

LESSON 4-6

DISASTER HUMAN SERVICES

Lesson: Disaster Human Services

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Intended Audience of Learners

A broad range of health professionals who may work with the older adult population.

Competencies

This lesson supports learning related to the following competencies, with regard to *disaster human services for caring for geriatric populations in disasters*.

Core Competencies and Subcompetencies from Walsh L, Subbarao I, Gebbie K, et al. Core competencies for disaster medicine and public health. *Disaster Med Public Health Prep.* 2012;6(1):44-52. doi: 10.1001/dmp.2012.4.

Competency 2.0 "Demonstrate knowledge of one's expected role(s) in organizational and community response plans activated during a disaster or public health emergency."

Subcompetency 2.1 "Explain one's role within the incident management hierarchy and chain of command established within one's organization/agency in a disaster or public health emergency."

Competency 8.0 "Demonstrate knowledge of public health principles and practices for the management of all ages and populations affected by disasters and public health emergencies."

Subcompetency 8.3 "Identify strategies to address functional and access needs to mitigate adverse health effects of disasters and public health emergencies."

Competency 9.0 "Demonstrate knowledge of ethical principles to protect the health and safety of all ages, populations, and communities affected by a disaster or public health emergency."

Subcompetency 9.1 "Discuss ethical issues likely to be encountered in disasters and public health emergencies."

Subcompetency 9.2 "Describe ethical issues and challenges associated with crisis standards of care in a disaster or public health emergency."

Subcompetency 9.3 "Describe ethical issues and challenges associated with allocation of scarce resources implemented in a disaster or public health emergency."

Learning Objectives

At the end of this lesson, the learner will be able to:

- 4-6.1 List the key community partners for their organization and how they interact after a disaster or public health emergency.
- 4-6.2 Develop planning considerations for working with community partner organizations during and after a disaster or public health emergency.
- 4-6.3 Identify strategies in conjunction with community partner organizations for the continuation or replacement of services in the event some community organizations are not able to continue operations either during or after a disaster or public health emergency.

Estimated Time to Complete Lesson

60 minutes

Content Outline

Module 4: Caring for older adult populations during the disaster cycle: Preparedness, response, recovery, and mitigation
Lesson 4-6: Disaster human services

- I. Integration of human service systems
 - a. Older adults receive and depend on a wide variety of both social and medical services.
 - i. A majority of older adults live independently in the community.¹
 - ii. Many can live independently because of the array of services they can access.
 - b. Disruptions of services (e.g., power, water, medical, caregiver) due to a disaster or public health emergency can result in serious, and sometimes fatal, consequences. The type of disaster can vary, but it is the disruptions in the lives of the older adults that seem to most influence outcomes.
 - i. Example one: Hurricane Katrina, 2005
 - 1. Many older adults were evacuated to a mass shelter in Houston, Texas, where they had access to a medical complex and other services.² Yet, because of the older adults' various chronic conditions and other factors, services were difficult to access. Back in New Orleans, 66% of all who died were over the age of 65 years and many others moved into nursing homes when they had previously been living in the community.³
 - ii. Example two: West, Texas, Fertilizer Plant Explosion, 2013
 - 1. Residents at West Rest Haven Nursing Home had to be evacuated. During the next 2 months, residents died at double the rate that

would normally have been expected. Even though the explosion did not directly kill these residents, it certainly played a major role in these deaths.⁴

- c. Socioeconomic factors also contribute to how older adults are affected by disasters and public health emergencies.
 - i. Older adults may be much more reluctant to evacuate from their homes when it may be necessary.⁵
 - ii. Older adults may be dependent on family, friends, and neighbors to assist them and advocate for them.
 - iii. Older adults may not be able to prepare for a disaster by purchasing extra food, water, etc, because of low fixed incomes.
 - iv. If the disaster causes a loss of electricity, the older adult on a low fixed income may have difficulty replacing food and medications that require refrigeration. This may put an older adult in the position of having to choose between replacing food or replacing medications.
 - v. Even if supplies such as food and water are available free, older adults may not be able to transport the supplies from the point of distribution back to their home. Also, the supplies of food made available to the general public probably will not comply with any special dietary restrictions that are common with chronic health conditions like diabetes, heart disease, etc.
 - vi. Older adults are more likely to have low literacy and may not fully understand preparedness and recovery instructions.
- d. Consider the needs of the older adult clients that you and your organization work with on a daily basis to determine what community services might be necessary during or after either a disaster or public health emergency. Review the following list of potential services and feel free to add others.
 - i. Medical services including, but not limited to, doctor appointments, clinic appointments, physical therapy, medically related home visits, etc. Medications can be obtained in various ways including pharmacies, mail delivery, clinics, etc. Many older adults with chronic illnesses are able to remain independent because they have routine visits for home healthcare services.
 - ii. Special Needs Shelter services may be needed by clients who require electricity to run portable medical equipment, refrigeration of medication, or oxygen. Check requirement for securing Special Needs Shelter services and determine client eligibility prior to a disaster.
 - iii. Food assistance. Clients may be able to shop for their own food needs, have meals delivered to their home, pick up food at local food banks, or attend congregate meal sites in their neighborhood. Some clients can

