



Curriculum Recommendations for Disaster Health Professionals **The Geriatric Population**

Authors

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Target Audience: Educators and trainers working with health professionals

Purpose: To plan education and training activities on geriatric issues in disasters

Introduction

The Administration on Aging predicts that the number of Americans over the age of 65 will double from the years 2000 to 2030.¹ That prediction is particularly concerning when married with the fact that 71% of those who died in association with Hurricane Katrina were elderly.² Therefore, a focus on geriatrics in disaster education is critical. This criticality is underscored by a call to action by the Institutes of Medicine to both address the needs of those most vulnerable to disasters and to prepare to care for the growing number of elderly in this country.^{3,4} Education, using evidence-based and best-practice focused curricula, is a key element in meeting both of those initiatives. The National Center for Disaster Medicine & Public Health (NCDMPH) leads federal efforts to develop and disseminate standardized core curricula, educational competencies, training materials and resources.

The curriculum recommendations for disaster health professionals to care for geriatric populations are organized according to phase of disaster response or when professionals would need to address these competencies. The *Core Competencies for Disaster Medicine & Public Health* (Table 1) form the basis of these curriculum recommendations.⁵

Table 1: Core Competencies for Disaster Medicine & Public Health⁵

1. Demonstrate personal and family preparedness for disasters and public health emergencies
2. Demonstrate knowledge of one's expected role(s) in organizational and community response plans activated during a disaster or public health emergency
3. Demonstrate situational awareness of actual/potential health hazards before, during, and after a disaster or public health emergency
4. Communicate effectively with others in a disaster or public health emergency
5. Demonstrate knowledge of personal safety measures that can be implemented in a disaster or public health emergency
6. Demonstrate knowledge of surge capacity assets, consistent with one's role in organizational, agency, and/or community response plans
7. Demonstrate knowledge of principles and practices for the clinical management of all ages and populations affected by disasters and public health emergencies, in accordance with professional scope of practice
8. Demonstrate knowledge of public health principles and practices for the management of

all ages and populations affected by disasters and public health emergencies
9. 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
10. Demonstrate knowledge of legal principles to protect the health and safety of all ages, populations, and communities affected by a disaster or public health emergency
11. Demonstrate knowledge of short- and long-term considerations for recovery of all ages, populations, and communities affected by a disaster or public health emergency

A recent integrative review of the current domestic US literature yielded population specific critical areas to address along with specific topics to be included (Table 2).⁶ It must be recognized that caring for older individuals during a disaster is extremely complex as this population consists of a health continuum extending from robust to extremely frail individuals. They may be living within the community or residing in short or long term care facilities. In addition, they may or may not be mentally or legally competent to make their own decisions. The review of the current printed literature has determined that this is an understudied population whose needs during a disaster can not be assumed to be similar to those of other populations but the potential for overlap does occur. For example, sensory disability, chronic disease management and evacuation versus sheltering in place decision making can all potentially apply to the elderly but can also apply to certain adults or children with special needs.

Biophysical	Access to Care
	Acute Injury/Illness
	Acute Management of Hospital or Institutionally Housed Patients
	Altered Physiological Reserve and Physiological Impairment
	Chronic Illness
	Cognitive Impairment
	Geriatric Physical Exam & Triage
	Infections & Bioterrorism
	Medication
	Mental Health Treatment
	Nursing & Caregiver Management
	Physical Impairment
	Public Health & Infection Control
Psychosocial	Aftercare - Return to Normalcy
	Coping
	Cultural Competence
	Psychological Reactions
	Social Support
	Vulnerabilities
Logistics	Communications
	Disaster Planning & Recovery
	Evacuating vs. Sheltering in Place

	Medical Records
	Risk Management
	Shelter Issues
	Transition Planning
	Transportation
Resources	Availability of Resources
	Financial Support
	Food & Water
	Institutional Staffing
	Medical Supplies & Equipment
Ethical Legal	End of Life
	Decision-making
	Liability
	Disaster specific standards of care

These curricular recommendations for disaster care of geriatric populations then underwent an extensive peer review process. The following learning objective and resource table (Table 3) combines the above critical topics from Table 2 with core competencies from Table 1 and general disaster care considerations using an adapted model for disaster response as an organizing structure.⁷ As utilized in the pediatric curriculum recommendations, the phases of the disaster response are mitigation, preparedness, response, and recovery. These phases will encompass the topics and competencies listed previously. All professional and lay caregivers of any educational preparation should be comfortable with the disaster phases and accompanying tasks in order to enhance outcomes.

Instruction & Explanation

This curriculum recommendations document provides a useful strategy to help educators, program directors, and curriculum developers form curricula for educating health professionals. This curriculum recommendations document has three tools to aid educators in tailoring disaster health offerings:

- [Design Process Diagram](#) (Figure 1)
- [Overview of Recommended Geriatric Disaster Education Topics](#), and the
- [Learning Objective and Resource Table](#) (Table 3)

