Asia Pacific Emergency and Disaster Nursing Network (APEDNN)

A Proposed Curricular Framework and Course Development Process for Emergency and Disaster Nursing

(to be presented during APEDNN’s Meeting on 28-30 September 2009 at James Cook University, Cairns, Queensland, Australia)

Introduction

Recent emergencies and disasters highlight the need for all health workers, including nurses and midwives, to be prepared to respond to possible consequences of all types of hazards interacting with communities. There is a need to revisit the roles of nurses and midwives in emergency preparedness, response, recovery and rehabilitation and to strengthen their capacities for them to be able to function effectively and efficiently.

This paper aims to revisit the curricular framework that should guide core working groups in developing, adapting and adopting courses; and specifically, to:

1. Develop a list of competencies for nurses and midwives in emergency/disaster preparedness and response;
2. Identify content domains and topics under each competency;
3. Design training prototypes on specific content domains; and
4. Suggest teaching-learning strategies and evaluation methods for these specific content domains.

Emergencies and disasters in the region

Asia and the Pacific have experienced a number of emergencies and disasters, ranging from natural events, such as earthquakes, tsunami, cyclones, landslides, flooding, drought and wildfire, to human-generated events, such as, armed conflicts, mine explosion, and mass accidents. All these have claimed many lives, caused illness and disabilities, disrupted services, damaged properties and affected economic development of communities and countries involved.

In recent years, these emergencies and disasters have been of such magnitude that local and international communities are challenged to bring all their efforts together for mitigation and response activities. This was seen in the Asian tsunami in 2004, Sichuan earthquake in 2008, cyclone Nargis in Myanmar in 2008, flooding in the Philippines and Viet Nam, and 2009 wildfires in Australia. These events highlight the role of all health workers in emergency and disaster preparedness, response, recovery and rehabilitation.
Health workers are expected to continue to provide health care services to the people as well as respond to the health care needs of affected populations. In the event of mass casualties, all health workers are stretched to the limits as they are needed to function in surge capacity. Confusion can happen if there are no defined roles for the health workers and there is lack of communication and coordination among them and with other partners in health emergency management.

**Role of nurses and midwives in emergencies and disasters**

Nurses and midwives constitute the largest group who provide a wide range of health services, which include promotive, preventive, curative, rehabilitative and supportive care to individuals, families and communities. In times of emergencies and disasters they are also counted upon to respond to the emergency and provide substantial care to individuals, families and communities. As such, it is imperative that they possess the necessary competencies to be able to respond effectively and efficiently with confidence and authority.

Nurses and midwives are oftentimes involved in providing care and support during emergencies and disasters. They have demonstrated their value in a number of events, especially in mass casualties, because they possess the knowledge, skills and attitudes that support humanitarian efforts. This was seen in the 2008 Earthquake in Sichuan where nurses in hospitals played a central role in providing immediate and long term care for the survivors and their families. They also demonstrated great resilience and unselfishness when they kept working 24/7 during the disaster.

Nurses and midwives can also be involved in the care of survivors in temporary shelters where they perform health assessments; provide health services such as immunizations, prenatal care; and conduct surveillance and risk communication activities. In a study on mapping of roles of health workers in the Philippines, nurses and midwives take a lead role in coordinating and managing health services in temporary shelters or evacuation centers in flood-stricken communities (Bonito, 2009).

These emphasize the need for nurses and midwives to be flexible and adaptable when working in emergency and disaster situations. They should be prepared to care for large number of patients in less than ideal situations. They should be competent at providing lifesaving and emergency care as well as deal with public health issues related to emergencies and disasters. They should be able to work closely with other people involved in emergency and disaster care. They should also know about the incident command system in their hospital or community and what their roles are when emergency operations centers are activated.

Nurses can assist in disaster preparedness programmes and during disasters with their technical skills and knowledge of epidemiology, physiology, pharmacology, cultural-familial structures, and psychological issues (ICN, 2006). However, most nurses and midwives lack the necessary training to be able to function fully in emergency and disaster response especially during mass casualty events.
Lack of understanding of their roles during the different phases in emergency and disaster can create self-doubt and show lack of competence when being called upon to respond. While many nurses and midwives have shown resilience during emergencies and disasters, many others suffer from vicarious psychological trauma or post traumatic stress disorder after being involved in giving support during emergency and disaster.

The challenge is how to prepare nurses and midwives for them to be fully competent and confident in the event of an emergency or disaster. Some studies discuss the need to incorporate mass casualty care and disaster management skills into undergraduate curricula, continuing nurse education, and advanced degree programs for nurses (Weiner, 2006; Veenema, 2006; Littleton-Kearney and Slepski, 2008).

Nurses and midwives must also appreciate their roles in emergency preparedness, response, recovery and rehabilitation. They must seek the competencies they need and adapt these in their work context and country situation. While it is recommended for nurses and midwives to be trained on an all-hazards approach, it would also be wise to be familiar with the vulnerabilities and capacities in their settings. It is also best that nurses and midwives are familiar with the policies and guidelines in their own hospital, community or country.

**Building capacity of nurses and midwives in emergency and disaster preparedness and response**

The World Health Organization (WHO) recognizes the important role of nurses and midwives in emergency and disaster work. As a response to the World Health Assembly resolutions of May 2005 and May 2006 (WHA58.1 and WHA59.22) to assist Member States in building local and national capacities, including transfer of expertise, experience and technologies among Member States in the area of emergency preparedness and response, WHO Health Action in Crisis (WHO-HAC) had convened in November 2006 a "Global Consultation on Nursing and Midwifery Contribution in Emergencies". The recommendations of the Consultation include:

- Accrediting bodies for nursing education should require the inclusion of emergency preparedness and response in the curricula of all levels of nursing training.
- Training in emergencies should be an integral part of pre and in-service education.
- Member States should include emergency and disaster nursing in pre-service nursing curricula and develop continuing education programmes to build the capacity of nurses and midwives in emergency nursing preparedness and response.
- WHO should build regional capacity for the participation of nurses and midwives by encouraging the establishment of core competencies, standards for emergency pre-service and continuing education programmes, and protocols on emergency management.
WHO should provide technical assistance in setting up a cost-effective platform for networking and knowledge exchange in emergency management.

In response to the above recommendations, several initiatives were made. The Jordanian Nursing Council, in the Hashemite Kingdom of Jordan started the process of the integration of emergency preparedness and response in the curricula of Jordanian nursing colleges and schools, in Amman/Jordan 16 - 31 October 2007. This was a process of curriculum review, meetings of deans and faculty members of Jordanian nursing colleges and a Regional workshop facilitated by international consultants and attended by regional experts. The process was technically supported by the three levels of the WHO and recommended that detailed curricular template materials should be completed to be used for curriculum development.

The South-East Asia and Western Pacific Regional Offices of the WHO convened an informal meeting of the health emergency partners and nursing stakeholders in Bangkok, Thailand, 25 - 27 October 2007. The meeting produced a model for core emergency and disaster knowledge and skills required for all nurses to enable further curricular development of core educational/training material for nurses.

