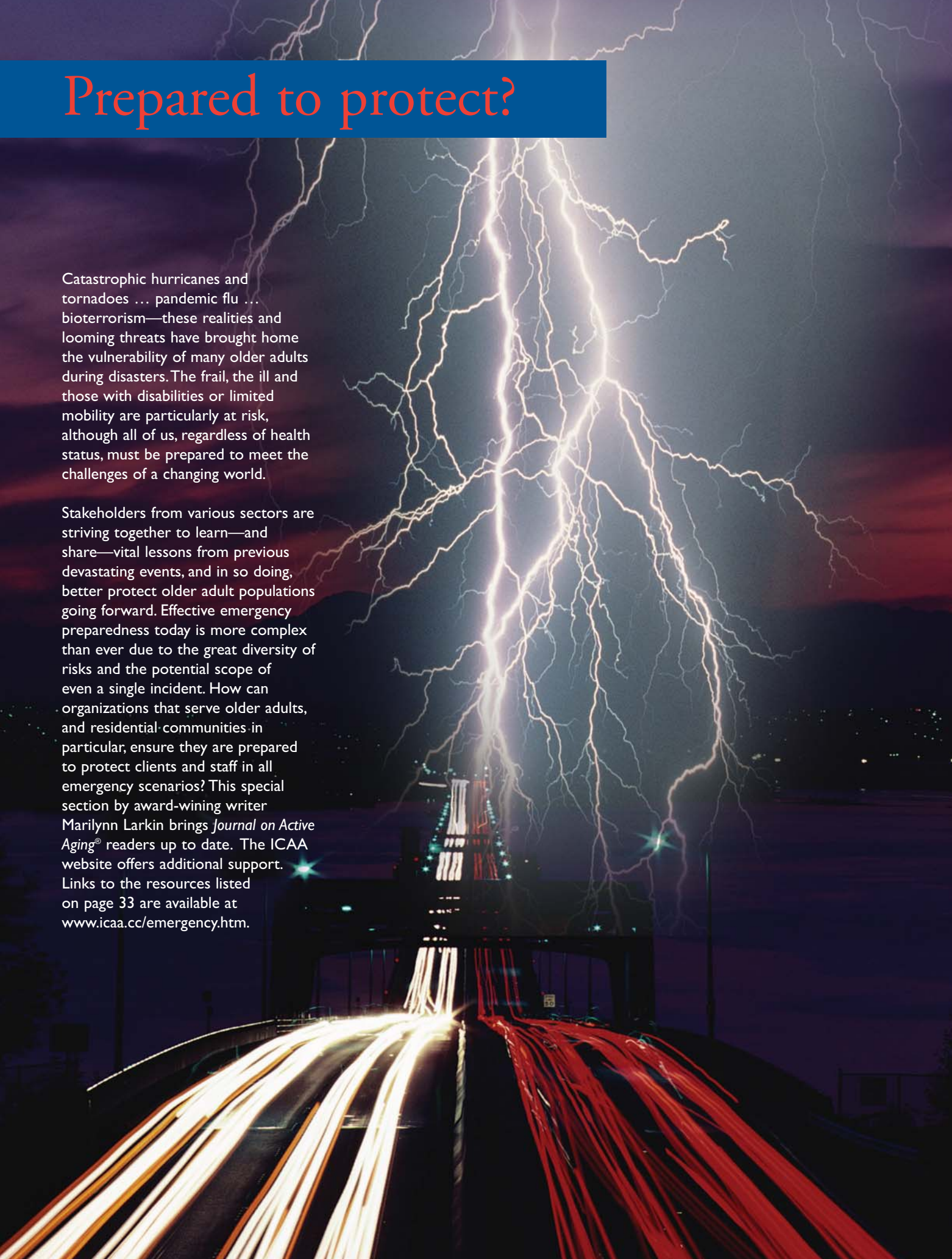


# Prepared to protect?

Catastrophic hurricanes and tornadoes ... pandemic flu ... bioterrorism—these realities and looming threats have brought home the vulnerability of many older adults during disasters. The frail, the ill and those with disabilities or limited mobility are particularly at risk, although all of us, regardless of health status, must be prepared to meet the challenges of a changing world.

