

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, 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. Emergencies or disasters, regardless of cause or outcome, affect the physical, mental, emotional and social health and wellbeing of those impacted.

The challenge of providing care amid conflict and disaster has confronted nurses and midwives from the beginning of the modern nursing profession. The guiding principles of effective nursing – empathy and compassion underpinned by evidence – should be the principles that guide humanitarian responses to disasters. Nurses and midwives, geographically located in most areas of a country, are usually first responders in the event of an emergency or disaster and have a critical role to play at every step of the disaster management process: from planning, to emergency, to recovery.

The most significant factor in predicting how health systems will respond to emergencies is their capacity to deliver high-quality health care before an emergency or disaster occurs. Emergencies and disasters will often magnify health inequalities and have the greatest impact on marginalised and disadvantaged groups. An equitable health system with a sufficient and educated health workforce is in a better position to respond effectively in an emergency or disaster.

As the world approaches a period of increasing environmental breakdown as a result of climate change, the risk of extreme weather events and other climate-driven health threats is set to rise. Nurses and midwives, representing around half of the global health workforce, must be equipped and prepared to respond to climate emergencies and disasters, and lead action to mitigate their impacts on population health.

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. Nursing and midwifery professional and industrial associations should work to strengthen the mechanisms through which associations with the means to assist and support partners in countries affected by disasters and health emergencies, are able to do so. This could include establishing solidarity funds or coordinating technical assistance.
 8. 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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