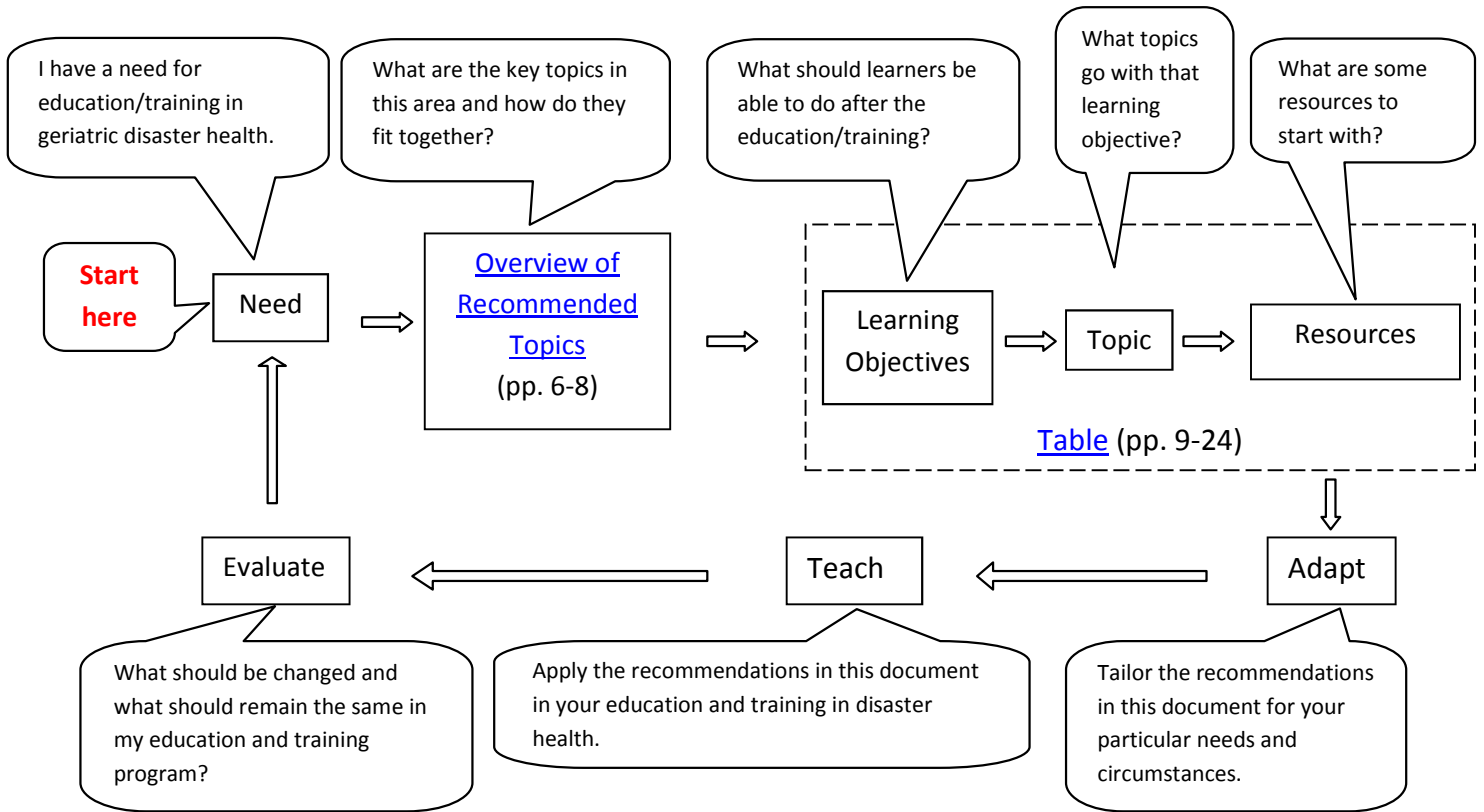
The Design Process Diagram (Figure 1) gives educators a step-by-step process for tailoring courses for their learners. The Overview of Recommended Geriatric Disaster Education Topics gives a summary of the recommended topics for geriatric disaster education. This section defines the broad geriatric/elderly topic areas and has embedded links to the Learning Objective and Resource Table. This table has recommended and detailed learning objectives and resources and is organized by topic area.

The Learning Objective and Resource Table (Table 3) provides learning objectives in the left-hand column. Core competencies associated with each learning objective are in brackets.² The middle column lists topics which the educator may wish to include in teaching related to the learning objective. The educator can select those topics which are appropriate for the learners involved.

The third column of the Learning Objective and Resource Table contains learning resources for each learning objective. The resources include a variety of sources: websites, government documents, journal articles, book chapters, etc. It is not an exhaustive list but a foundational starting point. Resources in the table are alphabetized within each of three categories; website/online reports, journal articles and books/chapters.

The information found in this document is not a prescriptive curriculum, but rather recommendations. Educators should tailor these recommendations for their particular needs and circumstances, selecting those learning objectives, topics, and resources which are appropriate for their learners' needs, and the scope of their education and training programs. Examples of use of these recommendations include but are not limited to: continuing education activities, a disaster planning class within a graduate curriculum or design of an academic course, or community-based information session.

Figure 1: Design Process Diagram



These recommendations for curriculum development can be tailored by the educator in light of the following:

- The health profession(s) that will be represented.
- The level of prior knowledge and experience of the learners in this area (e.g. are the learners in a professional degree program or receiving continuing professional development on the job).
- The number of learners.
- The time that is available.
- The needs and roles of the learners in a disaster.
- The timing (i.e. before a disaster or just-in-time).
- The assessment of learner knowledge and skill.

Overview of Recommended Geriatric Disaster Education Topics

1. **Disaster Cycle Phase: Mitigation**

- a. Primary Concept: Decrease or eliminate long-term risk to people and property
 - i. Decrease or eliminate long-term risk to people and property
 - ii. Upgrade building systems, equipment, and management systems with limited capabilities or tolerance beyond normal working conditions

2. **Disaster Cycle Phase: Preparedness**

- a. Primary Concepts: Individual, biophysical, professional, institutional and psychological preparedness
 - i. Individual, biophysical, professional, institutional and psychological preparedness - Preparing oneself and ones' facility for the possibility of responding to a disaster and/or living and working in austere conditions
 - a) Preparing family for disaster in one's own community
 - b) Ensuring finances are in order and care for the family has been arranged in advance of anticipated departure for disaster response
 - c) Physical fitness in preparation for hard, physical labor and working long hours with very little sleep
 - d) Confirming that professional credentials are in order and easily accessible and that appropriate disaster training has been completed
 - e) Emotional preparation to face the reality of seeing older adults who are seriously injured or killed; ability to remain flexible while facing confusion and rapidly changing mission and conditions
 - ii. Clinical Competency - Developing role-specific technical proficiency, and establishing strong assessment and management skills for large numbers of casualties independent of technology
 - iii. Operational Competency - Collective training to ensure smooth transition and integration into a group providing disaster care as a well-choreographed team with a recognizable chain of command; includes understanding and development of role-specific leadership and administrative skills and individual roles in the mission

3. **Disaster Cycle Phase: Response** (Location specific training)

