





Considerations for Older Adults and People with Disabilities Before a Disaster

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"Being prepared can reduce fear, anxiety, and losses that accompany disasters." -FEMA

Disaster can strike at a moment's notice. Therefore, it is important to have a plan and know in advance what to do in case of an emergency. This is especially true for older adults and people with disabilities. People with access and functional needs or disabilities face a special challenge when staring down a natural disaster. Their needs do not go away in a state of emergency. As a result, preparedness planning requires more considerations.

Disasters disproportionately affect older adults and people with disabilities. Because of medical

and mobility barriers, a quick evacuation can be extremely difficult, even impossible for some. As a result, older adults and people with disabilities have the highest rate of disaster-related deaths and are at higher risk during all phases of disasters. They experience it all from life-threatening challenges during evacuation to adverse psychological consequences associated with recovery, according to the American Psychological Association (APA).

The APA emphasizes that advanced age is not what makes an older adult vulnerable or frail. It is the risk factors and conditions that can accompany advanced age and certain disabilities that make people more frail than younger people. Conditions

can include chronic illness, medication or medical equipment needs, mobility issues, functional limitation, and dementia.

Why It is Important to Create a Plan

Older adults and people with disabilities who live at home and/or rely on informal or formal care may not be able to relocate or move out of danger's way without assistance. They may not be able to survive and recover post-disaster without help. They may need help with daily care, mobility, transportation, medication, even supervision. In addition to accessibility, it is important to think about needs such as access to medication, temperature, and mobility and medical equipment, including oxygen. Some people may not have transportation, or they may have social and economic limitations that keep them from preparing or evacuating.

Some older adults and people with disabilities may feel more vulnerable or more easily overwhelmed. They may even have more trouble hearing, seeing, accessing, or understanding information and/or recommendations about safety and evacuation.

Still others, do not want to believe anything will happen to them. Or they refuse or feel reluctant to leave their home and their possessions, including pets and/or farm animals, behind. They prefer to wait out the danger in the familiarity and perceived security of their home.

After a disaster, it is important to consider the risk of conditions. A lack of safe water and food, extreme temperatures, stress, exposure to infection, lack of shelter or appropriate shelter for medical needs, missing medication, and missing or broken mobility and medical equipment can all be dangerous.

Creating a Plan

The Centers for Disease Control and Prevention (CDC) says older adults and persons with disabilities living at home (and their families) should plan for natural disasters and emergencies. The CDC emphasizes that it may take time for responders to organize and reach disaster victims.

Therefore, the CDC recommends stocking basic supplies, such as nonperishable food, water, medicine, flashlights, batteries, radio, and a first aid kit. They recommend planning ahead to secure your house (lock doors, board windows, shut off power), get gas for your car, make plans for animals, and restock emergency kits, etc. The CDC, Federal Emergency Management Agency (FEMA), AARP, Red Cross, APA, Substance Abuse and Mental Health Services Administration (SAMHSA), and many other organizations also recommend creating an emergency plan. They specifically say to consider this list of things:

1. Educate yourself about potential threats.

One of the first things older adults, those with disabilities, and/or their families can do is learn about the kinds of disasters and risks that might happen in the area you live. It is also important to learn about what you can do to prepare depending on where you live.

We know, for example, that Western Kentucky is in tornado alley. It is important to know the difference between a watch and a warning, understand your local warning system, identify the signs of a tornado, and have a safe place chosen for taking shelter. Western Kentucky also is in the New Madrid Seismic Zone and plans should include awareness of what precautions and plans to make in case of an earthquake. We know that Eastern Kentucky is prone to flooding. In these areas, people need to listen for emergency warnings and have a plan to get to higher ground, with a second

location as a backup. The Gulf and East Coast should know to expect hurricanes, the northern states are more susceptible to blizzards, and out West may deal more often with wildfires and earthquakes. Regardless of the disaster for which you may be more prone, learning what you can do and planning ahead can save your life.

2. **Know your resources**. How will you find out if experts predict a natural disaster? Do you have a radio? Telephone? Weather station? Are these accessible to your needs if you have a vision or hearing impairment? For people who are deaf or hard of hearing, for example, weather radios have text displays and flashing lights. BrailleWorks recommends people who are blind or have low vision contact their local city or county emergency services department to ask about a Priority Needs List for which they can register. If so, a call alerts rescue services about needs that might require extra help during an emergency.

