

Regional Preparedness Efforts for Seniors

Seniors Reaching Out to Seniors

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Eastern Montana doesn't have taxi cabs, shopping malls, or coffee chains on every corner. It does have something more important—friendly, fiercely independent people who take care of their neighbors and don't hesitate to help wherever they are needed. Taking that friendly, independent spirit into account, the Retired and Senior Volunteer Program (RSVP) of the Richland County Health Department located in Sidney, Montana, created a program called Seniors Outreaching to Seniors (SOS).

Although eastern Montana is more rural than much of the United States, it shares one thing in common with the rest of the country—an aging population with Baby Boomer children assuming the role of caregiver.

The intention of SOS is to give Baby Boomers and their parents a sense of security by connecting them to their community. Volunteers make regular contact with seniors, thus enabling them to live independently in their own homes as long as possible. SOS relies heavily on the use of the telephone for communication so people of all abilities are able to volunteer, even housebound individuals.

Getting started

Initially, SOS focused solely on disaster preparedness. Through collaboration with other agencies that serve the senior population in Richland County (Richland County Ambulance Service, Sidney Health Center, four senior citizen centers, and three assisted living facilities) and in talking to the seniors themselves, health department staff concluded that the program had to expand if it was to achieve the project goal of enabling seniors to live independently in their own homes.

Of the seniors surveyed, the overwhelming majority stated that they felt alone. Many of them were widows and had no children living in the vicinity of Richland County. Many of the seniors contacted were too proud to confess to their friends that they were lonely. They didn't want to bother anyone with their problems.

After assessing the feedback, SOS coordinators decided that a three-pronged approach would be the best way to accomplish the goal of allowing seniors to live independently in their own homes: disaster preparedness, outreach through phone calling, and home safety inspections.

Disaster preparedness

RSVP is working with local Disaster and Emergency Service emergency preparedness coordinators to create a database of people who would need additional services in case of an emergency. This database allows SOS volunteers and first responders to react in the most effective way during a disaster.

All three agencies are collaborating on developing a rating system, based on the SOS database, to determine who would need the most help during an emergency, which will enable volunteers and first responders to respond based on seniors' physical conditions and needs.

Likely disaster scenarios in eastern Montana are severe snowstorms and electrical outages. During either of these events, SOS volunteers would call people on their lists to make sure they have heat, food, medicine, and other necessary supplies.

Everyone who signs up to participate in the SOS program receives a "File of Life" kit free of charge. The File of Life enables local emergency medical technicians (EMTs) to obtain a quick medical history of a patient when he or she is unable to offer one. The kit consists of a card that is kept in a red plastic pocket labeled File of Life. It lists the patient's name, emergency medical contacts, insurance policy, social security number, health problems, medications and dosages, allergies, recent surgeries, religion, and a preferred doctor's name. The pocket is held to the outside of the refrigerator by a magnet; a smaller version is also available to fit in a purse or wallet. People who fill out their File of Life cards are put into the SOS database, which is used in the event of a disaster to determine how much help they would need.

Josh King, director of the Richland County Ambulance Service, has worked closely with RSVP in the implementation of File of Life kits in the SOS program. He has trained all of his EMTs to look automatically on people's refrigerators for the red File of Life magnets when they are dispatched to a home. He has also made it his mission to educate the public about the importance of making sure their loved ones have File of Life kits and to alert the EMTs to that fact when they arrive on a call.

The local Emergency Medical Services (EMS) in Richland County holds quarterly tabletop exercises, and plans are underway to add the rating

system to a tabletop to test its effectiveness in the event of an evacuation of SOS participants.

