Issue Brief

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# Emergency Preparedness for Older People

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*Within 24 hours following the 9/11 terrorist attacks, animal advocates were on the scene rescuing pets, yet abandoned older and disabled people waited for up to seven days for an ad hoc medical team to rescue them.*

## Introduction

Following the attacks on the World Trade Center on September 11, 2001, older people and persons with disabilities living near the disaster area were trapped for days before being rescued. In response, the International Longevity Center-USA contacted local and citywide organizations that serve older people to find out how they had dealt with the emergency and to discover what resources were available to aid vulnerable sectors of the city in the event of a future emergency.

Not surprisingly, agencies with well thought-out emergency plans that held regular training drills were better equipped to handle large-scale emergencies than those that had not prepared. However, planning was only part of the solution. Hundreds of disabled and aging persons were not known to these organizations; workers were looking only for people who had been in contact with their agency and were on a list. Isolated individuals and those who had had no contact with a service agency were not in the network. The breakdown of telecommunications and the inability of workers other than emergency personnel to gain access to the area near the disaster exacerbated the situation.

In the months following the 9/11 attacks, interviews with representatives from emergency organizations, including the Federal Emergency Management Agency (FEMA), the American Red Cross, the Office of Emergency Management for the City of New York, the police and fire departments, as well as representatives of citywide organizations that assist older and disabled people, revealed four significant shortcomings. In brief, New York City's system for providing emergency assistance to its most vulnerable populations lacked:

1. Appropriate emergency management for older and disabled persons
2. Citywide coordinated community services
3. A system to identify and locate older and disabled people
4. Pertinent public information before and after emergencies.

The information gained from these interviews formed the basis for a coordinated plan of action that utilizes emergency and social service networks to provide rapid and comprehensive assistance. Although this disaster plan was developed to meet the needs of vulnerable New Yorkers, it is our hope that it can be used in cities around the country for any type of emergency.

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International Longevity Center–USA

## Critical Issues in Emergency Preparedness

### Breakdown of all communications

The destruction of the World Trade Center affected telephones, cell phones, e-mail, television, and radio throughout the city. Mail and newspaper delivery was halted below 14th Street, and virtually no information was disseminated regarding public transportation changes. Persons who were vision impaired or unable to read English were especially impacted, contributing to their confusion and anxiety.

**Recommendation:** A backup communications system to update and disseminate emergency information.

### Access for essential services

Service personnel lacked access to older and frail residents living in the "frozen area." Essential services, such as meals for the homebound and home health care, were not delivered because staff had no official authorization to carry out their responsibilities. Emergency workers believed the buildings had all been evacuated, but disabled people who were unable to leave their apartments were left behind with no electricity (and therefore no television, radio, lights, elevators, refrigerators, etc.), no running water, and no information about what was happening and what they should do. Home health aides were unable to check on whether or not their patients had been rescued. They were denied access because they lacked identification showing that they were service professionals. In one such instance an aide could not reach her quadriplegic patient. The patient was alone for three days until an ad hoc Red Cross team of medical professionals searched the building and found the critically ill resident.

**Recommendation:** A system to identify community service providers and permit them to enter a disaster area in order to provide critical assistance and information to older and disabled people.

### Appropriate emergency planning for older and disabled people

Emergency organizations, such as FEMA and the American Red Cross, were not prepared to assist older and disabled people living near Ground Zero. For seven days or more following the attacks, older and disabled people were still unidentified and neglected in the surrounding residential buildings. Representatives from FEMA and the Red Cross said that there were no formal plans to reach out to these populations in the emergency situation that existed in the aftermath of the attacks. They had to respond in an ad hoc fashion; for example, FEMA set up an emergency phone line to provide referrals for older people, and the Red Cross created a search-and-rescue medical team for buildings near Ground Zero.

**Recommendation:** All emergency organizations should have a formal plan to assist special-needs populations.

### Coordinated community services

There was no citywide emergency plan that coordinated community services on behalf of vulnerable people following the disaster. Although community service agencies that serve older and disabled people did their best to provide care for their clientele following 9/11, there was no coordination to ensure that comprehensive care was available to everyone who needed it. Hundreds of people unknown to organizations were neglected for days. Some agencies did not know where or how to get volunteers while other agencies were flooded with calls from potential volunteers who had to be turned away. If there had been a central office coordinating the supply and demand of volunteers, agencies would have been better able to meet their clients' needs.

