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Disaster Planning Tips for Older Adults and their Families

- *No one who sees a disaster is untouched by it.*
- *It is normal to feel anxious about you and your family's safety.*
- *Profound sadness, grief, and anger are normal reactions to an abnormal event.*

— U.S. Substance Abuse and Mental Health Services Administration

By the time adults have lived through six or more decades, they have probably experienced more than one disaster. Many older adults can be an asset during a disaster, calling upon their prior experience, wisdom and mental resilience to survive, help others, and provide reassurance to those who are frightened or depressed by the events. However, certain aspects of the aging process can make many older adults particularly vulnerable during a disaster, especially if they have one or more chronic illnesses, functional limitations, or dementia. Emergency preparedness experts have begun to recognize the special needs of older adults with chronic conditions following a disaster and are planning to assist this population.

Despite urging by government and health officials, many members of the public have not planned for a disaster or stocked supplies. However, the Advertising Council, which works with the U.S. Department of Homeland Security on public education campaigns, has identified some recent improvements in people's willingness to prepare for emergencies. The proportion of Americans who said they have taken any steps to prepare rose from 45 percent in 2005 to 55 percent in 2006. The council also found that 54 percent of those surveyed in 2006 had put together an emergency kit, 39 percent had created a family emergency plan, and 40 percent had searched for information about preparedness.

Much information and many resources are available to help older adults and their families plan for potential disasters, gain confidence that they have done everything they can do, and then relax and get on with life. An old saying goes, "When you carry an umbrella, it will not rain." However, if an emergency does occur, being prepared can save valuable time and possibly lives. The Federal Emergency Management Agency (FEMA) states on its website: "Being prepared can reduce fear, anxiety, and losses that accompany disasters."

WHY ARE OLDER ADULTS MORE VULNERABLE?

Older adults are more vulnerable than younger adults during a disaster because they are more likely to have impaired physical mobility, diminished sensory awareness, chronic health conditions, or social and economic limitations that interfere with their ability to prepare for disasters and to respond and adapt during such events. More than half of older adults have some kind of functional limitation, according to the Centers for Disease Control and Prevention (CDC). A 2005 Harris poll found that 13 million people aged 50 and older said that they would need help to evacuate during a disaster. Half of these people said that they would need help from someone outside their household.

Older persons who are hard of hearing or cognitively impaired might have trouble understanding information or following directions. They might feel more easily overwhelmed by a disaster, especially if they also have difficulty moving around, standing in line, or sleeping on a low cot in a noisy shelter. Those who use wheelchairs, canes, or walkers cannot climb stairs if elevators stop working due to a power outage. Elders who no longer drive or do not own a car face difficulties evacuating. Older adults also are more prone than younger people to ill effects from extreme temperature, especially if local electric utility or gas distribution services are disrupted for an extended period of time. Seniors living by themselves might not have a support system and many lack sufficient income or other resources to help cope with the after-effects of a disaster.

Thanks to the marvels of modern medicine and technology, many seriously ill people continue to live in their own homes with support from caregivers and professionals. These people need a well-thought-out emergency plan to accommodate medical devices and medications.

Frail older adults with certain chronic diseases or disabilities require assistance to survive and recover from a disaster, especially if they are dependent on caregivers for assistance with their daily activities. Exposure to conditions associated with many disasters — such as lack of safe food and water, extreme heat or cold, stress, or exposure to infection — can aggravate chronic conditions that are common to older adults. Chronic diseases — such as heart disease, cancer, and diabetes — are major causes of death and disability in the United States, according to CDC. Furthermore, adverse events are more likely to occur if certain essential medications for chronic disease, such as insulin or blood thinners, are not available during an emergency. Populations of particular concern following a disaster include those with a history of heart attack, stroke, or breathing disorders; people with diabetes; and those taking blood thinners, certain cancer therapies, or other essential medications.

“If people who are evacuated do not have the medications that have kept their heart disease, diabetes, or breathing problem stable, in three days some of them could have exacerbations that may require emergency management,” warned CDC’s heart specialist Dr. George Mensah. This is a good reason for older adults, their families, or their caregivers to take a few simple steps to prepare for an emergency.

