What We Have Learnt

Aged care provider learnings
on responding to the February earthquake in Canterbury

(Report 1)

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come to us first

Canterbury
District Health Board
Te Poari Hauora ō Waitaha

Acknowledgements

I would sincerely like to thank the owners, managers and staff from aged care organisations who shared their experiences and learnings about the Christchurch earthquakes. It was a privilege to hear your stories of courage, leadership, strength and ingenuity to ensure you maintained the safety and care of residents, home support clients and other staff members. The ongoing nature of this disaster and its widespread impact make your achievements all the more inspiring.

This report focuses on what you learnt, what worked well and your suggestions for enhancing your emergency planning and preparations. While it is hoped sharing these practical learnings will assist others it does not do justice to your personal stories and the myriad examples of dedication, endurance and sacrifice you shared with me.

Eldernet commissioned me to do this research and I am very grateful for their guidance and support throughout the project. In particular Eleanor Bodger and Esther Perriam for managing the project and Dianne Templeton who helped conduct some of the interviews.

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Kia kaha

Sue Carswell

Thank you also to a number of providers for permitting the use of their photos.

Contents

1 INTRODUCTION

This report shares learnings from interviews with over 105 participants from 70 aged care organisations in Canterbury, predominantly in Christchurch. Owners, managers (head office and facility managers) and staff generously shared their experiences of the February 22nd 2011 earthquake, the challenges they faced and what helped them. They reflected on what they had learnt and provided suggestions for enhancing emergency preparedness and response. The findings from these interviews are shared to inform future planning and to provide insights into what worked well in a large scale emergency. This report is not intended to be a guide or to replace emergency response plans. The questions included at the beginning of sections have been added to stimulate thinking about how prepared you are to respond to an emergency.

An overwhelming sentiment expressed by interviewees was 'Be prepared, it can happen.' Many acknowledged that you cannot be prepared for every eventuality but from their experience they stress it is extremely important for organisations and individuals to take responsibly and be as prepared as possible.

Methodology

The aims of the research were both to provide a mechanism for the aged care sector to share their experiences and to identify learnings to share nationally. Because of this dual purpose there was no research sample and as many aged care organisations as possible in Christchurch and the surrounding areas were invited to participate in the research. This included residential facilities (rest homes, private hospitals and dementia units), retirement villages and home support services.

Primarily it was managers who were interviewed but feedback was also received from other staff including Nurse Managers, Clinical Managers, property maintenance staff, Registered Nurses, Caregivers, Administrators, Activity Co-ordinators and a Cook.

A short interview guide was developed and pre-tested with six facilities. It was then enhanced and sent out to the sector by Eldernet with an invitation to take part in the research. This was followed up by phone calls from the researchers who predominantly conducted face-to-face interviews with individuals or smalls groups of staff. Some people were interviewed over the phone and a few filled out the questionnaire and emailed or faxed it back. The information was collated and analysed to identify overall learnings and practical suggestions for refining emergency planning and response. Quotes from those interviewed are anonymously presented to illustrate findings.

A further stage of research is planned which aims to get a wider perspective on emergency responses and learnings for the aged care sector. Interviews are planned with residents and their families; agencies (e.g. CDHB and Civil Defence) and groups (e.g. suppliers, volunteer groups) who assisted the aged care sector.

2 CHALLENGES FACED BY AGED CARE FACILITIES

On September 4th 2010 a magnitude 7.1 earthquake struck at 4.35am centred 40km west of Christchurch near Darfield. This earthquake caused significant damage to the surrounding areas including parts of Christchurch city and towns such as Kaiapoi. As a result of the September earthquake two aged care facilities had to be evacuated, one of which had to close. Their experiences have been documented in previous research and this report does not examine those evacuations.

Six months later on the 22nd February 2011 at 12.51pm a magnitude 6.3 earthquake struck near Lyttleton 10km south-east of Christchurch. This earthquake caused significantly more damage to Christchurch particularly the CBD, eastern suburbs and the Port Hills. Tragically this earthquake caused the deaths of 181 people. In regards to the aged care sector, seven residential facilities were fully evacuated in Christchurch and two residential facilities were partially evacuated. A number of offices of aged care providers (both home support and residential care providers) were also evacuated. Canterbury lost over 600 aged care residential beds.

Nine months on from the September earthquake Canterbury has experienced over 7000 aftershocks, including another 6.3 on June 13th 2011. The CDB has been cordoned off since February 22 and a large number of houses and buildings in the Canterbury region require repairs and a significant number will have to be rebuilt, while other suburban areas will be abandoned due to land damage.

The immediate challenges facing managers, staff and residents at aged care facilities and support services after the February earthquake included:

- Shock, panic, and worry about safety of others including within the facility and own families.
- Uncertainty about the scale of event and what areas it effected.
- Damage to buildings and concerns about safety of buildings and deciding whether to evacuate or not.
- Liquefaction bubbling up; including inside some buildings, this also blocked doors, damaged driveways and roads, making access very difficult.
- Not knowing if staff on the next shift would be able to 'make it'.
- Water flooding from broken pipes and entering buildings.
- No power.
- No water
- No sewage.
- Only analogue phones and mobiles working but phone system overloaded so sporadic. The main means of communication was texting.
- Mess everywhere from broken glass from windows, glassware, broken china, foodstuffs, overturned furniture and equipment etc.

The challenges have continued for many Christchurch facilities, for example:

- Power outages lasted from a few hours to four weeks before back on mains power
- Facilities were without mains water from anywhere between a week and five weeks. All of Christchurch was asked to boil water for personal use for over two months until the end of April 2011. After the June event a boil water notice was again reinstated for a period.
- Due to severe damage to the sewage system in some areas facilities in those locations could not use their toilets for three to six weeks. Although, as far as we are aware, all residential care services have had a 'flush' notice issued, some areas of Christchurch remain without flushing toilets at the date of this report (August 2011).
- Portaloos were still being used by staff at a few facilities two to three months later to reduce pressure on sewage system.
- Repair of damaged buildings and planned demolition of others is ongoing.
- Negotiation with insurance companies, EQC etc is ongoing.
- Facilities inside the Civil Defence cordon experienced difficulties getting their staff, tradesmen, suppliers and relatives in and out of the cordon for a considerable time.

Managing stress over the long term has become important and a contributing factor is the continued aftershocks which have heightened anxiety among some residents, clients and staff. Managers and staff personally affected by the earthquake have had to deal with: their own family situation, damaged and lost homes and for some, the loss of their jobs. Some have sadly had to deal with personal grief over the loss of loved ones, colleagues and friends.

There has been considerable staff movement as six facilities have had to make staff redundant and other places have hired new staff to replace those who have left. Some facilities have found difficulties recruiting appropriate staff.

3 EMERGENCY PREPARATIONS AND RESPONSE LEARNINGS FOR RESIDENTIAL FACILITIES

'Emergencies CAN happen - be prepared.'

3.1 EMERGENCY PLANS

- ⇨ *How accessible is your emergency contacts list? Does it list trades and suppliers under their function?*
- ⇨ *How well do you know your facility e.g. are your sewer pipes all on the same line, do you know where to turn off the water, gas and mains power?*
- ⇨ *What's the worst case scenario you can imagine? It can happen.*
- ⇨ *What are the potential 'holes' in your insurance cover?*

'Have plans and systems in place including central coordination, clear communication and clarity about who is doing what.'

There was variable feedback on emergency plans, with some people finding them very useful, while others thought they could be improved. Quite a few of the facilities had reviewed their plans after the September 4th 2010 earthquake. This had included putting in place some new systems and buying additional equipment and increasing supplies. After the February 22nd earthquake many facilities spoken to were looking at how to enhance their plans further in light of the severity of impact on many places.

General observations include:

- Most facilities thought their emergency procedures worked and overall they coped well.
- Communication was one of the major issues due to power outage and overloaded phones.
- It was extremely important to be self sufficient and most thought that facilities should plan for at least a week.
- The importance of good information back-up systems including having hardcopy and electronic data stored in different locations.
- The infrastructure and resources of larger organisations was very supportive and demonstrated the advantages of facilities assisting each other.
- Good relationships with suppliers proved very beneficial as these suppliers assisted where they could e.g. deliveries of fresh produce, medical supplies, provision of trade services etc.

Most emergency plans have a front page with a flip chart summary. Some suggested that this information could be improved and that it should provide information easily followed by staff if the Facility Manager was not there. Suggestions included:

- Compile an easy to follow summary of your emergency plan with essential and practical information (e.g. where to turn off water mains, power, gas)
- Compile a contact list of essential phone numbers listed under function e.g. 'Plumber' rather than John Smith as staff members may not know the contractor's name or company name.

Emergency response plans can also include how facilities can assist each other (e.g. mutual aid agreements) and how larger organisations can support facilities. Larger organisations based nationally were able to support their damaged facilities in a number of ways including:

- Communications – phones were diverted to unaffected sites outside of Christchurch in order to answer queries from families and other callers.
- Regular conference calls - head offices were able to organise whatever facilities required. This freed up phone lines and time at the damaged facilities.
- Staffing – organisations co-ordinated relief staff from their facilities outside of Christchurch to relieve managers and staff.
- Purchasing - water, food and equipment such as generators and water tanks from around the country were transported to facilities.

