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Contents

I. HURRICANE EVACUATION PLANNING .......................................................... 2
   A. ADMINISTRATIVE QUESTIONS ................................................................. 2
   B. Where will we go? ....................................................................................... 3
      1. A Nursing Home in a Non-Evacuation Area ........................................... 3
      2. A Hospital ............................................................................................... 5
      3. A School ................................................................................................. 5
   C. What will we take? ..................................................................................... 6
      1. Overview .................................................................................................. 6
      2. Nursing .................................................................................................... 6
      3. Dietary ..................................................................................................... 6
      4. Housekeeping/Laundry ........................................................................... 7
      5. Maintenance ........................................................................................... 7
      6. Other Considerations ............................................................................ 7
   D. How Will We Get There? .......................................................................... 8
   E. How Will I Know Who Is Where? ............................................................. 9
   F. What If Our Facility Is Damaged and I’m Stuck “In My Shelter” A Few Days? .................................................................................. 10
   G. Going Home ........................................................................................... 11

II. HURRICANE EVACUATION PLANNING EVALUATION .................................. 12
    A. Introduction ............................................................................................ 12
    B. The Reality .............................................................................................. 12
    C. Trial By Fire - What We Learned .......................................................... 14
    D. Conclusion .............................................................................................. 18

III. Example Plan Outline ................................................................................ 19
I. HURRICANE EVACUATION PLANNING

A. ADMINISTRATIVE QUESTIONS

1. What are the location, elevation, and local topographical features of my facility?
2. Do I have to evacuate, and under what circumstances?
3. What local office or agency is my best source of information?
4. Who or what agency has the authority to determine if my immediate community should evacuate?
5. Will I personally receive notification that I should evacuate now?
6. Am I alone in this dilemma or are there other nursing homes that have to evacuate? I need to talk and share and learn.

These questions should guide the administrator, new to hurricane evacuation, in getting the big picture in focus. Many of us have stalled on planning because we just really don’t know where to start. As with any task, there’s a certain amount of learning that has to take place before any appropriate action can be expected.

Once you get the answers to the previous six questions, often the real fear or confusion hits mentally. The reaction for us in Pinellas County Florida was, “This is too much like work”, “It will never be necessary”, “Maybe I shouldn’t have taken this job in a coastal community”, “I don’t know how”, and probably assorted other typical human responses.

Our local and state authorities kept bombarding us over the past six years, and eventually most administrators finally realized, “It can happen”. By my nursing home administrator’s license hanging on the wall, legally and morally I alone am the person responsible for orchestrating evacuation plans for my residents.
B. WHERE WILL WE GO?

1. A Nursing Home in a Non-Evacuation Area

Obviously a nursing home in a non-evacuation area is our first choice. That administrator and staff are knowledgeable of my needs; there’s probably a generator on site, and it will just be easier all around. We have the same rules, the same goals, the same supplies; it’s a natural. Make an appointment to visit and discuss this possibility. Look carefully at that floor plan and space. Is there room for my residents and staff and supplies? What is the square footage of the space being offered? If it’s filled with furniture and pianos right now, where will that be stored so you can lay out my mattresses, pallets, etc. My Maintenance Director obviously needs to visit the place.

Where will medicine carts and nursing supplies go? My Director of Nursing needs to visit and know where to set up shop.

Food, disposable dishes, containers for water – where will I put all of this? Will my Food Service Director have access to the stoves and kitchen area while we still have power?

Linens, laundry, barrels or bags of soiled linen – if we eventually lose power, we’ll have A LOT! Where will this be stored? My housekeeping/Laundry Supervisor needs to visit with me.

If we are “stuck” here for a few days because our facility has some damage, what will I do to entertain my residents, to change their scenery, to provide some stimulation? I guess I’d better have my activities and Social Services Director look this place over, also.

Where will I set up my own “command post”? I’ll need access to phones while they’re in service. Where will I set up my radio if the phone service gets knocked out? We might need an ambulance or a doctor; families will be calling in; staff members will be needing a phone in or out.