HOW TO PLAN FOR A DISASTER: Uncle Sam Wants *YOU* to Prepare!

Government agencies are encouraging individuals and families to plan for an emergency. Citizens should stock supplies now so they have ready-to-eat food, water, and batteries for flashlights and radios during an emergency. They should also have an evacuation plan and know in advance what to do with pets, according to Alison Johnson of CDC's Coordinating Center for Health Promotion. "It is one of those messages that people hear, but unless a disaster has happened recently, they don't get around to it," Johnson said.

In addition to a basic emergency supply kit, older adults need a personalized emergency plan listing where they can go in an emergency, what they should bring with them (such as medications, eyeglasses, hearing aids and extra batteries, oxygen, or assistive technologies), how they will get there, and who they should call for help. Those who use a communication, assistive, or mobility device should include provisions to transport this device with them if they need to evacuate. Similarly, if appropriate, the plan should include any food or supplies needed by a service animal. Older adults should keep a list of their medications, doctors, and pharmacies in a waterproof bag. Experts recommend including a photocopy of doctors' prescriptions to make it easier to get refills in another location. Older adults also should keep a backup list of emergency information, including contacts, medications, medical devices (including style and serial number), and doctors, in another location such as a friend's home.

People with pets should arrange to take them along during an evacuation or leave them in a safe place. Most shelters do not allow pets due to health, safety, and noise concerns. FEMA recommends that pet owners contact a local animal shelter or talk to a veterinarian to learn about emergency options for pets.

The emphasis on personal responsibility is not intended to replace the role of rescuers and government agencies to help during and after a disaster. However, in the initial stages of a disaster, especially a powerful hurricane or other wide-scale event, people are typically on their own, at least for a while. It takes time for emergency responders to organize and reach the scene of a disaster even under the best circumstances. Elders should assume that they might not be able to reach their doctors or pharmacies, receive home-delivered meals, or obtain their usual home health services during the initial days of a severe disaster.

To keep planning from seeming overwhelming, experts recommend that older adults focus on preparing for disasters that are most likely to occur in their area. For example, seniors living in Florida need to know how to prepare for a hurricane, while older adults in the Midwest should stock up for blizzards and floods. In California, people should prepare for earthquakes and wildfires, while those living near a chemical or nuclear plant or along a highway where hazardous materials are frequently transported need to prepare for disasters in these settings. New York City advises its residents to keep plastic sheeting and duct tape to seal out toxins from a chemical attack.

Although the basic emergency items (such as food, water, and medicine) needed to prepare for most disasters are similar, certain situations require different responses. Older adults should know that responding to a toxic chemical attack would mean they have to move to a high floor to avoid gases that sink to the ground. On the other hand, they should be prepared to go to a centrally located room (preferably without windows or doors) or a basement during a radiation emergency. Emergency officials will notify people about what they should do in each of these events, which is why it is crucial to include a battery-powered radio in any disaster-preparedness kit.

The steps to prepare for a disaster are relatively simple. The Department of Homeland Security has a great deal of preparedness information on the Internet, including *30 Tips for Emergency Preparedness*. Many localities also have websites and brochures telling older adults and people with special needs how to prepare for an emergency. Those who cannot complete all the preparation steps required — such as carrying a gallon bottle of water into the house — should ask someone to help them. In particular, those with cognitive, mental, or physical disabilities are likely to need assistance from caregivers or others to take the necessary steps.

