Review of the International Council of Nurses (ICN) Framework of Disaster Nursing Competencies

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Abstract
The International Council of Nurses (ICN; Geneva, Switzerland) and the World Association for Disaster and Emergency Medicine (WADEM; Madison, Wisconsin USA) joined together in 2014 to review the use of the *ICN Framework of Disaster Nursing Competencies*. The existing ICN Framework (version 1.10; dated 2009) formed the starting point for this review. The key target audiences for this process were members of the disaster nursing community concerned with pre-service education for professional nursing and the continuing education of practicing professional nurses. To minimize risk in the disaster nursing practice, competencies have been identified as the foundation of evidence-based practice and standard development. A Steering Committee was established by the WADEM Nursing Section to discuss how to initiate a review of the *ICN Framework of Disaster Nursing Competencies*. The Steering Committee then worked via email to develop a survey to send out to disaster/emergency groups that may have nurse members who work/ respond in disasters. Thirty-five invitations were sent out with 20 responses (57%) received. Ninety-five percent of respondents knew of the *ICN Framework of Disaster Nursing Competencies*, with the majority accessing these competencies via the Internet. The majority of those who responded said that they make use of the *ICN Framework of Disaster Nursing Competencies* with the most common use being for educational purposes. Education was done at a local, national, and international level. The competencies were held in high esteem and valued by these organizations as the cornerstone of their disaster education, and also were used for the continued professional development of disaster nursing. However, respondents stated that five years on from their development, the competencies also should include the psychosocial elements of nurses caring for themselves and their colleagues. Additionally, further studies should explore if there are other areas related to the disaster nursing practice (in addition to psychosocial concerns) that may be missing or not fully developed. Finally, the authors of this report recommend that future research explore how the *ICN Framework of Disaster Nursing Competencies* do or do not assist in maintaining best practices in this field and improve outcomes for victims of disaster.

Introduction
The International Council of Nurses (ICN; Geneva, Switzerland) and the World Association for Disaster and Emergency Medicine (WADEM; Madison, Wisconsin USA) joined together in 2014 to review the use of the *ICN Framework of Disaster Nursing Competencies*.[1] It has been five years since the inception of the ICN Framework, therefore it was considered appropriate by the ICN to review how nurses are using the competencies worldwide.[2] The nurses who are intended to acquire these competencies and to demonstrate them in practice are at the level of pre-registration nursing, although the competencies might be applied to other nurses, depending on the specific needs of individual countries. The process of review was guided by a Steering Committee of 10 members, representing members of WADEM and collaborating organizations (Table 1). All members had expertise in emergency/disaster nursing and competency-based education. The existing *ICN Framework of Disaster Nursing Competencies* (version 1.10; dated 2009) formed the starting point for this review. The key target audiences for this process were

Organization	Country
Australian College of Nursing - Disaster Health Section	Australia
College of Emergency Nursing Australasia	Australia
Victorian Hospital Emergency Management Forums	Australia
College of Emergency Nursing Australasia (Victoria Branch)	Australia
Grupo interdisciplinar de Pesquisa, Ensino e Extensão de atenção às situações de Desastres (UFRJ)	Brazil
Disaster and emergency nursing and rescue	China
Disaster Nursing Global Leader Degree Program	Japan
College of Emergency Nursing Australasia	Australia
Australian College of Emergency Nursing	Australia
Emergency Nurses Association	USA
American Nurses Association	USA
American Red Cross	USA
Federal Emergency Management Agency	USA
The University of South Wales–MSc in Disaster Healthcare	United Kingdom
National Nursing Team in Disasters (ENED)	Cuba
University of Bremen	Germany
Hyogo Uni	Japan
Israeli Emergency Nursing Association	Israel
The Japanese Nursing Association	Japan
The Japanese Red Cross Society	Japan
International Disaster Nursing Science:	Japan
University of Kochi, Faculty of nursing Disaster and Global Nursing	Japan
Thamrin University	Indonesia
Polish EN Association	Poland
Société Française de Médecine de Catastrophe (SFMC) University of Roma	France
The University of Roma	Italy

Table 1. Collaborating Organizations

members of the disaster nursing community concerned with pre-service education for professional nursing and the continuing education of practicing professional nurses.