- a. Primary Concepts: Command, control, communication, and authority; Mission, vision, scope and role; Personal safety and security; Triage protocols; Evacuation protocols; Sheltering in place protocols
 - i. Command, control, communication and authority - the quality of the disaster response is the focus and hinges on a smooth transition to the disaster role and swiftly implementing disaster response plans and establishing command & control, communication and lines of authority
 - ii. Mission, vision, scope and role - Healthcare providers must understand the overarching mission of the disaster response, as well as the mission, vision and scope of the organization they are working in and how their specific role supports this mission. The organization must be able to operate with minimal external support as logistical support will be unavailable.
 - iii. Personal safety and security - Safe shelter, food and water are essential not only for the victims of the disaster, but for the responders. Responders who are not cognizant of their own personal safety, security and health will impede the mission. Security of the workplace is also imperative for fulfilling the mission.
 - iv. Triage protocols based on individual roles/responsibilities - Triage during the response refers not only to sorting geriatric patients by their injuries, but knowing the local geriatric receiving facilities and transportation capabilities and communication to secure these resources.
 - v. Evacuation versus sheltering in place - Evacuation versus sheltering in place decision making considerations
4. Disaster Cycle Phase: Recovery/Reconstruction/Evaluation
 - a. Primary Concepts: Care for indigenous populations; Logistical support; Care for the caregiver/compassion fatigue; after action reporting
 - i. Care for indigenous populations - During the long-term recovery process, caregivers must adapt the response based on the local resources, needs and beliefs of the local population. Many refer to this as providing culturally-competent care.
 - ii. Logistical support - Establishing means for replenishing supplies (particularly medications and supplies that are necessary for care of chronic conditions), cleaning and repairing the facility and equipment are the priority as caregivers prepare for additional surges of injuries and subsequent public health crises in the aftermath of the disaster.

- iii. Care for the caregiver/compassion fatigue - Healthcare providers are notorious for putting the health and well-being of others ahead of their own well-being. Responders must be able to recognize their own stress reactions and limitations and subsequently ensure their own physical and psychological rest, healthy outlets for stress, and follow-up care.

- iv. After-action reporting - Recognition of responders for their time and performance is an excellent way to open the door for discussion of the disaster response. After-action reporting offers an opportunity to provide feedback about the disaster response plan as well as make recommendations for additional training.

Table 3: Recommended Learning Objectives and Resources		
1. Disaster Cycle Phase: Mitigation		
Decrease or eliminate long-term risk to people and property		
Learning Objective	Topics	Resources
<p><i>At the end of this unit the learner will:</i></p> <p>Describe mitigation and how mitigation strategies impact health. [Core Competency 11]</p>	<p>Mitigation</p> <p>Health infrastructure</p>	<p><i>Websites/Online Reports</i></p> <p>A prescription for disaster resilience: The importance of mitigation for healthcare facilities. Insurance Institute for Business & Home Safety Web site. https://www.disastersafety.org/commercial_maintenance/prescription-disaster-resilience/.</p> <p>Earthquake mitigation for hospitals. U.S. Department of Homeland Security. Federal Emergency Management Agency Web site. https://www.fema.gov/media-library/assets/documents/22391.</p> <p>FEMA flood mitigation best practices. FloodBreak: Revolutionary Flood Control Web site. http://floodbreak.com/about/success-stories/fema-flood-mitigation-best-practices/.</p> <p>Garrett AL, Park YS, Redlener I. Mitigating absenteeism in hospital workers during a pandemic. <i>Disaster Med Public Health Prep.</i> 2009 Dec;3 Suppl 2:S141-7. http://www.ncbi.nlm.nih.gov/pubmed/19952885.</p> <p>Interim pre-pandemic planning guidance: Community strategy for pandemic influenza mitigation in the United States-early, targeted, layered use of nonpharmaceutical interventions. U.S. Department of Health and Human Services. Centers for Disease Control and Prevention Website. http://www.flu.gov/planning-preparedness/community/community_mitigation.pdf.</p> <p>Mitigation: Fact sheets. Federal Emergency Management Administration Web site. http://www.fema.gov/what-mitigation/mitigation-fact-sheets.</p> <p>Schiavo R, May Leung M, Brown M. Communicating risk and promoting disease mitigation measures in epidemics and emerging disease settings. <i>Pathog Glob Health.</i> 2014 Mar;108(2):76-94. http://www.ncbi.nlm.nih.gov/pubmed/24649867.</p> <p>What is mitigation? Federal Emergency Management Administration Web site. http://www.fema.gov/what-mitigation.</p>

2. Disaster Cycle Phase: Preparedness		
Individual, biophysical, professional, institutional and psychological preparedness		
Learning Objective	Topics	Resources
<p><i>At the end of this unit the learner will:</i></p> <p>Discuss and apply general and specific aspects of safety and self-care based on type of disaster or public health emergencies [Core Competency 1, 2, 5, 8, 9, 10]</p>	<p>Safety</p> <p>Professional and personal self-care</p> <p>Personal, community, institutional and financial preparation for individuals participating in disasters and emergencies to include transition of care for the frail elderly.</p> <p>Ethical and Legal decision-making with and for the elderly – decision making regarding care at an individual level as well as institutional level decisions i.e. evacuation v. shelter in place.</p>	<p>Personal & Physical Preparedness</p> <p><i>Websites/Online Reports</i></p> <p>Advanced directives. MedlinePlus. U.S. National Library of Medicine Web site. http://www.nlm.nih.gov/medlineplus/advanceddirectives.html.</p> <p>Do not resuscitate orders. MedlinePlus. U.S. National Library of Medicine Web site. http://www.nlm.nih.gov/medlineplus/ency/patientinstructions/000473.htm</p> <p>Eldercare at Home: Advanced Directives. Healthcareinaging.org Web site. http://www.healthinaging.org/resources/resource:eldercare-at-home-advanced-directives/</p> <p>Emergency preparedness and you. Centers for Disease Control and Prevention Web site. http://emergency.cdc.gov/preparedness/.</p> <p>Health recommendations for relief workers responding to disasters. Centers for Disease control and Prevention Web site. http://wwwnc.cdc.gov/travel/page/relief-workers.htm. - <i>Immunizations and preparing for healthcare risks.</i></p> <p>Resources for the elderly. Rand Health Web site. http://www.rand.org/health/projects/special-needs-populations-mapping/promising-practices/resources.html#elderly.</p> <p>Shift work: Managing the challenges of disrupted sleep patterns and extended duty hours. Center for the Study of Traumatic Stress Web site. http://www.cstsonline.org/shift-work-managing-the-challenges-of-disrupted-sleep-patterns-and-extended-duty-hours/.</p> <p><i>Journal Article</i></p> <p>Chaffee M. Willingness of healthcare personnel to work in a disaster: an integrative review of the literature. <i>Disaster Med Public Health Prep.</i> 2009 Mar;3(1):42-56. doi: 10.1097/DMP.0b013e31818e8934. http://www.dmph.org/cgi/content/short/3/1/42.</p> <p>Devnani M. Factors associated with the willingness of health care personnel to work during an influenza public health emergency: an integrative review. <i>Prehosp Disaster Med.</i> 2012 Dec;27(6):551-66. http://www.ncbi.nlm.nih.gov/pubmed/23031432.</p>