- Organisation - arrangements were made for structural engineers to check buildings and for builders and trades people to repair damage.
- Negotiation – the national office took responsibility for negotiating with external organisations to facilitate repairs - power company, phone company etc.

Larger organisations were also able to use their other facilities in Christchurch and surrounding areas by taking evacuees, doing laundry, showering residents and providing cooked food. These examples demonstrate the advantages of facilities being able to work together and the potential benefits of mutual aid agreements between facilities.

A similar strategy could be used by independent facilities. If they setup agreements with other independent facilities they could provide immediate mutual assistance in times of emergency. In regards to earthquake risk, having agreements with facilities in different areas (regionally and nationally) would minimise the chance that both facilities would be damaged. Issues to consider include accessibility due to damaged roads and bridges.

Smaller organisations and owner/operators also sourced water, food and equipment from the local area to support their facilities.

Emergency recovery plans

A useful observation made by one interviewee was that the repairing or rebuilding of facilities is much easier if guided by an already established strategic direction for your organisation. You are not starting from a 'blank page' but can redevelop in line with the direction you are taking in aged care.

'If you know what you are about as an organisation and it is well thought out it means you know how you want to redevelop e.g. what direction your organization is taking in terms of aged care. Means you can take advantage of rebuilding facilities to fit in with your direction.'

A useful learning from another interviewee was that it paid to have very good plans of your facility to identify plumbing systems and where services (e.g. water, gas, power etc) come in and out to assist in the assessment and repair of any damage. For example one facility had been built on a site that was previously multiple residences so there were different systems across the property.

Insurance

The following includes some general feedback about insurance cover:

- It is very important to understand your business interruption and business damage insurance in detail.
- One organisation said they had one years business interruption insurance but they now realise it should be two years. They suggested having the wording on the policy as broad as possible. They also needed to increase their cost of working cover, for example they needed all the facilities driveways replaced for access and to bring in extra staff to operate.
- It is important to have a valuator, such as an accountant who specialises in this area, who understands your business and what you require.
- An interviewee found contracting a loss adjustor to assist with claims reparation was well worthwhile as they had the expertise to guide them through the claims process. They also found setting up regular meetings with the loss adjustor was beneficial.
- Another interviewee advised full replacement insurance for everything. This has to be balanced with affordability as premiums are set to rise.

Further advice included contacting your insurer as soon as possible and to discuss with them how to minimise costs up front. For example if you only have business interruption insurance for six months and it is going to take a year to become fully operational you may want to delay making a claim for as long as possible to push out your six months of cover. This requires some planning and consideration about how best you can manage this type of situation.

3.2 STAFF TRAINING

- ⇨ *How can you encourage staff to attend emergency response training?*
- ⇨ *People respond to a crisis in varying and sometimes unexpected ways. This can change team dynamics. How prepared for this are you?*

Staff knowing how to respond in an emergency situation is crucial and staff training helps them to be more prepared. Managers praised their staff's overall response and some noted how resourceful staff members were and the importance of letting them provide creative solutions to some of the challenges facilities faced.

'Plan, Plan, Plan! Educate your staff about emergency response. Staff are very resourceful and allow them to be as creative as can be.'

Facility managers and staff found their training paid off, for example some said,

'Keep up internal training, fire drills and audits e.g. infection control. Staff knew what to do.'

'Have well trained staff – the staff said thank god they done their fire drills. So, attending training is important. It is about actually being prepared. To understand it can happen!'

3.3 EMERGENCY SUPPLIES

- ⇨ *What would your 5 day emergency menu look like?*
- ⇨ *If you have residents using oxygen how long would it last?*
- ⇨ *How many Emergency Kits do you have? Are they in the best place?*

How many days emergency supplies should be stored?

There was no single answer to how many days emergency supplies should be stored as it depended on the experiences of facilities and their access to outside support. Estimates ranged from 3 – 10 days with quite a few now planning for at least 5 - 7 days. Access to utilities i.e. water, power, sewage; disruption to suppliers and road access were the main factors influencing how long people required stores. Those who were part of a larger organisation generally had quicker access to additional supplies and equipment which was brought in from outside of Christchurch. Some facility managers/owners said a major learning for them was that they had to be self sufficient for longer than previously thought as help from authorities can take time, particularly with such a large scale emergency.

'You have to be able to rely on yourself for more than three days and help comes more quickly from the community not necessarily organisations.'

'Don't expect help. So important to be self sufficient. In a village every house has to be responsible.'

Many acknowledged the issues with cost and space to store items.

Civil Defence Emergency Kits (CD Kits)

- There were many suggestions about CD kits including:
- Make sure they are well stocked,
- Check them regularly
- Ensure they are easily accessible.

Some facilities also stored their kits in more than one location in case some places become inaccessible. Apart from the usual supplies useful things frequently mentioned were:

- head torches (so can be hands free),
- lots of plastic bags for toileting,
- baby wipes (for bed baths etc),
- hand sanitizer,
- lots of batteries,
- torches,
- lanterns for corridors,
- paper plates and plastic cutlery.

Another tip was to have infection control kits stored in small units that can be dotted around the facility.

Medical supplies

Oxygen cylinders were the most frequently mentioned piece of medical equipment that facilities said they would ensure they had more of. The other products most often recommended to have a good supply of were in regards to hygiene and included incontinence pads, baby wipes and hand sanitizer.

Generally facilities did not have issues accessing medications for residents although this did depend where in their ordering cycle they were. Local pharmacists also visited some of the facilities to ensure they had enough supplies. There were some issues identifying which medications were needed for evacuees relocated to facilities without their medication due to the speed of the evacuation.

Having a well stocked first aid kit was also important. In the few facilities where there were severe injuries they had to manage 'alone' overnight and at least one facility this was difficult with limited access to analgesia.

Food and drink

Interviewees recommended having an emergency menu that could be easily prepared and if this menu included hot food, that it could be easily cooked/heated on a BBQ or gas cooker.

Because the power was off in many places perishable food items from fridges and freezers were utilised first.

Some places were fortunate to have continued supplies of items such as bread and milk. For other places this was an issue so it was about varying the menu. It is suggested to consider stocking products such as long life milk or milk powder.

To maintain hygiene many facilities gave residents their own water bottles and labelled them with the person's name. Some also did this with cups.

To minimise dishes it was necessary to have adequate supplies of paper plates, plastic cutlery, mugs (for soups), and serviettes (which were also used instead of plates).

Another interviewee advised full replacement insurance for everything.

3.4 COMMUNICATION

'Clear communication is required at all levels.'

- ⇨ *How will you access contact details of residents' families, staff and suppliers if your computer is down and/or you can't access the building where hard copies are stored?*
- ⇨ *What are your contingency plans if your phones are down?*
- ⇨ *Both modern and old technologies are needed during a crisis. Can you operate both?*

Communication was one of the major issues discussed in interviews. This took many forms, from the means of communication when power outages and overloaded networks made external communication difficult or impossible, to the importance of clear communication with staff, residents, families and external services.

Another important factor was having quick access to contact details which highlighted the importance of having electronic and hard copies stored in different locations. The following suggestions are based on facilities experiences about what worked well and their suggestions for improving communication processes.

Suggestions for communications equipment

- An analogue phone which can be used when power off is a 'must have'.
- Mobile phones and mobile phone car charger (or alternative power source that does not rely on main power to recharge)
- Texting is easier than phoning; ensure key staff members have cell phones and that they know how to contact key DHB staff via cell.
- Alternative communication equipment such as walkie-talkies (to use within a large facility), hand held radios and satellite phones (to use between facilities and for conference calls)
- Laptop and mobile internet connection
- Radio with batteries or alternate power source (e.g. wind-up)

Accessing contact details

The contact details of staff,residents families and essential services, need to be kept in hardcopy as well as electronically backed-up so they are accessible. The contact details also need to include as many ways of contacting people as possible e.g. landline, mobile phone numbers and email. These then need to be kept up to date. A suggestion in regards to essential services is a contact list included in the emergency plan listing contacts under function e.g. plumber, electrician, DHB contact etc. Facilities have also added key contact numbers into their emergency mobiles and managers mobiles.

Computer systems

Power outages impacted on all facilities' computer systems and for some organisations their servers going down meant they had to be reset. Suggestions around this issue include:

- Make frequent back-ups of computer systems and keep these elsewhere or offsite.
- Plan what you would do if your server went down. Do you have the ability to work offsite?
- Make sure there is someone who understands your system and have a good relationship with your computer engineer.
- Scan significant documents to soft copy (e.g. onto USB drives) and keep elsewhere or offsite. If your computer and/or hard copy are inaccessible you can usually access these soft copy documents from another computer.
- Your website and/or other places where information about your service is shown online (e.g. Eldernet) are important for updating families, residents and staff. Ensure you will have the ability to update them.

Dedicating resources to communication

- Dedicate someone to contact families.
- Dedicate someone to stay in office, answer phones and co-ordinate. checks/whereabouts of residents and staff initially.

Benefits of belonging to a larger organisation

- The ability to divert communications to head offices or unaffected sites.
- The organisation can take responsibility for updating facility status on websites for families, residents and staff.
- Regular teleconferences enable requests for resources to be actioned.

Communicating with staff at the facility

Suggestions include:

- Have regular staff meetings and debriefings.
- Provide a communication book/'earthquake book' with daily entries for each shift to see.
- Provide a whiteboard at front door of the facility so staff and volunteers can see who to consult and/or see where help was needed.
- Regularly publish notices.

