

# Disaster preparedness:

A new vision for  
engaging elders as  
change agents and  
leaders



**Today, planning for a natural disaster is complicated by the need to cope with an existing one that is likely to endure or recur. Two experts share strategies that can help your organization be as prepared as possible for any emergency that might occur concurrently, safeguarding residents, members and staff while continuing to operate**

*by Marilyn Larkin, MA*

The COVID-19 pandemic blindsided the world in 2020 with a disaster of unparalleled proportions. No nation was prepared for the devastating illness and the losses of

life and income. In North America, skilled nursing centers and long-term care residences such as nursing homes were particularly hard hit,<sup>1</sup> prompting health officials to decide early on that COVID-19 mainly affected “old” people. But the World Health Organization (WHO) said in April what was already becoming known based on new infections rates among young people, namely that this statement is “factually wrong.”<sup>2</sup> Even though age remains an important risk factor, the virus is affecting everyone (see “Older adults: Valued or valueless?” on page 30).

Certainly, the pandemic warrants special precautions in terms of disaster preparedness and management<sup>3</sup> (the *Journal on*

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*Active Aging's* special technology issue this year will feature some of the many innovative ways that active-aging organizations have responded). Nonetheless, other disasters—earthquakes, tornadoes and hurricanes, for example—continue to occur and are happening at the same time.

For example, the United States' National Oceanic and Atmospheric Administration (NOAA) warned in May of a 60% chance of an above-normal hurricane season,<sup>4a</sup> before upgrading that likelihood to 85% on August 6.<sup>4b</sup> Ironically, the first hurricane of the year, Hanna, struck on July 25 in Texas, a state battling a tremendous coronavirus surge at that time.<sup>5</sup> Further, on August 2, wildfires hit southern California amid a strong resurgence of the coronavirus.<sup>6</sup>

Carlos Castillo, acting deputy administrator for resilience at the US Federal Emergency Management Agency (FEMA) cautioned in late May, "Social distancing and other CDC [Centers for Disease Control and Prevention] guidance to keep you safe from COVID-19 may impact the disaster preparedness plan you had in place, including what is in your go-kit, evacuation routes, shelters and more. With tornado season at its peak, hurricane season around the corner, and flooding, earthquakes and wildfires a risk year-round, it is time to revise and adjust

your emergency plan now"<sup>4</sup> (view "Encourage personal emergency/disaster kits," on page 32 for more).

Also, of note, many places traditionally used for sheltering people impacted by storms or other natural disasters, such as schools and gymnasiums, are now considered dangerous because they can become breeding grounds for coronavirus infection.<sup>7</sup>

These are among the issues that make disaster preparedness to keep organizations' residents, members and staff safe and healthy particularly tricky right now.

## **Older adults: Valued or valueless?**

Interestingly, FEMA has seen its volunteer work crews—the backbone of its emergency response—drop in number because the pandemic triggered the loss of its most valued volunteers—older adults, according to Greg Forrester, president of the National Voluntary Organizations Active in Disasters, an association of nonprofit groups. In May, Forrester was quoted as saying that typically more than five million volunteers work in disaster relief annually, but this year he expects the number to decline by 50%.<sup>8</sup>

Yet, despite older adults' apparent value in a "normal" disaster, the pandemic has run

roughshod over them, putting everyone chronologically aged 65 and more in the same category. This overbroad approach stigmatizes the whole older population, regardless of individual health status.<sup>9</sup> It's that view that led to discussions about using age as a criterion for rationing limited health resources, like ventilators, in the early days of the pandemic, according to Timothy Farrell, MD, AGSF, associate professor of medicine and director of the University of Utah Health Interprofessional Education Program. He is also a physician investigator at the Veterans Affairs Salt Lake City Geriatric Research, Education and Clinical Center.

"About mid-March, some unfortunate statements were being made by politicians and also echoing around social media; statements like, 'Well, if you just isolate these older adults and put them aside, the rest of us can just get on with our lives,'" Farrell tells the *Journal on Active Aging*<sup>®</sup> in a recent interview. "I thought it sounded a little odd."

