



INTERNATIONAL COUNCIL OF NURSES

**CORE COMPETENCIES
IN DISASTER NURSING
VERSION 2.0**



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TABLE OF CONTENTS

Authors.....	2
Introduction.....	3
Background.....	4
To Whom Do these Competencies Apply?.....	5
What Does a Competency Look Like?	6
What Might Be Next?.....	7
ICN Core Competencies in Disaster Nursing Version 2.0	9

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INTRODUCTION

In 2009, the International Council of Nurses (ICN) and the World Health Organization (WHO) published the first edition of *ICN Framework of Disaster Nursing Competencies*. The two organisations stated at that time:



Nurses, as the largest group of committed health personnel, often working in difficult situations with limited resources, play vital roles when disasters strike, serving as first responders, triage officers and care providers, coordinators of care and services, providers of information or education, and counsellors. However, health systems and health care delivery in disaster situations are only successful when nurses have the fundamental disaster competencies or abilities to rapidly and effectively respond.

The International Council of Nurses and the World Health Organization, in support of Member States and nurses, recognise the urgent need for acceleration of efforts to build capacities of nurses at all levels to safeguard populations, limit injuries and deaths, and maintain health system functioning and community well-being, in the midst of continued health threats and disasters.¹



The continuing world-wide experience of disaster and emergency events, both human-caused and related to micro-organisms, geology and climate, serves to confirm the need for nurses to be ready with a common understanding of how to participate in preparation, response and recovery. The ICN International Nurses Day 2019 document, *Nurses: A Voice to Lead Health for All*² identified epidemics, pandemics and violence as major global health challenges that could have a negative impact on our health. The multiple available definitions of disaster or emergency are all useful in reminding us that events out of the ordinary or requiring resources beyond those readily at hand call for response that has come to be known as ‘disaster response’. As with any work prepared for the global audience of nurses, each country, nursing regulatory agency and employing institution should read and interpret the world-wide expectations within the legal, cultural and ethical framework within which they function.



ICRC/Robin Waldo

1 International Council of Nurses & World Health Organization (2009). *ICN Framework of Disaster Nursing Competencies*. Geneva: International Council of Nurses.

2 International Council of Nurses (2019). *Nurses: A Voice to Lead Health for All* Geneva: International Council of Nurses.

BACKGROUND

At the time the original *ICN Framework of Disaster Nursing Competencies* was published, there was a variety of national expectations of how nurses should contribute to disaster response, but no global consensus on exactly what that meant. Led by Dr. Donna Dorsey and an international group of nurses, the landmark publication included extensive background on disasters, the need for nurses to be prepared for disaster response, and the range of publications and discussions taking place in the international health and nursing worlds. The work built on the *ICN Framework of Competencies for the Generalist Nurse* and did not address any additional or different competencies needed by nurses in advanced practice or specialty areas. Five years later, the leadership of the World Association for Disaster and Emergency Medicine Nursing Section reviewed and compared international experience with Version 1.0 and posed the addition of competencies in the mental health area (Version 1.1).³

The literature on effective disaster and emergency response has expanded exponentially since the nursing competencies were first published, and the competencies have been put to use in continuing education and curriculum development in many parts of the globe. For that reason, the edition of Version 2.0 includes less background narrative, and the interested reader is encouraged to maintain an ongoing familiarity with current publications in the field, both specific to nurses and those that are more general.

The 2018-2019 review of the competencies and preparation of Version 2.0 benefited from the expertise of a Steering Committee representing:

- Asia Pacific Emergency and Disaster Nursing Network: Lisa Conlon & Alice Yuen Loke
- International Council of Nurses: David Stewart & Kristine Qureshi
- International Federation of Red Cross and Red Crescent Societies: Panu Saaristo & Virpi Teinilä
- Resolve to Save Lives: Amanda McClelland
- Sigma Theta Tau International: Cynthia Vlasich
- Society for the Advancement of Disaster Nursing: Joanne Langan & Tener Goodwin Veenema
- University of California, Los Angeles: Barbara Bates Johnson
- World Association for Disaster and Emergency Medicine: Alison Hutton
- World Health Organization: Carey McCarthy & Arwa Oweis
- World Society of Disaster Nursing: Aiko Yamamoto

The committee was chaired by Kristine Gebbie, DrPH, RN, Torrens Resilience Institute, Flinders University, Australia, who had the responsibility of overseeing data gathering and editing of the final competencies, with the assistance of ICN staff member David Stewart. Through use of SurveyMonkey®, over 150 nurses from around the globe, as well as three major international nursing groups responded to draft language, offering editorial suggestions and raising questions about possible additions or deletions.



