

## Safeguarding Seniors During Hurricanes

A new report highlights steps all nursing homes should take.

**A** study conducted by Knight Ridder Newspapers in the aftermath of Hurricane Katrina found that the majority (74%) of deaths in New Orleans resulting from the disaster occurred among adults who were ages 60 years or older; nearly half of those who died were at least 75 years old.<sup>1</sup> From the ailing older people found wandering the airport tarmac without identification and medications to the nursing home residents who drowned when the levees broke, Hurricane Katrina demonstrated that the frailty of nursing home and assisted living facility residents increases their risk of disease, disability, and untimely death during a disaster.

A report released on the second anniversary of Hurricane Katrina, *Caring for Vulnerable Elders During a Disaster: National Findings of the 2007 Nursing Home Hurricane Summit*, underlines the critical roles that nurses play in long-term care facilities' disaster preparedness and response (one of us, [LPW], was a coauthor of the summit report).<sup>2</sup> The report offers findings based on two national summit meetings funded by the John A. Hartford Foundation with support from the University of South Florida and attended by nursing home and long-term care association representatives, emergency planning authorities from eight Gulf Coast states and the federal government, and transportation industry officials. A major conclusion of this group was that, although facilities have existing disaster plans, nursing homes must be integrated into local, state, and federal disaster preparedness efforts. The report also recommends that policymakers and disaster planners

- integrate long-term care facilities into disaster response systems at all levels: national, state, and local.
- give long-term care facilities the same priority status as hospitals with regard to the restoration of power and other essential services.
- maintain communications between long-term care facilities and emergency operation centers and rely, if necessary, on satellite phones and ham radios.

**Long-term care facilities.** Other recommendations direct how long-term care facilities should approach disaster preparedness and response, including

- shelter in place when possible, harden the physical plant to withstand hurricane winds, and plan to provide emergency power.
- know both how the facility is positioned in relation to storm surge and flood zones and the facility's capacity to withstand hurricane winds.
- develop viable plans for both evacuating and sheltering in place that correspond with the facility's risk.
- develop plans for communicating with residents, family members, and staff members before, during, and after a disaster.

- test disaster plans in drills that include identifying and managing those residents with cognitive impairment and those with special needs, such as dialysis and ventilation.

Preparation is crucial. Nurses need to understand the clinical priorities for the patients in their facility prior to, during, and after a hurricane or other disaster. The decision to evacuate or shelter in place is influenced by several factors: the viability of the facility's transportation plan or of its plan and the supplies available for sheltering in place, the building's capacity to withstand hurricane winds and its location in relation to storm surge and flood zones, and the particular needs of the residents being cared for in the nursing home. The director of nursing and the clinical team must be knowledgeable about patients' care needs under both normal and disaster conditions.

**Important considerations in disaster planning.** A facility's disaster plan should indicate how it will respond before, during, and after an event, and anticipate contingencies such as disrupted power and communications and failed equipment. Patient identification systems, such as wristbands or name tags, are critical during an evacuation. Medical personnel must have sufficient information and resources to be able to provide continuity of care (including medications), prevent patients from wandering off the facility (a major concern when caring for people with dementia), identify allergies, and communicate advance directives (such as a "do not resuscitate" order). Nursing homes should have a seven-day supply of medication and equipment on hand. Nurses must also be able to anticipate potential changes in residents' status and plan for problems that may arise, such as pain, new infections, or behavioral changes.

If the facility has to evacuate, the director of nursing should be involved in the decision-making process to identify the health and mobility status of the residents, arrange for the requisite staff, secure supplies and equipment to be moved with residents, and coordinate residents' care upon arrival at the receiving facility.

To read the complete report, go to [www.fhca.org/news/summitfinal.pdf](http://www.fhca.org/news/summitfinal.pdf).—LuMarie Polivka-West, MSP, and Amy Berman, RN

### REFERENCES

1. Simerman J, et al. Assumptions about Katrina victims may be incorrect, data reveal. *Myrtle Beach Sun News* 2005 Dec 29.
2. Polivka-West L. *Caring for vulnerable elders during a disaster: national findings of the 2007 Nursing Home Hurricane Summit*. Tallahassee, FL: Florida Health Care Association Education and Development Foundation; 2007 May 21–27. <http://www.fhca.org/news/summitfinal.pdf>.