HELPING ELDERS AT RISK IN THE COMMUNITY: EMERGENCY PREPAREDNESS AND RESPONSE FROM KEY COMMUNITY SERVICE PROVIDERS AND EMERGENCY MANAGEMENT

2012 SGEC Webinar Series Part II: Tackling the Tough Topics in Ethnogeriatrics

June 14, 2012

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June 14, 2012
‘Helping Elders At Risk in the Community: Emergency Preparedness and Response from Key Service Providers and Emergency’

Natividad Medical Center CME Committee Planner Disclosure Statements:
The following members of the CME Committee have indicated they have no conflicts of interest to disclose to the learners: Kathryn Rios, M.D.; Anthony Galicia, M.D.; Sandra G. Raff, R.N.; Sue Lindeman; Janet Bruman; Jane Finney; Tami Robertson; Judy Hyle, CCMEP; Christina Mourad and Nobi Riley

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Faculty Disclosure Statement:
As part of our commercial guidelines, we are required to disclose if faculty have any affiliations or financial arrangements with any corporate organization relating to this presentation. Dr's McBride have indicated they have no conflicts of interest to disclose to the learners, relative to this topic.

Dr's McBride will inform you if they discuss anything off-label or currently under scientific research.
Geriatric Education Centers Initiative
Geriatric Emergency Preparedness, Response (GEPR) Collaborative

• 2001 – 02: National Association of Geriatric Education Center (NAGEC) surveyed GECs; presented position statement to HRSA on need for geriatric emergency preparedness training

• 2003 – now: HRSA funded 6 GECs (CA, KY, MO, NY, OH, TX), initially called the Bioterrorism Emergency Preparedness in Aging (BTEPA), developed multidisciplinary training for health professionals; continues its work today as the GEPR Collaborative – Consortium of NYGEC, Ohio Valley Appalachia Regional GEC, University of Kentucky, Saint Louis University Gateway GEC of MO & IL, Stanford GEC, Stanford University, Texas Consortium GEC, University of New England, Maine GEC, and Mather LifeWays.

Geriatric Education Centers Initiative
Geriatric Emergency Preparedness, Response (GEPR) Collaborative

• 2010-2015: GEPR committed to offer multidisciplinary preparedness programs through GECs’ HRSA funded educational activities

• 2010-2015 Webinars Series on Emergency Preparedness: Ohio Valley Appalachia Regional GEC, University of Kentucky, Stanford GEC, and the University of Maine GEC offer various topics in geriatric preparedness through the SGEC webinar series programs
LEARNING OBJECTIVES

Upon completion of this webinar, participants will be able to:

- Describe the special functional needs of elders living in the community who receive care from Alzheimer’s Disease programs, Home Health agencies and Area Agencies on Aging.
- Discuss the role of Emergency Managers and identify strategies for developing stronger networks in order to meet the needs of at-risk elders in the community.
- Discuss the emergency needs of older, at-risk ethnic and minority populations.
- Identify strategies for helping elders who need to shelter-in-place or to evacuate.

Keywords: community emergency preparedness, long term care

Geriatric Emergency Preparedness and Response Resources

KDPH TRAIN KY Training Modules
https://ky.train.org/DesktopShell.aspx

Helping Elders Prepare for Bioterrorism and Emergencies (Course ID 1006475)
Disaster Preparedness: Developing Agency Emergency Plan (Course ID 1007090)
CERT Community Emergency Response Team (Course ID 1005655)
The Aging Network (Course ID 1006470) Medical Reserve Corps-An Introduction to Incident Command (Course ID 1014646)
Geriatric Emergency Preparedness and Response Resources

KY All Hazards Long Term Care Planning and Resources Manual and Emergency Training Materials
http://www.mc.uky.edu/aging/gec.html

FEMA
NIMS Resource Center  http://www.fema.gov/emergency/nims/

NIMS Training Courses – Fact Sheets
http://www.fema.gov/emergency/nims/NIMSTrainingCourses.shtm#item1

OVAR/GEC Emergency Preparedness for Aging E-News

• Geriatric Education Resources
  http://cwte.louisville.edu/ovar/emergency/fall2007.htm

• Preparedness for Long Term Care
  http://cwte.louisville.edu/ovar/emergency/winter2008.htm