- prepare their own meals whereas others may need assistance with meal preparation. Many older adults on fixed incomes receive assistance from the Supplemental Nutrition Assistance Program (SNAP) and may qualify for emergency SNAP benefits in an emergency. After a presidentially declared disaster, additional benefits, known as D-SNAP, may be available to vulnerable seniors. Older adults with chronic health conditions may have special diets. If a disaster causes widespread power outages or if streets become impassable, then an older adult may have difficulty securing the food necessary for them to remain healthy.
- iv. Transportation services. Older adults may or may not have their own cars. If not, some will rely on public transportation. However, others may need transportation services available in the community to get to doctor visits, grocery stores, etc. Transportation also becomes a significant issue if evacuation is warranted. Buses designated for evacuation may not be able to transport oxygen tanks and may not have onboard toilets.
 - v. Homemaker services. Many older adults can remain independent because someone comes into their home routinely to assist with some housekeeping, light chores, maybe some grocery shopping, etc.
 - vi. Social supports. Older adults may rely heavily on friends and family for assistance and companionship. Places such as community centers and religious institutions may provide consistent social contacts that keep older adults from becoming isolated in their homes. This support system may significantly erode if formal caregivers, neighbors, and friends evacuate or relocate out of the area.
 - vii. Utility assistance. Because many older adults living on fixed incomes struggle to afford groceries, medications, rent, home upkeep, etc, financial assistance with utility payments can provide a very important resource. This type of financial assistance can come from various sources including, but not limited to, local social service agencies, local utility companies with customer assistance funds, and some faith-based agencies. The Low Income Home Energy Assistance Program (LIHEAP) is a federal program that provides funds to states to provide utility assistance and weatherization assistance. One way to find this resource for your area is to check with the National Council on Aging Benefits CheckUp. After a presidentially declared disaster, additional assistance may be available for eligible seniors.⁶
- e. Consider the various community agencies and organizations that provide these services to your older adult clients. Some organizations may not be open or

may have restricted services during or after a disaster or public health emergency.

- i. If services are discontinued even for 1 or 2 days owing to a disaster or public health emergency, how long would it take before your clients find themselves in an emergency situation?
 - ii. Determine who in your organization communicates with community partners.
 - iii. In many communities, members of the aging networks will meet at least annually to discuss disaster preparation and response. An aging network consists of any local agencies or organizations that work with seniors and that come together for training, networking, problem solving, etc. Large communities may have more than one aging network with one focusing on a topic such as nursing home care and another focusing on a topic like home-based care. In smaller communities an aging network may include all local area senior services. If your organization is not already a part of these meetings, then how can your organization become more involved?
 - iv. Disasters and public health emergencies can be very traumatic. While advocating for and securing services to care for the physical needs of your clients, also consider their behavioral health needs. If your clients need either short-term or long-term counseling after an event, what resources are available in your community to provide this? Again, after a presidentially declared disaster, additional resources may be available in your community. How can you find out about these resources? Depending on your local community, you may need to check with the local health department or with a local mental health authority.
- f. Government agencies and departments your organization may interact with to receive assistance or guidance
- i. On the federal level the Department of Homeland Security's Federal Emergency Management Agency (FEMA) may deploy resources and personnel into an area to assist after a federal disaster declaration. Older adults may need help in accessing services from FEMA if they need help with temporary housing or home repairs. You may either provide assistance to older adults in securing this assistance or refer them to other local agencies that can provide some short-term disaster case management services.
 - ii. After a federally declared disaster, FEMA may provide funding to individual states for a Disaster Case Management Program. It is then up to each state to determine which local area agencies will administer the actual case management program. According to FEMA, disaster case

management involves "...assessment of the client's verified disaster-caused unmet needs, development of a goal-oriented plan that outlines the steps necessary to achieve recovery, organization and coordination of information on available resources that match the disaster-caused unmet needs, the monitoring of progress toward reaching the recovery plan goals, and when necessary client advocacy." ⁷

