

Babali Emergency and Disaster Research

Homepage: babaliemergency.com

Review

Emergency Situations and the Elderly: A Discussion Paper



I Ketut Andika Priastana^{1*}, I Kadek Artawan², Siti Fadlilah³

¹Universitas Triatma Mulya, Badung, Indonesia ²STIKES Kesdam IX/Udayana, Denpasar, Indonesia ³Taipei Medical University, Taipei, Taiwan, Republic of China

Article Info	Abstract
Article history: Received: May 27, 2023 Accepted: June 29, 2023	<i>Introduction:</i> This discussion paper aims to explore the unique challenges and considerations regarding emergency situations involving elderly individuals. As the global population continues to age, understanding how to effectively respond to emergencies involving older adults becomes increasingly important. This paper discusses various factors that contribute to the vulnerability of the elderly during emergencies, such as physical limitations, cognitive impairments, social isolation, and existing health conditions. It also addresses strategies for emergency preparedness, response, and recovery that can help mitigate risks and enhance the well-being of older adults during crises. <i>Method:</i> This paper is based on literature research. Databases include ScienceDirect, PubMed, and the EBSCO Cumulative Index of Nursing and Allied Health Literature (CINAHL). <i>Key Issues:</i> The following are the primary implications and key findings related to emergencies involving the elderly: vulnerabilities of the elderly, individualized emergency preparedness, community outreach and education, caregiver and family involvement, specialized healthcare and medical services, psychological support, and long-term recovery and resilience. <i>Conclusion:</i> Recognizing the vulnerabilities of the elderly during emergencies and taking appropriate measures is vital for ensuring their
Keywords: Emergency, elderly, health	
	safety. It is important to promote customized preparedness strategies tailored to each individual, raise awareness and educate communities about this issue, involve caregivers and families in the process, offer specialized healthcare and psychological support, and prioritize long- term recovery and resilience efforts.

*Corresponding Author:

e-mail: iketutandikapriastana@gmail.com

39-53/2023 The Authors. Published by Babali Jaya Gumilang Foundation.



This work is licensed under a Creative Commons Attribution 4.0 International License.

INTRODUCTION

The global population is experiencing a significant demographic shift, with a notable increase in the number of older adults. This demographic phenomenon, often referred to as population aging, is primarily driven by declining birth rates and improvements in healthcare that have increased life expectancy [1]. According to the World Health Organization (WHO), the proportion of people aged 60 and above is projected to more than double by 2050, reaching approximately 2 billion individuals worldwide. This demographic trend poses various challenges and opportunities for societies, particularly in the context of emergency situations [2].

Emergency situations, such as natural disasters, pandemics, or even everyday emergencies like falls or medical crises, can disproportionately affect older adults [3]. Several factors contribute to the vulnerability of the elderly in emergencies. Aging often brings about physical changes and challenges [4]. Older adults may experience reduced mobility, sensory impairments (e.g., hearing or vision loss), and decreased strength, which can hinder their ability to evacuate quickly or seek assistance during emergencies [5]. Dementia, Alzheimer's disease, and other cognitive conditions are more prevalent among older adults. These impairments can affect their decision-making capacity, ability to follow instructions, and memory retention during emergency situations, making it challenging for them to protect themselves or communicate their needs effectively [6]. Older adults are more likely to experience social isolation, which refers to a lack of social connections and support networks. This isolation can occur due to factors such as the loss of loved ones, retirement, or limited mobility [7]. During emergencies, the absence of a strong social support system can exacerbate the challenges faced by older adults, leaving them more vulnerable and reliant on external assistance [8]. Older adults often have a higher prevalence of chronic illnesses and age-related health conditions [9]. These conditions can complicate emergency responses and increase the need for specialized medical care and support. Furthermore, older adults may rely on medication or medical devices that require proper management and access during emergencies.

Given these vulnerabilities, it is crucial to focus on emergency preparedness, response, and recovery strategies that specifically address the needs of older adults [10]. This includes targeted education and outreach programs, individualized emergency plans, accessible evacuation procedures, and specialized healthcare services during emergencies [11]. By recognizing and addressing the unique challenges faced by the aging population, societies can enhance their resilience and ensure the safety and well-being of older adults in emergency situations [3].

METHOD

This paper is based on literature research. Databases include ScienceDirect, PubMed, and the EBSCO Cumulative Index of Nursing and Allied Health Literature (CINAHL). Keyword searches are complemented by the terms Medical Subject Headings (MeSH) in the search criteria, if applicable, and related to the following concepts: emergency, elderly, and health. The search parameters include publications in English. Search is not limited by publication date. This research examines the titles and abstracts of papers returned through a database search for potentially applicable conceptual frameworks. Additional publications are sourced from the reference list of papers returned in a database search.