CDC/Capt. John C. Watson

3 Hutton A, Veenema TG, Gebbie K. (2016) Review of the International Council of Nurses (ICN) Framework of Disaster Nursing Competencies. *Prehosp Disaster Med.* 31(5):1-4.

TO WHOM DO THESE COMPETENCIES APPLY?

The Steering Committee identified three levels of nurses needing competency in disaster nursing at increasing levels of complexity. Bear in mind that for any level or any one competency, the nurse begins as a novice, should move toward proficiency as defined by national or institutional standards, and may become an expert. Expertise within any one level does not confer automatic ability to perform competencies at a higher level. The three levels of nurses defined for use in Version 2.0 are:

- **Level I: Any nurse who has completed a programme of basic, generalised nursing education and is authorised to practice by the regulatory agency of his/her country.** Examples: staff nurse in a hospital, clinic, public health centre; all nurse educators.
- **Level II: Any nurse who has achieved the Level I competencies and is/aspires to be a designated disaster responder within an institution, organisation or system.** Examples: supervising or head nurse; a nurse designated for leadership within an organisation's emergency plan; a nurse representing the profession on a hospital/agency emergency planning committee; preparedness/response nurse educators.
- **Level III: Any nurse who has achieved Level I and II competencies and is prepared to respond to a wide range of disasters and emergencies and to serve on a deployable team.** Examples: frequent responders to either national or international disasters, military nurses, nurses conducting comprehensive disaster nursing research. Note that specific competencies for

this level of nurse are not included in Version 2.0 at this time, and many of the competencies expected at this level are common across many disaster-associated disciplines.

The original set of disaster nursing competencies was organised into four areas and 10 domains:

- Mitigation/prevention
 - policy development and planning
 - risk reduction, disease prevention and health promotion
- Preparedness
 - ethical practice, legal practice and accountability
 - communication and information sharing
 - education and preparedness
- Response
 - care of the community
 - care of individuals and families
 - psychological care
 - care of vulnerable populations
- Recovery/rehabilitation
 - long-term recovery of individuals, families and communities.

Consideration was given to maintaining these domains, however in light of similar work done in various, collaborative health professional areas, and the need for common preparedness approaches among professions that must work together, a change of course was indicated.⁴ Based on that discussion, Version 2.0 is organised into eight domains.

Domain 1	Preparation and planning (actions taken apart from any specific emergency to increase readiness and confidence in actions to be taken during an event)
Domain 2	Communication (approaches to conveying essential information within one's place of work or emergency assignment and documenting decisions made)
Domain 3	Incident management systems (the structure of disaster/emergency response required by countries/organisations/institutions and actions to make them effective)
Domain 4	Safety and Security (assuring that nurses, their colleagues and patients do not add to the burden of response by unsafe practices)
Domain 5	Assessment (gathering data about assigned patients/families/communities on which to base subsequent nursing actions)
Domain 6	Intervention (clinical or other actions taken in response to assessment of patients/families/communities within the incident management of the disaster event)
Domain 7	Recovery (any steps taken to facilitate resumption of pre-event individual/family/community/organisation functioning or moving it to a higher level)
Domain 8	Law and Ethics (the legal and ethical framework for disaster/emergency nursing)

⁴ Walsh L, Subbarao I, Gebbie K, Schor K.W, Lyznicki J, Strauss-Riggs K, ... James J.J (2012). Core Competencies for Disaster Medicine and Public Health, *Disaster Medicine and Public Health Preparedness*, vol. 16, no. 1, pp. 44-52

Effective nursing practice during any disaster requires clinical competency and the application of utilitarian principles (doing the greatest good for the greatest number with the least amount of harm). At Level 1, the basic or generalist nurse is not expected to be an expert in response to any single kind of emergency or work in isolation of the response team. It is possible that outside of the working day, a nurse as a member of the community might be on the site of an emerging disaster or event; in which case the nurse should use basic first aid and professional skills until additional responders arrive and a team structure is organised.