• Health Literacy for Emergency Preparedness/ Aging
  http://cwte.louisville.edu/ovar/emergency/spring2008.htm

• Pandemic Flu and Aging
  http://cwte.louisville.edu/ovar/emergency/summer2008.htm
OVAR/GEC Emergency Preparedness for Aging E-News

- Long Term Care:

Geriatric Emergency Preparedness and Response:
Ethnogeriatric Resources

- http://publichealth.drexel.edu/che
- www.diversypreparedness.org
- www.apalc.org
- http://disabilities.temple.edu/aacvocabulary/e4all/EprepPictureAid.pdf Emergency Communication 4 ALL: A Picture Communication Aid
Geriatric Emergency Preparedness and Response: Ethnogeriatric Resources

- [https://sites.google.com/site/accessibleemergencyinfo/asl-videos](https://sites.google.com/site/accessibleemergencyinfo/asl-videos)
- [http://www.nws.noaa.gov/nwr/special_need.htm](http://www.nws.noaa.gov/nwr/special_need.htm)

Case Study: Disaster Scenario

- March 13, 2012 a series of severe thunderstorms began in the early morning hours across your area and surrounding communities. The National Weather Service forecasts severe weather conditions with lightning, wind gusts of 50 mph, large hail and growing possibility of tornadoes. The storm will produce rainfall expecting to cause flooding. A severe thunderstorm warning is in effect.

- At 10:30 a.m. a full alert goes out to the community to take protective actions and be ready to move to a safe area and take shelter. The torrential downpour continues to threaten the city and surrounding counties. Winds are picking up with gusts up to 70 mph and debris is on the road. The Weather Channel is reporting about the weather situation in your area on their national television broadcast. People from in state and out of state are beginning to call their families and friends in the area to make sure they are safe and the phone networks are jammed.

- By 5:00 p.m. the community emergency shelter is filled with isolated seniors, frail elders from the community, persons receiving home health services, persons with memory disorders and persons who speak/understand little or no English.
Disaster Case Study: Disaster Scenario Questions

1. During an emergency of this scale, what would be your agency’s primary concerns for these populations:
   a. Older persons receiving community aging services?
   b. Older persons receiving home health services?
   c. Older persons with memory disorders?

2. What can your agency do to help the persons you serve during an emergency?

3. What would your agency do respond to an emergency warning?

4. How would your agency locate persons you serve that have moved to another location/shelter?

5. Would your agency continue to serve your patients/residents/clients at their alternate locations/shelter?

6. Would your agency serve patients/residents/clients not associated with your agency at alternate locations/shelter?

7. How would your agency work with your county Emergency Managers to help the persons you serve during emergencies?

8. What would your agency do when the phones are jammed to help families/friends confirm the safety of their loved ones that you serve?

9. What is needed to communicate with persons who speak/understand little or no English to help them to be safe?
PANEL PRESENTATION

SGEC/GEPR COLLABORATIVE

PANEL PRESENTERS

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June 14, 2012
PANEL PRESENTERS

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June 14, 2012

Question One

- Which description best fits your agency?
  a. Social Services/Aging & Disability Services
  b. Health Care Services (Hospital, Long Term Care, Primary Care, etc.)
  c. Home Health
  d. Alzheimer’s Disease/Memory Disorders Services
  e. Education
  f. Emergency Management/First Responder
  g. Other
Bio-sketches of 
Facilitators and Presenters

Arleen Johnson, MSW, PhD

Arleen is the Director for the Ohio Valley Appalachia Regional Geriatric Education Center, a consortium of the Universities of KY, Louisville, Cincinnati and East Tennessee State University. She has worked with the OVAR/GEC since 1985. She has a PHD in Medical Behavioral Sciences and a Masters in Social Work, both from the University of Kentucky.

Since 1970, she has been a researcher, educator and direct service worker in the field of aging. She helped to develop the national agenda for emergency preparedness for aging and actively participates on the National GEC Collaborative.

Her work is focused on emergency preparedness for rural aging services and long term care providers. She is author of the KY All Hazards Long Term Care Planning and Resource Manual that was designated as a 2010 US Department of Health and Human Services (DHHR) Office of the Assistant Secretary for Preparedness and Response (ASPR) national best practice.
Betty Shiels, MSSW, LCSW, PhD-ABD

Betty is the Institutional Director of the Ohio Valley Appalachia Regional Geriatric Education Center at the University of Louisville, Kent School of Social Work. She received her Masters of Science in Social Work and is completing her PHD in Social Work at the University of Louisville.

