Emergency Preparedness:
More Preparation Now, Less Heartache Later

Ann Byerly

The very nature of ALFs can make emergency preparedness and carrying out evacuation plans challenging. AL campuses often are sprawling, and residents live more independently. These individuals may be reluctant to leave their homes and their possessions; and some even may refuse to evacuate or insist on waiting for family members to retrieve them. Nonetheless, facilities must ensure that residents are safe and secure in the event of an emergency while respecting their rights and protecting their dignity. This requires strong, clearly communicated policies and plans that are carefully developed and rehearsed. Facilities must have emergency preparedness plans, and residents, their families, ALF employees, and administrators must agree and consent to them.

Start with Established Guidelines, Common Sense

ALFs do not have to reinvent the wheel to establish effective emergency preparedness plans. An "Emergency Response" should start by following guidelines of the local and state health departments. It also should include basic, common sense actions, such as securing the building and surroundings and by covering large windows with plywood, bringing lawn furniture and other outside equipment inside, covering pools, rolling up awnings, and other activities. Designated vehicles need to be serviced and filled with gasoline. Food and water supplies for several days should be secured; generators for emergency power should be tested and readied for use. When the plan is set and approved, the facility should review all aspects of it with residents, staff, and other stakeholders such as family members, physicians, and pharmacy providers.

Ideally, all of this work should take place even before there is any pending risk or potential disaster. At the same time, preparedness efforts should address a wide range of potential problems, including weather-related disasters, fires, outbreaks of infection or disease, and terrorist attacks. Of course, the possible scenarios addressed should be realistic. Facilities in Arizona, for

Hurricane Katrina: One Nurse's Story

Are you prepared for a disaster? Think carefully before you answer. You might not be as ready as you think. Many residents of Louisiana, Mississippi, and Florida have learned the hard way recently that there are gaps or missing pieces in their emergency readiness planning. This is partly because they never really believed that they would need these plans.

I speak from experience. I have lived in New Orleans for over 20 years; and during most of that time, I survived hurricane season again and again with very little in the way of plans for evacuation or survival. Can you really blame me? Leaving home for a hurricane always meant long hours of bumper-to-bumper traffic. You'd no sooner get to a "safe" location than the authorities would announce that it was safe to return. It doesn't take many of these "false alarms" for people to decide that they are better off just to stay home and hunker down.

True, mandatory evacuation called by the city's mayor is supposed to mean you have to leave. However, that's easier said than done when you have nowhere to go. I myself sat through a hurricane several years ago because I did not know where to go if I evacuated. Besides, as a nurse, I was always needed at my employer's hospital. Or I could always go to another hospital, offer my help, and receive safe harbor.

Of course, like many of my fellow citizens, there were other reasons not to evacuate. Until two years ago, I had three elderly neighbors who were born and raised New Orleanians. Their advice was never to leave home during a storm. It was easy to believe them. After all, they survived a long time with no long-term damage or horror stories.

I couldn't bring myself to leave these friends behind. But, at the same time, how could I convince them to come with me, get them all in my car—along with my stamp collection and my dog—and drive to a mutually agreeable destination? No, it was just easier to stay put.

When Hurricane Katrina threatened the city last year, things were different. For one, my elderly friends were all gone—passed away in the same year. This time, evacuation didn't seem unreasonable. In the days before the storm hit, I did my laundry (always have clean clothes when you do not know how long you will be without water); and I filled the gas tank of my car (if electricity is out, the gasoline pumps do not work). I even withdrew three times as much money as I usually do. I even plotted out my "escape route," which would take me to my sister's home in Illinois (I did a test drive earlier in the year, so I knew what roads I would take and how long the trip would be). But I still wasn't ready to leave.

I attended an emergency response national convention as a guest of Laedral Company. The conventioneers and company representatives asked me about hurricane preparedness; and my suggestions were to keep watching the news and leave as scheduled.

Nonetheless, as I left the Morial Convention Center down by the river, I pass 200-300 people waiting to get into a "Wheel of Fortune" audition. Obviously,

example, probably won't need to plan for a snowstorm.

