Disaster Health

The Role of Australian Nurses in Disasters: What ‘Group’ of Nurse Should Assist?

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Australian nurses have been active participants in the response to disasters, both nationally and internationally. We have seen this in recent years with nurses responding to events such as the Black Saturday and Victorian Bushfires in 2009, the 2009 Pacific tsunami, 2010 Pakistan floods, 2011 Christchurch earthquake, and the Queensland extreme weather events 2011/2012. Traditionally, nurses from the emergency department, intensive care unit and/or the perioperative environment have been amongst the majority of nurses that have been deployed. However, the question is: are these the right groups of nurses to respond to a disaster?

When we think of nurses assisting in disastrous events, we might picture them undertaking clinical activities, such as wound dressings, assisting with surgical procedures and undertaking other time critical interventions. The nurses most likely to undertake these activities are those in the immediate community or nearby hospitals, assisting in the immediate response to the disastrous event. Given the nature of this clinical activity, it could be argued that nurses from the critical care environments are well suited to assist and respond. However, the Australian nurses’ experience of assisting in a disaster may not necessarily be this, as our participation in events such as those listed above does not commonly form part of the immediate response.

With an interest to better understand what Australian nurses ‘do’ in a disaster, with the potential to enhance the preparedness of nurses, a series of research projects were undertaken with nurses who assisted in the out-of-hospital environment during the Black Saturday and Victorian Bushfires in 2009. The first was a survey of nurses which included questions relating to their previous out-of-hospital experience, disaster education, training and experience, and their role in the bushfires. The second was a series of individual interviews, focussing on the nurses’ role and their disaster preparedness.

It was interesting to note from the findings of these research projects, that nurses did not focus exclusively on clinical activities. Instead, nurses undertook minimal clinical activities, spending most of their patient contact time coordinating care, problem solving and providing psychosocial support to colleagues and members of the disaster affected communities.

Clinical activities were not complex, not requiring the expertise of critical care nurses. Instead, clinical activities included wound reviews and eye irrigation – predominantly of firefighters.

Problem solving was a time consuming activity for nurses. When people evacuate from their homes, they commonly take with them their sentimental items, such as photos or computers; however, they do not necessarily consider things that support their health, such as their medical history documentation or current medications. This can become problematic for a nurse attempting to provide health care, particularly when a patient can only describe their medications in terms such as, ‘it is a small white tablet, taken twice a day – because the doctor told me to take it’. However, nurses are good at problem solving. They were able to determine what the tablet was, the dose and frequency, along with avenues to access these medications for the patient. Access to

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medications was problematic as disasters commonly occurred outside of normal business hours.

Coordination of care was a central role for the nurse. Nurses have a good understanding of health requirements of an individual, and have the ability to coordinate care, such as the movement of a patient from point A to point B within the resources that are available. As such, nurses seemed to have situational awareness of the impact of the disastrous event, the health needs of the patient and combined these to ensure the best outcomes for their patients.

Psychosocial support encompassed much of the work of nurses. This support was provided to their colleagues and to the community. Some nurses described community members approaching them for minimal clinical care, as an avenue to discuss the event and their situation. This was an area of health that nurses felt passionate about contributing to, however, had little specific training or education post their undergraduate studies. As such, psychosocial training should be an essential element of any disaster education and training program for nurses.

Whilst the role of nurses described above cannot be generalised to events beyond the Black Saturday and Victorian bushfires in 2009, the above description of the nurses’ role provides insight into what it might be like for nurses to assist in a disaster. As such, it also offers insight into what ‘group’ of nurses would be appropriate to assist in a disaster. In considering the above, community, public health, general practice and/or mental health nurses are an appropriate group to assist in disasters alongside those from the critical care environments. If this is so, strategies should be explored that are inclusive of various nursing ‘groups’ to ensure the health needs of the community are met during and following a disaster.

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