Public health emergencies, like Hurricanes Irma and Maria, impact older adults and people with disabilities because they strain critical home and community-based services. As a responder or health care provider, you may encounter patients from these groups who do not reside in institutional settings (such as nursing homes), but still need additional supports. Sometimes, as a result of post-disaster circumstances, for example no access to medication, these individuals became sick or ill. It’s important that these older adults and people with disabilities are not inappropriately placed in an institutional setting.

Individual self-determination and independence are important aspects of planning during the recovery phase. To ensure patients meet the requirements for safe discharge planning, they may need access to supports or medical care that exist in a more institutional setting before returning to independent living in the community. However, the ultimate goal for these individuals is to be placed in the least restrictive environment.

Important things to consider:
- You are treating people who, until recently, did not need support in a clinical setting; they did not come from a nursing home or other institution.
- Because of unmet needs, these patients are requiring care in a hospital/clinical setting and may need temporary care/respite.
- These patients need a safe discharge plan – they may not be able to go home and maintain their health if there is structural damage or limited access to essential resources such as water, power, communication, or transportation.
- These patients should not be institutionalized inadvertently. All people should be able to live in the least restrictive setting. Planning must focus on appropriate settings, but it may take time because necessary home and community supports need to fully recover in order to support independent living.

Discharge Planning and Steps to Take:
- Discharge is the process of moving people from temporary shelters back into the community for permanent placement during the transition into the recovery phase.
- Appropriate discharge planning requires thinking long-term. The focus should be on returning the individuals to their prior independent living state while recognizing they may need short-term supportive care to ensure health, safety and wellbeing.
- The needs of the individuals must be assessed and available resources, community services, and supports must be identified.
- Patients must be connected to those resources and follow up must occur to ensure that acceptable services and supports are arranged. This can help confirm that the patients encounter the least restrictive environment.