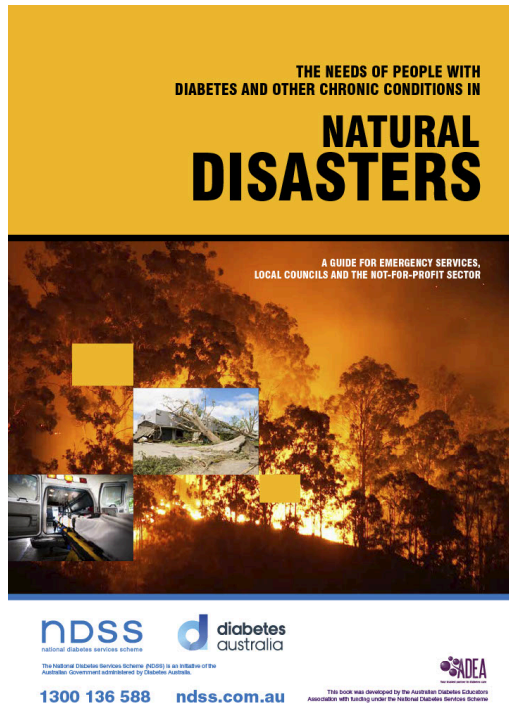
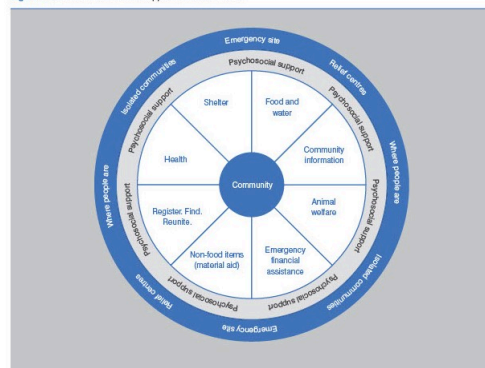


From the Australia Guideline (2016) available from www.ajenkinsdiabetes.org and www.ndss.com.au



Examples of planned activities:

Figure 1: Planned Activities and Support for Disaster Relief



Source: Victorian Government Dept. Health and Resources, (2016)*

BLOOD GLUCOSE MONITORING

An essential task of diabetes care during and after a natural disaster or emergency, involves regular monitoring of blood glucose levels (BGL's).

Blood glucose levels are measured in millimoles per litre of blood (mmol/L).

Target ranges may differ depending on age, duration of diabetes, the type of medication being taken and if there are any other medical problems.

Normal blood glucose levels are between 4.0 – 7.8 mmol/L

Monitoring is done using equipment such as finger-stick devices (lancets) and blood glucose meters.

Usually the person with diabetes will monitor their own blood glucose levels, however it may be necessary for a carer to assist in an emergency situation.

When in a group setting (e.g. a temporary shelter) during a disaster, strict observance to infection control is required to prevent transmission of blood borne conditions such as hepatitis B, hepatitis C, and HIV. This includes access to medical supplies such as sharps safety bins, gloves, alcohol hand gel, wipes and clean areas.



Diabetes care procedures & techniques for carers

- Medications such as insulin should be prepared in a designated medication area. Insulin vials need to be labelled appropriately. This should include a person's full name, and the date the insulin was opened.
- Never reuse needles. If available, use retractable needles when using insulin, or use retractable syringes/pen devices with retractable syringe.
- Restrict use of finger stick blood sampling devices to individuals. Consider selecting single-use retractable lancets.
- Dispose of used finger stick devices and lancets at the point-of-use in a sharps container. If a sharps container is not available, another empty container should be designated for the use of sharps disposal and marked accordingly.
- Blood glucose meters should ideally be assigned only to an individual. If this is not possible, the device must be cleaned and disinfected with 1:10 dilution of household bleach and clean water.

