

Responding to

By the NSNA Board of Directors



The devastation
in the wake of
Hurricane Katrina.

Disaster



Are we ready for another Katrina? For a dirty-bomb in a major city, an earthquake, or a tornado? NSNA's Board of Directors wants to prepare nursing students by creating guidelines that recommend the implementation of response, fundraising, and recovery efforts.



“The trip to New Orleans was bigger than Katrina. It’s about being prepared for the next disaster and learning from it.”

– Jordan Stoner, Ex-officio, and Chair, Council of State Presidents

When Jordan Stoner went to New Orleans and Hattiesburg, MS, this past August, it was with the hope and expectation that NSNA would be able to contribute to the recovery efforts in the area. The Hurricane Relief Fund that the Foundation of the NSNA established in September 2005 had already distributed over \$10,000 in funds to schools and students in need in the area, but the Board wanted to do more, especially after its members visited the area. Stoner tried to prepare herself for the realities of the situation in New Orleans, but says, “I failed miserably.”

“Nothing I’ve been through could have prepared me for the damage caused by hurricanes Katrina and Rita,” she adds.

The Board initially hoped that they would be able to participate in the rebuilding process, but as

Breakthrough to Nursing Director Irma Martin points out, the process was bureaucratically difficult, and worse, the clean-up and rebuilding efforts seemed to lack direction. In fact, a Brookings Institution (2006) study found that a year after the storm, New Orleans was both rebuilding and stagnating, with much of the recovery successes focusing on least-impacted areas.

“I walked the streets of New Orleans and was overcome by the stench of raw sewage that still permeated the air and increased with the rising temperature and humidity,” says Martin. “I saw the remnants of a war zone, with buildings that were completely destroyed and often no indication of any official having visited the poorest neighborhoods.”

Taking Action

The Board of Directors realized that the biggest difference to the nursing student community would be made by expanding the scope of the project. “The members of NSNA wanted to do something to regulate how we as students could effectively, safely, and responsibly contribute in a disaster relief situation,” says Stoner. In keeping with the resolution passed by the 2006 House of Delegates, “In Support of the Establishment of Protocols for Disaster Relief Building the Scope of Practice for Student Nurses and the Collection and Distribution of Donations,” the Board decided to create a set of guidelines for preparation in the event of another disaster, and for fundraising as well.

“Nurses don’t just take care of their patients, but also their commu-

nity, culture, and society,” says Stoner. We need to come up with standards for students, ones we can use in all disasters. These guidelines should also coincide with our skills knowledge levels, and capabilities.”

Imprint editor Laura Hudgens agrees that providing a disaster and plan-of-action guideline is a crucial resource to students who need assistance and to those who want to provide help. Hudgens also emphasizes that this effort will require the support of faculty and nursing program administrators to reach its full potential. Students and schools of nursing were in chaos after the hurricanes struck the Gulf Coast Region. Communication was difficult and many people didn’t know where to turn.

NSNA received many emails that read like the following:

“I have no information about my school and no idea when I will be able to reach someone there. I want to know what my options are....”

“We are expected to graduate in May 2006 but I don’t think that it is possible now. I lost my entire home to hurricane Katrina and my only concern is graduation....”

“I know that New Orleans is still underwater, but temporarily relocating to Baton Rouge combined with no local newspaper makes it very difficult to keep abreast of the situation... Any information that you are able to provide would be most appreciated.”

Nursing students who wanted to help and coordinate recovery efforts also wanted to know how to get started and where to direct their aid. They expressed a sense of helplessness at not being able to do more. Yet NSNA members offered their own homes as shelters, started fundraising efforts through their chapters, and wanted to brainstorm on other methods to coordinate ideas.

Some of the efforts that chapters started include:

- St. John’s River Community College collected clothing, food,

What happened, and to whom?

When the Board traveled to New Orleans, they heard stories that moved them and that they wanted to share with *Imprint*. Below are some of the stories that students shared with them:



< **Jessica Stevenson, a nursing student at Louisiana State University**

My twin sister Lara – a nursing student at Delgado Community College Charity School of Nursing – my four-year old nephew, and I all evacuated to Monroe, LA. My good friend lined up an apartment for us to stay in until we were able to drive to Houston to meet our parents. We were standing outside of the apartment and my nephew turned to me crying and asked, “Nanny, can we please go home?” I looked at him and I started to cry as well.

“No Jack,” I answered. “We may not be able to go home for a while.” I felt helpless and lost.

Since then, the experience has taught me that home is not simply a place, but the people around you. Our “home” was Houston and then Baton Rouge for a month. We were together as a family and for Jack and me it was home enough. That was also the case for the Louisiana State University Health Sciences Center (LSUHSC) School of Nursing. The Baton Rouge Citiplace Cinema was not our normal “home” but the instructors and students made it our home for two semesters. We all made it work for each other and we supported each other and became much like a home. Now, I have many “homes.”

Christine Y. Smith, a student at Delgado Community College Charity School of Nursing

I stayed in the area. I have a 97-year old grandmother at a nursing home and the residents were not evacuated. From Sunday to Thursday, the home had no electricity, water, and few supplies. Additionally, there were only two nurses on duty for the entire place. There was also one janitor there. My brother and I took care of my grandmother daily, feeding and giving her liquids and helping to take care of other residents. We helped to raise the residents and turn them as well.