		<p>Professional Preparedness: <i>Websites/Online Reports</i> Disaster Information Management Research Center (DIMRC). National Library of Medicine Web site. http://sis.nlm.nih.gov/dimrc.html. - <i>provides access to health information resources and technology for disaster preparedness, response, and recovery</i></p> <p>Emergency preparedness and response. Centers for Disease Control and Prevention Web site. http://www.bt.cdc.gov/.</p> <p>Trainings. Training and Education Collaborative System. Preparedness and Emergency Response Learning Center (TECS-PERLC) Web site. http://tecsperlc.org/trainings/.</p> <p><i>Journal Article</i> Rosenbaum, S., Harty, M. B., & Sheer, J. (2008). State laws extending comprehensive legal liability protections for professional health-care volunteers during public health emergencies. <i>Public Health Reports</i>, 123(2), 238-241. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2239336/.</p> <p>Institutional Preparedness: <i>Long term care facilities</i> Disaster preparedness plan: Template for use in long term care facilities. http://www.michigan.gov/documents/michiganprepares/Washington_LTC_Toolkit_334222_7.doc.</p> <p>Emergency planning checklist: recommended tool for persons in long-term care facilities & their family members, friends, personal caregivers, guardians & long-term care ombudsmen. U.S. Department of Health and Human Services Web site. http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/SandC_EPChecklist_Persons_LTCFacilities_Ombudsmen.pdf.</p> <p>Emergency preparedness checklist recommended tool for effective health care facility planning. U.S. Department of Health and Human Services Web site. http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/SandC_EPChecklist_Provider.pdf.</p> <p>Gaps continue to exist in nursing home emergency preparedness and response during disasters: 2007-2010. Department of Health and Human Services. Office of the Inspector General Web site. https://oig.hhs.gov/oei/reports/oei-06-09-00270.asp.</p>
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<p><i>At the end of this unit the learner will:</i></p> <p>Distinguish and illustrate aspects of psychological first aid and care for the caregiver when caring for the elderly within the disaster or emergency context [Core Competency 7]</p>	<p>Psychological First Aid</p> <p>Care for the Caregiver</p> <p>Referrals</p> <p>PTSD identification</p> <p>Interventions</p> <p>Coping Strategies</p> <p>Consideration for Cognitive Impairment/Comorbid Psychiatric Conditions</p>	<p>Psychological Preparedness: <i>Websites/Online Reports</i></p> <p>Courage to care: Psychological first aid. Center for the Study of Traumatic Stress Web site. http://www.cstsonline.org/courage-to-care-psychological-first-aid/.</p> <p>Grief leadership: Leadership in the wake of tragedy. Center for the Study of Traumatic Stress Web site. http://www.cstsonline.org/grief-leadership-leadership-in-the-wake-of-tragedy/.</p> <p>Information for relief workers on emotional reactions to human bodies in mass death. Center for the Study of Traumatic Stress Web site. http://www.cstsonline.org/information-for-relief-workers-on-emotional-reactions-to-human-bodies-in-mass-death/.</p> <p>Psychological First Aid: How you can support well-being. Center for the Study of Traumatic Stress Web site. http://www.cstsonline.org/psychological-first-aid/.</p> <p>Sustaining caregiving and psychological well-being while caring for disaster victims. Center for the Study of Traumatic Stress Web site. http://www.cstsonline.org/sustaining-caregiving-and-psychological-well-being-while-caring-for-disaster-victims/.</p> <p>The debriefing debate. Center for the Study of Traumatic Stress Web site. http://www.cstsonline.org/debriefing-debate/.</p> <p>Traumatic incident stress. Centers for Disease Control and Prevention Web site. http://www.cdc.gov/niosh/topics/traumaticincident/.</p>
Clinical Competency		
<p>Learning Objective</p>	<p>Topics</p>	<p>Resources</p>
<p><i>At the end of this unit the learner will:</i></p> <p>Demonstrate readiness to quickly assess and manage elderly casualties according to current scope of practice, ethical and crisis standards of care [Core Competency 6, 7, 9, 10]</p>	<p>Decontamination</p> <p>Treatment</p> <p>Recovery</p>	<p><i>Websites/Online Reports</i></p> <p>Crisis standards of care: A systems framework for catastrophic disaster response. Institute of Medicine of the National Academies Web site. http://www.iom.edu/Reports/2012/Crisis-Standards-of-Care-A-Systems-Framework-for-Catastrophic-Disaster-Response.aspx.</p> <p>The health consequences of disasters and evacuation. Center for the Study of Traumatic Stress Web site. http://www.cstsonline.org/the-health-consequences-of-disasters-and-evacuation/.</p>

