



# **Volunteer Leader Training Guide**

## **Emergency Preparedness among Older Adults**

Charleen McNeill, PhD, RN, Assistant Professor, Eleanor Mann School of Nursing

Timothy Killian, PhD, Associate Professor, Human Environmental Sciences

Zola Moon, PhD, Clinical Associate Professor, Human Environmental Sciences

Betsy Garrison, PhD, Professor and Director, Human Environmental Sciences

### **Background Information**

- Threats and risks to national health security range from infectious disease, terrorism, and inclement weather to nuclear incidents.
- To facilitate the best possible outcomes in the event of such an emergency or disaster, individuals must engage in preparedness activities in their homes and their communities.
- US citizens remain unprepared, and those that consider themselves prepared often overestimate their preparedness.
- Too few people had adequate stores of disaster supplies and many needed more information on such critical items as flashlights, radios, batteries, and first-aid kits.
- Fewer than 26% of persons over 50 have a household disaster plan and only 61% have emergency supplies, including food, water, and medical treatments for three days.
- The lack of preparedness extends to medically vulnerable patients whose overall disaster preparedness has been found to be poor.

### **Target Audience**

- People over 50
- Caregivers
- Adults with access and functional needs
- Adult audiences

### **Objectives**

- Participants will gain a better understanding of how to become more prepared for emergencies
- Participants will remember what items are needed
- Participants will understand the steps to becoming prepared
- Participants ability to apply aspects of preparedness to people with chronic diseases will improve
- Participants ability to apply apply aspects of preparedness to people with special needs will improve

## Materials

Make copies of:

- **Pre- and Post-Class Questions** (1 copy per participant)
- **Sign-in Slip** (1 per participant; copy 2 per page – cut in half)
- **Informed Consent** handout (2 copies per participant; one to sign and return, the other to keep)
- **Group Session Report and Checklist** (complete and return following session)
- **Preparedness Checklist** (1 copy per participant)

The University of Arkansas System Division of Agriculture offers all its Extension and Research programs and services without regard to race, color, sex, gender identity, sexual orientation, national origin, religion, age, disability, marital or veteran status, genetic information, or any other legally protected status, and is an Affirmative Action/Equal Opportunity Employer.

**Teaching Tip:** *Pass out the materials in the order that you need them, making sure to pass out the **Post-Class Questions** at the end of the training session. Do not refer to the Pre-Class or Post-Class Questions as tests. Read the **Pre-Class Questions** out loud as participants mark their answers. Read the questions exactly as written, including the answer choices. Have participants select the answer that best reflects how they feel about the question. Remind them there is no right or wrong answer. Take up the Pre-Class Questions when participants complete it.*

## **Introduction**

**Say:** One of the most important things we can do to remain healthy in the event of an emergency or disaster is to be prepared ahead of time. Having a kit, a plan, and information can help everyone withstand such events. Our goal is to help you learn how to do this.

**Pass out the Dear Participant letter.** Each participant should receive two copies. Review the participant letter. Ask participants to sign one copy if they agree to be included in the research study. Collect signed copies.

**Pass out the Participant Sign-in Slip.** Review parts of the slip and ask participants to complete. Collect completed sign-in slips. Ask a helper to review the slips to make sure contact information is legible.

**Pass out Pre-Class Questions.** Tell participants there are no right or wrong answers to these questions. Read through each question. Tell participants to circle the number choice that best fits how he or she feels about the question. **Take up Pre-Class Questions when everyone is finished.**

Tell participants they will answer Post-Class Questions just like this at the end of the session today to see if their thoughts have changed.

## **Introduction (Slides 1)**

**Say:** Today we will be discussing emergency preparedness among older adults. We will discuss what older adults should do to be prepared inclusive of chronic disease and considerations caregivers should make.

## **Introduction (Slides 2)**

**Say:** To prepare for emergencies and disasters, we will:

- Go over the three steps to preparedness.
- Learn the steps to be prepared.
- Go over what items are needed in your emergency kits.
- Discuss how various chronic diseases will impact what you put in your kit.
- Learn what to do if a disaster strikes.

**Ask:** What questions do you have before we get started? What do you hope to get out of this today? Anyone want to share any personal experiences they have had with emergencies or disasters?

### **Steps to Preparedness (Slide 3)**

**Say:** There are some simple steps to becoming more prepared. They include getting a kit, making a plan, and being informed.

### **Get a Kit (Slide 4)**

**Say:** 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.

Get a Kit:

For your safety and comfort, have a disaster supplies kit packed and ready in one place before a disaster hits.

- Assemble enough supplies to last for at least three days.
- Store your supplies in one or more easy-to-carry containers, such as a backpack or duffel bag.
- You may want to consider storing supplies in a container that has wheels.
- Be sure your bag has an ID tag.
- Label any equipment, such as wheelchairs, canes or walkers, that you would need with your name, address and phone numbers.
- Keeping your kit up-to-date is also important. Review the contents at least every six months or as your needs change. Check expiration dates and shift your stored supplies into everyday use before they expire. Replace food, water and batteries, and refresh medications and other perishable items with “first in, first out” practices.