Where will my employees take turns sleeping; where will I sleep?
Are the windows in large single panes or small individual ones? Will the principal let me board up a few rooms if it seems necessary? How many actual inner rooms are there so I don’t have to worry about windows broken by flying debris?

I guess I’ve exhausted the considerations that nursing home administrators have tossed around for 5 or 6 years here.

Can all my residents handle this “camping out” or do I have some that may be compromised, medically by sleeping on a mattress on the floor?

Are my residents like most other residents or are mine special by diagnosis?

Our residents are, for the most part, the typical aged, infirmed elderly. My nursing staff is quite familiar with the shelter site at St. Paul’s. Some just can’t sit on a bus, and others are not able to be cared for on a mattress on the floor. I grant you that in an unforeseen emergency, these luxuries might not be considered, but in most hurricane evacuations, if we’ve planned and thought it through, Spartan living isn’t always necessary.

Fortunately, in Pinellas County, our tourist season doesn’t coincide with our hurricane season, and we have ample empty hospital beds.

We had thirteen (13) residents during ELENA that were sheltered at the hospital, and transported by ambulance as opposed to going to St. Paul’s on a bus.

One of our local facilities has psychiatric patients on two locked floors. Interestingly, most Administrators knew this, but never gave it any thought as to that facility evacuating to a regular nursing home. The plan was established several years ago, based on common ownership/management, but it isn’t a good idea for obvious reasons.

Special residents need special care regardless of what Mother Nature is doing. We must always think about providing safe, appropriate care.

The two obvious points of greatest importance here are:
a. Is there room for us while we continue to care for our residents?
b. Will this Administrator gladly open his facility to me and all those for whom I'm responsible?

If the answer is no....for those of us who have large facilities, we may quickly learn that the answer to both questions is a resounding “NO”.

2. A Hospital

How about one of the hospitals? If there are only a few nursing homes in my community, maybe no one has yet approached the Hospital Administrator. I’d go through the same mental and physical exercises as listed above for a Nursing Home. If the hospital idea doesn’t pan out.....

3. A School

What about a school? If it’s not already a Red Cross designated shelter for the public, maybe I can find one that’s in a non-evacuation area. Once you think of one that might do, here in Pinellas County, I’d call my Red Cross Chapter because they work so closely with the School Board on shelters. Is it taken? Who should I talk to about it possibly becoming my shelter? One thing to make absolutely clear: I do not want to share my shelter with the general public! (A friend in Galveston shared this after ALICIA and a few of us learned it here during ELENA. Humans are just that and in every group there is a proportionate percentage of “meatheads”. Fortunately it’s always a small number that have no idea of what our responsibilities as an Administrator are, and these few people interfere with our job of keeping our folks safe and comfortable. There are documented cases of the public stealing food and mattresses from the nursing home stock.)

My facility uses an older parochial school, and we initially went through those first questions that we posed at the nursing home that was too small.

The use of a school raises more questions: Is there enough corridor and classroom space? I know I can’t be in the gymnasium or cafeteria of any size while the storm is upon us.
C. WHAT WILL WE TAKE?

1. Overview

In a word, “everything!” Actually, it only seems that way, but indeed, “everything” that we use hourly, by shift, daily at least.

By the time an Administrator gets to this question, something should have started to occur to those of us who are strictly authoritarian in management style. Any Administrator who thinks he/she can do all this planning without involving staff is either crazy or more gifted than I. Unless I had my R.N. in addition to my MBA, Food Service Certificate, Executive Housekeeping Certificate, and an Engineering/Planning degree, I’d get my Department Heads and other supervisory staff involved.

Each Department Head has to really sit down and think this through. What will we take?

2. Nursing

Nursing thoughts for supplies start at simple obvious points like this: I use 50 disposable wash cloths on each wing each shift. I’ve got 4 wings, times 3 shifts. That’s 600 each day. We might be out of here for 7 days. Maybe we will be without power so I can’t have the regular wash cloths laundered. I guess I’d better plan on 4200 disposable wash cloths. That’s 4-1/2 to 5 cases.

The same general process is used for all items. Medical charts, medicine carts, resident personal care items all have to be taken.

