Disaster Support Network of Japanese Nursing Association and Prefectural Nursing Associations

Activity Reports:

Disaster Relief Nurses at the affected areas of the Great East Japan Earthquake

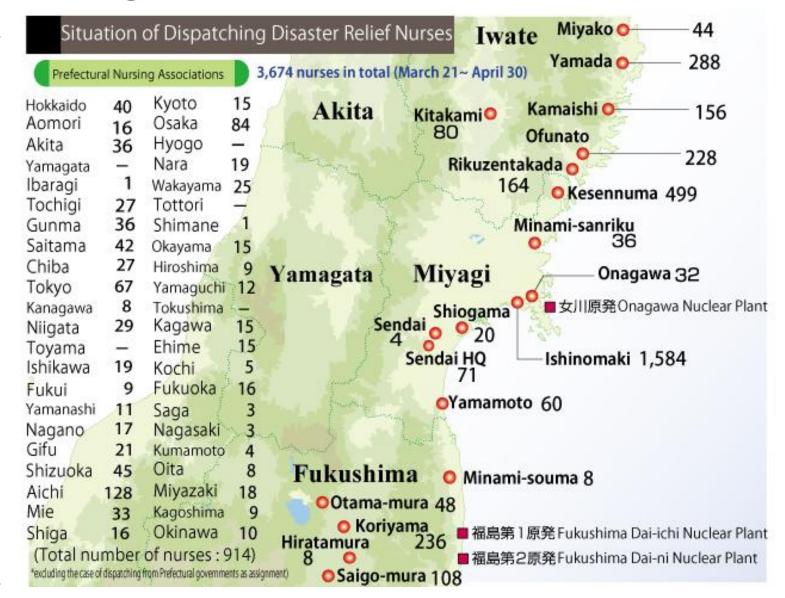
As of April 30, 2011 Japanese Nursing Association

Structure for dispatching Disaster Relief Nurses

- Decision at JNA meeting for disaster response(March 14,2011)
- Set up of task force for disaster response(March 14,2011)
- Stared dispatching Disaster Relief Nurses since March 21
- Set up the on-site task force at Miyagi Prefectural Nursing Association(Sendai City) (March 22,2011)
- Issue of securing the transportation as severe shortage of gasoline at affected areas
- JNA hired buses and registered them as emergency vehicle (collaboration with tour agency at Miyagi)
- Start dispatching 1st group on March 22 since 24th, JNA dispatches volunteer nurses every day
- Number of Nurses
- Dispatch at a time:20-30 nurses /day
- Active at the site: 60-120 nurses /day



Dispatching Disaster Relief Nurses: total Number



Activity of Disaster Relief Nurses

 \ll Policy \gg

To provide direct support to evacuees at evacuation centers for 24-hour

≪Background≫

Shortage of manpower due to wide-area and great damage

Not many evacuation centers with 24-hour station of medical team

Mobile services by medical teams were provided during day-time only

Fatigue of Public health nurses, nurses and municipality staffs by taking night shifts were prominent.

 \ll Key activities \gg

Dealing with medical crisis of evacuees

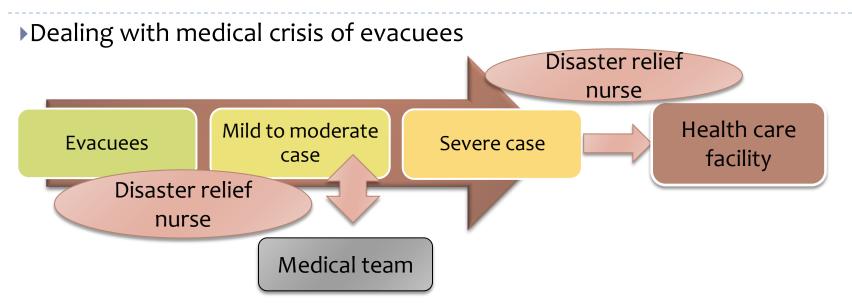
Providing care to evacuees at the evacuation centers who need medical and nursing care

Assessing infectious diseases, maintaining and improving environmental sanitation and prevention of infection spread

Monitoring the life situation of evacuees at evacuation centers and gathering and disseminating information

