



Nurses and disaster risk reduction, response and recovery

Disasters have a devastating effect on individuals, populations and economies, and they significantly impede progress towards sustainable development. According to the United Nations, a disaster is an event that seriously disrupts the functioning of a community or society and causes widespread human, material, or environmental losses and impacts that exceed the affected community's ability to cope with those negative impacts.¹

Nurses remain an underused resource in disaster risk reduction, response and recovery for communities around the world. The International Council of Nurses (ICN) believes that the involvement of nurses is essential to prevent new and reduce existing disaster risk. According to the Sendai Framework for Disaster Risk Reduction 2015-2030, adopted by the UN General Assembly, this will be achieved by preventing and reducing hazard exposure and vulnerability to disaster, and by increasing preparedness for effective response and recovery, thereby strengthening resilience.² A nation's capacity to undertake this role will depend, in part, on the abilities of its health workforce.

Disasters are exacerbated by global climate change, rapid population growth, unplanned urbanisation and environmental degradation.^{3,4} Disasters occur when a vulnerable community or society is exposed to hazards and has an insufficient capacity to prepare for and respond effectively to mitigate the impact of the hazard(s). Hazards may be natural: geophysical (earthquake, volcano eruption), hydrological (tsunami), climatological (extreme temperatures, drought), meteorological (cyclone, tornado) or biological (disease epidemic).³ They may also be technological or human-induced as the result of armed conflict, famine, environmental degradation or chemical and radiological incidents.

Regardless of the source, disasters can erode essential services, such as the infrastructure for the provision of healthcare, electricity, water, sewage/garbage removal, transport and communications, seriously affecting the economic, physical, social, cultural and environmental assets of individuals and communities.² Disaster can lead to loss in lives, livelihoods and health, and severely impact the economic, physical, social, cultural and environmental assets of persons, businesses, communities and countries.³

Developing nations are particularly vulnerable to disasters as they may not have disaster preparedness systems in place and may have higher levels of poverty, poor governance, inequalities and reduced access to resources and assets. Vulnerable groups of individuals, including children, older people, indigenous people and people with disabilities, require special attention during and after a disaster, as the impact of disasters can reinforce, perpetuate, and increase existing inequalities.¹ It is important to note that nurses and their families are disproportionately affected as a result of the need for nurses to form part of the first response and recovery groups. The daily physical and psychological needs of nurses may be greater due to frequent and first-hand exposure to human tragedy, as they often provide care with scarce resources and they often work in unsafe environments.⁵



Disaster(s) may negatively impact the physical and mental health of those affected by creating conditions such as lack of security and safety; gender-based violence; lack of access to basic goods and services, including health services; family separation; abuse, neglect, and exploitation of vulnerable persons, and discrimination.¹ Furthermore, these conditions may represent a violation of human rights, with some individuals experiencing obstacles to defend and claim their rights.^{6,7} Social challenges posed by disasters put individuals at great risk of experiencing mental health and psychosocial problems, and support in this regard is crucial.

There is, therefore, a need for qualified individuals to engage in the implementation of local, national, regional and global risk reduction plans and strategies, to enable them to bring their expertise and pragmatic guidance.³ Nurses have a vital role to play in all phases of disaster(s). Their knowledge of community resources, their understanding of the needs of vulnerable populations, health workforce planning and clinical knowledge and skills, allow them to play a strategic role in promoting cooperation of health and social sectors, governmental agencies and non-governmental organisations, including humanitarian organisations and community groups, and make them of immense value during disaster risk prevention, response, and recovery.

ICN Position and Recommendations

As the global voice of nursing the ICN:

- Strongly believes that nurses must be involved in the development and implementation of disaster risk reduction, response and recovery policies at the international level.
- Advocates for adoption of disaster risk reduction, response and recovery strategies by governments together with private sector, and other stakeholders, to prevent the loss of lives, livelihoods and health.
- Believes that disaster risk reduction, response and recovery planning must include strategies to support the resilience of nurses. This involves ensuring nurses' personal safety and physical and psychological health and wellbeing in the short and long term. Furthermore, ICN believes that support to nurses' families and dependents should be provided if they are involved in the recovery phase, as this may be extended and undefined.
- Promotes strategies that support social justice and equity of access to needed healthcare and social services, and calls on governments and disaster risk management organizations to establish the support systems required to address the health needs of people affected by disaster.
- Strongly believes that community participation is fundamental to successfully align national policies with local disaster risk reduction needs.⁸ As such, it is vital to advocate for the critical involvement of women, children and youth, persons with disabilities, older persons, indigenous peoples and migrants.³ In addition, that people with life-threatening and chronic diseases, and those who are isolated, should be included in the design of policies to manage their risks before, during and after disasters.
- Strongly believes that there must be a link between relief and development planning. Furthermore, that relief operations must develop and adhere to credible accountability systems to ensure appropriate, effective use of financial, technical, and human resources.⁸