		<p><i>Book</i> <i>Crisis Standards of Care: A Toolkit for Indicators and Triggers.</i> Institute of Medicine of the National Academies. Washington, DC; The National Academies Press; 2013.</p>
<p><i>At the end of this unit the learner will:</i></p> <p>Discuss and apply general and specific aspects of the triage of geriatric patients in the disaster context [Core Competency 7]</p>	<p>Crisis Standard of Care</p> <p>Mental Health</p> <p>Legal/Ethical Considerations</p> <p>SWiFT (Seniors Without Families Triage) Geriatric-Specific triage and exam considerations</p> <p>SALT (Sort, Assess, Lifesaving Interventions, Treatment/Transport)</p> <p>MUPS (Medically Unexplained Physical Symptoms)</p>	<p><i>Websites/Online Reports</i></p> <p>Crisis standards of care: A systems framework for catastrophic disaster response. Institute of Medicine of the National Academies Web site. http://www.iom.edu/Reports/2012/Crisis-Standards-of-Care-A-Systems-Framework-for-Catastrophic-Disaster-Response.aspx.</p> <p>Recommendations for best practices in the management of elderly disaster victims (SWiFT). Baylor College of Medicine and the American Medical Association Web site. https://www.bcm.edu/pdf/bestpractices.pdf.</p> <p>SALT mass casualty triage algorithm (Sort, Assess, Lifesaving Interventions, Treatment/Transport) - Adapted for a very large radiation emergency. Radiation Emergency Medical Management (REMM). U.S. Department of Health and Human Services Web site. http://www.remm.nlm.gov/salttriage.htm.</p> <p><i>Journal Articles</i></p> <p>Barnett DJ, Taylor HA, Hodge JG Jr, Links JM. Resource allocation on the frontlines of public health preparedness and response: report of a summit on legal and ethical issues. <i>Public Health Rep.</i> 2009 Mar-Apr;124(2):295-303. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2646457/.</p> <p>Lerner EB, Cone DC, Weinstein ES, Schwartz RB, Coule PL, Cronin M, ... & Hunt RC. Mass casualty triage: an evaluation of the science and refinement of a national guideline. <i>Disaster medicine and public health preparedness.</i> 2011;5(02): 129-137. http://tinyurl.com/qqh6dc6.</p> <p>Lerner EB, Schwartz RB, Coule PL, Pirralo RG. Use of SALT triage in a simulated mass-casualty incident. <i>Prehosp Emerg Care.</i> 2010 Jan-Mar;14(1):21-5. http://www.ncbi.nlm.nih.gov/pubmed/19947863.</p> <p>Richardson RD, Engel CC Jr. Evaluation and management of medically unexplained physical symptoms. <i>Neurologist.</i> 2004 Jan;10(1):18-30. Review. http://www.ncbi.nlm.nih.gov/pubmed/14720312.</p> <p><i>Book</i> <i>Crisis Standards of Care: A Toolkit for Indicators and Triggers.</i> Institute of Medicine of the National Academies. Washington, DC; The National Academies Press; 2013.</p>

<p><i>At the end of this unit the learner will:</i></p> <p>Model acute care principles in the care of seriously ill or injured elderly people (or individuals) according to scope of practice, ethical and crisis standards of care [Core Competency 7]</p>	<p>Shock</p> <p>Trauma</p> <p>ACLS</p> <p>Bereavement</p> <p>Ethics</p> <p>Communication</p> <p>Infections/ Bioterrorism</p>	<p><i>Websites/Online Reports</i></p> <p>Advanced Cardiovascular Life Support (ACLS). American Heart Association Web site. http://tinyurl.com/9brwhwl.</p> <p>Explosions and blast injuries: A primer for clinicians. Centers for Disease Control and Prevention Web site. http://www.cdc.gov/masstrauma/preparedness/primer.pdf.</p> <p>Managing traumatic stress: Tips for recovering from disasters and other traumatic events. American Psychological Association Web site. http://www.apa.org/helpcenter/recovering-disasters.aspx.</p> <p>Public health law: Publications and resources. Centers for Disease Control and Prevention Web site. http://www.cdc.gov/phlp/publications/index.html.</p>
<p><i>At the end of this unit the learner will:</i></p> <p>Administer culturally and clinically competent care for elderly people affected by disasters, emergencies and austere conditions [Core Competency 4]</p>	<p>Considerations for geriatrics with specific needs:</p> <p>Chronic Disease(s)</p> <p>Sensory deficits</p> <p>Cognitive, Behavioral, Mental or Emotional underlying conditions</p> <p>Mobility</p> <p>General education about the etiology, manifestations and potential response to disaster associated with disabilities: Physical Disability Sensory Disabilities Emotional/Social Disabilities</p>	<p><i>Websites/Online Reports</i></p> <p>Emergency preparedness. National Association of the Deaf Web site. http://www.nad.org/issues/emergency-preparedness.</p> <p>Special populations: Emergency and disaster preparedness. U.S. Department of Health and Human Services Outreach Activities and Resources Web site. http://sis.nlm.nih.gov/outreach/specialpopulationsanddisasters.html.</p> <p>The Office of Minority Health. U.S. Department of Health and Human Services Web site. http://minorityhealth.hhs.gov/.</p> <p><i>Journal Article</i></p> <p>Kailes, JI, Enders, A. Moving Beyond “Special Needs”: A Function-Based Framework for Emergency Management and Planning. <i>Journal of Disability Policy Studies</i>. 2007, 17(4): 230-237. http://www.jik.com/KailesEndersbeyond.pdf.</p>
<p><i>At the end of this unit the learner will:</i></p> <p>Examine and demonstrate communication and safety plans, medical records transfer/retention and tracking and</p>	<p>Ethical and Legal implications of working with cognitively impaired and frail elderly individuals</p>	<p><i>Websites/Online Reports</i></p> <p>Crisis standards of care: A systems framework for catastrophic disaster response. Institute of Medicine of the National Academies Web site. http://www.iom.edu/Reports/2012/Crisis-Standards-of-Care-A-Systems-Framework-for-Catastrophic-Disaster-Response.aspx.</p>