## What supplies should be in your kit? (Slide 5)

**Say:** We have provided everyone with a checklist of the supplies you will need, but we will also go over them briefly here. You will need the following items:

- Water – one gallon per person, per day (3-day supply for evacuation and 2-week supply for home)
- Food – it is a good idea to include foods that do not need cooking (canned, dried, etc.) (3-day supply for evacuation and 2-week supply for home)
- Flashlight with extra batteries and bulbs (do not use candles)
- Battery-operated or hand-crank radio
- First aid kit and manual
- Medications (7-day supply) and medical items q Multi-purpose tool (several tools that fold up into a pocket sized unit)
- Sanitation and personal hygiene items (toilet paper, plastic garbage bags)
- Copies of personal documents (medication list and pertinent medical information, deed/lease to home, birth certificates, insurance policies, photo identification, social security card)
- Cell phone with an extra battery and charger (s)
- Family and friends' emergency contact information
- Cash and coins (ATMs may not be accessible, a maximum of \$50)
- Emergency blanket
- Map(s) of the local area
- Whistle (to attract the attention of emergency personnel)
- One change of clothing
- Manual can opener
- Pet supplies (including food and vaccination records)
- Extra set of keys (car, house, etc.)
- Pack of cards to provide entertainment and pass the time
- Dust mask to help filter contaminated air and plastic sheeting and duct tape to shelter-in-place
- Moist towelettes, garbage bags and plastic ties for personal sanitation
- Wrench or pliers to turn off utilities

## Additional items to consider putting in your kit? (Slide 6)

**Say:** Once you have gathered the supplies for a basic emergency kit, you may want to consider adding the following items:

- Infant formula and diapers if needed
- Emergency reference material such as a first aid book or free information from this web site.
- Sleeping bag or warm blanket for each person. Consider additional bedding if you live in a cold-weather climate.
- Household chlorine bleach and medicine dropper – When diluted, nine parts water to one part bleach, bleach can be used as a disinfectant. Or in an emergency, you can use

## **Volunteer Leader Training Guide**

it to treat water by using 16 drops of regular household liquid bleach per gallon of water. Do not use scented, color safe or bleaches with added cleaners.

- Fire extinguisher
- Matches in a waterproof container
- Mess kits, paper cups, plates, paper towels and plastic utensils
- Paper and pencil
- Books, games, puzzles or other activities for children

### **What else should be in the kit for older adults in particular? (Slide 7)**

**Say:** 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 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 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.

**Ask:** Does this seem like a lot? It is quite a bit, but very important and much easier if you plan ahead.

### **What if the weather is cold? (Slide 8)**

**Say:** If the weather is cold, you should consider including a jacket or coat, long pants and long-sleeve shirt, sturdy shoes, hats, mittens, and a scarf, and a sleeping bag or warm blanket.

### **What supplies might you need in your vehicle? (Slide 9)**

**Say:** There are a few things people should put in their vehicles in case of emergencies. This would include a flashlight with extra batteries and extra bulbs, maps, a first aid kit and manual, a tire repair kit, jumper cables, flares, bottled water, and non-perishable foods such as granola bars. In the winter, add a blanket, hat, mittens, shovel, sand, tire chains, windshield scraper, and a florescent distress flag. In the summer add sunscreen lotion SPF 15 or higher, shade item (umbrella, wide-brimmed hat, etc.)

### **Making a Plan (Slide 10)**

**Say:** The next step is to make a plan, starting with your family. You will need to **meet with your family and friends** and explain your concerns to your family and others in your support network and work with them as a team to prepare. Arrange for someone to check on you at the time of a disaster. Be sure to include any caregivers in your meeting and planning efforts. Assess yourself and your household. What personal abilities and limitations may affect your response to a disaster? Think about how you can resolve these or other questions and discuss them with your family and friends. Details are important to ensure your plan fits your needs. Then, practice the planned actions to make sure everything "works." To create a **family communications plan**, carry family

## **V**olunteer **L**eaders **T**raining **G**uide

contact information in your wallet. Choose an out-of-town contact person. After a disaster, it is often easier to make a long-distance call than a local call from a disaster area. For your **community disaster plan**, ask about the emergency plans and procedures that exist in your community. Know about your community's response and evacuation plans (e.g., hurricane, nuclear emergency, severe weather). If you do not own a vehicle or drive, find out in advance what your community's plans are for evacuating those without private transportation or make arrangements with a neighbor who would drive you. If you receive home care, speak with your case manager to see what their plan is in times of emergency and how they can assist with your plan. Plan **escape routes and meeting places** ahead of time. Plan the best and quickest escape routes out of your home and evacuation routes out of your neighborhood. Decide on a meeting place outside your neighborhood in case you cannot return home. If you or someone in your household uses a wheelchair, make sure all escape routes from your home are wheelchair accessible. Know the safe places within your home in case you need to shelter during extreme weather events (e.g., tornado). Practice your escape drill every six months. Plan for transportation if you need to evacuate to a shelter

**Post emergency numbers near all of your phones.** Include the numbers of those in your support network. Remember that in some emergencies telephone lines might not be working. Consider having alternative plans for contacting those in your network. **Plan for Those With Disabilities.** Keep support items like wheelchairs and walkers in a designated place so they can be found quickly. This step is essential for those who have home-health caregivers, particularly for those who are bed bound.

**Plan for Your Pets or Service Animals.** Take your pets with you if you evacuate. However, be aware that pets (except service animals) are not permitted in emergency public shelters for health reasons. Prepare a list of family, friends, boarding facilities, veterinarians and 'pet-friendly' hotels that could shelter your pets in an emergency.