Different ways of keeping residents informed

Suggestions around how to update residents about what is happening in the facility and informing them about changes include:

- Provide a whiteboard and or a notice board.
- Hold regular meetings with residents.
- Have some notices prepared e.g. 'restricted area', 'do not drink water', 'do not use toilet', 'don't clean teeth in untreated water' etc.
- Send emails when computers etc are operating again.
- Prepare a newsletter to retirement village residents, in advance, so that in an emergency it can be quickly delivered to them.

3.5 BUILDINGS

- ⇨ *What are the most vulnerable parts of your building/s?*
- ⇨ *How would you keep your building weather-tight?*
- ⇨ *How have you secured the cookers, fridges, water cylinders, furniture?*

Ensuring that buildings meet earthquake regulation standards should minimise risk to residents and staff. It is not known at this stage what changes may be made to building codes and earthquake regulations as a result of the Canterbury earthquakes.

Identify potential hazards and check how safe they are; for example, check whether chimney stacks meet relevant building codes.

Securing contents

Hot water cylinders should be secured to earthquake regulations. However this was found not to be strong enough for at least one facility where they still fell out. The only ones that did not were in older style hot water cupboards with 'half and half' doors and the wooden bar across the middle.

The following questions are useful to consider for securing items:

- Are all heavy items of furniture secured either to the wall or bolted to the floor?
- Are heavy items either secured or sitting on top of non slip mats?
- Are heavy items near floor level?
- Are there strong catches on cupboard doors?
- Are hot water cylinders secured?

(adapted from NZ Ministry of Education checklist)

A facility manager said they were now going to add tarpaulin and ropes to their CD kit as this would be useful for emergency measures to keep buildings weathertight. It was not unusual for facilities to suffer holes in roofs, broken windows etc.
Thick gloves e.g. leather gardening gloves are very useful to clean up contents damage which included broken glass and china.

Assessing damage

Many of those interviewed said getting structural engineers in as soon as possible to assess the safety of building was important for reassuring staff and residents.

3.6 WATER

- ⇨ *When did you last practise accessing alternative water supplies at your facility or nearby e.g. header tanks, water tanks, stocked water, wells, ponds and pools?*
- ⇨ *How would you boil large quantities of water with no electricity?*

Identifying water sources and how to access

Ensure you can access all onsite water e.g. do you know how to empty your header tanks/hot water cylinders?

Several facilities discovered their neighbours had artesian wells and they were able to access this water supply. Others used ponds and recycled water for flushing toilets (where toilets could be used).

Safe water

When water was available it had to be boiled for personal use such as drinking, teeth cleaning, hands, washing food and dishes etc. Some facilities used BBQs or gas cookers. This was a huge task and quite dangerous at times with the risk of burns. One facility suggested using stock pots to boil a lot of water at once.

Showering residents

To keep residents clean with no or limited water, baby wipes were often used and interviewees recommended keeping adequate stock of them. Several other facilities were able to take some of their residents to other facilities for showering or in one case a leisure facility to shower. Some families also took their relatives home for showers.

Laundry

Laundry was a major issue with no or limited water. Strategies included finding another location which had water and power e.g. residential facility in their group; owners taking laundry home; utilising a commercial laundry; going to another town. The later involved sending a van with staff to take the laundry to a location and then staff spending the day doing the laundry.

Some facilities encouraged residents' families to take their personal washing home to do it. To reduce laundry certain things were not washed as often as normal i.e. residents would wear clothes longer.

Water deliveries

Many of the facilities received deliveries of bottled water from the CDHB which they really appreciated. The army and Civil Defence also supplied water to some facilities. The public, staff, families and volunteers also brought in containers of water.

At some facilities water tanks were brought onsite. These had been sourced by owners and donated by resident's relatives; businesses, volunteers and community groups.

Having a large supply of water onsite saved time collecting it from elsewhere and was vital to operations.

3.7 POWER

⇨ *When did you last walk around your facility noting all the things that require power ?*

Consider - electric beds , chairs, doors ? Look at the situation your residents would be left in.

How will you assist them?

⇨ *What are the potential problems associated with alternative power sources?*

Generator

Ideally each facility would have an emergency power supply which would usually be supplied by generator. This is a considerable cost, especially for large generators, so many facilities prefer to hire if they require one.

Access to hiring generators was limited in this large scale emergency and it took some facilities three or more days before they could get one. Finding large enough generators was also challenging. One strategy is to have a preferential agreement with a hire company so that you are assured of hiring a generator in emergencies. However one facility found they still could not access a generator quickly despite having a preferential agreement and they ended up getting one from outside of Christchurch.

Another strategy could be to share the cost of a generator between facilities. For example one larger organisation has bought a generator for each region where they have facilities. In the case of an emergency it can hopefully be transported quickly to the facility that needs it.

Another suggestion was to have a diesel tank onsite for the generator rather than having to refill regularly with small canisters. This would also provide ready access to fuel which can be difficult to obtain in an emergency.

Security

Many of the security features in facilities are electronic and a learning for some facilities was to be aware of how to operate these features manually, for example electronic doors and gates. Some facilities used volunteers to 'man' electronic doors. This issue was particularly important for dementia/secure units.

Another security feature is electronic locks on medicine cabinets. It is also important to know how to access these if there is no power.

In several places the fire alarms were triggered by either the power going out or the water being turned off lowering the pressure triggering the alarm. In both cases the noise of the alarm was very distressing and at one facility it went on for hours before the security company could get there to switch it off. Be aware of how the fire alarm can be switched off and have access to the keys/switch to do this.

Medical equipment

Adequate supply of oxygen cylinders for those who require respiratory relief was a concern for many facilities.

One hospital's solution for maintaining the function of electric beds and hoists was to use battery packs and have a battery pack booster so they could recharge battery packs.

Some call bells can go on to battery operation. One facility said their supplier who looked after this system rang to check on them.

Lighting

Facilities suggested that you need a selection of torches and good supply of batteries. The wind-up torches can also be used and multi-function units with torch, radio and cellphone charger combined seemed to work well.

Types of torches that worked well:

- head torches for staff so they can work hands free
- lanterns and stands are good for long dark corridors
- LED push lights for residents rooms
- large torches

Emergency lighting went on immediately at some places but ran out by the evening. This also highlights the importance of familiarity with your equipment and knowing how to manually switch it on and off to conserve power for when you may need it. Information about lighting would also be useful in emergency plans.

Kitchen

Most facilities used BBQs and gas cookers as all electric cookers relied on mains power. In some facilities the gas lines had to be checked before they could be used so having gas bottles instead was very useful.

3.8 TOILETING

- ⇨ *What toileting methods would you use for residents and staff? Would they differ? Do you have adequate supplies?*
- ⇨ *How would you dispose of the volume of human waste?*

Toileting methods used included:

- Plastic bagging toilets. There were different ways of doing this. Several facilities suggested a successful method was moulding black rubbish bag over the toilet first to keep the toilet clean and then using a smaller bag over the top that can be disposed of after use. A good supply of plastic bags in CD kit was seen as important.
- Commodes, including disposable commodes
- Port-a-loos for more mobile residents and staff. Facilities obtained port-a-loos from a variety of sources including Civil Defence, Council, DHB and hiring them themselves.
- Chemical toilets were too low for many elderly to use and so had to be raised by standing on something. There are also issues around emptying the chemical toilets as they are heavy and cumbersome.

Caregivers, cleaners and volunteers took responsibility for assisting with toileting residents and keeping bathrooms clean. This was a major contribution towards keeping facilities hygienic.

Disposal of human waste

Finding a company to dispose of human waste can be difficult so it is suggested that part of emergency preparations is knowing who will do this in your area. There was an outstanding company in Christchurch that facility managers felt gave very good service but some facilities did not immediately know where to go. Some ended up digging holes to dispose of waste.

3.9 TRANSPORT

- ⇨ *What will you do if staff do not arrive at work during an emergency?*
- ⇨ *What can you do to make it as easy as possible for them to get in?*

Transport for staff was difficult due to damage to the roads, difficulty obtaining petrol and lack of public transport. Some staff walked long distances to work. Some of the strategies used by staff and organisations to combat this problem were car pooling and where possible some organisations paid for taxis for staff.

3.10 CORDON

- ⇨ *Who do you talk to now about operating your service if a cordon was ever imposed around your service?*
- ⇨ *Who will advocate for you and your service if necessary during such a time?*

The residential facilities located within the cordon found it very difficult to get staff, relatives and tradespeople in and out. This was despite talking to Civil Defence headquarters within the cordon. There were issues about the number of passes issued (only being given one pass and having to go and meet staff and relatives etc at entrance of cordon to let them in with the pass, etc). Another issue was who was regarded as an essential service? One facility found it difficult to get plumbers and electricians in to repair their facility and make more rooms habitable.

Several facilities provided those guarding the cordon with a list of approved names but this was not passed onto the next shift (one facility even offered photographs).

There seemed to be a lack of understanding about the requirements of residential care services by Civil Defence and that they were operating a 24/7 service for very vulnerable people.
The feedback from four facilities within the cordon suggests that Civil Defence may have to review their procedures in regards to aged care facilities.

