**Australian Nursing and Midwifery Federation** 

# REVIEW OF DIABETES MANAGEMENT DURING NATURAL DISASTERS RESOURCES 22 MARCH 2021





# INTRODUCTION

The Australian Nursing and Midwifery Federation (ANMF) is Australia's largest national union and professional nursing and midwifery organisation. In collaboration with the ANMF's eight state and territory branches, we represent the professional, industrial and political interests of more than 300,000 nurses, midwives and carers across the country.

Our members work in the public and private health, aged care and disability sectors across a wide variety of urban, rural and remote locations. We work with them to improve their ability to deliver safe and best practice care in each and every one of these settings, fulfil their professional goals and achieve a healthy work/life balance.

Our strong and growing membership and integrated role as both a professional and industrial organisation provide us with a complete understanding of all aspects of the nursing and midwifery professions and see us uniquely placed to defend and advance our professions.

Through our work with members we aim to strengthen the contribution of nursing and midwifery to improving Australia's health and aged care systems, and the health of our national and global communities.

Thank you for the opportunity to provide feedback on the resources developed by the Australian Diabetes Educators Association (ADEA) to support the self-management of diabetes and other chronic conditions during and after a natural disaster. Our members provide care to people with diabetes and chronic conditions in all health care settings across the country.

### **GENERAL FEEDBACK**

The resources are well considered, thorough without being overwhelming in detail, and progress in a logical way. It is easy to find specific information quickly. Most importantly, these documents for people living with diabetes are needed for both optimal management during and in the aftermath of a natural disaster, and provide an opportunity for considered preparation in advance of an emergency.



# **SURVEY QUESTIONS**

# 1. Has your organisation used the guide to the needs of people with diabetes and other chronic conditions in natural disasters?

The nature of ANMF's role means that our Branches support the delivery of care rather than directing and performing care. However, our membership includes nurses and midwives responding to the health care needs of people affected by natural disasters, whether this is as part of volunteer roles as emergency responders, or employees of local council or health services, and those whose workplaces and communities are directly impacted. For these nurses and midwives, the ADEA's resources for diabetes management during natural disasters are an essential part of their toolkit.

# 2. What is the key information emergency services need to know about diabetes management during natural disasters? Is this information covered in the current guidebook?

It is essential for emergency services to, understand how variable appropriate management needs to be, based not only on the type of diabetes mellitus, prescribed medication/s, and individual response to the natural disaster, but also each person's level of glycaemic stability. While the majority of this information is succinctly but comprehensively covered in the current guidebook, this last aspect could be more heavily emphasised, with reinforcement that variables (for example, physical exertion, physical stress, psychological stress) may destabilise even usually well-balanced glycaemic control. It may be useful to add irritability and aggression to the symptoms of hypoglycaemia described on p. 18 of the booklet, as these presentations can delay diagnosis by inexperienced clinicians.

### 3. Do you have any general comments on chronic condition management during natural disasters?

The current version of the booklet provides useful synopses of the most prevalent chronic diseases. Although co-morbidities are briefly mentioned at the end of the synopsis regarding renal disease, these are framed as causative. It would be useful to emphasise in this section that a number of people affected by natural disasters will need treatment and monitoring of multiple, often interacting, conditions, particularly those discussed in the guide, including mental ill-health.

While the focus of the guide is diabetes, it may be helpful to adjust the wording in the last paragraph of the first column on p.22 from "It is not uncommon for people with diabetes to also have conditions such as depression and anxiety" to "It is not uncommon for people with *chronic conditions, including* diabetes, to also have conditions such as depression and anxiety."



It would also be useful to add that people with renal failure who are dialysis-dependent have a narrow window (sometimes as short as three days) in which they may die if not dialysed. This will assist first responders unfamiliar with end-stage renal management to prioritise treatment for these individuals.

Finally, it would be useful to include a section titled "What's important to me" or "Important information." This would be particularly valuable for people with chronic illness who are distressed by or vulnerable to changes in routine but have difficulty communicating their preferences, particularly children, people with autism, and people with some types of mental ill-health or disability. For example, they may have routines that help deescalate their anxiety, or have individual practices or preferences that are only known to direct carers who may be unavailable in a crisis or natural disaster. Having access to this information could assist with safe management of their care.

4. For organisations who used the Stakeholder Action Kit, how did you use the kit and which elements were most useful? In refreshing the kit, if there anything that would support your organisation to best use the kit?

N/A

5. Tell us if you are interested in being involved further with this review – for example endorsement of resources, receiving and promoting new resources.

Once finalised, the ANMF would be pleased to receive these resources to promote to our members through our journals, newsletters and social media. Formal endorsement of the resources would require a decision of the ANMF Federal Executive.

# CONCLUSION

The ANMF appreciates the opportunity to participate in this consultation process and provide our feedback on behalf of our membership. We commend the ADEA on the timely development of these resources for the benefit of people with diabetes and other chronic conditions during and after a natural disaster and for those who may be assisting with their care in these most difficult of circumstances.