KEY ISSUES

Emergencies involving the elderly require tailored approaches that address their unique vulnerabilities and needs to ensure their safety and well-being. Throughout the research and analysis conducted for this discussion paper, a key finding emerges is the importance of recognizing and addressing the specific vulnerabilities of older adults during emergencies. The following are the primary implications and key findings related to emergencies involving the elderly: vulnerabilities of the elderly, individualized preparedness, community emergency outreach and education, caregiver and family involvement, specialized healthcare and medical services, psychological support, and long-term recovery and resilience.

DISCUSSION

Vulnerabilities of the Elderly

The vulnerabilities of the elderly during emergency situations require careful consideration and tailored approaches to ensure their safety, well-being, and resilience [3]. Understanding these vulnerabilities is crucial for developing effective emergency response strategies that address the specific needs and challenges faced by older adults [12]. One significant vulnerability among the elderly is physical limitations [13]. As individuals age, they often experience a decline in physical abilities, such as reduced mobility, strength, and endurance [14]. This can make it difficult for them to evacuate quickly during emergencies or to access necessary resources. For example, navigating stairs, getting in and out of vehicles, or moving through crowded areas can pose significant challenges. Emergency response efforts should take into account these physical limitations by providing accessible evacuation routes, transportation options, and mobility assistance to ensure the safety and well-being of older adults.

Cognitive impairments also contribute to the vulnerabilities of the elderly during emergencies [15], [16]. Conditions such as dementia or age-related cognitive decline can affect memory, decision-making abilities, and the understanding of complex situations [6]. In emergency situations, these impairments can make it challenging for older adults to follow comprehend and instructions. remember important information, or make quick decisions. It is crucial to provide clear and simple communication, visual aids, and support systems that accommodate the cognitive needs of older adults during emergencies.

Social isolation is a significant vulnerability that affects many older adults. They may have limited social connections, live alone, or be geographically separated from family members and support networks [17]. Social isolation can leave older adults without immediate assistance or someone to rely on during emergencies [18]. This vulnerability can be addressed through community outreach programs that encourage the building of support networks, regular checkins on isolated individuals, and the establishment of emergency contact systems. Engaging older adults in community activities and providing opportunities for social interaction can also help reduce social isolation and enhance their resilience during emergencies.

The prevalence of existing health conditions among older adults further increases their vulnerability during emergencies [19]. Chronic health conditions such as heart disease, diabetes, respiratory problems, or disabilities are more common in the aging population [20]. These conditions may require specialized care, medications, or medical devices for proper management. During emergencies, disruptions in healthcare services, power outages, or limited access to medical facilities can have severe consequences for older adults. Emergency response plans should consider the specific healthcare needs of older adults, ensuring access to medications, medical devices, and appropriate medical care during crisis situations.

Sensory impairments, such as hearing or vision loss, also contribute to the vulnerabilities of the elderly [21]. These impairments can hinder their ability to receive and understand emergency alerts or instructions, communicate effectively with emergency responders, or navigate through hazardous environments [12]. Providing alternative communication methods, visual or tactile cues, and assistive devices can help older adults with sensory impairments overcome these challenges and effectively respond to emergencies.

Furthermore, ageism and discrimination can exacerbate the vulnerabilities of older adults during emergencies [22]. Biases and stereotypes based on age may result in older adults being overlooked, underestimated, or not prioritized for assistance during crisis situations [23]. It is crucial to address agerelated biases and ensure that emergency response efforts are inclusive, equitable, and respectful of the rights and needs of older adults. This can be achieved through awareness campaigns, diversity training for emergency personnel, and the involvement of older adults in emergency planning processes.

Individualized Emergency Preparedness

Individualized emergency preparedness for the elderly is a crucial aspect of ensuring their safety and well-being during times of crisis [3]. As older adults often have unique needs and vulnerabilities, tailoring emergency preparedness plans to address their specific requirements is essential [10]. By focusing on personalized strategies, we can maximize their ability to withstand and respond to emergencies effectively [24]. One fundamental aspect of individualized emergency preparedness for the elderly is understanding their specific health conditions and limitations [11]. Older adults may have

chronic illnesses, mobility issues, or cognitive impairments that impact their ability to evacuate or access necessary resources during emergencies [19]. Therefore, it is crucial to conduct a thorough assessment of their health status and develop plans accordingly. This may involve working closely with healthcare providers to identify specific needs, such as medications, medical equipment, or assistance with daily activities, and incorporating them into the emergency preparedness plan.

Another vital consideration is establishing a support network for elderly individuals during emergencies [25]. This network can consist of family members, neighbors, friends, or community organizations that can provide assistance and support [26]. It is important to communicate and establish clear lines of communication with these individuals or groups to ensure that they are aware of the elderly person's needs and can provide timely assistance during an emergency. Regular check-ins and updates should be maintained to ensure that the support network remains active and reliable.

Furthermore, adapting the living environment to enhance safety and preparedness is essential [24]. This may include modifications such as installing grab bars in bathrooms, improving lighting, or removing potential hazards that could lead to falls [27]. Adequate emergency supplies should be stocked, including non-perishable food, water, medications, and any necessary medical equipment. It is also crucial to ensure that smoke detectors and fire extinguishers are in proper working condition and that elderly individuals are aware of their locations and usage.