Stakeholders from various sectors are striving together to learn—and share—vital lessons from previous devastating events, and in so doing, better protect older adult populations going forward. Effective emergency preparedness today is more complex than ever due to the great diversity of risks and the potential scope of even a single incident. How can organizations that serve older adults, and residential communities in particular, ensure they are prepared to protect clients and staff in all emergency scenarios? This special section by award-winning writer Marilyn Larkin brings *Journal on Active Aging*® readers up to date. The ICAA website offers additional support. Links to the resources listed on page 33 are available at [www.icaa.cc/emergency.htm](http://www.icaa.cc/emergency.htm).



# Emergency preparedness: planning, communication & cooperation are key

**In the aftermath of 9/11 and a series of devastating hurricanes, and with a flu pandemic looming, communities and organizations that serve older adults must work together to prepare for the next emergency**

by Marilyn Larkin, MA

Each year, anywhere from 30 to 60 or more natural disasters and/or major emergencies affect the United States and its territories “with such devastation that they exceed local capacity to respond,” according to the US Administration on Aging.<sup>1</sup> And although state and federal organizations are in place to help, their responses may also fall short.

As noted in a June 16, 2006, report from the US departments of Homeland Security and Transportation, “disaster planning for catastrophic events in the United States suffers from outmoded planning processes, products and tools. Plans are not coordinated in a systematic fashion and fail to account for the scope of catastrophic events that could potentially occur.” People with special needs and the elderly were highlighted among those “needing significant attention.”<sup>2</sup>

The report’s findings came as no surprise to Patricia Morrissey, PhD, commissioner of the US Department of Health and Human Services’ Administration on Developmental Disabilities. Morrissey was a coordinator of the first Working Conference on Emergency Management and

Individuals with Disabilities and the Elderly, held June 28–30, 2006, in Washington, DC. The conference brought together experts in disability, aging, emergency management and homeland security, according to Morrissey. She added, “This was the first time that people from all these areas got to meet each other and discuss operational activities they could do together when they get back to their respective communities.”

## **Know your colleagues and your resources**

Several key points of agreement emerged from the Washington conference. First, aging and disability experts must be included in the emergency preparedness “command control structure” every step of the way, from planning through decision-making. “This hasn’t been happening up until now,” Morrissey told the *Journal on Active Aging*<sup>®</sup> in a post-conference interview.

During Hurricane Katrina, for instance, because no one with appropriate expertise was involved, “if a person had a visible disability or appeared frail, emergency management would send them to a special needs shelter,” said Morrissey. “They may not have needed medical care, only some level of personal assistance or equipment—for example, a hearing aid battery or wheelchair—that would have enabled them to function perfectly well in a regular shelter,” she explained. “Instead, the special needs shelters ended up overloaded with people who didn’t really need to be there.”

Participants also stressed the need to be involved in *cross training*—that is, looking at the whole picture of an emergency, learning from colleagues in different fields, and “applying common sense and forming support mechanisms.” This could include something as simple as a *telephone tree*, with contact information for people with expertise in emergency management as well as those with expertise in aging and disability.

Finally, the attendees underscored the importance of becoming familiar with the resources available in your community and in neighboring areas. “You never know when you might have to warn a community that’s a little further out from a disaster to get their resources ready, or see if they have resources available to help *you*,” Morrissey commented. It’s important to know the location of pharmacies, supermarkets, transportation, the community mental health office, accessible shelters, and other facilities that can help in an emergency.

