



**Caring for Older Adults in Disasters: A Curriculum for Health Professionals**  
Publication for the Disaster Medicine and Public Health Preparedness Journal

**Type of Submission**

*Responder Tools*

Practical learning tools, factsheets, guidelines, or case study recommendations intended for first responders, first receivers, and other personnel involved in disasters and public health emergencies. A “tear out” sheet that may be used for just-in-time learning or as an educational supplement. In a cover letter, identify the target learning audience and disclose any efforts to evaluate or validate the tool. Maximum length: 2 pages with tables and figures. Proprietary or copyrighted items which cannot be used freely by readers and their agencies/organizations will not be accepted in this section.

**Suggested Timeline**

August 3 -10, 2015 – Brian and Kelly write first draft - complete

August 10 -21, 2015 – Email Carlo Rossi – complete, yes he wants to be co-author

August 24-28, 2015 – Leadership reviews first draft

August 31-September 4, 2015 – Brian and Kelly incorporate edits and submit for USU clearance

September 31, 2015 – USU Clearance time

October/November 2015 – Submit to journal

**Outline**

1. **Title:** Delivering Flexible Education and Training to Health Professionals: Caring for Older Adults in Disasters
2. **Authors:** Brian A. Altman, PhD; Kelly H. Gulley; Carlo Rossi; Kandra Strauss-Riggs, MPH; Dr. Kenneth Schor, DO, MPH
3. **Abstract:**

The National Center for Disaster Medicine and Public Health (NCDMPH) in collaboration with over twenty subject matter experts, created a competency-based curriculum titled, *Caring for Older Adults in Disasters: A Curriculum for Health Professionals*. Educators and trainers of health professionals are the target audience for this curriculum. The curriculum was designed to provide breadth of content, yet flexibility for trainers to tailor lessons, or select particular lessons, for the needs of their learners and organizations. The curriculum covers conditions present in the older adult population that may affect their disaster preparedness, response, and recovery; issues related to specific types of disasters; considerations for care of older adults throughout the disaster cycle; topics related to specific settings in which older adults receive care; and ethical and legal considerations. An excerpt of the final capstone lesson is included. These capstone activities can be used in conjunction with the curriculum or as part of standalone preparedness training. This paper describes the development process, elements of each lesson, content covered, and options for use of the curriculum in education and training for health professionals. The curriculum is freely available online at the NCDMPH website at [ncdmph.usuhs.edu](http://ncdmph.usuhs.edu).

4. **Keywords:** disasters, older adults, education, training, health professionals, curriculum
5. **Introduction**



The National Center for Disaster Medicine and Public Health (NCDMPH) in collaboration with over twenty subject matter experts, created a competency-based curriculum titled, *Caring for Older Adults in Disasters: A Curriculum for Health Professionals*. The target audience for this curriculum is educators and trainers working with health professionals who may care for older adults before, during, and after a disaster. The curriculum is freely available on the website of the NCDMPH at [ncdmph.usuhs.edu](http://ncdmph.usuhs.edu).

The curriculum is designed to be used by educators and trainers in a wide range of settings such as classroom based instruction, continuing professional education, preparedness training within organizations, or other flexible teaching settings. The curriculum is divided into modules and lessons allowing trainers to select topics of particular relevance to their learners and organizational context. The lessons contain outlines of material to be taught allowing trainers flexibility in their teaching style and setting.

Figure one illustrates the focus of the curriculum on the intersection of disaster health and caring for older adults. Learners are assumed to be competent health professionals in their own role and scope of practice and have general awareness of care of patients in disasters. For those trainers or learners who need more information about general disaster health topics, please visit the NCDMPH website for additional resources. This curriculum highlights particular issues and considerations for caring for older adults before, during, and after disasters.

#### **6. Background/Process**

In response to a request from US Department of Veterans Affairs the NCDMPH initiated the development of this curriculum. A key guiding document in initial identification of curriculum topics was the *Curriculum Recommendations for Disaster Health Professionals: The Geriatric Population*.<sup>1</sup> A curriculum topic outline was developed with subject matter expert input. Subject matter experts were then invited to author one or more lessons from this topical outline. The lessons contain common elements based on a lesson template provided by NCDMPH. A peer review process was a key component of lesson development. Multiple authors and additional expert reviewers provided feedback on the lessons. Authors incorporated feedback and completed lessons for the final curriculum.

#### **7. Elements of the Lessons**

For consistency and ease of use, the lessons contain the following curricular elements:

- Mapping content to core competencies for disaster medicine and public health.<sup>2</sup>
- Learning objectives to specify the aims of the content provided.
- Estimated time to complete, ranging from 30 to 120 minutes.
- Detailed content outline, containing points to be made and issues to convey in teaching the lesson.
- Suggested Learner activities for use in and beyond the classroom
- Readings and resources for learners and educators.
- Learner assessment strategies, ideas for gauging student learning.

