Updated: Public Health Nursing in Mass Care Settings: A post acute SARS-CoV-2 perspective

Jeannine Uzel, RN, MSN
Virginia Department of Health
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Public health nursing is the practice of promoting and protecting the health of populations using knowledge from nursing, social, and public health sciences.

American Public Health Association, Public Health Nursing Section (2013). The definition and practice of public health nursing: A statement of the public health nursing section. Washington, DC: American Public Health Association.

VDH Documents

VDH Emergency Response Plan, Annex H: Mass Care:

> "*…in the case of the public health nurses, typically, their services in a shelter environment include health assessments, triage, medication administration, and case management.*"
> https://vdhweb.vdh.virginia.gov/emergency-preparedness/862-2/.

Sheltering Roles and Responsibilitie:

"*If public health nursing personnel are needed to help staff shelters, they will be assigned according to VDH Nursing Guidelines based on their training and expertise.*"

VDH Nursing Directive: Sheltering:

"*The focus of public health nursing should be based on unique skill sets such as conducting a rapid needs assessment of communities impacted by the incident, population-based triage, mass dispensing of preventive or curative therapies, community education, and provision of essential public health services.*"

Key Principles

- Association of Public Health Nurses

Association of Public Health Nurses (APHN) (2013).*The Role of the Public Health Nurse in Disaster Preparedness, Response and Recovery.*

- WHO guidance on disaster nursing practice

World Health Organization and International Council of Nurses (2019). *ICN framework of disaster nursing competencies*. **UPDATED IN 2019**

- Regulations governing the practice of nursing.
- Code of Virginia
- ANA documents on ethical practice

American Nurses Association (2009). *Patient Safety: Rights of Registered Nurses When Considering a Patient Assignment*. Retrieved from: https://www.nursingworld.org/practice-policy/nursing-excellence/official-position-statements/id/patient-safety-rights-of-registered-nurses-when-considering-a-patient-assignment/

“A nurse is a nurse is a nurse…”

International Council of Nurses (ICN) core disaster nursing competencies

Presents a tiered approach to nursing disaster preparedness:

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)

APHN position paper: Role of PHNs in disasters

The Association of Public Health Nurses (APHN) position paper on the role of public health nurses in disasters emphasizes that public health nurses have strengths in assessing the needs of populations prior to and after disasters, disease surveillance, case management, and first aid. (APHN, 2014, p. 4).

In addition, the position paper affirms that, "…public health nurses should not be simply viewed as acute care (i.e., hospital) replacements or first responder extenders…" (APHN, 2014, p. 4).

Maintaining Current Competency

18VAC90-19-230, A (2) states that, “unprofessional conduct means, but shall not be limited to… (b) assuming duties and responsibilities within the practice of nursing without adequate training or when competency has not been maintained.” (Virginia Board of Nursing, 2019, p. 19).

Per Annex H: The competency of nurses and MRC volunteer nurses must be assessed and determined *prior*

To deployment. This is the responsibility of the district nurse manager.

Key Concepts

Key nursing functions are triage, assessment, disease prevention, case management, first aid.

Nurses must remain within their scope of practice.

Nurse practitioners must function within their scope of practice and within their VDH practice agreement (for VDH employees). Nurse practitioners may function in the role of a RN for planning purposes.

Carefully review the public health nursing directive on providing shelter services for resources for developing you individual district shelter plan. **It is important to share this information with community partners to both aid in planning and prevent unsafe situations in your shelters!**

A word on Triage…

Under 18VAC90-19-280, emergent and non-emergent triage may not be delegated to an unlicensed individual. (Virginia Board of Nursing, 2019). Per 18VAC90-19-70, licensed practical nursing shall be performed under the direction or supervision of a licensed medical practitioner, a registered nurse, or a licensed dentist. (Virginia Board of Nursing, 2019). Therefore, unless a licensed medical practitioner is on site, LPN participation in the triage process must be supervised by a Registered Nurse and may not be delegated to unlicensed personal.