Background
To minimize risk in disaster nursing practice, competencies have been identified as the foundation of evidence-based practice and standard development. Competencies are defined as the knowledge, skills, abilities, and behaviors needed to carry out a job.[3] Core competencies are those common to multiple professions or workers in a given area, to which more discipline-specific or specialized competencies will be added. Disaster nursing competencies were first developed in the United States by the International Nursing Coalition for Mass Casualty Education (INCMCE) at Vanderbilt University (Nashville, Tennessee USA) to promote leadership and awareness of the nurse's role in mass-casualty incidents.[4] Nursing has not been the only discipline to develop disaster nursing competencies. Over the years, many health care organizations have developed their own set of competencies for different professions. However, as Daily argues, there is a lack of terminology standardization and definitions in this space.[4] In 2009, the ICN proposed a framework for disaster nursing competencies for education of "general" nurses, now considered the "gold standard" of disaster nursing competencies.[1] The goal of the *ICN Framework of Disaster Nursing Competencies* was to work as a common set of competencies in disaster nursing

Responses	No	Size of Organization 50-100	Size of Organization 100-250	Size of Organization 500-1000	Size of Organization 1000+
Individual	10	-	-	-	-
Association	5	1	2	-	2
Practice Organization	5	-	2	1	2

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Table 2. Number of Responses
Note: Survey respondents were invited to respond as either an individual or as a representative of an organization or an association.

Where is Disaster Education Held?					
Association			Organization		
Locally	1	20%	Locally	1	14%
Nationally	4	80%	Nationally	4	57%
International	0	0%	International	2	29%

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Table 3. Where is Disaster Education Held?

for the global nursing workforce and to provide clarification of the nurse's role in disasters.[1] Ideally, the *ICN Framework of Disaster Nursing Competencies* should be internationally applicable with content modification, as needed, to be culturally specific for different regions. The *ICN Framework of Disaster Nursing Competencies* was issued with a recommendation that in-country interpretation of the framework and regular review of the competencies would be important to ensure relevancy to the community served. However, how these competencies were received and/or used has not been reviewed in any systematic way.

Methods

A Steering Committee was established by the WADEM Nursing Section to discuss how to initiate a review of the ICN Framework. The Steering Committee then worked via email to develop a survey to send out to disaster/emergency groups that may have nurse members who work/respond in disasters. Disaster nursing organizations were identified through the networks of WADEM and ICN. Thirty-five organizations worldwide were found, with all continents being represented.

Thirty-five invitations were sent out with 20 responses (57%) received. Ninety-five percent of respondents knew of the *ICN Framework of Disaster Nursing Competencies*, with the majority accessing these competencies on-line. Because the review process was to be as wide-reaching as possible, people could respond as individuals or as representatives from an association or group. The developed questionnaire included 43 questions in three sections (individual, association, and/or practice organization) with the wording of the questions reviewed by the Steering Committee before distribution (Appendix; available online only).

Report/Findings

From the responses shown in Table 2, the number was split between those who responded on behalf of an association/ organization.

Of the individuals that responded, 80% (n = 8) of them were nurse educators. Associations stated they responded to one or two disasters a year; though for organizations, this could be up to six responses a year. Most of these responses were national exercises, the most common being earthquakes, with others referring to technological disasters, industrial accidents, or international issues where nurses were deployed.

Sixty percent (n = 12) of those who responded said that they made use of the *ICN Framework of Disaster Nursing Competencies* for training, education, and best practices, with the most common use being for educational purposes (58%; n = 7). Education was done at a local, national, and international level (Table 3). The competencies were valued by these organizations as the cornerstone of their disaster education. However, the competencies also were used to inform and establish standards of care, to develop ethical/accountable practices, and to plan the organizational structure of the association. In addition, competencies were used as a focus in professional education/courses and to develop disaster nursing competencies specific to a country, for example, China.