Since 1991, she has been involved in research, training, geriatric care management and consulting in the field of aging. She serves on the board of the National Association of GECs.

Her work is focused on emergency preparedness for long term care providers in Kentucky. She is co-author of the *KY All Hazards Long Term Care Planning and Resource Manual* that was designated as a 2010 US Department of Health and Human Services (DHHR) Office of the Assistant Secretary for Preparedness and Response (ASPR) national best practice.

Melen R. McBride, PhD, RN, FGSA

Melen is an Associate Director Emeriti and Ethnogeriatric Clinical Nurse Specialist at Stanford GEC, School of Medicine, Stanford University. She received an MSN/PhD in Clinical Nursing, Gerontology from the University of Michigan, MEd from Loyola University; and was a post-doctoral, Robert Wood Johnson Clinical Scholar at the University of California San Francisco.

She has over two decades of experience in ethnogeriatrics, including use of advance educational internet technology and provides leadership to infuse ethnogeriatric content into inter-professional emergency preparedness training of health professionals through the GEPR Collaborative. She is one of the key leaders in the creation of an Interest Group on Disaster Preparedness in the American Geriatrics Society. She is widely published and is active in professional groups and the aging network.

Her research activities focus on health promotion, chronic care, sensory/motor rehabilitation, emergency preparedness, and physical/mental health (diabetes, CVD, cancer, depression, dementia, caregiving) in Filipino American elders and other Asian American groups.
Barbara Gordon, MA

Barbara is the Director for the Division of Social Services (and the Area Agency on Aging and Independent Living) at the Kentuckiana Regional Planning and Development Agency (KIPDA) in Louisville, KY. She received a Masters Degree in Community Aging Counseling from Western Kentucky University and a BA in Psychology from Hiram College.

She has worked in the field of aging for more that 30 years and currently manages programs, services and special projects that serve persons living in the KIPDA Region. Services are designed to assist older adults, persons with disabilities, caregivers, and the entire community with living as independently as possible in the community of their choice.

Her experiences with older adults include working as a Homecare Case Manager, working with older adults with mental health issues, and Directing a Senior Citizen Center. She serves on the Boards for the Kentucky Association for Gerontology and the Southeast Association for Area Agencies on Aging. She is currently the Chair of the Regional Mobility Council for the KIPDA Region and is a member of the Kentucky Association for Area Agencies on Aging.

Mary J. “Missy” Bonsutto, RN-C, MSN

Missy has worked with Almost Family/Caretenders since 1990 in a variety of roles including Regional Director, Executive Director, Administrator and direct service provider. Currently she is responsible for oversight of all Caretenders operations for home care services in KY and IN for a total of 17 locations.

She earned her ADN, BSN and Masters in Community Health Nursing from Bellarmine College in Louisville. Since 1994, she has been certified as an American Nurses Credentialing Center (ANCC) Home Health Nurse.

Missy is a member of the American Nurses Association, Sigma Theta Tau, and serves on the Executive Board of Directors, Quality Improvement Committee and Conference Planning Committee for the Kentucky Home Care Association. She has written a number of articles and book chapters related to home care nursing and her expertise in emergency preparedness for home delivered care is in high demand as a presenter at trainings and professional presentations.
Renee Chase, MDiv

Renee is a Professional Training Coordinator with the Alzheimer’s Association of Greater Kentucky and Southern Indiana and a Chaplain at the university of Kentucky Medical Center. She has a Master of Divinity from Lexington Theological Seminary, BBA in Personnel Management from Texas A & M and Secondary Education Certificate/English Literature Equivalency from University of North Texas.

At the AD Association, she works with educational teams to deliver quality training to professional caregivers of people with Alzheimer’s disease, collaboratively designs new curriculum on Alzheimer’s disease, and works with other Association employees and volunteers to raise awareness of Alzheimer’s disease in the community. In her role as Chaplain, she provides after-hours and weekend response to the spiritual and emotional needs of patients and their families and collaborates with staff to identify patients and families in need of support.

She is resource faculty for the OVAR/GEC and has presented numerous trainings on emergency preparedness for persons with memory disorders for statewide and national conferences/webinars.