#### **8. Content Covered in Curriculum**

Figure two outlines the modules and lessons within this curriculum. The first module introduces the curriculum and provides background on the older adult population. The second module describes conditions present in the older adult population that impact their disaster preparedness, response, and recovery. The focus then shifts to how older adults are affected by particular types



of disasters in module three. Module four provides an in-depth treatment of issues health professionals should consider when caring for older adults before, during, and after disasters. The focus of module five turns toward specific considerations for particular settings in which older adults live and receive care. Module six outlines ethical and legal considerations when caring for older adults in disasters. The curriculum concludes in module seven with a capstone activity described further below.

#### **9. How it can be used**

This curriculum is designed to be used in a variety of settings such as in classroom teaching for health professionals, for continuing professional education, or for preparedness training within organizations. Educators and trainers may elect to use the curriculum in whole or in part based on the needs of their learners and organization and the time available. Educators can customize the curriculum by selecting lessons, or parts of lessons, to teach, by adapting activities as needed, or by adding additional content appropriate for their setting. Content can be taught to learners of one health profession or in interprofessional settings. The lessons include content outlines, which allow trainers flexibility in their teaching style to include lectures, discussions, readings, case vignettes, and other teaching methods. In designing the curriculum, we were cognizant of the need for breadth of content and for flexibility for use in a wide range of environments with a variety of resources and time constraints.

#### **10. Capstone Excerpt Example**

An excerpt of the final capstone activity in the curriculum is included in Box 1. This activity can be used by learners as part of the curriculum or as a standalone training tool. Trainers can adapt the content as necessary for their learners, organizational setting, time available and training needs.

**BOX 1:  
LESSON 7-1  
CAPSTONE ACTIVITY EXCERPT**

**Intended Audience of Learners**

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

**Learning Objective**

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

**7-1.1** Describe planning and logistics considerations for caring for older adults in disasters.

**Estimated Time to Complete This Lesson Excerpt**

60 minutes

**Suggested Learner Activities for Use in and Beyond the Classroom**

**Part 1:**

In this section, learners will consider the implications for planning and logistics of caring

for older adults in disasters.

### Scenario

Either individually or in small groups with each small group doing the following together, imagine you are going to plan a meeting to discuss various planning and logistical implications of what you have learned so far in this curriculum. Use the prompts below to assist your learners in completing this section if necessary.

- Who would be present at this meeting and why is their presence important?
  - People in your workplace? People in your professional association? People in other professions? People in your community? Regional, state, county, and local systems of care? Health care coalitions?
    - Please consider any of the following possible stakeholders (adapted from<sup>1-3</sup>):
      - Health care providers and systems (hospitals, clinics, rehabilitation centers, mental health facilities, home care agencies, skilled nursing facilities, healthcare coalitions)
      - Public health
      - Federal, state, local, tribal, and territorial government agencies
      - Public safety and security (fire, law enforcement, emergency medical services)
      - Housing agencies
      - Transportation and sanitation infrastructure
      - Utilities (water, energy, communication)
      - Universities or research institutions
      - Service, faith-based, and volunteer organizations
      - Nonprofit agencies
      - Media
      - Interested members of the public (individuals affected by a disaster)
- Draft a hypothetical agenda for this meeting. As you think about who to invite to the hypothetical meeting and the agenda, here are some topics to reflect on:
  - What questions would you ask and why? What issues would you raise and why are these issues important?
    - What are the risks and hazards for your geographical jurisdiction? What vulnerabilities do these hazards and risks pose for your population, your profession, and your work setting?
  - Please consider the following disaster planning and logistical issues:
    - Communications

- Staffing
- Command & Control: Who is in charge? Who is giving direction?
- Safety & Security
- Resources
  - Medical: medications, supplies, assistive technologies
  - Nonmedical
- Transport
- Continuum of care and services
- What decisions would you want to make in this meeting?

**Part 2:**

What are 3 action steps that you can take so you individually, your workplace, your profession, or your community can plan to better care for older adults in disasters?

For example, these could be areas in which you want to learn more, conversations you want to have, or any other ways in which you want to follow up on what you have learned in this curriculum.

Identify a timeframe for you to accomplish these action steps.

Tell 2 fellow learners about your action steps. Then, ask 2 of your fellow learners what their action steps will be.

**Sources Cited in Preparing Outline and Activities Above**

1. *Standing Together: An Emergency Planning Guide for America's Communities.* The Joint Commission.  
[http://www.jointcommission.org/assets/1/18/planning\\_guide.pdf](http://www.jointcommission.org/assets/1/18/planning_guide.pdf). Published 2005. Accessed December 4, 2014.
2. Stakeholders and their roles in recovery. Federal Emergency Management Agency website.  
<http://training.fema.gov/emiweb/downloads/hdr/session%204%20powerpoint.pdf>. Accessed December 4, 2014.
3. VOAD network: national organization member. National Voluntary Organizations Active in Disaster website. <http://www.nvoad.org/voad-network/national-members/>. Accessed December 4, 2014.

**11. Next Steps/Future Directions**

To access and utilize the entire curriculum or parts of the curriculum please visit the NCDMPH website at [ncdmph.usuhs.edu](http://ncdmph.usuhs.edu). The curriculum is available at no cost and with no required registration. In the future, we intend to add supplementary resources for educators and trainers that are associated with individual lessons. We hope that this curriculum and its use can enhance the care of older adults in future disasters.

