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Disaster Preparedness and CRNA Wellness

In wake of recent events such as wildfires, hurricanes, and active shooter situations resulting in mass casualties, it is prudent to reflect upon our responsibilities as nurse anesthetists and our overall wellbeing. Some definitions follow:

- A *disaster* is an event that causes human injury, fatality, property damage, or infrastructure/community distress. In general, an event becomes a disaster when it exceeds the coping ability of the affected community utilizing only its own resources.¹
- *Preparedness* is a state of readiness or anticipation above passive waiting.¹
- *Training* is educational activity taken in pursuit of a goal. Training is generally voluntary or elective to prepare the participants for future activity or to fulfill requirements for a certification.²

CRNAs are generally considered “critical healthcare workers,” meaning that our work is necessary for the stability of healthcare. Healthcare infrastructure is required for overall societal stability, and CRNAs are an integral part of advanced healthcare—even during a disaster. Furthermore, CRNAs are often expected to make arrangements for their own health and safety and that of their families while in the midst of caring for patients.

Professional self-care to maintain fitness for duty is an essential underpinning and a best practice to deliver safe, high-quality anesthesia care.^{3,4} Developing resiliency and engaging in proper coping mechanisms when stressful situations arise prepares CRNAs to treat patients while taking care of ourselves. Personal and organizational preparedness before a disaster occurs allows the CRNA to mitigate concern for essential personal and familial needs and focus on providing excellent care. Stress has been linked to anesthesia errors;⁵ therefore, emergency preparedness directly contributes to CRNA wellness and promotes patient safety.

Know Your Organization’s Plan

Organizations may not have specific disaster preparedness training for providers beyond the initial listing of overhead codes, emergency exits, and

location of fire extinguishers. When disasters become more widespread, comprehensive planning is needed. *“Waiting and hoping” or “winging it” are not good disaster plans.*

Hospitals are required to have “stand alone” plans for a minimum of 48 hours without external support, so CRNAs need to remain vigilant. It is important to check with your employer regarding professional expectations in a disaster, as some

disaster-prone regions are likely to have additional requirements. For example, in an institution in South Carolina expects providers and staff, in the event of an emergency, to remain on hospital grounds for up to 72

hours and to have their own food, water, and clothing available for this time.⁶ While the American Red Cross recommends having three days of supplies in a portable emergency case,⁷ the institution in this example expects all critical employees to have their emergency supplies accessible from the hospital at all times. A “car box” of survival material should include at a bare minimum food, water, and additional weather-appropriate clothing and supplies.⁶

Emergency preparedness and drills allow for conditioned responses, which can help alleviate stress and build confidence. The AANA *Guidelines Regarding the Role of the Certified Registered Nurse Anesthetist in Mass Casualty Incident Preparedness and Response*, provides guidance for how the CRNA may serve throughout disaster management phases, particularly for mass casualty events.⁸

Emergency Preparedness Considerations

Here are a few suggestions for preparing for disasters and other emergencies, both personally and professionally. For a complete list of recommended supplies and emergency procedures, visit the American Red Cross disaster preparedness website.⁷

- Evaluate your own needs and those of your family. What would you need to have to feel comfortable in your home for two weeks without external support? Consider arrangements to make to address personal obligations while continuing to provide care for patients. For example, are there children or pets that will need care or support in a possible

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72-hour shift/time away from home? Do you have contacts who will be able to check in on your house during a disaster?

- Seek out education on the disasters that are likely in your work and living areas. Floods and thunderstorms are common across North America, with earthquakes, tornadoes, hurricanes, fires, blizzards and extreme heat and cold being common across large regions.
- Maintain awareness of individual expectations and organizational policies and procedures during a disaster, including expected hours and emergency procedures.
- Emergency communications are vital to continuing patient care in a disaster. Refer to the organizational communication plan and contact information for the institution's emergency preparedness. It is recommended that one have, at a minimum, a working cellular phone with email and text capacity for contact. Ensure that working communications (and backup) are available. How long does a cell phone battery last? Is there a backup source of power?
- Ensure contacts outside of the area know to "check in" on emergency websites or social media and confirm your well-being, and that they can contact other family and friends outside the area.
- Determine what resources (including education) employers, clinical sites, and local emergency responders have. Consider speaking with local emergency response professionals regarding appropriate supplies (quantity, perishability, maintenance, and storage) and the disasters that are most common in practice and living areas.^{9,10} Consider taking a course on personal preparedness or reviewing educational literature.

After the Disaster

Of course, planning for personal and organizational readiness is only the beginning. Engaging in a support network can help you return to stability and provide support resources for you and your family. While preparedness and resilience will allow the CRNA to continue to function in high-stress situations, after a disaster it is important to take adequate time to decompress, regroup, and reflect on your own well-being to prevent burnout. Distress following a disaster is common, and some individuals may experience post-traumatic stress disorder (PTSD). For resources on emotional/mental wellbeing and PTSD visit: www.aana.com/mentalwellbeing and www.aana.com/PTSD.

While we are in an essential, stressful, and rewarding profession, self-assessment of fitness for duty is critical to provide safe anesthesia care. Additional resources for personal wellness and workplace health can be found at www.aana.com/workplacewellness.¹¹

What are your threats? What are your plans? How can you maintain your personal wellness in the event of a disaster?

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