Outreach through phone calling

The Richland County Health Department has many programs that work with senior citizens in Richland County. In the past, the Fire and Fall Program, which is no longer active, performed installations and checks of fire alarms, along with checks for fall hazards in senior citizens' homes. Through casual conversation one day, the Fire and Fall coordinator remarked that most of the senior citizens who requested smoke alarm checks and installations were desperate for socialization. Many times, clients would beg them to stay and visit after their inspection was done. Outreach through phone calling was born. This service is available to anyone who wants to socialize and make new friends. It involves weekly or monthly phone calls by volunteers. If senior citizens are housebound or have mobility issues, this is a way for them to give and receive social interaction. Additionally, health department staff members can check in on seniors to see if they need anything.

During Public Health Week this year, the Department placed a flyer seeking SOS volunteers in both of the local papers. The first person to call and volunteer was a woman residing at Sidney Health Center's Extended Care, a long-term care facility. She said that although she was a resident of Extended Care, she had a telephone in her room, and she wanted to volunteer to make phone calls to people. This was a great indication to us that no matter what the level of physical ability, anyone can enhance another person's life.

Home safety inspections

The third component of SOS is home safety inspections. Although the Richland County Health Department no longer has a Fire and Fall Program, SOS has assimilated some of Fire and Fall's components. Volunteers perform quick assessments of the inside and outside of homes to determine whether there are any obvious hazards that could easily be fixed. The volunteers look for such things as properly placed smoke detectors with working batteries, rugs that could be tripping hazards, and banisters on stairwells.

RSVP's goal is to have 300 participants and volunteers enrolled in SOS by June 2008. Coordinators are confident that SOS will make a major difference in the lives of senior citizens and their ability to remain independent in their own homes as long as possible. ■

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Puget Sound Windstorm 2006 Teaches Lessons

On the evening of Thursday, December 14, 2006, western Washington experienced one of the most powerful windstorms in the region's history. The storm brought torrential rainfall and winds measuring 90 mph along the coast and 70 mph in the Puget Sound region. More than one million people lost power, and road access was limited in some areas. The effects of the storm extended over a period of days and in some cases lasted more than a week. The power outage had a huge effect on the regional health care system, as hospitals were swamped with people who needed power, light and warmth. Some nursing homes had to rely on alternative power sources, which were frequently inadequate, for their daily operations; as a result providing heat, laundry, and even food became a challenge.

Friday morning, Public Health - Seattle & King County (Public Health) activated its Emergency Operations Center (EOC) to manage the health and medical needs of the region, with support from the King County Healthcare Coalition. The King County Healthcare Coalition is a network of health care organizations and medical providers with a commitment to the coordination of emergency preparedness and response activities in King County. Its membership includes all local hospitals in the area, as well as many other partners, such as the Puget Sound Blood Center, the Washington Poison Center, local community health centers, and other agencies.

As part of the Public Health EOC, the King County Healthcare Coalition's Regional Medical Resource Center (RMRC) coordinated medical assets and communications for the health care system and supported hospitals and long-term care facilities in the county. The RMRC staff used the state Department of Social and Health Services' lists of nursing homes and boarding homes to identify facilities that might not have power and to assess which facilities needed resources to "shelter in place," or in other words, remain where they are during the emergency.

Over the course of the week, the RMRC tracked the status of 23 hospitals and more than 200 nursing homes and boarding homes throughout Seattle and King County. In addition, the RMRC located generators, fuel for generators, firewood, refrigerated trucks, and transportation. The RMRC coordinated with the American Red



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Fallen trees knocked out power around the region during the 2006 windstorm.

Cross to deliver cots and blankets to nursing homes and community partners. If the homes were not reachable by phone, first responders visited them to check on their welfare. The RMRC also worked closely with the local electric power companies to ensure that nursing homes, boarding homes, and hospitals were placed high on the priority list for power restoration.

By Saturday, December 16, with a large number of long-term care facilities still without power, the Public Health EOC established a medical needs shelter as an option for any nursing home in King County needing to get its residents out of the cold and dark. Community shelters commonly cannot accommodate people with medical or medical equipment needs. Therefore, the alternative presented by Public Health was designed to meet the needs of medically fragile people. The shelter was open to provide heat, comfort, and basic medical services to medically fragile residents as an alternative to an emergency room visit.