Talk to your **utility** company about emergency procedures and know how and when to turn off water, gas and electricity at the main switches or valves. Share this information with your family. Keep any tools you will need nearby. Turn off the utilities only if you suspect the lines are damaged, you suspect a leak or if local officials instruct you to do so. Remember that if gas is turned off for any reason, only a qualified professional can turn it back on. It could take several weeks for a professional to respond. Heating and cooking would need alternative sources.

Test your **smoke alarms and carbon monoxide alarms** regularly. Consider strobe or vibrating alert systems that might meet your needs. Change the batteries in all alarms at least once a year or according to the manufacturer's instructions.

Talk with your insurance agent to be sure that you have adequate **insurance coverage**. Homeowners insurance does not cover flood damage and may not provide full coverage for other hazards.

## **V**olunteer **L**eader **T**raining **G**uide

Keep copies of **vital family records and other important documents** such as birth and marriage certificates, social security cards, passports, wills, deeds, and financial, insurance and immunizations records in a safe location, like a fire safe or safe-deposit box.

If you wear **hearing aids or assistive devices**, consider storing them in a bedside container that is attached to your nightstand using Velcro. Some disasters (e.g., earthquakes) may shift items that are not secured, making them difficult to find quickly

Take a moment to consider and discuss what limitations you or a member of your family may have and how you would resolve them.

*Participants might find it difficult to think of limitations they of their family member may have. Be prepared to provide insight into things they should consider. Walk around and assist as needed.*

### **Be Informed (Slide 11)**

**Say:** 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.

#### **Community Hazard Assessment**

What hazards threaten your community and neighborhood? Make a list of how they might affect you. Think about both natural (e.g., hurricanes, flooding, winter storms and earthquakes) and human-caused (e.g., hazardous materials and transportation accidents) and about your risk from those hazards. Which of these hazards are most likely to happen in your community?

- Earthquakes
- Flooding
- Hurricanes
- Toxic Spills
- Winter Storms
- Home Fires
- Tornadoes
- Wildfires
- Thunderstorms

Preparing for a hazard that is most likely to happen in your area will help you be prepared for any disaster. Remember, disasters can happen at any time.



## **Volunteer Leader Training Guide**

- Do you live alone?
- Do you drive or own a car?
- How good is your sense of smell?
- Do you have any physical, medical, thinking or learning limitations?
- Has your sense of hearing or vision decreased?
- Are you reliant upon any medical equipment?
- Are you reliant upon a caregiver?

Let's also consider some other ways you should be informed. For example:

### **Community Warning Systems**

How will you be notified of a possible emergency? Know how local authorities will warn you of a pending or current disaster situation and how they will provide information to you before, during and after a disaster.

### **Friends, Family Caregivers and Neighbors**

Before a disaster happens it is a good idea to have a conversation with those in your support network: your friends, family and neighbors. Let them know your needs in an emergency situation; ask them how they could assist with your plan and whether they would be willing to help. Consider that during some emergencies travel is severely limited and they may not be able to get to you.

### **Local Neighborhood Emergency Teams**

Connect with a group in your local neighborhood. Some of these could include CERT (Community Emergency Response Team), neighborhood watch, community block associations, faith-based organizations, etc. Even if you feel you cannot become a member, let them know your needs and ask them how they could assist with your disaster plan. If available, take advantage of advance registration systems in your area for those who need help during community emergencies.

### **Local Volunteer Fire Departments**

Connect with your local volunteer fire department or ambulance and let them know your needs (especially if you live in a rural area). Discuss with them how they might be able to assist in your disaster plan.

### **Local EAS (Emergency Alert System)**

Certain television and radio stations will broadcast emergency messages from local authorities. Find out which stations broadcast on the Emergency Alert System (EAS).

### **NOAA Weather Radio/All-Hazard Alert Radio**

These special radios provide one of the earliest warnings of weather and other emergencies, and can be programmed to alert you to hazards in your specific area. Call your local National Weather Service office or visit [www.nws.noaa.gov](http://www.nws.noaa.gov) for more information.

### **Door-to-Door Warning From Local Emergency Officials**

## **Volunteer Leader Training Guide**

In some emergencies local responders may come door-to-door and deliver emergency messages or warnings. Listen carefully and follow their instructions!

### **Senior Living and Assisted Living Communities**

If you live in a senior community become familiar with any disaster notification plans that may already exist. Talk to your community management or resident council about how you can all be more prepared together.

### **Be Aware – Help Inform Others**

There may be people in your community that need extra assistance when a disaster occurs. Consider how you can assist them in their preparedness planning and during an emergency.

**Ask:** Can you think of disasters you may be at risk for? *(Let audience share.)*

**Ask:** Can you think of ways you can help your neighbors? *(let audience share.)*

**Teaching Tip:** *Give participants time to discuss this among one another; walk around to answer any questions.*

### **When a disaster strikes (Slide 12)**

**Say:** In some emergencies such as a chemical emergency, you would need to know how to seal a room for safety on a temporary basis, called “shelter in place.” In the case of a winter storm, you may be told to “stay at home.” This means stay where you are and make yourself as safe as possible until the emergency passes or you are told to evacuate. In this situation it is safer to remain indoors than to go outside. Stay in your home and listen to instructions from emergency personnel. Listen to your television or radio for emergency messages. Be prepared to be on your own and have additional food and water for seven to fourteen days.

