The difference between an emergency and a disaster is not always abundantly clear. For the NP, whose role will change in a disaster response, understanding the difference is crucial. Who responds to an emergency or a disaster varies based on geographic area and how local and state public health departments deal with the respective incidents. As the first installment in the series, this article begins with a brief historical overview of emergency and disaster management and later identifies different levels and phases of disaster response.

- **Historical background**
  During the 1800s, disasters were usually handled by congressional acts that dealt with individual disasters as they arose by providing some form of payment for disaster victims. In the 1930s, the Hoover administration formed the Reconstruction Finance Corporation by Deborah S. Adelman, PhD, RN, NE-BC; Catherine Fant, PhD, RN-BC; Laura Wood, DNP, RN, CMCN; and Concetta Zak, DNP, MBA, FNP-BC

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Abstract: The first installment in this Disaster Response Series reviews what qualifies as a disaster versus an emergency. This article includes a brief historical background of disasters that occurred in the US, relevant definitions, and levels and phases of appropriate disaster response by NPs.

to provide financial support for financial disasters. In 1944, the Flood Control Act authorized flood control via dam construction to deal with preventing flooding from disasters and other causes. In the 1950s, as a result of the Cold War, the Truman administration created the civil defense program to deal with the risk of nuclear war and its consequences. These programs were the first steps toward national management of emergencies.

Three major disasters—the Hebgen Lake earthquake in Montana, Hurricane Donna in Florida, and Hurricane Carla in Texas—prompted the Kennedy administration to create the Office of Emergency Preparedness in 1961. Natural disasters increased in frequency throughout the 1960s. The past practice of passing new legislation to aid victims of each incident was no longer adequate, and discussions began about insurance to assist disaster victims. These talks led to the National Flood Insurance Act of 1968, which created the National Flood Insurance Program. By the 1970s, emergency management tasks the responsibility of five federal agencies, with over 100 other agencies involved in some aspect of disaster management. This led to confusion and disagreements over jurisdiction during emergencies. In 1978, the Carter
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administration put forth Reorganization Plan Number 3, which consolidated emergency preparedness, mitigation, and response into one agency, the Federal Emergency Management Agency (FEMA).5

The first bombing in New York, in 1993, and the 1995 bombing in Oklahoma led to a new focus—dealing with terrorist events.6,7 The Nunn-Lugar legislation of 1995 opened the discussion of who would lead the effort against terror attacks.8 In 1999, FEMA established a national initiative called Project Impact asking communities to identify their risks, how they could be managed, and a plan that would include all local stakeholders. Communities were tasked with developing plans that would make them as disaster-resistant as possible. Along with this initiative, state and local emergency programs were now also highly valued and supported.9

In 2000, the Office of National Preparedness was reestablished to deal with terrorism. Speedy activation of the Federal Response Plan took place after the terrorist attacks of September 11, 2001. In 2002, the Homeland Security Act was signed and gave the Department of Homeland Security the charge of protecting the nation from terrorist attacks, reducing the nation’s vulnerability to attacks, and minimizing damage from natural disasters or terrorist attacks. In 2003, as a cabinet-level organization, Homeland Security subsumed all the agencies dealing with emergencies under its umbrella.2

Natural disasters, such as hurricanes, occurring over the last few years have demonstrated that FEMA must be able to provide logistic support for longer periods of time and in difficult areas to reach, which has become evident with the 2017 hurricane that struck Puerto Rico, Hurricane Maria. Resource movement must be coordinated at all levels with nonprofit and for-profit organizations and government agencies. Dealing with concurrent disasters, as seen with recent hurricanes, now requires the use of a Surge Capacity Force, a group that is comprised of Department of Homeland Security and other necessary agencies determined by the disaster, to supplement the existing emergency personnel, plus drawing resources and workforce from other federal government agencies and departments.2,10

FEMA’s 2018-2022 plan includes lessons learned from previous disasters, plus three new initiatives. The first is building a culture of preparedness that encourages disaster-damaged communities to develop strategies to reduce risk and to rebuild their infrastructure. The second initiative is preparing the country for catastrophic disasters. This includes helping communities build capacity and identify gaps in their ability to respond to disasters. The third initiative is to reduce the complexity of FEMA and make the process of obtaining assistance from FEMA much easier.2,11