Procurement and provision in supply shortage

Activities



• Example of Severe case

severe dehydration, sudden dyspnea, suspected osteomyelitis (bedsore), hypoglycemic attack etc

• Example of moderate case

fever, acute respiratory tract infection, influenza, acute diarrheal disease, etc.

follow-up of evacuees health status, monitoring the amount of intake and meal, supporting medication taking, response to infection isolation, care for isolated patients, prevention of infection spread by vomitus and egestion, etc

Detailed activities ; March 21 – March 31

Providing care to evacuees at evacuation centers who needs medical and nursing care

To monitor the medical condition and decide the level of urgency and severity, supervise and support medication, toileting assistance, assist walking, postural change, help with eating, blood sugar measurement, assess and care bed sore, support cleanliness as much as possible (teeth brushing, dry bath with towelette)

Assessing infectious diseases, maintaining and improving environmental sanitation and prevention of infection spread

Disinfection during the outbreak of acute diarrheal disease (doorknob, lavatory and hands, etc.)

Explanation of the necessity and confirmation of wearing masks and hand washing, ventilation

Monitoring the life situation of evacuees at evacuation centers and gathering and disseminating information

To gather information about restoration condition of essential utilities (water and sewerage, electricity, gas), supply-demand of foods and contents of meals, pollution situation of evacuation centers, etc., and report them to municipality and prefectural government

Procurement and provision in supply shortage

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Materials for sanitation, hemomanometer, thermometer, daily supplies, elastic stockings, mask, towelette, care supplies for bed sore, etc.)

Activities of Disaster Relief Nurse; April 1 - current

≪ Policy≫

Supporting self-management to maintain and promote environmental sanitation and health management by the person in charge of the evacuation center and evacuees

≪Key activities≫

Dealing with medical crisis of evacuees

Providing care to evacuees at evacuation centers who needs medical and nursing care

Assessing infectious diseases and environmental sanitation

Response to infectious isolation and care for isolated patients

Monitor the life situation of evacuees at evacuation centers and gathering and putting out information

Supporting to establish the logistics to respond to supply shortage

•Supporting the consolidation of health care facilities, social evacuation centers and evacuation centers as there are mixture of people ; patients, people in need of nursing care, people in need of assistance and evacuation evacuees.

Detailed activities ; April 1 - current

Dealing with medical crisis of evacuees

Providing care to evacuees at evacuation centers who needs medical and nursing care

Assessing infectious diseases and environmental sanitation

Response to infectious isolation and care for isolated patients

Setting up and controlling isolated rooms for patients with fever, influenza, acute diarrheal disease

Displacement and transferring infection isolated patients

Direct caring for infection isolated patients

Monitor the life situation of evacuees at evacuation centers and gathering and putting out information

Supporting to establish the logistics to respond to supply shortage

Positioning staffs for managing supplies at evacuation centers

Acknowledging ways of stock management and procurement of supplies

Supporting the consolidation of health care facilities, social evacuation centers and evacuation centers

Assessing and cooperating listing of patients, people in need of nursing care, and people in need of assistance

Environment of the evacuation centers



No windows at some evacuation centers

A school was contaminated with mud by tsunami, though used as a evacuation center

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Using swimming pool water for living



View from a evacuation center: increasing concern for mental health of evacuees

- Fatigue and exhaustion of local governments and health professionals, as being supporters as well as victims of the disaster
 - ⇒ There are strong needs for seamless and long-term support. The required supporters are those who are able to fulfill duties on regular basis, not those working on volunteer basis.