If You Need to Evacuate, coordinate with your family and home care provider for evacuation procedures.

- Try to carpool, if possible.
- Wear appropriate clothing and sturdy shoes.
- Take your disaster supplies kit – “go bag.”
- Lock your home.
- Use the travel routes specified or special assistance provided by local officials. Don’t take any short cuts, they may be unsafe.
- When you arrive at a shelter, notify the shelter management of any needs you may have. They will do their best to accommodate you and make you comfortable.
- Let your out-of-town contact know when you left and where you are going.
- Make arrangements for your pets. Take them with you if you leave.

Relief organizations, like the American Red Cross, may open shelters if a disaster affects a large number of people or the emergency is expected to last several days.

## **V**olunteer **L**eader **T**raining **G**uide

Be prepared to go to a shelter if—

- Your area is without electrical power.
- Floodwater is rising.
- Your home has been severely damaged.
- Police or other local officials tell you to evacuate.

### Services Provided at a Red Cross Shelter

- Food
- Temporary shelter
- Basic first aid All American Red Cross emergency services are provided free of charge.

To learn about Red Cross shelters that have been opened in your area, listen to your local media, check with your local American Red Cross chapter or visit [www.redcross.org](http://www.redcross.org).

### Immediately After a Disaster

- If the emergency occurs while you are at home, check for damage using a flashlight. DO NOT light matches or candles or turn on electrical switches. Check for fires, chemical spills and gas leaks.
- Shut off any damaged utilities.
- Check on your neighbors, especially those who are elderly or have disabilities.
- Call your out-of-town contacts and let them know you are okay.
- Stay away from downed power lines.
- Do not drive through flooded roads.
- Monitor local broadcasts for information about where you can get disaster relief assistance.

### If Electrical Power Is Lost

- Use a flashlight or battery-operated lantern. Do not use candles.
- Turn off or unplug all major appliances (e.g., stove, refrigerator, dryer). They could be damaged by the electrical surge when the power is restored.
- Keep refrigerator and freezer doors closed as much as possible.
- Use portable generators cautiously. Make sure they are operated only out-of-doors in a well-ventilated area. Refuel a generator only after it has cooled. Do not connect a generator to your home's electrical system except through an approved transfer switch installed in compliance with the local electrical code.

Unfortunately, after a disaster there may be some people who will try to take advantage of your vulnerability. Beware of high-pressure sales, disclosing personal financial information (account numbers and credit card information) and services provided with no written contract. For information on scams, go to [www.ftc.gov](http://www.ftc.gov).

Before a Fire, plan two escape routes out of each room. Choose a place to meet outside after escaping from a fire. Practice your fire escape with everyone in your home every six months.

## **Volunteer Leader Training Guide**

Plan to use the stairs during a fire evacuation, even in buildings with elevators. If you cannot use stairways, make special arrangements for help in advance.

Sleep with the bedroom door closed. Install smoke alarms inside and outside sleeping areas to give you warning of toxic fumes.

Test your smoke alarm every month. Change batteries on the same day each year.

Vacuum it occasionally to remove dust. Replace smoke alarms every ten years – they lose sensitivity over time.

### **In Case of Fire**

- Remain calm. Drop to the floor and crawl. Most fire fatalities are due to breathing toxic fumes and smoke. The cleanest air is near the floor. Breathing toxic fumes and smoke is more dangerous than the risk of injury in getting to the floor quickly.
- Feel any door before you open it. If it is hot, find another way out.
- If your smoke alarm sounds, never waste time to get dressed or collect valuables or pets. Get out of your home immediately.
- Do not try to fight the fire! Call for help from a neighbor's phone.
- Never go back into a burning building for any reason. Get out and stay out!
- If your clothes catch on fire, drop to the floor and roll to suffocate the fire. Keep rolling (running from the fire only "fans" the flames and makes it worse).
- If you are in a wheelchair or cannot get out of your home, stay by the window near the floor and signal for help.

### **Information on shelters (Slide 13)**

**Say:** 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.

### **Information on Special Needs Shelters (Slide 14)**

**Say:** 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

## **Volunteer Leader Training Guide**

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.

### **Family members in long term care facilities (Slide 15)**

**Say:** 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?

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.

### **General Preparedness Considerations for Seniors (Slide 16)**

**Say:** The likelihood that you and your family will recover from an emergency tomorrow often depends on the planning and preparation done today. While each person's abilities and needs are unique, every individual can take steps to prepare for all kinds of emergencies. By evaluating your own personal needs and making an emergency plan that fits those needs, you and your loved ones can be better prepared. There are commonsense measures older Americans can take to start preparing for emergencies before they happen. Create a network of neighbors, relatives, friends and co-workers to aid you in an emergency. Discuss your needs and make sure everyone knows how to operate necessary equipment. If appropriate, discuss your needs with your employer. Seniors should keep specialized items ready, including extra wheelchair batteries, oxygen, catheters, medication, food for service animals and any other items you might need. Keep a list of the type and model numbers of the medical devices you require. Be sure to make provisions for medications that require refrigeration. Make arrangements for any assistance to get to a shelter.

**Individuals with disabilities and others with access and functional needs (Slide 17)**

**Say:** By evaluating your own individual needs and making an emergency plan that fits those needs, you and your loved ones can be better prepared.