In general, emergency preparedness plans should include several elements, including:

- *Evacuation plan/route.* ALF administrators must determine a reasonable evacuation destination and then plan the best route to this location. In choosing a destination, it is important to realize that long hours of travel can endanger ill or injured residents. The route should be tested regularly to check road conditions, toilet accommodations, and proximity to food and fuel sources. The route should be traced on a map and copies kept on- and off-site. If the evacuation destination is a hospital or another facility, a formal agreement regarding this arrangement should be in place and kept current at all times. This agreement should address approximately how many residents will be involved, what accommodations will be offered, what special services will be required, lengths of stay, and so on.
- *Transportation.* How will residents and staff be transported to the evacuation destination? If borrowed or rental vehicles will be necessary, arrangements need to be made long in advance and agreements detailed and signed by all parties involved.
- *Monetary needs and arrangements.* It will be important to determine how much cash will be necessary to pay for meals, supplies, gasoline, incidental workers, and other needs. Where will this money be kept? Who will have access to it?
- *Document storage.* All documents and records should be maintained up-to-date at a secure location. At the same time, physicians and others will need to have continued access to this information as needed.
- *Contact information.* Disaster resource telephone numbers, addresses, and details about the services provided by various agencies should be kept both on- and off-site. This list should

New Orleans was not worried about a hurricane in the Gulf. I then made a quick stop at my office to pick up some papers and send an e-mail, never dreaming I would not be allowed back there for six weeks.

As I headed home, the news reports started announcing safety concerns. Officials recommended evacuation. Health care institutions started implementing their hurricane preparedness plans. People made hotel reservations outside the area; friends discussed their options on their porches and street corners. On Sunday morning, the mayor declared mandatory evacuation; and radio and television reporters announced that the interstate had begun to back up and advised using side roads and back routes. Even though the weather in New Orleans was sunny, warm, and breezy, I threw some stuff in my car, grabbed my dog, and told my sister that I was on my way.

Away from home, I felt as if I was in a soundproof room behind a one-way mirror, helplessly watching New Orleans disintegrate. Everywhere else, people went about their lives as if nothing had happened. I felt frustrated and scared. And I was demoralized by insensitive, impersonal comments people made about my beloved city—suggesting that New Orleans somehow deserved the disaster or that the city is not worth rebuilding.

Being isolated from my Louisiana friends and colleagues escalated my fears and concerns about people and property back home. Internet connections eventually brought the joyous news of survival and contact with loved ones. However, there were losses to mourn as well. Several of my friends lost valuable possessions, including pets. Elderly friends and clients suffered major relapses in chronic disease control or physical injury.

As blessed as I felt to be alive and well, survivor guilt began eating away at my common sense and reasonable action plans. Once again, I began to feel isolated and helpless—like I was treading water but not quite drowning.

Fortunately, I recognized that I needed some help before I could reach out and help others. I sought counseling and spent several days healing and cleaning up. I even enjoyed an occasional glimpse of normal life, thanks to some church friends who invited me into their lives and families. Then I got busy helping others who had not been as fortunate as I had been.

I can't say that my life is back to what it was before. In fact, it will never be quite the same. Even if the city's physical scars heal, the emotional ones will continue. Nonetheless, the spirit here is undaunted. We will rebuild and be a vibrant, vital city once again. In the meantime, we help each other reconstruct our homes, lives, and businesses. And each note of jazz, each reopened restaurant or store, each wedding, each birth, and each rebuilt neighborhood signifies a step closer to normalcy and the daily life that none of us here will ever take for granted again.

Nurse, educator, and AL professional Ann Byerly lived through Hurricane Katrina.

be updated regularly. Other lists to maintain include residents' family members and physicians, pharmacy providers, other long term care facilities in the area, and local hospitals. It is useful to keep a list of area shelters in case evacuation plans fail or are disrupted.

- *Supplies.* It is important to determine in advance what types and volume of supplies—such as water, food, batteries, and medications—will be necessary in an emergency. Key leaders will need to have access to these supplies during an emergency and know how to use them appropriately and sparingly.
- *Consent to evacuate.* It is important to get residents out of the ALF promptly and safely when an evacuation is necessary. Therefore, facilities should make evacuation policies clear to residents and their family members. Residents should be asked to sign a form on admission agreeing to comply with evacuation policies and procedures. For example, it might state that evacuation will be mandatory when it is deemed necessary by ALF administration. It also might explain how and when families can remove residents during an emergency.
- *Special needs of residents.* It is important to realize that residents with special needs can suffer during an emergency. For example, access to electricity may be cut off, adversely affecting ventilator use. Residents requiring mechanical ventilators or other continuous medical equipment should be transported to a safe and viable acute care facility outside of the danger zone long before a mandatory evacuation is ordered.
- *General preparations by each resident.* These relate to their personal belongings and health status. Written health information should be mandatory, including contact information for primary care and specialist physicians, Medicare/Medicaid/insurance cards and information, list of