In creating a coordinated citywide emergency plan, one organization could take the lead in building a consortium of representatives of agencies that serve older and disabled populations. This consortium could devise a system in which agencies would pool their resources. The lead organization would appoint a contact person to serve as the liaison to FEMA, the Red Cross, the Area Agency on Aging, the Salvation Army, the police and fire departments, and other emergency organizations.

**Recommendation:** Create a citywide emergency plan for older and disabled people.

### System to identify and locate older and disabled people

Currently, there is no effective way to identify vulnerable people who are not connected to a community service agency; the fire department has a system, but it is not updated in a timely fashion. The plight of the old and disabled who were abandoned for three days in buildings that had been evacuated highlights the need to develop a system to assist emergency teams in pinpointing sites that house a high percentage of vulnerable people. By knowing ahead of time that certain areas have a high density of frail people, emergency personnel will be prepared to comb the buildings in search of those in need.

A lead organization, or several organizations working together, could use easily obtainable information, sources such as census reports and city demographics to map out neighborhoods with a high concentration of older and disabled people. Organizations that deliver citywide services could also be enlisted to provide support. On a more local level, community boards and other neighborhood organizations could be encouraged to work with local vendors, landlords, co-op boards, and houses of worship to assist in establishing the location of buildings that house people who need special assistance. Additionally, neighborhood community service programs could be identified and their personnel and volunteers trained to work collaboratively with emergency personnel to help locate people and provide assistance. This type of coordinated response system would be overseen by the lead liaison agency.

**Recommendation:** Develop a city map highlighting neighborhoods with a high concentration of older people, as well as more detailed neighborhood maps.

### Public information before and after attacks

Information before, during, and following an emergency is crucial to ensure that everyone remains safe, that all receive necessary services, and that they know the appropriate contacts for their special needs. In the aftermath of 9/11, people did not know whom to call for assistance, and there was much confusion over identifying and accessing telephone numbers of organizations that could help older and disabled people. Some organizations received hundreds of calls and acted as emergency referral sources, directing callers to appropriate agencies. An official emergency telephone hotline for older and disabled people should be developed. It could be housed in one or two of the consortium organizations and, during an emergency, staffed by members of the consortium.

Since most people think of emergency services only when they are faced with an actual crisis, it would be useful to disseminate, through media and other channels, information that is easily accessed in an emergency. The telephone hotline numbers should be included, as well as agencies that the aged and the disabled rely on for transportation, meals, home care, medical and mental health care, medical equipment, prescriptions, and financial aid. This information could be distributed as a public service several times a year through newspapers, mailings, and brochures in doctors' offices.

**Recommendation:** Disseminate information on public services and emergency planning several times a year.

### Geriatric mental health care

There is a shortage of mental health practitioners experienced in working with older clients and a lack of general knowledge about how mental health problems are manifested in older people. With better awareness of the symptoms, practitioners can intervene more quickly and appropriately.

**Recommendation:** Develop and enhance geriatric mental health care.

### System to provide emergency prescription refills

Inability to refill their prescription medications was a critical problem for older people. Local pharmacies were closed, doctors' offices were difficult to reach, and older people could not physically get to other pharmacies to pick up their medications. Several organizations used an ad hoc approach.

**Recommendation:** Develop a universal system of providing medication or prescription refills on an emergency basis.

## A Comprehensive Citywide Plan

Based on exhaustive investigations and interviews, the following approach to emergency management was developed:

### An Emergency Planning Committee

A consortium of organizations specializing in special-needs populations, such as clients who are aged, physically or mentally disabled, or vision and/or hearing impaired, would form a coalition to devise a strategy to meet their clients' needs in an emergency. The committee would recommend that such a strategy be adopted by the emergency organizations and included in their overall emergency plans. One committee member would be appointed liaison to the organizations and would work with them to mobilize community services where needed during an emergency. The committee would oversee the development of the following:

A map of neighborhoods with high concentrations of people with special needs would identify specific areas within the city that have a high percentage of older and disabled people who may be in need of special assistance. If possible, buildings that house large numbers of such individuals could be identified.

