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## Team Description

The 2025-2026 AORN National Clinical Nursing Practice Committee Chair, Chair-elect, Members, Board of Directors Liaison, and Staff Liaisons.

## Preparation & Planning

- Review of current tool kit items
- Extensive literature search and review
- Examination of national emergency preparedness recommendations

## Assessment

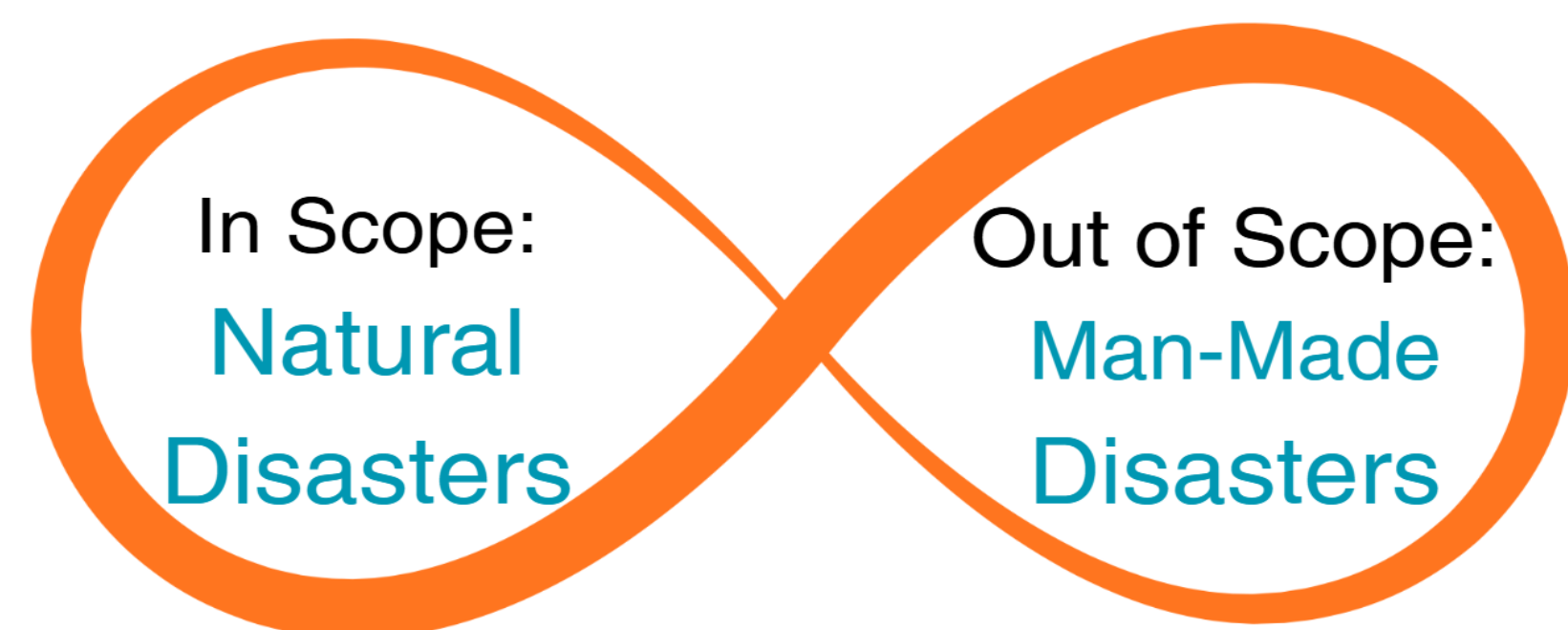
- US national disasters are increasing, with 27 weather- and climate-related events in 2024 resulting in 568 direct or indirect fatalities and approximately \$182 billion in economic losses
- Emergency preparedness is a complex, multi-sector endeavor involving government agencies, community partners, and health care organizations
- Health care organizations must be prepared for a range of natural disasters; however, prioritizing hazards most prevalent in their geographic region can enhance readiness and resource allocation
- Effective emergency preparedness requires proactive planning, clearly defined expectations, and annual education and training