## **What older adult communities can do**

Assistant Secretary for Aging Josefina Carbonell, who also participated in the conference, told the *Journal on Active Aging*<sup>®</sup> that the need for cooperation at the community level was brought home to her in the aftermath of the September 11, 2001, attacks. “9/11 occurred just a few days after my confirmation,” Carbonell began, “and I remember vividly sitting in Secretary

*Continued on page 32*

# Emergency preparedness: planning, communication & cooperation are key

Continued from page 31



Thompson's command center and getting a direct feed from New York City. As the emergency response unfolded, I realized that we had no communication with the area agencies on aging and no communication with the regional director; from there, it became clear how important the local aging community was in tying in with emergency responders to, for example, enable nurses' aides to get to people in need."

We continue to improve since then, Carbonell said. And so, like Morrissey, Carbonell emphasized the importance of connecting directors of aging with their Federal Emergency Management Agency (FEMA) counterparts. "We have 655 area agencies on aging with 29,000 providers. If across those conference tables, people were able to put a face on the individuals they have to work with, and got those relationships started, then we have a chance to plan better going forward."

Carbonell's take-home message for adult communities is to take a 3-prong approach:

- **In the home:** Residents need to prepare for an emergency by ensuring that they have on hand everything they need to be self-contained for at least 5 days. This includes food and water, prescription and nonprescription medications, sanitation and hygiene supplies, first aid, and anything required to meet special needs. They should also have an evacuation plan and a way of safekeeping important documents such as a deed and insurance papers. In addition, they need to have a communication plan in place, to let family and friends know where they will go if evacuated.
- **At work:** Individuals need to have a supply kit, an evacuation plan, and a means of communication.
- **In the car:** "Last year, people were stranded as they tried to be rerouted out of Houston in the aftermath of Hurricane Katrina," she said. "We can help avoid that by keeping dry food, water, maps, flares, and so forth in a car kit."

"We've also seen creative solutions coming out of independent living facilities," Carbonell observed. "People have set up buddy systems, and signs on door knobs—for example, a red sign means 'needs attention immediately.'" More attention needs to be paid to family caregivers, she added. "We've had emergency responders not realizing that when an older person comes to a shelter, he or she often comes with a caregiver, and so they had space for the older adult but not the caregiver."

## Be prepared: practice and relationships

"We're now dealing with a whole cadre of emergencies—not just a hurricane, flooding or some other natural disaster,"

stated Carbonell. "It could be a man-made threat, or pandemic flu. Some people will need shelter; others will need to evacuate. The combination of all these things is getting very complex," she noted. "And so whatever plans are put in place need to be routinely practiced and reviewed on an ongoing basis by everyone involved."

"In an emergency, people won't have time to read a manual or notes from a training class," added Morrissey. "But they will have time to pick up the phone and call somebody. So just like in real estate, where they say it's *location, location, location*," she continued, "in emergency management, it's *relationships, relationships, relationships*. You've got to have relationships before an event. And if you activate these collaborations, then after a disaster, many of the people who collaborated during the incident will have a basis to collaborate generally, as a matter of routine practice," Morrissey said. "The bottom line applies to both public and private sector: We all have to get better connected." ☺

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## References

1. Emergency and Disaster Preparation and Assistance. US Administration on Aging. Retrieved from <http://www.aoa.gov/PRESS/preparedness/preparedness.asp>.
2. *Nationwide Plan Review. Phase 2 Report.* (2006, June 16). US Department of Homeland Security. In cooperation with the US Department of Transportation. Retrieved from [http://www.dhs.gov/interweb/assetlibrary/Prep\\_NationwidePlanReview.pdf](http://www.dhs.gov/interweb/assetlibrary/Prep_NationwidePlanReview.pdf).

Continued on page 34

# Resources

## Canada

### Emergency Preparedness Week

*Emergency Preparedness Guide*

[http://epweek.ca/\\_files/guide\\_interact\\_e\\_note.pdf](http://epweek.ca/_files/guide_interact_e_note.pdf)

### National Advisory Council on Aging

“When Disaster Strikes!”