3. Dietary

Dietary thoughts started with creating menus that are nutritious, but easily prepared. It has to go in a disposable dish, most likely. We may have to serve it at room temperature if we’ve been without power for a day or more. If we’ve had ample time to move, we can probably serve at least a couple of meals with hot/cold items as we’ve still got power before the storm comes ashore. Then it might get down to the cereal before the milk spoils. For those of us that are in to camping without electricity, the same considerations will keep you in the realm of common sense. In Florida, we have to have 7 days of non-perishable items in storage at all times.
4. **Housekeeping/Laundry**

All the mattresses have to go. Every piece of linen will be taken in case we can’t wash anything during the height of the storm, and afterwards. What creates the biggest need for clean linens? Aha! Incontinence, right? This becomes a case of looking at the cause because you might not be able to cope with the effect. My Executive Housekeeper has to get with my director of Nurses to discuss the use of disposable diapers on everyone possibly needing them.

My main goal in the sheet department is to keep them dry for as long as possible. This goes back to the same style computation as for the wash cloths for “how many?”

What will we put the soiled diapers in? Where will we store the ever increasing pile of large plastic trash bags? I know I can’t count on the garbage trucks if the weather is treacherous, and the roads become impassable due to debris.

5. **Maintenance**

Maintenance considerations starts with how much of what is going, and how? We have a U-Haul Rental near us, and we have a signed agreement with them. Each spring, my Maintenance Director goes to the store to meet with any new manager, and have the contract updated. If the manager knows our name, face, and voice, as a typical human behavioral response, he will be less likely to give my trucks to some other.

What is the truck’s capacity? How many mattresses, and wheelchairs will fit on one? How much space will those five cases of disposable washcloths take? Maybe I will have a mock drill of my own, and put some mattresses in a truck just to see how much room they take up. Maria Manor made 11 runs to St. Paul’s with 2 - 24 foot trucks, and one 12 foot truck.

6. **Other Considerations**

The Business Office Manager and I have to decide what we will take, and what is locked away on the second floor or some other areas of safe keeping. If I have enough faith, and factual information about the probability of my facility not actually washing into Tampa Bay, I’ll provide for safety from looting, and water damage. Imagine trying to resume business a week from now if all the financial records are wet, destroyed or stolen.
Activities considerations ranged from “How long will we be there?” to “what will we do to entertain the residents and employees’ children?” to “By the way, how long does it take to have a hurricane?”.

This last type of question makes us realize that we are novices. The variables are many, and we just have to plan for the long shot. We can use the gymnasium for a while so we’ll take basketball, bowling, shuffleboard, Bingo, exercise parachute, and cards. There’s a piano in the gym so we’ll sing. The library is upstairs with a TV.

From Personnel, what will we need? I’ll take the last payroll sheet, and time cards. If everything is destroyed here, I can at least start to reconstruct employees’ benefits, and wages from the sheets.

The Job Description Notebook is small, but vital. It will go with us. We’ll take the time cards, and maybe get to work on them. I can’t evacuate a facility alone, and if I err on the time of an employee, she might think I’m not appreciative. She might not show up if we ever do this again!

From our own offices, my Administrative Assistant and I will take the current Rolodex of Residents, the Hurricane Evacuation Implementation Guide, and my daily directory of doctors, hospitals, and vendors, and our own Emergency Plan Notebook. Don’t forget the pads, and pencils.

D. HOW WILL WE GET THERE?

What vehicles does my nursing home or local parent company own? For most of us, I think the answer is none or at best a van. Our local Masonic Home has its own buses, but I think they are the only ones.

School buses and city buses are probably the most prevalent conveyance in any community. In Pinellas County, the Plan itself includes the use and dispatching of buses to those of us who have indicated the need.

I’ll contact the local authorities responsible for both, and actually practice securing my residents. The school bus aisles are narrow, but some have wheelchair lifts. That’s a convenient trade off. The city bus is more open with air conditioning, but I’d better check to see if my safety vest
straps will slide through somewhere for security. Maybe I’ll have the volunteers make me extra-
long straps or maybe I’ll have to use sheets. The only way I can really plan is to look at the bus,
and think it through.