Patricia L. Dugger, RS MPA

Pat has been the Director of Division of Emergency Management in Lexington, KY since it was first established in 1988. She has a BS in Public Health from Eastern Kentucky University and a Masters in Public Administration from the University of Kentucky.

She has managed the County EOC for flooding, blizzards, ice storm and a tornado, air plane crash and a National Disaster Medical System (NDMS) operation. She has developed a comprehensive emergency management program that links public safety and public health with multiple other disciplines. Efforts began in 1997 to implement initiatives to bring the healthcare and emergency services community closer together.

Lexington/ Fayette has become a regional leader in enhancing medical preparedness thru the Metropolitan Medical Response System. The Division of Emergency Management currently coordinates funding for Metropolitan Medical Response System, Chemical Stockpile Emergency Preparedness Program, Health Resources and Services Administration and other sources to integrate needs for a 20 county region.
The SGEC/GEPR Team
Thanks You For Joining Our Webinar Today

Contact Information
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http://sgec.stanford.edu/events.html
Helping Elders At Risk in the Community: Emergency Preparedness and Response and Emergency Management

Barbara Gordon, M.A.
KIPDA Area Agency on Aging and Independent Living/Aging and Disability Resource Center

Question Two & Three

• Is your office, senior center, service site, adult day center, etc. prepared to shelter in place?
  a. Yes
  b. No
  c. Don’t know

• Has your agency facilitated educating homebound elders, persons with disabilities and their caregivers on emergency preparedness and response?
  a. Yes
  b. No
  c. Don’t know

Testing Preparedness

➢ September 14, 2008 – Windstorm (Hurricane Ike)
➢ January 29, 2009 – Ice Storm
➢ March 1 – May 31, 2009 – H1N1
➢ August 4, 2009 – Louisville flood

4 MAJOR EVENTS IN ONE YEAR
THE COMMUNITY RESPONDS.
Disaster & Emergency Preparedness

 Prior to the culmination of this series of disasters:
  - Preparedness activities implemented;
  - Agency’s Policies reviewed/revised
  - Disaster and Emergency preparedness and response plan evaluated and updated.
  - Provider network trained.
  - Consumers/clients provided education and training.

Disaster & Emergency Preparedness

 PLANNING FOR DISASTER:
  - Be Aware:
  - Be Prepared:
  - Have a Plan:
  - Make a Kit:
  - Organizationally
    - Connect to the community’s system

KIPDA 2008 AND 2009 DISASTER EMERGENCY RESPONSE PROTOCOL
Hurricane Ike

Powerful Winds  Extensive Damage

KIPDA REGION RESPONDS:

Wind Storm

SOCIAL SERVICE PROVIDERS

- Contact with clients and delivery of food and water.
- Transport to shelters or loved one home if needed.
- Help cleaning up mess from melting frozen items, cleaning out refrigerators and freezers.
- Replacement Food - not only for seniors, but for community in the area.
- Ombudsman checking on problems with power restoration of nursing home in Jefferson – others as needed.
- Some reimbursable, but most were not.

COMMUNITY ORGANIZATIONS

- Established shelters - did not have in place special needs as much as time, but greatly improved for ice storm response.
- Donations of food, water and money to organizations responding.
- Help checking on the elderly and disabled.
- Neighbors helped neighbors by providing shelter, light, generators and use of warm showers.
WHAT WENT WELL?

KIPDA RESPONSE
- KIPDA did not lose power during the windstorm event.
- Staff were able to obtain immediate information from data system and mapped routes to make multiple trips throughout region to check on clients.
- Protocol to assess need and respond back to emergency planner ran smoothly and allowed for accurate information and needs addressed with Finance Dept.

PROVIDER RESPONSE
- Providers knew their clientele well and were able to immediately respond to those who were most vulnerable.
- Clients trusted their provider to assist and follow through with help - food, water, and power recharging for medical equip.
- Providers were able to immediately provide KIPDA with client needs and many responded without direction and used agency resources to provide assistance.

WHAT DID NOT WORK WELL

KIPDA RESPONSE
- Improve protocol to include immediate response by all staff.
- Continuity of Operations to be improved as the windstorm affected approx. 75% of the staff who did not have power and who had children off due to school closure.
- Limited Manpower. KIPDA has 10 case managers and 8 planners who were able to respond. The need to visit clients due to loss of phones was much greater than anticipated.