Do you know your community's plan for evacuation or taking shelter? Where are the designated shelters near you? Do you know if they accommodate people with disabilities?

Many local and federal agencies have guides and lists of resources related to disaster preparation and recovery. The more familiar you are with weather alerts, resources, and actions to take, the more prepared you will be to act. A list of some of the many resources is available at the end of this publication.

3. Plan and practice your escape route at least twice a year. Planning your escape should include where you will meet your family or friends. Decide on a safe location or shelter. Do you need ladders to get out of second story windows? Do you have a second way out? If you cannot drive, is there a plan with a family member or neighbor or driver to get you? If you cannot transfer on your own or your



mobility aid is lost or damaged, do you have a backup?

Evacuate early versus later. It is better to get ahead of rain, flooded roads, debris, etc., than to navigate in it.

4. Make a communication plan. Develop an emergency communication plan with your family, friends, and/or neighbors. Think through how this plan needs to look if you have a communications disability. Choose a key person(s) to whom you will report intended whereabouts and well-being during the disaster. The APA recommends developing a phone call chain of at least three people you can count on during an emergency. NOTIFY YOUR CONTACT PERSON(s) IF YOU LEAVE OR DEVIATE FROM THE PLAN.

FEMA reminds people to talk through the what if ... questions when planning. What if I lose electricity? What if the elevator does not work? What if my cell phone does not work? What if I get separated from my family? What if I get hurt? What if I cannot get out?

Plan how you will contact each other if you are not together and/or if power and cell towers go down. Some life-saving ways to communicate during a power outage can include CB radio,

satellite phones, and HAM Radio. Charge cellphones and get backup batteries. If cell towers are still working, you can use cell phones and charge them in a car. Keep calls brief, save battery by putting it in airplane mode when you are not using it, and reduce the brightness on the screen.

When communication is cut off and abilities allow, it is good to set a meeting place in a familiar and convenient spot. Recognize that this spot might need to change.

5. Make AND maintain an emergency kit.

Package the kit in a way that you can easily grab it and go. You may consider a backpack versus a bucket or plastic bin so your hands are free. If you cannot carry anything, plan for someone to come get you. Think about if you are trapped. What sorts of things will you need for a few days on your own?

It can also be helpful to have a checklist of items to bring with you like medications, glasses, hearing aids, assistive technology, mobility and medical equipment, and backup batteries. Make copies of prescriptions, emergency contacts, health-care providers, mobility and medical equipment including style and serial numbers. Keep copies of these lists with you in a waterproof container as well as in another location, such as a family member's home. Make advanced plans to take a pet with you or make arrangements with a vet or shelter. According to the CDC, many emergency shelters do not allow people to have their pets because of health, safety, and noise concerns. Make advanced arrangements for where you might go if you need to leave your house: a family member, friend, shelter, hotel, etc. Some shelters provide access to medical care. If you have medical needs, do not wait. Make arrangements with shelters equipped for medical care in advance of the disaster if possible.

Make sure to include these items in your emergency kit:

- Three-day supply of nonperishable food (and a way to open the food)
- Three-day supply of water (one gallon of water per person per day)
- Two-week supply of medication (freezer packs and an insulated bag to keep them in if necessary)
- Batteries and radio or TV
- Two-way communication devices
- Flashlight and extra batteries
- Pot for boiling water
- First aid kit
- Create an identification band with your name, list of allergies, and an emergency contact name and number
- Sanitation and hygiene items (soap, moist towelettes, toilet paper, dry shampoo)
- Lighters or matches in a waterproof container
- Duct tape
- Manual can opener
- Extra clothing and shoes
- Rain or waterproof gear
- Blankets
- Air mattress
- Multipurpose tool, such as a Swiss army knife
- Photocopies of credit and identification cards
- Recent photos of people
- Cash and coins
- Individual items, such as prescription medications, eyeglasses, contact lens solutions, incontinence undergarments, and hearing aid batteries
- Cell phone with charger, including a car charger
- Whistle
- Extra set of car and house keys
- Food, water, photos, and other supplies and paperwork for a service animal and pet(s)

In addition to remembering where you put this emergency kit, you need to maintain it so the items are in good shape when and if you need

it. It is a good idea to revisit the kit at least once a year and update supplies or change out supplies as needs change.

6. **Consider specific needs** — for people who are older and for those with disabilities.