- iii. Health and Human Services Department. Various agencies may become involved with state and local governments depending on the particular disaster. Funding and programs could originate from a variety of sources including, but not limited to, the Administration on Community Living, Center for Medicare and Medicaid Services, Office of the Assistant Secretary for Preparedness Response (ASPR), and the Administration for Children and Families (ACF).
- iv. On a state level, there are departments that may manage programs that provide home health care services, protective services for adults, SNAP benefits, etc. All of these services could be impacted by a disaster or public health emergency. These programs may also see a surge of clients, because older adults may need at least some temporary assistance in an emergency.
- v. Local government agencies include area agencies on aging and any city or county health and human service departments. These local departments can be good sources to find resources when normal pre-disaster resources have been disrupted.
- vi. There are several nongovernmental agencies that may provide services during or after a disaster or public health emergency. These agencies include, but are not limited to, the American Red Cross, Salvation Army, and Voluntary Organizations Active in Disaster (VOAD). It will be helpful to meet with one or any of the agencies that may have local offices in your area to learn specifically what services they have that will assist older adults when the need arises.

II. Continuity of services

- a. The best way to ensure that your organization and the services you provide continue to operate as effectively as possible during or after a disaster or public health emergency is to prepare ahead of time.
 - i. Your organization may already have a disaster plan in place. Review this at least annually and know where you and your clients fit into the process.
 - ii. When considering disaster response plans for your organization, consider the following:

1. What essential functions will need to continue after the emergency?
2. How will your responsibilities change during a disaster or public health emergency?
3. Client caseloads and workloads may increase. Older adults may need additional services or a different level of services at least temporarily after a disaster.
4. Where will you work during or after a disaster or public health emergency?
 - a. Does the building you work in have a generator?
 - b. Can you work in your same location if there is a loss of electricity?
 - c. Are there backup locations if necessary or can staff work from home?
 - d. How will workload and caseloads change if there are staffing shortages due to a disaster or public health emergency? Staff may be affected by damaged homes, impassable streets, or illness (themselves or family), etc.
- iii. Your organization may already be involved in community planning around disaster response. If so, know how this affects you and your clients.
- iv. If you and your organization are already involved in community planning, then you may also be a part of the planning that is done in conjunction with local emergency managers and public health officials.
- v. Poor planning by local healthcare services and a resulting lack of coordination with community emergency managers is considered one of the biggest risks to the health and well-being of older adults during and after a disaster or public health emergency.⁸
- b. Communication is one of the best tools to use in preparing for, dealing with, and responding to disasters and public health emergencies. This involves communication between organizations and their clients, communication within organizations among all staff members, communication between community partner agencies, and communication with local emergency managers and local public health officials.
 - i. Communication with older adult clients about disaster preparation must be done in a way that is both usable and makes sense.
 1. Information should be comprehensible to clients and be delivered by trusted sources.⁹
 2. Many websites are available that provide much information about what is needed to prepare for disasters, but simply handing a list

- of supplies to an older adult does not ensure that the supplies will be on hand when needed. Information from these websites can serve as a starting point for conversations with older adults about preparation.
3. Consider how you will communicate with older adult clients during or after a disaster or public health emergency. If your work location has to move or if services are suspended for any length of time, how will that be communicated? Will you have a system for checking in with your clients to see how they are doing?
 4. How will your communication with older adults vary if they have either vision or hearing impairments?
- ii. How will your organization communicate with staff during or after a disaster or public health emergency? Also, how will you communicate with your organization?
1. If your actual work location needs to change, how will you know this?
 2. How will an organization find out if all staff are okay in the event of a disaster? Is there a phone number for all staff to call in and report or is there some form of texting or social media that can be used for this?
 3. If you, or any staff member, cannot make it into to work due to a disaster or public health emergency, how will you contact your organization?
 4. If your organization works in more than one location and phone lines are down, what plans are there for personnel in different locations to be able to communicate?
 5. Are all staff members encouraged to maintain individual or family disaster preparedness plans?
- iii. Plan before a disaster or public health emergency occurs how you will communicate with community partners.
1. How will your organization communicate with community partners during or after a disaster or public health emergency? How will you know if they are open or if any services are temporarily restricted or suspended?
 - a. Telephone
 - b. Cell phones
 - c. Text
 - d. Skype
 - e. Social media
 - f. In person

