

Policies Influencing Disaster Nursing: A Hurricane Katrina Case Study for Nurse Educators

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Hurricane Katrina

- Landfall on August 29, 2005 in Louisiana
- Category 4 with 145 mph maximum sustained winds
- By 3:00 pm the eye was 20 miles west of Hattiesburg, MS
- In Hattiesburg, MS, Katrina was a Category 2 Hurricane with winds of 95 miles an hour



Damage



- Related to downed trees on roads, houses, and electrical lines
- 324 houses and buildings completely destroyed
- 2,216 structures with major damage
- 6,358 with minor damage
- Electricity was out to all customers for approximately 4 days
- Entire city lost water immediately after the storm
- Schools were closed for three weeks

Methods

- Primary Goal: To provide immediate care to the victims of Hurricane Katrina in Hattiesburg, MS.
- Specific Aims
 - Provide hands-on care to patients, family members, physicians, nurses, and support staff at Wesley Medical Center.
 - Publicize the needs of Mississippians when we returned.
- 12 senior student nurses, 1 recent TU graduate, and 3 faculty members made the trip
- Medical supplies donated by local hospitals

Planning the Trip

- We received approval from several sources
 - Director of School of Nursing
 - Dean of the College
 - Associate Provost
- The details were finalized within two hours of the request
- 5 and 1/2 -hour drive
 - Debris and damage
 - Gas shortage



Wesley Medical Center

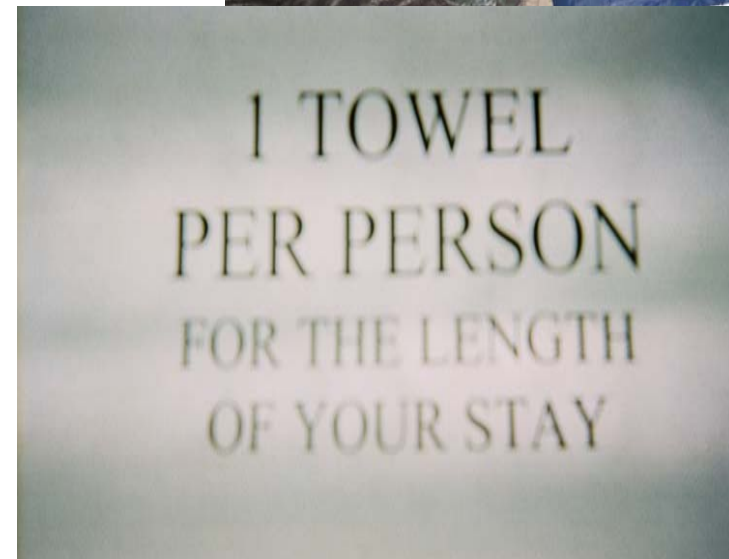


Medical Impact of Hurricane Katrina on Wesley Medical Center (WMC)

- WMC continued to operate with full services throughout South Mississippi but was on lockdown status.
- WMC lost power on August 29 but was able to sustain itself on generators.
- WMC is located next to a city water substation, so they maintained running water.
- Drug supplies were delivered by the CDC, and food was made through Community support.
- WMC's 225 beds were full during the first week of recovery.
- The Emergency Room treated a record of 225 patients on August 31 and Sept 1.
 - The average for WMC is 90 patients per day.

Disaster Nursing at Wesley Medical Center

- Volunteers were housed in WMC's Wellness Center
 - Employees and volunteers slept on the floor or air mattress
 - Allowed a 3-minute shower daily to conserve water
- WMC Staff
 - Were exhausted; many had worked non-stop since the hurricane
 - Were concerned for their families and homes



The Emergency Room

- Two levels of care
 - Trauma (acute) and fast-track (clinic)
 - Chainsaw injuries, mental illness, chronic illness, people needing medications, and those seeking shelter, food, and water
 - Waits of up to 8 hours
- Student nurses worked under an instructor performing direct patient care

Labor & Delivery/Nursery

- A higher number of deliveries occurred due to the stressors of the disaster
 - 14 NICU babies were transferred from Forrest General Hospital
- Student Nurses assisted in caring for mothers and babies
 - Triage, admissions and discharges, assessments, and deliveries
 - Feeding, rocking, and bathing babies

Medical-Surgical Unit

- A new unit was created from the pediatric floor
 - Patients were primarily adults transferred from evacuated hospitals in Slidell, Louisiana
- Student Nurses worked with an instructor
 - Performed direct patient care
 - Assessment, medications, procedures
 - 3 RN's and 3 student nurses cared for all adult patients (as many as 16)

Aftermath

- Over 800 hours of care was donated during the experience
- Students publicized the need for donations through TV and newspaper interviews when we returned



Educational Implications

- As instructors we teach our public health nursing students that the level of knowledge possessed by nurses supports the response and recovery of the community after a disaster (Stanhope & Lancaster, 2004).
- The International Nursing Coalition for Mass Casualty Education (INCMCE) has developed a set of competencies to assist nurse educators in including mass casualty incidents (MCI) in nursing curriculum.
- The competencies focus on the areas of critical thinking, assessment, technical skills, communication, core knowledge, and professional role development in order to ensure a competent nurse workforce in response to an MCI. (INCMCE, 2003)

Ethical Implications

- The nurse's primary commitment is to the patient, whether an individual, family, group, or community.
- The nurse promotes, advocates for, and strives to protect the health, safety, and rights of the patient.
- The nurse is responsible and accountable for individual nursing practice and determines the appropriate delegation of tasks consistent with the nurse's obligation to provide optimum patient care. (ANA Code of Ethics for Nurses with Interpretive Statements, provisions 2-4)

Practice Implications

- Public health nursing practice includes an obligation to actively reach out to all who might benefit from an intervention or service.
 - This is inclusive of those from high-risk and vulnerable populations.
- (Scope and Standards of Public Health Nursing Practice, 1997)

Federal Policy

- The U. S. Department of Health and Human Service (USDHHS) declared a public health emergency for Louisiana, Mississippi, and Florida. (USDHHS, August 2005)
- This enabled the waiver of certain requirements, including:
 - Providers were paid for services rendered regardless of Medicare and Medicaid program requirements in the aftermath of the Hurricane.
 - Hospitals were allowed flexible use of beds without negative certification or payment consequences.

Federal Policy

- Emergency departments were not held liable for the Emergency Medical Treatment and Labor Act (EMTALA) for transfer of patients to other facilities.
- Normal licensing requirements for MDs, nurses, and other professionals who crossed state lines to provide care were waived. (USDHHS, August 2005)

Federal Policy

- Some HIPAA privacy rules were waived in order to communicate with family members of patients about patient status.
 - Treatment: Health care providers could share patient information as necessary to provide treatment.
 - Health care providers could share patient information as necessary to identify, locate, and notify family members, guardians, or anyone else responsible for the individual's care of the individual's location, general condition or death. (USDHHS, September 2005)

(Fulbright & Jaworski, L. L. P.)

Work Release During Disasters

- The Center for American Nurses has released a statement for adoption that includes employer guidelines and RN rights and responsibilities based on the ANA's companion documents:
 - Registered Nurses' Rights and Responsibilities Related to Work Release During Disaster
 - Work Release During a Disaster: Guidelines for Employers (ANA, 2002a and 2002b)
- The guidelines assert that RNs are integral to the success of disaster response and recovery and should be released, when possible, to participate in federal, state, and regional organized disaster response teams. (Center for American Nurses, n.d.)

A Priceless Experience

