

## Forensic Nursing in Disasters

Disasters are destructive events that result in the disruption of a community. They are classified as natural and man-made and result in death, injury, illness, and property damage with management capabilities beyond the scope of available resources.

Disasters comprise the following components:

- Preparedness
- Mitigation
- Response
- Recovery
- Evaluation

*In the aftermath of Katrina many IAFN members asked about the creation of an IAFN Disaster Response Team. We are a small organization and presently do not have the capability to provide training, infrastructure or administration of a disaster response team. The organizations that presently provide services at the time of a disaster have recruited nurses and other professionals who are both properly equipped and trained to respond. There is nothing worse than needing to divert resources for victims to take care of an unprepared volunteer. As an organization IAFN would like to encourage it members to become involved in disaster planning in your communities and to join national and international organizations that provide response when disasters occur. With your involvement the knowledge and skill of forensic nurses will broaden the perspective of disaster relief efforts.*

The health effects of disasters effect the community population and are dependent upon the type of event. Damage predisposes individuals to limitations in access to care for primary care and preventative services in the immediate period and often long into the aftermath. Disasters impact morbidity and mortality due to the combined effects of intensity of event during active phases, property destruction, response and recovery efforts, and population displacement. Community rebuilding may be extensive placing additional burdens causing illness and injury care to go untreated.

Community disaster plans must integrate healthcare providers as primary resources to render immediate care to victims injured during the event. The role of the forensic nurse is diverse and demonstrates the following clinical capabilities: trauma and emergency nursing, mental health and critical incident stress management, death investigation, infectious disease, syndromic surveillance and public health nursing. Each aspect poses many challenges.

Forensic nurses employ a bio-psychosocial approach to care that includes quality health services to preserve the dignity of people suffering from the devastation of a natural or man-made event. Important issues include providing accepted and relevant care aimed at reducing the impact of the event and efforts to improve the quality of life. Central are interventions to aid individuals to cope with the loss of human life and/or material resources. These services ensure quality care is provided with restoration of mental rehabilitation to those affected in the present and continuing into the future. Additionally, services must coordinate spiritual as well as cultural care.

Nurses have provided assistance to mass casualty events since the times of Florence Nightingale. Forensic nurses contribute significantly in mass fatality events in particular those that encompass violence and crimes. They are vital to situations of devastation providing needed services to the living and the dead. The devastation occurring from Hurricanes Katrina and Rita demonstrated gaps in services for victims of sexual assault and violence. Research combined with data collection and barriers to services articulates the call for proactive collaboration among stakeholders to incorporate rapid response teams to deploy and provide urgent forensic support to areas of devastation until normal services are restored.

**Topic Related Links:**

(US) Federal Emergency Management Agency <http://www.fema.gov/>  
(US) Red Cross <http://www.redcross.org/>  
(US) Department of Health and Human Resources <http://www.hhs.gov/>  
(US) Disaster Medical Assistance Teams <http://www.dmat.org/>  
(US) Disaster Mortuary Operational Response Team <http://www.dmort.org/>  
International Council of Nurses <http://www.icn.ch/>  
(US) Agency for Healthcare Research and Quality <http://www.ahrq.gov/prep/>  
(US) American Nurses Association <http://www.ana.org/>  
(US) Institute of Medicine <http://www.iom.edu/>  
(US) Center for Disease Control & Prevention <http://www.bt.cdc.gov/disasters/>  
(US) Department of Homeland Security <http://www.dhs.gov/index.shtm>  
(US) Public Health Service <http://oep.osophs.dhhs.gov/ccrf/>  
(US) National Disaster Medical System <http://ndms.dhhs.gov/>  
(US) White House <http://www.whitehouse.gov/omb/egov/c-2-2-disaster.html>  
(US) Medical Reserve Corp <http://www.medicalreservecorps.gov/HomePage>  
(US) American Psychiatric Association <http://www.psych.org/>  
International Committee of the Red Cross <http://www.icrc.org/>  
Médecins Sans Frontières <http://www.msf.org/msfinternational/volunteer/>