How will my bus driver know where to go? Lord knows with all the traffic congestion anticipated
in an evacuation, I don’t want him lost! What route is the best? Is one road quickly flooded in
any afternoon rain? Which road has the least signs, power lines, trees that can be blowing
around if the wind picks up during my last trip?

I’ll prepare a map, and have copies ready for my assigned driver. My attending staff that goes
with the bus will know the way. We will also review it carefully during drills and in-service.
Most buses today have radio communication in the event one of my residents gets ill in route,
possibly from excitement or heat.

My nursing staff will take a small cylinder of O₂ on each bus load. I’d almost decided to put the
O₂ on one of the U-Hauls. What could/would it do for me there, so far away from my residents?

How can I be sure the school board/city dispatcher won’t overlook me? I’d better get involved,
and learn more about the actual local planning. This way I will feel more secure, and I can share
it with my staff.

Will my bus drivers help me load my residents? I’d better check their policies so I can plan on
my own staff and volunteers to load if the bus company’s liability coverage doesn’t allow
him/her to help.

If I get a bus with a wheelchair lift, maybe I can save loading time if some of my people know
how to secure the wheelchairs in the special slips. This would allow the driver to remain outside
operating and monitoring the lift.

E. HOW WILL I KNOW WHO IS WHERE?

Obviously I’m going to need someone to monitor what residents are sent on which bus with
which staff members. The business office will have their files designated for removal early so
maybe one of those girls can do it. I’ll fix them up with a clipboard and NCR sheets. One list can
go with the Nursing Staff on the bus, and I’ll have one here for any family member who calls in.
What staff is on duty? Each department head will know who was actually scheduled, but what about the off duty people who show up due to media announcements and call backs. We better review this ahead of time or my payroll will eventually become the grand-daddy of all headaches.

Who are all these extra people? Husbands, brothers, sons, daughters of my staff and residents? I will appoint my Personnel Director to the task of identifying all persons here helping. Through in-service, I’d better let all staff know how to report to their Department Head what family or friend is with them. Even during a chaotic situation like this, I need to be mindful of liability and lawsuit!

The nurses will know exactly which residents are being sent to the hospital so I’ll get that information to the receptionist. Mrs. Smith’s daughter will be furious if we tell her Mom’s on her way to St. Paul’s and she is really on her way to Humana Hospital!

Do I want my staff making 274 calls to responsible parties? Do I want to receive 274 calls? No! I won’t have time for all that. I’d better get with the admissions office, and give our shelter address to each family. But they don’t remember so much of what we say at the time of admission...I’d better follow up with a special note to all families at the beginning of hurricane season each year. Maybe some of them will take Mom home or come in and help us.

F. WHAT IF OUR FACILITY IS DAMAGED AND I’M STUCK “IN MY SHELTER” A FEW DAYS?

I’d better get with my vendors, and make sure they know where we will be. As soon as the roads are clear, they can deliver to us at St. Paul’s, even if we can’t phone them.

Our department heads will know what we are getting low on. Each one of them who places orders will bring the phone numbers with them. By discussing the possibility with each salesman, it won’t be a surprise to any of them. We’ll sign contracts with each of them to indicate we take this seriously, and do expect their assistance. We’ll put notices on the front door as to where we are for anyone who hasn’t gotten the word.
What if our water supply is interrupted for a while? We’ll take our huge kitchen barrels scrubbed, beached, with clean liners. If all goes as planned, the water will be intact when we arrive at St. Paul’s, and we’ll fill them there.

G. GOING HOME

My maintenance men and I will return as soon as it is safe to access our building. If I have questions as to the true safety of the building, I’ll call Health and Rehabilitation Services. They are my licensing authority, and ultimately responsible for having residents in a safe environment. I’ll call my owner, and have our insurance representative look us over also. It could be a touchy situation for me to return my residents to the facility without being very sure that I can provide for them.

Assuming all is well, I’ll have to send my housekeepers and a couple of nursing people to get it back in order. We sure left it in a mess in our hurry to get out. The bus trip is exhausting so the beds have to be made up and ready. The mattresses have to go back early. What will we feed them upon our return? Has the dietary department pitched anything left behind and spoiled? It will be easier to do that before their supply trucks return.