The competencies also were identified as an important resource for risk reduction, disease prevention, and policy planning as well as planning, education and preparedness, caring of vulnerable populations or people with special needs, and providing organization and structure to the new discipline of disaster nursing. Lastly, respondents believed that the disaster nursing role was so important that it needed to have competencies to guide and develop the roles that nurses are playing out in the field.

It is evident from the above that the competencies are held in high esteem and are used for the continued professional development of disaster nursing; however, respondents stated that five years on from their development, the competencies also should include the psychosocial elements of nurses caring for themselves and their colleagues. These could include self-care and mutual-care support of others in all phases of deployment, the need for reflection during preparation, stress management in all phases of deployment, personal protection during deployment, and mental

Psychological Care Competencies
1. Describes the phases of psychological response to disaster and expected behavioral responses.
2. Understands the psychological impact of disasters on adults, children, families, vulnerable populations, communities and themselves
3. Provides appropriate psychological support for survivors and responders, and an understanding of how to look after themselves. Assesses survivor's psychological needs and identify psychological interventions that can be applied in the short term before referral.
4. Uses therapeutic relationships effectively in a disaster situation.
5. Identifies an individual's behavioral responses to the disaster and provides appropriate interventions as required (e.g. psychological first aid).
6. Differentiates between adaptive responses to the disaster and maladaptive responses.
7. Understands the impact of disasters on children's growth and development as well as the overall family unit. Conducts mental health assessments and intervene pending psychological consult where applicable. Applies appropriate mental health interventions and initiates referrals as required.
8. Identifies appropriate coping strategies for survivors, families, responders, and themselves.
9. Identifies survivors and responders requiring additional mental health nursing support and refers to appropriate resources.

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Table 4. Suggested Amendments to Psychosocial Care Competencies

health post-deployment. Lastly, respondents stated that the impact of disasters on global health also needed to be considered.

Discussion

In June 2015, this work was presented at the International Council of Nurses Conference in Seoul, Korea (June 19-23). At this conference, a meeting was held with the ICN lead consultant on nursing and health policy, Lesley Bell, to discuss the findings of this work. From this meeting, an agreed upon set of actions was developed. The actions were to advertise the *ICN Framework of Disaster Nursing Competencies* more extensively through existing disaster networks, and secondly to add psycho-social support of nurses to the existing competencies (Table 4) and review the *ICN Framework of Disaster Nursing Competencies* for disaster use in 2017.

The location and identification of disaster/emergency organizations was more challenging than the Steering Committee

anticipated. As this project was governed through the Nursing Section of WADEM, it was expected that membership would have a wide-spread of international contacts. Unfortunately, the majority of identified and participating disaster nursing groups were from Australia or the United States. However, the Nursing Section was able to include representation of disaster nursing groups from each continent through assistance from the ICN and attendance at two international conferences (WADEM's 19th World Congress on Disaster and Emergency Medicine, Cape Town, South Africa and the ICN Conference, Seoul, South Korea).

This study suggests that there is more work to be done with respect to advancing global nursing use of the *ICN Framework of Disaster Nursing Competencies*. For example, there may be a need for further discussion around what level of nursing education and practice the competencies should address and whether or not advanced skilled competencies are needed for those who respond often or are specialized. It is worth noting that six of the respondents (30%) believed that these competencies were for advanced nurses and not for general nurses responding in a disaster. Further study should explore if there are other areas related to disaster nursing practice (in addition to psychosocial concerns) that may be missing or not fully developed.

Summary

This review has affirmed that the *ICN Framework of Disaster Nursing Competencies* is providing a foundation for the education and training of many nurses. A wider network of nurses and nursing groups should be developed to participate in the planned 2017 review. That review should also be structured in such a way to help differentiate between competencies core to all nursing practices and those that are needed for advanced or specialized disaster-related practice. Finally, the authors of this report recommend that future research explore how the *ICN Framework of Disaster Nursing Competencies* does or does not assist in maintaining best practices in this field and improves outcomes for victims of disaster.

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