As noted earlier, that pronouncement was subsequently amended, as increasing numbers of younger adults, as well as children, became infected.<sup>10</sup>

Nonetheless, as the pandemic took hold in the US (and as happened in countries such as Italy), allocation of limited health resources became an issue, prompting the American Geriatrics Society (AGS) and Farrell, vice chair of the society's ethics committee, to speak up. "We thought it was time for a paper stating that it's really not okay to simply say if you're 85, you don't get the ventilator," Farrell says. "In fact, I realized that under certain rationing systems, National Institute of Allergy and Infectious Diseases Director Dr. Anthony Fauci would be at a distinct disadvantage because he's 79."<sup>11</sup>

The result was an AGS Position Statement, "Resource Allocation Strategies and Age-Related Considerations in the COVID-19 Era and Beyond,"<sup>12</sup> and a related article on

ethical considerations pertinent to older adults involving rationing of healthcare resources.<sup>13</sup> At the time Farrell, the lead author on both, commented, “A just society strives to treat all people equally, so there’s something particularly unjust about characteristics beyond our control—like age—determining whether we receive care. The AGS believes we must focus on the most relevant clinical factors for each person and case when considering how to distribute resources fairly without placing arbitrary weight on age.” (For more on ageism and COVID-19, also review the Gerontological Society of America’s infographic, “Understanding ageism and COVID-19”<sup>14</sup>; see “Resources” on page 36. Note that the numbers of younger people infected are likely higher today than when the infographic was created.)

What does all this mean for active-aging organizations right now? For one thing, COVID-19 continues to affect older adults disproportionately when it comes to severity of illness and increased risk of hospitalization and death.

If hospitals become overwhelmed during a surge, triaging of health resources may still occur in an effort to cope with the pandemic. So, organizations need to be prepared for any additional disaster that may strike while still maintaining precautions against COVID-19, and for any pandemic “surges” in infection rates that may require additional protective strategies, including advocating for fair use of scarce resources.

### **Preparing for a pandemic surge and other emergencies**

The following important steps can help you safeguard your members, residents and staff while coping with the pandemic, preparing for a surge and dealing with other emergencies. Staff readiness and training—critical for success, especially over the long term—are discussed on page 33. Also, the “Resources” sidebar on page 36 provides relevant, evidence-based articles and multimedia that go into the following strategies, and more, in detail.

### **Prioritize health-promoting behaviors.**

Active-aging industry leaders are well-versed on the importance of healthful eating and regular physical activity even in the best of times. These same strategies, though sometimes more difficult to achieve, hold for life during the pandemic. Incorporating these strategies may help boost the immune system, making it easier to fight off infection—and if another disaster strikes, staying as healthy as possible can enable individuals to respond and cope more effectively.

When possible, fresh, plant-based foods should be made available, and constituents should be encouraged to limit foods high in sodium, added sugar and saturated fat. Staying hydrated remains critical. Drinking water should be encouraged even when people don’t feel thirsty.<sup>15</sup>

The American Society for Nutrition pinpoints the benefits of regular physical activity during the pandemic, which include:<sup>16</sup>

- stress and anxiety relief
- immune support
- weight management (avoid the “COVID-19” extra pounds)
- reduction of health risks
- improved bone and muscle strength
- increase in balance and flexibility

All constituents and staff should be encouraged to continue to stay active, using technology as available to engage in home-based physical activity routines.

Additional pandemic-specific health-promoting behaviors include frequent handwashing, wearing a mask when around others, social distancing (at least six feet between people), avoiding close contact with people who are sick, and self-monitoring for symptoms.<sup>17</sup>

**Prioritize advance care planning.** Conversations about advance care planning are difficult under the best of circumstances. These discussions are particularly important to have and to encourage during the pan-

demical and in advance of any other potential emergency/disaster.