A map of community service providers by neighborhood would be created. By working at the neighborhood level and preparing in advance, community service providers could mobilize to provide crucial services to the most vulnerable in their constituency.

A comprehensive database of frail older people with addresses and contact information could be derived from existing client lists, census data, and through voluntary reporting. This would assist in identifying people who are not affiliated with any organization and who are at special risk during an emergency. At the neighborhood level, tenant and neighborhood organizations could help identify vulnerable people.

A citywide emergency hotline providing referrals and information on services for people with special needs would help minimize duplication and confusion. Each organization would develop its own list of services and provide volunteers to assist in answering the phones.

One central registry for volunteers would provide a more effective use of their service. One citywide center would collect information on volunteers and match them with the needs of organizations and special subpopulations among the vulnerable, such as immigrant neighborhoods with limited English fluency.

Existing community coalitions, including community boards, interagency councils, houses of worship, and neighborhood organizations, could help disseminate telephone numbers and information on emergency services to older people and disabled residents, elected officials, local leaders, neighbors, and vendors.

### Public Agencies and Community-based Organizations

Each agency should have its own comprehensive emergency plan that will ensure the safety of and provide services to its staff and clients. The plan should be available to all staff at all times. Additionally, there should be regularly scheduled training on the plan with special emphasis on preparing new staff. The plan should include:

> Emergency contact information for all staff, especially executive officers and other key personnel, accessible to all staff
> Emergency contact information for all clients
> A system for providing medical and mental health services for staff and clients
> An audit of risk factors to limit exposure to risk, which is usually required by insurance companies
> An off-site listing of office hardware and software
> A list of ID numbers and vendors of office equipment
> Insurance on key employees
> Insurance on business interruption services

> An identification program (e.g., badges) for employees and volunteers
> A backup location for employees to meet and carry out essential activities if access to offices is restricted
> A backup communication system for employees
> A redundant data system that allows multiple ways to access client information if the main office is inaccessible
> Good relationships with local organizations, stores, and vendors who can provide essential items in an emergency, such as food, water, and clothing.

## A National Educational Campaign

An educational campaign to help people prepare for all types of emergencies would enable vulnerable people and their caregivers to feel more in control and less anxious. Federal, state, and local organizations could conduct an educational campaign for older and disabled people and their caregivers about emergency preparedness and how to help themselves during a disaster.

Part of the educational campaign could include instructions about the following:

> Each person should keep an emergency box that includes a transistor radio, flashlight, batteries, a blanket, a three-day supply of medications, nonperishable food, water, cash, and if possible, a cell phone.
> Each person should keep a list of important phone numbers handy, such as family members, doctors, and pharmacists.
> Each person should keep a list of all prescriptions.
> Each person should provide a contact-information list of friends, neighbors, agencies they frequent (senior centers), doctors, caregivers, helpers, and local vendors (neighborhood deli, coffee shop) who know them to her/his family and friends to serve as a backup to help locate and contact the older person during emergencies.

There should also be a public information campaign to alert older and disabled people and their caregivers about services that are available to them and what organizations to contact for information and assistance. This will help them to plan for comprehensive care year round and in the years ahead.

Finally, a campaign to inform people on how to prepare for and react to bioterrorism would help alleviate much of the misinformation and subsequent anxiety.

## Conclusion

Since the population of older people is growing throughout the United States, it would be appropriate to develop plans of action in the event of a disaster—be it a terrorist attack, flood, hurricane, tornado, or snowstorm—for older people as well as for other vulnerable populations who need special assistance. Planning ahead will minimize the potential neglect that can result in trauma or death. In order to reach out to vulnerable populations, emergency organizations could work with a local representative familiar with community service agencies mobilized to assist in search and care. By including a comprehensive citywide plan that utilizes existing public agencies, community-based organizations, special-needs services in the emergency plans of the police and fire departments, FEMA, the American Red Cross, and the offices of emergency management, we can ensure that all citizens will receive appropriate and timely care.

This report is intended to serve as a conceptual model for universal use in emergency preparedness for older and disabled people.

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