3.11 CARING FOR RESIDENTS

- ⇨ *What are the key routines residents expect each day? How would you maintain these?*
- ⇨ *Can you access residents current family contact details right now; in hard and soft copy?*
- ⇨ *During a crisis how would you prioritise things and manage your time?*

This research does not include interviews with residents and it is hoped that the follow-up report will provide an opportunity to talk to residents and families to get their feedback. The following information is based on interviews with facility managers and staff.

Safety

All the facilities responded immediately by checking residents whereabouts and safety. The February 22nd earthquake struck at 12.51pm and most residents were gathered together for lunch. Managers and staff said this was fortunate as many of the residents were sitting down at the time and already together. Staff checked on residents and where possible gathered them together under staff supervision. Patients in bed were checked and moved if necessary. Checking residents in retirement villages took longer as each villa or unit had to be visited.

Contacting relatives

Facilities found it useful to dedicate one or two people to ring relatives to let them know the status of residents. Some larger organisations were able to arrange to do this from an unaffected site such as head offices in Auckland and Wellington. Contacting relatives required having up to date details (landline, mobile and email). This needs to be kept electronically and in hard copy as you may not be able to connect to your computer or server.

Organisations that were able to, updated their websites to inform families about their facilities. E-mail could be another way of letting those families, who have access to working computers, know about their relative.

Comfort and Routines

'Residents never missed a cup of tea.'

Many interviewees said it was important to focus on maintaining 'the basics' for residents such as warmth, food and hydration and, as much as possible, maintain routines. Managers and staff talked about regularly checking residents and providing them with comfort and reassurance, giving them hot drinks and as far as possible their normal meal breaks. Due to the power outage a number of facilities prepared residents for bed while it was still daylight and brought dinner forward. Some facilities talked about maintaining activities for residents even though they may have been different than usual.

The impact of the earthquake was thought to have varied depending on residents' status and location of the facility. For example the more severe dementia patients were not aware that an earthquake had happened. One interviewee observed that for some of their residents there was not much awareness of the impact on Christchurch, as not much in their world had changed.

Emotional impact

The overall feedback about impact of the earthquakes on residents was that it has been more emotional than physical. There has been very positive feedback about how most residents coped on February 22nd and their resilience. Many were understandably worried about their own families' safety. However some were more anxious than in September.

Over time, the continuing aftershocks have heightened anxiety among some residents, which is probably similar to how it has impacted on the general population. Several places noted that independent residents had become more dependent and there was a 'noticeable change with some of them becoming increasingly frail.' Some facilities with multiple levels of care had noted that there was a general shift to the next level.

It was also observed that it was difficult for residents who were used to going to certain places such as nearby shopping malls, cafes and picture theatres that were now closed. They could no longer do many of the things they took pleasure in which had a negative impact.

Several interviewees said that some of their residents had said that the earthquakes reminded them of being in the blitz in London during the war and was quite frightening.

Some of the strategies to help residents with stress included the provision of counselling and reminiscence group sessions.

Physical impact

The facilities interviewed for this study reported several severe injuries (fractures and dislocations) to residents and some members of the public brought into facilities. There were also some injuries from falls and falling objects. Fortunately most residents were not injured and the majority of their injuries were minor cuts, skin tears and bruises. Managing the severe injuries was difficult at two of the facilities interviewed as they could not access the required medical attention due to road conditions. Cases were managed overnight at facilities and transported into hospital the next day.

3.12 MANAGERS AND STAFF

- ⇨ *Do you know that any negative team dynamics multiply exponentially during a crisis?*
- ⇨ *Are you prepared for the 'truly amazing' things (helpful and unhelpful) that people might do when they're in a crisis situation?*
- ⇨ *What are the most important factors in keeping your team functioning as well as possible?*
- ⇨ *What can you do to support individual staff members both during and after the event?*

Leadership and teamwork

Leadership in a crisis situation is crucial and at residential facilities it was up to managers and senior members of their team to guide staff and residents. The qualities of leadership identified included staying calm, being accessible, supportive, guiding and communicating with staff. For example managers said:

'Remain calm, nothing changes if you panic. Think what is best and plan properly.'

'Stay calm – look as if in control. "If the captain of the ship is in control then everyone won't panic.'

'Stay calm and do what need to do. Keep self safe and then go out and check residents. Staff knew what they were doing and did really well.'

'Demonstrate strong leadership doesn't matter if the place is crumbling; my responsibility is these people. For me to lead caregivers and provide residents with the shelter and safety they deserve. Lucky to work for a company that allowed me to do that.'

Methods for communicating with staff are outlined elsewhere in this report. Some of the learnings about communicating with staff and facilitating teamwork included: keeping things centralised, ensuring communication is clear, and ensuring staff are listened to and involved in problem solving. It is also important that people are clear about their roles and responsibilities.

'Staff needed to feel involved – listen, problem solve, prepare how to do it and be prepared to change it.'

'Importance of teamwork, clear roles and meetings every day. Clear communication from a central point.'

Appreciating your staff was another recurrent theme in interviews with managers, for example,

'Thank your team. I am proud to have a team of staff so committed to being here and comforting these people.'

'Be good to your staff and appreciate your staff – in the end they are your biggest asset.'

'Valuing your team and giving them praise.'

Several interviewees noted that if you have good team dynamics you are more able to cope with a crisis. One interviewee said 'the best way to prepare is if you have negative team dynamics then sort it out as this will come to the fore in a crisis.'

Another interviewee reiterated that if you have problems with personnel and structures they are magnified in a disaster. 'Be on top of problems and work from a position of strength.'

Having owners and senior management on the ground as quickly as possible was important for decision-making, for example there were lots of financial decisions that needed to be made, having them onsite meant they could release funds straight away.

Concerns about own family

A tension for many staff and managers was concerns over their own families' safety when the February earthquake happened. As one manager said if you want your staff to work well they have to know their families are safe. To facilitate this they offered the staff the use of the analogue phone to check their families. Depending on the staffing levels some facilities sent staff home who had children to pick up. The majority of staff stayed at work with many staying to work extra hours and some staying the night. Non-rostered staff also showed up to see if they could help.

'Staff stepped up to the mark. They had to decide whether they looked after own families and home or come back to work and they came in and worked.'

'Humbling as staff left their own family and came here to work.'

Staffing

Within the first 24 hours the concerns were about how many staff could turn up to the next shift. There were difficulties for staff who lived in the eastern suburbs being able to get to work due to the damage to roads. In some places non-rostered staff turned up to assist. Many facilities were offered assistance from neighbours, volunteers and staff and residents' families.

A dementia facility learnt from the September earthquake that they would require all staff to come to work immediately after an earthquake in case they had to evacuate. In February non-rostered staff turned up, fortunately they did not have to evacuate.

Staffing capacity was an issue in many places particularly as it required additional work to do many of the basic things with a lack of utilities e.g. toileting, boiling water, cooking. Additional staffing was also required to care for evacuees.

To maintain required staffing levels facilities used agency staff and some also used volunteer staff. For example CPIT student nurses formed a nursing pool and volunteered their services which was really appreciated. Larger organisations were able to bring in relief managers and staff from their other facilities and some continued to provide a rotation of staff over the next few months. The CDHB also facilitated access to relief staff.

Staff Welfare

Staff welfare is an important issue and many interviewees spoke about strategies to manage stress. A trend that some noted was that a couple of weeks after the February earthquake staff started getting tired and there was more sickness and staff needing time off. This is understandable given the enormous effort put in during the days immediately following the earthquake, coupled with people's personal circumstances. Managing stress and tiredness is likely to be a longer term prospect, particularly given the ongoing aftershocks and time it will take to rebuild homes and the city. For example one staff member said how they felt two months after the earthquake,

'Getting things up and running and trying to return to 'normal' routines. Beginning to be affected by tiredness and general feelings of malaise and loss of concentration.'

Some of the organisations have tried to respond by providing staff with additional paid leave e.g. an earthquake day (not annual leave), time off to manage repairs to their houses, meet with EQC and insurers and flexibility with shifts. Some larger organisations have also offered staff the opportunity to work in their other facilities outside of Christchurch on a short term or long term basis.

'Look after yourself and staff and be aware of stress levels. Provide options such as flexibility on work times and knowing when to have time out.'

Other strategies have included formal and informal debriefings. Employee Assistance Programme (EAP) services with options of group and individual counselling. Sharing experiences has been an important way of coping for some people.

'Talk about it and support each other.
Don't talk about it with people who are emotionally down. Be optimistic'

'Talking, talking, talking and listening to everyone's stories.'

Some managers talked about the importance of staff debriefing but also putting some boundaries around this process. Examples include:

- Suggest staff share their stories in the staff room and not with residents
- Encourage staff to stop looking at Geonet (an earthquake recording and measuring website) frequently
- Manage the incoming media coverage. In the first week after the February earthquake there was 'wall to wall' media coverage. Facilities that did have electricity watched this on television. At some facilities they limited the amount of time watching news about the earthquake and tried to vary the programming as it was upsetting for everyone.

Organisations also helped their staff in practical ways for example some family members of staff came and stayed at the facilities immediately after the earthquake as they had damaged homes. Facilities offered the use of showers and provided meals for staff as they appreciated the difficulties staff themselves faced. Some organisations also provided bonuses or vouchers to express their appreciation of the work staff had done.

'Staff were grateful for financial bonuses for their efforts over that time.'