In a study published a few years ago, adults over age 65 were significantly more likely than younger people to have completed any kind of advance directive—yet only 45.6% had done so,<sup>18</sup> notes Farrell. “It’s important to get these advance care planning conversations started now. I used to tell patients a good time to have them is at Thanksgiving dinner or over the holidays, when family members are home or visiting. But now we’re in a different world and we can’t easily gather information that way,” he continues, “so do it through a window, or on a cell phone, or using Zoom or FaceTime, and then discuss these preferences with a health-care provider.”

Another good option is the “Prepare for Your Care” website,<sup>19</sup> Farrell suggests. Developed by geriatrician Rebecca Sudore, MD, of the University of California San Francisco, the free, evidence-based site provides a simple, step-by-step approach to advance care planning, including tools for providers and organizations.

**Use telehealth.** “While there are important limitations to telehealth visits such as an inability to conduct certain aspects of a physical examination, telehealth is better than no conversation, and best practices are emerging as health systems gain more experience with this communication modality,” Farrell says. “In the bigger picture of disaster planning, organizations should be sure they have the technology infrastructure to support interactions between residents and families and their healthcare providers, even after the pandemic.” Telehealth can also be used to have advance care planning conversations with providers. However, it’s not clear whether Medicare, which reimburses these discussions during the pandemic, will continue to do so after—so again, now is the time to get the process underway, Farrell adds.

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**Encourage personal emergency/disaster kits.** Currently, it is appropriate to have both a pandemic preparedness kit as well as an emergency disaster kit to help staff and constituents prepare for and weather other emergencies/disasters. For example, in April, the Henry Ford Health System began offering free care kits for COVID-19 patients recovering at home.<sup>20</sup> These kits provide the following:

- pulse oximeter to measure pulse rate and the amount of oxygen in the blood
- Gatorade because its electrolytes can help treat dehydration
- hand sanitizer
- face masks
- symptoms log, warning signs list and telephone number to call if warning signs occur

For those who are not ill but may be quarantining or simply staying home more, such a kit can be helpful if illness strikes. In addition to the items provided by Henry Ford, the kit could include a thermometer for

temperature-taking and any vitamin/mineral supplements and medicines an individual is already taking.

For an actual emergency kit, the CDC guidance for older Americans mentions such items as medical supplies (minimum three-day supply of medicine; identification band; hearing aids and extra batteries; glasses/contacts with solution), and relevant documents (a care plan set up in advance; contact information for family members, doctors and pharmacies; list of allergies; copies of medical insurance cards; and relevant advanced-planning documents as available).<sup>21</sup>

A detailed resource from the American Red Cross, “Preparing for a Disaster During COVID-19,”<sup>22</sup> goes further. This resource recommends a stay-at-home kit that includes two weeks of emergency supplies and an evacuation kit with three days of supplies in a “go bag,” as well as a month’s supply of prescription and over-the-counter medications.

Organizations may want to review and discuss these resources to see which might be the most applicable and achievable for their communities and venues, especially in light of the types of disasters that might occur in their region. The Red Cross website provides an emergency library with specifics on preparing for close to two dozen different types of emergencies and disasters.<sup>23</sup>

**Connect with local/state health organizations.** In a recent policy brief,<sup>24</sup> the AGS offered a roadmap for federal, state and local governments addressing the pandemic to include consideration of assisted living communities. Among the recommendations, the society emphasized that state, county and local health departments should engage with these communities to help limit the spread of COVID-19 by taking the following actions:

- providing technical assistance for screening
- obtaining testing for residents and staff
- providing guidance on advanced hygiene practices

- supporting physical distancing and other measures

### Ensuring staff availability and readiness

Staff are key to any organization's emergency/disaster response. Organizations need to have a sufficient number of staff, trained in what to do and ready to help, according to Linda Edelman, PhD, MPhil, RN, director of the University of Utah's Hartford Center of Geriatric Nursing Excellence. Edelman also directs the Health Resources Services Agency (HRSA) funded Utah Geriatric Education Consortium and the Nursing Education, Practice, Quality and Retention Program. Much of her work focuses on the long-term services and supports and primary care workplaces and workplace readiness.

