

lies plan to care for disabled members until help arrives. This study examined the readiness of disabled persons and their families to survive in time of calamity, and identified their concerns about the preparedness of their communities to meet their needs during a disaster.

Methods: Focus groups were held with 50 English-speaking adults with special needs and/or their family members in the southeastern United States; one-on-one interviews were conducted with 10 persons meeting the same criteria. Participants were asked to: (1) describe their concerns about caring for themselves/family members during a disaster; (2) identify steps they had taken to prepare themselves to be self-sufficient for at least three days post-event; (3) describe barriers to and facilitators of personal preparedness; and (4) discuss expectations of their communities to respond to their needs. Phenomenological interviews gave responders the opportunity to discuss their concerns in detail.

Results: Participants were largely unprepared for a disaster, and as a result, were anxious. Barriers included: (1) cost; (2) lack of space for storage; (3) insurance limitations on extra medication or supplies; (4) reliance on community or federal agencies; (5) assumptions about disaster planners' knowledge of disability needs; and (6) lack of time to think about disaster plans. Facilitation included interventions by disaster advocacy groups.

Conclusions: Health policies must target ways to help families to help themselves through education, insurance allowance for preparedness supplies, and realistic suggestions for planning. Advocacy groups must include disaster planning in routinely provided information. Inadequate preparedness places lives in jeopardy and complicates disaster response.

Keywords: disabled persons; disaster; disaster management; healthcare needs; preparedness

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Long-Term Accommodation for Evacuated Residents of Nursing Homes

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The gruesome scenes in nursing homes following Hurricane Katrina horrified even hardened disaster veterans. There were many disturbing stories of nursing homes without evacuation plans, and existing plans that have never been tested. During disasters, administrators of assisted healthcare facilities and nursing homes, are faced with decisions on how, when, where and to evacuate the elderly. Who is responsible? How is this organized?

Evacuation planning can be problematic for nursing homes. Many residents cannot walk, and some may have dementia and need a secure and safe place to be relocated. This can limit the available accommodations.

Well-practiced disaster plans and all-hazards emergency management services will save many lives. Control, command, communication, and coordination are the key elements for a successful evacuation of elderly residents from nursing homes and assisted care facilities. What lessons has the world learned since Hurricane Katrina? What plans do the health department, owners and managers of nursing homes and assisted care facilities have in place

to ensure that a repeat of the poor response and planning seen during Hurricane Katrina never happens in any other part of the world.

Keywords: assisted care facilities; Hurricane Katrina; nursing homes; planning; preparedness
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Emergency Preparedness for Various Threats

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Introduction: Hospitals are required to develop preparedness to various threats. As maintaining preparedness is complicated and expensive, it might be valuable to determine the relationship between preparedness for different threats. This study investigated these relationships overall and between different components of preparedness.

Methods: A standardized tool was developed in order to evaluate the preparedness levels of hospitals to mass-casualty incidents (MCIs), mass toxicological/chemical events (MTEs), and communicable diseases. Utilizing the evaluation tool, the overall and different components of the preparedness of all general hospitals were measured. The relationships between the preparedness for the different threats was explored.

Results: A comparison of the overall preparedness for the different threats showed a positive relationship. Correlations were found between standard operating procedures (SOPs) for MCIs to preparedness for MTEs and for communicable diseases. A strong correlation was found between training and drills to the overall preparedness for MCIs, MTEs, and communicable diseases.

Conclusions: Preparedness for MCEs relates to the preparedness for other threats, which suggests that basic MCE preparedness may contribute towards achieving preparedness for other threats. Standard operation procedures appear to be an important element in the preparedness process especially for unfamiliar threats. Education and training are very important in maintaining preparedness for different threats.

Keywords: hospital; mass-casualty incident; preparedness; threat
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Exploring the Emergency Preparedness Competencies of Disaster Healthcare Responders during Hurricanes Katrina and Rita

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Introduction: Despite consensus that preparation is key to effective disaster response, little published data exists about what preparation is required or how to best accomplish the transition to disaster healthcare provider. This study identifies and analyzes critical issues related to emergency preparedness through the Meleis' Transition Framework.

Methods: In 2007, nurses and doctors who responded to Hurricanes Katrina and/or Rita were invited to complete an Institutional Review Board approved, anonymous, 544-