## Acknowledgments

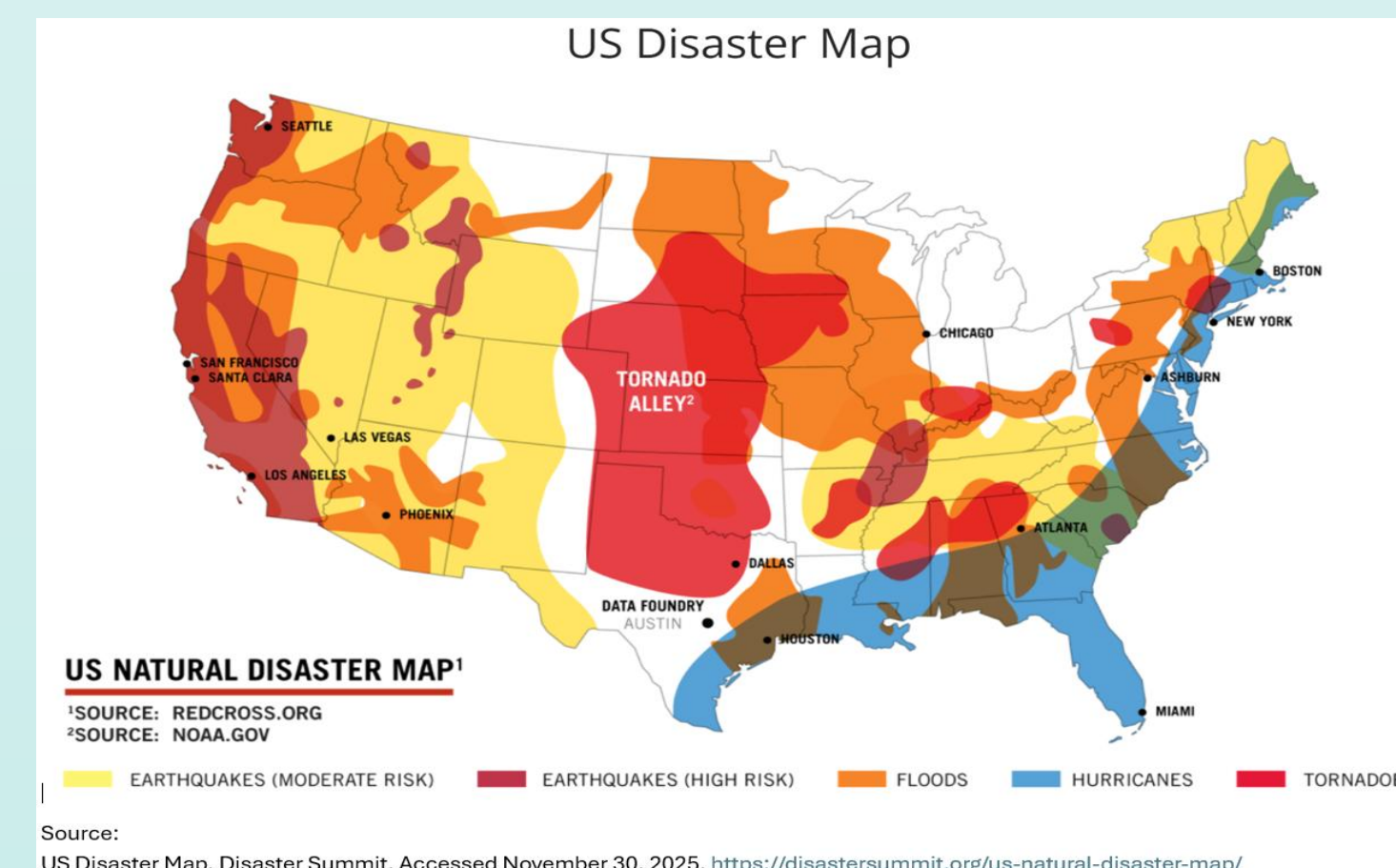
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## AORN's Emergency Preparedness Tool Kit