Education and training play a significant role in individualized emergency preparedness [28]. Older adults should be provided with information on potential hazards, emergency response procedures, and evacuation plans [3]. It is essential to present this information in accessible formats, such as large print or audio recordings, and to ensure that it is consistently reinforced through regular reminders and drills. Encouraging the participation of elderly individuals in community-based emergency preparedness programs can also provide them with additional knowledge, resources, and social support.

Community Outreach and Education

Emergency situations can be particularly challenging for the elderly population due to their unique vulnerabilities and limitations [12]. Community outreach and education play a crucial role in addressing these challenges and ensuring the safety and well-being of older adults during emergencies [8]. One of the key aspects of community outreach is raising awareness among the elderly about potential emergency situations and the necessary preparedness measures [3]. Many older adults may not be aware of the specific risks they face during disasters such as severe weather events, fires, or public health emergencies [29]. Educating them about the types of emergencies that can occur in their area, as well as the appropriate actions to take, can empower them to make informed decisions and take necessary precautions.

Furthermore, community outreach can information about provide creating emergency plans tailored to the needs of older adults [3]. This may involve helping them develop a support network of neighbors, friends, or family members who can assist them during emergencies. It is important to address the unique needs of older adults, such as mobility challenges, chronic health conditions, or cognitive impairments, in these emergency plans. By involving older adults in the planning process, they can actively contribute to their own safety and well-being.

Another critical aspect of community outreach and education is connecting older adults with local resources and services that can support them during emergencies [30]. This can include providing information about emergency shelters, transportation services, or specialized assistance programs for older adults. By ensuring that older adults are aware of these resources ahead of time, they can access the help they need more efficiently during an emergency.

Caregiver and Family Involvement

Emergency situations can be particularly challenging for the elderly, as they often have unique needs and vulnerabilities [3]. During such times, the involvement of caregivers and family members becomes crucial to ensure the safety and well-being of the elderly individuals [31]. Caregivers play a vital role in emergency situations involving the elderly. They are typically responsible for providing direct care, assistance, and support to the elderly individuals on a regular basis. In emergency situations, caregivers need to be prepared and proactive in addressing the specific needs of the elderly [32]. This may include having a well-thought-out emergency plan in place, which outlines evacuation procedures, communication strategies, and a list of important contacts. Caregivers should ensure that emergency supplies such as medications, medical equipment, and personal care items are readily accessible and properly maintained.

Moreover, caregivers must be trained in basic first aid and emergency response techniques to effectively handle unforeseen situations [33]. They should have the knowledge and skills to identify signs of distress or worsening health conditions and take appropriate action. This could involve administering basic medical care, providing emotional support, and promptly contacting emergency services if necessary.

Family involvement is equally vital during emergency situations involving the elderly [34]. Family members are often the primary support system for elderly individuals, providing companionship, assistance with daily activities, and overall emotional support [35]. In emergency situations, family members should actively participate emergency planning in discussions and ensure that the specific needs and preferences of their elderly loved ones are considered.

Family members can assist in identifying potential hazards in the living environment and taking preventive measures to minimize risks [36]. Regular communication with the elderly individual is crucial to keep updated on their well-being and any changes in their health status [37]. In the event of an emergency, family members can provide critical information to emergency responders, such as medical history, allergies, and any specific care instructions.

Furthermore, family members should be prepared to offer immediate assistance and support during and after an emergency [32]. This may involve providing temporary shelter, arranging transportation to a safe location, or coordinating with relevant agencies to access necessary resources. Emotional support is also essential, as emergency situations can be traumatic and stressful for the elderly. Family members should offer reassurance, comfort, and a listening ear to help alleviate anxiety and fear.

Specialized Healthcare and Medical Services

Emergency situations can pose unique challenges for the elderly population, requiring specialized healthcare and medical services to ensure their safety and well-being [38]. As individuals age, they may have specific medical conditions, physical limitations, and cognitive impairments that can complicate their ability to respond effectively in emergencies [39]. Therefore, it is crucial to have specialized services in place to address their needs and provide appropriate care [40].

One key aspect of specialized healthcare for the elderly in emergency situations is the availability of trained personnel who understand the specific needs and vulnerabilities of this population [41]. These professionals, such as geriatricians, geriatric nurses, and social workers, have expertise in geriatric care and can effectively assess, triage, and treat older adults during emergencies [42]. They are familiar with age-related conditions, such as chronic diseases, mobility issues, cognitive decline, and medication management, which can become exacerbated during emergency situations [8].

Additionally, specialized medical services for the elderly in emergencies include access to geriatric-friendly facilities equipped to handle their unique needs. Such facilities may have features like handrails, non-slip flooring, and wider doorways to accommodate walkers or wheelchairs [43]. They may also have specialized equipment, such as adjustable beds or lift devices, to assist with mobility and transfers [44]. Having these resources readily available ensures the safety and comfort of older adults during emergency situations.