**12. About the authors**



### 13. Acknowledgements

### 14. References

- a. 1. Johnson HL, McBee EC, Ling CG. Curriculum recommendations for disaster health professionals: the geriatric population. <https://ncdmp.h.usuhs.edu/Documents/GeriatricCurrRec-201407.pdf>. Published August 2014. Accessed July 1, 2015.
- b. 2. [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.](#)

### **Possible Figure, Table**

1. Figure 1 - List of modules and lessons

### **List of Modules and Lessons:**

#### **Module 1: Curriculum overview and background on the older adult population**

- 1-1 Curriculum overview
- 1-2 Background on older adult population

#### **Module 2: Conditions present in the older adult population that impact their disaster preparedness, response, and recovery**

- 2-1 Chronic and acute conditions
- 2-2 Psychosocial
- 2-3 Medication
- 2-4 Assistive Technology

#### **Module 3: Disaster types: Special considerations for the older adult population in disasters**

- 3-1 Disaster types

#### **Module 4: Caring for older adult populations during the disaster cycle: Preparedness, response, recovery, and mitigation**

- 4-1 Working with caregivers
- 4-2 Access and functional needs
- 4-3 Public health considerations
- 4-4 Clinical considerations
- 4-5 Psychosocial
- 4-6 Disaster human services
- 4-7 Preparedness issues
- 4-8 Response issues
- 4-9 Recovery issues

#### **Module 5: Setting: Special considerations for the older adult population**

- 5-1 Hospital
- 5-2 Ambulatory
- 5-3 Hospice

5-4 Skilled nursing facilities and assisted-living facilities

5-5 Older adult in the community/at home

5-6 Pharmacy

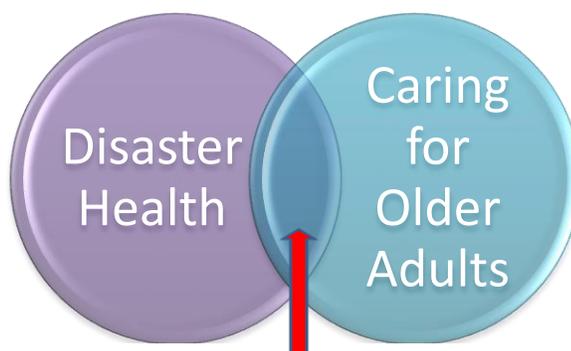
**Module 6: Ethical legal: Special considerations for the older adult population**

6-1 Ethical legal

**Module 7: Capstone activity**

7-1 Capstone activity

2. Figure 2 Venn diagram



**Caring for Older Adults in Disasters: A Curriculum for Health Professionals**

**Preparation of Manuscript**

**Title Page**

*Include all identifying author information on a Title Page*

Include on the title page (a) complete manuscript title; (b) authors' full names, highest academic degrees, and affiliations; (c) name and address for correspondence, including fax number, telephone number, and e-mail address; (d) any footnotes to these items; (e) a short running title not exceeding 45 letters and spaces; and (f) sources of support that require acknowledgment. The Title Page should be the first page of the manuscript and should not be separate from the main body of the manuscript.

**Structured Abstract**

*for Original Research Articles and Brief Reports—Include in Manuscript Text File*

Organize the abstract in a structured format with the headings: Objective, Methods, Results, and Conclusions. Abstracts should not be structured for other types of articles; see below. Unstructured

**Abstract**

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Limit the abstract to 200 words. It must be factual and comprehensive. Limit the use of abbreviations and acronyms, and avoid general statements (eg, the significance of the results is discussed).

Keywords—Include in Manuscript Text File List 3-5 keywords or phrases for indexing.

**Manuscript Text**

Organize the manuscript into 5 main headings: Introduction, Methods, Results, Discussion, and Conclusions. Define abbreviations at first mention in text and in each table and figure. If a brand name is cited, supply the



manufacturer's name and address (city and state/country). Acknowledge all forms of support, including pharmaceutical and industry support, in an Acknowledgment paragraph.

### **Abbreviations**

For a list of standard abbreviations, consult the Council of Biology Editors Style Guide (available from the Council of Science Editors, Drohan Management Group, 12100 Sunset Hills Road, Suite 130, Reston, VA 20190) or other standard sources. Write out the full term for each abbreviation at its first use unless it is a standard unit of measure; include the abbreviation or acronym in parentheses after the first mention (eg, National Instant Check System [NCIS]).

### **References**

The authors are responsible for the accuracy of the references. Key the references (double-spaced) at the end of the manuscript. Cite the references in the text in the order of appearance. Use superscript numerals for text citations—eg, Jenkins surveyed first responders in Philadelphia for their awareness of health literacy issues. Cite unpublished data—such as papers submitted but not yet accepted for publication and personal communications, including e-mail communications—in parentheses in the text. If there are more than 3 authors, name only the first 3 authors and then use et al. Refer to the [List of Journals Indexed in Index Medicus](#) for abbreviations of journal names.

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