GERIATRIC DISASTER SCENARIO (Section 1)

Background: The scenario takes place in a large independently-owned Long Term Care facility in the Northeast. It includes a contained Dementia Unit. The facility has a Crisis Management Team consisting of the Administrator, Office Manager, Social Worker, Director of General Services & Facilities, Director of Nursing, Food Service Director, and Director of Security & Emergency Services. The Activity Director, Marketing Director, Human Resources Director, and Medical Director serve as consultants to the Crisis Management Team. An all-hazards Crisis Management Plan has been developed which is based on the NIMS (National Incident Management System). NIMS is a comprehensive, national approach to incident management and is designed to improve coordination and cooperation among all response organizations. It is flexible and can be used for all types and sizes of incidents. There are 6 components of NIMS:

1. Command and Management specifies the chain of command during an emergency and who is responsible for what, using an Incident Command System (ICS) with an incident commander in overall charge. This is a hierarchal chain that must be followed so there is no duplication of efforts which wastes time, energy and resources. Sometimes, in large crises, a unified command may be implemented where responders from different agencies (i.e. police, fire, emergency services, etc.) that have different responsibilities may jointly lead the emergency command.
2. Preparedness utilizes Emergency Operations Planning. It involves assessing the risk of an emergency occurring, determining how to handle the risk and training responders to handle the situation resulting from the risk. From this, the Crisis Management Plan is developed.
3. Resource management dictates how personnel, facilities, and major equipment and supply items will be assigned by the Incident Command System for use during the incident. This allows the incident commander to know where everything is during the emergency and where resources can be obtained if the need arises.
4. Communications and information management tells how communications to responders and the public will be handled using standardized words and equipment. It also identifies a public information officer (PIO) who will be the spokesperson during the incident.
5. Supporting technologies use computers and other technology to assist in handling the incident. They must be universally compatible across the country and any equipment that is used must be able to be used by everyone without special adaptations.
6. Ongoing management and maintenance involves meeting changing needs as they may occur during an incident as well as demobilizing the resources after the incident. This requires constant re-evaluation to make sure the situation is being handled in the most effective and efficient way.

The Crisis Management Plan is intended to:

- Protect and sustain life
- Reduce emotional trauma
- Assist emotional recovery
- Minimize injury/damage
- Resolve the crisis as effectively and efficiently as possible

GERIATRIC DISASTER SCENARIO (Section 1 continued)

The Director of Security & Emergency Services will determine if the situation warrants activating the Crisis Management Plan.

The Crisis Management Plan specifies that, if it is implemented, the Crisis Management Team will meet in the Administrator's office. In the event that room is unavailable, it will meet in the office of Security & Emergency Services. In the event that both rooms are unavailable, the team will initially meet in the staff lounge and identify an alternate location for the command center.

The following equipment/supplies are maintained at the preferred and secondary incident command sites:

- 1 Land Line Telephone
- FAX Machine
- Emergency First Aid Kit
- Drinking Water
- 5 Flashlights with Extra Batteries
- 1 Battery Powered AM/FM Radio with Extra Batteries
- 1 Base Station 2-way Radio

Each member of the Crisis Management Team will have a cell phone; pagers are optional.

Emergency medical and personal hygiene supplies, bedding, flashlights with extra batteries, a generator, as well as non-perishable food supplies and alternative water sources are maintained in specified areas of the facility by the Food and Services & Facilities Departments.

If residents need to be relocated to a safe area during an emergency, each floor has assigned employees (floor captains) who are responsible for making sure that all occupants of their floor are evacuated to an appropriate safe area. Specific personnel are responsible for making sure that the needs of the residents are met while in the safe area and that all residents remain in that area. One designated staff member in the safe area will be the Safe Area Team Leader and will be in charge of making a count of all residents in the safe area at least every 15 minutes.

In an emergency, the following internal areas are generally considered "safe":

- Interior corridors
- Dining Room
- Meeting Room
- Auditorium
- Chapel

The following exterior areas are generally considered "safe":

- In front of the main entrance to the facility
- Outside designated stairwell exits

If neither the inside nor outside areas are deemed safe, the facility has letters of agreement with several local Nursing Homes and Assisted Living facilities if the need to evacuate is necessary.

GERIATRIC DISASTER SCENARIO (Section 1 continued)

All personnel have been trained in the Crisis Management Plan during their orientation and annually, and have participated in at least one drill per year.