Moreover, specialized healthcare for the elderlv in emergencies involves comprehensive communication strategies [45]. Older adults may face communication barriers due to sensory impairments or cognitive decline, making it essential to have trained personnel who can effectively communicate with them [46]. Clear, concise, and age-appropriate instructions should be provided to ensure they understand the situation and any necessary actions. Furthermore, healthcare professionals should coordinate with family members or caregivers obtain critical medical to information and support decision-making. Another important aspect of specialized medical services for the elderly in emergencies is the provision of essential medications and medical supplies [47]. Many older adults rely on multiple medications to manage chronic conditions, and interruptions in medication access can have severe consequences. Specialized healthcare services should ensure a continuous supply of necessary medications, including emergency stockpiles, to prevent complications and minimize the risk of adverse events.

Psychological Support

Emergency situations can be particularly challenging for the elderly population due to their physical limitations, cognitive changes, and increased vulnerability [48]. During such providing psychological support times, becomes crucial to ensure their well-being and help them navigate through the crisis [49]. One of the primary psychological challenges faced by the elderly in emergency situations is anxiety and fear [50]. The sudden disruption of their daily routines, the uncertainty about the future, and the potential threats to their safety can significantly impact their mental health. Providing reassurance and emotional support is vital to address their anxieties [51]. This can be done through active listening, empathetic communication, and offering clear and accurate information about the situation at hand. By acknowledging their concerns and validating their emotions, caregivers and emergency responders can help alleviate anxiety and promote a sense of security.

Moreover, loneliness and social isolation often intensify during emergencies, as older adults may be physically separated from their loved ones or face restricted access to social networks [7]. This isolation can lead to feelings of loneliness, depression, and helplessness. Establishing regular communication channels, such as phone calls or video chats, can provide a sense of connection and reduce the impact of social isolation [52]. Encouraging the elderly to maintain their social ties, even if virtually, can also foster a sense of belonging and support their emotional well-being.

Additionally, emergency situations may trigger post-traumatic stress symptoms among the elderly, particularly if they have experienced previous traumatic events. Flashbacks, nightmares, and hypervigilance can be distressing for them [53]. It is essential to identify individuals who may be at higher risk for such reactions and provide appropriate psychological support. Traumainformed care, which emphasizes safety, trustworthiness, choice, collaboration, and empowerment, can be beneficial in helping the elderly cope with their traumatic experiences.

Furthermore, maintaining a familiar and comfortable environment can contribute to the psychological well-being of older adults during emergencies [54]. Displacement from their homes or living in temporary shelters can be disorienting and exacerbate stress [55]. Efforts should be made to create a supportive environment that resembles their usual routines and incorporates familiar objects and personal belongings. This can provide a sense of stability and familiarity, thereby reducing anxiety and promoting psychological well-being.

Finally, it is crucial to involve mental health professionals and trained volunteers in providing psychological support to the elderly during emergency situations [56]. These professionals can offer counseling, psychoeducation, and coping strategies tailored to the specific needs of older adults. By recognizing the unique challenges faced by the elderly and addressing their psychological well-being, emergency responders can contribute to their overall resilience and recovery.

Long-term Recovery and Resilience

Emergency situations can have a profound impact on the elderly population, requiring a comprehensive long-term recovery and resilience strategy to address their unique needs [38]. Whether it be natural disasters, public health emergencies, or other crisis situations, older adults are often among the most vulnerable and susceptible to adverse effects [3]. Understanding and addressing their specific challenges is crucial for ensuring their well-being and facilitating their recovery [57].

One key aspect of long-term recovery and resilience for the elderly is addressing their physical health and medical needs [58]. Older adults may have pre-existing health conditions that can be exacerbated during emergencies, making access to healthcare services a top priority [59]. Establishing medical facilities and deploying healthcare professionals in affected areas can ensure that the elderly receive the necessary care and medications. Additionally, specialized medical support teams can be deployed to assist in geriatric care, addressing issues such as chronic disease management, medication management, and mobility challenges.

Another critical element is providing social support and addressing mental health concerns [60]. Emergency situations can lead to isolation and increased stress among older adults [61]. Community-based initiatives can help establish support networks, where volunteers and caregivers can regularly check on the well-being of elderly individuals, provide companionship, and offer assistance with daily activities. Mental health professionals should also be involved to address psychological distress and provide counseling services to those in need.

Housing and shelter considerations are also crucial for long-term recovery. Adequate housing options should be available, taking into account the unique needs of older adults, such as accessibility and proximity to medical facilities [62]. Emergency shelters should be equipped with appropriate facilities and resources to support the elderly population, including mobility aids, personal care items, and specialized assistance. Rebuilding efforts should prioritize creating age-friendly communities that promote safety, accessibility, and social engagement for older adults.

Additionally, ensuring the economic resilience of older adults is essential [63]. Many older adults may experience financial strain due to emergency situations, especially if their livelihoods are disrupted or they have limited savings [64]. Developing targeted financial assistance programs and facilitating access to relevant resources and benefits can help alleviate financial burdens and support their long-term recovery.