The U.S. Administration on Aging (AoA) says that, “although the exact nature of the emergency cannot be predicted, there are preparations that apply to almost any kind of disaster.” AoA suggests that older adults and their families:

- 1) develop a family communication plan so that the whereabouts and well-being of every family member is reported to a key person(s) during a disaster;
- 2) plan how to keep informed of developments in the disaster situation by telephone, cell phone, computer, radio, television, or newspaper;
- 3) identify a meeting place away from home that is reasonably familiar and convenient for all family members;
- 4) maintain a supply of personal, health, and home supplies, including a two-week supply of prescription medications, enough ready-to-eat food and water to last three days, first-aid supplies, candles and matches or flashlights, a waterproof container for essential documents, and items needed by older adults and persons with disabilities; and
- 5) prepare a to-go kit that is ready in case of quick departure and includes a flashlight, extra batteries, a battery-operated radio, a first-aid kit, contact lenses or eye glasses, medications, copies of prescriptions, photo identification, copies of essential documents (birth certificate, marriage certificate, Social Security card, and Medicare, Medicaid and other insurance cards), and a small amount of cash (a maximum of \$50).

Because Florida is so prone to hurricanes, its Department of Health recommends that older adults living in the state pack a 30-day supply of medication and a two-week supply of special diet foods or supplements when a hurricane is expected. When a hurricane is approaching, Florida waives restrictions on obtaining more than a month’s worth of medicine at one time.

Long-Term Care Facilities. Family members who have a relative in a nursing home, assisted living facility, or retirement community should inquire about the facility’s disaster planning. Questions to ask include: What emergency plans are in place? How does the facility define an emergency? Are sufficient

supplies and generators available? When will an evacuation occur? How will it be carried out? Who will notify families that a resident has been evacuated? The National Citizens' Coalition for Nursing Home Reform, an advocacy organization for nursing home residents, has published *Emergency Preparedness: Questions Consumers Should Ask*. The document lists additional questions to ask about a facility's emergency plans.

Retirement communities, nursing homes, assisted living facilities, and other facilities for older adults should practice responding to an emergency and ensure that all residents know what to do in a disaster.

WHAT HAPPENS DURING A DISASTER?

The media and government agencies are usually able to warn residents in advance of certain kinds of disasters, such as hurricanes and ice storms. To alert residents, some local governments provide e-mail or cell phone messages or use a "reverse 9-1-1" system that automatically dials potentially impacted households to notify them of a situation, such as flooding. In other places, residents must rely on television or radio news for updates on local disasters. Emergency officials tell people through the news media how to prepare for or respond to an event and whether it is best to "shelter in place" in their homes, go to a nearby shelter in a community center or other protected area, or evacuate the area.

Older adults must listen to these instructions and follow the advice. Some older adults are naturally reluctant to leave possessions accumulated over a lifetime and go to a strange place. However, the danger of ignoring an evacuation order is too great, as demonstrated by Hurricane Katrina's destruction of numerous Gulf Coast communities in 2005. More than 70 percent of those who died were older adults, many of whom refused or were unable to evacuate.

In the immediate hours and days after a disaster, emergency responders focus first on saving lives, evacuating people from dangerous areas, and ensuring that they have food, shelter, and water. Understanding the chain of command will help an older adult feel less anxious. Local responders generally carry out these activities with assistance as necessary from state resources. Only in the case of a severe disaster does the state ask the federal government to step in and assist. Local responders are usually more effective than state or federal responders in an emergency because they know the area, the people, and the available services. They have been trained to take the best course of action to protect a community.

In a typical disaster, people return home and resume their regular lives as quickly as possible. However, recent disasters, such as the September 11, 2001, terrorist attacks and Hurricanes Katrina and Rita in 2005, have made emergency planners aware that: (1) not all disasters are over in a few days or weeks and (2) people with pre-existing chronic health conditions are vulnerable to adverse effects if they do not receive their usual medical treatment during the disaster recovery phase.

Shelters. Most people who cannot leave an area prior to a disaster go to a designated community shelter, usually operated by the American Red Cross or a community organization. These shelters are opened when a disaster affects a large number of people or is expected to last several days. In addition to basic shelter, these facilities offer meals, water, personal hygiene items, first aid, and information. People who go to a shelter must bring their own bedding, medications, and other special-need items. Pets are not allowed in shelters.