Representatives from WHO Western Pacific Region and Eastern Mediterranean Region met in WHO, Geneva, Switzerland on 26-28 November 2007 to harmonize the work being done in both regions on curriculum development. The meeting produced a set of competencies and domains and the implementation strategies for the integration of Emergency Preparedness and Response into nursing and midwifery curricula. The implementation strategies that were proposed include: curriculum development process, faculty preparation and training, and establishment of regional networks for emergency preparedness and response.

The meeting of nursing leaders and health emergency partners from the WHO Western Pacific and Southeast Asian regions in Bangkok gave birth to the Asia Pacific Emergency and Disaster Nursing Network (APEDNN). The vision of APEDNN is to become a leader in the Asia Pacific Region for emergency and disaster nursing for safer and resilient communities. Its mission is to advance a professional network to promote nursing’s ability to reduce the impact of emergencies and disasters on the health of communities. The objectives of APEDNN include the following:

1. Establish a system for ongoing interaction among members to strengthen collaboration and mentoring.
2. Collaborate with others in establishing the research agenda for emergency and disaster nursing.
3. Develop and share tools, materials and training programmes in emergency and disaster nursing education, services and research.
4. Identify best practice standards and develop evidence-based guidelines for emergency and disaster nursing practice.
5. Work with organizations (including the International Council of Nursing [ICN], the World Health Organization [WHO], leading stakeholders) to implement and validate emergency and disaster nursing competencies.

6. Implement mechanisms for timely and effective sharing of information and other resources on an ongoing basis, including times of crisis.

7. Disseminate information on the work of the network to inform and influence the development of emergency and disaster management policy and resource allocation.

APEDNN's meeting in October 2008 held in Jinan, China focused on building capacity of nurses to provide psychosocial support in times of emergency and disaster. Workshops were held to focus on psychological impact of emergencies, public health interventions, psychological first aid, mental health problems, basic counselling skills and vulnerable populations. A draft curriculum was also presented during the meeting with competencies organized along the phases of emergency and disaster management. The curriculum highlights the following topics for building capacity of nurses and midwives in emergency preparedness, response, recovery and rehabilitation:

- Roles of nurses and midwives in emergency preparedness, response, recovery and rehabilitation
- Nursing care during acute phase of emergencies and disasters
- Public health interventions in emergencies and disaster
- Psychosocial and mental health support in emergencies and disasters
- Safety and security measures in emergencies and disaster
- Coordination and communication
- Management of logistics and resources
- Training, advocacy, social mobilisation

APEDNN continues the work on the development of a curricular framework on emergency and disaster nursing and conduct pilot implementation of core courses to build capacity of nurses and midwives in emergency preparedness, response, recovery and rehabilitation.
Development of the Curriculum: From competencies to curriculum

Two major processes were used in developing the curriculum for emergency and disaster nursing: (1) review of existing competency documents in health emergency management, and (2) conceptualization of the organizing framework for the APEDNN competency-based curriculum.

Review of competencies

Competency documents from different institutions and reports from WHO meetings in the past five years were reviewed. Short descriptions of these documents are presented below. Full list of these competencies can be found in the Annexes.

1. Core Competencies for Disaster Nursing - The University of Hyogo School of Nursing identified the fundamental competencies for disaster nursing practice based on the framework described in a report of the nursing education study group of the Ministry of Education, Culture, Sports, Science and Technology of Japan as well as the "ICN Framework of Competencies for Generalist Nurses" developed by the International Council of Nurses and "Educational Competencies for Registered Nurses Responding to Mass Casualty Incidents" developed by the International Nursing Coalition for Mass Casualty Education (INCMCE). Fundamental competencies are roughly classified into five categories as follows:
   a. Fundamental attitudes toward disaster nursing
   b. Systematic and provision of disaster nursing care
   c. Care for pregnant women, child-rearing mothers and their families during disasters
   d. Care management in disaster situations
   e. Professional development

2. Unified Competency Model (WHO/HAC, 22-24 November 2006) – Competency documents from the International Council of Nurses (ICN), the ICNMCE, and the University of Hyogo were reviewed during a meeting of nurses and midwives in WHO, Geneva resulting to six groups of core competencies.
   a. Competencies related to preparedness, organization of a response
   b. Practical competencies related to the health team and basic human care
   c. Nursing competencies for needs assessment and planning, providing and managing care
   d. Practical competencies to treat people with special health needs, i.e. vulnerable groups and addressing gender-based violence
   e. Competencies for maintaining the care environment and team system, e.g. communications, supply chain, cold chain, water supply, equipment
   f. Competencies for professional development including monitoring, mentoring, and evaluation.
3. **WHO-EMRO Competencies and Content Areas** (Amman Meeting, 16-31 October 2007) – A series of meetings and consultations in WHO-EMRO produced a list of competencies for emergency preparedness and response, organized into eight content areas, which are as follows:
   a. Ethics, legal and decision making
   b. Care principles
   c. Needs assessment and planning
   d. Nursing care
   e. Safety
   f. Communication and interpersonal relationship
   g. Health promotion
   h. Health care system and policy in an emergency situation

4. **Asia Pacific Emergency and Disaster Nursing Network (APEDNN) Curricular Domains** (Bangkok Meeting, 25-27 October) – During an informal meeting of health emergency partners and nursing stakeholders from the Western Pacific and Southeast Asian regions, a survey was conducted to inventory the disaster nursing emergency preparedness challenges, initiatives and needs of the countries in attendance. This resulted to a model of core curricular content areas for emergency and disaster nursing, which include:
   a. Clinical, acute care, including crisis intervention
   b. Public health
   c. Leadership and management skills including personal attributes
   d. Good governance and promoting safety

5. **Advanced Practice Registered Nurse (APRN) Education for Emergency Preparedness and All Hazards Response**, National Organization of Nurse Practitioner Faculties, Washington DC, 2007 – A National Panel of experts and nursing stakeholders convened to identify suggested curriculum content to guide APRN education in emergency preparedness and response to high impact events. This used an adapted version of the “Emergency Response Clinician Competencies in Initial Assessment and Management” as the organizing framework of the document. Eleven competencies were identified:
   a. Describe expected role in emergency response in the specific practice setting as part of the institution or community response
   b. Respond to an emergency event within the emergency management system of the clinical practice, institution and community
   c. Recognize an illness or injury as potentially resulting from exposure to BCRNE related to a terrorist event or emerging infectious disease
   d. Institute appropriate steps to limit spread, including infection control, decontamination techniques and use of personal protective equipment
   e. Report suspected or identified cases or events to the public health system to facilitate surveillance and investigation
   f. Initiate patient care within your professional scope of practice
   g. Use reliable information sources for current referral and management guidelines
   h. Provide reliable information to others as relevant to the specific practice site and emergency response protocol
i. Communicate risks and actions taken clearly and accurately to patients and concerned others
j. Identify and manage the expected stress/anxiety associated with emergency events
k. Participate in post-event feedback and assessment of response with the local Emergency Management and public health system and take needed steps to improve future response

- **ICN Framework of Disaster Nursing Competencies (2009)** builds on the ICN Framework of Competencies for the Generalist Nurse (ICN Competencies) emphasizing in-country discussions and interpretation of the competencies to ensure that they reflect the nation’s needs and requirements for the disaster nursing workforce. The competencies are divided into three categories: (1) professional, ethical and legal practice; (2) care provision and management; and (3) professional development, organized using the model of the disaster management continuum adapted from Jennings’ Disaster Nursing Management Model (2004) and Veenema’s Disaster Nursing Timeline (2007) as shown in Figure 1.

