of nursing in disasters. If a nurse is licensed by a Nurse Licensure Compact state, they can already practice across state lines in member states (NCSBN, 2013). During large-scale disasters that cross state borders, licensed nurses may be allowed by federal and/or state law or declarations to practice in other states.

Many states have now eliminated hard copy licenses as the paper cards can be tampered with and do not reflect current disciplinary status. Licensure is now often verified online at state boards of nursing sites, even during disasters. The National Council of State Boards of Nursing (NCSBN) provides the capacity for bulk license verification through its Nursys database on behalf of response organizations.

Nurses who volunteer to provide disaster services should clarify the expectations for licensure and liability protection with the organization they plan to volunteer in. Prior to volunteering, PHNs must be familiar with their employer's plans for staff who wish to respond and what their duty expectations are to their organization, both legally and ethically. Public health nurses also need to clarify how they are written into existing response plans for their organization and region. In addition to the employer, regional planning bodies or states may identify certain groups of nurses and pre-define their use in response and recovery. Written policy should assure protections and make clear the expectations of the registered nurse, the employer, and the government response systems before the disaster occurs (ANA, 2010).

Good Samaritan Law

Good Samaritan laws generally provide liability protection to individuals for situations where emergency care is rendered using reasonable and prudent judgment for the circumstances. Most states have enacted some form of Good Samaritan law, but many do not explicitly recognize publicly declared disasters (Courtney, Priest, & Root, 2012). The Good Samaritan law applies to situations in which the care or aid rendered was a good-faith effort and as a voluntary act. This means that Good Samaritan laws do not protect a provider working as an employee or as an organizational volunteer. Also, Good Samaritan laws do not protect against negligence or gross misconduct.

Existing protections

There is currently no comprehensive national legal protection for healthcare providers working in the disaster cycle. Federal laws such as the Federal Public Readiness and Emergency Preparedness Act and the Federal Volunteer Protection Act and state laws such as State Volunteer Protection Acts, Model State Emergency Health Powers Acts, and State Public Health and Emergency Management Provisions are in place. Some believe that the patchwork of protection for health care workers has become much stronger in its provider protections (Courtney, Priest, & Roost, 2012).

Disasters involve resource constraints, undesirable environments, and mass casualty surge needs. Disaster incidents stress planning and preparations, provide challenges, and may involve unforeseen situations demanding immediate response in the middle of chaos. Even if the health care provider has significant demands placed on them to the point that the care becomes qualitatively different from that provided in normal circumstances, professional liability has and will be decided against the relevant facts of the situation (Courtney, Priest, & Roost, 2012). Legal protection gauges what a reasonably skillful and prudent provider would do in a similar situation (i.e., in disaster).

There is a continued need for competency-based training and an understanding by the PHN of the professional scope and standards of practice to assure preparation as a health professional. Indeed, most ethical and legal conflicts can be avoided with disaster training and familiarity with disaster plans, to include hands-on disaster drills that include both medical and ethical decision making (Pou, 2013). Public health nurses will need the ability to make consistent judgments and decisions based on disaster plans and policies, sometimes in spite of their personal beliefs.

Summary

If public health nurses cannot convey their disaster practice expertise to others, they will most likely be underused, misused, and/or unable to participate in the leadership that they employ for community advocacy. Nurses remain the largest health care provider group available for preparedness, response, and recovery. It is important that public health nurses understand and promote their disaster capabilities as members of the public health and health care team before, during, and after the incident.

Disaster preparedness, response, and recovery is a critical component of public health nursing practice. Public health nurses will always be needed who understand the population-based nature of a disaster response and possess the knowledge and skills to respond in a timely and appropriate manner to any type of disaster.

Recommended Reading and Key Documents

American Nurses Association (ANA). 2010. *ANA issues brief: Who will be there? Ethics, the law and a nurse's duty to respond in disaster.* *http://nursingworld.org/MainMenuCategories/WorkplaceSafety/Healthy-Work-Environment/DPR/Disaster-Preparedness.pdf*

ANA. 2008. *Adapting standards of care under extreme conditions: Guidance for professionals during disasters, pandemics, and other extreme emergencies.* http://www.wsna.org/Topics/Emergency-preparedness/documents/ASCEC_WhitePaper031008FINAL.pdf

Association for Community Health Nursing Educators (ACHNE) Task Force on Disaster Preparedness. 2008. *Disaster preparedness white paper for community/public health nursing educators.* http://www.achne.org/files/public/DisasterPreparednessWhitePaper.pdf

Association of Schools of Public Health (ASPH). 2010. *Public health preparedness & response core competency model*. http://www.asph.org/userfiles/PreparednessCompetencyModelWorkforce-Version1.0.pdf