<p>identification protocols for working with institutionalized and other vulnerable elderly people in disaster and emergent situations [Core Competencies 3, 7, 8, 9, 10]</p>	<p>Institutional and staff needs for ongoing or transition of care Transition of care</p>	<p>Identifying vulnerable older adults and legal options for increasing their protection during all-hazards emergencies. Centers for Disease Control and Prevention Web site. http://www.cdc.gov/aging/emergency/pdf/guide.pdf. - <i>Liability</i></p>
Operational Competency		
Learning Objective	Topics	Resources
<p><i>At the end of this unit the learner will:</i></p> <p>Examine community response plans, evacuation and sheltering protocols, infrastructure and resources for the geriatric population during disasters and emergent situations [Core Competency 2]</p>	<p>Safety & Security</p> <p>Public Health</p> <p>Community</p> <p>Potential Shelter (for individuals and pets)</p> <p>Long-term care facilities</p> <p>Hospital</p> <p>Local</p> <p>State</p> <p>Federal</p> <p>Non-Governmental Organizations</p>	<p><i>Websites/Online Reports</i></p> <p>Hospital incident command system - learning modules. Emergency Medical Services Authority (EMSA) Web site. http://www.emsa.ca.gov/hics/modules.asp.</p> <p>Hospital incident command system guidebook. Emergency Medical Services Authority (EMSA) Web site. http://www.emsa.ca.gov/HICS/files/Guidebook_Glossary.pdf.</p> <p>Incident Command System (ICS) Trainings 100, 200 and 700. Federal Emergency Management Agency Web site. http://www.fema.gov/incident-command-system#item7.</p> <p>Incident Command System (ICS). Federal Emergency Management Agency Web site. http://www.fema.gov/incident-command-system.</p> <p>Medicare and Medicaid programs; Emergency preparedness requirements for Medicare and Medicaid participating providers and suppliers, proposed rule. <i>Fed Regist.</i> 2013;78(249)79082-79105. Codified at 42 CFR Parts 403, 416, 418, et al. http://tinyurl.com/ngcob5h.</p> <p>National Incident Management System (NIMS). Federal Emergency Management Agency Web site. http://www.fema.gov/national-incident-management-system.</p> <p>National preparedness goal. U.S. Department of Homeland Security Web site. http://www.fema.gov/pdf/prepared/npg.pdf. - <i>Describes nation's approach to preparing for threats</i></p> <p><i>Book</i></p> <p>Carmona RH, Darling RG, Knoblen JE, Michael JM, eds. Public Health Emergency Preparedness & Response: Principles & Practice. 1st ed. Maryland: PHS Commissioned Officers Foundation for the Advancement of Public Health; 2010. http://tinyurl.com/d264j87.</p>

<p><i>At the end of this unit the learner will:</i></p> <p>Identify and model expected command and control, community response plans, and communication platforms when caring for geriatric population during disasters and emergent situations [Core Competency 2, 4]</p>	<p>Communication</p> <p>Identification & Tracking</p> <p>Roles & Responsibilities</p> <p>Transport</p> <p>Intra-area evacuation</p> <p>Incident Command System (ICS)</p> <p>Containment</p> <p>First Responders</p> <p>Community Responders</p> <p>Hospital Responders</p> <p>Long-Term Care Facility Responders</p>	<p><i>Websites/Online Reports</i></p> <p>Crisis & Emergency Risk Communication (CERC). Centers for Disease Control and Prevention Web site. http://emergency.cdc.gov/cerc/.</p> <p>Natural disasters: Optimizing officer and team performance. Center for the Study of Traumatic Stress Web site. http://www.cstsonline.org/natural-disasters-optimizing-officer-and-team-performance/.</p> <p>Schor K. Strauss-Riggs K. eds. Report on the domestic natural disaster health workforce. National Center for Disaster Medicine and Public Health Web site. http://ncdmph.usuhs.edu/Documents/Workforce2011/WorkforceProject2011-B.pdf.</p>
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<p><i>At the end of this unit the learner will:</i></p> <p>Identify and demonstrate decontamination and treatment of elderly individuals (or patients) with possible CBRNE exposure [Core Competency 2, 7]</p>	<p>Identification</p> <p>Decontamination</p> <p>Triage</p> <p>Biological Subtypes</p> <p>Explosive Subtypes</p> <p>Radiation subtypes</p> <p>Chemical Subtypes</p> <p>Natural Subtypes</p> <p>Treatment</p> <p>Recuperation</p>	<p><i>Websites/Online Reports</i></p> <p>Chemical Hazards Emergency Medical Management (CHEMM). U.S. Department of Health and Human Services Web site. http://chemm.nlm.nih.gov/.</p> <p>National nurse emergency preparedness initiative. The George Washington University Web site. http://www.nnepi.org. - <i>Chemical, biological, radiological and nuclear preparedness for healthcare providers</i></p> <p>Radiation Emergency Medical Management (REMM). U.S. Department of Health and Human Services Web site. http://www.remm.nlm.gov/.</p>
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3. Disaster Cycle Phase: Response

Command, control, communication and authority

Learning Objective	Topics	Resources
<p><i>At the end of this unit the learner will:</i></p> <p>Categorize and utilize incident-specific system response, command & control, communication, and geriatric-capable assets and evacuation procedures [Core Competencies 2, 4, 6]</p>	<p>Stafford Act</p> <p>NRF</p> <p>FEMA</p> <p>Incident Command System (ICS)</p> <p>Communication</p> <p>Roles & Responsibilities</p> <p>Intra-area</p> <p>Containment</p>	<p><i>Websites/Online Reports</i></p> <p>Crisis & Emergency Risk Communication (CERC). Centers for Disease and Control and Prevention Web site. http://emergency.cdc.gov/cerc/.</p> <p>International Association of Emergency Medical Services (IAEMS). IAEMS Web site. http://www.iaemsc.org.</p> <p>National response framework. U.S. Department of Homeland Security Web site. http://www.fema.gov/pdf/emergency/nrf/nrf-core.pdf.</p> <p>Recovering after a disaster or emergency: Tools and resources. American Red Cross Web site. http://www.redcross.org/prepare/disaster-safety-library.</p> <p>Robert T. Stafford Disaster Relief and Emergency Assistance Act, as amended, and Related Authorities. Federal Emergency Management Agency Web site. http://download-88flood.www.gov.tw/otherReC/file/stafford_act_fema_592_june_2007.pdf.</p>