![Figure 1. ICN Framework of Disaster Nursing Competencies](image)

The different sets of competencies reflect the competencies of a generalist nurse, such as performing assessment, planning and evaluation of nursing care but applied to emergency and disaster situations. Disaster nursing competencies include knowledge and skills from clinical and public health nursing fields of specialization.

In developing a curriculum in emergency and disaster nursing, there are important principles that can be learned from the various competencies mentioned here. First, the curriculum should be clear on the specific roles of nurses in the different phases of emergency and disaster situations. There is a need to emphasize the shift in focus of care from individual risk to public risk, especially in mass casualty events. Specific care needed by people, especially the vulnerable groups, should be covered in all types of hazards. Coordination and communication with other health professions and other sectors are considered crucial in preparedness, response and recovery efforts.
The APEDNN Curriculum on Emergency and Disaster Nursing

The APEDNN curriculum on emergency and disaster nursing list competencies intended for professional nurses and midwives who are involved (or who could be involved) in emergency and disaster work, either in the hospital or community setting. This is the result of the review of existing competencies in health emergency management and disaster nursing and harmonized with the ICN Framework of Disaster Nursing Competencies (2009).

The curriculum is organized along the phases of emergency and disaster management: (1) preparedness (prevention and mitigation), (2) response (acute intervention); and (3) recovery and rehabilitation (post-emergency/disaster) which is adapted from Veenema’s disaster timeline (2007). Figure 2 shows the diagram of the competency areas organized into the three phases of emergency/disaster management.

<table>
<thead>
<tr>
<th>Preparedness (Prevention and Mitigation)</th>
<th>Response</th>
<th>Recovery and Rehabilitation</th>
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<tbody>
<tr>
<td>A. Risk assessment and capacity assessment of communities</td>
<td>A. Initial relief and care during emergencies</td>
<td>A. Long-term care to individuals and families (including psychosocial support)</td>
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<tr>
<td>B. Emergency preparedness and response planning</td>
<td>B. Nursing care of individuals, especially the vulnerable groups</td>
<td>B. Recovery and reconstruction efforts in the hospital or community</td>
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<tr>
<td>C. Policy advocacy and health promotion</td>
<td>C. Public health interventions</td>
<td>C. Evaluation of nursing intervention</td>
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<tr>
<td>D. Professional, ethical, legal frameworks and cultural and gender considerations</td>
<td>D. Psychosocial support</td>
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<tr>
<td>E. Leadership and management skills</td>
<td>E. Coordination and communication</td>
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<td></td>
<td>F. Management of logistics and supplies</td>
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</table>

The first phase in the emergency and disaster management is all about preparedness. Nurses and midwives can play an important role in risk and capacity assessment and contribute to developing an emergency preparedness and response plan for the hospital or community. They must be oriented to types of hazards and emergencies and how these could impact on the lives of people. They must contribute to the development and dissemination of health education and advocacy materials. They will have to work with other health professionals and other sectors in preparing for any emergency. In all these, nurses and midwives must be aware of professional and ethical, legal, cultural and gender considerations. They must demonstrate leadership and management skills in coordinating and communication prevention and mitigation efforts.
The second phase concerns emergency and disaster response. Nurses involved in response work provide initial relief and acute care which may include triage, first aid, trauma care, infection control and emergency care. They may be required to work in field hospitals, makeshift clinics or health centers, or temporary shelters. They may be involved in public health interventions such as early recognition and surveillance of potential disease outbreak and/or emerging diseases, infection control, nutrition, water and sanitation measures. Providing psychosocial support can also be a major role of nurses during the response phase. They also need to demonstrate leadership and management skills in coordinating health care services and health care teams.

The third phase is on recovery and rehabilitation. Nurses continue their role in providing health care to patients and their families, especially those who need long term care and rehabilitation. Nurses can lead group interventions for psychosocial support of patients and even health care staff who could be traumatized by the emergency or disaster; e.g. critical incident stress management, which involves a group discussion and allows the participants to share experiences and validate feelings and emotions (Briggs and Cox, 2004). Nurses can take on more active roles in supporting the recovery and reconstruction of the community or hospital. For example, communities devastated by a disaster would need help in re-assessing the health needs of the population, building community resilience and re-establishing health care services. Evaluation of nursing interventions, whether at the individual or group level, is also part of recovery and rehabilitation efforts, as these could affect decisions regarding hospital or community preparedness plans.

Specific competencies for nurses and midwives are defined in each phase of emergency/disaster, within which specific content domains and topics are listed (see Table 1).
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<tr>
<th>Preparedness</th>
<th>Response</th>
<th>Recovery and Rehabilitation</th>
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<tbody>
<tr>
<td><strong>Professional competencies</strong></td>
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<tr>
<td>A. Assist in the assessment of communities to determine pre-existing health issues and health care resources in a given community</td>
<td>A. Perform situation and needs assessment and prioritize care and management in the field and health facility during emergencies</td>
<td>A. Provide long-term care to individuals and families (including psychosocial and mental health support to patients and staff)</td>
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<tr>
<td>B. Contribute to the planning of health care needs of individuals and communities in an emergency/disaster</td>
<td>B. Provide initial relief and care during emergencies</td>
<td>B. Support recovery-reconstruction efforts in the hospital and community</td>
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<tr>
<td>C. Mobilize/support community for health and intersectoral plan on health emergency management</td>
<td>C. Provide nursing care of individuals, especially the vulnerable groups</td>
<td>C. Evaluate the impacts of nursing intervention and utilize these results to develop evidence-based decisions</td>
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<td>D. Collaborate with other health care professionals to develop measures to reduce vulnerability of populations</td>
<td>D. Support and implement public health interventions</td>
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<td>E. Support health policy and organizational preparation for emergencies</td>
<td>E. Provide safety and security of patients and personnel</td>
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<td>F. Develop health education and advocacy materials and provide training on health emergency management</td>
<td>F. Provide psychosocial support to patients and staff</td>
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<td>G. Demonstrate application of professional, ethical, legal, cultural and gender considerations</td>
<td>G. Facilitate coordination and communication</td>
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<td>H. Demonstrate leadership and management skills in health emergency management</td>
<td>H. Supervise/support management of logistics and supplies</td>
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Table 1. (continuation)