There has to be receiving personnel “back at the ranch” to help unload the buses just as it was when we went into St. Paul’s.

The Administrator has to finally assess at this point: “Was this a good shelter for my people? Were we safe? Were we able to provide for our residents, and our own family members? If I had to do this again, would I want to use the same evacuation shelter?” If my answer is, “yes”, this is the time for me to really look over the area we used. “Have we treated the area with respect? Have we tidied everything? Have I directed my staff to put everything as we found it?” It does not require any administrative training to know that we have been guests in someone else’s facility, hospital, school or whatever. If we haven’t been responsible, considerate guests, we may be asked to find a new shelter. And that is back to where we started.
II. HURRICANE EVACUATION PLANNING EVALUATION

A. INTRODUCTION

Our facility, Maria Manor health care, participated in the Tampa Bay Region Hurricane Evacuation Exercise July 29 – 31, 1985. We evacuated 50 residents, rented a U-Haul, and loaded a percentage of our supplies just to see what it would feel like. Every one of our 182 employees had been to my three-phase in-service covering:

1. Their own responsibilities as citizens of Pinellas County.
2. What we would do for the mock drill.
3. Our Plans for the “real thing”.

Maria Manor received lots of media coverage during the mock drill as evidenced by the representatives of three newspapers, four television stations, and two radio stations.

B. THE REALITY

Little did we know that exactly one month later, on Friday, August 30th, at 11:50 p.m. we would be put to the test to see if planning, in-servicing, and practice is of any value. If it is of value, how much?

During the evening hours of August 30, most citizens, and all of our Department Heads were glued to the television in our own homes. The uncertainty during this time was very stressful. The Governor had ordered a voluntary evacuation of low lying coastal areas at 7:45 p.m. The
erratic behavior of Elena made us all nervous. My Department Heads and I were on the phone constantly with “Did you hear the latest? What do you think? Should we pack just in case?” etc. About 10:00 p.m., my Dietary Supervisor and I were talking, and we decided to split the list of management to call them, each pack a little bag, and meet at Maria Manor. This way we would all be in-house, and receive the same media information at the same time.

My personal in-house action was me packing small bags for my husband who just sat in the chair advising me to, “just settle down”, because we wouldn’t have to evacuate to Maria Manor. My twelve year old son was arguing, “I don’t want to go to Maria Manor, Mom, because I’ll miss football practice in the morning.”

Both final gave in, and we were on the road as the radio informed us the Pinellas County Board of County Commissioners had ordered a Level B evacuation according to our county plan. Maria Manor has to be evacuated even in a Level A, so certainly in a Level B we have to go. With all this being history as I’m writing, I’m wondering what I was thinking about earlier in the evening, because sitting in the front seat of our car, it’s already raining, the roads are filled with cars with back seats piled high, my eyes welled up with tears, and I just muttered, “Oh my God”. Had it all been game playing on my part? Had it all been some sort of insincere ego trip to demand that everyone think about it, and know what to do.

We arrived at Maria Manor at 11:45 p.m., and the Department Heads were gathered around the front desk. One looked at me and said, “what are we gonna do?” My response was something to the effect, “We have no choice; we all know what we have to do.” It seems to me they just disappeared to their respective areas, and put our plan into effect.”

There was so little “what about this...what about that” that today it seems unbelievable. I have the privilege of working with Department Heads that are thinkers, planners, and doers. The success of our evacuation is primarily based on the fact that they took it seriously. I had the privilege of gaining insight as to where we fit into the Master Plan through my association with the County Disaster Advisory Committee. I had shared everything I’d learned because I’d realized that the constant unknown was what made planning so difficult.
Please believe me...your plan will run itself if you, the Administrator, get involved with your county officials, and your own health care comrades. None of us at Maria Manor have ever had “Official Training” in hurricane evacuation. Getting everyone involved is the answer.

C. **TRIAL BY FIRE - WHAT WE LEARNED**

Numerous people have asked, “Well surely something went wrong with your plan?” Again, because we had never experienced this “whole house” evacuation, most of our plan went well. It was the unforeseen, the considerations not yet made that needed our attention. And that’s the beauty of the planning done ahead. If you’ve thought through 80 – 90% of the job, it leaves your mind clear to address the rest as it happens.