Here are three easy steps to start your emergency communication plan:

**Step 1. Collect information.** Create a paper copy of the contact information including phone, email, and social media info for your family, friends, caregivers, neighbors and other important people/offices, such as medical facilities, doctors, schools, workplace contacts or service providers.

Add information for connecting through relay services on a landline phone, mobile device and computer, if you are Deaf, hard of hearing, or have a speech disability and use traditional relay services or video relay service (VRS)

**Step 2. Share your emergency plans** with the trusted people in your support network – tell them:

- Where your emergency supplies are kept
- What you need and how to contact you if the power goes out
- If you will call, email or text agreed upon friends or relatives if you're unable to contact each other directly
- What medical devices or assistive technology devices that you need to have with you if there is an evacuation order from local officials
- Your plans to remain independent if you require oxygen or mechanical ventilation

**Step 3. Practice your plan with your support network**, just like you would a fire drill.

Discuss your needs and/or the needs of a family member; learn about their assistance or services. Advocate including people with disabilities and others with access and functional needs into emergency planning in your community.

Talk with your employer about your emergency plan, and find out how your employer includes the needs of people with disabilities and others with access and functional needs.

- Even if you do not use a computer, put important information onto a flash drive or mobile device for easy transport in the event of an evacuation. Have your medical professionals update it every time they make changes in your treatment or care.
- Maintain a list of phone numbers for your doctors, pharmacy, service providers and medical facilities.
- Ask your local pharmacy or doctor to provide a list of your prescription

medicine and medically prescribed devices.

- Make hard copies and maintain electronic versions, including a portable thumb drive containing:
  - Medical prescriptions
  - Doctors' orders for Durable Medical Equipment, Consumable Medical Supplies and assistive devices that you use. Include the style and serial numbers of the support devices you use and where you purchased them.
  - Medical insurance cards, Medicare or Medicaid card, a list of your allergies, and your health history.
- If you own a medical alert tag or bracelet, wear it. Keep medical alert tags or bracelets or written descriptions of your disability and support needs, in case you are unable to describe the situation in an emergency.
- If possible, stock extra over the counter and prescription medicine, oxygen, insulin, catheters, feeding tubes, cannulas, tubing, trach tubes, wipes, pads, undergarments, ostomy supplies, leg bags, adhesive and other medical supplies you use.
- If you have allergies or chemical or environmental sensitivities, be sure to include cleaning, filtering and personal items that you may be able to use to decrease the impact of irritants as much as possible.
- If you work with a medical provider or organization to receive life sustaining medical treatment such as dialysis, oxygen, or cancer treatment, work with the provider in advance of an emergency to identify alternative locations where you could continue to receive treatment if you are unable to go to your regular medical provider.
- If you receive in-home assistance or personal assistance services and meals on wheels, work with your provider agency in advance of an emergency and develop a backup plan for continued care.

### **Individuals with disabilities and others with access and functional needs (Slide 18)**

**Say:** Be sure to make A Power Outage Plan

Plan alternative ways to charge your mobile devices, and communication and assistive technology devices before disaster strikes. Plan how you will address your dependence on electricity. Tell your power company if you use oxygen- or mechanical ventilation. Be very clear about what you can expect from them in a power outage. Before disaster strikes, you may register with your power company. They may alert you when power will be restored in an unplanned outage and before a planned outage. This is particularly important if you use oxygen or mechanical ventilation. If you cannot be without power, plan for how you will obtain power backup. If possible, have backup battery,

## **V**olunteer **L**eader **T**raining **G**uide

generator, solar or alternate electrical resources. Explore newer solutions, and also consider foot pumps and other simple tools that might suffice when nothing else works. Charge devices that will maintain power to your equipment during electric outages. Purchase extra batteries for power wheelchairs or other battery-operated medical or assistive technology devices. Keep the batteries charged at all times. Find out if you can charge your wheelchair or devices from a car or using rechargeable marine batteries. Make sure you assemble what you'll need in advance. Backup chargers for a cell phone could include a hand-crank USB cell phone emergency charger, a solar charger, or a battery pack. Some weather radios have a built in hand crank charger. Backup chargers for a laptop or tablet could include a 12V USB adapter that plugs into a car, an inverter, or a battery jump pack with an USB port. Receive important information on a cell phone or smart phone. Sign up for emergency emails and text messages on your cell phone from your local government alert system. Plan how you are going to receive emergency information if you are unable to use a television, radio or computer. This may include having an adaptive weather alert system to alert you in the event of severe weather. Plan for medications that require refrigeration.

If you or someone you provide care for are deaf or Hard of Hearing, be sure to have extra batteries and a spare charger for hearing aids, cochlear implant and/or personal assistive listening device. Keep records of where you got your hearing aids and exact types of batteries. Consider how to receive emergency information if you are unable to use a TV, radio or computer, such as social media or through your mobile device. Use a NOAA Weather Radio for Deaf and Hard of Hearing that has an adaptive weather alert system. Many new cell phones and smart phones have an alerting capability that includes specific sounds and vibrations that can be set to signal users of an emergency. Download the FEMA app to receive safety tips and weather alerts from the National Weather Service for up to five locations across the nation, maps of open shelters and disaster recovery centers, information in Spanish and to apply for assistance. Keep a TTY or other analog-based amplified or captioned phone as part of your emergency supply kit.