"With COVID-19, we are seeing a real shortage of nursing home staff, probably across all levels of care, and the need to bring on new staff at a time when training is very difficult," Edelman states in a recent *Journal on Active Aging*<sup>®</sup> interview. Retaining existing staff and attracting new hires—necessary and difficult even in the best of times—is complicated by the fact that many frontline workers have become ill, or resigned out of fear of contracting COVID-19, or they won't come in for fear of transmitting the virus to family members, as noted in a *Seniors Housing Business* webinar in April.<sup>25</sup> Members of the panel stressed the importance of showing appreciation and increasing safety in order to retain staff during the pandemic.

Edelman agrees. "One thing I hope will come out of this [situation] is that we will place a higher priority and more respect on the work done particularly by direct care workers, such as certified nursing assistants and dementia support staff, and remove a lot of the stigma from it," she says. "I also hope there will be incentives for organizations to consider how they can maintain the staff they have—showing appreciation is one way—and rapidly bring new people up to speed." Edelman suggests the following:

#### Encourage a personalized approach.

While studying and working with long-term care communities, Edelman found that many staff are part-time workers, and whether part-time or full-time, may work in a number of settings. "This means staff themselves may be the portal of entry for the COVID-19 virus," she notes, which needs to be taken into consideration when preparing a response to other disasters.

"If the industry can afford to hire staff full-time, at higher wages and with better benefits, we will have better care for older adults," Edelman says. "Staff would be able to dedicate their work to one place and one group of older adults, which is advantageous because they form relationships and know the residents. It's particularly important in memory care that individuals with dementia have consistent caregivers who understand their routines, and how to communicate and work with them in ways that are most conducive to the residents being able to maintain quality of life and health. It's also important to know how to move residents to a different setting to protect their safety during emergencies and how to help them acclimate to a change in setting," she notes, "whether it's social distancing and isolation or moving to someplace completely new. All this needs to be done in a person-centered way."

Residents in independent and assisted living also need to be managed in a personalized way and, when possible, involved in whatever processes are needed to deal with an emergency, whether it's COVID-19 or a hurricane or wildfire.

**Emphasize technology.** Having a technology plan in place and educating staff in how to use various technologies is a requisite for optimal management and communication during a disaster, Edelman observes. "I'm hearing in the field that there are staff who really don't know how to utilize some of the technology they're needing to use now, such as Zoom. Every organization needs to have someone on board who can quickly educate everyone in the technologies that the organi-

zation is using, because we don't know who will have to lead the way in any given moment.

"These technologies are useful for training purposes, as well as education and communicating important messages throughout an organization," Edelman continues. "Since many residents and members will be using telehealth, staff should be familiar with this technology as well, in case they need to help out." [Ed. Edelman and colleagues expand upon the benefits of technology in a guest editorial in *JMIR Aging*, "Mitigating the effects of a pandemic: Facilitating improved nursing home care delivery through technology."<sup>26</sup>]

**Make training materials readily available.** With high turnover and staff working part-time or reluctant to come in, disaster preparedness may get lost in the shuffle, Edelman comments. Even with a robust staff presence, it's difficult to say how often an organization can hold disaster preparedness trainings. "You can't have monthly trainings that take a long time because no one has that amount of time available," she says. "However, you need to be aware that, from month to month, you may have individuals who are new to the organization and have never received any training at all."

That's why it's important that training materials be easily accessible, and that staff are continually reminded of where those materials are and what they consist of, Edelman advises. "Can you post short videos? Can you set up an online or in-the-cloud portal to all of your emergency preparedness training materials so that it's very easy for staff to go in and review quickly? Are there checklists available that they can have with them as they go through the process?"

Organizational leadership should also be well trained in the specifics of handling any disaster, during and/or after the pandemic, so they can guide staff as they do what's needed, Edelman adds.