PROVIDER RESPONSE
- Improve emergency plans to provide immediate agency response to those they served without direction.
- Some providers, even after intense training and planning, at this time did not see their role in the response. Direction was needed.
- Some providers did not have the capacity to respond to full extent - many operate on volunteers and those volunteers were impacted.
### KIPDA REGION – ICE STORM 2009

- The Ice Storm of 2009 impacted the entire KIPDA region estimated with power outages by county as follows (estimates provided from emergency management):
  - 300,000 Jefferson County residences and businesses impacted with the power outage;
  - 13,000 impacted in Oldham
  - 18,000 impacted in Bullitt
  - 6,500 in Henry
  - 6,000 in Shelby
  - 2,500 in Spencer
  - 1,600 in Trimble

### RESPONSE TO ICE STORM

- 80% of all KIPDA staff were impacted and lost time from work. KIPDA closed one day and reopened later than normal two days during a one week period.
- Many providers were closed for the first two days of the ice storm and reopened or resumed services if power available. There were 8 (32%) providers that did not open for 7-10 days due to extended power outages. However, staff from those organizations visited or contacted their clients without business power.
COMMUNITY AND GOVERNMENT RESPONSE

- This response was much more extensive and widespread with government and community organizations responding to needs to neighbors and vulnerable populations.
- Due to the recent windstorm, the community and government was more prepared to respond and frigid temperatures necessitated immediate response by all.
- The greatest needs were heat, power, food and transportation.

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- Louisville Public Transit Provider (TARC) provided free transportation to persons who needed to go to a shelter.
- Special Needs shelters were identified as a great need during the windstorm and Red Cross as well as Community Action in the rural counties responded by opening up and providing manpower and public health services.
- The extended power outage was due to continued ice damaging transformers to the point all transformers in the state were damaged and power companies had to order newly manufactured transformers.

WHAT WENT WELL

- Community and government were prepared for immediate response and learned from response during windstorm. However, the type of response was much different and required a rapid response.
- Community became more resourceful and found ways to survive the cold and weather conditions in spite of no heat.
- Community response (neighbor helping neighbor) resulted in very few deaths as a result of the cold temperatures and extended power outage.
- Protocols were in place to purchase emergency meals and food.
CHALLENGES TO ICE STORM RESPONSE

- Icy conditions impacted the ability of staff and providers to immediately check on the elderly and disabled members of our communities. The assistance from neighbors and community/churches allowed people to remain in their homes in good condition for at least the first day and ½.
- 80% of staff and providers were impacted and unavailable to assist for first two days.
- More education needed on what to expect and bring to a shelter. This has prompted additional education needed for the community.

CHALLENGES CONTINUED

- Extended Event:
  - 14 days total
  - New challenges
  - New opportunities
  - More training
  - More education
  - More preparation

2009 H1N1 Flu Epidemic
H1N1 VIRUS ALERT

1st Alert
- H1N1 alerts began from public media in April, 2009.
- KOIN followed after media coverage and distributed English and Spanish versions of alerts and precautions.

KIPDA Response
- KIPDA has trained its staff and provider network on preparing for potential pandemic illness.
- However, the plans have not had to be implemented until 2009.

Freaky Flood
August 4, 2009 FLOOD

OVER 15,000 HOMES AFFECTED BY FLOOD WATERS
OVER $25 MILLION IN DAMAGES

Several million $ of damage to:

Churchill downs museum, the main public library, University of Louisville and area hospitals and many other small businesses.

The Response

• Integrated
  • First Responders
  • Community Partners
• Local, State, and Federal Government
• Multi-faceted
  • Volunteer Groups
  • Other States
• Long-Term

AUGUST 4, 2009 FLOOD

RESPONSE to Flood

• LTR Team Members trained on responding to persons affected by disasters and managing a disaster case.
• 5 trained Case Workers continue to work with victims.
• KIPDA AAA received $2,000 from SE4A to assist toward cost of repairs. Serves on LTR Team.
• Funds utilized to assist seniors with replacement of appliances and bedding.