Updated Triage in Annex H

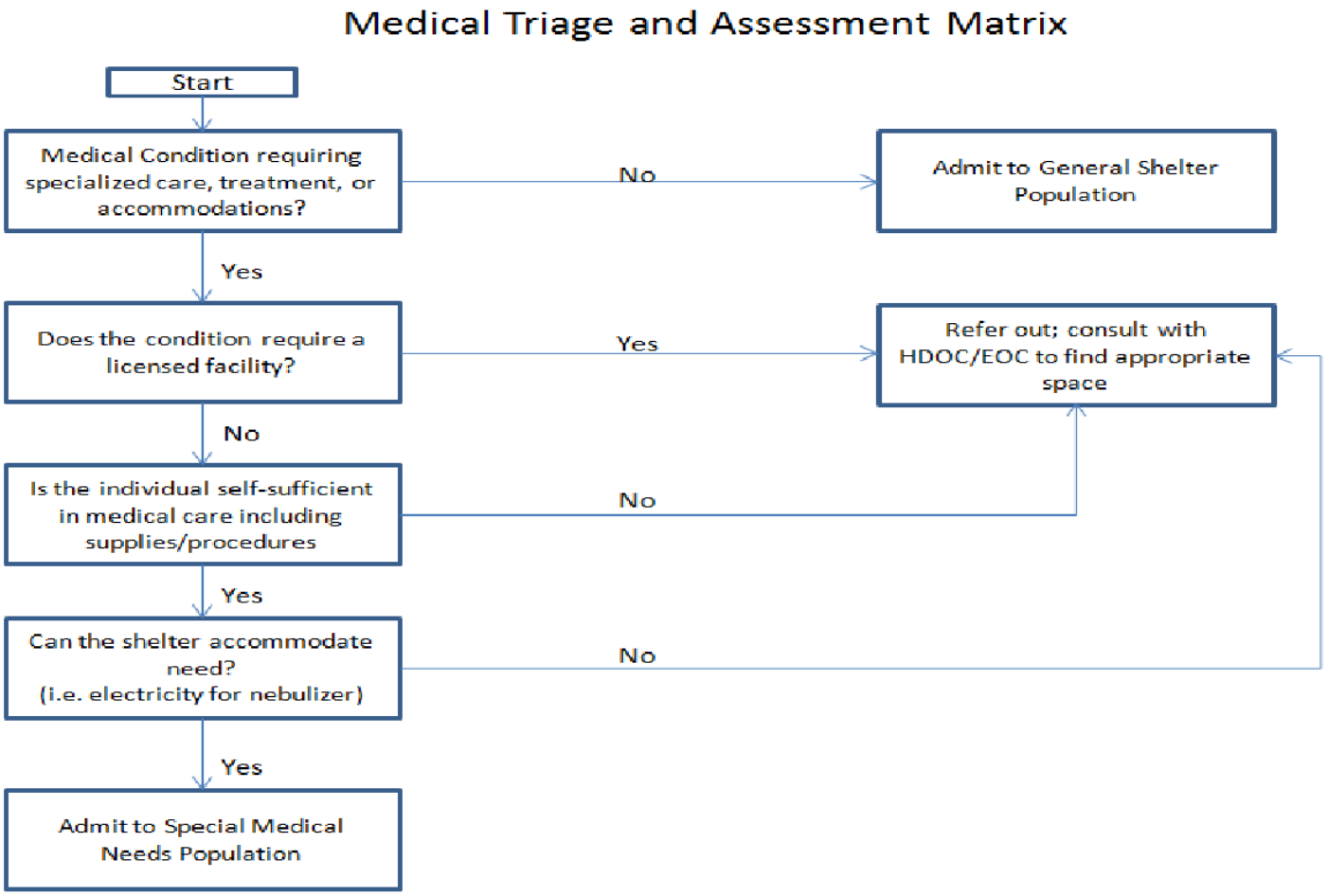
Reverts back to the “pre SARS-CoV-2” triage screening form, including use of the rapid triage form.

Updated infection control information has been added and a supplemental section has been developed by the HAI team on infection control.

Rapid Triage

<table>
<tr><th colspan="3">VERBAL RAPID TRIAGE</th></tr>
<tr><td>Do you feel healthy today?</td><td rowspan="3">Do you or have you had a fever, cough, sore throat, or nausea, vomiting, diarrhea within the past 24 hours?</td><td>Do you have any severe environmental, food, or medication allergies?</td></tr>
<tr><td>Have you recently been ill/sick?</td><td rowspan="2"></td></tr>
<tr><td>Do you currently have a rash?</td><td>If yes, do you have an Epi pen?</td></tr>
<tr><td colspan="3">Do you have a special medical conditions that require accommodation?</td></tr>
</table>

Triage algorithm (reverts to pre-COVID algorithm)



Highlights for infection control

If possible, offer testing for SARS-CoV-2 and/or influenza if available and depending on the rate of transmission in your area. Use CLIA waived testing consistent with your district's current CLIA certificate.

Staff must be trained on administering the tests. Informed consent must be obtained prior to testing. *Note: those seeking entrance to an emergency shelter should not be denied entry if they refuse testing.*

Identify areas that can serve as isolation and quarantine areas. Try to keep family groups together.

