**Reflecting on Our Duty as Nurses This Year**

This year has been a roller coaster ride for emergency departments across our country and internationally. As we reflect on what 2020 has been, most of us think about the global pandemic of coronavirus disease (COVID-19). However, many emergency departments have faced additional disasters both before COVID-19 and also while dealing with COVID-19.

Whatever emergency arises, you will find emergency nurses there taking on the challenge. This year, emergency departments have responded to disasters that have ranged from wildfires, earthquakes, and volcanoes to tornadoes and floods, to name just a few. We have always known that the world can change in a second in the emergency department and that we must be prepared for the unexpected. However, 2020 has certainly made this more apparent.

When we talk about disasters, we talk about the life-cycle of a disaster, which includes 4 categories: mitigation, preparedness, response, and recovery. The mitigation phase of a disaster is the phase in which we attempt to minimize the exposure/impact of the event. Preparedness is when we plan for the event from a training perspective and gather the list of supplies that we will need during the event. Response is the phase when the disaster has hit, and our normal operations have stopped. Recovery is the last of the 4 phases and is when we resume our “normal” operations. The cycle however is a circle, and so it continues, and we go right back to the first step of mitigation again.

As I reflect on 2020 and what we have faced from a disaster perspective, I believe we all have gone through or are in the process of going through all 4 phases. Hospitals that receive government funding from the Centers for Medicare and Medicaid Services must have certain emergency preparedness requirements in place to include 4 key areas: risk assessment, communication plan, policies and procedures, and training and testing.¹,² These requirements are necessary for addressing the mitigation and preparedness phase. Whatever the volume of COVID-19 cases has been in our area, we all have had training on our new protocol(s) with isolation, what equipment we are using for personal protection equipment, and how/where we will be treating patients.

We all have responded to the pandemic in 1 way or another. Some of us have had extra staff because of the increased surge of patients, some of us have had to create alternative treatment spaces to handle the volume, and others have had their shifts reduced owing to the overall ED volume being down. As in all disaster scenarios, each location faces different challenges and so requires different responses.

Recovery, the last phase of the cycle of a disaster, is when normal operations resume, and we rebuild. Yes, many places are reopening and patient volumes in the emergency department are leveling, and we are adjusting to our new “normal.” During this phase of a disaster, we also focus on the mental health and well-being of those who have responded to ensure they are doing okay. One could argue that this is likely one of the most critical aspects and is yet sometimes overlooked.

This year was designated to be the Year of the Nurse and Midwife by the World Health Organization and is also the 50th Anniversary of the Emergency Nurses Association. This year, we knew, was to be a big year for our celebrating; what we could not have envisioned was how the role of the nurse would be displayed this year to the public, and how the public would get a glimpse into what we face. As emergency nurses, we are always ready to answer the call from the communities in which we serve. I challenge us all to ensure that we are not forgetting about the mental health and well-being of our colleagues and ourselves as we face these unprecedented times. We must also not forget that the cycle of disaster continues, so we must continue to strive to be prepared and to face the next challenge that will present

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itself to us. I am confident that as emergency nurses we will be ready to respond.

REFERENCES