RESPONSE to Flood

• LTR Team Includes: Logistics Coordinator, Case Worker Coordinator, Volunteer Coordinator, Secretary and Chair.
• FEMA has returned to KY to assist over 86 counties affected by Spring 2010 flooding events.
AUGUST 4, 2009 FLOOD RESPONSE to Flood

- After nearly one year of assisting homeowners, persons were still recovering and completing repairs – 36 households assisted after one year.
- Final assistance provided in 2011
- Work Camps (volunteers) of various church groups from New York, Pennsylvania, Tennessee and New Jersey responded to the needs of persons in Louisville and have completed repairs.

Preparation Facilitates Response: Response Leads to Learning More about Preparation

- Experiencing three major disasters + H1N1 within one year teaches many lessons.
- With each incident all players learned more about how to prepare.
- The learning process never ends.
- Communicating before the event is critical.
- Establishing partnerships and protocols is essential.

RESPONSE to Flood

- LTR Team Includes: Logistics Coordinator, Case Worker Coordinator, Volunteer Coordinator, Secretary and Chair.
- FEMA has returned to KY to assist over 86 counties affected by Spring 2010 flooding events.
Question Four

› Do you have a written plan for locating and providing care to your patients/clients who move to another location in an emergency?
  a. Yes
  b. No
  c. Don’t know
Home Health Patients—
Where will you find them? What will they look like?
- Living Arrangements
  - Place they call home
  - Caregiver status
- Socioeconomic Status
- Cognitive Status
- Mental Status
- Level of Mobility
- Language Differences

Home Health Services
- Nursing
- Medication Management
- Wound Care
- Cardiac Care
- Rehabilitation Services
- Social Services
- Home Health Aide
- Care Coordination

Equipment Used by Home Care Patients
- O2
- Catheters
- G-Tubes
- Infusion Devices
- Walkers and Canes
- Wheelchairs
- Ventilators
- Hoyer Lifts
- Specialty Mattresses
- Cushions
- Breathing Machines
- Hospital Beds
- Suction Machines
Home Health Care in Emergency Situations

- Agency Emergency Management Plan
- Hazard Vulnerability Assessment
- Patient Prioritization of Current Census
- Responsibilities to Patients in an Emergency
- Restrictions on home health services in the community

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DISASTER PREPAREDNESS AND DEMENTIA

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Question Five & Six

- Do you have a written plan to meet the specific physical, emotional and cognitive needs of persons with dementia while in a shelter setting?
  a. Yes
  b. No
  c. Don't know

- In your agency's emergency plan, do you have a dementia care training component for staff and volunteers?
  a. Yes
  b. No
  c. Don't know

Dementia and Disasters

- Due to dementia's impact on processing information, people with dementia:
  ◦ Are sensitive to trauma
  ◦ Have limited ability to understand directions or explanations
  ◦ May forget instructions
  ◦ Become easily agitated, frustrated or overwhelmed
  ◦ Are prone to wander or hide
During an Evacuation

- Do not leave the person alone.
- Changes in routine and environment can cause:
  - Agitation
  - Wandering
  - Increase in behavioral symptoms such as hallucinations, delusions & sleep disturbances

**Do your best to remain calm. The person with dementia will respond to the emotional tone you set.**

Tips for Preventing Agitation

- Find outlets for anxious energy.
- Redirect the person’s attention if he or she becomes upset.
- Move the person to a quiet place. Limit stimulation if possible.
- Make sure the person takes medications as scheduled.
- Try to schedule regular meals and maintain a regular sleep schedule.

- Avoid elaborate or detailed explanations. Follow brief explanations with reassurance.
- Be prepared to provide additional assistance with ADLs.
- Pay attention to cues that the person may be overwhelmed (fidgeting, pacing).
- Remind the person that he or she is in the right place.
During an Episode of Agitation

- Approach the person from the front and use his or her name.
- Use calm, positive statements and a patient, low-pitched voice. Reassure.
- Respond to the emotions being expressed rather than the content of the words. Validate the emotions.
- Don’t argue with the person or try to correct. Divert attention.

Resources

- The Calm Before the Storm – A guide for caregivers and persons with dementia [www.thehartford.com/calmbeforethestorm](http://www.thehartford.com/calmbeforethestorm)
Helping Elders at Risk in the Community
Emergency Preparedness

Patricia L. Dugger, RS MPA
Emergency Management
Lexington, Kentucky

Question Seven & Eight

- Do you have a written family/individual disaster plan that you have shared with your family/others?
  - a. Yes
  - b. No
  - c. Don't Know

- Does your agency/facility have a written disaster plan?
  - a. Yes
  - b. No
  - c. Don't Know

Do you know where your elders are?
They are everywhere!