General Infection Prevention Guidelines

- ***Access to safe shelters during disasters is critical even during periods of infectious disease or illness within the community. Individuals should not be denied access to the shelter based on the presence of an infectious disease or illness.***

Screening	Physical Distancing	Monitoring and Communication	Isolation Areas	Testing
• Screen all persons for signs and symptoms prior to entering the shelter • This includes volunteers, residents, and shelter staff	• Implement distancing among residents during periods of infectious disease or illness outbreaks.	• Monitor residents for symptoms, including mental health concerns • Provide a daily status update to the local health district and other relevant agencies.	• Establish separate isolation areas with dedicated restrooms, to isolate residents with symptoms or a confirmed diagnosis.	• Test residents in accordance with existing VDH guidelines, if feasible.

Always use the appropriate PPE for the job- check the recommendations from the CDC *before* donning PPE.

Post the signage applicable to the suspected pathogen. Follow CDC guidance on appropriate PPE, PPE disposal, and area disinfection.

Public health nurse's role for acute injuries

1. Provide first aid and life saving measures if indicated.
2. Notify shelter manager if immediate transport to a tertiary care facility is needed.
3. For minor wounds, release to general shelter population after first aid treatment. Record on shelter nursing notes and note for report to the next shift if follow up is needed (example: simple dressing change, wound check)

Note: ALL nursing staff assigned to serve in shelters must have current BLS certification: Pediatric and Adult CPR/AED certification.

Public health nurse's role for chronic conditions

Goal is to maintain stability and continue the resident's current regime to the extent possible by:

- Coordinating the replacement or provision of needed medications or supplies
- Arranging for special diets (diabetic, low sodium, etc.) to the degree possible.
- Providing a private area for individuals needing assistance with their bathing and dressing
- Arranging for a barrier-free environment
- Referring to primary care provider or other physician as needed

When assessing individuals with chronic illnesses

Does the individual have the supplies and equipment to care for their chronic condition. In the absence of all supplies and equipment, can they remain stable?

Do the onsite medical personnel have the skills and training necessary to assist the individual or can those personnel be located and brought to the shelter?

Would remaining in the shelter risk rapid destabilization of the individual?

Nursing judgement and pre-assessment of the capabilities of MRC staff is critical at this juncture.

Oxygen dependency

Individuals should follow their physician's orders for oxygen.

Assess your locality's access to supplemental tanks prior to the emergency.

Consider posting signage:

Tube Feedings

Access to electricity is key. Encourage caregivers to manage the tube.

Assessment: is the tube for all oral intake, including hydration and medications, or supplemental feedings?

Opioid Use Disorder

See attachment G in Appendix H for guidance on MAT in shelter settings from the State Opioid Treatment Authority (SOTA).

Local health districts should collaborate with their local community services board(s) to arrange for services for these individuals.

If access to medication-assisted treatment is restricted, individuals may seek out illicit opioids to avoid experiencing withdrawal.

A note on Naloxone

Staff who have been trained in the use of naloxone may administer the medication to individuals who are believed to be experiencing an opioid overdose.

Naloxone must be dispensed to individual staff members and cannot be placed in “stock” shelter bags or first aid kits.

Local health districts should work with their partners in advance of a shelter activation to determine who should be responsible for having naloxone available in a shelter as well as ensuring a plan for dispensing naloxone to these individuals prior to a shelter activation is in place, and in accordance with applicable policies and protocols.

Epinephrine Auto Injectors

If epinephrine auto injectors are included in your shelter plan, staff must be trained to use them.(document training!)

Epinephrine auto injectors are not inexpensive and there have been periods of interrupted supply. If clinical activity and/or POD operations will occur in addition to sheltering services, you MUST have enough supplies to cover all operations.

Special Populations

Sensory/Processing disorders: Consider separate areas to decrease external stimuli (example: individual classrooms in a school).

Areas for “pacing”- example- interior hallway.

Be aware of light levels- too low or too bright.

Noise blocking ear protection is often helpful- consider devices that are not ear plugs.

Mental Health Crises

Consider training staff in mental health first aid.

Those with mental health conditions may deteriorate rapidly in a shelter environment.

Replacing stabilizing medications should be considered critical- in the same way you would consider insulin.

Critical issues in the care of the elderly

Hydration, hydration, hydration!

Appropriate toilet facilities, especially if using schools, to accommodate the elderly.

Skin integrity

Prepare for the bariatric shelter resident

Standard toilets max weight is 1000 lbs, wall hung toilets max weight is 500 lbs. If using a school as a shelter, may need to check toilet size.

Bariatric cots- do you have enough? Standard cots typically hold 250-350 lbs.

Mobility issues- if transportation is needed to reach the shelter, how many electric wheelchairs can you accommodate.

Be alert for skin breakdown.

PODs in Shelters

Logistical challenges for waiting areas, increased chance for syncope.

Must have all usual supplies needed for POD operations.

Need to separate the POD from the general population shelter area if possible.