These are the problems that we learned at the time, and are addressing now:

1. We got all the residents out of bed, into wheelchairs in our lobby much too early. The evacuation wasn’t effective until 1:00 a.m. Saturday. We didn’t see clearly how much time would elapse before our buses arrived. The humidity from the front doors being open so much, and the sea of wheelchairs covering some 1900 square feet wasn’t practical. The residents aggravated each other. It was hard for staff to get around. Two residents became ill and unresponsive during the wait. The buses weren’t late; we were early.

2. Once in route on the bus and arriving at St. Paul’s, we needed more help to unload. The residents were tired (it was 4 – 5 a.m.). We were slow getting mattresses there with clean linens so they would immediately be put down to rest. We sent too many wheelchairs, not thinking the same one could be used for numerous residents if we’d had the bedding prepared. The same problem needs to be considered for your return.

3. We had sent several family members to clear the school rooms. The little desk seats had all been piled up in front of the windows so we had about 70 – 75% of the individual rooms for residents. It would be better to have them completely removed. We could put additional mattresses in each room, and subsequently get more residents under the watchful eye of a nursing employee. An amusing observation I made on Tuesday, September 3rd, but worthy of note: I was in a now empty, shining, spotless classroom when I noticed names all along the bottom of the chalkboard. There were my patients’
names. One of our clever nursing assistants had done this for quick identification and/or to be sure the resident that got up for ambulation got back to the same mattress.

4. Forget the personal clothing except for those ambulatory oriented residents who so desire. It’s hot. Quarters are cramped. Your nursing staff is doing all bedside care on their knees. It’s much easier to change hospital gowns and robes. We are even considering a supply of the soft disposable gowns and slippers.

5. Because of the heat, we were pushing fluids constantly. Subsequently, we were using more disposable briefs, and had loads of wet sheets. We didn’t run out, but we are mindful of the great number of briefs and under pads needed.

6. We took 1300 sheets (262 residents). We made two trips to a close by laundromat whenever it was calm. Remember, Elena never came ashore, and we were still always running short. Quarters were needed for the washing machines. Every adult emptied his/her pockets. Plan on the change problem. Plus the children will want your change for any visible vending machine because they too are hot, tired, and bored.

7. Take cases of large trash bags. We had cases of smaller ones that never got touched. When you are using disposable “everything”, boy, do you get trash!!!

8. We never thought about an eating surface for the residents. The paper plates were like light frisbies in the hands of the residents. We wound up using the 12 ounce bowls, and spoons mostly because they were easier for handling by residents. We are looking at a light tray that will just slip over the arms of the wheelchair, and then can be stored in-mass. Think about foods that are soft, and will require no cutting.

9. We’d wished we’d taken a few card tables and smaller games like, chess, checkers for the residents. We didn’t get completely back to Maria Manor until Monday, 8:00 P.M. and the novelty had long ago worn off! We plan to take more small radios, tape players with songs, etc. the next time.

10. We didn’t have the home phone number of our good friend, the U-Haul manager. At 1 a.m., obviously, the shop was closed. We were able to still make contact, but it took longer than we would have liked.
11. Be sure the residents don’t take their personal cushions and “stuff” that they have stashed in their wheelchairs. The maintenance men couldn’t fold them quickly enough with the “stashed stuff” popping out and falling all over. Unless the resident’s condition absolutely needs the foot rests, take them off and leave them in their room. It’s chaotic at the shelter plus the nightmare of your recovery phase.

12. Be sure every wheelchair is marked. I thought we achieved a Herculean task with this “little warning” evacuation with everyone so well cared for. The days after our return were miserable for “that’s not my wheelchair….where is my left leg rest….where is my yellow scarf that’s always here in my chair.”

13. Mattresses are now marked with 101A, 101B, etc. Like the wheelchairs, I never realized how many residents would say, “This isn’t my mattress.”

14. The maintenance men never took time out for a sandwich or drink. Dietary made sandwiches for staff, but somehow the men never caught up with them. They never realized what they were hauling at one point! It’s 7 miles to St. Paul’s, and they could have re-nourished themselves in route.

