

Draft POLICY STATEMENT ON EMERGENCY AND DISASTER PREPAREDNESS AND RESPONSE



Endorsed:

Date:

Emergencies and disasters are generally unexpected and unanticipated. They may be the result of actions in nature – such as extreme weather events, hurricanes, tornadoes, fires, floods, earthquakes, landslides, epidemics or pandemics, etc - or the result of actions by human beings – internal or external violence, conflict, wars, etc. Emergencies or disasters may affect individuals, families, groups, communities, nations, or groups of nations. Quite often, there is very little an individual can do to prevent emergencies or disasters occurring.

Emergencies or disasters, regardless of cause or outcome, affect the physical, mental, emotional and social health and wellbeing of human beings. Nurses and midwives, as the most numerous frontline health workers, geographically located in most areas of a country, are usually first responders in the event of an emergency or disaster.

The Commonwealth Nurses and Midwives Federation (CNMF) recognises the impact emergencies and disasters have on nurses and midwives, both personally and professionally. The CNMF is committed to supporting its members to be better prepared physically, mentally and emotionally, to be able to respond to emergencies or disasters to minimise harm to themselves while they provide essential care to those affected by emergencies or disasters.

The CNMF advocates for:

1. Governments to have national emergency and disaster preparedness and response action plans, developed across government departments and in consultation with the wider community, emergency response services, and health sector workers.
2. Governments to identify geographic areas and individuals, families and communities most at risk in the event of an emergency and disaster and take preventive action to minimise harm.
3. Health sector employers of nurses and midwives to take responsibility for the education and training of health sector workers to respond appropriately and effectively to emergencies and disasters without themselves coming to harm, including participation in simulation events.
4. Health sector employers of nurses and midwives to have services available for debriefing and counselling nurses and midwives who are involved in responding to emergencies and disasters both in the short term and long term to optimise their physical, mental and emotional recovery.

5. Nursing and midwifery professional and industrial association to advocate and lobby for emergency and disaster preparedness and response national action plans, which include access to both short term and long term debriefing and counselling for all first responders.
 6. Nursing and midwifery professional and industrial associations to advocate and lobby at the local level for employers of nurses and midwives to provide education and training for sector wide first responders in emergency and disaster preparedness and response which includes event simulation experience.
 7. Nurses and midwives to be alert and to be prepared for the possibility of emergencies and disasters and to take responsibility for their own preparedness and response to minimise harm to themselves and their families.
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