Record keeping

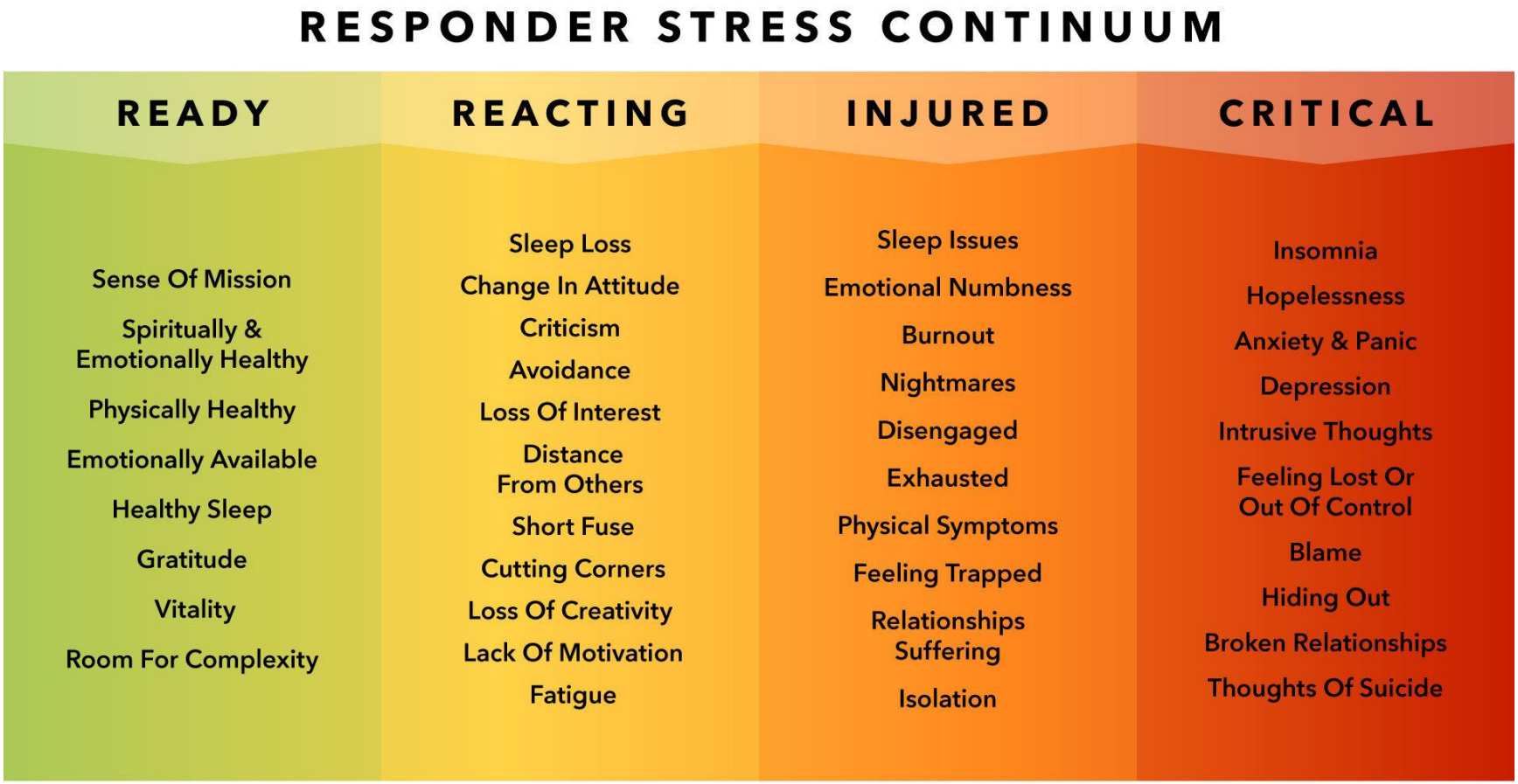
Annex H includes a template for nursing notes.

Records must be stored like any patient record (retention depends on age and procedure- was an immunization given?)

Considerations when closing shelter operations or transitioning to alternative shelter sources.

- Provide medical casework to those identified as needing supplemental nutrition programs and others identified as requiring specialized health services that are under the purview of the VDH.
- Assist with screening for Long Term Services and Supports (LTSS) funded by Medicaid.
- Coordinate with VDSS to connect residents with medical home providers for continuation of resources.
- Identify new placement for residents residing in shelter isolation or quarantine areas.

Self Care



ADAPTED FROM COMBAT AND OPERATIONAL STRESS FIRST AID BY LAURA MCGLADREY | RESPONDERALLIANCE.COM

“Tough it out” is not a strategy to embrace…

As fatigue increases, clinical judgement and reaction time decreases.

12 hour shifts should be the max, not the minimum. Through nursing research, we know 8 hour shifts are more ideal.

Think outside of your district- COVID showed us how nimble we can be if needed.

Institute daily nursing shift “huddles” to check in and see where folks are on the stress continuum.


ANY
QUESTIONS?