Many older adults are overwhelmed by the crowding, noise, and lack of privacy in a general shelter. Older adults with arthritis might find it difficult to sleep on a cot or floor mattress. People with dementia may become agitated during a crisis, especially if they must leave their usual environment. Older adults with chronic conditions face health risks if they cannot obtain their medications, special diets, or needed medical assistance while in the shelter. Few localities have shelters just for older adults. However, some aging and preparedness specialists recommend that communities should consider providing shelter for older adults in a familiar place, such as a local senior center.

Special Needs Shelters. Most states set up Special Needs Shelters for medically dependent residents in advance of an anticipated disaster, such as a hurricane. These shelters are designed for very ill people who need medical assistance and have nowhere else to go. Evacuees at a Special Needs Shelter might have had a stroke, use a wheelchair, or require special medical equipment such as intravenous devices, gastric tubes, or indwelling catheters.

People who go to Special Needs Shelters must bring their own medications, medical devices, bedding, and food, as well as a caregiver. These shelters are generally in a school or other public building and are likely to offer few accessible bathrooms, no shower facilities, and no privacy. They should be considered a last resort for people who cannot travel to friends or relatives outside the disaster area. Many of these shelters require people to register in advance. Some provide transportation to the shelter, but many do not.

Special Needs Shelters are typically staffed by medical personnel, social workers, and administrative staff. Public health specialists inspect the shelter to ensure that no communicable diseases or unsanitary conditions are present. Other specialists might inspect the shelter to determine whether spraying is needed to prevent mosquito-borne diseases following flooding. Suppliers bring in essential items. Being aware of the roles of these personnel can help an older adult relax and be less anxious.

Some states, such as Florida, have a discharge-planning program to ensure that Special Needs Shelter residents have a safe place to go to when they leave the shelter.

Nursing Homes. Long-term care facilities try to keep residents safe within the facility whenever possible. Evacuation can exacerbate many health conditions for very frail people. During emergencies, the staff pays special attention to people with disabilities or cognitive impairment. They are trained to

speak in a calm, low-pitched voice, and explain what is going on before suddenly moving someone. Generally, arrangements are made with other nursing homes to re-locate residents, along with their medications, medical records, and wheelchairs. The facility should have plans to transport residents if necessary.

Long-term care ombudsmen who work with nursing home residents are trained to understand “transfer trauma” and how it affects older residents. They help to ensure that the facilities have adequate staff during emergencies, the residents take their medications with them if they evacuate, families can find residents, a central information source has been identified, personal belongings are protected, beds are available, transportation needs are met, and coordination with mental health and grief counselors occurs, according to the National Citizens’ Coalition for Nursing Home Reform.

POST-DISASTER REACTION AND RECOVERY

Following a disaster, older adults can turn to familiar aging services providers for assistance. The aging services network — which includes state and area agencies on aging, local service organizations, and Indian tribes and Native Alaskan organizations — helps restore meal, transportation, and other services as quickly as possible. These agencies can also help connect older adults to other services they may need, such as FEMA funds, housing or food stamps.

In many areas, an area agency on aging, senior center, or other facility that is familiar with a client tries to locate the older adult to verify his or her condition. In Florida, which is considered a model state for disaster planning, the Department of Elder Affairs checks with local area agencies on aging to determine whether they have checked on their clients and if they are able to meet those clients’ needs. “The area agencies on aging do a very good job of knowing where their clients are and what their status is, but there is a huge concern regarding how to identify additional vulnerable elders in the community” who are not already AAA clients, according to Emergency Operations Officer Fran Brooks. During a disaster, the department works with teams of volunteers and community groups “going condo to condo, retirement center to retirement center, neighborhood to neighborhood, block to block.” These teams find vulnerable elders, determine what they need, and match them with community resources. The state also sets up one-stop disaster recovery centers, which can meet a variety of needs.

Although many areas offer food, water, and ice after an emergency in a shopping center parking lot somewhere in a town, Florida goes one step further for its older adults. It sets up special food and water distribution centers in retirement communities. That way, the older adults do not have to stand in long lines, exposed to heat, cold, or unhealthy conditions. Emergency workers deliver supplies to homebound elders.