15. Choose a definite resting area for staff only. As soon as you figure out when everyone and everything will be at the shelter, enforce a rest schedule. Because we are a 24 hour coverage business, no matter what time you evacuate some will be on their second and third wind. Elena “got us good” because most staff works days; by 10:00 a.m. Saturday, too many had been up for 28 hours.

16. Lots of housekeeping time was wasted by having to go through the house taking sheets off of 274 beds after the residents were out. We will have the nursing staff snatch the bedding after they remove the resident.

17. The non-nursing staff found themselves fearful of lifting residents. We had nursing staff pushing chairs to the lounge, and then untrained people were loading the buses. We realized anyone can push a chair. But the lifting takes know-how. I’m arranging an annual “hands on” class for all non-nursing personnel each year in early June. We had practiced with wheelchair lift buses. As it came to pass, we received city buses, and had to hand
carry 80% of the 262 residents! Family members became certified nursing assistants in a short time!

18. St. Paul's is a two story school. We had to hand carry 147 residents, and mattresses up 2 flights of stairs. I knew this, and never addressed it. I guess I thought we’d never have to do it! Imagine me! The big pusher of planning! A consulting engineer friend is getting me some catalogs, and feels that an elevator manufacturing firm could design a movable lift not unlike a cardiac patient might have in a private home.

19. Be sure each box of supplies is clearly marked as to contents. Also indicate for return, where it should go. When we unloaded our trucks at Maria Manor the men didn’t know where to send each box. And we had lots of them!

20. Plan to put all residents from one wing together. If we improve on problem #1, this will be done easier. A particular group of employees know their particular residents better. This is important in a large facility like ours. We had A wing nurses trying to deliver D wing medicines, and it was inefficient to say the least.

21. Employees were worried about the wellbeing of their private homes. As long as we have power, we will try to put a TV in the assigned staff rest area. Stress the importance of them bringing something to actually sleep comfortably on. Most brought sleeping bags and clean clothes according to our plan. But it had been many years for some of us. Extra egg crates or a beach air raft would improve the terrazzo.

22. We turned all the power off when the last maintenance man and I left at 9:00 a.m. We had food spoilage and damage to the sewer lift station that basically was not necessary. Isn’t hindsight wonderful? A skeleton crew will remain on the premises until the “last call” comes through.

23. And last, but certainly not least were my own administrative shortcomings. I was the D.N. here for 4-1/2 years before becoming the Administrator. Unknowingly, I was still so service oriented that I didn’t establish a good Central Command Post. Eventually I got there, but it was many hours later.

Decide where in the shelter you are going to take up residency. You need a phone. You need a relief pattern for manning the phone.
Set up exactly where all staff members should report when they arrive. Many are coming from home once they get their personal act together. This is the only way you can hope for a successful payroll, and any recognition that you subsequently plan. Discuss with employees the expected conduct of their own children ahead of time during your in-service.

Set up a message board like you see at seminars and conventions. Advise staff ahead of time about these plans. One of our cooks called in, and felt she wasn’t needed because it took so long for me to get the message to her supervisor.

I’m going to buy a few walkie-talkie sets to save on some footwork. We have a base station and two hand held radios for the maintenance director and his assistant, but it was difficult to find my other department heads for important messages; again, because of our size.

D. CONCLUSION

I hope our learning is of some value to you, the reader. It was awesome and it was wonderful. The professionals in the field of Emergency Services acknowledge the post-trauma syndrome that occurs in some cases. Ours was not one of agony, loss of life or other forms of tragic personal harm. But it was stressful, and most of us had never been through a hurricane (and still haven’t). I was scared. No one else seemed to be or at best, never admitted it. To this day, when I reflect on what we did, and how wonderful and buoyant in spirit all the participants were, I get teary. They’re warm and positive, so I guess they’re healthy.
III. Example Plan Outline