Hand hygiene for carers

- Wear gloves during finger stick blood glucose monitoring, administration of insulin, and during any other procedure that involves potential exposure to blood or body fluids.
- Change gloves between individual contacts. Change gloves that have touched potentially blood-contaminated objects or finger stick wounds before touching clean surfaces.
- Remove and discard gloves in an appropriate manner after every procedure that involves potential exposure to blood or body fluids.
- Perform hand hygiene (that is wash hands with soap and water or use of an alcohol hand gel) immediately after removal of gloves and before touching other medical supplies.

MENTAL HEALTH

Disasters affect individuals and communities in a range of ways and can cause major disruptions to people's lives, both emotionally and physically. Most communities and individuals draw on their strengths during disasters and are often very resilient, but the impact of disasters can be felt by communities and individuals over an extended time period.

The effects of a disaster can be widespread for individuals as it can mean the loss of family, friends, their home, their workplace, their school, business, community, their health and access to services. Those affected by disasters may report feelings of grief, fear and anxiety, anger, guilt, numbness or depression and some may not communicate their feelings at all. Disasters may also impact on people's belief systems as they may experience a sense of loss of control over their life and future.

There is evidence to suggest that those affected by disasters may also be at increased risk of developing increased substance use and post-traumatic stress disorder (PTSD).⁴⁵ The majority of people recover from disasters without long-term mental health impacts but may benefit from some basic and psychological support during and/or after a disaster.

It is not uncommon for people with diabetes to also have conditions such as depression and anxiety.⁴⁶ This suggests that those living with diabetes may require some additional monitoring of mental health during and after a natural disaster or emergency.

Who is more at risk of mental health issues from a disaster?

Individuals at greater risk include:

- those with pre-existing mental or physical health conditions including diabetes
- those who believe they or a close loved one might die
- those who actually lose such a person
- those who experience a severe injury from the event
- those at socio-economic disadvantage
- children
- elderly
- those who are socially isolated.

What are normal initial reactions to such extreme events?

- Distress, denial and disbelief are all normal early stress reactions to disasters.
- People may be shocked and stunned. Difficulty thinking clearly and trouble remembering things, especially in the initial hours and days following the disaster or emergency.
- Trouble sleeping, ongoing alertness or hyper-awareness, frequent tearfulness, irritability, anger, numbness or withdrawal can all be normal reactions to a disaster.
- There is no one correct way to react. Everyone is different. As time progresses these feelings should diminish as normal activities resume.

What are possible longer-term mental health conditions?

- The majority of people recover and do not develop mental health conditions following a disaster or emergency. Psychological stress may contribute to the development of chronic mental and physical health effects.
- Anxiety, depression and increased substance use/abuse, are some of the more common conditions that may develop, or worsen after a disaster or emergency. Post-traumatic stress disorder (PTSD) may also sometimes occur with research showing that such a diagnosis is associated with poorer diabetes control after a disaster.^{14-16,19}

APPENDIX 5: LOOKING AFTER YOURSELF (VOLUNTEER AND SUPPORT PEOPLE)

Emergency relief staff can be affected by trauma due to:

- listening to people's stories and
- observing the impact of the disaster.

Seek help if needed from:

- your GP
- colleagues

Strategies to support yourself

- Manage the amount of time you spend doing your role.
- Take scheduled breaks – and avoid working back for long hours.
- Eat healthy meals.
- Use available support services – peer support, employee assistance programmes.
- Develop posters with simple messages on ways staff can look after themselves.
- Ask yourself:
 - how am I going?
 - what do I need?
- Check on your family and friends in disaster-affected areas to ensure their safety: this will help to alleviate potential anxiety and concern for loved ones.
- Accept appropriate assistance offered to allow yourself time away from work.
- Monitor your own distress level.
- Identify when you start to notice stress and attend to your physical needs as much as possible.
- Maintain good general health with regular exercise, good nutrition and regular sleep habits.
- Use your personal and family support network.
- Maintain contact with friends and family, and talk to support people about your experiences and feelings.
- Increase interaction with professional peers.
- Engage in activities that balance work and non-work life.
- Maintain connections with organisations or activities that are meaningful to you.