Support is also required for managers who took on overall responsibility and supported their staff. Some organisations provided relief managers from outside of Christchurch to enable managers to take time off. One organisation rotated members of their senior management team around their Christchurch facilities to allow managers to have break. An advantage of doing this is they now have a more integrated senior management team where managers are able to work at each others facilities. Several interviewees also suggested that a forum for managers from different facilities to debrief together would be beneficial.

There were only a couple of instances where interviewees felt more understanding of what staff and managers had been through could have been shown by some head office representatives based outside of Christchurch. These were not normal times and the priorities of the people on the ground and the conditions they were working in meant that some of the ordinary managerial processes had to go on hold.

Supporting grieving families of staff

Sadly there were many deaths in Canterbury as a result of the earthquake. The owner of one facility was killed.

Another organisation had three staff members who died (offsite). They worked closely with the deceased families and they shared some of the ways an organisation can provide support:

- They suggested that when liaising with a grieving family it is important to identify a key member of the family who can act on information as some members of the family may be incoherent with grief.
- Always ask families permission before divulging any information to others. The Police and Victim Support are well organised and knew all the legal processes so it is good to work closely with them.
- Families may need financial support immediately as staff members' are often the main financial providers in the family and their loss of income can have a big impact. It can take a while for them to get support from government or insurance. This organisation continued their wages and helped families financially as well as with travel and accommodation.
- They also facilitated the grieving process for staff and families with memorial services, ensuring that friends, family and staff were involved in the design of the services.
- The organisation provided access to counselling for staff if they wanted it.

'Be upfront and visible with family and providing money, food, accommodation and practical help.'

3.13 OUTSIDE ASSISTANCE

- ⇨ *In a crisis how would you orientate volunteers to their new 'position'?*
- ⇨ *When did you last ask a supplier or delivery person if they'd like a 'cuppa'?*
- ⇨ *Do you expect support from the Fire Department, Civil Defence, District Health Board etc?*

Community

The extent of the community response stood out for many of those interviewed as it was unexpected. They received offers of help and provision of resources from neighbours, families of residents and staff, community and volunteer groups. Residents' relatives provided assistance in many places volunteering onsite, bringing in supplies, taking residents home for a few days, taking them home for showering and doing their personal laundry. Local pharmacists and doctors also contacted facilities to assist.

Some feedback about the assistance received included:

'How wonderful Cantabrians are – humbling experience.'

'Don't refuse any offer of help. Use every person you can. Every family member we spoke to we asked for help and every person who came in off the street got a job.'

'To ask for help if more assistance was required rather than trying to problem solve at all levels.'

'The importance of support from everyone locally and the rest of New Zealand.'

'Reminded me of human goodness and kindness. When in a caring role that is what got everyone through and being tolerant.'

The use of social networking sites like Facebook were instrumental in promoting support/resources from around the country for various facilities. Sites like Facebook provided an easy way for the community to organise themselves which suggests social networking sites have potential for the aged care sector to use for future emergencies to direct community resources.

Suppliers

Having good relationships with suppliers and trades people proved invaluable as these providers got in touch quickly to see if they could help or promptly responded to calls for assistance.

The CDHB Vulnerable Persons (VP) team was established in response to the September 4th 2010 earthquake and took responsibility for checking aged care facilities to see what their needs were and find out if they had available beds. The VP team is based at Princess Margaret Hospital which was also impacted by the February earthquake. This meant the team could not access their offices, computer system or hard files which delayed their ability to contact facilities. Once they had access to the internet they were able to use Eldernet's database to contact aged care facilities. They now have more back-up systems to ensure they can more quickly have access to providers contact details. They have also asked facilities to register all the phone details with them, particularly mobile phones.

The CDHB supplied resources to aged care facilities such as bottled water, hand sanitizer and port-a-loos. They also facilitated access to additional staff, EAP services and other resources. Facilities found the resources very useful with bottled water being the most frequently mentioned. Many said they appreciated the phone calls with several saying it was good to know you are not alone.

There were however some interface issues between some providers and the CDHB. For example, during the initial phase of the response there was a concentration of attention and/or assistance on some facilities or in some areas. This created issues for

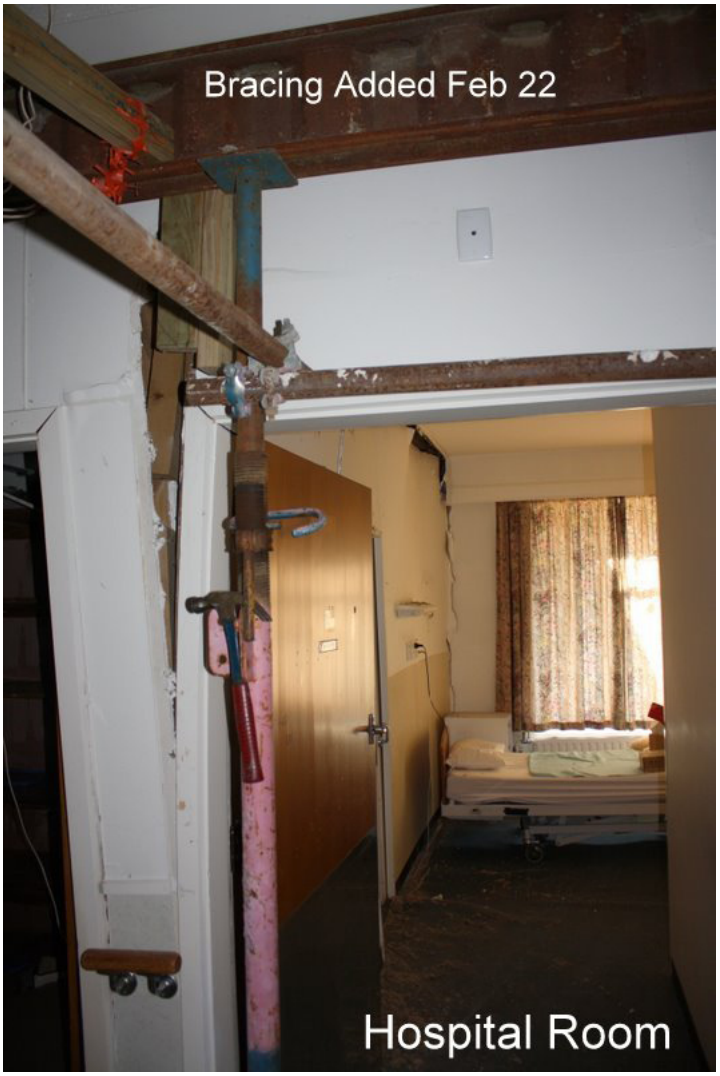
some providers. How things were addressed also seemed to depend on who providers dealt with. (See evacuations in regards to organising the relocation of evacuees.)

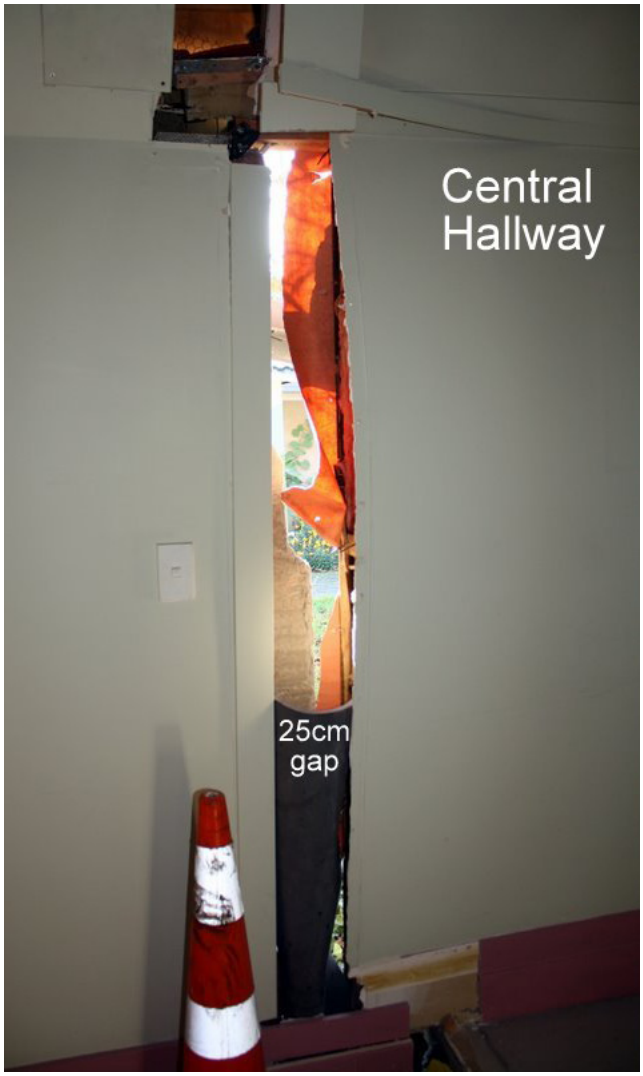
Civil Defence (CD)

There needs to be clarity about the role of CD in responding to the aged care sector and expectations about receiving assistance from them.

Some facilities were told that the CD sector posts near them would be operational and to come to them in the event of an emergency. The sector posts near some facilities did not become operational and there was no immediate assistance from CD. One facility was told by CD about a month before the earthquake that they could expect to be on their own in a major event for the first couple of days. They found this useful to know because they had no expectations of receiving assistance from CD sooner.