By Monday, December 18, a nursing home evacuation to the shelter was underway. Thirty nursing home residents, along with their medical equipment and staff, were housed and monitored for 36 hours until the nursing home's generator was repaired. Public Health staff worked around the clock for the duration of the storm, ready to provide basic clinical services and support to the nursing home clinical staff. Based on the Public Health-EOC/RMRC assessment and logistical support of all nursing homes in the area, there was no need to expand the capacity of the shelter. In fact, the shelter

had the capacity to serve more individuals. In the future, improved communications about medical shelter availability to the public and providers will likely increase medical shelter demand.

Lessons learned

The windstorm taught Public Health and the King County Healthcare Coalition a number of critical lessons.

- Although the RMRC provides medical resources to support health care system partners during an emergency event, most of the resources requested through the Center were non-medical. Therefore, in the future, better coordination with the EOC and better logistics coordination with emergency management agencies will be essential.
- Improve communication systems with local hospitals and conduct training and exercises focusing on testing an individual hospital's ability to activate its internal emergency operations center during any event that affects other hospitals in the county.
- Include ancillary support services coordination, such as linen and pharmaceutical providers, in the priority list for power restoration.
- Work closely with long-term care providers in developing preparedness plans that are coordinated with local public health and emergency management agencies.
- Continue expanding participation in the King County Healthcare Coalition with wider representation of long-term care providers.
- Develop a coordinated system approach to address the needs of the residents living in nursing, boarding, and adult family homes.
- Further assess long-term facilities' capabilities to independently provide for their residents in the event of a disaster.

Since the windstorm in December, Public Health and the King County Healthcare Coalition have received support from policy makers to fund a staff position to support long-term care and home health planning in the county. Emergency preparedness planners and responders are clarifying roles and responsibilities and expanding relationships with nursing homes, boarding homes, and adult family homes in the area. Response partners look forward to building the relationships and systems necessary to ensure that the residents and staff of these facilities are better connected and better prepared to manage the next disaster. ■

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Anchorage Disaster Registry: A Lifesaver for the Vulnerable

One Anchorage, Alaska, resident is alive today following a five-alarm fire thanks in part to a new disaster registry created by the City of Anchorage. The registry allows vulnerable populations, including seniors, to register with the City Office of Emergency Management. The disaster registry is available to responders during an emergency to assist in rescue and evacuation. To encourage people to register, city emergency planners work with many social service agencies that directly serve vulnerable populations. Barely a year old, the registry contains contact information for nearly 500 people.

This fledgling registry exemplifies how seriously Anchorage takes its obligation to protect the safety and well-being of its more vulnerable citizens. It proved to be a lifesaving tool in identifying seniors and other vulnerable residents who needed help being evacuated during the blaze that raced through a large condominium complex near downtown Anchorage. Monitoring the local fire and EMS dispatch radio, the Anchorage Office of Emergency Management learned of the growing fire, consulted the registry, and quickly told onsite responders the exact unit where one registrant lived. The person was safely evacuated.

In the event of a large incident, such as an earthquake, city resources would be deployed initially to handle events such as structural fires and building collapse. During the course of the disaster, rescue crews would check those listed in the disaster registry to ensure they were safe.

Although registration has its privileges, officials have been careful to tell people it does not guarantee immediate response. Officials recommend that in addition to registering, individuals take personal responsibility and prepare their household for an emergency beforehand. Citizens are encouraged to have enough food, water, and medications for at least five to seven days. The Anchorage Office of Emergency Management encourages people with special medical conditions to fill out an Emergency Medical Information Form and post it on their refrigerator. Responders know to look on the refrigerator for that information.

To date, Anchorage is the only Alaska city or town to operate a disaster registry. At least one Anchorage fire survivor would certainly attest to its importance. ■

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