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**Be aware of privacy considerations.** Part of staff training should include information on privacy. Set up a communication plan so staff know how to respond to questions from family or residents that may involve privileged information, such as health status. Just like telehealth sessions in the US should adhere to Health Insurance Portability and Accountability Act of 1996 (HIPAA) requirements as much as possible, staff need to know specifically what they can and can't share with others in the community, according to Edelman. "Of course, community members very often want to help, and it can be really difficult to maintain confidentiality in the midst of an emergency," she says. "Staff may not always be able to keep everything confidential, but they should always keep the need to do so in the back of their minds."

**Align with experts.** As noted with respect to the pandemic, one of the difficulties of disaster management and preparedness is that "every organization in every state, and maybe even in every city, has to do specific things that may be different from what others do," states Edelman. "So, it really is up to each organization to be aware of the disaster preparedness of the location in which they are practicing."

Local health departments are the first place to start. Organizations should be sure to check with these departments for the latest information specific to their community or center. "Even now, with everything that's going on with COVID-19, the CDC is giving recommendations, but it is still relying on the states to handle the actual response," Edelman says.

Professional organizations can also be helpful—for example, national organizations on independent and assisted living, hospice and home health. "This is a perfect opportunity to work with those broader professional organizations to come up with training and guidelines," Edelman says.

"For example, when the 9/11 disaster happened, I was doing research in burn

injuries and worked for the University of Utah's burn unit," Edelman continues. "At that time, the American Burn Association hadn't focused on what to do in such a disaster, and there was concern that there were not enough burn beds in the US to handle the potential number of burn patients." The association "immediately engaged all burn centers across the country to begin reporting how many beds they had available to work with, so if necessary, areas with shortages could work with neighboring centers, even to transfer patients across state lines," she reveals. "Now, because of 9/11, the burn world knows exactly what to do should something like that happen again. This helps on a smaller scale as well. Say a plane crashes in Salt Lake City with 200 burn injuries. We now have agreements in place with burn centers in neighboring states and can easily send patients to them, which we couldn't have done before."

The lesson learned is that when national groups take a national stand, and develop guidelines and procedures, they are also helping local organizations work together. By bolstering staff resources, developing robust procedures, following recommended health and medical guidelines when required, and connecting with local and national organizations, active-aging organizations have the best chance of not only weathering disasters and safeguarding staff and constituents, but also contributing to the survival of neighbors in the greater community.

## **Collaborating to move forward**

In May, the ICAA COVID-19 Senior Living Task Force launched to focus on providing recommendations and guidance for organizations for the "next normal." This International Council on Active Aging coalition brings together eight prominent industry associations, representing all segments of senior living, along with 160 industry thought-leaders and suppliers to address fundamental issues and their impact, including in the area of emergency preparedness. [Ed. A White Paper from

the Task Force appears on pages 69–101 of this *Journal on Active Aging*® issue.]

"The health, wellness and quality of life of older adults and staff are paramount as we chart a path forward in the midst of uncertainty," comments Colin Milner, ICAA's founder and CEO and Task Force cochair. "For all organizations that serve older adults, including senior living providers, now is the time to plan how to handle other emergency situations while managing the challenges of COVID-19. All the steps you take today to prepare your staff, your constituents and your organization will help ensure everyone's safety when you face the crisis of a disaster." ❧

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## Resources

### American Geriatrics Society's Health in Aging Foundation

Emergency Preparedness For Older Adults  
[www.healthinaging.org/tools-and-tips/emergency-preparedness-older-adults](http://www.healthinaging.org/tools-and-tips/emergency-preparedness-older-adults)

### American Psychological Association

“Older Adults and Disasters: How to Be Prepared to Assist Others”  
[www.apa.org/pi/aging/resources/older-adults-disasters.pdf](http://www.apa.org/pi/aging/resources/older-adults-disasters.pdf)

### American Red Cross

“Disaster Preparedness for Seniors By Seniors”  
[www.redcross.org/content/dam/redcross/atg/PDF\\_s/Preparedness\\_\\_\\_Disaster\\_Recovery/Disaster\\_Preparedness/Disaster\\_Preparedness\\_for\\_Srs-English.revised\\_7-09.pdf](http://www.redcross.org/content/dam/redcross/atg/PDF_s/Preparedness___Disaster_Recovery/Disaster_Preparedness/Disaster_Preparedness_for_Srs-English.revised_7-09.pdf)

