

# CLINICAL NURSE SPECIALIST RESPONSE TO A CLIMATE EMERGENCY

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## Introduction

Clinical Nurse Specialists (CNS) are well positioned to respond to emergent events and lead health care teams in delivering care in complex, volatile contexts. In November of 2021, British Columbia was hit by a catastrophic rain event leading to mudslides, flooding, displacements and tragically, loss of life. Infrastructure damage cut off the Greater Vancouver area from the rest of Canada. Within a regional renal program, 50 patients were unable to access their life-sustaining dialysis

**'If I don't get dialysis, I drop dead': Chilliwack dialysis patients cut off by flooding flown to care**



## CNS Contributions in a Climate Crisis:

The immediate response to a climate event

- Triaged and transported folks to safety
- Supported displaced patients
- Evaluated response and identified gaps

Future Emergency Response planning

- Adapted resources for future events
- Facilitated a large scale planning event
- Engaged renal teams in planetary health



## Immediate Response

A renal CNS was immediately deployed to rapidly stand up a care response, which included triage, facilitating patient transport to areas of environmental stability where they could access dialysis, and leading teams to prepare and support patients while away from home. Leadership in this crisis response required the nurse leader to leverage key domains of CNS competencies:

- clinical care-crisis coordination-triaged and ensured care needs were met
- system leadership – supported teams across acute and community sites
- advancement of nursing/allied health practice – reviewed innovations in care to ensure care was within scope and provided clinical support tools
- evaluation and research-compiled and reviewed available resources, reviewed and documented response to inform future planning



## Acknowledgements

Thanks to the team of nurses, social workers, dietitians, nephrologists, patients and leadership from Abbotsford, BC and Fraser Health who responded to this event

## Emergency Response Planning

Following the immediate crisis, the CNS:

- Identified gaps in current plan
- Created a Renal Emergency Operations Committee (Renal EOC) Structure
- Expanded plan to include various events (geographic, diversion, earthquake)
- Identified changes to kidney database
- Facilitated an Interdisciplinary Renal EOC to create plans to divert a 260 pt dialysis unit
- Initiated a 'Green Team' on climate change



## Surrey, BC-Hemodialysis Diversion Plan

- Challenges in diverting 260 pts and suggestions:
1. Nephrologists-work closely with team to determine urgent dialysis needs
    - Physical needs (capacity transfer to without a lift, able to dialyze in a chair)
    - Clinical needs (care needs which can only be met in hospital or in the dialyzer)
    - Organizational needs (how to minimize logistics, batch patients wherever possible)
  2. Determining where to send patients – principles to be considered
    - Transportation – handiart, ambulance, taxis likely unable to meet needs
      - Work with patients and families to identify back up transportation plans (letter to family, location if possible)
      - Social work team to assist in travel where possible
  3. Transferring information – very difficult to transfer paper charts
    - Update Renal Database (PROMIS) to ensure dialysis prescriptions are up to date
    - Ensure key info is available ie: mobility status, infection control status, recent BP and Goal Weight
    - Upon diversion: print dialysis Rx info, weekly schedule & Renal Pt List\* from Emergency Module to receiving unit
  4. To accommodate all pts, will need to use spaces during 'off hours'
    - Therefore will need to prepare, orient and send staff--will need to work nights, will need resources

Please contact me with any questions or requests for information at [Sherrri.Kensall@fraserhealth.ca](mailto:Sherrri.Kensall@fraserhealth.ca)