The second stage of this research plans to interview key organisations and groups that assisted the aged care sector to further inform planning for the sectors response to emergencies. The findings will be available in the follow-up report.





4 EVACUATION

- ⇨ *How can you reduce the trauma of evacuation?*
- ⇨ *How do you balance the pressure to leave quickly, with the need to take essential items?*
- ⇨ *What would you do if you needed to evacuate but couldn't?*

Evacuating residential facilities

Seven aged care residential facilities were fully evacuated in Christchurch due to the February 22nd earthquake. Two residential facilities were partially evacuated. Canterbury lost over 600 aged care residential beds and approximately 300 residents were urgently relocated to other parts of New Zealand. There was some movement of residents in other facilities with families taking relatives home, usually on a temporary basis.

It should be acknowledged how difficult it is evacuating facilities in these circumstances, not only the physical and logistical issues but also the emotional costs. Residents have to leave their home; and managers and staff, some who have worked at facilities for years, have to leave their jobs and the people they have cared for. In addition some of the evacuation processes did not go smoothly and the focus of this report is on what can be learnt from these experiences to inform better planning.

This section provides feedback from five fully evacuated facilities and two partially evacuated facilities about what worked well and suggestions for improving the process. Further information on the organisation of evacuations out of Christchurch will be gathered from the CDHB and included in the follow-up report.

Decision to evacuate

The decision to partially evacuate or fully evacuate a residential facility was based on a number of factors including:

- structural damage to building
- impact of liquefaction in the building i.e. rising up through floors
- flooding in buildings

The facility manager and staff, such as property managers, checked the facility and in these cases made the decision to evacuate or partially evacuate the facility. Some evacuated immediately, while others evacuated over the coming days and weeks.
The CDHB sent teams of assessors around the most affected residential care facilities to assess evacuation status and reassess residents (e.g. dementia, hospital level care, rest home etc) and if appropriate arrange evacuation to other facilities.

The first stage of evacuation was to do a head count and check safety of residents and other staff members. If residents were in an unsafe part of the building they were assisted to a safer place either in another part of the facility or on the grounds. . Gathering residents together so available staff could support them is a continuing theme both for those who evacuated and those who did not.

Staying on site

Most facilities were able to keep residents onsite for the first few days after the earthquake while evacuation to other facilities was being arranged. During the first night residents at these facilities generally slept in lounges and dining rooms on mattresses, settees and lazyboys, some 'double bunked' in rooms. Some families took their relatives home.

Facility managers and staff stayed on overnight, non-rostered staff turned up to assist as did some family members.

The priorities for all facilities were that residents were safe, warm, hydrated and fed and their medical needs were attended to. The challenges for many facilities were: building damage, the mess caused by the earthquake, the liquefaction, the lack of utilities (power, water, sewage, gas), ongoing aftershocks and the difficulties with phone communications.

Evacuation 'pack'

There were many challenges with immediate evacuation and the speed with which to get people to safety meant that there was not always time to get possessions, resident information (family contact, medical needs) and medications. If staff from the facility accompanied evacuees this made things easier as they knew the resident however this was not always possible.
To assist with preparedness for evacuations the following learnings may be useful:

- Resident information - the usual process of transfer sheets was found to be cumbersome by many facilities as it took staff valuable time filling these in. While some did fill these in, others sent the resident's whole folder instead which was reportedly appreciated by receiving facilities. Another learning was to have spare copies of a register of clients with information such as DOB and NHI as this information is required by the DHB to organise placements. With no power, there is no access to photocopyers or printers to produce spare copies. One facility has now added the residents DOB and NHI number to their assistance register. They also keep a duplicate hardcopy. Keeping a secure copy offsite may also be useful.
- Resident identification – several managers suggested that an identification wrist band would be useful as stickers easily fell off.
- Resident medication – along with back-up information about what medications were required, where possible facilities provided a pack of medications for the resident. Some had these pre-packed and labelled which they found very useful.
- Resident's possessions –a list of possessions a resident can take with them in case of evacuation, similar to the list of possessions to take to hospital, can be kept in their room (e.g. taped to inside door of cupboard or wardrobe). Evacuees were only allowed to take a very small amount with them (handheld bag or plastic bag). Facilities have since endeavoured to repatriate possessions to residents and their families.

Immediate evacuation

A few facilities were unable to keep residents onsite due to the severity of the damage to their buildings and grounds. They privately transported residents in available transport e.g. private vehicles as quickly as they could to other facilities within Christchurch. Organisations with multiple facilities in Christchurch were able to quickly respond by evacuating residents to their other facilities. For example one residential facility received 100 evacuees the day of the earthquake. This necessitated accommodating people as best they could in communal spaces and sharing rooms with others. Some were fortunate to have spaces available. Management and staff from the evacuating facility generally accompanied residents and stayed on to help look after them.

Transiting to longer term care

Some residents experienced being shifted to several places before they were housed on a more permanent basis. Whether and where residents went short term or long term depended on factors such as:

- whether residential care organisations had other facilities they could transfer their residents to on a longer term basis
- level of care required
- family support (both in and out of Christchurch)
- CDHB's Single Point of Entry (SPOE) system once implemented

Independent retirement villages organised their own evacuation including family and friends taking in residents and asking other facilities if they had available places.

A 'transit' ward was set up at Princess Margaret Hospital to look after some evacuees before they were transferred out of Christchurch. Staff from facilities accompanied evacuees to care for them.

Transporting evacuees

The feedback about transporting evacuees raises a number of issues and learnings which should be considered for future planning. It should also be remembered that the issues arose where normal communications and infrastructure were not operational.

- Ensure the categorisation of evacuees matches the type of transport provided and that this is clearly understood e.g. hospital level care and what this actually entails in terms of mobility. This is especially important that those organising the transport understand this. A suggestion could be a list of resident categorisations and matching transport needs.
- As soon as possible let facilities know where residents are being evacuated to, so they can inform residents and families.
- Where facilities knew people were being evacuated in groups to different facilities they endeavoured to keep spouses and friends together; which they felt was extremely important for the continued wellbeing of the residents.
- Wait time for transport needs to be minimised and, if possible, transport should leave during daylight hours as this is not so stressful for elderly residents and also makes embarking easier (e.g. boarding buses at night with damaged driveways by torchlight was not recommended).
- Send staff with evacuees particularly when delays may be experienced (e.g.a large group ended up staying in a hotel overnight).
- Alternatively establish a retrieval model, e.g. a receiving facility sent staff on a bus to retrieve evacuees and this was really appreciated by the facility manager as they could do a good handover with facility staff. They also brought bottled water and food for evacuees to have on the bus.

Informing families

The responsibility for informing families where residents were evacuated to differed across facilities interviewed for this study with some facilities doing this while the CDHB did it for other facilities. Some of the challenges included the immediacy of the evacuation (i.e. no time to ring relatives), knowledge of where residents were being evacuated to (both within and outside Christchurch), having access to up-to-date contact details and difficulties with the phone network.

To mitigate some of these challenges the sector could consider developing guidelines for contacting relatives to let them know where their relative has been evacuated to. This could include:

- informing relatives at the time of first admission about the process for this scale of emergency,
- collecting all their contact details including mobile and email and
- encouraging them to update the facility if these details change.

Several interviewees noted that it was beyond their control if, the residents' named contact person was contacted, they then failed to communicate to other family members.

Impact on evacuees

It is uncertain what the impact of evacuation has been on residents as they have not been interviewed for this research. Additional research with evacuees and their families is planned, to get their feedback on the evacuation process and being relocated. Anecdotal feedback from facility managers of evacuated sites who have been in touch with residents and families is that many would like to come back, particularly to be close to family. At least one facility owner who hoped to reopen was keeping close contact with residents evacuated out of Christchurch and had been to visit them.

There are several initiatives to try and maintain contact between residents and families. The CDHB is providing some funding to family members for travel. One residential care organisation said they try to facilitate contact via Skype.

Several facility managers said that a higher number of evacuee deaths had been experienced than would be considered 'normal' and further analysis would need to be conducted to see if this is so. It is difficult to attribute a direct causal link with the earthquake or evacuation.

Repatriation of evacuees to Christchurch

The repatriation process has been controlled by the CDHB through the Single Point of Entry (SPOE) system. It is challenging due to the lack of available beds in Christchurch. The CDHB has developed a prioritisation process for repatriating evacuees who want to return to Christchurch. [Placing People into Residential Care after the Canterbury Earthquakes] The Guidelines state they are 'operational from 1 April 2011 until 30 September 2011 at which point they will be reviewed and, if required, amended to reflect the situation at that time'. It will be important to reflect on this process to inform future evacuation and repatriation planning.

Receiving evacuees

Quite a few of the facilities spoken to received evacuees. Some of the learnings they shared were:

- Admissions – they required more packs of notes for admission. If evacuees came with notes the new facility continued using the previous facilities notes.
- Accommodation – they made the evacuees as comfortable as possible and housed them in spare accommodation, communal spaces or in shared rooms with their existing residents.
- Category of care – some of the challenges were receiving people who required a different category of care than the facility were used to catering for/certified for. Facilities managed as best they could but ultimately it was more appropriate if they transferred to facilities that could provide the right category of care.