Finally, community engagement and collaboration are integral to building

resilience among older adults [65]. Engaging local organizations, community leaders, and older adults themselves in the planning and decision-making processes can foster a sense of ownership, empowerment, and resilience. Educating older adults about emergency preparedness and providing training in disaster response can also contribute to their ability to effectively navigate future crises.

CONCLUSION

Emergencies involving the elderly require a comprehensive and tailored approach that recognizes and addresses their unique vulnerabilities and needs. By understanding the specific vulnerabilities of older adults, promoting individualized emergency preparedness, engaging in community outreach and education, involving caregivers and families, providing specialized healthcare and medical services, offering psychological support, and prioritizing long-term recovery and resilience, we can ensure the safety, wellbeing, and resilience of the elderly population during emergency situations.

CONFLICT OF INTEREST

No conflict of interest has been declared by any of the authors.

AUTHOR CONTRIBUTIONS

Each author significantly contributed to the following aspects of the paper: (1) formulating and planning the study, (2) writing and thoroughly reviewing the article's content, and (3) providing their final approval for the submitted version.

ETHICAL APPROVAL

No ethics approval required as this is a Commentary paper.

REFERENCES

- [1] E. M. Agree, "Demography of Aging and the Family," in *Future Directions for the Demography of Aging*, M. D. Hayward and M. K. Majmundar, Eds. Washington (DC): National Academies Press (US), 2018.
- [2] World Health Organization, "Ageing and health," 2022. [Online]. Available: https://www.who.int/news-room/factsheets/detail/ageing-and-health.
- [3] R. A. Shih *et al.*, "Improving Disaster Resilience Among Older Adults: Insights from Public Health Departments and Aging-in-Place Efforts.," *Rand Heal. Q.*, vol. 8, no. 1, p. 3, Aug. 2018.
- [4] K. N. P. Starr, S. R. McDonald, and C. W. Bales, "Nutritional Vulnerability in Older Adults: A Continuum of Concerns," *Curr. Nutr. Rep.*, vol. 4, no. 2, pp. 176–184, Jun. 2015, doi: 10.1007/s13668-015-0118-6.
- [5] R. Vaishya and A. Vaish, "Falls in Older Adults are Serious," *Indian J. Orthop.*, vol. 54, no. 1, pp. 69–74, Feb. 2020, doi: 10.1007/s43465-019-00037-x.
- [6] D. Murman, "The Impact of Age on Cognition," *Semin. Hear.*, vol. 36, no. 03, pp. 111–121, Jul. 2015, doi: 10.1055/s-0035-1555115.
- [7] N. J. Donovan and D. Blazer, "Social Isolation and Loneliness in Older Adults: Review and Commentary of a National Academies Report," *Am. J. Geriatr. Psychiatry*, vol. 28, no. 12, pp. 1233–1244,

Dec. 2020, doi: 10.1016/j.jagp.2020.08.005.

- [8] S. Abdi, A. Spann, J. Borilovic, L. de Witte, and M. Hawley, "Understanding the care and support needs of older people: a scoping review and categorisation using the WHO international classification of functioning, disability and health framework (ICF)," *BMC Geriatr.*, vol. 19, no. 1, p. 195, Dec. 2019, doi: 10.1186/s12877-019-1189-9.
- [9] E. Jaul and J. Barron, "Age-Related Diseases and Clinical and Public Health Implications for the 85 Years Old and Over Population," *Front. Public Heal.*, vol.
 5, Dec. 2017, doi: 10.3389/fpubh.2017.00335.
- [10] S. A. Bell, D. Singer, E. Solway, M. Kirch, J. Kullgren, and P. Malani, "Predictors of Emergency Preparedness Among Older Adults in the United States," *Disaster Med. Public Health Prep.*, vol. 15, no. 5, pp. 624–630, Oct. 2021, doi: 10.1017/dmp.2020.80.
- [11] G. A. Nick et al., "On Linkages: Integrating Community-Based Organizations into Preparedness Planning for People with Shcn," Public Health Rep., vol. 124, no. 2, pp. 338–343, Mar. 2009, doi: 10.1177/003335490912400225.
- [12] S. Hansson *et al.*, "Communicationrelated vulnerability to disasters: A heuristic framework," *Int. J. Disaster Risk Reduct.*, vol. 51, p. 101931, Dec. 2020, doi: 10.1016/j.ijdrr.2020.101931.

