

## EMERGENCY PREPAREDNESS AND RESPONSE

### CNA POSITION

The nursing profession<sup>1</sup> plays an integral role in all aspects of emergencies, including mitigation, preparedness, response and recovery. CNA believes that emergency plans at all levels of government – federal, provincial/territorial and municipal – as well as those made by non-governmental organizations should:

- be integrated and coordinated;
- be tested and evaluated;
- address the special needs of vulnerable individuals<sup>2</sup> and their families related to communication, transportation, evacuation, shelter, and mental health and chronic disease care;
- address the need for:
  - flexibility to ensure that areas experiencing an emergency can quickly obtain and deploy competent health-care providers,
  - integration of health-care providers from other facilities, regions, provinces and nations, and
  - training and other supports for volunteers who assist health-care professionals;
- include and explicitly describe the various roles of nurses;
- apply the following principles of emergency management:
  - an “all hazards” approach (addressing elements common to a variety of natural and man-made emergencies),
  - use of an incident management system,
  - use of the full continuum of emergency management: mitigation, preparedness, response and recovery,
  - use of occupational health and safety law and principles (e.g., education, risk assessments, personal protective equipment), and
  - the precautionary approach, which requires that even in the absence of scientific certainty, reasonable actions be taken to reduce risk; and

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<sup>1</sup> Unless otherwise stated, *nurse* or *nursing* refers to any member of a *regulated* nursing category – i.e., a registered nurse (RN), licensed/registered practical nurse (LPN) or registered psychiatric nurse (RPN). This reflects the current situation, in which nurses are deployed in a variety of arrangements to manage emergencies.

<sup>2</sup> Members of vulnerable populations (e.g., children, elderly people living in institutions) include people with pre-existing deficits in physical and mental health, those without well-developed social networks and those experiencing the mental health consequences of emergencies.



- include evaluation and research that:
  - links emergency planning and response with the delivery of health-care services,
  - involves health-care providers, and
  - tests requirements for surge capacity, specialty knowledge and health human resources.

Effective emergency preparedness and response requires the involvement of non-governmental organizations spanning the health, social services, safety, transportation, meteorology and voluntary sectors, among others. The CNA position statement on interprofessional collaboration<sup>3</sup> identifies principles that facilitate the development and maintenance of relationships among professionals. Relationships that support emergency response must be developed and nurtured before emergencies occur.

CNA's *Code of Ethics for Registered Nurses* provides guidance on ethical considerations and ethical decision-making.<sup>4</sup> Similarly, the CNA-Canadian Medical Association *Pan-Canadian Planning Framework for Health Human Resources*<sup>5</sup> provides criteria and direction for the recruitment and retention of health professionals.

Continued investments are needed in areas such as surveillance, information and communications technology (ICT) infrastructure and emergency management education. CNA recommends investments in primary care and public health infrastructure to support emergency preparedness activities. ICT infrastructure should be extended to community-based health-care providers to expand access to information during an emergency, support quality of care and facilitate skills development and continuing education related to emergency management.<sup>6</sup> CNA values an integrated communications protocol that:

- links health-care providers and their employers to emergency responses;
- sends health-care providers early warning advisories and information on emerging issues;
- allows for the development and provision of timely, consistent, accurate and audience-appropriate messaging; and
- disseminates information to health-care providers through national and provincial professional associations, employers, regulators and unions.

CNA values access to relevant and timely education related to emergency preparedness so that health-care providers can participate effectively in emergency management. Education opportunities related to emergency management skills need to be expanded.

The following describes the shared responsibilities for emergency preparedness.

- **Communities and individuals**
  - Develop personal and community emergency plans linked to the plans and capacities of municipal and regional governments.

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<sup>3</sup> (CNA, 2005)

<sup>4</sup> (CNA, 2007a)

<sup>5</sup> (CNA & Canadian Medical Association [CMA], 2005)

<sup>6</sup> (CNA, 2007b)



- **Municipal and regional governments**
  - Coordinate plans for local emergency response and recovery.
  - Support communities and individuals in developing emergency plans.
  - Test and evaluate emergency plans for their area.
  - Involve health-care providers in emergency planning and response exercises.
- **Emergency services providers (including police, fire and ambulance professionals and environmental experts) and emergency social services providers (including non-governmental and voluntary organizations)**
  - Participate in developing and evaluating emergency plans.
  - Provide emergency management and social services at all points of the continuum: mitigation, preparedness, response and recovery.
  - Collaborate with health sector facilities and health services providers, including public health nurses working in the community.
- **Canadian health professionals, including nurses**
  - Participate in developing and evaluating emergency plans and link organization and community plans to provincial and national plans.
  - Deliver emergency health-care services at all points of the continuum: mitigation, preparedness, response and recovery.
  - Articulate their role and the value of being involved in emergency planning.
  - Advocate for involving vulnerable groups and other stakeholders in emergency planning.
  - Address factors that contribute to emergencies, such as climate change, violence and poverty, through their roles in clinical practice, education, research, administration and policy.
  - Develop personal emergency plans that reflect the ethical values of their profession and recognize the needs of family members and pets.
  - Before an emergency, think through and discuss ethical issues and questions with colleagues, employers, union representatives and others.
  - Maintain the competencies required to participate in emergency management.
  - Before an emergency, join registries of volunteer health-care providers.
- **National, provincial and territorial nursing organizations (including professional, regulatory, educational, government and union organizations)**
  - Identify their roles in emergency preparedness and the value of being involved.
  - Develop and maintain relationships with others involved in emergency management.