- General population
- Healthcare Facilities
- Institutions
- Some are in the "system" A lot are not
- With care givers/living alone

How do I find them
- Census
- Service providers
- Senior Centers
- Volunteer registration
- Elder organizations
- Fairs/educational events

Emergency Preparedness

- Personal
  - Have a plan
  - Make a list
  - Be aware

- Community
  - Determine needs
  - Determine capabilities
  - Lessen gap between needs and capabilities

Personal Emergency Preparedness

- Systems that you rely on may not work or be available in an emergency.
- What is your greatest fear/concern in an emergency?
- Do a self capability assessment
  - Utility shut off where and how
  - Exit/transportation
  - Extra batteries, oxygen, medication, special food, assistive devices?
  - Can you maneuver if sounds are different or nonexistent?
  - Does your building have a plan?
  - How will you react in an emergency when many things are different?
Community Elder Preparedness

- Planning Group
- Evacuation of facilities and institutions
- Sheltering of elders in general population including those with intellectual, cognitive, and related developmental disabilities
- Acquiring of equipment and supplies
- Training of responders and service providers
- Practice/Exercise/Review

Resources

- [http://www.fema.gov/areyouready](http://www.fema.gov/areyouready)
- [http://www.cdc.gov/Features/EmergencyOlderAdults/](http://www.cdc.gov/Features/EmergencyOlderAdults/)
- CDC Report - Identifying Vulnerable Older Adults and Legal Options For Increasing Their Protection During All-Hazards Emergencies: A Cross-Sectors Guide for States and Communities
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Open Forum: Q & A
Question Nine & Ten

As a result of this webinar will you create your own individual/family written disaster plan?

a. Yes
b. No
c. Don’t Know

As a result of this webinar, do you have recommendations that you will make to improve your agency/facility’s emergency plan?

a. Yes
b. No
c. Don’t Know

The SGEC/GEPR Team
Thanks You for Joining our Webinar Today

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EMERGENCY SCENARIO AND QUESTIONS
Stanford GEC and OVAR/GEC 6/14/12 Webinar

Helping Elders at Risk in the Community: Emergency Preparedness and Response from Area Agencies on Aging, Home Health, Alzheimer’s Associations, and Emergency Managers

March 13, 2012 a series of severe thunderstorms began in the early morning hours across your area and surrounding communities. The National Weather Service forecast severe weather conditions with lightning, wind gusts of 50 mph, large hail and growing possibility of tornadoes. The storm will produce rainfall expecting to cause flooding. A severe thunderstorm warning is in effect.

At 10:30a.m. a full alert goes out to the community to take protective actions and be ready to move to a safe area and take shelter. The torrential downpour continues to threaten the city and surrounding counties. Winds are picking up with gusts up to 40 mph and debris is on the road. The Weather Channel is reporting about the weather situation in your area on their national television broadcast. People from in state and out of state are beginning to call their families and friends in the area to make sure they are safe and the phone networks are jammed.

By 5:00 p.m. the community emergency shelter is filled with isolated seniors, frail elders from the community, persons receiving home health services, persons with memory disorders and persons who speak/understand little or no English.

Emergency Scenario Questions to Consider:

1. During an emergency of this scale, what are likely to be your/your agency’s primary concerns for the following populations:
   a. Older persons receiving community aging services?
   b. Older persons receiving home health services?
   c. Older persons with memory disorders?
2. What can your agency do to help the persons you serve during an emergency?
3. What would your agency do respond to an emergency warning?
4. How would your agency locate persons you serve that have moved to another location/shelter?
5. Would your agency continue to serve your patients/residents/clients at their alternate locations/shelter?
6. Would your agency serve patients/residents/clients not associated with your agency at alternate locations/shelter?
7. How would your agency work with your county Emergency Managers to help the persons you serve during emergencies?
8. What would your agency do when the phones are jammed to help families/friends confirm the safety of their loved ones that you serve?
9. What is needed to communicate with persons who speak/understand little or no English to help them to be safe?