If you or someone you provide care for are blind or have low vision, keep Braille/text communication cards, if used, for 2-way communication. Mark emergency supplies with Braille labels or large print. Keep a list of your emergency supplies on a portable flash drive, or make an audio file that is kept in a safe place where you can access it. Keep a Braille, or Deaf-Blind communications device as part of your emergency supply kit. If you use assistive technology devices, such as white canes, CCTV, text-to-speech software, keep information about model numbers and where you purchased



the equipment, etc.

Those with a Speech Disability should consider the following:

- If you use an augmentative communications device or other assistive technologies, plan how you will evacuate with the devices or how you will replace equipment if lost or destroyed. Keep Model information, where the equipment came from (Medicaid, Medicare, private insurance, etc.)
- Plan how you will communicate with others if your equipment is not working, including laminated cards with phrases and/or pictograms

If you or someone you provide care for have a mobility Disability and use a power wheelchair, if possible, have a lightweight manual chair available as a backup. Know the size and weight of your wheelchair in addition to whether or not it is collapsible, in case it has to be transported. Purchase an extra battery for a power wheelchair or other battery-operated medical or assistive technology devices. If you are unable to purchase an extra battery, find out what agencies, organizations, or local charitable groups can help you with the purchase. Keep extra batteries on a trickle charger at all times. Consider keeping a patch kit or can of sealant for flat tires and/or extra inner tube if wheelchair or scooter is not puncture proof. Keep an extra mobility device such as a cane or walker, if you use one. If you use a seat cushion to protect your skin or maintain your balance, and you must evacuate without your wheelchair, take your cushion with you.

Make plans in advance for your service animal's health and safety whether you both stay at home, or throughout evacuation. Stock food, water, portable, water dish, potty pads and bags, and medications. Have identification, licenses, leash, harness and a favorite toy for your service animal. Consider paw protection. You may be evacuating over sharp objects such as debris and broken glass. If you go to a public shelter, by law all service dogs and miniature horses (but no other animals) are allowed inside and must be allowed to remain with you in all areas of the shelter. You do not need to show any proof but you may be asked to answer two questions that service animal owners are taught to anticipate. Some shelters will accommodate other service animals. Know what to expect before you need sheltering. Plan for someone else to take care of your service animal if you are not able to following a disaster.

### **Considerations for those with chronic kidney disease (Slide 19)**

**Say:** Kidney patients on dialysis should add several items to their emergency kit that will help meet their needs if an emergency happens. The kit should include the following:

## **Volunteer Leader Training Guide**

- Emergency phone numbers for your doctors and dialysis centers, as well as another nearby dialysis center
- At least three days' worth of any medicines you are taking as well as a list of medicines and the dosage amount
- If you have diabetes, a week's worth of supplies (syringes, insulin, alcohol wipes, glucose monitoring strips)
- Food for the 3-day emergency diet and a copy of the diet (talk with your health care provider or nephrologist for this diet)
- Place these items in a container or bag that can be carried easily if you need to be evacuated or moved from your home. Rotate the stock of your emergency kit to make sure supplies are not past their expiration dates.
- For people who rely on automated peritoneal dialysis (APD) machine, they can perform manual exchanges until power is restored.

When a widespread emergency occurs, if you are at home and uninjured, you should stay home unless instructed by emergency personnel. Watch television or listen to the radio for any news about your area. For weather related emergencies, you may have some time before the worst hits. Be aware of any weather watches in your area. If you are on continuous ambulatory peritoneal dialysis (CAPD), continue to do your exchanges. Peritoneal dialysis (PD) patients who depend on a cyclor can do manual exchanges. If power is unavailable and you do not know how to do a manual exchange, you should start the 3-day emergency diet-speak with your health care provider or nephrologist on what this emergency diet should contain. People on hemodialysis should start the 3-day diet immediately. Phone service may be interrupted or you may be instructed to leave the phone lines open for emergency calls. Once phone service becomes available, contact your dialysis center. You should also have your current address and phone number on file at the center so they can contact you and arrange a dialysis session as soon as possible.

Sometimes an emergency will require you to leave your home and evacuate to a shelter on short notice. Remember to take your emergency diet items and your necessary medicines, which should be stored in a bag or tote that can be easily carried. Once at the shelter, alert the personnel about your medical needs.

Although individual emergencies are smaller in scale, they can still be as dangerous to your health. Medical-alert bracelets show emergency personnel that you have a special health condition. This is very important if you are unconscious or unable to speak. If you are being treated for injuries, remember to protect your access. Do not allow anyone to inject medication into your access or place anything on it.

### **Considerations for those with diabetes (Slide 20)**

**Say:** Blood sugar levels have the potential of fluctuating a great deal during an emergency due to stress, missed and delayed meals or changes in your normal activity level. For example, during disaster cleanup efforts, increased activity can lead to hypoglycemia. On the other hand,

## **Volunteer Leader Training Guide**

excessive intake of sugar or starchy foods, injury, infection and stress can result in high blood glucose. Monitoring your blood glucose frequently is extremely important when you have diabetes. Your emergency kit should include:

- Alcohol wipes, soap and sanitizers (to disinfect before checking blood glucose levels)
- A glucose monitor with plenty of testing strips
- Blood glucose log and pen
- Lancing device and lancets
- Sharps container or puncture resistant container such as an empty plastic detergent bottle with a cap (to safely dispose of any needles)

Extreme temperatures can destroy insulin and test strips so keep them away from heat and check the expiration dates of all the medications in your kit regularly. You can also store your insulin and test strips where you can access them quickly and place into your kit when an emergency arises. It is also recommended that you wear medical alert identification in case you become unconscious. Don't forget to use your insulin sliding scale guide to correct high blood glucose levels.