*Expression*, June 2006

[www.naca.ca/expression/19-3/exp19-3\\_toc\\_e.htm](http://www.naca.ca/expression/19-3/exp19-3_toc_e.htm)

### Ontario Ministry of Health and Long-Term Care

*A Guide to Influenza Pandemic Preparedness and Response in Long-Term Care Homes*

[www.health.gov.on.ca/english/providers/program/emu/pan\\_flu/pan\\_flu\\_docs/ltc\\_panflu\\_120505.pdf](http://www.health.gov.on.ca/english/providers/program/emu/pan_flu/pan_flu_docs/ltc_panflu_120505.pdf)

### Pandemic Influenza

[www.influenza.gc.ca/index\\_e.html](http://www.influenza.gc.ca/index_e.html)

### Public Safety and Emergency Preparedness Canada

General Preparedness

[www.psepc-sppcc.gc.ca/prg/em/gds/genprep-en.asp](http://www.psepc-sppcc.gc.ca/prg/em/gds/genprep-en.asp)

### SafeCanada.ca

Emergencies and Disasters

[http://safecanada.ca/topic\\_e.asp?category=4](http://safecanada.ca/topic_e.asp?category=4)

## United States

### AARP

*We Can Do Better: Lessons Learned in Protecting Older Persons in Disasters*

Report & conference summary:

[http://assets.aarp.org/rgcenter/il/better\\_1.pdf](http://assets.aarp.org/rgcenter/il/better_1.pdf)

Full report:

<http://assets.aarp.org/rgcenter/il/better.pdf>

(Free copies are also available from Tyisha Williams, AARP Public Policy Institute, Room B6-330, 601 E Street NW, Washington DC 20049.)

### Administration on Aging

*Emergency Assistance Guide*

[www.aoa.dhhs.gov/PRESS/preparedness/preparedness.asp#guide](http://www.aoa.dhhs.gov/PRESS/preparedness/preparedness.asp#guide)

Disaster assistance resources

[www.aoa.gov/eldfam/disaster\\_assistance/disaster\\_assistance.asp](http://www.aoa.gov/eldfam/disaster_assistance/disaster_assistance.asp)

### Centers for Disease Control and Prevention

*Public Health Workbook to Define, Locate and Reach Special, Vulnerable, and At-Risk Populations in an Emergency (Draft)*

[www.bt.cdc.gov/workbook](http://www.bt.cdc.gov/workbook)

### Community Emergency Response Team Los Angeles

*Emergency Preparedness: Taking Responsibility For Your Safety – Tips for People with Activity Limitations and Disabilities* (2006)

[www.cert-la.com/ESP/ESP-Disabilities-Guide-2006.pdf](http://www.cert-la.com/ESP/ESP-Disabilities-Guide-2006.pdf)

### Disability Funders Network

Emergency Preparedness and Disaster Relief For People with Disabilities and Older Adults

<http://disabilityfunders.org/epdr.html>

### DisabilityInfo.Gov

Emergency Preparedness

[www.disabilityinfo.gov/digov/public/public/DisplayPage.do?parentFolderId=213](http://www.disabilityinfo.gov/digov/public/public/DisplayPage.do?parentFolderId=213)

### Federal Emergency Management Agency (FEMA)

Disability preparedness information  
[www.fema.gov/plan/prepare/special\\_plans.shtm](http://www.fema.gov/plan/prepare/special_plans.shtm)

### Florida Department of Elder Affairs

Disaster Preparedness Guide for Elders  
*Elder Update*, June 2006

<http://elderaffairs.state.fl.us/english/EU2006/disaster06english.pdf>

### Interagency Coordinating Council on Emergency Preparedness and Individuals with Disabilities

(US Department of Homeland Security)

Disability Preparedness Resource Center  
[www.disabilitypreparedness.gov](http://www.disabilitypreparedness.gov)

### National Council on Disability

*Saving Lives: Including People with Disabilities in Emergency Planning*

[www.ncd.gov/newsroom/publications/2005/saving\\_lives.htm](http://www.ncd.gov/newsroom/publications/2005/saving_lives.htm)