While every nurse develops greater proficiency in those competencies used in every-day practice; the acute care nurse may make little use of community-focused competencies and the public health nurse may make little use of cardiac resuscitation competencies. The altogether too frequent occurrence of cyclones, earthquakes, volcanic eruptions, transportation crashes, epidemics, chemical spills, radiation leaks and human-initiated violence means that every nurse should take these disaster competencies seriously and use refresher training and participation in drills and exercises to maintain at least a basic level of proficiency.

WHAT DOES A COMPETENCY LOOK LIKE?

The term ‘competencies’ entered the general vocabulary of those who consider workers and what they do or should be able to do from the world of on-the-job training and evaluation: ‘what do I want my workers to be able to do?’ The term does not replace the often more-familiar language of teaching objectives or learner objectives; these objectives must be identified as they form the building blocks of the competencies.

Each competency is an individual measure of applied skills and knowledge that enable people to perform work. As such, each competency should consist of:

- one action verb (observable or measurable)
- content (subject matter, type of performance, specific task)
- context (limitations or conditions of work environment)

A set of core competencies should be developed with the highest (most challenging) verb applicable; for example, ‘applying’ is more challenging than ‘knowing’ or ‘explaining’. For example, the nurse needs to implement infection control procedures, which requires more than explaining them or simply knowing them to correctly respond to a question.

To illustrate from these core competencies, in a disaster situation, Competency 1.4.2 requires that the nurse ‘Adapts (action verb) basic infection control practices (content) to the available resources (context)’, a description of behaviour which can be observed and measured.

Once developed, competencies can be used as the framework for an educational programme, where they are broken into sub-competencies, or knowledge/skills/attitudes and learning objectives, with classroom and laboratory activities designed to build toward complete competency.

To go back to Competency 1.4.2, the learning objectives to move a nursing student toward competency would include knowledge of the germ theory of disease; methods of transmission of infectious organisms; means of disrupting transmission of organisms; influence of cultural practices on spread of micro-organisms; and skills laboratory experience with hand cleansing, use of gloves and protective gowns or aprons, and/or the use of masks and breathing apparatus.

Competencies can also be grouped into various configurations as they are associated with specific employment situations. Any one job may not require equal attention to all of the core competencies, even though the professional is expected to have them all at some level of proficiency. Competencies can also be used by an individual nurse engaged in self-assessment in order to consider which continuing or specialised education should be a priority.

WHAT MIGHT BE NEXT?

The publication of these competencies by the International Council of Nurses is only the first step in what should become an ongoing process within the profession at multiple levels. Specific steps should include:

- Adoption of Version 2.0 Disaster Nursing Competencies by national nursing associations, nursing educational programmes, institutions employing nurses, and organisations participating in disaster/emergency response.⁵
- Level III, which has not been clarified at this time, requires work within nursing as well as collaboration with other responding organisations and professions.
- Other professional fields working to encourage use of competencies have found it helpful to develop tools such as a toolkit on moving from a desired competency to a curriculum or teaching plan.
- Ongoing support should be provided for comments from the field to be assessed, with relatively minor editorial changes or content additions becoming Versions 2.1, 2.2, etc.
- Nurses around the globe should be encouraged to continue publishing research and recommendations on the engagement of nurses in disaster/emergency response, with a focus on the applicability of these published competencies.
- Finally, a timetable for major review and development of Version 3.0 should be set. While a 10-year interval may have been appropriate in the past, the pace of change may require a much earlier review and revision.