Because you may experience low or high blood sugar, prepare for both. If you are not eating as much your blood glucose may become low. Include sugar-free drinks and artificial sweeteners in your emergency kit and use these to replace juice or sugar-sweetened drinks if your blood glucose is high.

Continue taking your diabetes medications as prescribed. Eat at least 50 grams of carbohydrate every 3-4 hours. Symptoms to watch out for include an elevated body temperature and increased breathing and pulse rates. Contact a physician if you experience such symptoms.

To avoid unnecessary injuries to your feet, wear shoes with comfortable clean socks at all times. If you're near broken glass, nails or contaminated water, take extra caution to avoid contact with these hazards. Your emergency kit should also include a small first aid kit with bandages and a five-day supply of a topical antibiotic to treat any superficial wounds. If you do have wounds, apply basic first aid and seek emergency help when available.

### **Considerations for those with COPD (Slide 21)**

**Say:** Notify local fire station and power company if you are on oxygen. This will serve two purposes. It will allow the fire station to insure they stock enough oxygen cylinders for emergencies and also that you have oxygen in your home in case of fire. The power companies will sometimes give a discount for disabilities and in addition they will notify you in most cases of planned power outages and give you a priority for repairs.

Put an emergency kit together to keep in a central location in case of storms or power outages. This should include a battery powered flashlight, radio and cell phone if desired. It should also include an extra oxygen cylinder, a first aid kit and extra equipment for nebulizing or any other medical necessities as required.

This should also include bottled water, canned food, and a non-electric can opener. Make sure you rotate supplies every month so you will always have fresh in an emergency.

Keep periodic checks on power lines coming into your home from the pole source. Most power companies will trim them when needed. If you have a limb that is too close to a powerline it could cause a needless outage if a storm should move through.

In winter you should keep a bag of kitty litter or ice remover close to the door in case of icing and clearing steps as you go down rather than storing it outside and having to get it and spread upward.

If possible a good emergency procedure is to install a remote starter for your car- this way the minimum amount of time has to be spent in cold weather while getting ready to go somewhere.

Have someone hired or designated to clean your drive way in winter. This can solve the problem of having to find someone or possibly trying to do it yourself if you have to go in a hurry.

If feasible purchase a small generator with an electric start to hook into your house current to use if power outage is experienced. This one is only recommended if you are mechanically inclined or have arrangements for someone to maintain it. They can be unreliable in many cases.

Notify your ambulance service where you keep all your list of meds and personal records. This will be of great assistance if you live alone or you are unconscious when they arrive. A pretty much standard place is in the refrigerator or on the door.

Make sure your exterior light works in case an ambulance is called at night. Also a good idea to have your house number displayed clearly close to the street with a light on it to insure there is no delay in finding it if necessary.

Keep driveway clearance to doors clear in case of emergency ambulance

### **Considerations for Caregivers (Slide 22)**

**Say:** If you are a caregiver, prepare a disaster supplies kit for any family member who cannot do so on their own. If this person receives home care, speak with the case manager to see what

## **V**olunteer **L**eaders **T**raining **G**uide

the agency's role would be in case of emergency at home or if evacuation is indicated. Develop home fire escape and evacuation plans and practice them every month in case of fire and other disasters particular to your area. Enlist the assistance of other family members if possible. Find out what provisions are available in your area in case evacuation is needed, especially if your family member requires an uninterrupted power source for survival. Know that you may be directed to a hospital or a medical or functional support shelter and you may need to continue caring for that person during the emergency situation. Be sure to make your back-up assistants and family members aware of all emergency plans.

**Say:** Consider other preparations you can do in advance. For example:

- If the person the person for whom you provide care has dementia and lives in a residential building or attends an adult day center, learn about its disaster and evacuation plans. Find out who is responsible for evacuating everyone in the event of an emergency.
- Be sure the evacuation plan takes special needs into consideration. For example, if a walker or wheelchair is used, how will accommodations be made?
- Provide copies of the person's medical history, a list of medications, physician information and family contacts to people other than a partner/spouse.
- Prepare an emergency kit following all guidelines we've previously discussed.
- Enroll in MedicAlert® + Alzheimer's Association Safe Return®, a 24-hour nationwide emergency response service for people with dementia and their caregivers.
- Purchase extra medication; keep other supplies well stocked.

**Say:** In addition to items already in the person for whom you provide care's emergency kit, consider including:

- Velcro shoes/sneakers.
- A spare pair of eyeglasses.
- Incontinence products, if needed.
- Extra identification items such as an ID bracelet and clothing tags.
- Physician's name, address and phone numbers, including cell phone.
- Recent picture of the person with dementia.
- Hand lotion or other comfort items.
- The person with the disease's favorite item (book, picture, purse).
- Phone numbers for the Alzheimer's Association (800.272.3900) and MedicAlert + Safe Return (800.625.3780).

**Say:** If you know a disaster is about to occur:

Move to a safe place. If the need to evacuate is likely, do not delay. Try to leave as early as possible to minimize long delays in heavy traffic.

