



Emergency Health & Medical Preparedness for Older Adults

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Learning Objectives

- Understand why older adults are at higher risk and the challenges in the modern era of disaster preparedness
- Importance of discussing plans and contingencies with loved ones and/or caregivers prior to an emergency
- Create a written emergency plan and a kit
- Importance of chronic disease/condition management and medication & supply needs during a disaster
- Know available community resources and how to access them



Older Adults at Higher Risk

- Common health risks in disaster:
 - Power outages affecting medical equipment and refrigeration
 - Evacuations causing interruption of care and lack of meds or supplies
 - Extreme heat/cold exposure
 - Injuries
 - Delayed medical attention
- Population has more:
 - Chronic conditions and medical complexity
 - Dependence on medical devices, medications, and services
 - Physical and mobility limitations
 - Cognitive and/or sensory issues



Challenges in Modern Disaster Response

- Natural disasters are becoming more frequent, severe, and unpredictable
- Result in:
 - Electricity (and potentially water) outages
 - Lack of safe transportation
 - Poor care continuity due to closures
- Counties open/request shelters with support from state:
 - General Population (led by DSS & American Red Cross)
 - Medical Equipment Power Shelters (“MEPS,” led by non-clinical DPH staff)
 - No shelter provides medical care or hands-on care for basic needs; supposed to take own caregiver



Challenges in Modern Disaster Response

- Older adult population increasing in size:
 - 65+yo was 17% of US population in 2022 → 21% in 2030 → 23% in 2050
 - 85+yo is fastest-growing segment & will triple in size from 2022 to 2050
- More of a current push for healthcare at home:
 - Hospital at home programs
 - Home health care (clinical/skilled)
 - Non-skilled home care
- Home-based programs often disappear in emergencies → people at home without necessary assistance
 - Call 911 for transportation to ER → ERs and hospitals overwhelmed



Example: Hurricane Helene

- Severity in the Upstate was not predicted so less advance preparation done
- Significant power outages – most in SC history – many for over a week or longer
- Shelters housed many people with subacute medical needs, some of which became acute needs
- Many of these shelterees did not have back-up plans for care or assistance in an emergency
- None of the shelters in SC are staffed with healthcare professionals nor stocked with medical supplies





Example: Hurricane Helene

- Individuals dependent on oxygen could not remain at home and many went to hospital ERs
- Oxygen manufacturers and suppliers in the state also did not have electricity for several days and were closed then short-staffed
- State worked hard to obtain & distribute oxygen but not a rapid process for multiple reasons

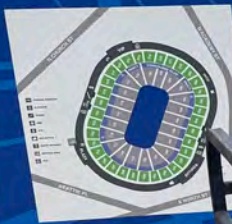
BON SECOURS WELLNESS ARENA

PLAZA ENTRANCE

← →

BOX OFFICE
TAXI / RIDE SHARE
ROTUNDA ENTRANCE

PREMIUM SERVICE LOBBY
VIP ENTRANCE
ADMINISTRATIVE OFFICES





Create an Emergency Plan

- Discuss potential emergency scenarios with loved ones and caregivers *in advance* and write out contingency plans and everyone have a copy
- Considerations:
 - Specific functional and/or medical needs and access to necessary care
 - Access to transportation
 - Alternate locations (shelter as last option, if possible)
 - Medications
- Have emergency contact list (family, neighbors, providers, pharmacy)
- Designate primary family member as point of contact or leader in disaster
- Establish a “buddy system” with friends and neighbors for check-ins and assistance as able
- Include plans for pets or service animals



Evacuation vs Shelter-in-Place

- Plan should include agreed-upon criteria for when to shelter at home vs evacuate
- If evacuating and require a dependable electrical source for medical equipment, call DPH Triage Line (1-833-351-9990) for MEPS shelter
- If determine best to shelter-in-place:
 - Have a designated safe room with minimum of required meds/supplies, water/food, cooling/heating options, possible alternate power source
 - Plan for 72+ hours of essentials
 - Know how to signal for medical help if services are disrupted (*have alternate communication methods!*)



Emergency Kit: Documents

- Key to have both whether evacuating or sheltering-in-place
- Include personal medical information:
 - Diagnoses/conditions and significant surgeries
 - Allergies
 - Medication list, including names, dosages, & schedules
 - Medical provider & pharmacy names and contact info
 - Emergency contact names & phone numbers
- Legal and financial documents:
 - Photo ID (or copy of current one)
 - Insurance/Medicare/Medicaid info (card or copy of it)
 - Advance directives (originals)**
 - Power of attorney paperwork**
 - Bank information
- Storage:
 - Paper copies: one in a waterproof bag at home and one at primary caregiver's/ family member's home
 - Encrypted digital copy (phone/cloud)
 - Carry a wallet card with critical info



Emergency Kit: Medications & Supplies

- Maintain 7–14 day supply of all medications (including as-needed ones) and medical supplies
- Store meds in labeled pill organizers
- Have plans for keeping refrigerated medications such as insulin cool
- Know how to obtain early refills and/or emergency refills (discuss in advance with pharmacy and provider)
- If evacuating, include any needed mobility or assistive devices and supplies needed for their maintenance or spare batteries (and label everything!)



Emergency Plans for Special Needs in Chronic Conditions

- Identify condition-specific needs, such as for diabetes, COPD/ lung disease, heart disease, kidney disease, dementia, & others
- Maintain continuity of life-sustaining therapies (dialysis, oxygen, CPAP/BiPAP, IV infusions, etc)
 - Set and know back-up plans in emergencies, to maintain these (e.g. have a plan with dialysis center to establish which sister facility you would go to in order to get dialysis if yours was closed, and how you would get there)
 - Do not depend solely on routine home health or a single company/ distributor/ location being available; have redundancy in plan for this essential care



Community Resources for Planning

- Emergency management (Greenville County Emergency Management & SC Emergency Management Division)
- Public health/ health departments (SC DPH)
- Agencies on aging (SC Department of Aging; Area Agency on Aging)
- American Red Cross
- 211
- Legal Aid



Ongoing Maintenance

- Review and update med list and medical history documents as needed and at least quarterly
- Check emergency kit items and their expiration dates at least quarterly
- Remain up-to-date on all preventive medical care and vaccines (tetanus booster – Tdap – every 10 years or 5 if injured; respiratory virus vaccines)
- If experience a disaster, prioritize mental health! Stress reactions are normal and common. Social connection is beneficial.



Questions?

Thank you!