Centers for Disease Control and Prevention (CDC). 2012. *Public health preparedness: 2012 state-by-state report on laboratory, emergency operations coordination, and emergency public information and warning capabilities*. http://www.cdc.gov/phpr/pubs-links/2012/documents/2012%20State-By-State_Preparedness_Report.pdf

CDC. 2011. *A national strategic plan for public health preparedness and response*. http://www.cdc.gov/phpr/publications/A_Natl_Strategic_Plan_for_Preparedness.htm

CDC. March 2011. *Public health preparedness capabilities: National standards for state and local planning.* http://www.cdc.gov/phpr/capabilities/dslr_capabilities_july.pdf

Federal Emergency Management Agency (FEMA). 2013. *Presidential Policy Directive (PPD) 8 components: National preparedness goal, National preparedness system, National planning frameworks.* http://www.fema.gov/preparedness-1/learn-about-presidential-policy-directive-8#NPF

FEMA. 2010. *Guidance on Planning for Integration of Functional Needs Support Services (FNSS).* http://www.fema.gov/pdf/about/odic/fnss_guidance.pdf

FEMA Emergency Management Institute (EMI). 2013. *Independent study program (ISP)*. http://training.fema.gov/IS/NIMS.aspx

International Council of Nurses (ICN) and World Health Organization (WHO). 2009. *ICN framework of disaster nursing competencies*. http://www.icn.ch/images/stories/documents/networks/DisasterPreparednessNetwork/Disaster_Nursing_Competencies_lite.pdf

Institute of Medicine (IOM). 2013. *Crisis standards of care: A toolkit for indicators and triggers. http://www.iom.edu/Reports/2013/Crisis-Standards-of-Care-A-Toolkit-for-Indicators-and-Triggers.aspx*

IOM. 2012. *Crisis standards of care: A systems framework for catastrophic disaster response.* http://www.nap.edu/catalog.php?record_id=13351

Marcus, L.J., Ashkenazi, I., Dorn, B., & Henderson, J.M. 2007. The five dimensions of meta-leadership. http://www.asph.org/userfiles/Competencies-Resources/24_Harvard5D.pdf

National Commission on Children and Disasters. October 2010. *2010 Report to the president and congress*, AHRQ Publication No. 10-M037. http://archive.ahrq.gov/prep/nccdreport/nccdreport.pdf

Quad Council of Public Health Nursing Organizations (Quad Council). (2011). *Core competencies for public health nurses (CCPHN).* http://www.phf.org/resourcestools/Pages/Public_Health_Nursing_Competencies.aspx

RESOLVE, Inc. 2012. *Transforming public health: Emerging concepts for decision making in a changing public health world.* http://www.rwjf.org/en/research-publications/find-rwjf-research/2012/06/transforming-public-health.html

Trust for America's Health. December 2012. *Ready or not: Protecting the public from diseases, disasters, and bioterrorism.* http://www.healthyamericans.org/report/101/

Veenema, T. G. 2012. *Disaster nursing and emergency preparedness: For chemical, biological, and radiological terrorism and other hazards, Third edition*. New York, New York: Springer Publishing Company.

U.S. Department of Health and Human Services (DHHS). 2012. *Implementation plan for the national health security strategy of the United States of America.* http://www.phe.gov/Preparedness/planning/authority/nhss/ip/Pages/default.aspx

U.S. Department of Homeland Security. (2013) *Overview of the national planning frameworks*. http://www.fema.gov/media-library-data/20130726-1914-25045-2057/final_overview_of_national_planning_frameworks_20130501.pdf

References

American Nurses Association (ANA). (2013). *Public health nursing: Scope and standards of practice, 2nd ed.* Silver Spring, Maryland: ANA.

ANA. (2010). *Nursing: Scope and standards of practice, 2nd ed.* Silver Spring, Maryland: ANA

ANA, Brewer, K. (2010). *Issues Brief: Who will be there? Ethics, the law and a nurse's duty to respond in disaster.* Accessed October 15, 2013 from *http://nursingworld.org/MainMenuCategories/WorkplaceSafety/Healthy-Work-Environment/DPR/Disaster-Preparedness.pdf*

American Public Health Association, Public Health Nursing Section. (2013). The definition and practice of public health: A statement of the public health nursing section. Accessed Jan 1, 2014 from http://www.apha.org/membergroups/sections/aphasections/phn/about/defbackground.htm

Association of Schools of Public Health (ASPH). (2010). *Public health preparedness & response core competency model*. Accessed May 15, 2013 from http://www.asph.org/userfiles/PreparednessCompetencyModelWorkforce-Version1.0.pdf

Association of State and Territorial Directors of Nursing. (2007). The role of public health nurses in emergency preparedness and response. Accessed October 15, 2013 from http://www.phnurse.org/docs/The_Role_Of_PHNs_in_Emergency_Preparedness_&_Response_2007.pdf

Courtney, B. A., Priest, C., & Root, P. (2012). "Legal Issues in Emergency Response," in Couig, M.P., Kelley, P., and Kasper, C. Editors, 2012 Annual Review of Nursing Research: Disasters and Humanitarian Service. Springer Publishing Company: New York City, NY.