ICRC/Roland Bigler

⁵ Version 2.0 Disaster Nursing Competencies addresses Level I and II competencies



ICRC/Marco Albertini

ICN CORE COMPETENCIES IN DISASTER NURSING VERSION 2.0

GENERAL PROFESSIONAL NURSE	ADVANCED OR SPECIALIZED NURSE ⁶
<p>Level I: any nurse who has completed a programme of basic, generalised nursing education and is authorised to practice by the regulatory agency of his/her country.</p> <p>Examples of Level I include staff nurses in hospitals, clinics, public health centres; all nurse educators.</p>	<p>Level II: any nurse who has achieved the Level I competencies and is or aspires to be a designated disaster responder within an institution, organisation or system.</p> <p>Examples of Level II include supervising or head nurses; nurses designated for leadership within an organisation's emergency plan; nurses representing the profession on an institution or agency emergency planning committee, preparedness/response nurse educators.</p>
Domain 1: Preparation and Planning	
I.1.1 Maintains a general personal, family and professional preparedness plan	II.1.1 Participates with other disciplines in planning emergency drills/exercises at the institution or community level at least annually
I.1.2 Participates with other disciplines in drills/exercises in the workplace ⁷	II.1.2 Plans nursing improvement actions based on results of drill/exercise evaluation
I.1.3 Maintains up-to-date knowledge of available emergency resources, plans, policies and procedures	II.1.3 Communicates roles and responsibilities of nurses to others involved in planning, preparation, response and recovery
I.1.4 Describes approaches to accommodate vulnerable populations during an emergency or disaster response	II.1.4 Includes actions relevant to needs of vulnerable populations in emergency plans
	II.1.5 Incorporates Level I core competencies in Disaster Nursing in any basic nursing education programme or refresher course
Domain 2: Communication	
I.2.1 Uses disaster terminology correctly in communication with all responders and receivers	II.2.1 Plans for adaptable emergency/disaster communications systems
I.2.2 Communicates disaster-related priority information promptly to designated individuals	II.2.2 Includes emergency communication expectations in all orientation of nurses to a workplace
I.2.3 Demonstrates basic crisis communication skills during emergency/disaster events	II.2.3 Collaborates with disaster leadership team(s) to develop event-specific media messages

⁶ Level III, Disaster-Specific Advanced Nurse, to be developed

⁷ Some drills/exercises done in a basic educational setting may not involve other disciplines

GENERAL PROFESSIONAL NURSE	ADVANCED OR SPECIALIZED NURSE
I.2.4 Uses available multi-lingual resources ⁸ to provide clear communication with disaster-affected populations	II.2.4 Develops guidance on critical documentation to be maintained during disaster or emergency
I.2.5 Adapts documentation of essential assessment and intervention information to the resources and scale of emergency	
DOMAIN 3: Incident Management	
I.3.1 Describes the national structure for response to an emergency or disaster	II.3.1 Participates in development of organisational incident plan consistent with national standards
I.3.2 Uses the specific disaster plan including chain of command for his/her place of education or employment in an event, exercise or drill	II.3.2 Participates with others in post-event (actual or exercise) evaluation
I.3.3 Contributes observations and experiences to post-event evaluation	II.3.3 Develops action plans for improvement in nursing practice based on event assessment
I.3.4 Maintains professional practice within licensed scope of practice when assigned to an inter-professional team or an unfamiliar location	II.3.4 Includes emergency planning guidance when reassigning staff or including unfamiliar colleagues or volunteers
DOMAIN 4: Safety and Security	
I.4.1 Maintains safety for self and others throughout disaster/emergency event in both usual or austere environment(s)	II.4.1 Implements materials that support nursing decision-making that maintains safety during disaster/emergency events
I.4.2 Adapts basic infection control practices to the available resources	II.4.2 Provides timely alternative infection control practices applicable within limited resources
I.4.3. Applies regular assessment of self and colleagues during disaster event to identify need for physical or psychological support	II.4.3 Collaborates with others to facilitate nurses' access to medical and/or mental health treatment, and other support services as needed
I.4.4 Uses PPE ⁹ as directed through the chain of command in a disaster/emergency event	II.4.4 Explains the levels/differences in PPE and indications for use to nurses and others
I.4.5 Reports possible risks to personal or others' safety and security	II.4.5 Creates an action plan to address and correct/eliminate risks to personal or others' safety and security