5:00 PM It is an overcast day in April. The National Weather Service has issued a tornado warning for the county. Doppler radar has indicated that a tornado has touched down and is heading to your area. The tornado is expected to reach the area in about 15 minutes. The weather has not yet deteriorated and several residents are out on the grounds. Dinner will start to be served in 15 minutes and those residents who can ambulate are in the dining room. Some residents have visitors who are getting ready to leave, as dinner is about to be served. There are some construction workers repairing part of the sidewalk surrounding the facility who are unaware of the situation.

5:15 PM The tornado strikes. Power is lost, but the emergency generators come on. Part of the roof has been severely damaged. There are several injuries on the top floor of that building, with one death. Glass and debris have littered the hallways of the building. The Administrator's office received extensive damage when an outside bench was hurled through the windows by strong winds. Several trees are down, blocking portions of the facility's access roads. The construction workers found shelter but suffered minor cuts and bruises from flying debris. The residents out on the grounds are unaccounted for. Except for the power outage, the residents of the Dementia Unit are fine. Some of the residents with dementia are agitated. The residents relying on mechanical aides, such as respirators, are having their needs met via the generator.

5:20 PM The 911 system is flooded with calls and the facility can't get through to them for assistance with the injured. The residents who are not injured want to return to their rooms and are quite upset. Visitors to the facility choose to remain with their family members/friends.

1. What could have been done between the time of the warning and the actual tornado strike?

2. What do you need to know to proceed based on the facility's Crisis Management Team and the facility's Crisis Management Plan?

<u>Need to know:</u> **(page A)**

1. Pre-strike Measures
   A. Notify staff of warning via intercom/loudspeaker
   B. Try to get everyone inside, away from windows and into safe areas if possible
   C. Close all doors to protect the interior corridors and common areas designated as "safe areas"
   D. Remove all portable equipment from "safe areas" and exit ways
   E. Alert staff to turn off computer workstations
   F. Unplug all unnecessary equipment
   G. Close all draperies to protect from flying glass

2. Crisis Management Plan
   A. Is there a plan developed for this type of incident; where is it
   B. Chain of command; who is incident commander; who is backup if unavailable
   C. How will the Crisis Management Team be convened – who will determine if the Crisis Management Plan needs to be implemented
   D. What is the communication chain to notify the network of key communicators
   E. Who is the spokesperson for the media
   F. What are the specific procedures for sheltering the residents in safe areas
   G. Who will ensure that every resident is located during the sheltering in safe areas
   H. What staff or residents need special assistance

GERIATRIC DISASTER SCENARIO (Section 2)

5:25 PM The Director of Security & Emergency Services declares an emergency and becomes the Incident Commander. The following steps are taken initially:

- The Crisis Management Team is requested to assemble via the code "CMT meeting in 5 minutes in the Security & Emergency Services office". (Due to the damage to the Administrator's office.)
- The owner, who is off-site at the time of the tornado, is notified of the event.
- The Marketing Director is assigned to be the Facility Public Information Officer.
- The Office Manager continues to try to reach police and emergency medical personnel for assistance.
- Staff are attending to the needs of the residents.

5:30 PM A Crisis Management Plan has been developed for a storm-related crisis, so the Incident Commander utilizes this plan. The plan is named "Code S" and the announcement that "Code S" is taking place is announced over the intercom.

- All ambulatory residents are assisted by staff to go to designated safe areas.
- Non-ambulatory residents are moved to rooms that have no damage.
- Floor captains search each room on their assigned floor to ensure no one is left in any room, including public toilets.
- One staff member in each safe area is assigned to count all residents in the safe area every 15 minutes.
- Assigned custodial staff/groundskeepers are sent to search the grounds for any residents that might have been outside during the tornado.
- Facility nurses provide first-aid to injured individuals.
- All inquiries about the situation are referred to the Facility Public Information Officer.
- The staff in the Dementia Unit calm and redirect the dementia residents by playing soft music from the 1940s in the activity room where they have been relocated as a safe area.
- The staff monitor the residents' status, particularly those who are on mechanical assistance devices.
- The Social Workers intermingle with the residents to attend to their distress.

5:45 PM The Office Manager is able to get through to 911 to inform them of the need for assistance.

Family members attempt to call the facility to find out if their loved ones are safe; some attempt to come to the facility but are unable to get to it because the roads have been closed to general traffic and pedestrians due to downed trees and wires.

5:50 PM Police, fire and emergency medical personnel arrive at the facility.

Local television and reporters arrive outside the facility, wanting information about damage and injuries.

Staff members express concern over their own family's welfare and some request permission to leave the facility.