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<thead>
<tr>
<th>Preparedness</th>
<th>Response</th>
<th>Recovery and Rehabilitation</th>
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<tbody>
<tr>
<td><strong>Content Domains and Topics</strong></td>
<td><strong>A. Initial relief and care</strong></td>
<td><strong>A. Long term care needs</strong></td>
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<tr>
<td>A. Roles of nurses and midwives in health emergency management</td>
<td>1. Triage</td>
<td>1. Post-surgical interventions</td>
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<td></td>
<td>2. Trauma and initial stabilisation</td>
<td>2. Supportive care</td>
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<td>3. Wound care/</td>
<td>3. Physiological rehabilitation</td>
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<td>4. Initial surgical intervention</td>
<td>4. Psychosocial and mental health support</td>
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<td>5. Movement/ Transport of casualties</td>
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<td>6. Infection control</td>
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<tr>
<td>B. Elements and planning process of health emergency management</td>
<td><strong>B. Nursing care of individuals</strong></td>
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<td>1. Types of emergencies and disasters</td>
<td>1. Patient assessment and intervention</td>
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<td>2. Risk management framework (including risk assessment and hazard mapping)</td>
<td>2. Psychosocial and mental health support (e.g. psychological first aid, counselling skills)</td>
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<td>3. Capacity assessment and development</td>
<td>3. Infection control measures/ interventions</td>
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<tr>
<td>C. Policy advocacy and health promotion (including risk communication)</td>
<td>4. Vulnerable groups (e.g. pregnant women, child-rearing mothers, children, patients with chronic disease, patients with physical or psychological disabilities, older persons)</td>
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<tr>
<td>D. Professional, ethical, legal (scope of practice) frameworks and cultural and gender considerations</td>
<td><strong>C. Public health interventions</strong></td>
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<tr>
<td>E. Leadership and management skills in EPRRR</td>
<td>1. Early recognition and surveillance of disease outbreak, emerging diseases and morbidity trends</td>
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<td></td>
<td>2. Disease control focusing on communicable and infectious diseases</td>
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<td></td>
<td>3. Basic needs (nutrition, water and sanitation, shelter/temporary housing)</td>
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<td>4. Mass casualty management</td>
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<td></td>
<td><strong>D. Safety and Security</strong></td>
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<td></td>
<td>1. Universal precautions</td>
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<td></td>
<td>2. Personal Protective Equipment (PPE)</td>
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<td></td>
<td>3. Exposures to Chemical, Biological, Radionuclear, Explosives (CBRNE)</td>
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<td></td>
<td><strong>E. Coordination and communication</strong></td>
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<td>1. Incident command system (ICS)</td>
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<td>2. Documentation and reporting</td>
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<td><strong>F. Management of logistics &amp; supplies</strong></td>
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<td></td>
<td>1. Principles in managing supplies</td>
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<td>2. Issues in logistics and operations management</td>
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The competencies and their content domains organized according to the phases of emergency or disaster management put emphasis on the roles of nurses in each phase. However, there are cross-cutting issues that need to be highlighted, such as caring for vulnerable groups, providing psychosocial support, coordination and communication, and supporting documentation and reporting systems. Another important consideration is to strengthen the contribution of nurses to the surge capacity of a community or hospital to deal with mass casualty events. As such, nurses and midwives need to be prepared for all types of possibilities, whether natural or man-made disasters.
Development of Courses: *From curriculum to courses*

Competency-based curriculum focuses on practitioner skills and the ability to work safely, efficiently and effectively. This ensures that practitioners are trained to meet current health needs and acquire transferable skills. Development of courses from the competency-based curriculum entails the steps in instructional design and content development which are as follows:

1. Select target competencies
2. Describe the target audience for the course
3. Develop learning objectives for the competencies and its components
4. Organize content and learning activities for the course
5. Identify resources needed
6. Evaluate the learning experience

1. **Select target competencies**

Courses can be developed to focus on one competency or on a combination of related competencies. This may depend on the needs assessment of an organization or a group of people. For example, a course can focus on how nurses and midwives can provide psychosocial support to patients and staff during preparedness, response and recovery/rehabilitation phase. Or a course can focus on the competency of nurses and midwives to provide initial relief and acute care in the field or pre-hospital setting. Targeting competencies gives focus to the course or determines the course goal. Anchoring the course goal to a professional competency gives assurance to the relevance of the course. This provides the learning context and answers questions like, “How should the course be integrated in a larger context of working and learning” and “Are there any legal frame conditions that might apply?”

2. **Describe the target audience for the course**

The target learners should be identified and their characteristics be considered when developing the course. These characteristics should include personal and social characteristics, their learning situations, prior knowledge and learning styles, expectations and attitudes. Find out learning motivations and establish practical value of learning content. Describing the needs and characteristics of the target learners help in the development of an appropriate course. Guidelines for selection of participants to the course would also help in ensuring a match between the course and participants.

3. **Develop learning objectives for the competencies and its components**

Review the competencies and sub-competencies and create learning objectives that would result to the performance of these competencies. Learning objectives should be stated as learning outcomes to ensure that they are measurable. Learning objectives should also cover not only cognitive domains, but also psychomotor and affective domains.
4. **Organize content and learning activities for the course**

Review available content materials from technical experts and credible sources, e.g. World Health Organization (WHO), International Council of Nurses (ICN), International Committee of the Red Cross (ICRC), and possibly, nongovernmental organizations and educational institutions working in emergency and disaster management. Organize these content materials around the course objectives and systematically chunk them into topics and sub-topics.

Provide context for topics. For example, use lessons learned from case studies or use scenarios in generating more discussion from learners. Other types of learning activities include discussion-based exercise (also known as tabletop exercise) or operation-based exercise drill. In discussion-based exercise, a facilitator orients participants to the learning objectives, sets ground rules, communication and simulation procedures. A scenario is given describing the event and provides participants more background information that will help them in decision making and in answering some issues raised. Operation-based exercise drills aims to instruct thoroughly by repetition. This can be used to test staff’s response time, resources and coordination efforts. Participants must fully comprehend the functions being tested. A facilitator sets the scenario and reviews the objectives of the learning activity. Operational procedures to be tested and safety precautions are also reviewed before the drill begins.

5. **Identify resources needed**

Resources needed may range from reading materials, self-guided instructional materials, audio-video materials, computer- and internet-based materials. Access to the resources is of primary importance especially if the target learners come from different parts of the country or region.

6. **Evaluate the learning experience**

Achievement of learning outcomes and competencies can be measured through different methods, such as use participation in the discussion, case study, problem-based learning and testing. The use of table-top exercise, drills and simulations provide better measurement of competencies. Participation in these exercises can identify weaknesses, gaps and overlap in the competencies. Exposure to actual events or participation during local disaster response efforts would also help in acquiring the set competencies.

Putting together the competencies, domains and topics, teaching-learning strategies and evaluation methods is very important in developing courses. Different content domains and topics can be combined to come up with a course or training modules. The curriculum can be adapted to provide for a rapid or full version of course content which countries or institutions can fit to their needs given time constraints and priorities. For example, rapid course implementation can be given during emergencies and can focus on necessary competencies like provision of initial relief and care as well as psychosocial support in pre-hospital settings.
Recommendations

The use of this curriculum may vary depending on a country or an institution’s interest, goals and objectives, inherent risks and vulnerabilities as well as priority needs at the time of implementation. Educators and trainers can pick and choose the competencies and content domains that capture the critical areas most suited to their needs and priorities. Some core courses have been identified which would be the focus of the capability-building sessions of APEDNN, and these include the following:

- Nursing care during pre-hospital care (triage, trauma, wound care, infection control)

- Public health interventions in emergencies and disasters (surveillance, emerging diseases, control of communicable and infectious diseases, nutrition, water and sanitation, temporary shelter, control of possible exposure to chemical, biological, radionuclear, explosives)

- Psychosocial and mental health support in emergencies and disasters

- Nursing care of vulnerable groups in emergency and disasters (pregnant women, child-rearing mothers, children, patients with chronic disease, patients with physical or psychological disabilities, older persons)

Other courses (derived from the competencies and content domains) that can be developed are shown in Figure 3. Topics highlighted in green are the current focus of APEDNN’s capability-building sessions. It is hoped that the other content areas would be the focus of future courses and training.