Federal Emergency Management Agency (FEMA). (2013). *Presidential Policy Directive (PPD) 8 components: National preparedness goal, National preparedness system, National planning frameworks.* Accessed May 15, 2013 from http://www.fema.gov/preparedness-1/learn-about-presidential-policy-directive-8#NPF

FEMA. (2010). *Guidance on planning for integration of functional needs support services (FNSS).* Accessed October 15, 2013 from http://www.fema.gov/pdf/about/odic/fnss_guidance.pdf FEMA.

Gebbie, K. M., Hutton, A., & Plummer, V. (2012). Update on competencies and education. In M. P. Couig, & P. W. Kelley, (Eds.), *Annual review of nursing research: Disasters and*

humanitarian assistance (Volume 30, 169-192). New York, New York: Springer Publishing.

Institute of Medicine (IOM) (2011). The future of the public's health in the 21st century. Washington DC: Department of Health and Human Services. Accessed Jan 1, 2014 from http://iom.edu/Reports/2002/The-Future-of-the-Publics-Health-in-the-21st-Century.aspx

International Council of Nursing (ICN) & World Health Organization (WHO). (2009). *ICN framework of disaster nursing competencies*. Geneva, Switzerland: International Council of Nurses and World Health Organization. Accessed May 15, 2013 from http://www.icn.ch/images/stories/documents/networks/DisasterPreparednessNetwork/Disaster_Nursing_Competencies_lite.pdf

Jakeway, C., LaRosa, G., Cary, A. & Schoenfisch, S. (2008). The role of public health nurses in emergency preparedness and response: A position paper of the Association of State and Territorial Directors of Nursing. *Public Health Nursing, 25* (4), 353-361. Accessed October 1, 2013 from http://onlinelibrary.wiley.com/doi/10.1111/j.1525-1446.2008.00716.x/abstract

Kuntz, S. W., Frable, P., Qureshi, K., & Strong, L. L. (2008). Association of Community Health Nursing Educators (ACHNE): Disaster preparedness white paper for community/public health nursing educators. *Public Health Nursing, 25* (4), 362-369. Accessed October 1, 2013 from http://onlinelibrary.wiley.com/doi/10.1111/j.1525-1446.2008.00717.x/abstract

Marcus, L. J., Ashkennazi, I., Dorn, B. C., & Henderson, J.M. (2007). National preparedness and the five dimensions of meta-leadership. Accessed May 15, 2013 from https://www.medicalreservecorps.gov/File/Promising_Practices_Toolkit/Guidance_Documents/Emergency_Preparedness_Response/Meta_Leadership_One_page_primer_March_2007.pdf

Minnesota Department of Health, Division of Community Health Services, Public Health Nursing Section. (2001). Public health nursing intervention wheel. Accessed October 15, 2013 from http://www.health.state.mn.us/divs/opi/cd/phn/docs/0301wheel_manual.pdf

National Council of State Boards of Nursing. (2013). Nurse licensure compact. Accessed Jan 1, 2014 from https://www.ncsbn.org/nlc.htm

Pou, A. (2013). Ethical and legal challenges of disaster medicine: Are you ready? *Southern Medical Journal*, 106 (1), 27-30. Accessed Jan 1, 2014 from http://www.ovid.com/opencms/opencms/web/OVID/PDF/Ethical_and_Legal_Challenges_in_Disaster_Medicine.pdf

Quad Council of Public Health Nursing Organizations (QUAD COUNCIL). (2011). Core competencies for public health nurses (CCPHN). Accessed Jan 1, 2014 from http://www.phf.org/resourcestools/Pages/Public_Health_Nursing_Competencies.aspx

Rowitz, Louis. (2013). *Public health leadership: Putting principles into practice*, 3rd ed. Burlington, Massachusetts: Jones and Bartlett Learning, LLC.

Stanhope, M. (2012). "Public Health Policy," in Stanhope, M. and Lancaster, J., Editors, *Public health nursing: Population-centered health care in the community, 8th Ed.* Elsevier-Mosby: Maryland Heights, MO.

U.S. Department of Homeland Security. (2013) *Overview of the national planning frameworks*. Accessed October 15, 2013 from http://www.fema.gov/media-library-data/20130726-1914-25045-2057/final_overview_of_national_planning_frameworks_20130501.pdf