Introduction:

- The impact of disasters is believed to be increasing internationally - nurses are more likely to be confronted with a need to provide nursing care to victims affected by disaster.
- Standards are required for disaster preparedness in acute settings which presently don’t exist in Australia or internationally. These include disaster planning, improved surge capacity, and disaster nursing education.

Purpose: To examine the literature surrounding nursing preparedness for disaster in the acute setting, including existing disaster nursing education available in the acute setting; nurse’s attitudes to disaster preparedness and response; and whether sufficient resources are available to nurses in disaster response.

Methods: An integrative literature review was conducted. Key terms included: nursing preparedness for disaster; mass casualty event; mass casualty; evacuation; emergency preparedness; disaster response; disaster preparedness; disaster medicine; nursing education; nursing curriculum; patient care; disasters; and disaster epidemiology. Reference lists of all original papers and grey literature found were also searched for additional sources.

Results: Four major themes were identified:

- Nurse education/experience in disaster response
- Nurse (including students) issues, concerns and attitudes surrounding disaster response, including perceived preparedness for disaster
- Disaster planning in acute settings;
- Surge capacities of acute settings

Conclusions:

- Disaster events, both natural and man-made, have become of increasing concern to health care workers and the public in recent years.
- Research highlights that disaster planning, surge capacity, and education in disaster response are not well implemented or standardised in the acute setting.
- Difficulties in making clear recommendations related to implementation and standardisation in disaster response areas can be linked to a lack of “scientifically rigorous” research, and political and media agendas.

A Few Facts:

- 50-80% of casualties of a disaster event make their own way to hospital within 1-1.5 hours.
- More than 80% of Australian nurses volunteering their services in response to a disaster event have no previous experience in disaster response.
- 61-82% of critically injured patients in Aust. and NZ hospitals would not have immediate access to operative care; 34-70% would have delayed access to ICU beds; 42% of less critically injured patients would have delayed access to medical imaging facilities.
- Presently most Australian hospitals and staff would be unlikely to cope with any more than small numbers of seriously injured patients.

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References