### Scope



### Maps & Risk Areas



### Impact & Preparedness

	Weather-Related	Water-Related	Environmental	
<b>Impacts</b>	<ul style="list-style-type: none"> <li>High winds</li> <li>Flying debris</li> <li>Building damage or collapse</li> <li>Loss of power</li> <li>Building damage</li> <li>Blockages</li> </ul>	<ul style="list-style-type: none"> <li>Property damage</li> <li>Water contamination</li> <li>Injuries or drowning</li> <li>Long-term structural or mold issues</li> </ul>	<ul style="list-style-type: none"> <li>Severe coastal flooding</li> <li>Building and infrastructure damage or destruction</li> </ul>	<ul style="list-style-type: none"> <li>Habitat and home destruction</li> <li>Smoke and respiratory issues</li> </ul>
<b>Preparation</b>	<ul style="list-style-type: none"> <li>Secure outdoor items</li> <li>Shut off gas</li> <li>Stock water, food, medications, flashlights &amp; batteries</li> <li>Have a communication plan</li> <li>Follow evacuation orders (do not delay)</li> </ul>	<ul style="list-style-type: none"> <li>Identify a safe room (interior, lowest level, no windows)</li> <li>Have emergency supplies in the safe room</li> <li>Practice shelter drills</li> </ul>	<ul style="list-style-type: none"> <li>Know tsunami evacuation routes</li> <li>Move to high ground after coastal earthquakes</li> <li>Listen to and observe official warnings</li> </ul>	<ul style="list-style-type: none"> <li>Create space around property</li> <li>Prepare go-bags</li> <li>Have air filters and masks</li> <li>Follow evacuation orders (do not delay)</li> </ul>
	<b>Geological Disasters</b>	<b>Wildfires</b>	<b>Aviancauses</b>	
<b>Impacts</b>	<ul style="list-style-type: none"> <li>Earthquakes</li> <li>Collapsed infrastructure</li> <li>Broken utilities</li> </ul>	<ul style="list-style-type: none"> <li>Land fires, wildfires, smoke</li> <li>Respiratory issues, burns</li> <li>Building and infrastructure damage</li> </ul>	<ul style="list-style-type: none"> <li>Burned homes</li> <li>Infrastructure damage</li> </ul>	<ul style="list-style-type: none"> <li>Injured or burned under stress</li> <li>Infrastructure damage</li> </ul>
<b>Preparation</b>	<ul style="list-style-type: none"> <li>Practice drop, cover, and hold on</li> <li>Secure heavy furniture</li> <li>Keep water, food, and medications (check expiration dates)</li> <li>Know how to shut off water and gas</li> </ul>	<ul style="list-style-type: none"> <li>Have masks and goggles</li> <li>Protect themselves from animals</li> <li>Avoid downwind areas</li> <li>Follow evacuation orders (do not delay)</li> <li>Know how to shut off water and gas</li> </ul>	<ul style="list-style-type: none"> <li>Identify steep slopes at risk of slides near you</li> <li>Have an evacuation plan</li> <li>Avoid driving near ridges in storms</li> </ul>	<ul style="list-style-type: none"> <li>Avoid risky slopes after storms and lightning</li> <li>Check warnings (evacuate, stay safe, shelter)</li> </ul>