- [13] A. Parke, M. Griffiths, J. Pattinson, and D. Keatley, "Age-related physical and psychological vulnerability as pathways to problem gambling in older adults," *J. Behav. Addict.*, vol. 7, no. 1, pp. 137–145, Mar. 2018, doi: 10.1556/2006.7.2018.18.
- [14] Z. Milanovic, B. Jorgić, N. Trajković, Sporis, S. Pantelić, and James, "Agerelated decrease in physical activity and functional fitness among elderly men and women," *Clin. Interv. Aging*, p. 549, May 2013, doi: 10.2147/CIA.S44112.
- [15] J. Jones, T. Sim, and J. Hughes, "Pain Assessment of Elderly Patients with Cognitive Impairment in the Emergency Department: Implications for Pain Management—A Narrative Review of Current Practices," *Pharmacy*, vol. 5, no. 2, p. 30, Jun. 2017, doi: 10.3390/pharmacy5020030.
- [16] A. N. Chary *et al.*, "Evaluating older adults with cognitive dysfunction: A qualitative study with emergency clinicians," *J. Am. Geriatr. Soc.*, vol. 70, no. 2, pp. 341–351, Feb. 2022, doi: 10.1111/jgs.17581.
- [17] A. Freedman and J. Nicolle, "Social isolation and loneliness: the new geriatric giants: Approach for primary care.," *Can. Fam. Physician*, vol. 66, no. 3, pp. 176–182, Mar. 2020.
- [18] S. A. Boamah, R. Weldrick, T.-S. J. Lee, and N. Taylor, "Social Isolation Among Older Adults in Long-Term Care: A Scoping Review," J. Aging Health, vol. 33, no. 7–8, pp. 618–632, Aug. 2021, doi: 10.1177/08982643211004174.

- [19] J. L. Jenkins, M. Levy, L. Rutkow, and A. Spira, "Variables Associated with Effects on Morbidity in Older Adults Following Disasters," *PLoS Curr.*, 2014, doi: 10.1371/currents.dis.0fe970aa16d51cd e6a962b7a732e494a.
- [20] R. M. Sousa *et al.*, "Contribution of chronic diseases to disability in elderly people in countries with low and middle incomes: a 10/66 Dementia Research Group population-based survey," *Lancet*, vol. 374, no. 9704, pp. 1821–1830, Nov. 2009, doi: 10.1016/S0140-6736(09)61829-8.
- [21] J. E. Crews and V. A. Campbell, "Vision Impairment and Hearing Loss Among Community-Dwelling Older Americans: Implications for Health and Functioning," *Am. J. Public Health*, vol. 94, no. 5, pp. 823–829, May 2004, doi: 10.2105/AJPH.94.5.823.
- [22] E. Langmann, "Vulnerability, ageism, and health: is it helpful to label older adults as a vulnerable group in health care?," *Med. Heal. Care Philos.*, vol. 26, no. 1, pp. 133–142, Mar. 2023, doi: 10.1007/s11019-022-10129-5.
- [23] M. F. Silva *et al.*, "Ageismo contra idosos no contexto da pandemia da covid-19: uma revisão integrativa," *Rev. Saude Publica*, vol. 55, p. 4, Apr. 2021, doi: 10.11606/s1518-8787.2021055003082.
- [24] J. A. Bullock, G. D. Haddow, and D. P. Coppola, "Mitigation, Prevention, and Preparedness," in *Introduction to Homeland Security*, Elsevier, 2013, pp. 435–494.

- [25] World Health Organization, Older people in emergencies : considerations for action and policy development. World Health Organization, 2008.
- [26] A. W. Nguyen, L. M. Chatters, R. J. Taylor, and D. M. Mouzon, "Social Support from Family and Friends and Subjective Well-Being of Older African Americans," *J. Happiness Stud.*, vol. 17, no. 3, pp. 959– 979, Jun. 2016, doi: 10.1007/s10902-015-9626-8.
- [27] R. Blanchet and N. Edwards, "A need to improve the assessment of environmental hazards for falls on stairs and in bathrooms: results of a scoping review," *BMC Geriatr.*, vol. 18, no. 1, p. 272, Dec. 2018, doi: 10.1186/s12877-018-0958-1.
- [28] S. Torani, P. Majd, S. Maroufi, M. Dowlati, and R. Sheikhi, "The importance of education on disasters and emergencies: A review article," *J. Educ. Health Promot.*, vol. 8, no. 1, p. 85, 2019, doi: 10.4103/jehp.jehp_262_18.
- [29] T. M. Al-rousan, L. M. Rubenstein, and R. B. Wallace, "Preparedness for Natural Disasters Among Older US Adults: A Nationwide Survey," *Am. J. Public Health*, vol. 104, no. 3, pp. 506–511, Mar. 2014, doi: 10.2105/AJPH.2013.301559.
- [30] M. Guerin, K. Grimmer, and S. Kumar, "Community services' involvement in the discharge of older adults from hospital into the community," *Int. J. Integr. Care*, vol. 13, no. 3, Sep. 2013, doi: 10.5334/ijic.917.

