14.6: Disaster Recovery

Disaster recovery follows the response phase and is defined by the short-term and long-term actions required to return the community to a normal state. Short-term recovery includes returning vital life support systems to an operational state and repatriation of patients. Establishing a protocol for the safe transport of patients back to their designated facility as soon as possible helps to alleviate the psychological trauma of family separation. Additionally, it eases the burden on the alternate care facilities and staff called into action during the disaster (Assid, 2014).

Long-term recovery includes such actions as restoring damaged infrastructure and damaged property, and providing physical and psychological support for victims, families, and responders (Upton, 2013). Physical damage is an easily
identifiable visual cue of disaster, but it is not always present (Saunderson Cohen, 2013). Pandemics, bio- and cyber-terrorism are examples of disasters that leave minimal or no visual footprint. However, the psychological impact may last for years, for both patients and the health care team. Individuals who experience a traumatic event are at risk of suffering long-term effects, which may be physical, emotional, spiritual, or mental. Characteristics of these responses include:

- emotional reactions to events;
- loss of ability to function;
- feeling overwhelmed; and
- increased use of resources.

**Essential Learning Activity 13.5.1**

Canada has had a number of major disasters over the past few years.

1. Nurses played significant leadership roles during the Fort McMurray fires (mentioned earlier in this chapter) and in the follow-up recovery. Go to the links below, then answer the questions that follow.

   “*We got the job done*: Nurse describes Fort McMurray hospital evacuation” by Rob Drinkwater (*Canadian Press*, May 5, 2016)

   “*A year after the fire, Fort McMurray residents report an uneven recovery*” by Keith Gerein (*Edmonton Sun*, April 25, 2017)

   (a) What were the major issues facing nurses who evacuated the hospitals in Fort McMurray?

   (b) What are the major health issues facing Fort McMurray residents as they recovered from the fire?

2. Read the following articles on the Lac-Mégantic train derailment titled “The public health response during and after the Lac-Mégantic train derailment tragedy: a case study,” then answer the questions that follow.


   (a) Describe the seven lessons learned by public health professionals.

   (b) Why do public health actions continue long after emergency response operations have concluded?

3. Read the following sources for information on the role that nurses played during the 2003 SARS pandemic in Toronto, and the role that nursing leadership played in preventing further spread of the illness, then answer the questions that follow.

   “*Lessons learned from SARS*” by Melissa Di Costanzo (*Registered Nurse Journal*, May/June 2013)
“SARS, 10 years later: One family’s remarkable story” by Amy Dempsey (Toronto Star, March 2, 2013)

(a) What were some of the long-term effects that nurses reported following the traumatic event?

(b) What were the primary lessons learned?

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Research Note


Imagine you are just finishing your day shift in the emergency department when the EMS radio patches in that a tornado has touched down in a community 50 kilometres outside the city. Numerous homes and businesses have been completely destroyed. EMS, fire, and police are on scene and have begun transporting patients to your ED. Are you prepared? Do you have the knowledge to provide the best care for the victims?

Evidence-based practice has always been part of the nursing lexicon; over the last few decades it has taken a more prominent role in nursing education (CNA, 2010). A broad scope of knowledge is needed to be an effective emergency nurse, which requires keeping current on the latest research about nursing and health care. However, research has shown that many nurses do not have the basic understanding or knowledge to prepare for a disaster. A literature review done by Nash (2016) suggests that nurses do not feel comfortable responding to disaster situations due to scarcity of emergency preparedness resources (p. 12). The challenge lies in the lack of current literature related to emergency nursing and disaster preparedness. Additional literature reviews strengthen this argument and contend that evidence-based leadership research is minimally available (Goodwin Veenema, Andrews, Losinski, Newton, & Seal, 2016, p.36). Clinical research in emergency nursing underpins the development of practice guidelines, such as door-to-needle and door-to-balloon times for treatment of acute coronary syndromes and family presence during resuscitation. Research in emergency preparedness is no exception.

The inevitability of future disasters, both natural and anthropogenic, combined with the currently limited resources related to education and training, means that there needs to be a greater focus on disaster preparedness education in nursing curricula. There is an opportunity for nursing education to forge the way for continued research, thereby meeting this continuing challenge.