Managers and Staff

Redeployment, redundancy and assistance finding other work

Many larger organisations were able to redeploy some of the staff including managers from closed facilities to their other facilities. One of the facilities interviewed has retained all their staff who remain in Christchurch as they hope to reopen.

The total number of redundancies is not known but it would be significant, for example at one facility 70 staff were made redundant and another 96 staff were made redundant. Some staff had worked there for many years so to be suddenly made redundant in these circumstances has been very distressing. One facility contracted an HR specialist to assist them with the redundancy process which they said was very helpful.

For those staff who could not be redeployed to other facilities within the organisation some have found jobs in other aged care facilities where staff have left. An example of how their former employer helped to facilitate this included:

- writing referral letters,
- giving phone references
- one organisation said they liaised with other providers to try and get staff work
- published on their website where jobs were available.

What was helpful?

The most helpful actions were the leadership of facility managers and senior members of their team and the competency and hard work of staff. Many interviewees talked about the exceptional teamwork. The comments from managers and owners interviewed for this section highlights the importance of ensuring you have a good team and indicates the benefits in investing in staff training for emergency response.

'The staff were brilliant – all stepped up to the mark. Caregivers planned themselves how to manage toileting as [they] knew it was going to get dirty so instigated 2 hourly toilet cleans and [they are] still doing this. Put residents on Ural to prevent urinary tract infections. Several stayed first night'.

'The staff were excellent . . . overall very proud of how staff coped!'

'The helpful thing was sensible staff.'

Other helpful actions included:

- Good relationships with suppliers who continued to provide services as much as possible
- Trades - quick response and making themselves available to assist with emergency repairs
- One human waste disposal company received particularly positive feedback about their services from many facilities.
- Community response, volunteers, staff families

Practical things:

- analogue phone and mobile phone car charger
- generator
- water supply, several mentioned DHB delivered bottled water to them which was useful
- gas cooker - also very useful for boiling water
- infection outbreak supplies in plastic drawers
- the DHB provided one facility with disposable bed pans and a bin that macerates them

Clarification of roles and funding

Feedback suggests there could be clarification of the roles and expectations of staff who accompanied their residents to a public hospital.

There are funding considerations for both the evacuated and receiving sites. It was suggested that there be clarification with facilities when funding finishes and begins in an evacuation scenario.

Significant learnings and advice from facility managers and staff who were fully or partially evacuated

'If you know you have good staff you could cope.'

'How resilient frail elderly are – they showed strength of character.'

'You are on your own.''

'Don't expect help [it is] so important to be self sufficient. In a village every house has to be responsible. Got to reinforce things all the time – this is an ongoing process.'

'How supportive your community can be and you can draw on them.'

'Preparation – plan and equipment as much as possible.'

'Make sure you have a very specific Disaster Plan – more detail covered the better.'

'Front page flow chart and then detailed plan.'

'As a manager, present positively to everyone.'

'You cannot change anything and you have to live within the restrictions. You also cannot change the way others will react and you have to live with them.'

'Can't ever be fully prepared and don't know how others will react.
The preparations you can make include making sure furniture secure including water cylinders.'

'Make sure your documentation is duplicated.'

5 HOME SUPPORT SECTOR

- ⇨ *As staff and clients are scattered around the region where do you begin?*
- ⇨ *Who decides what clients are seen first? By what criteria?*
- ⇨ *What practical and emotional things do staff need in order to work remotely?*
- ⇨ *If you have to relocate, what systems are essential to the running of your service?*
- ⇨ *What barriers make working co-operatively with other agencies difficult ? How can they be addressed?*

The learnings in this section are based on feedback from five home support organisations. The interviewees included senior managers, several staff members and three focus groups with 18 home support workers who work on an assignment basis. The focus of the interviews was on their elderly clients, however some also worked with ACC clients and people of other ages who had a variety of needs.

Organisations have their own emergency response plans and these findings are not intended to replace established plans but rather to highlight the challenges experienced in a real emergency and what Christchurch organisations found helped them.

The first section highlights the challenges and solutions identified by managers and staff working at the organisations office. The second section is the findings from the interviews with home support workers; the challenges they faced and their suggestions.

Evacuating the Office

Key learnings:

- Make sure emergency exits are easy to open and checked regularly.
- Ensure a structural assessment of damaged buildings is undertaken to ensure safety before returning.
- Have contingency plans to relocate operations– if possible have at least two sites in contingency plan.

The four organisations interviewed had to evacuate their offices and move to another location either on a permanent or temporary basis. Several managers talked about the speed of evacuating their offices after the earthquake had stopped. All four sites managed to do this safely. One of the key learnings was that emergency exits should be easy to open so people can escape quickly.

Several organisations noted there was no time to 'grab' things like handbags, car keys, mobiles, emergency phones, laptops, files, contact lists etc. This meant the immediate challenges after evacuating were how to contact clients, home support workers and their own families. Depending on the state of the building some made the personal decision to go back and get a few important items which was done very quickly as aftershocks posed a significant danger. In another instance an organisation worked with the army to allow them to go within the cordon to access their office to get contact details.

One organisation had identified several sites they could use in their emergency plan and were able to evacuate immediately to one of them and continue operations. This highlights the need for contingency plans around the relocation needs e.g. electricity, phone lines and computer access.

Communications

Key learnings:

- Keep contact lists in hard copy and electronically in several locations - update regularly to reflect changes in clients, staff and home support workers.
- Regularly back-up electronic data including client information and if possible back-up information to other sites (e.g. head offices of national providers).
- Phone communication is limited due to system overloading and power outages. Therefore consider having a car phone charger and analogue phone and a contingency plan with other sites as outlined in the next point. The main method of communicating immediately after the earthquake was by text.
- Have a communication contingency plan such as diverting phones to unaffected sites (three of the organisations diverted phones to outside Christchurch)
- Co-ordinate contacting clients and home support workers and staffing if necessary.
- Categorise clients: so you know who the top priority clients are, i.e. those you need to check on first.

Home support sector experiences' highlighted the importance of having up-to-date contact lists and being able to access them both in hardcopy and electronically. In some cases servers went down and information could not be accessed remotely. A variety of processes were used to make contact including contacting nurses and carers first and seeing what contact they had with their clients, if no contact had been made then trying to contact clients directly. A few of the home support workers interviewed said it took a while for them to be contacted (by their local office) which reflects the challenges faced such as power outages, overloading of the phone system and accessing to up-to-date contact details.

Utilising the team structures was also an effective way of communicating, for example one organisation has a Registered Nurse co-ordinator in charge of a geographical area and they were able to contact staff working in their area. They also categorised their clients into three priority categories so they knew who they should check on first.
Several organisations were able to divert their phones and delegate co-ordination activities to national offices. National offices were also able to co-ordinate relief staff out of Christchurch to assist when necessary. Some of these sites also updated information via web pages, Facebook and media releases.

The ability to work from home or another remote location was important for all these organisations. They identified the importance of coming together to plan activities and to share experiences. While initially there was some working from home it was also valuable finding a meeting place to be together. It is important to consider the logistics (e.g. remote access to network) and the equipment necessary for working off site such as cell phone, laptop, mobile internet connection and appropriate software etc).

One organisation said they checked the CDHB website for information and communicated with 'Planning and Funding' and 'Psychiatric Services for the Elderly' about the state of their service.

Co-ordinating response to clients

A co-ordinated response between a number of home support providers was set up with one provider acting as co-ordinating post for nursing and home support care. Four of the providers interviewed were involved in this initiative including the agency that instigated and organised the co-ordination. (It should be noted that this was a separate initiative to the Care Coordination Centre.) There was very positive feedback from providers who participated in this initiative with two managers identifying this as one of the most helpful things done following the earthquake and another said it was really good and made people work together.

The organisation who co-ordinated the response had previous experience with pandemic planning through a lead role in liaising with Civil Defence, Primary Health Care Response Team and other providers in regards to infection control. This stood them in good stead for coordinating a response to the February earthquake.

For this organisation the September earthquake, while not as damaging, had highlighted several issues regarding response. A learning was that home support was better directly coordinating with the primary care response rather than with the DHB emergency operations team. For issues relating specifically to at risk older people a direct link to the 'Vulnerable Persons' team was also needed.

After the February earthquake this organisation was able to quickly organise and co-ordinate with other home support providers with initial contact made by the following day. Some of the factors that enabled them to do this were:

- learnings from September earthquake experience;
- prior thinking about disaster response;
- involvement in pandemic planning; and
- the relationships established across the sector with other home support providers.

While the management team were evacuated from their building, access to power (generator), computers (laptops) and phones was quickly established in another building on site which put them in a good position to manage a co-ordination role.

Some of the activities facilitated by the co-ordinated response were to:

- Identify operational status of home support providers and what staff capacity they had (nurses and home support workers) to cover different areas and identify any gaps.
- Identify where providers needed assistance to get to vulnerable clients including arranging access into cordoned areas.
- Share information with other providers about road closures and access to areas.
- Order and distribute supplies especially water, hand sanitizer and port-a-loos.
- Distribute resources and services from volunteer groups e.g. linked providers with Student Army via Help 4 U site – created referral form so they could send to Student Army to go and clean up clients' houses. Rangiora Express supplied hundreds of bucket toilets for clients to use before they had access port-a-loos or chemical toilets.