chronic conditions and all prescription and over-the-counter medications, list of allergies, pharmacy address and phone number, and recent hospitalizations. Family contact information should be legible in a portable format (ie, an address book). Assistive devices need to be labeled and a carry-all available if evacuation occurs. Medical equipment should be serviced and auxiliary equipment obtained if major equipment cannot be moved easily. Residents also will need personal cash, credit cards, prescription medications for at least two weeks, personal care supplies for two weeks, and clean clothes. Water-tight boxes are recommended for packing personal papers and medications. Residents need to pack essential items and personal belongings as if they are going on a long vacation. Clothing needs to be loose fitting, comfortable, and easy to get on and off; and residents should pack a few pieces of outerwear for wet and cold weather. Eyewear, magnifying glasses, hearing aides, and dentures should be labeled and kept in a safe, secure place. Preferred personal hygiene items can be purchased ahead and packed in an overnight bag. Residents should have at least two pairs of sturdy shoes. Incontinent supplies for at least one week are advised. Family photos and other small mementoes (eg, a small stuffed animal or locket) should be encouraged, as they can offer comfort in a frightening or traumatic situation.

Of course, each facility has specific characteristics and needs, so evacuation plans must be personalized accordingly. Staff at all levels, including thought leaders, should participate in developing and finalizing the plan. Once the plan is set, it must be communicated with all staff, residents, and family members. In addition to having everyone sign a form stating that they have read it, the facility should hold family night, luncheon, and staff education programs about the plan. Finally, there should be an annual emergency drill that allows the facility to test the evacuation plan and uncover any problems or glitches that need to be fixed. The drill presents an opportunity to partner with local fire and rescue personnel; and it is a good time to reach out to the press and show area reporters that the facility is putting resident safety first in the event of an emergency.

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While residents come first, facilities should address the needs and concerns of staff in a disaster situation. The emergency plan should include arrangements for staff safety as well. This should include giving staff ample opportunity to get home to loved ones. For those staff who will need to stay with the residents or at the ALF, the facility should make arrangements for transport of these individuals' family members to a safe location. Staff members who aren't worried about their own families will be better able to focus on the residents and to remain sharp and effective.

20/20 Hindsight: Lessons from New Orleans

Mandatory evacuation of New Orleans for Hurricane Katrina taught ALF administrators many lessons. One major problem was that many elderly residents refused to leave their facilities. Without signed agreements to evacuate under certain conditions, staff could not force residents to evacuate. ALF staffs were further compromised by unsupportive families and lack of training about handling such situations.

Another problem in New Orleans was that many seniors were too ill or otherwise unable to travel via the city buses that were used for general public evacuation. These vehicles often couldn't accommodate walkers, wheelchairs, oxygen tanks, or other devices.

One lesson learned from New Orleans is that evacuation to an inadequate site (in this case, the convention center or Superdome) is not necessarily better than keeping seniors in their facility. For example, one ALF resident stayed in her apartment with adequate food and water. Her family agreed that—despite the lack of electricity and the fact that she had to be airlifted out later—the woman was safer and more secure in her apartment than she would have been in a public evacuation site.

Katrina survivors in New Orleans learned about all of the details that need to be handled in advance and all of the little measures that can make a big difference. For example, unplugging appliances and computer equipment can prevent power surges when electricity is restored. Water should be turned off manually to prevent flooding or water damage from faucets left on accidentally or intentionally. One ALF resident left the bathtub faucet turned on to collect water after the storm. It was several weeks before anyone could enter the facility after water service was restored, and the

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overflow from the tub damaged 22 apartments.

Unfortunately, many pets were Katrina victims. The lesson learned here was that arrangements need to be made in advance for animals. This is important to note, as many ALFs have cats, dogs, or other pets on-site. Facilities should consider having staff or residents' families take animals with them to a safe location. Or they can make an arrangement with a reputable kennel or animal rescue group. As with other arrangements, these agreements should be put in writing and signed by all stakeholders.

Homes Away from Home

There are many public shelters available during emergencies. However, as noted earlier, these often are inappropriate or inadequate for ALF residents. It is essential that facilities determine where their residents will go. Possibilities include arrangements with other ALFs, nursing facilities, and hospitals out of the danger zone.

When the use of a public shelter was necessary in New Orleans, the American Red Cross shelter provided and supported thousands of people for an unprecedented length of time. Volunteers were cheerful, dedicated to their tasks, and responsive. Camping cots, sheets, and a blanket were provided in big open—and air conditioned—auditoriums. Cots were several inches away from each other, with privacy provided by a canopy bed tent only for clients with pressure ulcers requiring daily dressing changes. Otherwise, security was maintained by keeping everything in the auditorium visible. Public restrooms with one handicapped stall were used for sponge baths and toileting. Showers were constructed outside the building in tents with water hoses from the building sprinkler system. Meals were prepared in a central kitchen and served in a carry-out cartons with packaged plastic ware; diabetic and vegetarian meals also were distributed. Each individual received one set of clothes on entering the shelter. A wide range of services (including counseling) was available. However, there were no laundry facilities.