	<p>First Responders</p> <p>Community Responders</p> <p>Hospital Responders</p> <p>Shelter In Place Resources</p> <p>Long-Term Care Facility Responders</p> <p>Evacuation</p> <p>Identification & Tracking</p> <p>Transport</p> <p>Shelter design for Elderly</p>	<p><i>Journal Article</i></p> <p>Gilk DC. Risk Communication for Public Health Emergencies. <i>Annu. Rev. Public Health</i> 2007.28:33-54. http://www.asph.org/userfiles/Competencies-Resources/37_GlikRC.pdf.</p>
<p><i>At the end of this unit the learner will:</i></p> <p>Summarize and implement communication and safety plans, and tracking and identification protocols when encountering institutionalized and other vulnerable elderly people [Core Competencies 2, 4, 6]</p>	<p>Ethical and Legal</p> <p>Implications of working with the elderly: medically frail, cognitively impair, sensory deficits, autonomy, resource distribution</p>	<p><i>Website/Online Report</i></p> <p>Hospital incident command system guidebook. Emergency Medical Services Authority (EMSA) Web site. http://www.emsa.ca.gov/HICS/files/Guidebook_Glossary.pdf. - <i>Guidebook for advancing institutional preparedness.</i></p>
Mission, vision, scope and role		
Learning Objective	Topics	Resources
<p><i>At the end of this unit the learner will:</i></p> <p>Identify and model geriatric specific disaster supplies and resources for logistical support and resupply [Core Competency 6]</p>	<p>Scarcity</p> <p>Agency Interplay</p> <p>Safety</p> <p>Ambulatory/Office-based toolkits</p>	<p><i>Online Report</i></p> <p>Schor K. Strauss-Riggs K. eds. Report on the domestic natural disaster health workforce. National Center for Disaster Medicine and Public Health Web site. http://ncdmpm.usuhs.edu/Documents/Workforce2011/WorkforceProject2011-B.pdf.</p>

	<p>Records Communication</p> <p>Surge capacity</p> <p>Long-term care facility capacity</p> <p>Chronic condition care</p>	<p><i>Book</i></p> <p>Carmona RH, Darling RG, Knoben JE, Michael JM, eds. Public Health Emergency Preparedness & Response: Principles & Practice. 1st ed. Maryland: PHS Commissioned Officers Foundation for the Advancement of Public Health; 2010. http://books.google.com/books?id=Y7ETJKIQ1ocC&printsec=frontcover&source=gbs_ge_summary_r&cad=0#v=onepage&q&f=false.</p>
Safety and security		
Learning Objective	Topics	Resources
<p><i>At the end of this unit the learner will:</i></p> <p>Identify geriatric-specific disaster resources [Core Competencies 3, 5]</p>	<p>Safety & Security</p> <p>Public Health</p> <p>Community</p> <p>Hospital</p> <p>Agency/Institutional (LTC)</p> <p>Local</p> <p>State</p> <p>Federal</p> <p>Non-governmental Organization (NGO)</p>	<p><i>Websites/Online Reports</i></p> <p>Disaster-related competencies for healthcare providers. Disaster Information Management Research Center (DIMRC). National Library of Medicine Web site. http://disasterinfo.nlm.nih.gov/dimrc/professionalcompetencies.html. –links to disaster related competencies for various healthcare providers</p> <p>Emergency response resources. Centers for Disease Control and Prevention Web site. Field triage. Centers for Disease Control and Prevention Web site. http://www.cdc.gov/fieldtriage/.</p> <p>Frequently asked questions: Hazardous Waste Operations and Emergency Response Standard (HAZWOPER). U.S. Department of Labor Occupational and Safety Hazards Administration (OSHA) Web site. http://www.osha.gov/html/faq-hazwoper.html. http://www.cdc.gov/niosh/topics/emres/responders.html.</p>
Triage Protocols based on individual roles/responsibilities		
Learning Objective	Topics	Resources
<p><i>At the end of this unit the learner will:</i></p> <p>Prepare, utilize and communicate geriatric triage protocols based on available local resources, referral facilities and means of emergency transportation [Core</p>	<p>Crisis Standard of Care</p> <p>Psychosocial</p> <p>Ethical Considerations</p> <p>SWiFT (Seniors Without Families Triage) Geriatric-</p>	<p><i>Websites/Online Reports</i></p> <p>Crisis standards of care: A systems framework for catastrophic disaster response. Institute of Medicine of the National Academies Web site. http://www.iom.edu/Reports/2012/Crisis-Standards-of-Care-A-Systems-Framework-for-Catastrophic-Disaster-Response.aspx.</p>

<p>Competencies 3, 7, 8, 9, 10]</p>	<p>Specific triage and exam considerations</p> <p>SALT (Sort, Assess, Lifesaving Interventions, Treatment/Transport)</p> <p>MUPS (medically unexplained physical symptoms)</p>	<p>Recommendations for best practices in the management of elderly disaster victims. Baylor College of Medicine and the American Medical Association Web site. https://www.bcm.edu/pdf/bestpractices.pdf.</p> <p>SALT Mass Casualty Triage Algorithm (Sort, Assess, Lifesaving Interventions, Treatment/Transport) - Adapted for a very large radiation emergency. Radiation Emergency Medical Management (REMM). U.S. Department of Health and Human Services Web site. http://www.remm.nlm.gov/salttrriage.htm.</p> <p>Simple Triage and Rapid Treatment (START): “The race against time.” START Triage Web site. http://www.start-triage.com/.</p> <p><i>Journal Articles</i></p> <p>Barnett DJ, Taylor HA, Hodge JG Jr, Links JM. Resource allocation on the frontlines of public health preparedness and response: report of a summit on legal and ethical issues. <i>Public Health Rep.</i> 2009 Mar-Apr;124(2):295-303. PubMed PMID: 19320372; PubMed Central PMCID: PMC2646457. http://www.ncbi.nlm.nih.gov/pubmed/19320372/.</p> <p>Richardson RD, Engel CC Jr. Evaluation and management of medically unexplained physical symptoms. <i>Neurologist.</i> 2004 Jan;10(1):18-30. Review. PubMed PMID: 14720312. http://www.ncbi.nlm.nih.gov/pubmed/14720312.</p>
Evacuation versus sheltering in place		
<p><i>At the end of this unit the learner will:</i></p> <p>Describe evacuation and sheltering in place and discuss considerations for deciding between these two options for older adults. [Core Competency 1, 3, 5, 6]</p>	<p>Evacuation</p> <p>Sheltering in place</p>	<p><i>Websites/Online Reports</i></p> <p>Disaster planning for elderly and disabled populations. University of Florida Cooperative Extension Service Institute of Feed and Agricultural Sciences Web site. http://disaster.ifas.ufl.edu/PDFS/CHAP02/D02-09.PDF.</p> <p>Get a plan! Tips for evacuating vulnerable populations. Florida Division of Emergency Management Web site. http://www.floridadisaster.org/documents/Tips%20for%20Evacuating%20Vulnerable%20Populations.pdf.</p> <p>Shelter-in-Place – Transportation. U.S. Department of Health and Human Services Web site. http://www.hhs.gov/od/disabilitytoolkit/shelter/transportation.html.</p>