- Set up a front desk with team to fax requests to CDHB and other agencies as some of the home support providers could not get back into their buildings and did not have the same access to phones and computers. Providers could also collect supplies they needed from front desk.
- Update health pathways so GPs could look up what community help was available for their patients.

Operational features of the coordinated response that were identified as helpful were:

- Being flexible about who could join co-ordination meetings i.e. not restricted in any way – meaning ACC and private providers were also linked in and kept informed.
- Regular meeting times at same time every day so everyone knew where and when to attend.
- Physical meetings held at first and then flexibility to have teleconference as more phone capacity came on.
- The DHB was invited to join the meetings to ensure more direct liaison.
- Use of CIMS disaster response structure which was same as used by other providers such as Civil Defence and DHB. This was useful as it used the same language to identify roles and responsibilities e.g. can I talk to Incident Controller, Logistics etc.
- Minutes taken at each meeting were circulated and showed status, contact information, requests and actions.
- The provider who instigated the co-ordination did not want to always act as a 'control point' and passed on contact details and networks (e.g. Help 4 U system, Spinal Trust) to providers so they could liaise directly.

Staffing

The earthquake has impacted on staffing levels in the home support sector due to movement of clients and of staff (permanent and assignment based staff).

Organisations interviewed generally found that staffing levels decreased after the earthquake due to staff not being able to come to work or leaving the Christchurch area. For home support workers employed on assignment there was an initial decrease in workload as some clients were evacuated by families or authorities. To compensate for this home support workers received subsidies from the government (Work and Income) or the CDHB. Home Support workers themselves felt some uncertainty about how to be compensated for loss of work; for example one person said they took annual leave to ensure they would get their usual pay.

At the time of interviewing, three months after the February earthquake, organisations reported that their workload has increased as clients are returning to Christchurch and new streams of work are coming on board. For example the CDHB CREST (Community Rehabilitative Enablement Support Team) initiative to assist older people back home from hospital. There are also people with injuries from the earthquake who are requiring home support via ACC.

At least one organisation reported they were finding it very difficult to get appropriate employment applications for carers.

Staff welfare

During the focus groups with home support workers many of them noted that the earthquakes, aftershocks and consequent living conditions are stressful and that it is 'in the back of your mind and makes you on edge all the time'. A few workers said clients had asked how they were which made them feel appreciated. They also found sharing their experiences with family and friends cathartic. One worker said they would like to see support groups in the community where they could share their feelings and experiences.

When home support workers, who were also experiencing the effects of the quake, were asked what made them feel supported they said they appreciated positive feedback and morale boosters. One interviewee suggested more 'happy hours'.

Several managers also spoke of their heightened awareness of the environment and possible hazards. As one manager said:

'It has highlighted how fragile life can be.'

The following suggestions are based on the actions of the organisations interviewed that provided a variety of supports for their staff and contractors:

- Ensure EAP services are available where required.
- Make information available to ensure staff are aware of all support resources available in the community, including government assistance.
- Provide emergency contact numbers for all organisations (personal) so that contact could still be attempted when services are down.
- Ensure staff pay is made in a timely manner and you have a contingency plan for enabling payments to be made if you are unable to access your office.
- Be flexible with staff shifts and where possible make relief staff available – one organisation had nurses on standby around the country.
- Celebrate successes with your staff.
- Be there to support staff if they start to become stressed.

Infrastructure

- Buildings - organisations had buildings checked for safety. This was important to reassure staff the office was safe to return to.
- Roading - due to the roading conditions transport was, and in many areas continues to, be an issue for everyone. In the immediate days and weeks after the February earthquake four wheel drives were necessary to access some places. Two organisations said they could have used more four wheel drives and at least one organisation had staff complaining about the impact on their own cars.

As stated several interviewees suggested support workers should have ID as emergency workers to allow them access to petrol (petrol was not always available in Christchurch after the earthquake and was at times rationed to emergency workers only). Another suggestion was having an agreement with petrol stations to be able to access priority queues for petrol (that would be closed to the public).

Advice to others

- Train staff in disaster management and be clear about their roles and responsibilities.
- Clear communication lines; use information tree type strategies to communicate widely with staff and have more small team meetings; use a website to inform and update clients, families and staff who are able to access internet.
- Have a plan and the ability to divert phone traffic to an unaffected site.
- Find staff who are willing to temporarily relocate into the affected areas if necessary.
- Co-ordinate staff to be able to work remotely
- Ensure you have accurate and accessible contact information. For example one organisation kept an emergency file with clients, staff and administrators contact details in hard copy and electronically.
- Have a good sense of humour and try and keep positive.
- Know your clients really well so you know who are the priority cases.
- Be aware and be prepared for high levels of staff resignation.

Home support workers

The first 24 hours

Interviews were conducted with eighteen home support workers from two organisations. Those who were with their clients at the time of the earthquake said they provided reassurance and helped clean up fallen furniture and broken glass and china. Several talked about trying to minimise hazards by taking things off the walls and shelves that could fall in aftershocks. They also checked what other supports clients had in place to assist them.

The home support workers interviewed said it was very important that they visited their clients as many had high needs with limited or no mobility. They felt clients who lived alone were particularly vulnerable. For example one client was trapped in a wheelchair by fallen furniture. Another client had been 'knocked out' and the home support worker had to use the lock box to open the door and tend to their injury, fortunately the staff member had a first aid kit and was trained.

The home support workers interviewed took immediate responsibility for checking on their clients. The main challenges were problems with phone communication and getting to clients due to damaged roads and heavy traffic. Several also said they had difficulties getting petrol as they were not classed as an 'essential service' so were turned away at some petrol stations. Several suggested an identity card identifying them as essential services would be useful. One interviewee said because Eftpos was not working, they did not have enough cash to buy much petrol. Due to all these factors some care givers said they walked or biked to their clients' places. Managers also reported that carers they employed took responsibility for their clients, with some walking around to check on them. They took bottles of water, ensuring clients were hydrated and had access to water, which was essential. One manager said that carers looking after clients who required around the clock care stayed with their client until someone else could come.

One organisation whose clients did not have such high physical needs said they did not recommend their staff visit clients and emergency concerns were referred to the Police and Red Cross. They were concerned about the state of the roads and staff safety. During the first week they decided to send staff out in pairs for safety. In the second week they organised their volunteer base into an emergency response team and ensured two people went for any new visit due to safety concerns.

Clients

Many of the home support workers and other staff/managers said a major impact of the earthquake on their clients is emotional. People are stressed due to the aftershocks, tired due to not sleeping well, and feel frustrated as their routines have been broken and they are having to adjust to new living conditions. Some of their clients were also anxious and uncertain about when their houses would be repaired and for some when they could get back into their homes. Consequently the home support workers said they found they were doing a lot more emotional support work. A worker said it was important to keep a brave face and be positive.

The lack of utilities such as power, water and sewage to households immediately after the quake, and for weeks later for some clients, meant home support workers' roles focused on basic care. They provided the following examples:

- Water - Ensuring that their clients were hydrated as they either had no water or could not drink the water which had to be boiled first.
- Food – Some clients did not have adequate stocks of food and due to factors such as closed supermarkets, panic buying and difficulties with transport it was difficult to get supplies.
- Toileting - Additional assistance was required with toileting (e.g. emptying chemical toilets which, due to their weight when full and the heights of dump stations, some clients can not lift).
- Hygiene – Sponge baths are not always possible, so support workers may have to use wipes to keep clients clean.

What Home Support workers found helpful:

- Contact from their employer to check on client and carer safety and co-ordinate work.
- Organisations providing them with hand sanitizer and gloves.
- Evacuation of some older clients going into residential care where they could be better cared for in a team environment.
- Having a first aid kit in the car.
- Red Cross checking older people and providing food.
- Groups providing free food and supplies in the area so workers can refer clients on where access other support

Further suggestions:

- A list of contact numbers of who to contact to assist clients in emergencies. This could be provided to Home Support workers on a laminated card to keep in their car.
- Several said it would have been useful if they were regarded as an essential service so they could get petrol.

- Some had difficulties moving in and out of cordoned areas to look after their clients and being regarded as an essential service may also assist with this.
- Car phone charger for cell phones, having money on pre-paid phones and having an analogue phone.
- An important source of information is the radio.
- Being able to quickly access a supply of drinking water.

Along with the suggestions outlined above the advice Home Support workers would like to pass on to others is:

'Be more prepared – it was not enough.'

'Don't think it can't happen.'

'Help yourself first and then you can protect others.'

'Don't sweat the small stuff.'

Emergency equipment suggestions for Home Support services to include with usual Civil Defence supplies

Office and ability to work remotely

- analogue phone
- laptop and air card/mobile internet
- hardcopy and electronic copy of contact details of clients, staff, Home Support workers, emergency numbers, suppliers (builder, engineer, medical supplies etc) stored at different locations

Car

- car phone charger
- first aid kit
- laminated card of emergency contact numbers
- bottled water to be rotated regularly
- the torch/ wind-up radio combination was mentioned as useful
- gloves and hand sanitiser (note heavy gloves good for picking up glass)

Further tips from Home Support Workers

- fill up car when half fill, don't let it go down to empty.
- keep pre-paid phones topped up.
- consider alternate modes of transport if the traffic is gridlocked and/or roads damaged such as push bike or
- scooter to reach clients.
- have some cash 'on-hand'