### Emergency vs. disaster

Understanding how the US deals with the changing needs of the nation related to disasters and terrorist attacks has led to the new definition of these events. The level of response depends on which type of event is occurring. Generally, emergencies are incidents or events that occur unexpectedly but can be handled with the area’s normal emergency response teams. These teams do not need further backup support to respond to the incident. The local emergency management services (EMS) are prepared to deal with expected emergencies that may occur. When an emergency reaches a point where the normal response systems are unable to respond adequately, the emergency has graduated to a disaster.3

Disasters can occur in any geographical setting. They usually begin in a very circumscribed geographic location but may expand to include larger areas encompassing a county, state, or nation and may spread across country boundaries reaching an international level. Depending on the level the disaster reaches, various governmental agencies may become involved ranging from a city mayor or a state governor, the President of the US, or the head of the United Nations.

Disasters can be classified as natural or anthropogenic (manmade). Natural disasters are disasters that are related to such phenomena as weather or geologic events. They can be area-specific, from very localized to large regions of countries. Examples of natural disasters include floods, land or mudslides, and wildfires. More widespread natural disasters include hurricanes, tsunamis, and heat waves.12

Anthropogenic disasters can be accidental, such as a motor vehicle accident involving a truck carrying...
hazardous materials, or purposeful, such as terrorist attack. Examples of intentional anthropogenic disasters include terrorist shootings of religious groups, cyber-attacks and hacks by foreign entities, and large-scale rioting. Whether the result of a lone agent or supported by an international terrorist group, intentional anthropogenic disasters have the intent of causing as much psychological damage as possible.

Levels of response
Each type of disaster requires a different level of response. For example, if a small rural community experiences the derailment of a train, local EMS responders may, with the help of the railroad company, be able to manage the emergency. However, if the train derailment includes a hazardous chemical spill, the mayor of the community may ask county or state officials to assist in helping more effectively manage the spill.

At this point, the incident is still a local emergency; the county and the county EMS can handle the situation. When the county can no longer handle the emergency, county EMS officials may declare the incident a disaster and ask for state EMS help. If state resources cannot deal with the disaster, then the governor can ask for federal help. At each level, how the emergency is viewed depends on resources available to deal with the incident. When the resources in an emergency run out, the local governing body, no matter the governmental level, would call on the next higher level for help. A number of nongovernmental agencies may also respond. The American Red Cross is considered a quasi-governmental agency that is responsible for tracking health-related statistics and responding in the safe zone with various kinds of support such as shelters and nonemergency healthcare.

To gain a more in-depth understanding of how the disaster declaration process functions, visit www.fema.gov/disaster-declaration-process.

Disaster response phases
No matter the type of disaster, there are four clearly defined phases of disaster response: mitigation, preparedness, response, and recovery. Each phase faces different challenges and specific needs.

Mitigation. The first phase, mitigation, addresses preventing or reducing the effects of a disaster, which may involve strengthening public infrastructures, zoning revisions, and changes to building codes to make a community more resilient. In this phase, the community identifies types of disasters that might occur in its geographic area and what is needed to be prepared for a natural disaster or terrorist attack. Mitigation can range from finding areas to establish as disaster shelters or teaching the local population how to prepare for an occurrence, such as a tornado, earthquake, or hurricane, depending on to their geographic location.

Preparedness. This phase addresses the education and training needed in responding to and recovering from a disaster. This may involve logistical readiness and predisaster strategic planning. Response and rescue operations along with evacuation plans are examples of this phase. This phase involves more than EMS responders. It includes nonprofit and for-profit businesses, educational institutions, and all the other members of the community.

Response. The third phase, response, requires instituting the preparedness plans to save lives and prevent further property damage. This phase begins with resource distribution, such as clothing, food, and shelter. As this phase progresses, the focus moves toward restoring utilities and public services and eventually cleanup. During this phase, federal and nonprofit resources such as the Red Cross are usually deployed. Religious organizations, such as the Southern Baptist Disaster Relief organization, may also be called in to help support the response.