### National Organization on Disability

Emergency preparedness for individuals with sensory disabilities

[www.nod.org/emergency](http://www.nod.org/emergency)

*Report on Special Needs Assessment for Katrina Evacuees (SNAKE) Project*

[www.nod.org/index.cfm?fuseaction=page.viewPage&pageID=1430&nodeID=1&FeatureID=1588&redirected=1&CFID=6648848&CFTOKEN=70639594](http://www.nod.org/index.cfm?fuseaction=page.viewPage&pageID=1430&nodeID=1&FeatureID=1588&redirected=1&CFID=6648848&CFTOKEN=70639594)

### National Preparedness Month

[www.ready.gov/america/npm/index.htm](http://www.ready.gov/america/npm/index.htm)

### Occupational Safety and Health Administration

Emergency Preparedness and Response  
[www.osha.gov/SLTC/emergencypreparedness](http://www.osha.gov/SLTC/emergencypreparedness)

### Pandemic Flu

*Long-Term Care and Other Residential Facilities Pandemic Influenza Checklist*

[www.pandemicflu.gov/plan/LongTermCareChecklist.html](http://www.pandemicflu.gov/plan/LongTermCareChecklist.html)

### San Francisco Office of Emergency Services and Homeland Security

Are You Prepared?

[www.72hours.org](http://www.72hours.org)

### US Department of Health and Human Services

Disasters and Emergencies

[www.hhs.gov/emergency/index.shtml](http://www.hhs.gov/emergency/index.shtml)

### US Department of Justice

*ADA Guide for Local Governments: Making Community Emergency Preparedness and Response Programs Accessible to People with Disabilities*

[www.usdoj.gov/crt/ada/emergencyprep.htm](http://www.usdoj.gov/crt/ada/emergencyprep.htm)

### US Department of Transportation

Report to Congress on Evaluation of Gulf Coast Communities' Catastrophic Evacuation Plans

<http://add-em-conf.com/confdocs/DOT.pdf>  
Full report: [www.fhwa.dot.gov/reports/hurricanevacuation](http://www.fhwa.dot.gov/reports/hurricanevacuation)

### Working Conference on Emergency Management and Individuals with Disabilities and the Elderly

<http://add-em-conf.com>

“Special People, Special Care”

*Homeland Protection Professional*, March 2006

[http://add-em-conf.com/confdocs/special\\_people\\_special\\_care.pdf](http://add-em-conf.com/confdocs/special_people_special_care.pdf)

# Dealing with disaster: lessons from the ground

## Here's a look at how 2 different types of older adult facilities survived upheavals caused by hurricanes

Like other facilities located in a hurricane zone, Horizon Bay Senior Communities in Tampa, Florida, has a state-approved disaster plan in place. But 2 years ago, when its Prosperity Oaks property had to be evacuated, and its Newport Place community ended up in the eye of a hurricane, the unexpected, and unplanned for, happened.

### An odyssey like no other

As the hurricane approached, Prosperity Oaks, a building with about 220 residents in independent living, assisted living and dementia units, found itself in an evacuation zone. "About 40% of the residents went to stay with family members," recalls Jim Concotelli, PhD, MSW, former vice president of programs and services for Horizon Bay. "The remaining residents and available staff went to Newport Place, located about 15 miles away, but not in the evacuation zone.

Some Newport residents took in others if they had an extra bedroom or sleeping space; the others were set up in temporary beds in the auditorium," says Concotelli.

"We were pretty well staffed, because some of the corporate staff went with us to support the community staff," Concotelli continues. "But shortly after we moved in, the eye of the hurricane came right over the building. There was a lot of tree damage, and one of our generators flooded, so we were only able to maintain some electricity in the kitchen, lobbies and hallways," he notes. "After 3 days, it got to the point where we decided to move all the residents to a hotel in Orlando."

Was this part of the disaster plan? "Bringing residents and staff to a neighboring facility was in the plan," answers Concotelli. "But moving to the hotel was not; but because we lost one of our generators, we couldn't manage 120 residents on top of the residents who already lived there."