## Checklist

Item for Review	Essential Questions
1. Are the facilities and personnel prepared for the types of disasters most likely to occur in your area?	1. For the most common disasters that may occur in your area, is the facility prepared for the types of emergent surgical procedures most likely to be performed?
2. Could the facility receive patients who require services beyond the typical services provided, such as pediatric patients, patients with burns, or patients requiring dialysis?	3. Facilities can consider "memoranda of understanding" with specialty facilities to expedite the transfer of patients who cannot be adequately cared for in their current facility.
3. Generally, does the facility evacuate or shelter-in-place/lockdown during the most likely disasters expected in the area?	4. What is the difference in criteria between when to evacuate versus when to shelter-in-place/lockdown?
4. What is the maximum capacity of patients the department could accommodate safely if needed?	5. In disasters, verified, clear, concise, and timely information is critical.
5. Does your facility have redundant systems for communication in disasters?	6. Evidence from disasters supports redundant communication systems.
6. What alternative methods can be used to communicate with personnel and physicians (eg, texting, email, social media, walkie-talkies, hand-held radios, satellite phones)?	7. Cell phone calls may not work, and texting may be a better option.
7. How are disaster codes called (eg, overhead or on a pager)?	8. What language is used (eg, plain language or Code Black for Tornado)?
8. Does this communication work, and do personnel know what to do?	9. Is there an accurate, secure, and readily available emergency contact list that includes all necessary personnel?
9. Is there a method to maintain the accuracy of the emergency contact list (eg, updated by a designated person when personnel change)?	10. Is there a local, regional, or state command center that should be contacted first when there is a community disaster?
10. Is there a local, regional, or state command center that should be contacted first when there is a community disaster?	11. Does the contact list include the contact numbers of other health care facilities in your area?
11. Does the contact list include the contact numbers of other health care facilities in your area?	12. Does perioperative leadership have contact information for the perioperative leadership at nearby facilities?
12. Does the contact list include the contact numbers of other health care facilities in your area?	13. Is there an updated physical copy of the emergency management policy and procedures available?
13. Is there an updated physical copy of the emergency management policy and procedures available?	14. Who may communicate information to the public during a disaster?
14. Who may communicate information to the public during a disaster?	15. What information can be communicated?
15. What information can be communicated?	16. Does the hospital policy limit social media posts by personnel during disasters?
16. Does the hospital policy limit social media posts by personnel during disasters?	17. When a known disaster is imminent (eg, a hurricane one day from landfall), does the facility have a pre-event emergency plan in place?
17. When a known disaster is imminent (eg, a hurricane one day from landfall), does the facility have a pre-event emergency plan in place?	18. Does the plan include a readiness assessment and decision making about evacuation of patients?
18. Does the plan include a readiness assessment and decision making about evacuation of patients?	
	<b>Personnel</b>
	19. Who oversees the number of patients and personnel in the department during a disaster?
	20. How are the numbers of personnel and patients accurately identified?
	21. During lengthy events, how will patients, staff, and visitors stay informed?
	22. Daily personnel meetings can help provide clear communication and limit rumors. When communicating with personnel, be clear about what is being asked and the expected outcome. Rumors and security concerns can sabotage efforts to keep everyone working toward a single goal.
	<b>Visitors</b>
	1. Are visitors likely?
	2. Will they be allowed in the facility or restricted?
	3. If there is a restriction, how is it communicated?
	4. If infant or child visitors are expected, how will they be cared for?
	5. In the case of a known future event (eg, a hurricane making landfall), will responding personnel be able to bring family members or pets?
	6. If family members come to the facility, will they be required to bring non-perishable food (eg, meals-ready-to-eat) and water?
	7. Does the facility have a supply of bottled water, or can it be obtained prior to a known future event?
	8. Will food and drinking water be rotated, and if so, how?
	<b>Equipment &amp; Supplies</b>
	1. Does the facility have an emergency cart stocked with items to care for injuries typical of the type of events most likely to occur in the area?
	<b>Facility Design &amp; Maintenance</b>
	1. Is there a schedule for testing emergency lighting in the perioperative department, sterile processing department, and supply locations?
	2. How much critical gas (eg, oxygen, nitrogen, carbon dioxide) does the facility have available?
	3. How would more gas be obtained if needed?
	4. One facility alerted their perioperative department that ICU patients could be placed in the OR if ventilators ran out in the ICU.
	5. What is the status of vital support areas such as water, power, heating, ventilation, and air conditioning (HVAC), and sanitation?
	6. If the disaster is projected to last several days, how will shortages and outages be handled?
	<b>Water</b>
	6. How is the water supplied to the sterilizers?
	7. What type of water (eg, the sterilizers and other equipment in decontamination require)?
	8. What if water is not available through normal means? How will emergency instruments be cleaned, disinfected, and sterilized?
	9. How will handwashing be handled?
	10. How much hand sanitizer is available?
	<b>Power</b>
	11. Are there enough flashlights, battery powered lanterns, and batteries?
	12. Are they on a regular testing schedule?
	13. One facility found that glow sticks hung around the necks of personnel left their hands free. However, the use of glow sticks could make colors appear different (eg, red, yellow, green) and increase the risk of errors. If glow stick use is anticipated, test beforehand to note that potential hazards can be communicated to personnel.
	14. Do personnel text, call, or automatically report in? How will the facility know if someone cannot make it?
	15. Is it important to clarify define response times.
	16. Are emergency notifications sent, and if so, how?
	17. Is there a possibility of road closures in the types of disasters most likely in your area?
	18. Are there designated rally points/check-in locations for perioperative personnel?
	19. Are there rest or sleeping areas and supplies like sleeping bags or bedding for personnel who are "on-site"?
	<b>HVAC</b>
	16. Should the OR and/or SPD have a separate backup HVAC system?
	17. What happens if temperature and humidity settings exceed parameters for supply and implant storage for a prolonged period of time?
	18. If power goes out and temperature and humidity rise, will emergency procedures still be performed?
	19. One facility engineer recommended using thermostat settings to 70° F (21.1° C) to increase the likelihood of maintaining cooler temperatures and reducing humidity during power outages.
	20. Even during emergency procedures, using a fan in the OR to keep the temperature down may increase the risk of patient infection.
	<b>Sanitation</b>
	19. Are there sump pumps?
	20. What happens if there is sewage backup?
	21. How will waste be removed?