GERIATRIC DISASTER SCENARIO (Section 2 - continued)

1. Who will be the Incident Commander after the police, fire, and medical personnel arrive at the facility?

2. What suggestions should the staff be given by the social workers to calm the residents and prevent them from panicking?

3. What challenges and difficulties would this emergency cause, especially on residents who have mobility, sensory, cognitive, or medical deficits?

4. What suggestions can the Social Worker give to the staff to reduce the added stress that residents who have mobility, sensory, cognitive, or medical deficits will have?

5. What should the families, friends, and media be told by the facility personnel about the situation?

6. What can the Social Worker say and/or do to alleviate the staff's concerns about their own families?

<u>Remedial Actions to Take:</u> **(page B)**

1. A Unified Command structure is used which allows all agencies with responsibility for the incident to participate in the decision-making process (police, fire, rescue workers).

2. Calm agitated residents
   A. Reassure residents that all safety measures are being taken to protect them
   C. Reassure all residents that the facility is safe and their loved ones will know how to reach them when the emergency is over
   D. Maintain a calm demeanor (not raising voice, body language congruent with messages being given, etc.)
   E. Engage residents in quiet conversations and/or activities until the emergency is over
   F. Check the facility's records of all people needing special assistance and have staff reassure them that their needs will be met
   F. Isolate highly agitated/emotional residents from the general population – social worker stays with them for reassurance/calming/psychological first aid

3. Challenges and Difficulties
   A. Sensory:
      - May not hear warnings/directions; background noise may be so loud that it impedes hearing aides
      - May not be able to see adequately and be unfamiliar with the "safe area" and how to get there if a normal route is unavailable (ie: no elevator, don't know where stairs are)
      - May not have communication device with them and therefore cannot adequately let staff know of needs.
   B. Mobility:
      - May not be able to maneuver up and down stairs to egress to a "safe area"
      - May have difficulty navigating with debris in the area
   C. Cognitive:
      - May not understand the emergency and its implications
      - May not be able to follow instructions
      - May become agitated with a change in routine
   D. Medical:
      - People with respiratory problems may have difficulty breathing due to dust/smoke in the air; they may also have difficulty walking any great length to get to a "safe area"
      - People with heart problems may have difficulty with any type of exercise and won't have the stamina to get to a "safe area"
      - People with high blood pressure may have it elevated due to the stress of the emergency
      - Etc. [May need to take medications or tests (ie: blood sugar) at specific times]

4. Social Work Suggestions:
   A. Use reflective and empathetic listening strategies to reduce stress
   B. Assign a staff member or a buddy to assist those with deficits to cope during the emergency
   C. Assess what needs someone may have and find the resources to fulfill the need (ie: eyeglasses lost, time for medication, etc.)
   D. Provide paper/pen to those with speech deficiencies
   E. Provide a quiet "safe area" for cognitively impaired individuals and have a staff member stay with them

Remedial Actions to Take: **(page B continued)**

5. Refer all calls to the Facility Public Information Officer
   A. Make recording for telephone instructing all callers to call the Public Information Officer
   B. Keep one line open for contact with emergency responders

6. Alleviate staff's concerns with their own families:
   A. Help staff members contact family members on a rotating basis via phone
   B. Relay information about their families to them if/when they contact the facility
   C. Reassure them that they are safe where they are and traveling on roads strewn with downed wires and trees could cause them to get in an accident
   D. Get permission to relieve a staff member if he/she becomes too distraught to perform needed duties - social worker stays with him/her for reassurance/calming/psychological first aid

GERIATRIC DISASTER SCENARIO (Section 3)

5:45 PM Four residents from the damaged building are transported to local hospitals due to injuries, as well as the construction workers. The one fatality is removed to the county morgue. The Director of Nursing has been briefed on the condition of the residents by the emergency responders. The Director of Nursing notifies the contact persons for those hospitalized and deceased residents.

The building is deemed structurally safe by the General Services & Facilities Director in collaboration with the fire chief.

Residents not on the top floor and whose rooms have not sustained any damage are allowed to return to their rooms if they so desire. They are requested to limit their use of electricity (no TV, extra lamps, etc.) until regular power can be restored.

Sandwiches and other food that does not need to be cooked is prepared and served for dinner for those who have not already eaten.

5:50 PM The residents who were outside when the tornado hit are found and brought to the on-site clinic for evaluation. They are unharmed and are released to their rooms.

Custodians and groundskeepers begin to clean up debris both inside and outside the building. Broken windows are boarded up. The damaged part of the roof is covered.