- g. Other forms of communication
 - 2. The best time to become acquainted with your community partners and plan for any type of disaster is long before the disaster happens, not during the immediate aftermath.
 - 3. As mentioned previously, organizations who form aging networks in your community may already meet to discuss disaster preparedness and response. If so, how can you get information on these meetings and participate? If not, how can you or your organization begin these discussions?
 - 4. Find out who your community emergency management and public health officials are and communicate with them regarding disaster planning and response.
 - a. Does your organization know what to expect from emergency management and public health officials during and after a disaster or public health emergency? Both groups can be a good source for referrals for services needed by older adults.
 - b. Do your community emergency management and public health officials know what to expect from your organization during or after a disaster or public health emergency?
 - c. The Centers for Disease Control and Prevention report that disaster preparedness planners now understand the importance of reaching out to older adults to learn what may be needed in the event of a disaster or public health emergency.¹⁰
- iv. Tabletop exercises
 - 1. In addition to attending or hosting meetings to discuss disaster preparedness and response, tabletop exercises are a good way to determine if current plans are adequate or if there are gaps in plans that need to be addressed.
 - 2. FEMA defines *tabletop exercises* as "...discussion-based sessions where team members meet in an informal, classroom setting to discuss their roles during an emergency and their responses to a particular situation....Many tabletop exercises can be conducted in a few hours, so they are cost-effective tools to validate plans and capabilities."¹¹
 - 3. These types of exercises can be conducted within an organization or they can be conducted with a wide array of community partners.

4. Local community emergency management and public health officials can be very helpful in both coordinating and conducting a tabletop exercise.
 - v. Whether you engage in meetings within your organization, discussions among community partners, or tabletop exercises, planning for disasters and public health emergencies needs to happen every year.
 1. Plans may change as organizations change.
 2. As people move and change jobs, new people need to be trained and informed on disaster plans and emergency response plans.
- III. Needs caused by the disaster
- a. Ethical conundrum: What if there is a shortage of resources, providers, supplies, or medications following a disaster or public health emergency?
 - i. Immediately after a disaster or emergency (the first 72 hours or so depending on the exact disaster), there may be obstacles to obtaining emergency supplies.
 1. How can you help older adults navigate systems to obtain needed supplies or help them with transportation to get to the supplies and back home?
 2. What if the shortage involves medicines or vaccines? How would this affect your older adult clients?
 - ii. When medical resources become overburdened and scarce, health care providers may shift from individual patient care to caring for an entire population.¹²
 - iii. The Institute of Medicine reports in *Crisis Standards of Care* regarding shortages of medical supplies¹²:
 1. Plans and protocols need to be based on an allocation based on fairness.
 2. Priority should stem from factors such as, vulnerability, protecting first responders, etc, and account for the most at risk.
 3. Policies should allow for equitable and just distribution of scarce resources.

Suggested Learner Activities for Use in and Beyond the Classroom

1. If all learners are from the same organization, then divide into groups of 5. If learners are from different organizations, have attendees divide up into groups of 3 to 5 with co-workers from their same organization. Have each group develop a list of organizations, local agencies, or community partners that they interact with during the course of normal operations. Discuss which organizations it would be necessary to stay in contact with to maintain normal operations during or after a disaster or public

health emergency. Discuss what methods would be utilized to maintain contact with these partner agencies and organizations if there is a disruption in electricity. What if there is a staff shortage due to an emergency? Are there multiple contacts within a partner agency that can be reached?

2. Large group discussion: Develop a tabletop exercise that can be completed by your organization. Pick a disaster or public health emergency that could happen in your area. Outline the parameters of the emergency: how long does it last, what is the damage to housing and general infrastructure, how many people are affected, is a disease highly contagious, etc. How are your clients affected? Do clients need housing, medical treatment, etc? How does this affect your organization? What is your response within your organization? Are you able to work from your regular worksite or do you have to relocate to an alternative worksite? Develop 3 scenarios in which a client is affected and then develop a response to respond to the needs of your client.