⁸ Resources include such things as interpreters, signs or pictures

⁹ Personal Protective Equipment

GENERAL PROFESSIONAL NURSE	ADVANCED OR SPECIALIZED NURSE
DOMAIN 5: Assessment	
I.5.1 Reports symptoms or events that might indicate the onset of an emergency in assigned patients/families/communities	II.5.1 Assures that all nurses have up-to-date information on potential emergency events and the process for reporting them if observed
I.5.2 Performs rapid physical and mental health assessment of each assigned patient/family/community based on principles of triage and type of emergency/disaster event	II.5.2 Develops event-specific guidance on rapid physical and mental health assessment of individual patients/families/communities based on available information
I.5.3 Maintains ongoing assessment of assigned patient/family/community for needed changes in care in response to the evolving disaster event	II.5.3 Includes principles of disaster/emergency triage in all assessment courses taught in basic and continuing education programmes
	II.5.4 Identifies event-specific vulnerable population(s) and actions needed to protect them
DOMAIN 6: Intervention	
I.6.1 Implements basic first aid as needed by individuals in immediate vicinity	II.6.1 Assures that emergency plans and institutional policy include the expectation that basic first aid can be administered by all nurses
I.6.2 Isolates individuals/families/clusters at risk of spreading communicable condition(s) to others	II.6.2 Includes organisationally specific guidance on implementation of isolation in an emergency
I.6.3 Participates in contamination assessment or decontamination of individuals when directed through the chain of command	II.6.3 Describes the range of CBRNE ¹⁰ exposures and the exposure-related decontamination methods to be used
I.6.4 Engages patients, their family members or assigned volunteers, within their abilities, to extend resources during events	II.6.4 Plans for expanded patient, patient's family or volunteer participation in extending resources in emergency/disaster plan
I.6.5 Provides patient care based on priority needs and available resources	II.6.5 Guides implementation of nursing reassignments within an organisation's emergency plan
I.6.6 Participates in surge capacity activities as assigned (e.g. mass immunisation)	II.6.6 Guides nursing participation in surge activities when required by event
I.6.7 Adheres to protocol for management of large numbers of deceased in respectful manner	

¹⁰ Chemical, biological, radiation, nuclear, explosive

GENERAL PROFESSIONAL NURSE	ADVANCED OR SPECIALIZED NURSE
DOMAIN 7: Recovery	
I.7.1 Assists an organisation to maintain or resume functioning during and post event	II.7.1 Communicates nursing roles, responsibilities and needs to leadership throughout the recovery phase
I.7.2 Assists assigned patients/families/communities to maintain or resume functioning during and post event	II.7.2 Maintains up-to-date referral resource lists and adds event-specific modifications as needed
I.7.3 Makes referrals for ongoing physical and mental health needs as patients are discharged from care	
I.7.4 Participates in transition de-briefing to identify personal needs for ongoing assistance	
DOMAIN 8: Law and Ethics	
I.8.1 Practices within the applicable nursing and emergency-specific laws, policies and procedures	II.8.1 Participates in development of emergency-specific policy and procedure guidance for nurses within the organisation/institution
I.8.2. Applies institutional or national disaster ethical framework in care of individuals/families/communities	II.8.2 Participates in the development of disaster/emergency frameworks for allocation of resources (e.g. staff, supplies, medications)
I.8.3 Demonstrates understanding of ethical practice during disaster response that is based on utilitarian principles ¹¹	II.8.3 Develops guidance and support for nurses expected to apply utilitarian principles in practice during emergency and disaster response



CDC/Cleopatra Adedeji

11 Utilitarian principles place highest value on actions that lead to the greatest good for the greatest possible number of persons, rather than actions that are prioritised based on the needs of any one individual.

ICRC



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