Some templates that could help in developing a course are shown in Annex G.
Figure 3. Sample Courses for Capability-building of Nurses and Midwives in Health Emergency Management

**Preparedness**
- Foundations of practice in health emergency management (roles of nurses and midwives, professional, ethical, legal frameworks, cultural and gender considerations, leadership and management skills)

**Response**
- Pre-hospital care (triage, trauma and wound care, infection control, mobilization/transport of patients)
- Nursing care of vulnerable groups
  - Pregnant women
  - Child-rearing mothers
  - Children
  - Patients with chronic disease
  - Patients with physical or psychological disabilities
  - Older persons
- Psychosocial and mental health support
  - Psychological first aid
  - Basic counselling
  - Caring for patients with mental health disorders

**Recovery & Rehabilitation**
- Long term care
  - Post-surgical interventions
  - Supportive care
  - Physiological rehabilitation
  - Psychosocial and mental health support

- Structural recovery and reconstruction
  - Safe hospitals and health facilities
  - Hospital emergency planning

- Monitoring and evaluation in emergency and disaster

**Community health emergency management planning** (risk assessment and capacity assessment, emergency preparedness and response plans)

**Health promotion** (including risk communication)

**Policy development**
References


Gebbie, K., & Gill, E. (2004). Competency-to-curriculum toolkit: Developing curricula for public health workers. Available from Columbia University Medical Center:  


The Hyogo University School of Nursing. Core Competencies for Disaster Nursing. Retrieved from


Annexes

A. Core Competencies for Disaster Nursing (University of Hyogo School of Nursing)
B. Unified Competency Model (WHO/HAC, 22-24 November 2006)
C. EMRO Competencies and Content Areas (Amman Meeting, 16-31 October 2007)
D. APEDNN Curricular Domains (Bangkok Meeting, 25-27 October)
E. APRN Emergency Preparedness and All Hazards Response Education (National Organization of Nurse Practitioner Faculties, Washington DC)
F. International Council of Nurses (ICN) Framework of Disaster Nursing
G. Course Development and Evaluation Forms
Annex A
University of Hyogo School of Nursing
Core Competencies for Disaster Nursing

I. Fundamental attitudes toward disaster nursing

I-1. Ethical practice: Respect for human dignity and rights

1.1) Understand individual and different values and beliefs regarding life and death during disasters.
1.2) Protect human dignity and rights during disasters.
1.3) Understand what pertains to collection and protection of personal information.

I-2. Professional responsibility and accountability (awareness of responsibilities as a professional during disasters)

2-1) Protect life, health and basic standards of living of self and family.
2-2) Be aware of one's own scope of responsibilities, and act with judgment expected of professionals.
2-3) Be aware of one's own knowledge/skills and level of authority during disasters, and act according to personal limits.
2-4) Understand the roles of people involved in relief activities during disasters, and act in coordination with them.

I-3. Legal practice: Understanding & following laws and regulations

3-1) Understand international and domestic laws (laws, statutes, ordinances, etc.) regarding disasters.
3-2) Act in cooperation with disaster-relief-related organizations.

I-4. Building supportive human relationships with understanding toward disaster victims' diversity and individuality

4-1) Understand the diverse backgrounds of disaster victims.
4-2) Create human relationships to support disaster victims.
4-3) Continue support that meets the changing needs of disaster victims.

I-5. Supporting disaster victims' decision-making

5-1) Grasp information necessary to support decision-makings of disaster victims.
5-2) Support disaster victims so they can act based on decisions they make.

II. Systematic assessment and provision of disaster nursing care

II-1. Basic knowledge about disasters and assessment of disaster situations

1.1) Have basic knowledge regarding disasters.
1.2) Be able to give the definition of disaster nursing.
1.3) Be able to collect necessary information during disasters, and to assess care needs.

II-2. Providing nursing care for initial relief

2-1) Be able to identify information needed by individual disaster victims and know how to acquire
2-2) Understand the roles of organizations and act as a member of such organizations.
2-3) Have knowledge regarding emergency care to be administered immediately after disasters, and use basic nursing skills.
2-4) Understand the role of nursing in shelters after disasters and know how to support victims.
2-5) Interact with disaster victims with understanding regarding psychological impacts suffered from disasters.
2-6) Understand how to take care of bodies of the deceased during disasters.

II-3. Providing nursing care in the mid- and long-term phases

3-1) Understand the conditions of mental and physical health, daily living and living environments of disaster victims in the mid- and long-term phases of disasters.
3-2) Understand care needs at shelters, temporary housing and permanent housing.
3-3) Understand care activities required for those with high care needs during disasters.
3-4) Understand what is involved in the maintenance of health in the mid- and long-term phases of disaster.
3-5) Have knowledge of care activities to help with drastic changes in living environments after disasters.

II-4. Knowledge and practice for disaster preparedness

4-1) Understand disaster prevention measures of the prefecture.
4-2) Understand the system and preparations of universities in case of disasters.
4-3) Be personally prepared for disasters.

II-5. Providing mental health care in times of disaster

5-1) Interact with disaster victims with understanding toward psychological impacts suffered from disasters.
5-2) Provide mental health care according to the mental and physical health and living conditions of disaster victims.
5-3) Recognize the importance and necessity of identifying those in need of support at an early stage and referring them to specialized organizations.

II-6. Providing care for bereaved families

6-1) Interact with bereaved families.

II-7. Maintaining care providers' own health

7-1) Secure one's own safety and establish living conditions.
7-2) Depending on the circumstances after disasters, take necessary measures to prevent secondary infection to oneself.
7-3) Be aware of one's abilities and work with knowledge of personal limits (take breaks as needed, etc., since it is common for people to overextend themselves during disasters).
7-4) Understand the importance of maintaining mental health of supporters themselves, and manage stress appropriately.
III. Care provision for vulnerable people & their families

III-1. Care for pregnant women, child-rearing mothers & their families during disasters

1.1) Understand the mental and physical responses to disasters of pregnant women and postpartum mothers, and provide support.
1.2) Gain a grasp of the current circumstance of disasters, and make adjustments to try to provide a good living environment for pregnant women and postpartum mothers.
1.3) Provide support after disasters regarding daily lives and health for pregnant women, postpartum mothers and newborns.
1.4) Understand the support needed for families of pregnant women and postpartum mothers who have become disaster victims.