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- Support nurses’ practice in emergency management through, for example,
  - practice standards,
  - mobility agreements,
  - procedures for rapid registration and verification of credentials,<sup>7</sup> and
  - registries of volunteer health-care providers and procedures to verify their competencies.
- Provide opportunities for nurses to obtain the knowledge and skills necessary to respond to emergencies through basic and continuing education programs, and support and provide appropriate education to student and retired nurses involved in responding to emergencies.
- **Health services delivery organizations**
  - Develop organizational emergency plans and communicate to health-care providers their roles, responsibilities and lines of accountability.
  - Protect the health of employees and employees’ families by, for example,
    - establishing infection control programs that incorporate occupational health and safety principles,
    - providing appropriate protective equipment, and
    - providing psychosocial supports.
  - Provide emergency preparedness education for employees.
  - Develop and maintain procedures to respond to increased demand for services, reduced staffing or both by extending leave to employees to respond externally to the emergency, for example.<sup>8</sup>
- **Federal, provincial and territorial governments**
  - Facilitate the development of integrated and coordinated emergency plans.
  - Support the involvement in emergency planning of non-governmental organizations, health-care providers and representatives of vulnerable individuals.
  - Invest in health human resources, health surveillance, ICT and education that support emergency management.
  - Support knowledge management through:
    - surveillance of meteorological events, global disease outbreaks and threats to security, and
    - communication of emerging threats to front-line health-care providers, emergency responders and the public.
  - Support emergency response by:
    - stockpiling and distributing emergency supplies, and
    - assisting with the implementation of quarantine measures.
  - Fund education opportunities for health professionals related to emergency management.

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<sup>7</sup> (Villeneuve & MacDonald, 2006, p. 61). For an example, see the College of Registered Nurses of Nova Scotia’s Emergency Preparedness Plan, 2006.

<sup>8</sup> (American Nurses Association, 2002, p. 2)

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Web site: [www.cna-aiic.ca](http://www.cna-aiic.ca) E-mail: [info@cna-aiic.ca](mailto:info@cna-aiic.ca)



## BACKGROUND

The causes of large-scale emergencies vary and may include severe weather, human actions and disease outbreaks. The world can expect to experience numerous large-scale emergencies in the future<sup>9</sup> that require the mobilization of community emergency plans. Canada's experience with Severe Acute Respiratory Syndrome (SARS) demonstrated the need to be prepared for widespread disease outbreaks, including an influenza pandemic. The Canadian Pandemic Influenza Plan for the Health Sector estimates that in a pandemic, up to 70 per cent of the population could be infected, although only 15 to 35 per cent of Canadians will be ill enough to miss work for at least half a day.<sup>10</sup>

In recent years, nurses have played a vital role in responding to emergencies such as the 1998 ice storm in Quebec and Ontario, the 2003 SARS crisis and the 2006 tsunami in Java, Indonesia. Nurses have the knowledge and skills to participate in planning for and responding to emergencies. They contribute to the capacity to conduct health surveillance; educate health professionals, volunteers and the public; assess needs and allocate resources; provide health-care services; and evaluate response measures.

The International Council of Nurses (ICN) adopted a position statement on disaster preparedness in 2001. ICN promotes strategies that support social justice and equity of access to needed health and social services, including during an emergency. ICN calls on governments and relief organizations to establish the support systems required to address the health needs of relief workers as well as disaster victims.<sup>11</sup>

At the national level, the Public Health Agency of Canada (PHAC) provides leadership in responding to public health emergencies. In addition, Public Safety Canada (PSC) coordinates work among federal departments and agencies responsible for national security and the safety of Canadians. Guided by the *National Framework for Health Emergency Management*,<sup>12</sup> PHAC and PSC work with provincial and territorial governments and cooperate with international organizations.<sup>13</sup>

Emergencies may require increased ethical decision-making on the part of nurses as a result of competing obligations, including to their own or to their families' health.<sup>14</sup> Nurses may need to make decisions about resource allocation where resources are limited. If an emergency response necessitates the restriction of individual rights, nurses must advocate for measures that are least restrictive.

Currently, many hospitals, long-term care facilities and public health departments are operating at full or nearly full capacity, which leaves little surge capacity in the event of an emergency. Like other organizations, CNA is concerned that current capacity within the health and public health systems is inadequate to fully mitigate and prepare for emergencies or to support adequate response and recovery efforts.<sup>15</sup>

Access to ICT is critical for nursing practice. ICT provides access to the most up-to-date information available during an emergency, is a conduit for skills development and continuing education related to emergency management, enhances nurses' access to decision-support tools and allows nurses to track and evaluate data on nursing interventions and patient outcomes.

*Approved by the CNA Board of Directors, November 2007*

<sup>9</sup> (Public Safety and Preparedness Canada, n.d., p. 3)

<sup>10</sup> (Public Health Agency of Canada, 2006, pp. 8-9)

<sup>11</sup> (International Council of Nurses, 2006, p. 1)

<sup>12</sup> (F/P/T Network on Emergency Preparedness and Response, 2004)

<sup>13</sup> (Public Health Agency of Canada, 2006, p. 14)

<sup>14</sup> (CNA, 2007a)

<sup>15</sup> (CMA, 2002, p. 1)

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- Villeneuve, M. and J. MacDonald. (2006). *Toward 2020: Visions for nursing*. Ottawa: Canadian Nurses Association.

## Also see:

Related CNA position statements:

*Interprofessional Collaboration* (2005)

*National Planning for Human Resources in the Health Sector* (2005)

Related International Council of Nurses position statements:

*Nurses and Disaster Preparedness* (2001)

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