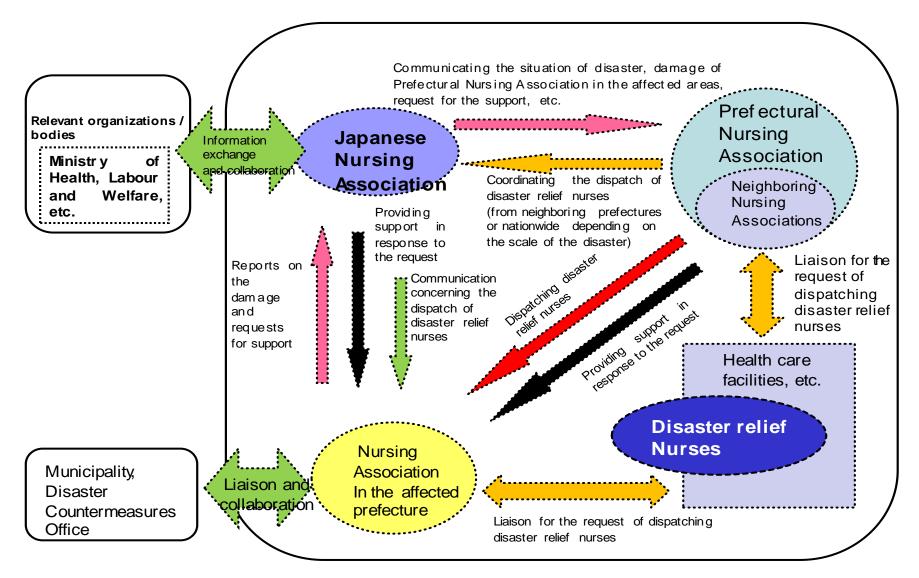


- Relief Network Systems in Times of Disasters
- Disaster Relief Nurses

Relief Network Systems in Times of Disasters

- The mutual cooperation relief system between Japanese Nursing Association and the Prefectural Nursing Associations (including the ones in the affected prefectures), to efficiently establish a framework for nursing support in time of disaster, and to effectively carry out support activities (established after the Great Hanshin-Awaji Earthquake, 1995)
- To dispatch registered disaster relief nurses to the affected area upon the request from the Association in the affected prefecture, with coordination of the dispatch between the Prefectural Nursing Associations and the Japanese Nursing Association.

Support Network Systems in Times of Disasters



Requirements for a Disaster Relief Nurse

- Essential requirements
- ①A nurse who is a member of the Prefectural Nursing Associations and registered as a disaster relief nurse on the Prefectural Association.
- (2) A nurses who has completed the disaster nursing training (*1)
- Preferable requirements
- ① A nurse who joins the disaster nursing training regularly(once a year) or the coalition emergency drill(*2)
- 2 A nurse who is employed at any facility (with agreement between the facility and Prefectural Nursing Association). A non-employed nurse may be a disaster relief nurse
- (*****1=disaster nursing trainings of Prefectural Nursing Association and JNA) (*****2=drills held by JNA and Prefectures)

Enrollment and standards of dispatch

- 4,803 nurses from 47 prefectures (as of August, 2010)
- The dispatch of disaster relief nurses is decided by disaster scale and taking following steps;
- ①If the Prefectural Nursing Association in the affected prefecture is able to deal with the situation by themselves, support activities are performed only by disaster relief nurses within the prefecture.
- (2)In the case of larger scale disaster and need support for the Nursing Association in the affected prefecture, the Nursing Associations in neighboring prefectures provide support including dispatch of disaster relief nurses.
- ③If the required support is more than Nursing Associations in neighboring prefectures could provide or when prolonged support activities are required, other prefectural Nursing Associations will provide support.
- ④In the case of (1), the Nursing Association in the affected prefecture carries out coordination of the support, and in cases of (2) and (3), the Japanese Nursing Association does the coordination.

Roles of Disaster Relief Nurses and timing and duration of dispatch

Roles

Disaster Relief Nurses provide appropriate medical and nursing care to maintain the health level of evacuees, as well as supporting to relieve affected nurses' physical and mental burden

- Timing of dispatch
 - 3 days after the disaster to about 1 month
- duration of dispatch

Principle of activity duration of a nurse is 3 nights and 4 days including transportation.

In principle, activities are prioritized in the settings below,

- Affected health care facilities
- Affected social welfare facilities
- Affected social evacuation centers

If there are no support from other organizations, evacuation centers and others are included in the site.

Status of Disaster Relief Nurse

- Collaboration with Japanese Nursing Association and prefectural nursing associations

 (excluding the case of dispatching from facilities of their own affiliation as assignment)
- Roles of Japanese Nursing Association
- Buying insurance as accident coverage for disaster relief nurses, including own-injury coverage when nursing activities and traveling between the place of departure and affected areas
- Paying partial expense of travel and accommodation based on actual paid
- Roles of Prefectural Nursing Associations
- Preparing requisite materials for activities of disaster relief nurses
- Covering other necessary expenses