## Debriefing Guide

Table 3. Steps for Individual or Group Psychological First Aid and Debriefing
<b>Introduction, Purpose, and Ground Rules</b>
<ul style="list-style-type: none"> <li>Share names, roles, and any additional key information.</li> <li>Clarify the purpose of the meeting.</li> <li>Establish ground rules (eg, no blaming or shaming).</li> </ul>
<b>Exploration, Clarification, and Normalization</b>
<ul style="list-style-type: none"> <li>Acknowledge the event.</li> <li>Share a brief story of the event.</li> <li>Allow clarification or correction of information presented (if needed).</li> <li>Facilitate questions about the event to ensure understanding. <ul style="list-style-type: none"> <li>This helps with group normalization.</li> </ul> </li> <li>Share personal experiences/reactions of the event (when willing). <ul style="list-style-type: none"> <li>This helps personnel relate to each other and normalize reactions to the event between affected personnel.</li> <li>(eg, "Oh! They felt the same, or 'Wow! I didn't know they would feel that way.")</li> </ul> </li> </ul>
<b>Information and Education</b>
<ul style="list-style-type: none"> <li>Provide information and education on: <ul style="list-style-type: none"> <li>normal reactions to the situation that the individuals may experience (ie, psychological and physical symptoms),</li> <li>effective adaptive coping strategies (eg, seeking support, participating in root cause analyses and quality improvement, exercise),</li> <li>how to get support (ie, colleagues/peer support, second victim or workplace trauma support programs, employee assistance programs),</li> <li>the stages of second victim recovery, and</li> <li>ways to access information on support and other resources (eg, provide pamphlets).</li> </ul> </li> </ul>
<b>Review, Reflection, and Recovery</b>
<ul style="list-style-type: none"> <li>Share next steps (ie, incident investigation process, patient and family disclosure, restrictions such as confidentiality/HIPAA).</li> <li>How, when, and by whom follow-up information about the event and investigation will be provided. <ul style="list-style-type: none"> <li>How, when, and by whom check-ins with affected personnel will be conducted (eg, to see how the individual is coping, getting necessary support, or recovering).</li> <li>Expectations for time off and recovery (if needed).</li> </ul> </li> <li>Facilitate questions on these processes to support group normalization and cohesion.</li> <li>Provide referrals or help to connect to support (when needed).</li> <li>Allow for facilitator self-care (when needed).</li> </ul>

## Presentation



## Resources

Emergency and Disaster Preparedness Tool Kit
<b>Online Resources</b>
There are several resources available to assist with emergency preparedness. The following are resources that were provided by AORN members. The link is listed followed by the Host agency and a brief description of the contents of the website. This list is not all inclusive. If you have additional links that you think will be helpful to the AORN membership, please submit them to the address at the end of the list.
<a href="https://www.fema.gov/national-incident-management-system">https://www.fema.gov/national-incident-management-system</a>
Hosted by: FEMA
Information: <ul style="list-style-type: none"> <li>National Incident Management System</li> </ul>
<a href="https://www.ready.gov">https://www.ready.gov</a>
Hosted by: FEMA
Information: <ul style="list-style-type: none"> <li>Personal Preparedness</li> </ul>
<a href="http://www.jointcommission.org/emergency_management.aspx">http://www.jointcommission.org/emergency_management.aspx</a>
Hosted by: Joint Commission
Information: <ul style="list-style-type: none"> <li>Joint Commission requirements</li> <li>Articles on actual situations and on drills</li> </ul>

## Outcome

- Seven tools were included in the tool kit
  - The Bibliography is not shown
- An extensive list of resources is provided to aid in organizational and personal emergency preparedness
- Dissemination by webinar presentation and poster presentation was completed

## Implications for Perioperative Nursing

- Thoughtful organizational emergency preparedness enhances awareness of natural disaster risks and clarifies roles and performance expectations during events
- Identifying and preparing for natural disasters most likely to occur in your organization's geographic region is essential
- Organizations should regularly review their emergency preparedness plans and consult the AORN Emergency Preparedness Checklist to address perioperative-specific risks and gaps
- Focused annual education and training tailored to the natural disasters most likely to affect your organization's geographic region supports workforce readiness and effective response when disasters occur

## References & Tool Kit Access

- An extensive bibliography is included in the tool kit detailing the references used