Do not wait until the last minute. Help older adults and people with disabilities evacuate before the emergency. Make advanced arrangements for where you might go if you need to leave your house — a family member's or friend's house, shelter, hotel, etc. This will keep older adults and people with disabilities from waiting in long lines and sleeping in crowded and loud places. Some shelters provide access to medical care. Specific to disability, FEMA recommends the following to consider in your plan:

- Appropriate and accessible evacuation transportation based on need
- Evacuation plan for people with mobility and medical devices, including a plan for if equipment is destroyed or lost
- Shelters or centers that include medical care (consider health maintenance and lifesustaining treatments needs)
- Backup plans for medical equipment during power outages
- Medical alert bracelets
- First aid kit (medication, gloves, face covering, soap or antibacterial towelettes, antibiotic ointment, bandages, eye wash solution, aspirin or other pain relief medication, anti-diarrhea medication, laxative, scissors, tweezers, etc.)
- Communication plans and backup plans for those with communications disabilities
- Whistles to help rescuers find a person if they can't evacuate or are trapped
- Plan for service animals, pets, and farm animals

If people have mobility issues, part of your plan must include how people will transport and what to do if equipment is broken or lost. If you have a motorized chair, for example, is there a lightweight manual chair you can use as a backup? Keep extra mobility aides, like a walker or cane in your emergency kit. Do others know how to operate the equipment? If you have a cushion that protects your skin, be sure to take your cushion when you evacuate. Be sure to write down model information, including serial number and where the equipment came from (Medicaid, Medicare, or private insurance).

If someone is blind or has a visual impairment, how can you help them when they may not see obstructed and unfamiliar paths. Be sure emergency supplies have Braille labels or large print. Create an audio file of the emergency kit items and evacuation plan to save on their phone or a portable flash drive that is easy to access. Keep a Braille or deaf-blind communications device in the emergency kit.

Those with hearing impairments need extra batteries for their hearing aids or their battery recharging accessory. Keep hearing aids on the nightstand so you can grab them easily in the middle of the night. Keep a pen and pad of paper in the emergency kit to help with communication.

For those with dementia and cognitive disabilities, the ability to remember, reason, and make appropriate decisions may be impaired. You may want to pin a business card or note on a person to alert emergency personnel of cognitive issues when they work on evacuation and rescue. It is helpful to add identification labels on or in clothing with name and contact information. The National Institute on Aging recommends keeping an item of worn clothing in a sealed plastic bag to help dogs find missing persons and keeping a photo to help rescuers. The National Institute on Aging also recommends ID bracelets and/ or enrolling in the MedicAlert® + Alzheimer's

Association 24/7 Wandering Support Program, an identification and support service for people who may become lost.

7. Make copies of important documents and share emergency contact cards and medical information. Writing down emergency medical information and contacts allows others to know your medication(s), adaptive equipment, blood type, allergies, immunizations, illnesses, etc.

In addition to making emergency contact cards, it is important to make copies of important papers and put these in waterproof pouches. Such documents might include a passport, driver's license, Social Security card, wills, deeds, financial statements, insurance information, marriage licenses, prescriptions (including doses and pharmacy contacts), health-care providers, advanced directives, mobility and medical equipment including style and serial numbers. Keep copies on you AND off-site, such as a safety deposit box and/ or with someone you trust.

8. Service animal, pets, and farm animals.

Older adults and people with disabilities may have a service animal, pets, or farm animals. Do not abandon your animals. Make plans to take service animals and pets with you or make arrangements with a vet or shelter. If the pet is not a registered service animal, a shelter likely will not accept them because of health, safety, and noise concerns, according to the CDC. Like people, it is important to have copies of your animal's medical records. You should also write down and share the contact information for your veterinarian. In an emergency service animal/pet kit, keep a photo of your animal for identification and pack medications, food, water, collars and a leash, blankets, toy, and a carrier, if appropriate. FEMA reminds people to plan year-round for farm animals. FEMA suggests that all farm animals have some form

of identification, that you evacuate the animals early with primary and secondary evacuation routes mapped out, seek experienced drivers and handlers, ensure their destination has proper provisions like food, water, and veterinarian care. When evacuation is not possible, FEMA says be prepared to turn animals loose outside or move them to a barn. Visit ready.gov/pets for more information.