4. Disaster Cycle Phase: Recovery/Reconstruction/Evaluation		
Care for indigenous populations		
Learning Objective	Topics	Resources
<p><i>At the end of this unit the learner will:</i></p> <p>Discuss and apply general and specific aspects of long-term psychological care for the geriatric population within the disaster/emergency context [Core Competency 11]</p>	<p>Cultural Competency</p> <p>Reactions/Responses</p> <p>Social Supports</p> <p>Lay caregiver</p> <p>Referral/Intervention</p> <p>Condition Specific</p> <p>Aftercare/Return to Normalcy</p> <p>Treatments</p> <p>Vulnerabilities</p>	<p><i>Websites/Online Reports</i></p> <p>Coping with disasters, violence and traumatic events. Disaster Information Management Research Center (DIMRC) Web site. http://disaster.nlm.nih.gov/dimrc/coping.html.</p> <p>National disaster recovery framework. Federal Emergency Management Agency Web site. http://www.fema.gov/national-disaster-recovery-framework.</p> <p>People & traditions - tribal preparedness for emergencies and disasters. American Indian Health Web site. http://americanindianhealth.nlm.nih.gov/tribal-prep.html.</p>
<p><i>At the end of this unit the learner will:</i></p> <p>Modify long-term physical care of the geriatric population based on exposures within the disaster/emergency context [Core Competency 11]</p>	<p>Agent Specific</p> <p>Radiation</p> <p>Biological (to include routine ID – Influenza)</p> <p>Natural</p> <p>Chemical</p> <p>Explosive</p> <p>Treatment</p> <p>Recuperation</p>	<p><i>Websites/Online Reports</i></p> <p>Chemical Hazards Emergency Medical Management (CHEMM). U.S. Department of Health and Human Services Web site. http://chemm.nlm.nih.gov/.</p> <p>National nurse emergency preparedness initiative. The George Washington University Web site. http://www.nnepi.org. - <i>Chemical, biological, radiological and nuclear preparedness for healthcare providers.</i></p> <p>Radiation Emergency Medical Management (REMM). U.S. Department of Health and Human Services Web site. http://www.remm.nlm.gov/.</p>

Logistical support		
Learning Objective	Topics	Resources
<p><i>At the end of this unit the learner will:</i></p> <p>Prepare geriatric disaster supplies and identify resources for logistical support and resupply within the specific disaster or emergency context [Core Competency 6]</p>	<p>Infrastructure</p> <p>Debris</p> <p>Repair</p> <p>Re-establish</p> <p>Sustainability</p>	<p><i>Websites/Online Reports</i></p> <p>Critical infrastructure sectors. U.S. Department of Homeland Security. http://www.dhs.gov/critical-infrastructure-sectors.</p> <p>Hospital incident command system - learning modules. Emergency Medical Services Authority (EMSA) Web site. http://www.emsa.ca.gov/hics/modules.asp.</p> <p>Hospital Incident Command System Guidebook. Emergency Medical Services Authority (EMSA) Web site. http://www.emsa.ca.gov/HICS/files/Guidebook_Glossary.pdf.</p> <p>Public health infrastructure and systems. National Association of County and City Health Officials (NACCHO) Web site. http://www.naccho.org/topics/infrastructure/.</p>
Care for the caregiver/compassion fatigue		
Learning Objective	Topics	Resources
<p><i>At the end of this unit the learner will:</i></p> <p>Analyze, identify and mitigate responder’s risk for developing compassion fatigue [Core Competencies 3, 7, 8, 9, 10]</p>	<p>Self-care</p> <p>Compassion fatigue</p> <p>Caregiver stress and coping</p>	<p><i>Websites/Online Reports</i></p> <p>Coping with disasters, violence and traumatic events. Disaster Information Management Research Center (DIMRC) Web site. http://disaster.nlm.nih.gov/dimrc/coping.html.</p> <p>Information for relief workers on emotional reactions to human bodies in mass death. Center for the Study of Traumatic Stress Web site. http://www.cstsonline.org/information-for-relief-workers-on-emotional-reactions-to-human-bodies-in-mass-death/.</p> <p>Self-care after disasters. U.S. Department of Veterans Affairs. National Center for PTSD Web site. http://www.ptsd.va.gov/public/pages/self_care_after_disasters.asp.</p> <p>Sustaining caregiving and psychological well-being while caring for disaster victims. Center for the Study of Traumatic Stress Web site. http://www.cstsonline.org/sustaining-caregiving-and-psychological-well-being-while-caring-for-disaster-victims/.</p> <p>The debriefing debate. Center for the Study of Traumatic Stress Web site. http://www.cstsonline.org/debriefing-debate/.</p> <p>Traumatic incident stress. Centers for Disease Control and Prevention Web site. http://www.cdc.gov/niosh/topics/traumaticincident/.</p>

After-action reporting		
Learning Objective	Topics	Resources
<p><i>At the end of this unit the learner will:</i></p> <p>Analyze the disaster health response for strengths, and areas for improvement for curricular recommendations [Core Competencies 2, 4, 6]</p>	<p>After Action Reporting</p> <p>Community Planning/Preparation</p>	<p><i>Websites/Online Reports</i></p> <p>Community preparedness. Federal Emergency Management Agency Web site. http://www.ready.gov/community-preparedness.</p> <p>Disaster preparedness resources from NASN. National Association of School Nurses Web site. http://www.nasn.org/ToolsResources/DisasterPreparedness.</p> <p>Evaluate and improve. Federal Emergency Management Agency Web site. http://www.fema.gov/evaluate-improve.</p> <p>Lessons Learning Information Sharing (LLIS). Federal Emergency Management Agency Web site. https://www.llis.dhs.gov/index.do.</p> <p>Public health preparedness. National Association of County and City Health Officials (NACCHO) Web site. http://www.naccho.org/topics/emergency/index.cfm.</p>

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