Red Cross Health Services and Public Health Partnerships

What Do Red Cross Nurses Do?
• It does occur to me to wonder if Red Cross lawyers, physicians, public affairs communicators, and, yea, phlebotomists, have to answer these weekly job description quizzes and formulate yet one more email to justify their existence or recruit their ilk into the fold. I mean, when was the last time someone walked up to one of my daughter-in-laws and said, “Yes, you’re a mother, but what do you DO when you are at home with the kids?” Certainly, the resounding thwunk of dried macaroni and cheese scraped from the high chair would provide enough of an answer when landing on the questioning head.
• The first step in taking back Red Cross nurse identity is for our nurses to understand exactly what that license in their hot little palm means. It means that they are responsible in their nursing practice to standards and a scope of practice that aligns with their education and training. Every time a nurse (or any health professional) re-ups that license, they are indicating that they understand just that principle.

• If you are a nurse in the Red Cross and you cannot answer questions about what you do (or what you can do) for your Red Cross unit, then you need to run, not walk, to obtain self-education on the Nurse Practice Act that provides the foundation for your license. There are overviews of nursing practice online, one example being [Professional Nursing Practice: An Update](AMN Healthcare Education Services, 2011).
• All that said, I am not naïve enough to believe that the question “What Do Red Cross Nurses Do?” has been answered at this point. So, I will draw on the American Nurses Association, who have had to deal with their own generic version of that question -- in their case, probably 1,022,000 times:

http://nursingworld.org/EspeciallyForYou/What-is-Nursing/Tools-You-Need/RNsAPNs.html
Translated into Red Cross speak, it would read:

**Examples of Nursing Practice:**
Perform physical and psychosocial assessments/exams and health histories
Perform community assessments for preparedness, response, and recovery
Supply leadership on committees and governing bodies
Provide health promotion, counseling and training/education
Provide client-centered and community-centered nursing care interventions
Interpret client information and make critical decisions about needed actions
Coordinate care, in collaboration with a wide array of healthcare professionals
Provide training and education (e.g., educating the public about the need for blood and the safety of being a donor)
Direct and supervise care delivered by other healthcare personnel like LPNs/LVNs and nurse aides
Conduct research in support of improved practice and client outcomes
• **Settings:**
Red Cross RNs practice in across all of the organization’s business lines, integrating nursing into Service to Armed Forces (SAF), Preparedness Health and Safety (PHSS), Disaster Services (DS), Biomedical Services (Biomed), and International Services. The nursing and health practice setting in the American Red Cross is the community setting. Nursing can take place in a disaster relief operation, at a first aid station, at a phone triage center, at a sporting or community event, in a Red Cross unit, in the Red Cross boardroom, in a classroom, or at a blood drive. Also, Red Cross nurses and other health professionals have the unique ability to individually credential and volunteer in Department of Defense and Veterans Administration (VA) health care systems, including hospitals.

• **So, what DO Red Cross nurses do?** Whatever they can do to assist their clients and communities to live healthy; whatever they darn-well please within a scope of practice that aligns with their education and training and fits the Red Cross organizational mission.
• For more than a century, the emblem of the Red Cross has been associated and in some cases synonymous with nursing and the health care professions. Beginning with Jane Delano, the Red Cross nursing legacy of community care is a profound and a critical piece of our heritage.
The Red Cross Disaster Health Services (HS) activity is now using an enhanced service delivery model based on licensure scope of practice for nurses, who make up 87% of our HS workers. This nurse led model replaces the Disaster Health Services Protocols model. It takes advantage of the community health skills and training of our nurse volunteers, enables shelters to include and serve more people, and is expected to increase Red Cross nurse retention through increased job satisfaction. In simple terms, Red Cross nurses can now do what they are educated and trained to do. They will care for clients in the usual HS community setting (i.e., non-acute or hospital based) and in partnership with other community care providers such as public health.
BACKGROUND

A concentrated review of our shelter program has underscored the importance of the presence of health workers in shelters and the need for a strong disaster health workforce. To meet this need, the Disaster Health Services activity must grow its ranks of volunteers. The introduction of this enhanced service delivery model for Disaster Health Services allows nurses to deliver care that is aligned with their scope of practice to better meet client needs. We believe that this enhanced service delivery model will enable Disaster Health Services to better serve the needs of all clients in our general population shelters.
• GUIDANCE

• Nurses in Disaster Health Services are now permitted to provide care to clients in accordance with their scope of practice in a community setting. This change replaces the protocol-based system of operations used in the past. Nurses will work within their scope of practice and other Disaster Health Services workers will work within a model of care led by a registered nurse (RN).
Working closely with the community and Red Cross partners, Disaster Health Services nurses will provide the following services:
- Assessment and nursing interventions
- Surveillance and disease/health event investigation
- Outreach
- Health education
- Casework for health related needs
- Client advocacy
- Consultation and collaboration
- Referral and follow-up

In this model, Disaster Health Services nurses are permitted to delegate nursing care activities within their knowledge and competence to other Disaster Health Services workers, to include those with licensure/certification and those without, provided the act being delegated is appropriate to delegate and that the individual can perform the act safely. Nurses may be required to provide direct or indirect supervision based on the responsibility, the competency of the individual to whom the responsibility is delegated, and the condition of the client(s).
• Disaster Health Services workers who are not nurses will provide care and assistance to clients under RN supervision based on the individual’s training, knowledge, and competence.