Alert others (such as family, friends and medical personnel) that you are changing locations, and give them your contact information. Update them regularly as you move.

**Say:** Other important things to remember, especially for those with Alzheimers, is that during an evacuation, even in the early stage of Alzheimer's, changes in routine, traveling and new environments may increase the risk for wandering and agitation. Stay alert for unexpected reactions that may result from these changes. When appropriate, share the diagnosis with others, such as hotel or shelter staff, family members and airline attendants, so they can better assist. Try to stay together or with a group; it only takes a moment to get lost. Do not leave the person with dementia alone. Do your best to remain calm, as this may help establish a positive

**Say:** Here are some tips for preventing agitation:

Find outlets for anxious energy, such as taking a walk together or engaging in simple tasks. Redirect the person's attention if he or she becomes upset. Move to a safer or quieter place, if possible. Limit stimulation. Make sure the person is taking medications as scheduled. Try to schedule regular meals and maintain the usual sleep schedule. Avoid elaborate or detailed explanations. Use concrete terms. Follow brief explanations with reassurance. Be prepared to provide additional assistance with all activities of daily living. Pay attention to cues such as fidgeting and pacing, which may indicate that the person is overwhelmed. Remind the person that he or she is in the right place. Helpful hints 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. Respond to the emotions expressed rather than the words. For example, "You're frightened and want to go home. It's OK, I'm here with you." Don't argue with or correct the person. Instead, affirm his or her experience, reassure and try to divert attention. For example, "The noise in this shelter is frightening. Let's see if we can find a quieter spot and look at your photo book."

**Say:** Remember to take care of yourself. Find a good listener to hear your thoughts and feelings. Find moments to breathe, meditate and reflect.

### **Review and Wrap-Up (Slide 23)**

**Say:** In review, remember the three things you need to do to be prepared: Get a kit, make a plan, and be informed. Be sure your kit is labeled with your name and consider getting a container with wheels, it may be heavy. If you or your loved one requires mobility aids to get around, include them in the kit. If you or your loved one needs medication or other supplies for chronic disease, be sure those supplies are in your kit also. Make a plan – know what you will do in case you need to shelter in place, but also what you will do if you must evacuate. Know where you will go and how you will get there. Practice your plan and be sure you consider those disabilities and chronic diseases which may impact your evacuation plan. Lastly, be informed. Know what disasters are likely in your area, but plan for others that may be less likely. Know your community members, your neighbors, and your community in general.

Questions (Slide 24)

**Say:** Are there any further questions anyone has?

**Teaching Tip:** *Walk around to answer any questions. Allow participants to discuss with one another and answer questions ad lib.*

**Pass out Post-Class Questions.** Tell participants there are no right or wrong answers to these questions. Read through each question. Tell participants to circle the number choice that best fits how he or she feels about the question. **Take up Post-Class Questions when everyone is finished.**

## Acknowledgement

### The following websites were utilized to create the Emergency Preparedness Among Older Adults education:

- American Red Cross. (n.d.). Disaster preparedness for seniors by seniors. Retrieved from [http://www.redcross.org/images/MEDIA\\_CustomProductCatalog/m4640086\\_Disaster\\_Preparedness\\_for\\_Srs-English.revised\\_7-09.pdf](http://www.redcross.org/images/MEDIA_CustomProductCatalog/m4640086_Disaster_Preparedness_for_Srs-English.revised_7-09.pdf)
- Centers for Disease Control and Prevention. (2017). Disaster planning tips. Retrieved from [https://www.cdc.gov/aging/pdf/disaster\\_planning\\_tips.pdf](https://www.cdc.gov/aging/pdf/disaster_planning_tips.pdf)
- Federal Emergency Management Agency. (2017). Managing water. Retrieved from <https://www.ready.gov/managing-water>
- Federal Emergency Management Agency. (2017). Food. Retrieved from <https://www.ready.gov/food>
- Federal Emergency Management Agency. (2017). Shelter. Retrieved from <https://www.ready.gov/shelter>
- Federal Emergency Management Agency. (2017). Seniors. Retrieved from <https://www.ready.gov/seniors>
- Federal Emergency Management Agency. (2017). Access and functional needs. Retrieved from <https://www.ready.gov/individuals-access-functional-needs>
- Davita. (2017). Emergency preparedness for people with kidney disease. Retrieved from <https://www.davita.com/kidney-disease/overview/living-with-ckd/emergency-preparedness-for-people-with-kidney-disease/e/4930>
- Davita. (2017). Diabetes emergency plan: Are you ready? Retrieved from <https://www.davita.com/kidney-disease/causes/diabetes/diabetes-emergency-plan:-are-you-ready?/e/6943>
- Mi, Carolyn. (n.d.) A helpful list for emergency situations. Retrieved from <http://copdandsomuchmore.com/carolynemergency.html>
- National Institute of Health & National Cancer Institute. (2017). Emergency preparedness at NCI. Retrieved from <https://www.cancer.gov/contact/emergency-preparedness>
- Alzheimer's Association. (2017). In a disaster. Retrieved from <https://www.alz.org/care/alzheimers-dementia-disaster-preparedness.asp>
- Alzheimer's Association. (2017). Emergency preparedness. Retrieved from [http://www.alz.org/national/documents/topicsheet\\_disasterprep.pdf](http://www.alz.org/national/documents/topicsheet_disasterprep.pdf)