The odyssey continued. After 3 days at the hotel, Newport Place residents returned to their facility, but Prosperity Oaks had been so badly damaged that its residents were bused to yet another facility on Florida's west coast. "We had a wandering group that spent a total of 12 days away from their community," states Concotelli. "The residents were resilient partly because we all pulled together as a team," he adds; "dining service helped with recreational activities, corporate staff went with us to the hotel." The most difficult part, though, "was the travel and getting accustomed to a new environment," according to Concotelli. "But after the first day, the residents tended to bounce back and were ready for meals and activities."

Nonetheless, when a similar situation arose last year, and Prosperity Oaks again lost power, staff offered to evacuate, but the residents chose to stay. "I think the upheaval of having to leave the year before led to the decision," says Concotelli. "Staying in their community provides residents with continuity and cues to manage their daily lives, so they are less upset when a crisis occurs," he explains. "This is especially true for residents who use assistive devices for walking or who may have early signs of dementia."

### Lessons learned:

- **Pull together.** The ability of the team to pull together and to meet the demands of the crisis is critical. "Management and staff have to be

flexible and help out as needed," says Concotelli.

- **Communicate.** During the crisis, "department heads met several times every day to discuss operational issues. We kept residents posted and set up an 800 hotline for families."
- **Use checklists.** Many disaster planning guides contain narratives that explain procedures, resources, and staff responsibilities. Checklists are shorter, and easier to manage. A checklist for evacuation, for example, might include procedures for evacuating, identifying residents' luggage, providing new sleeping accommodations, etc.
- **Pack supplies and games.** If you evacuate or have to move residents for any reason, pack as many supplies as possible, as well as items that will keep residents entertained (e.g., games, VCRs and TVs). "And remember that sing-alongs can lift spirits and keep everyone focused on having fun, rather than on the weather or what they may have lost in a disaster," Concotelli adds.

### Experience counts

When Hurricane Wilma hit Marco Island, Florida, last year, "we pulled into the parking lot and felt grateful that the YMCA was still standing," remembers Gina Blassneck, senior program director at YMCA Marco Island. "Then we went around the back of the building and realized what was missing. The hurricane had ripped off our back veranda, which is connected to roof, leaving huge, gaping holes; and it caused a lot of water damage."

Fortunately, "the Y's have a very strong network and a lot of camaraderie," says Blassneck, "so in hurricane season, if one of our sister Y's gets hit by a hurricane or any other forces of nature, we organize work crews and rescue each other. Within days of Wilma we had 4 area Y's with work crews down to our



island helping us put our Y back together.

“Hurricane management is part of our disaster plan,” Blassneck stresses. “We’re an island, and we know how to break down and get everything back together quickly. That’s really pounded into us here. You never want what happened to New Orleans to happen to you,” she says. “Hurricane preparedness is your greatest asset in dealing with these natural disasters.”

Blassneck recalls that some of the Marco Island Y’s Boomer members came on their bikes the day after the storm and were upset to learn they couldn’t play tennis. “When tragedy or a disaster strikes, people look to get out their frustration in a gym, on a tennis court, or in a pool,” she says. “However, we had no power, and so we had to shut down for 3 days—not to mention some of our tennis fencing looked like the

Leaning Tower.” Blassneck adds that “once we got power back on and hot water running, we opened up the YMCA to the community, so anyone (whether they were a member or not) could take hot showers.”

#### *Lessons learned:*

- Keep your plan current and have preparedness meetings throughout the season. “No one wants to think about losing their home,” says Blassneck. “However, down here you need contingency plans.”
- Have support systems in place. The Y’s come together to help each other in times of need.
- When you get back on your feet, be prepared to help others.
- Don’t take anything for granted, for tomorrow it could be just a memory. ☺

*Continued on page 36*

### **AARP: We Can Do Better**

In May 2006, AARP released *We Can Do Better: Lessons Learned in Protecting Older Persons in Disasters*. This report is based on a December 2005 meeting that brought together a diverse group of government officials, emergency preparedness and response experts, relief organizations, and aging and disability advocates. The objective? To share practices and explore strategies to better protect older adults in both the community and nursing homes in an emergency.