I. PREPAREDNESS
   A. One’s Initial Professional Preparedness
   B. Decision – Does This Facility Have to Evacuate and When
   C. Shelter Selection
   D. Coordination With Others
      1. Receiving Facility (Shelter)
      2. Vendors
      3. Communication Source (React)
      4. Transportation
         a) Residents
            (1) General
            (2) Acute
         b) “Stuff”
   E. The Plan Is Born
      1. Administration and Responsible Staff
         a) Thinking, Plotting, Fretting
         b) Talking
         c) Brainstorming
         d) What If
         e) Start Over
      2. Consult With Peers
      3. Consult With Community Officials and Planners
      4. Visit Shelter With Management To Plan What Will Go Where
   F. Training
      1. Staff – Administratively and Within Departments
      2. Families
      3. Residents – As Possible
   G. Agreements With Others
      1. Receiving Facility
a) Primary Shelter  
b) Hospital  

2. Vendors  
3. Communication  
4. Transportation  
a) Residents  
   (1) General, Non-Acute = Buses  
   (2) Acute or Potentially Compromised = Ambulance  

5. Other  
   (1) Insurance  
   (2) Payroll  

6. “Stuff” – U-Haul  

II. RESPONSE  
A. Africa, Caribbean, Gulf – Create Awareness  
B. Hurricane Watch  
   1. Put Department Heads On Standby  
   2. Receiving Facility (Shelter)  
   3. Resources Get a “Remember Me?” Call  
C. Hurricane Warning /Evacuation Order – Plan Goes Into Effect  
   1. Administration  
      a) Establish Command Post  
      b) Official Notification  
         (1) Receiving Facility  
         (2) Medical Director  
         (3) React  
      c) Call Families Who have Indicated They Will Come For Resident  
   2. Nursing  
      a) Ready Residents – One Wing At A Time To Await Bus; Strip Linens  
      b) Assign Certain Staff To Sheltering Facility To Receive Residents  
      c) Contact Physician And Ambulance For Those Not Able To Go By Bus  
      d) Ready Charts And Medications For Maintenance  
   3. Maintenance
a) Obtain U-Haul trucks
b) Move Marked Files And Equipment To Secure Areas
c) Assign Staff To Sheltering Facility
d) Co-ordinate With Nursing – The Residents Have To Have Wheelchairs and/or Mattresses When They Get There
e) Send Radio Base Station To Sheltering Facility
f) Secure Building At Last Call

4. Dietary
   a) Prepare Sandwiches For Workers And Residents
   b) Prepare All Supplies For Maintenance And Load On Trucks

5. Housekeeping/Laundry
   a) Call Linen Services Emergency and Have 3 Day Supply Of Under Pads Delivered To Sheltering Facility
   b) Get All Laundry Washed, Folded, And Loaded Onto trucks
c) Bring All Mattresses To Trucks
d) Prepare All Other Supplies For Maintenance To Load Onto Trucks

6. Activities/Social Services
   a) Prepare Resident Entertainment Materials For Maintenance
   b) Evacuate To Sheltering Facility To Greet Arrivals

7. Human Resources
   a) Call All Off Duty Employees
   b) Take Master Copy Of Current Payroll and Employee Policy Manual
c) Be Available To Administration

8. Volunteers
   a) Prepare Duplicate Lists Of Names Of Residents As They Get On Bus
   b) Assist Dietary
c) Be Available To Calm The Residents

9. Pastoral Care And Chaplain
   a) Calm The Residents With Explanation Of Safety

10. Business Office
    a) Secure Files For Removal To Second Floor
    b) Empty Cash From All Machines
c) Take Time Clock, Cash, Blank Checks To Sheltering Facility
D. Notify EOC, Health Department Director That We Are Out
E. Post Forwarding Address On Front And Rear Doors

III. RECOVERY
   A. Damage Assessment
   B. Arrange For Necessary Repairs, And Subsequent Return, If Possible
   C. Maintenance
   D. Housekeepers
   E. Dietary
   F. Nursing
   G. Activities/Volunteers
   H. Laundry Aides
   I. Administration

IV. MITIGATION
   A. How Did We Do?
   B. What Will We Change?

Pinellas County Emergency Management can assist nursing home administrators with the development of a sheltering facility.

Please call (727) 464-5550 to speak with an emergency planner.