III-2. Care for children and their families during disasters

2-1) Gain a grasp of the impacts of disasters on children with consideration to the mental and physical characteristics of children, and provide support.
2-2) Adjust the surrounding environment so that children can return to their normal lives as much as possible, even during disasters.
2-3) Understand the necessity of coordinating resources and environments that support playing and learning for children.
2-4) Provide support for families of children who have become disaster victims.

III-3. Care for chronic disease patients and their families during disasters

3-1) Understand health problems arising from disasters for people with chronic diseases, the impacts on their daily lives, and the support they need.
3-2) Understand medical management and support for medical visits after disasters.
3-3) Understand support for utilization of resources regarding convalescent periods after disasters.
3-4) Understand support needed for families of people with chronic diseases who have become disaster victims.

III-4. Care for mentally and/or physically disabled persons and their families during disasters

4-1) Understand health problems arising from disasters for people with mental and/or physical disabilities, the impacts on their daily lives, and the support they need.
4-2) Understand medical management and support for medical visits after disasters.
4-3) Understand support for utilization of resources regarding convalescent periods after disasters.
4-4) Understand support needed for families of people with mental and/or physical disabilities who have become disaster victims.

III-5. Care for elderly persons and their families during disasters

5-1) Prevent health problems and support healthy lifestyles of elderly persons with consideration to the mental and physical characteristics of the elderly.
5-2) Support elderly persons in need of support and/or nursing.
5-3) Support the families of elderly persons.

III-6. Care for persons with mental illnesses and their families during disasters

6-1) Understand the impacts related to illnesses and health disorders caused by disasters, and the necessary support.
6-2) Understand the needs for medical management and support for medical visits after disasters.
6-3) Understand support needed for families of people with mental illnesses who have become disaster victims.
6-4) Understand support for utilization of resources regarding convalescent periods after disasters.
IV. Care management in disaster situations

IV-1. Understanding the local emergency management system, and the roles and functions of health services/medical services/nursing in the system

1.1) Understand the structure and mechanisms of organizations.
1.2) Understand the positions and roles of nursing staffs within organizations.

IV-2. Sharing information appropriately during disasters

2-1) Recognize and distinguish important information during disasters.
2-2) Understand and utilize existing information sources and information sharing methods during disasters.
2-3) Understand the information network system in place.

IV-3. Grasping local medical/health service needs during disasters

3-1) Aggregate information regarding medical and healthcare needs arising in disaster-stricken areas.
3-2) Aggregate information regarding support provided from outside as well as within the disaster-stricken areas.

IV-4. Coordinating health/medical support activities in and outside disaster-stricken areas

4-1) Allocate medical/nursing support from outside as well as within the disaster-stricken areas to meet the needs of each area.
4-2) Provide information regarding provision of support to support teams from outside.

IV-5. Building a system for supporting disaster victims’ daily lives

5-1) Create teams of specialists to support disaster victims.
5-2) Build systems consisting of personnel involved with welfare, administration, NGOs, etc. for information sharing and exchanges transcending borders.
5-3) Support establishment of autonomous organizations of residents of disaster-stricken areas.
5-4) Create a system to support those in need of nursing/support.
5-5) Prepare a care system that meets the needs of disaster victims, such as conducting health consultations and making individual visits, to maintain and control the health of disaster victims.

IV-6. Understanding and performing one’s role within the institutions’ emergency command system

6-1) Understand the disaster prevention plan & systems employed during disasters and the chain of command of the facility/organization of affiliation, and recognize one’s own role during disasters.
6-2) Make necessary reports, communicate and keep records in coordination with disaster headquarters and other divisions.
6-3) Switch the mode of system and actions from normal to emergency.
6-4) Recognize the priority order of activities and arrange team structures to provide care under abnormal circumstances of shortages in manpower, resources and equipment (leadership).
6-5) Recognize the limits of care teams, and ask for help when needed.
IV-7. Assessing care management during disasters

7-1) Understand the necessity of assessing care management during disasters.

V. Professional Development

V-1. Reporting nursing practice in times of disaster and developing knowledge relating to disaster nursing

1.1) Summarize experience and actual nursing practice during disasters and make a report (share with others).
1.2) Clarify issues to be addressed in nursing based on first-hand experience and nursing practices during disasters.
1.3) Make actions to challenge issues and resolve problems recognized through nursing practices during disasters.

V-2. Acquiring knowledge and continuously developing one's own abilities

2-1) Recognize one's own weaknesses that need to be addressed, and continue making efforts to acquire new knowledge and skills to prepare for future disasters.
2-2) Understand the importance of practice drills to prepare for disasters, and actively participate.
Annex B
Unified Competency Model – WHO Geneva, 2006
Core competencies for nursing and midwifery in emergencies

Group 1  
Competencies related to preparedness, organization of response

Health policy, organizational and personal planning for emergencies

Group 2  
Practical competencies related to the health team and basic human care

Care provision and management. The WHO key public health technical priority areas for action in emergency settings: mass casualty management, maternal, newborn and child health, non-communicable diseases including mental health/psychosocial support, communicable disease surveillance and control, nutrition, healthcare delivery services, pharmaceuticals and biologicals

Group 3  
Nursing competencies for needs assessment and planning, providing and managing care

Situation and needs assessment

Group 4  
Practical competencies to treat people with special health needs, i.e. vulnerable groups and addressing gender-based violence

Special concerns: caring for the most vulnerable, gender and gender-based violence, security and personal safety, psychological issues

Group 5  
Competencies for maintaining the care environment and team system, e.g. communications (information sharing), supply chain, cold chain, water supply, equipment

Environmental health including water, sanitation and hygiene

Group 6  
Competencies for professional development including monitoring and mentoring evaluation

Leadership, coordination, and team work in emergency settings

Professional development accountability, legal and ethics
Annex C
WHO-EM/NUR/382/E
Proposed Core Competencies

General
• Accepts accountability and responsibility for one’s own professional judgment and actions.
• Consults with other health care professionals and relevant organizations/agencies when individual or group needs fall outside the scope of nursing practice.

Competency 1: Ethics and Decision Making
Demonstrates understanding of the challenges to ethical decision-making, critical thinking and care prioritization in conflict and emergency situation
• Use an ethical and nationally approved framework to support decision-making and prioritization needed in an emergency situation
• Use clinical judgment and decision making—making skills in assessing the potential for appropriate, timely individual care during and after emergency
• Use critical thinking and problem solving skills in planning the essential nursing care for individuals, families, special groups (e.g. children, pregnant women, elderly, disabled and communities at the pre-emergency, emergency and post-emergency phases.

