

## EMERGENCY PREPAREDNESS AND RESPONSE

### CNA POSITION

The nursing profession plays an integral role in all aspects of emergencies, including prevention, mitigation, preparedness, response and recovery. Nursing leadership and its role in planning are essential to a comprehensive and coordinated approach to emergency preparedness and response.

CNA's *Code of Ethics for Registered Nurses* provides guidance on ethical considerations and ethical decision-making for disaster management.<sup>1</sup>

The CNA position statement on interprofessional collaboration<sup>2</sup> identifies principles that facilitate the development and maintenance of relationships among health professionals. Relationships that support a coordinated emergency response must be developed and nurtured in advance of emergency situations.

CNA values access to relevant and timely education related to emergency preparedness and management skills so that health professionals can respond effectively.

CNA believes in a precautionary approach to protect nurses and other health professionals whose health and safety may be at risk, especially where there is a lack of definitive evidence.<sup>3</sup>

Planning for effective emergency preparedness and response takes place at all levels of government — federal, provincial, territorial and municipal. Such planning needs to include non-governmental organizations that span the health, social services, safety, transportation, meteorology and voluntary sectors.

Anticipatory planning ensures coordination of the timely delivery of relief and the transition to sustainable development in the aftermath of a disaster.

The increasing complexity of global risks requires continued investments in areas such as surveillance, monitoring, information and communications technology infrastructure, and emergency-management education. The extension of this communication technology infrastructure to community-based health-care providers would expand access to information during an emergency, support quality of care, and facilitate skills development and continuing education related to emergency management.<sup>4</sup>

As outlined by the International Council of Nurses (ICN),<sup>5</sup> strategies that ensure respect for human rights, social justice, and equity of access to needed health and social services, as well as the safety and security of all people affected and displaced by disaster (especially women and children), must be respected during an emergency. If an emergency response interferes with individual rights, nurses advocate for the use of the least restrictive measures possible.

---

<sup>1</sup> (CNA, 2008)

<sup>2</sup> (CNA, 2011)

<sup>3</sup> (CNA, 2010)

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

<sup>5</sup> (International Council of Nurses, 2006)

---

CNA recognizes the responsibilities of regulatory bodies to exercise due diligence and ensure that the public is adequately protected during an emergency response.

Where international governments and agencies provide emergency response, CNA supports the role of nurses and other health professionals in the affected country or countries in contributing to the emergency response and rebuilding process.

In the event of an international emergency, CNA will monitor the situation of nursing colleagues through ICN and (where appropriate) through the national nursing association.

## **BACKGROUND**

A recent report from the Organization for Economic Co-operation and Development, looking broadly at “global shocks” such as terrorist attacks, severe hurricanes, financial meltdowns, earthquakes, tsunamis and ensuing nuclear reactor accidents, states: “Never before have global risks seemed so complex, the stakes so high and the need for international cooperation to deal with them so apparent.”<sup>6</sup>

Based upon the report, the world can expect numerous large-scale emergencies in the future that require the mobilization of international and community emergency plans. Canada’s experiences with SARS (severe acute respiratory syndrome) and H1N1 influenza demonstrate the need to be prepared for widespread disease outbreaks, including an influenza pandemic.

At the national level, the Public Health Agency of Canada (PHAC) provides leadership in responding to public health emergencies. PHAC’s Centre for Emergency Preparedness and Response links its other units to federal agencies and the provinces and territories while coordinating internationally with health and other appropriate authorities.<sup>7</sup>

Information and communication technologies provide access to the most up-to-date information available during an emergency, are a conduit for skills development and continuing education related to emergency management, enhance nurses’ access to decision-support tools, and allow nurses to track and evaluate data on nursing interventions and patient outcomes.

Planning for increased demands on the health-care system during an emergency or in the immediate aftermath of a disaster is one of the greatest challenges. One measure of the system’s effectiveness is its ability to maintain its operational integrity while minimizing the morbidity and mortality of those affected.<sup>8</sup> Experiences like the H1N1 pandemic, when nurses worked at an expanded scope of practice, need to be evaluated.<sup>9</sup>

In recent years, nurses have played a vital role in responding to emergencies nationally and internationally: with the SARS crisis, the tsunami in Indonesia, the H1N1 pandemic, the earthquake in Haiti, et al. Nurses contribute to the capacity to conduct health surveillance; they educate health professionals, volunteers and the public; they assess needs and allocate resources; they provide health-care services; they evaluate response measures; and they also make decisions about resource allocation (such as vaccines) where resources are limited.<sup>10</sup>

*Approved by the CNA Board of Directors  
July 2012*

---

<sup>6</sup> (Organization for Economic Co-operation and Development, 2011, p. 4)

<sup>7</sup> (Public Health Agency of Canada, 2006)

<sup>8</sup> (Health Canada, 2009)

<sup>9</sup> (CNA, 2010)

<sup>10</sup> In this position statement, “nurse” refers to registered nurses, nurse practitioners, licensed practical nurses and registered psychiatric nurses.



---

## References:

Canadian Nurses Association. (2007). *Supporting a healthy nation and a health economy: Brief to the House of Commons Standing Committee on Finance*. Ottawa: Author.

Canadian Nurses Association. (2008). *Code of ethics for registered nurses*. Ottawa: Author.

Canadian Nurses Association. (2010). *Canada's pandemic preparedness*. Brief to the Senate Committee on Social Affairs, Science and Technology. Ottawa: Author.

Canadian Nurses Association. (2011). *Interprofessional collaboration* [Position statement]. Ottawa: Author.

Health Canada. (2009). Post-disaster surge: How does Canada's health system cope? *Health Policy Research Bulletin* (Issue 15). Ottawa: Author. Retrieved from [http://www.hc-sc.gc.ca/sr-sr/alt\\_formats/hpb-dgps/pdf/pubs/hpr-rps/bull/2009-emergency-urgence/2009-emergency-urgence-eng.pdf](http://www.hc-sc.gc.ca/sr-sr/alt_formats/hpb-dgps/pdf/pubs/hpr-rps/bull/2009-emergency-urgence/2009-emergency-urgence-eng.pdf)

International Council of Nurses. (2006). *Nurses and disaster preparedness* [Position statement]. Retrieved from [http://www.icn.ch/images/stories/documents/publications/position\\_statements/A11\\_Nurses\\_Disaster\\_Preparedness.pdf](http://www.icn.ch/images/stories/documents/publications/position_statements/A11_Nurses_Disaster_Preparedness.pdf)

Organization for Economic Co-operation and Development. (2011). *Future global shocks — Improving risk management*. Geneva: Author.

Public Health Agency of Canada, Centre for Emergency Preparedness and Response. (2006). *Report of activities*. Ottawa: Author. Retrieved from <http://www.phac-aspc.gc.ca/publicat/roa-cepr/roa-cepr06-05-eng.php>

## Replaces:

*Emergency Preparedness and Response* (November 2007)

PS-119