• **ENHANCED SERVICE DELIVERY**

• In this model, a nurse in Disaster Health Services is permitted to provide care within his/her scope of practice, individual competencies, and nursing standards of practice within the community setting. The term *scope of practice* does not define a standard of care, or describe what should be done to provide treatment: it is not a practice guideline or protocol. Scope of practice defines what a nurse is permitted to do based on professional training and licensure. It does not describe which treatment to provide as did the former protocol system. Based on the scope of practice, a nurse will recognize what, if any, limitations exist when caring for a client with the resources on hand. They will use their clinical judgment when providing care.
• The collaboration between Disaster Health Services workers in this expanded service delivery and nurse-led model of care parallels but is not the same as the Red Cross administrative management related to the DSHR System. The Disaster Health Services activity will continue to assign the DSHR administrative roles to record Red Cross experience and track recruitment. The DSHR System is a valuable component to the nurse-led model of care as it helps clarify level of experience, technical Red Cross expertise and management structure at the leadership level.
• **ELIGIBILITY FOR THE DISASTER HEALTH SERVICES ACTIVITY**

• To be eligible to work in Disaster Health Services on either local or national relief operations, an individual must have an active, unencumbered license or certificate issued by a state or U.S. territory licensing board with the exception of Student Caregiver.

• Disaster Health Services workers consist of the following disciplines:
  • Registered Nurses/Nurse Practitioners (RN/NP)
  • Licensed Practical/Vocational Nurses (LPN/LVN)
  • Emergency Medical Technicians (All levels)
  • Physicians (MD/DO)
  • Certified Nursing Assistants (CNA) (local deployment only)

• In addition to licensed and certified positions included above, Student Caregivers are also part of the Disaster Health Services activity, used for local deployment only. Students within any of the Disaster Health Services disciplines shown above are eligible to work in the Disaster Health Services activity as a service associate (specialty track) when an individual meets all of the following criteria:
  • Current enrollment in a program leading to a licensure or certification in any of the Disaster Health Services disciplines;
  • Supervision on-site by a RN; and
  • Completion of the training requirements outlined for the Disaster Health Services Service Associate.
Volunteers provide the American Red Cross with the vital human resources necessary to deliver our services to communities across the nation. Nurses play an integral role in both employee and volunteer capacities, bringing a unique and valuable set of knowledge, skills and behaviors, as well as leadership that increases organizational capacity.

Currently, Red Cross nursing numbers are estimated at 20,000 in employee and volunteer positions. If each of these nurses, no matter their Red Cross area, works only one day a year at the average nursing salary (without benefits) of $30, then the Red Cross has gained almost $5 million dollars in human capital with profound client and community impact. However, the number of nurse volunteers has been declining within the American Red Cross, even though our organization continues to offer attractive opportunities for nurses. With another three million nurses and nursing students in our country, the opportunity exists to engage this largest sector of the health care profession to contribute as Red Cross leaders to further our mission.
A senior nursing leadership triad develops and implements nursing involvement for community benefit and strengthened services and chapters within the Red Cross.

The **Chief Nurse** represents the internal and external face of Red Cross nursing and its 20,000 volunteer nurses. She/he is responsible for developing and implementing strategic initiatives that promote and guide nursing involvement across all American Red Cross business lines (Preparedness Health and Safety Services, Disaster Services, Service to the Armed Forces, International Services and Biomedical Services). The Chief Nurse currently reports to the Senior Vice President of Disaster Services.

Red Cross nurses are also led by a **National Chair of Nursing** and the **National Nursing Committee (NNC)** — its 23 members are responsible for advising, advocating for and taking action to involve nurses in the Red Cross mission and to support corporate and business line strategic goals. The National Chairperson of Nursing is the volunteer partner of the Chief Nurse.

The operational arm of American Red Cross
Q Does it matter that our shelters have nurses when any licensed healthcare professional can perform the Health Services role?

A The Disaster Health Service Enhanced Service Delivery model requires a Registered Nurse to lead the model in the community health setting of a general population shelter. During Katrina, a majority of the people entering shelters had an identified health care or medical need. General population shelter clients require triage and intervention to address functional and access needs along with any unmet health needs that may have occurred due to the disaster. The Registered Nurse leads a team of Red Cross volunteers which may include EMTs, LPN/LVNs and healthcare student caregivers.
• **Q** What is our relationship to the Medical Reserve Corps (MRC) and will our efforts to increase nurses affect the relationship with MRC?

• **A** The partnership between the Medical Reserve Corps (MRC) and the American Red Cross is valued and assists the Red Cross in providing optimal care to our clients. Medical Reserve Corps and Red Cross Health Services volunteers have trained and practiced together all across the nation. Volunteers have the opportunity to serve with both organizations and may find this an enhanced opportunity to fulfill different roles, especially at the local level. The volunteer will find differing opportunities with each group, which should not affect the volunteer base of either organization.