The heat and odor of feces was astounding. On Thursday, the nursing home staff realized that they had to evacuate. The residents were bused five hours away to Monroe, and they were dropped off at various nursing homes throughout that city. We had to call around several times before we found my grandmother. The next day at 2:00 a.m. we received a call letting us know that she was at an LSU emergency room – she had cracked her head open. She ended up with stitches and again, I had to try to find her. After I finally did, all she kept saying was, “I had a long terrible bus ride.”

I think that if anything, this type of experience makes you face what the truly important things in your life really are.

supplies, and held silent auctions for funds.

- Georgia Association of Nursing Student (GANS) held a “Cookout for Katrina.”
- The University of West Florida chapter (profiled in the February/March 2006 issue of *Imprint*) raised funds by creating a calendar from images they took on a supply drop trip to Biloxi.

Stories like these were part of the reason that the Board has steadfastly pursued its Disaster Relief Planning project for nursing students and have continued to fundraise for the Foundation’s Disaster Relief Fund.

NSNA Vice President Justine Mize has lead the efforts of the Disaster Relief Task Force, serving as the committee’s chair and organizing meetings at the Annual MidYear Conference in Atlanta and at the upcoming Annual Convention in April.

Representatives from the American Nurses Association, the National League for Nursing, the American Organization of Nurse Executives, the American Red Cross, the Emergency Nurses Association, Valencia Community College in Orlando, FL, and the Texas Nursing Students Association, all took part in the MidYear Conference meeting.

In addition to the above, these organizations are also part of the Task Force: the American Psychiatric Nurses Association; American Association of Colleges of Nursing;

National Council of State Boards of Nursing; American Association of Critical Care Nurses, and the Center for American Nursing. In addition to collecting information about disaster preparedness from NSNA members, the Task Force will assist NSNA in the development of guidelines for disaster preparedness.

The guidelines emphasize the need for preparing on several levels: preparing yourself; your family and friends, including establishing a pre-arranged, out-of-state contact person; and preparing the community, including locale-specific disaster planning, and conducting mock or mass casualty drills with post-evaluation. Response and Recovery efforts are also addressed within the guidelines within the scope of Self; Family/Friends; and Community.

Disaster Education

Disaster education seems to be limited in nursing curricula (Weiner et al, 2005). A survey by Weiner and her co-authors seems to confirm the general assumption that nursing programs don’t offer a broad range of disaster preparation and that in the years following 9/11, the number of content hours assigned for this type of course has not increased. The Board hopes to address some of these limitations by making students more aware of how they should prepare.

Weiner and her colleagues (2005) showed that while biological and

chemical agents have received more attention in classes covering disasters, overall contact hours in these types of courses hadn’t increased and as such, natural disaster sections were probably receiving less coverage so that already-packed curricula would be able to accommodate all necessary classes. Additionally, 75 % of survey respondents felt that faculty itself was unprepared to teach the curricula.

Dr. Fred Slone, an affiliate assistant professor with the University of South Florida (USF) Department of Family Medicine, and visiting assistant professor at the school’s college of nursing, is also the school’s co-director of the Disaster and Bioterrorism Training Program. He and his colleagues launched a comprehensive two-part disaster preparedness program at the University of South Florida which included Basic Disaster Life Support (BDLS) and Advanced Disaster Life Support (ADLS) courses.

The BDLS course was made up of eight hours of lecture material, including material on disaster preparedness, mass triage, natural and accidental man-made disasters, nuclear, biological, chemical, and traumatic and explosive events and their resulting injuries. The ADLS consisted of four hours of lecture material, four hours of group discussion, and eight hours of hand-on training. The main aspect of the ADLS course included a “mass triage

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Jessica Stevenson





Some neighborhoods in New Orleans are still struggling to recover.

scenario” during which at least 50 students participated in an organized mass casualty drill. The course included student “victims” and a human patient simulator station. Students experienced decontamination procedures, started IVs, performed intubations and other skills. Dr. Slone notes that it’s loud, intense, and that students reported that the mass casualty drill was “very exciting and that it got hearts pounding.”

“I think that they can use what we teach them in all aspects of nursing, not just disasters,” he says. “What nursing schools have to ask themselves is: Is it worth the time and money?”

Health Resources and Services Administration provided grants in 2005 for these courses, but withdrew them after a year. Dr. Slone believes that there was generally very little interest in the curriculum grant that HRSA provided; part of the reason, he says, might be because the grant was aimed at veterinary and clinical psychology programs. The grant, he says, was directed at the wrong people.

He believes that HRSA assumed, as do most people, that nursing and medical schools already had comprehensive curricula in place for disaster training, when this is not the case. The other reason that there was perceived little interest is that only a few institutions were able to successfully implement the program. The ADLS component, for example, required a great deal of preparation, overtime pay, student and faculty coordination, and time.

The withdrawal of the HRSA grant after its first year meant that the ADLS component of the curricula had to be eliminated. Dr. Slone believes that at the very least the BDLs component needs to be part of the nursing school curriculum. In fact, he’s working on a national board certification program that will be launched in 2007.

Katrina, the 2004 Tsunami, and of course 9/11, have prompted nursing students to re-evaluate their roles and those of the community in the event of tragedy. The Board of Directors hopes that disaster

guidelines endorsed by NSNA will be embraced by local and state chapters to help prepare the nation to face future catastrophes.

Dr. Patricia Brechter, RN, Dean and Professor of Nursing at Our Lady of Holy Cross College, New Orleans, was in charge of special-needs patients at the Superdome. She spoke to the Board in New Orleans, and will speak at the Plenary Session on Friday, April 13, regarding her experience and disaster preparedness. ☺

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