Readings and Resources for the Learner

- Required Resources
 - Ready: Prepare. Plan. Stay Informed website. www.ready.gov. Accessed February 4, 2015.
 - Emergency preparedness for older adults. Centers for Disease Control and Prevention website. www.cdc.gov/aging/emergency. Updated August 12, 2014. Accessed February 4, 2015.
 - AARP website. www.aarp.org. Accessed February 4, 2015.
 - Keeping older Americans and people with disabilities safe and healthy during emergencies. Administration for Community Living website. www.acl.gov/Get_Help/Preparedness. Updated October 17, 2014. Accessed February 4, 2015.
- Supplemental Resources
 - None

Learner Assessment Strategies

Multiple Choice Test:

1. A majority of older adults live:
 - a. In nursing homes
 - b. Independently in the community
 - c. In some type of assisted-living facility

2. Older adults are at risk for being traumatized by a disaster when:
 - a. Warnings are issued and there is adequate time to prepare
 - b. There is no warning and no time to prepare
 - c. a and b

3. What are some of the factors that put older adults at risk during either a disaster or a public health emergency:
 - a. Chronic health conditions such as high blood pressure and diabetes
 - b. Physical impairments that may cause difficulty with mobility
 - c. Physical impairments that may cause problems with either vision or hearing
 - d. Economic difficulties that may be encountered with a low fixed income
 - e. a, b, and c
 - f. All of the above

4. Planning for potential future disasters and public health emergencies involves:
 - a. Developing response plans within your organization
 - b. Developing response plans with appropriate community partners
 - c. Working with local emergency managers and public health officials
 - d. All of the above

5. In the event of a mandatory evacuation, older adults:
 - a. Are always the first ones to jump on the bus, because they never have their own transportation
 - b. May need assistance because of physical impairments
 - c. May not have adequate supplies of medications to take with them
 - d. b and c

6. Which of the following is NOT a factor for consideration when communicating with older adults about disaster preparation:
 - a. Written materials may be confusing and may need to be tailored to the older adult's specific situation.
 - b. As long as older adults have all the items on a disaster preparation checklist, they will be fine in any disaster.
 - c. Some may not have access to television or social media and cannot get the latest information.
 - d. Some may have vision or hearing impairments that may make getting necessary information difficult.

7. Older adults who live independently in the community:

- a. Will always continue to do so during and after any potential disaster or public health emergency
 - b. May need the assistance of services that were not needed prior to the disaster or emergency
 - c. Do not ever want help or assistance of any kind
8. Examples of government agencies that might become involved in disaster response are:
- a. Federal Emergency Management Agency
 - b. American Red Cross
 - c. US Department of Health and Human Services
 - d. Local emergency management
 - e. Public health officials
 - f. The Salvation Army
 - g. a and c
 - h. a, c, d, and e
9. According to FEMA, tabletop exercises are:
- a. Exercises to learn proper dining etiquette during the recovery phase of a disaster
 - b. Informal discussion-based sessions to learn about disaster planning
 - c. A good opportunity to discuss roles and expectations during disaster response
 - d. Cost-effective tools to validate disaster plans and capabilities
 - e. b, c, and d
10. During a medical emergency, the focus for health care providers may shift from the needs of the individual to:
- a. The needs of only those who stand the greatest chance for survival
 - b. The needs of the entire population
 - c. The needs of first responders and other essential personnel

Answer Key: 1. b, 2. c, 3. f, 4. d, 5. d, 6. b, 7. b, 8. h, 9. e, 10. b.

Writing Exercise:

Write either a narrative or an outline that tells who your clients are and what services they currently receive from both your organization and various other community agencies or organizations. Those learners who are not currently working can write from the perspective of an organization where they would hope to work in the future. What is the overall health condition of your clients? List 5 community resources that could assist you in their care. What chronic illnesses do they have? How do these illnesses affect day-to-day functioning?

What types of medications are they on? What type of medical devices do they use? What would happen to your clients if they lost electricity for an extended period of time because of a disaster? How long could they go without routine community services before their health is affected? Finally, include a section on how you and your organization can address these concerns before, during, and after a disaster or public health emergency.

Readings and Resources for the Educators

- Required Resources
 - Ready: Prepare. Plan. Stay Informed website. www.ready.gov. Accessed February 4, 2015.
 - Emergency preparedness for older adults. Centers for Disease Control and Prevention website. www.cdc.gov/aging/emergency. Updated August 12, 2014. Accessed February 4, 2015.
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- Supplemental Resources
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