Medications. Interruptions in taking certain medications can exacerbate underlying chronic illnesses. For example, older adults who stop taking psychotropic and similar drugs may experience behavioral changes and people with dementia who do not take their medications are likely to experience additional confusion and fear. Professionals trained to work with older adults will watch for confusion that may result from withdrawal from medication, as well as dehydration, depression, or injury.

Coping. Recovering from a disaster can be as difficult for an older adult as surviving the disaster itself. This is especially true if the person has lost a home or possessions. In addition, the older person might be disturbed by lingering memories of the disaster. For a short period of time, most disaster victims will share the same emotions: disbelief, anxiety, depression, withdrawal, fear of darkness, and trouble sleeping. Older adults may be more sensitive to loud noises or have a reoccurrence of past traumatic memories. When these symptoms persist, problems can develop. Signs indicating that adults need stress management assistance include:

- difficulty communicating thoughts,
- difficulty sleeping,
- increased use of drugs or alcohol,
- limited attention span,
- headaches or stomach problems,
- disorientation or confusion,
- reluctance to leave home,
- overwhelming guilt and self-doubt, or
- fear of crowds, strangers, or being alone.

The U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) offers some tips for recovery in *Care Tips for Survivors of a Traumatic Event*. It notes that:

- No one who sees a disaster is untouched by it.
- It is normal to feel anxious about your safety and that of your family.
- Profound sadness, grief and anger are normal reactions to an abnormal event.
- Acknowledging your feelings helps you recover.
- Focusing on your strengths and abilities will help you heal.
- Accepting help from community programs and resources is healthy.
- We each have different needs and ways of coping.
- It is common to want to strike back at people who have caused great pain. However, nothing good is accomplished by hateful language or actions.

SAMHSA suggests the follow steps to help reduce post-disaster stress:

- ✓ Talk to someone about your feelings — anger, sorrow, and other emotions — even though it might be difficult.
- ✓ Do not hold yourself responsible for the disastrous event or be frustrated because you feel that you cannot help directly in the rescue work.
- ✓ Promote your own physical and emotional healing by staying active in your daily life patterns or adjusting them. A healthy focus (such as taking the time for a good diet, rest, exercise, relaxation, and meditation) will help.
- ✓ Maintain a normal household and daily routine, limiting demanding responsibilities for yourself.
- ✓ Spend time with family and friends.

- ✓ Participate in memorials, rituals, and use of symbols as a way to express feelings.
- ✓ Use existing support groups of family, friends, and religious institutions.
- ✓ Establish a family emergency plan. Feeling that you can do something is very comforting.

If these self-help strategies are not successful or an older adult is relying on drugs or alcohol to cope, SAMHSA recommends that they seek outside or professional assistance to manage the stress symptoms. Asking for help is not a sign of weakness.

This media background paper was written by Nancy Aldrich. William F. Benson was senior editor and project manager.

STORY IDEAS FOR JOURNALISTS

- 1) Interview older adults and find out what steps they have taken to prepare themselves for a disaster or other emergency. For example, have they made arrangements for someone to care for their pets? Seek examples of local seniors who have survived disasters. Find out what they did to survive the disaster and cope with the aftermath.
- 2) Tell your readers what older adults and their families should do to prepare for and respond to an emergency. Identify resources and services available in your community, such as Special Needs Shelters. Talk to the local area agency on aging to learn about its plans for emergencies and disasters.
- 3) Communicate the importance to families of knowing in advance the health and medication history of older relatives, and how to help them obtain medications and other resources during a disaster or evacuation. The U.S. Surgeon General urges families to use Thanksgiving as a Family History Day (<http://www.hhs.gov/familyhistory/>) to increase awareness and documentation of their family histories. Suggest that your readers also use this time to talk about older relatives' health needs and family communication plans during a potential emergency.
- 4) Report on how nursing homes, assisted living facilities, and retirement communities plan to protect older adults during a disaster. Are these plans adequate? How will families be notified if an older adult is evacuated? Interview state or local long-term care ombudsmen about their experiences with and perspectives on the adequacy of long-term care facility planning for disasters.