The meeting participants “were all on the ground and involved in responding to disasters either in Florida or on the Gulf Coast,” says report author Mary Jo Gibson, a senior policy advisor at AARP. The report, which is downloadable in PDF format, contains scenarios and checklists that should be useful to managers and providers in older adult communities and other settings. (See “Resources” on page 33 for details about where to go to download the report.)

“One of the lessons I learned at our meeting was to take an all-hazards approach—that is, the basic elements of disaster planning apply across all disasters,” says Gibson. Also, “while it’s great for each organization or community to have their own plans, those plans must be linked into what’s going on in the rest of the community or state. You can’t work in isolation,” she stresses. “People use the same transportation center all the time, for example, not realizing what’s available nearby if, say, they need to do an early evacuation of people who are frail.”

In the end, “everything must be coordinated, particularly at the local level, with emergency preparedness,” Gibson says. “All community stakeholders have to get used to talking with each other.” ☺

## Pandemic flu guidelines for residential facilities released

The US Department of Health and Human Services recently released the *Long-Term Care and Other Residential Facilities Pandemic Influenza Checklist*, developed by the US Centers for Disease Control and Prevention with input from, among others, the American Health Care Association (AHCA). The checklist identifies steps that facilities can take to prepare for a pandemic, and could be helpful in other types of emergencies.


How does the checklist differ from the usual influenza control plans in effect in these facilities? “Influenza control is mainly about making sure that infections don’t spread inside a facility, that people have vaccinations, use handkerchiefs, wash their hands, and so forth,” says AHCA Director of Special Projects Janice Zalen. “With a pandemic, it’s not about controlling for infection inside; it’s that we’re assuming there’s a pandemic outside, and thinking

about how the facility can get along if drugs can’t be delivered or if there’s no food on the shelf,” she states. “The checklist gives management a framework to address who will do - what, when.”

Preparedness suggestions include:

- Have a structure for planning and decision-making, with a multidisciplinary group created to specifically address pandemic influenza preparedness planning.
- Develop a written pandemic influenza plan that identifies the person or persons authorized to implement the plan and the organizational structure to be used.
- Develop a facility communication plan that includes key points of contact such as local and state health department officials, and a person responsible for communicating with staff, residents and families.

- Have a plan to provide education and training to ensure that all personnel, residents and family members of residents understand basic prevention and control measures for pandemic influenza.
- Have an infection control plan in place for managing residents and visitors with pandemic influenza.
- Have a plan to get and use vaccines and antiviral drugs.
- Address issues related to sudden increased needs, such as prioritizing services, staffing and supply shortages, and alternative care for residents who need acute care when hospital beds are unavailable.

The full checklist is available for view, use or download by going to [www.pandemicflu.gov/plan/LongTermCareChecklist.html](http://www.pandemicflu.gov/plan/LongTermCareChecklist.html). 

### Campaigns promote individual preparedness

**National Preparedness Month** is a nationwide effort held in the United States to increase public awareness about the importance of preparing for emergencies and to encourage individuals to take action. Throughout September, the US Department of Homeland Security, which sponsors the initiative, works with a wide variety of organizations, including local, state and federal government agencies and the private sector, to highlight the importance of family emergency preparedness and promote individual involvement through events and activities across the nation. For more information, visit [www.ready.gov/america/npm/index.htm](http://www.ready.gov/america/npm/index.htm).

Canada’s **Emergency Preparedness Week**, started in 1996, takes place every year in the first full week of May. All provincial or territorial emergency management organizations participate in EP Week, in collaboration with Public Safety and Emergency Preparedness Canada, a federal government department. To learn more about this effort, go to [www.epweek.ca](http://www.epweek.ca).