



## A Position Statement on Emergency Preparedness

The American Society of PeriAnesthesia Nurses (ASPAN) has the responsibility for recommending practices which lead to the provision of safe, high-quality care to patients of all ages throughout all phases of perianesthesia care and which supports the safety of healthcare workers (HCWs) within perianesthesia care environments. ASPAN has an obligation to advocate for practices which protect perianesthesia patients, HCWs, and visitors while promoting safety in the workplace. ASPAN has an interest in collaborating with other professionals to identify and support professional standards of care and crisis standards of care.<sup>1</sup> ASPAN supports research and clinical inquiry to identify potential gaps in practice and promote interventions which address key performance elements related to emergency preparedness.

### Background

As described by the Emergency Nurses Association, the need for emergency preparedness and response is driven when the community is affected by natural or human-made disasters<sup>2</sup> (e.g., exposure to chemical agents and syndromes, biologic agents and syndromes, radiation exposure, and disasters produced by natural phenomena.)<sup>3</sup> In times of crisis, perianesthesia registered nurses may find themselves being asked to practice in these emergencies. The perianesthesia registered nurse may also find the work conditions to require compromise in terms of resources, settings, and patient care needs. The worldwide pandemic of coronavirus (SARS-CoV-2 or COVID-19) has surfaced a number of fears and concerns in terms of the safety of the environment, the community, the perianesthesia registered nurse, and support staff.

One of the major stressors during catastrophic events involves the ethical conundrum HCWs find when faced with obvious challenges to routine standards of care. Authors commissioned by the Institute of Medicine in 2009 and supported by the American Nurses Association (ANA) defined crisis standards of care as:

*“A substantial change in usual healthcare operations and the level of care it is possible to deliver, which is made necessary by a pervasive (e.g., pandemic influenza) or catastrophic (e.g., earthquake, hurricane) disaster. This change in the level of care delivered is justified by specific circumstances and is formally declared by a state government, in recognition that crisis operations will be in effect for a sustained period.”<sup>4,5</sup>*

By definition, a disaster, natural or otherwise, is an unexpected and unavoidable event. Generally, these events potentiate tremendous loss in terms of damages (e.g., physical, material, economic) and loss of life. At times, registered nurses are called to work under standards of care that are



far from optimal. In addition, under extreme circumstances, HCWs may experience a lack of appropriate supplies and resources, that, pre-crisis, were considered standard of care to maintain the safety of all involved. These situations may also require the separation from the comforts of a safe home environment in order to protect loved ones, even at the risk of losing the ability to communicate. Some HCWs, including perianesthesia registered nurses, may face difficult ethical situations.<sup>6,7</sup> The following questions are important discussion points when evaluating plans for emergency preparedness:

- What are the immediate needs for the provision of care in this situation?
- Are there emergency policies, protocols, and guidelines in place to help transition to emergency care and provide guidance and protection for HCWs? This includes, but is not limited to:
  - Documentation standards
  - Policies addressing attendance, float time, dress code, vacation time, shift length, skill mix, and licensing, titling, and certification requirements
  - Altered or emergency or crisis standards of care
  - Altered or emergency practice guidelines and procedures
- What is the plan for flexing care locations to meet needs?
- What are the staffing needs for this event? Just-in-time?
- How will the staff receive accelerated and just-in-time training to support dynamic patient care needs?
- How can support staff best be reallocated?
- What is the best communication channel for staff to stay current and what is the emergency communication plan?
- Will emotional support services be available to frontline staff?
- Is the supply chain adequate to meet supply needs?
- Is there a supply preservation and conservation plan?

## Position

It is, therefore, ASPAN's position that necessary, appropriate, and evidence-based protective engineering controls, technologies, work practices, and appropriate personal protective equipment (PPE) be utilized in the perianesthesia environment. ASPAN also supports the following recommendations for safety and emergency preparedness<sup>1-5</sup>:

- ASPAN advocates for a perianesthesia environment that promotes patient health and safety
- Perianesthesia registered nurses should know where to find the facility's emergency operating plan (EOP) and infectious disease preparedness plan and be able to identify the key role these plans play during a crisis
  - Create/follow facility alternative standards of care<sup>a</sup>
- Leadership should maintain a careful inventory of supplies with a plan for maintaining stock in the event of a crisis

*<sup>a</sup>Formal crisis standards of care are defined as substantially altered levels of care as declared by a government in order to allow healthcare systems to employ care tasks during episodes of scarce resources. While providing crisis standards of care healthcare providers are expected to maintain ethical practices.<sup>4</sup>*

- Perianesthesia nursing leadership should create emergency preparedness checklists for surge patients. Deployment plans should include supplies, training, and skill mix requirements
- ASPAN encourages HCWs to stay informed throughout the crisis and to rely on reputable and reliable sources of information
- Modified surgical scheduling plans during catastrophic events must allow variance for extra time required for safe donning and doffing of PPE and additional terminal cleaning/decontamination of the environment, if necessary
- Perianesthesia registered nurses who are deployed to alternative or unfamiliar care environments to provide additional support require access to accelerated and rapid just-in-time training
  - Assess the learning needs of the perianesthesia staff
  - Choose emergency preparedness topics for annual education review<sup>8,9,10</sup>
  - Support human resource department efforts to expedite employment readiness
  - Support flexibility in policies regarding work attendance and punctuality
- Evaluate and implement emergency staffing models to optimize expertise (e.g., pair critical care registered nurses with perianesthesia registered nurses, pair medical-surgical registered nurses with deployed perianesthesia registered nurses)
- Create a plan for hiring and training graduate nurses during the event<sup>11</sup>
- Provide frequent, concise, and honest communication to staff throughout the event
  - Ensure access to emotional assistance services to support staff resilience and stress mitigation<sup>12,13,14</sup>

## Expected Outcomes

Recognizing the complexities of caring for patients in a dynamic healthcare environment, while creating and maintaining a culture of safety, is a priority for perianesthesia registered nurses during times of local, regional, national, or global catastrophic events. ASPAN is committed to providing the support perianesthesia registered nurses need to develop, maintain, and work in a culture of safety while practicing in compromising emergent situations.

## Approval of Statement

This statement was reviewed by the ASPAN Board of Directors and approved by a vote of the ASPAN Representative Assembly on July 12, 2020.

This position statement was updated and revised at the virtual October 2021 meeting of the Standards and Guidelines Strategic Work Team in Cherry Hill, NJ.



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## ADDITIONAL READING

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