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INTERNET RESOURCES FOR OLDER ADULTS AND THEIR FAMILIES

General Preparedness

30 Tips for Emergency Preparedness, http://www.dhs.gov/xcitizens/editorial_0711.shtm
Are You Ready? An In-depth Guide to Citizen Preparedness, www.fema.gov/areyouready (Spanish version, http://www.fema.gov/spanish/areyouready/index_spa.shtm)
Dealing with Disasters, http://assets.aarp.org/www.aarp.org/articles/states/dealing_with_disaster.pdf
 Disaster assistance website, http://www.aoa.gov/ELDFAM/Disaster_Assistance/Disaster_Assistance.asp
Disaster Preparedness for Seniors by Seniors, http://www.redcross.org/services/disaster/0.1082.0_9_00.html
Disaster Preparedness Guide for Elders, <http://elderaffairs.state.fl.us/english/EU2006/disaster06english.pdf>
Disaster Supply Kit, <http://elderaffairs.state.fl.us/english/EUDisaster/kits.html>
Emergency Assistance Guide 2006, <http://www.aoa.gov/PRESS/preparedness/preparedness.asp#guide>
Emergency Preparedness Checklist, <http://www.fema.gov/pdf/library/epc.pdf>
Emergency Preparedness Tips for Older Adults, http://www.healthinaging.org/public_education/disaster_tips.pdf

A Health Guide for the Public in Disaster Planning and Recovery, http://www.wvdhhr.org/oehs/disaster-readiness-response-folder/DisasterPlanning_HealthGuide_booklet.pdf (large-print version, http://www.wvdhhr.org/oehs/disaster-readiness-response-folder/DisasterPlanning_HealthGuide_%20large%20print.pdf)

Just in Case: Emergency Readiness for Older Adult and Caregivers, http://www.aoa.gov/PROF/aoaprogram/caregiver/overview/Just_in_Case030706_links.pdf

Prepare Yourself—Disaster Readiness Tips for People with Disabilities, <http://www.floridadisaster.org/disabilities.htm>

Preparedness Today: What You Need to Do, http://www.redcross.org/preparedness/cdc_english/CDC.asp

Preparing for Disaster for People with Disabilities and other Special Needs, http://www.redcross.org/services/disaster/0,1082,0_603_00.html

Preparing for Disaster for People with Disabilities and other Special Needs, http://www.fema.gov/pdf/library/pfd_all.pdf

Preparing Makes Sense for Older Americans, http://www.ready.gov/america/downloads/older_americans.pdf

Ready America website, <http://www.ready.gov/america/getakit/seniors.html>

Tips for Seniors and People with Disabilities: Establish a Personal Support Network, <http://www.redcross.org/services/disaster/beprepared/mobileprogs.html>

Mental Health

A Guide for Older Adults, <http://mentalhealth.samhsa.gov/publications/allpubs/KEN-01-0094/default.asp>

Maintaining a Healthy State of Mind: for Seniors, http://www.redcross.org/preparedness/cdc_english/mentalhealth-6.asp

Mental Health Resources for Natural Disasters, http://www.ltcombudsman.org/ombpublic/251_1339_11978.cfm

Nursing Homes

Emergency Preparedness: Questions Consumers Should Ask, http://www.nccnhr.org/public/245_1268_12002.cfm

The Role of Long-Term Care Ombudsmen in Nursing Home Closures and Natural Disasters, <http://www.ltcombudsman.org/uploads/OmbinNHclosures.pdf>

Pets

Helping Pets, <http://www.fema.gov/rebuild/recover/pets.shtm>

Prepare Yourself: Disaster Readiness Tips for Owners of Pets or Service Animals, <http://www.nod.org/resources/PDFs/epips5animals.pdf>

Resources for Planning How to Protect Your Pets in an Emergency, <http://www.bt.cdc.gov/disasters/petprotect.asp>