Emergency Preparedness for Older Adults  
[www.redcross.org/get-help/how-to-prepare-for-emergencies/older-adults.html](http://www.redcross.org/get-help/how-to-prepare-for-emergencies/older-adults.html)

Preparing for Disaster During COVID-19  
[www.redcross.org/get-help/how-to-prepare-for-emergencies/types-of-emergencies/coronavirus-safety/preparing-for-disaster-during-covid-19.html](http://www.redcross.org/get-help/how-to-prepare-for-emergencies/types-of-emergencies/coronavirus-safety/preparing-for-disaster-during-covid-19.html)

Types of Emergencies  
[www.redcross.org/get-help/how-to-prepare-for-emergencies/types-of-emergencies.html](http://www.redcross.org/get-help/how-to-prepare-for-emergencies/types-of-emergencies.html)

### Gerontological Society of America

Infographic: Understanding Ageism and COVID-19  
[www.geron.org/images/gsa/reframing/AgeismInfographic\\_final.pdf](http://www.geron.org/images/gsa/reframing/AgeismInfographic_final.pdf)

### Government of Ontario (Canada)

Emergency Preparedness  
[www.ontario.ca/page/emergency-preparedness](http://www.ontario.ca/page/emergency-preparedness)

### International Council on Active Aging

ICAA COVID-19 Senior Living Response Center  
[www.icaa.cc/covid19response/overview.htm](http://www.icaa.cc/covid19response/overview.htm)

### Public Safety Canada

Emergency Preparedness Guide for People with Disabilities/Special Needs  
[www.getprepared.gc.ca/cnt/rsrscs/pblctns/plwthdsblts/index-en.aspx](http://www.getprepared.gc.ca/cnt/rsrscs/pblctns/plwthdsblts/index-en.aspx)

### SeniorLiving.org

Disaster Preparedness Guide for Seniors & Caregivers  
[www.seniorliving.org/research/disaster-preparedness/](http://www.seniorliving.org/research/disaster-preparedness/)

### US Department of Health and Human Services' Administration for Community Living

Emergency Preparedness  
<https://acl.gov/programs/emergency-preparedness>

### US Department of Health and Human Services' Centers for Disease Control and Prevention

Emergency Preparedness for Older Adults  
[www.cdc.gov/features/older-adult-emergency/index.html](http://www.cdc.gov/features/older-adult-emergency/index.html)

Get the Facts About Coronavirus  
[www.cdc.gov/coronavirus/2019-nCoV/index.html?cid=EPR-homepage](http://www.cdc.gov/coronavirus/2019-nCoV/index.html?cid=EPR-homepage)

How to Protect Yourself & Others  
[www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html](http://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html)

### US Department of Health and Human Services' Office of the Assistant Secretary for Preparedness and Response

Disaster Preparedness Planning for Older Adults  
[www.phe.gov/Preparedness/planning/abc/Pages/older-adults.aspx](http://www.phe.gov/Preparedness/planning/abc/Pages/older-adults.aspx)

### US Department of Homeland Security

Emergency Response Plan  
[www.ready.gov/business/implementation/emergency](http://www.ready.gov/business/implementation/emergency)

Crisis Communications Plan  
[www.ready.gov/business/implementation/crisis](http://www.ready.gov/business/implementation/crisis)

Get Tech Ready  
[www.ready.gov/get-tech-ready](http://www.ready.gov/get-tech-ready)

IT [Information Technology] Disaster Recovery Plan  
[www.ready.gov/business/implementation/IT](http://www.ready.gov/business/implementation/IT)

Seniors  
[www.ready.gov/seniors](http://www.ready.gov/seniors)

### World Health Organization

Coronavirus Disease (COVID-19) Advice for the Public  
[www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public](http://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public)

### World Health Organization, Regional Office for Europe

Coronavirus Disease (COVID-19) Outbreak: Training Courses  
[www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/training-courses](http://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/training-courses)