- Supports and encourages education and training of nurses in disaster risk reduction, response and recovery, which is guided by the ICN Framework of Disaster Nursing Competencies.⁹
- Strongly advocates for the inclusion of mental health and psychosocial support for responders and survivors, and for their families, as part of the health response to disaster and disaster recovery.
- Supports the Sendai Framework, including the following guiding principles and priorities for action:³
 - Disaster risk reduction requires an all-of-society engagement and partnership, empowerment, and inclusive, accessible and non-discriminatory participation.
 - Disaster risk management is aimed at protecting individuals and their health, livelihoods, property and productive assets, as well as cultural and environmental assets, while promoting and protecting all human rights.
 - The responsibility to reduce disaster risk primarily lies with the State, but it is shared with local government, the private sector and other stakeholders across relevant sectors.
 - Action must be focused on: understanding disaster risk; strengthening disaster risk governance to manage disaster risk; investing in disaster risk reduction for resilience; enhancing disaster preparedness for effective response and on 'Building Back Better' in recovery, rehabilitation and reconstruction.

ICN encourages national nurses' associations (NNAs), in collaboration with their respective government to:

- Actively participate in supporting institutions and governments to prepare in advance for disaster(s) by assessing potential hazards and vulnerabilities, and by increasing their ability to predict, warn of and respond to disaster, for example through a national disaster plan and emergency funds.
- Develop and/or support a regulatory framework that helps nurses meet regulatory requirements in a timely manner when deployment is needed to provide nursing care in an affected jurisdiction.
- Actively engage with governments so that they develop a binding strategy which is intended to fulfil the four priorities set out in the Sendai Framework for Disaster Risk Reduction.³
- Encourage governments to plan for responding to the basic needs of nurses in the event of a disaster, ensuring a system is in place that aims to provide food, water and shelter, as well as continued compensation and incentives that are normally provided for time worked.
- Actively participate in strategic planning and implementing of disaster plans to ensure nursing input.



- Ensure a register of nurses who are trained and able to respond to a disaster, and who are linked to an organisation or agency participating in the coordination of disaster response and recovery in the country.
- Incorporate disaster risk reduction, response and recovery in educational programmes according to local needs, and provide opportunities for continuing education to ensure a sound knowledge base, skill development, and ethical framework for practice.
- In the response phase of a disaster, assist in the efforts to mobilise the necessary resources, including access to food, water, sanitation, shelter and medicines, and support the coordination of care, giving special attention to vulnerable groups.
- In the recovery phase, work with the community to plan for long-term needs, including psycho-social, economic, and legal needs – for example through counselling, resettlement and documentation.
- Advocate for the continued care needs of those with injuries, disabilities, non-communicable and communicable diseases and mental health needs, paying particular attention to more vulnerable groups.
- Partner with other health professional organisations, independent, local and national branches of government, international agencies and non-governmental organisations to implement all aspects of the Sendai Framework and evaluate performance on an ongoing basis.²

ICN calls on individual nurses in their role as clinicians, educators, researchers, policy influencers, or executives to:

- Actively engage in disaster risk committees and policy-making for disaster risk reduction, response and recovery.
- Seek continuing professional development opportunities in disaster risk reduction, response and recovery.
- Be competent to provide disaster relief and meet the health needs according to the type of disaster and the given situation.
- Be informed of diseases, such as cholera, and changes in social behaviours, such as theft, that may be associated with disasters and which may be exacerbated by a deterioration in living conditions, and of associated physical and mental health, socio-economic, and nursing or care needs of individuals and communities, and identify mechanisms to deal with these situations.
- Be familiar with and raise public awareness of those disasters that their region and country are most likely to experience.
- Work closely with other healthcare and allied professionals in establishing comprehensive and collaborative disaster risk reduction plans.

Adopted in 2001
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