Competency 2: Care Principles
Applies principles of care provision and management in an emergency situation
• Describe at the pre-emergency, emergency and post-emergency phases the essential nursing care for individuals, families, special groups (e.g. children, pregnant women, elderly, disabled) and communities
• Apply relevant knowledge and skills of nursing practice in an emergency situations
• Apply critical thinking and problem solving skills
• Act as a resource for individuals, families and communities in coping with changes in health, disability and with death
• Design an emergency plan involving other health professionals and significant community groups
• Takes on a leadership role in the delivery of health care during and after an emergency whenever necessary

Competency 3: Assessment
Carry out a relevant and systematic safety and health assessment during and after an emergency for self, the response team and the victims
• Recognize general signs and symptoms of mass exposure to selected chemical, biological, radiological, nuclear and explosive agents (CBRNE)
• Recognize general signs and symptoms of the most important communicable diseases in an emergency situation (e.g. malaria, ARI, diarrhea, vaccine preventable diseases) and malnutrition

Competency 4: Nursing Care
Implement nursing care in an emergency situation with available resources (material, staff) to achieve the identified outcomes
• Perform nursing activities according to scientific principles in an unexpected or rapid changing situation
• Evaluates and documents progress towards expected outcomes

Competency 5: Safety
Applies nursing techniques appropriate to the maintenance of a safe environment

• Ensure the safe administration of treatment and their therapeutics
• Ensure safe administration of immunization
• Implements universal precautions for the control of infection

Competency 6: Communication and Interpersonal Relationship
Apply principles of communication and interpersonal relationship in an emergency situation

• Locate and describe the emergency response plan for the place of employment and its role in community, state and regional plans
• Use effectively the emergency communication equipment during an emergency
• Prepare appropriate emergency documentation of assessments, interventions, nursing actions and outcomes during and after an emergency
• Initiate and develop therapeutic relationships through the use of appropriate communication and interpersonal skills with patients and their families
• Respond to reactions of fear, panic and stress that victims, families and others may exhibit during an emergency situation

Competency 7: Health Promotion
Participate actively in health maintenance and promotion

• Identify possible threats and their impact on the general public
• Recognize community health issues related to the impact of emergencies towards water, food supplies, shelter and protection of displaced persons (e.g. CBRNE events, natural disasters)
• Work collaboratively with other professionals and the community
• Apply knowledge of resources available for health promotion and health education
• Evaluate learning and understanding about health practices

Competency 8: Health Care systems and policy in an emergency situation
Is aware of health care systems and policy in an emergency situation

• Actively participate in the development of emergency plans in various settings
• Define the four phases of emergency management: preparedness, response, recovery and mitigation
• Recognize the legal authority of public health agencies to take action to protect the community from threat, including isolation, quarantine and required reporting and documentation
• Recognize the impact of emergency on access to resources and how to identify additional resources
• Recognize the impact of emergency towards the outbreak of communicable diseases and the different levels of the PHC system to prevent or address these outbreaks
• Recognize the different categories of a TRIAGE and define the different systems
Annex D
Joint Asia Pacific Informal Meeting of Health Emergency Partners
and Nursing Stakeholders
Asia Pacific Emergency Disaster Nursing Network (APEDNN)
Curricular Domains and Content Areas

The core knowledge and skills identified were then prioritized and clustered by similar content areas, as follows:

<table>
<thead>
<tr>
<th>Core emergency and disaster knowledge, skills required of all nurses*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clinical, acute care, including crisis intervention</strong></td>
</tr>
<tr>
<td>▪ First aid</td>
</tr>
<tr>
<td>▪ Crisis intervention</td>
</tr>
<tr>
<td>▪ Psychosocial support and skills; counselling</td>
</tr>
<tr>
<td>▪ Code alert</td>
</tr>
<tr>
<td>▪ Triaging and rapid assessment</td>
</tr>
<tr>
<td>▪ CPR; Basic life support</td>
</tr>
<tr>
<td>▪ Wound assessment, care</td>
</tr>
<tr>
<td>▪ Basic surgical skills</td>
</tr>
<tr>
<td>▪ Camp management</td>
</tr>
<tr>
<td>▪ Infection control, including basic measures, use of PPE,</td>
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<tr>
<td>surveillance and reporting</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Public Health</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ Public health principles</td>
</tr>
<tr>
<td>▪ Communicable diseases</td>
</tr>
<tr>
<td>▪ Epidemiology</td>
</tr>
<tr>
<td>▪ Public health emergencies</td>
</tr>
<tr>
<td>▪ Risk communication</td>
</tr>
<tr>
<td>▪ Psychosocial support and skills; counselling</td>
</tr>
<tr>
<td>▪ Infection control, including basic measures, use of PPE,</td>
</tr>
<tr>
<td>surveillance and reporting</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Leadership and management skills, including personal attributes</strong></th>
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</thead>
<tbody>
<tr>
<td><strong>Leadership/management skills</strong></td>
</tr>
<tr>
<td>▪ Overall situational and disaster management skills</td>
</tr>
<tr>
<td>▪ Communication skills (comprehensive, including technical as well</td>
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<tr>
<td>as therapeutic)</td>
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<tr>
<td>▪ Psychosocial support and skills; counselling</td>
</tr>
<tr>
<td>▪ Cultural sensitivity</td>
</tr>
<tr>
<td>▪ Coordination</td>
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<tr>
<td>▪ Decision-making</td>
</tr>
<tr>
<td>▪ Human resource management</td>
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<tr>
<td>▪ Leadership; including team skills</td>
</tr>
<tr>
<td>▪ Documentation; maintaining data; using statistics</td>
</tr>
<tr>
<td><strong>Necessary personal attributes</strong></td>
</tr>
<tr>
<td>▪ Gender and cultural sensitivity</td>
</tr>
<tr>
<td>▪ Valuing teamwork</td>
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<td>▪ Stamina</td>
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<tr>
<td>▪ Critical thinking</td>
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<tr>
<td>▪ Creativity</td>
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<tr>
<td>▪ Resourcefulness</td>
</tr>
<tr>
<td>▪ Flexibility; adaptability in difficult situations</td>
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</table>

<table>
<thead>
<tr>
<th><strong>Good governance, promoting safety (of the public, as well as personal safety)</strong></th>
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</thead>
<tbody>
<tr>
<td>▪ Understanding the ability to function within the disaster, including:</td>
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<tr>
<td>▪ Scope of practice; legal mandate; ; country's laws and regulations; policies</td>
</tr>
<tr>
<td>▪ Ethical issues; human rights</td>
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<tr>
<td>▪ Vulnerable populations</td>
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<tr>
<td>▪ Recognition of limits of the care team; knowing when to ask for assistance</td>
</tr>
<tr>
<td>▪ Risk management, personal safety</td>
</tr>
</tbody>
</table>

*Categorized by content domains
Annex E
National Organization of Nurse Practitioner Faculties, Washington DC
APRN Emergency Preparedness and All Hazards Response Education

Competencies to guide Advanced Practice Registered Nurse (APRN) education in emergency preparedness and response to high impact events:

1. Describe expected role in emergency response in the specific practice setting as part of the institution or community response
2. Respond to an emergency event within the emergency management system of the clinical practice, institution and community
3. Recognize an illness or injury as potentially resulting from exposure to BCRNE related to a terrorist event or emerging infectious disease
4. Institute appropriate steps to limit spread, including infection control, decontamination techniques and use of personal protective equipment
5. Report suspected or identified cases or events to the public health system to facilitate surveillance and investigation
6. Initiate patient care within your professional scope of practice
7. Use reliable information sources for current referral and management guidelines
8. Provide reliable information to others as relevant to the specific practice site and emergency response protocol
9. Communicate risks and actions taken clearly and accurately to patients and concerned others
10. Identify and manage the expected stress/anxiety associated with emergency events
11. Participate in post-event feedback and assessment of response with the local Emergency Management and public health system and take needed steps to improve future response
Annex F
ICN Framework of Disaster Nursing Competencies (excerpts)

The ICN Disaster Nursing Competencies were developed after an analysis of existing competency frameworks in the area of public health, mental health, health care workers, emergency managers, nursing and disaster nursing. Training materials and curriculums were examined to understand the intended outcomes of the programs. Important to the development of the competencies were two disaster nursing competency documents. The Educational Competencies for Registered Nurses Responding to Mass Casualty Incidents and the Core Competencies Required for Disaster Nursing by Japan’s 21st Century Center of Excellence Program, Disaster Nursing in a Ubiquitous Society (COE Competencies) served as key documents for the competencies. All efforts were made to incorporate the concepts from these two documents.