Older Adults in Long-term Care Facilities

Where a person lives and the types of support they receive can greatly affect a person's safety and well-being during a disaster. The law requires communities such as nursing homes, assisted living facilities, and memory care units to provide assistance in states of emergency. This can be a big task, however, because of the frailty of residents' physical and mental states. Residents may not be able to walk on their own and some may have difficulty following directions because of cognitive impairment. Others may have life-sustaining medical equipment and mobility devices that need to be moved during an evacuation. Every senior living facility should have a disaster preparedness plan that includes rules for both evacuating and sheltering in place. For more details, see The Centers for Medicare and Medicaid Services Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers Final Rule. This guidance requires health-care providers participating in Medicare and Medicaid to meet specific requirements that emphasize a coordinated response and increase patient safety.

Family and community members should ask questions about how long-term care facilities handle emergencies so you can understand the plan of action and how it fits in with your own emergency preparedness plan.

The CDC and Aging Care recommend asking the following list of specific questions:

General Emergency Planning

- How does the facility define an emergency?
- What emergency plans are in place for evacuation and sheltering in place?
 - Or How does this plan work with community resources and city/county/state emergency management?
 - ° When will an evacuation occur?
 - ° How will it be carried out?
 - ° How do you get residents down the stairs if the facility is multilevel?

Staff Training

- What sort of staff training do you provide?
- Do you practice your emergency response plan?
- Are there enough staff able to execute emergency procedures during all shifts?

Family Communication

- Who and how will families be notified that a resident has been evacuated?
- Is there a number for families to call for information before, during, and after an event?

On-Site Resources

- Are sufficient supplies and generators available?
- How long will backup systems provide power?
- Are extra medical supplies, equipment, and medications (at least a seven-day supply for each resident) stored on-site?
- How much emergency oxygen is available in portable cylinders?
- Is the facility prepared with enough water and nonperishable food for residents and staff?
- Do residents have emergency supplies and first aid kits in their rooms? (Kits should have clothing, toiletries, a flashlight, ID, and other critical items.)

Evacuation Procedures

When and how will residents be evacuated?
 Are there contracts in place with transportation providers to relocate residents?

- Where will residents be evacuated to? Are there contracts in place with other facilities to provide temporary housing for displaced residents?
- Do family members have the right to evacuate their loved ones on their own if they choose? How would this decision affect a senior's residency in the facility and associated costs?
- How are elders who are on life support or receiving hospice care transported?
- If the building must be evacuated quickly, what procedures are in place to ensure that no residents are misplaced or left behind?
- How will residents be identified during and after an evacuation?
- If the facility is evacuated, how are residents' charts, medical information, medications, and other supplies transported and when?
- Can family members meet residents at a designated location? Can they help loved ones at the facility to prepare for evacuation?
- Will a trained employee ride with residents on each vehicle to oversee their care as needed?

Conclusion

Surviving a disaster as a older adult or person with a disability is complicated. A disaster can interrupt and prevent access to life saving services. According to the CDC, emergency preparedness saves valuable time and lives. The danger in lack of planning and/or ignoring evacuation recommendations is deadly. AARP reported that more than 70% of those who died during Hurricane Katrina were older adults who refused or were unable to evacuate. Reports to the U.S. Senate Special Committee on Aging show that people with disabilities are two to four times more likely to die or sustain catastrophic injury than those without disability. Therefore, it is important for family, friends, and community members to develop a plan should a natural disaster occur.

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 Planning for Older Adults: https://www.samhsa.gov/dtac/
 disaster-planners/older-adults
- SAMHSA Disaster Distress Helpline 24/7, 365 days-a-year. Call or text 1-800-985-5990. ASL support is available. "The Disaster Distress Helpline puts people in need of counseling on the path to recovery. ...staff members provide counseling and support before, during, and after disasters and refer people to local disaster-related resources for follow-up care and support."
- United Way 211 https://www.unitedway.org/recovery# 211 specialists will connect you to resources before and after a disaster.

This publication is part of the "In the Face of Disaster" Publication Series:

- Preparing Your Family and Home Before a Natural Disaster
- Protecting Your Family and Home After a Natural Disaster
- Considerations for Food and Water Before a Natural Disaster
- Keeping Food and Water Safe After a Natural Disaster
- Financial Considerations Before a Natural Disaster
- Financial Management After a Natural Disaster
- Considerations for Older Adults and People with Disabilities Before a Disaster
- Helping Older Adults and People with Disabilities Cope After a Disaster
- Navigating Trauma After a Natural Disaster