- [31] and M. National Academies of Sciences, Engineering, "Family Caregiving Roles and Impacts," in *Families Caring for an Aging America*, R. Schulz and J. Eden, Eds. Washington (DC): National Academies Press (US), 2016.
- [32] S. C. Reinhard, B. Given, N. H. Petlick, and A. Bemis, "Supporting Family Caregivers in Providing Care," in *Patient Safety and Quality: An Evidence-Based Handbook for Nurses*, R. G. Hughes, Ed. Rockville (MD): gency for Healthcare Research and Quality (US), 2008.
- [33] S.-O. Kim and J. Shim, "Factors Affecting Care Workers' Coping Abilities in Emergencies to the Korean Elderly," *Int. J. Environ. Res. Public Health*, vol. 16, no. 16, p. 2946, Aug. 2019, doi: 10.3390/ijerph16162946.
- [34] N. Dehghan Nayeri, L. Gholizadeh, E. Mohammadi, and K. Yazdi, "Family Involvement in the Care of Hospitalized Elderly Patients," *J. Appl. Gerontol.*, vol. 34, no. 6, pp. 779–796, Sep. 2015, doi: 10.1177/0733464813483211.
- [35] L. Wang, L. Yang, X. Di, and X. Dai, "Family Support, Multidimensional Health, and Living Satisfaction among the Elderly: A Case from Shaanxi Province, China," *Int. J. Environ. Res. Public Health*, vol. 17, no. 22, p. 8434, Nov. 2020, doi: 10.3390/ijerph17228434.
- [36] K. L. Davis and D. D. Davis, "Home Safety Techniques," in *StatPearls*, Treasure Island (FL): StatPearls Publishing, 2022.
- [37] E. R. Nilsen, B. Hollister, U. Söderhamn, and B. Dale, "What matters to older

adults? Exploring person-centred care during and after transitions between hospital and home," *J. Clin. Nurs.*, vol. 31, no. 5–6, pp. 569–581, Mar. 2022, doi: 10.1111/jocn.15914.

- [38] UNECE, "Older Persons in Emergency Situations," Geneva, 2020.
- [39] A. Calderón-Larrañaga al., et "Multimorbidity and functional impairment-bidirectional interplay, synergistic effects and common pathways," J. Intern. Med., vol. 285, no. 3, 255-271, Mar. 2019, pp. doi: 10.1111/joim.12843.
- [40] A. M. Moe, E. B. Rubinstein, C. J. Gallagher, D. M. Weiss, A. Stewart, and N. J. Breitborde, "Improving access to specialized care for first-episode psychosis: an ecological model," Risk Manag. Healthc. Policy, vol. Volume 11, Aug. 127-138, 2018, doi: pp. 10.2147/RMHP.S131833.
- [41] I. Araujo de Carvalho *et al.*, "Organizing integrated health-care services to meet older people's needs," *Bull. World Health Organ.*, vol. 95, no. 11, pp. 756–763, Nov. 2017, doi: 10.2471/BLT.16.187617.
- [42] J. A. Lucke *et al.*, "Providing care for older adults in the Emergency Department: expert clinical recommendations from the European Task Force on Geriatric Emergency Medicine," *Eur. Geriatr. Med.*, vol. 13, no. 2, pp. 309–317, Apr. 2022, doi: 10.1007/s41999-021-00578-1.
- [43] J. Reiling, R. G. Hughes, and M. R. Murphy,"The Impact of Facility Design on Patient Safety," in *Patient Safety and Quality: An*

Evidence-Based Handbook for Nurses, R. G. Hughes, Ed. Rockville (MD): Agency for Healthcare Research and Quality (US), 2008.

- [44] R. L. Coman, C. Caponecchia, and A. S. McIntosh, "Manual Handling in Aged Care: Impact of Environment-related Interventions on Mobility," *Saf. Health Work*, vol. 9, no. 4, pp. 372–380, Dec. 2018, doi: 10.1016/j.shaw.2018.02.003.
- [45] L. Kourkouta and I. Papathanasiou, "Communication in Nursing Practice," *Mater. Socio Medica*, vol. 26, no. 1, p. 65, 2014, doi: 10.5455/msm.2014.26.65-67.
- [46] K. M. Yorkston, M. S. Bourgeois, and C. R. Baylor, "Communication and Aging," *Phys. Med. Rehabil. Clin. N. Am.*, vol. 21, no. 2, pp. 309–319, May 2010, doi: 10.1016/j.pmr.2009.12.011.
- [47] C.-H. Lin *et al.*, "Preparation of Medical Supply for Prehospital Emergencies and Disasters: An Internet-Based Simulation Drill.," *J. acute Med.*, vol. 13, no. 1, pp. 20– 35, 2023, doi: 10.6705/j.jacme.202303_13(1).0004.
- [48] U. Hwang, M. N. Shah, J. H. Han, C. R. Carpenter, A. L. Siu, and J. G. Adams, "Transforming Emergency Care For Older Adults," *Health Aff.*, vol. 32, no. 12, pp. 2116–2121, Dec. 2013, doi: 10.1377/hlthaff.2013.0670.
- [49] World Health Organization, "Mental health," 2022. [Online]. Available: https://www.who.int/news-room/factsheets/detail/mental-healthstrengthening-our-response.