The focus of the ICN Disaster Nursing Competencies is the generalist nurse. It would be expected that all nurses are able to demonstrate these competencies. Competencies related to specialty nursing such as emergency nursing, pediatric nursing and public health nursing were not specifically incorporated into the document. It is anticipated that competencies related to specialty practice would be integrated with the generalist competencies by the nurse with specialty knowledge. It should not be forgotten that the ICN competencies serve as a foundation of the ICN Disaster Nursing Competencies. Disaster nursing involves systematic application of basic nursing competencies and disaster nursing competencies specific to the disaster situation.

In developing the competencies it was necessary to identify an organizing structure that would ensure that all aspects of disaster nursing were included in the competencies. The disaster management continuum was selected for several reasons:

- The disaster management continuum is a recognized process throughout the world;
- Nursing roles are integrated throughout the disaster management continuum;
- The continuum provides a consistent way to organize the competences; and
- It enhances the ability to develop educational curriculum that integrates the disaster management continuum with the competencies.

The competencies were organized under the following areas:

- Mitigation/Prevention Competencies;
- Preparedness Competencies;
- Response Competencies; and
- Recovery/Rehabilitation Competencies.

Ten domains were identified:

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 families
8. Psychological care
9. Care of vulnerable populations
10. Long term recovery of individuals, families, and communities
### Annex G

**Course Development and Evaluation Forms**

1. **Course Fact Sheet**

| Course name: |  
| --- | --- |

| Name of the institution offering the course: |  
| --- | --- |

| General purpose of the course (Course Goal): |  
| --- | --- |

| Short target group description: |  
| --- | --- |

| Course entry requirements (if any) (include language) |  
| --- | --- |

| Credit or Course certification (if any) |  
| --- | --- |

| Start and end date of the first course run: |  
| --- | --- |

| Length of the course in days or weeks: |  
| --- | --- |

<table>
<thead>
<tr>
<th>Learning hours per day/week:</th>
<th>Computer-supported content:</th>
<th>Self-study time:</th>
<th>Face-to-face (workshops, practicum, lab, exercises):</th>
<th>Total hours for the whole course:</th>
</tr>
</thead>
</table>

| Number of participants: | Maximum: | Minimum: |  
| --- | --- | --- | --- | --- |
2. Content and Objectives

<table>
<thead>
<tr>
<th>Learning Objectives</th>
<th>General subject and subtopics</th>
<th>Teaching-Learning Activities</th>
<th>Tools and Resources</th>
<th>Evaluation methods</th>
</tr>
</thead>
<tbody>
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3. Course Programme Schedule

**Course Title:** 

**Session objectives:**

Upon completion of the capacity-building session, participants will:

1.

2.

3.
4. Course Evaluation Form

Teaching staff survey

The purpose of this survey is to evaluate the staff teaching this course. Details regarding the teaching staff required to present the course, the teaching package provided to assist in the teaching of this course, and various questions regarding the teaching staff and their comments regarding the course design will be asked.

The information gained as a result of this survey will be used to enhance the current program and provide a quality program to participants and those providing the training.

<table>
<thead>
<tr>
<th>Course name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duration of course (hours / days):</td>
</tr>
<tr>
<td>Teaching staff</td>
</tr>
<tr>
<td>Number of teaching staff required to run the course:</td>
</tr>
<tr>
<td>Specialty of teaching staff required:</td>
</tr>
<tr>
<td>Teaching package</td>
</tr>
<tr>
<td>Was the teaching package (course syllabus, etc) provided sufficient to adequately prepare the teaching staff?</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>Proposed course objectives</td>
</tr>
<tr>
<td>Were the course objectives clearly stated?</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>Did the course meet the stated objectives?</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>If the course objectives were not achievable, how could you improve on this?</td>
</tr>
<tr>
<td>Sequence of course</td>
</tr>
<tr>
<td>Was the information in the course presented in a logical manner?</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>Was the content of the course readily taught by the teaching team?</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>If you answered no to the previous question, in what ways could this be improved to meet the needs of the teaching team and the participants?</td>
</tr>
<tr>
<td>Do you feel that participants gained valuable information as a result of undertaking this course?</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>Please provide additional details in regards to this course if required.</td>
</tr>
</tbody>
</table>

Thank you for completing this survey and providing information into this course.
Course participant survey

The purpose of this survey is to gain information in regards to your thoughts about this course. Details regarding the teaching staff required to present the course, the teaching package provided to assist in the teaching of this course, and various questions regarding the teaching staff and their comments regarding the course design will be asked.

The information gained as a result of this survey will be used to enhance the current program and provide a quality program to future participants.

<table>
<thead>
<tr>
<th>Course name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Date you attended this course:</td>
<td></td>
</tr>
<tr>
<td>Venue of course:</td>
<td></td>
</tr>
</tbody>
</table>

**Participant details**

<table>
<thead>
<tr>
<th>Why are you undertaking this course?</th>
</tr>
</thead>
<tbody>
<tr>
<td>It depends on the course type. e.g. if it is compulsory, students have to take it, the reason may goes the same, e.g. ‘I have no choice’.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Why do you think this course will be beneficial to you?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

**Course objectives**

<table>
<thead>
<tr>
<th>Were the objectives of the course clearly stated at the beginning of the course?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**Facilitator assessment**

<table>
<thead>
<tr>
<th>Were the facilitator(s) well prepared for class sessions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>If you answered ‘No’ to the previous question, please provide details.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Did the facilitator answer questions carefully and completely?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>If you answered ‘No’ to the previous question, please provide details.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Did the facilitator use appropriate ways to make the material easy to understand (e.g. provided examples)?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>If you answered ‘No’ to the previous question, please provide details.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Did the facilitator make the course interesting?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>If you answered ‘No’ to the previous question, how do you think the facilitator may have made the course more interesting?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>The facilitator (s) is knowledgeable about the topics presented in the course.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>Question</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
</tr>
<tr>
<td>What did you enjoy most about the course?</td>
</tr>
<tr>
<td>What did you least enjoy about the course?</td>
</tr>
<tr>
<td>What additional items would you like covered in this course?</td>
</tr>
<tr>
<td>Would you recommend this course to others?</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

Additional comments:

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Thank you for completing this survey and providing your thoughts and comments about this course.