Health Care Away from Home

One of the most distressing aspects of evacuation in New Orleans was trying to reestablish health care services. There are many tips that can make this easier:

- *Informatics software and equipment is becoming affordable, and this is recommended to maintain electronic medical records.* Simple spreadsheets can be used to create a master list of pertinent information. If an ALF creates and maintains a medical record, electronic formatting and off-site storage should be considered. Loss or absence of medical data requires expensive and unnecessary testing to reestablish baselines. During an evacuation process, this master should be copied onto BSE drives (commonly called thumb, jump, or flash drives). Laptop computers with charged back-up batteries are becoming required communication equipment and can easily display needed medical information.
- *Oversight of health needs may ease transition in health care.* Cyclical reminders can help residents plan ahead in obtaining prescription medications during seasons of pending disturbances (eg, winter with blizzards, forest fires in mid to late summer). Back-up copies of doctor and pharmacy information, reimbursement information, legal guardian lists, and identification photographs or materials are also important. Public health measures in this disaster focused on immunizations (Influenza, Pneumovax, and Tetanus for older people); an immunization history could save limited doses for adults in need. Tuberculosis screening results can facilitate integration into some living situations. Common health screening information is beneficial for a comprehensive health plan. Utilizing identification tags or bracelets during this emergent time may reduce errors and facilitate communication or identification.
- Moving into another state can cause difficulties with federal reimbursement agencies. *It is important to gather names and addresses of billing/insurance companies/personnel because residents may have to correspond with them later to settle reimbursement or payment claims.*
- Post-disaster suicides are the current problem. *Good mental health work throughout the evacuation period may reduce stress and feelings of helplessness and loss.* Following the disaster, people go through the Kubler-Ross stages of grief: denial, anger, bargaining, depression, and acceptance. Residents can talk about their experiences, fears, and the constraints of living away from

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home with volunteer counselors, social workers, or ALF staff. Support groups are another means of sharing "the disaster" and talking about losses and gains. Displaying and talking about personal photographs can bring joy into the person's thoughts. Singing well-known songs or listening to a radio station with preferred music can ease tension and bring back positive memories. Occasional session of pampering with bubble baths, scented soap, foot massages, and/or fingernail care can boost residents' spirits.

An ALF's Web site can be a major portal of communication during and following an emergency. A staff member should be designated to post information from a remote location.

Re-Establishing Lines of Communication

Communication becomes vital during an emergency. Hurricane Katrina destroyed communication myths and provided avenues for new technology. Cell phones were limited to text messaging at best when communication towers blew down. Land lines were functional until they were snapped by trees. Cell phones and walkie-talkie batteries needed recharging, which requires electricity; so these devices were unavailable when power shut off as transformers blew or power lines came down. Internet news and communication were great until the phone, power, and cable lines broke. Wireless Internet connection became the major source of communication during the disaster and recovery for the local residents. Closed wireless cafes were hot spots as residents returned to New Orleans.

An ALF's Web site can be a major portal of communication during and following an emergency. Relatives and others can use this to learn about loved ones and friends. A staff member should be designated to post news and information from a remote location, and other team members should communicate information and updates to this individual throughout the situation.

After the Storm Passes...

For weather, safety, or physical reasons, ALF owners may not return immediately to assess and repair the damage. A good evacuation plan should have contingencies if residents must stay away for a long period of time. Administrative personnel need to make plans to retrieve more resident belongings or salvage their furniture. Contacting and arranging meetings with insurance and federal disaster agents can take weeks. After assessment of the damage, finding an appropriate and available contractor requires additional time. Patience and persistence are the most important and rewarded behaviors during this period. ALC

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practitioner payments. However, the widespread implementation of pay for performance is likely to be an uphill battle, as there is much opposition to such programs by physician groups and others.

What ALFs Can Do Today

ALFs can work to improve access and quality of care by helping to move the system toward payment that follows seniors and addresses their needs, regardless of their residence or care setting. It behooves facilities to address disparities now so that today's and tomorrow's seniors are not denied covered care or services, simply because of their income level or choice of residence.

The Medicare Modernization Act has opened the door toward a new system being designed that could produce more efficient, effective, and higher quality results. However, ALFs need to be vigilant and protect and advocate for their residents as this process develops. ALC

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