- [50] L. Ross, P. Jennings, and B. Williams, "Psychosocial Support Issues Affecting Older Patients: A Cross-sectional Paramedic Perspective," *Inq. J. Heal. Care Organ. Provision, Financ.*, vol. 54, p. 004695801773196, Jan. 2017, doi: 10.1177/0046958017731963.
- [51] S. Akyirem, Y. Salifu, J. Bayuo, P. A. Duodu, I. F. Bossman, and M. Abboah-Offei, "An integrative review of the use of the concept of reassurance in clinical practice," *Nurs. Open*, vol. 9, no. 3, pp. 1515–1535, May 2022, doi: 10.1002/nop2.1102.
- [52] S. Zamir, C. H. Hennessy, A. H. Taylor, and R. B. Jones, "Video-calls to reduce loneliness and social isolation within care environments for older people: an implementation study using collaborative action research," *BMC Geriatr.*, vol. 18, no. 1, p. 62, Dec. 2018, doi: 10.1186/s12877-018-0746-y.
- [53] J. Moye and S. J. Rouse, "Posttraumatic Stress in Older Adults," *Clin. Geriatr. Med.*, vol. 30, no. 3, pp. 577–589, Aug. 2014, doi: 10.1016/j.cger.2014.04.006.
- [54] S. Ashida, E. L. Robinson, J. Gay, and M. Ramirez, "Motivating rural older residents to prepare for disasters: moving beyond personal benefits," *Ageing Soc.*, vol. 36, no. 10, pp. 2117–2140, Nov. 2016, doi: 10.1017/S0144686X15000914.
- [55] E. Fussell and S. R. Lowe, "The impact of housing displacement on the mental health of low-income parents after Hurricane Katrina," *Soc. Sci. Med.*, vol.

113, pp. 137–144, Jul. 2014, doi: 10.1016/j.socscimed.2014.05.025.

- [56] R. A. H. Shalaby and V. I. O. Agyapong, "Peer Support in Mental Health: Literature Review," *JMIR Ment. Heal.*, vol. 7, no. 6, p. e15572, Jun. 2020, doi: 10.2196/15572.
- [57] L. E. Søvold *et al.*, "Prioritizing the Mental Health and Well-Being of Healthcare Workers: An Urgent Global Public Health Priority," *Front. Public Heal.*, vol. 9, May 2021, doi: 10.3389/fpubh.2021.679397.
- [58] H. E. Whitson, W. Duan-Porter, K. E. Schmader, M. C. Morey, H. J. Cohen, and C. S. Colón-Emeric, "Physical Resilience in Older Adults: Systematic Review and Development of an Emerging Construct," *Journals Gerontol. Ser. A Biol. Sci. Med. Sci.*, vol. 71, no. 4, pp. 489–495, Apr. 2016, doi: 10.1093/gerona/glv202.
- [59] T. Fulmer, D. B. Reuben, J. Auerbach, D. M.
 Fick, C. Galambos, and K. S. Johnson,
 "Actualizing Better Health And Health
 Care For Older Adults," *Health Aff.*, vol. 40,
 no. 2, pp. 219–225, Feb. 2021, doi: 10.1377/hlthaff.2020.01470.
- [60] F. Ozbay, D. C. Johnson, E. Dimoulas, C. A. Morgan, D. Charney, and S. Southwick, "Social support and resilience to stress: from neurobiology to clinical practice.," *Psychiatry (Edgmont).*, vol. 4, no. 5, pp. 35–40, May 2007.
- [61] J. A. Gorenko, C. Moran, M. Flynn, K. Dobson, and C. Konnert, "Social Isolation and Psychological Distress Among Older Adults Related to COVID-19: A Narrative Review of Remotely-Delivered

 Interventions and Recommendations," J.

 Appl. Gerontol., vol. 40, no. 1, pp. 3–13,

 Jan.
 2021,

 10.1177/0733464820958550.

- [62] S. Fox, L. Kenny, M. R. Day, C. O'Connell, J. Finnerty, and S. Timmons, "Exploring the Housing Needs of Older People in Standard and Sheltered Social Housing," *Gerontol. Geriatr. Med.*, vol. 3, p. 233372141770234, Jan. 2017, doi: 10.1177/2333721417702349.
- [63] P. Hassani, F.-S. Izadi-Avanji, M. Rakhshan, and H. Alavi Majd, "A phenomenological study on resilience of the elderly suffering from chronic disease: a qualitative study," *Psychol. Res. Behav. Manag.*, vol. Volume 10, pp. 59–67, Feb. 2017, doi: 10.2147/PRBM.S121336.
- [64] L. J. Samuel *et al.*, "Community-dwelling older adults who are low-income and disabled weathering financial challenges," *Geriatr. Nurs. (Minneap).*, vol. 42, no. 4, pp. 901–907, Jul. 2021, doi: 10.1016/j.gerinurse.2021.04.025.
- [65] G. Perez-Rojo *et al.*, "A multidimensional approach to the resilience in older adults despite COVID-19," *BMC Geriatr.*, vol. 22, no. 1, p. 793, Oct. 2022, doi: 10.1186/s12877-022-03472-y.