Residents who live on the top floor are assisted by staff to get personal items, as they will have to be re-located elsewhere until the roof has been repaired.

The Social Worker works with the General Services & Facilities Director to determine where the residents can be relocated. In the meantime, the residents are asked to remain in the safe area they have been directed to.

9:00 PM All roads surrounding the facility will be opened at 10:00 PM.

Electricity is restored.

All displaced residents have been re-located. Some have been put into empty rooms. Some have been transferred to another Long Term Care facility. A few will stay with family members until they can return to the facility. All contact persons have been informed of the whereabouts of these individuals and all information relating to their care needs has been forwarded to the current caregivers.

The local media have been given a press release developed by the Facility Public Information Officer.

The owner has been apprised of the situation.

GERIATRIC DISASTER SCENARIO (Section 3 - continued)

The Administrator schedules a staff meeting for the next morning to determine what type of post-crisis follow-up they feel should be provided for staff and residents and if they have any recommendations to improve the Crisis Management Plan. The Administrator asks that they submit their suggestions, in writing, at the meeting for discussion.

The Administrator has notified the insurance company about the damage caused by the tornado. The insurance company will send an adjuster tomorrow to develop an estimate and to have repairs started immediately.

Next Day

The Crisis Management Team meets to discuss follow-up and evaluate the Crisis Management Plan.

The social worker has written some suggestions for the staff to use during the day to observe for signs and symptoms of undue stress in themselves and the residents, how to normalize the day for everyone, and how to handle the death of one of the residents.

1. What are some suggestions to normalize the day for everyone?

2. What type of crisis intervention should be provided for the residents and/or staff?

3. How would you identify which intervention type would be best for a particular person?

4. How would you suggest the death of the resident be acknowledged?

5. How would an evaluation of the Crisis Management Plan be conducted?

<u>Remedial Actions to Take:</u> **(page C)**

1. Normalize the day:
    A. Allow residents time to adjust post-emergency
    B. Identify vulnerable individuals
    C. Help residents feel safe
    D. Acknowledge and normalize their feelings – allow them to discuss/validate fears
    E. Remain calm and reassuring
    F. Maintain a normal routine but don't push if an individual seems overwhelmed
    G. Make time for discussion/answer questions factually/dispel rumors
    H. Be a good listener and observer
    I. Emphasize their resiliency – identify past coping skills used successfully when they have previously been frightened or upset
    J. Follow-up on prognosis of hospitalized residents
        - Nurse contacts family to follow-up; she keeps staff informed
        - If appropriate, residents can make get-well cards
        - Assist in return to facility when discharged from the hospital
    K. Prepare for reminders of emergency
        - Anniversaries
        - Storms
2. Debrief staff and residents:
    A. **GCI:** Group crisis intervention (psychological first aid) – guided group discussions in a supportive environment that involves providing an introduction, facts, dispelling rumors, sharing stories, sharing reactions, providing empowerment and a closing
    B. **ATSM:** Acute traumatic stress management – a practical approach to dealing with the psychological consequences of a traumatic event by stimulating adaptive coping mechanisms and to stabilize more severe reactions among individuals; it has 10 stages:
        - Assess for danger/safety for self and others
        - Consider the mechanism for injury
        - Evaluate the level of responsiveness
        - Address medical needs
        - Observe and identify
        - Connect with the individual
        - Ground the individual
        - Provide support
        - Normalize the response
        - Prepare for the future
    C. **IC:** Individual Counseling – for individuals who experience severe symptoms after a crisis and are evaluated by a mental health professional – can consist of art therapy, talking therapy, drug therapy, cognitive behavioral therapy, and a combination of therapies

3. Observe for signs/symptoms of stress-related behaviors
    A. Crying/irritability
    B. Lack of interest in activities/poor concentration
    C. Fear of coming/leaving building
    D. Aggressive or overly submissive behavior
    E. Shorter attention span
    F. Base recommended intervention type on severity of symptoms

Remedial Actions to Take: **(page C continued)**

4. Acknowledge Death of Resident
    A. Announce death to residents
    B. Ask residents what they would like to do
    C. Comply with requested actions of residents if possible; if not possible, explain why not and develop alternative action plan with them

5. Evaluation of the Crisis Management Plan
    A. All staff members asked for input
    B. Crisis Management Team meets the day after the crisis has occurred
    C. Discussion held to determine strengths/weaknesses of plan
    D. Recommendations for improvements to the plan evaluated and adopted if appropriate
    E. All staff notified of changes in the Crisis Management Plan