Recovery. The last phase of a disaster marks the restoration and return to normalcy. Delivering immediate services is considered the short-term phase of recovery lasting anywhere from approximately 6 months to a year. During this part of recovery, the emphasis is on getting businesses back up and running, schools open, and families settled. The long-term phase of recovery addresses the permanent impacts of a disaster and requires an investment in economic development, business-related and disaster-preparedness resources, and effective recovery strategies while accessing public and private financial assistance. Here, the emphasis is on the infrastructure and long-range sustainability.

Legislative measures in disaster response
Laws provide the scope and standards of a response and the authority to act, afford a balance between the rights of the individual and protecting the public, and define the disaster parameters recognizing the beginning and end of a disaster. The legal system consists of statutes that establish agencies and infrastructures to coordinate local, state, and federal jurisdictions. Federal
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Disaster responses receive assistance from the Robert T. Stafford Disaster Relief and Emergency Assistance Act, which authorizes FEMA to respond. For bioterrorism attacks versus naturally occurring disasters, such as infectious diseases, the US Department of Defense and Homeland Security responds.

During a disaster, the rights of the public take precedence over the individual and the normally accepted standards of medical care. This may be at odds with the normal nursing practice and approach because protection of the many has to supersede the rights of the individual patient or victim; as a concept this is hard for many healthcare professionals to accept. Nursing practice in a disaster follows the Crisis Standards of Care (CSC) and the National Academy of Medicine (formally known as Institute of Medicine) guidelines that have been adopted by many states. These provide recommendations on how to modify usual medical standards of care based on incident-specific circumstances in a disaster event. The CSC is utilized as a framework that upholds the ethical considerations outlined in the plan by the National Academy of Medicine to meet the increased needs of providing care when there is a shortage of healthcare personnel and resources.

Providing disaster-related care to disaster victims changes the normal legal and medical standards for all healthcare providers. Healthcare providers are provided immunity from lawsuits under the Public Readiness Emergency Preparedness Act (PREP) when a healthcare provider does not act with willful or wanton disregard during a disaster event; the Secretary of DHS declares that this act be enforced and is not related to other emergencies and is not automatic in all disasters. Good Samaritan Laws, which the PREP mirrors, may not apply in a disaster and some states do not cover licensed healthcare providers under those laws. During a disaster, healthcare providers need to understand the standards of care and laws in their states to avoid being held liable for failure to prepare, educate self or staff, or respond with actions of gross or wanton disregard.

Volunteers at varying skill levels are a vital resource in a disaster, especially in a disaster when the number of EMS responders is limited. For volunteer healthcare providers who are registered with a state or federal disaster agency and their licenses have been cleared by one of these agencies, the Uniform Emergency Volunteer Health Practitioners Act (UEVHPA) protects them from lawsuits resulting from providing care in a disaster response. The adoption of UEVHPA allows for rapid deployment of healthcare providers who are licensed outside their state when responding in another state with a declared disaster. A total of 19 states have adopted UEVHPA, properly licensing individuals to transcend state lines avoiding licensure reciprocity issues, so all healthcare providers need to check their state laws and know if they are protected under the UEVHPA.

Postemergency care for disaster victims does not qualify for protection or immunity from a legal suit. Healthcare providers need to know when a disaster has been declared and deactivated. The governor’s or attorney general’s offices, local public health officials, and divisions of emergency management created by state statutes can deactivate emergency plans, but this varies by state. It is imperative that all nurses check their state’s statutes to identify acts adopted and provide protection to healthcare providers.

### Conclusion

As NP roles and scope of practice continue to expand, understanding the difference between an emergency and a disaster becomes crucial to ensure the right professional response. The key is to remember that an emergency becomes a disaster when the normal response systems are no longer able to respond adequately and further support from outside the geographical area is needed. Each level of response, along with the phase of the disaster, has implications for the NP in what is expected for the specific disaster response. These levels of response will provide the NP with a clear picture of the responsible agencies that may be involved based on the geographic impact of the disaster. The series continues with a review of the competencies expected of an NP in responding to a disaster.

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