Floods and cyclones: The Queensland Kidney Support Network response

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Submitted April 2011. Accepted June 2011.

Abstract
Consumer-focused groups can assist in times of natural disasters such as floods and cyclones. This paper reports on the work of the Queensland Kidney Support Network (KSN) who provided support in collaboration with health and emergency services. This support included transport, communication with local communities, emergency accommodation, emotional reassurance, support in hospital and emergency clothing. A coordinated response utilising services such as the KSN can contribute to renal patient care during disasters.

Introduction
For over 30 years, a not-for-profit organisation called the Kidney Support Network (KSN) has provided quality support services to people with chronic kidney disease using the support from volunteers in the community. Services include transport, information and referral, patient and family support, transplant accommodation, medical equipment, education programmes, hospital visiting and support groups throughout Queensland.

Transportation of dialysis patients to renal units is a major part of the KSN operation with this expanding quickly. During the Queensland disasters in early 2011 KSN, with overwhelming support from our volunteers, became a valuable provider at the evacuation centres for the coordination and supply of transport to those in need. This paper reviews the role that KSN was able to play during each of these disasters, the issues that arose during the response and suggestions on how to effectively plan for future emergency response situations.

Brisbane floods January 2011
KSN embarked on an emergency transport operation on 14 January 2011 in response to the Brisbane floods. The operation was based at the main Brisbane Emergency Evacuation Centre, which housed individuals stranded by the flood waters. Working in partnership with a variety of aid agencies, KSN was able to provide transport support to flood evacuees, whilst successfully maintaining its core support services. Over the five-day period, KSN provided immediate, coordinated and safe emergency transport support to 159 men, women and children who had been affected by the floods.

The main issues that needed to be addressed during this period concerned difficult road conditions, including road closures, damaged roads, lack of up-to-date traffic information, the need to use lengthy alternative routes, heavy traffic and gridlock situations. Transport services for the regular dialysis patients could have been badly affected by these issues, so effective communication regarding changing situations and the provision of extra time given to each journey was essential for the smooth running of the KSN operation. Another critical piece of information was the awareness of each patient’s situation, as to whether their home was flood-affected and if they had moved to a safe family location. There was a possibility that access to petrol would be a problem, which would have limited the ability to provide support. A priority was for vehicles to be regularly filled at convenient locations and times throughout the response in anticipation of future issues. Infection control in the vehicle was important due to the number of people using the vehicles, so increased safety measures were put in place such as the addition of plastic seat covers and frequent sanitising/cleaning. This preventative practice was successful as there were no reports of infection issues.

Transport was provided for a variety of needs with KSN’s most important focus being on hospital and pharmacy trips. This then expanded to volunteer clean-up transport, home visits, returns and relocations to emergency housing. Throughout the emergency, one-third of all transported individuals had medical needs, most of which were to collect new or repeat medical prescriptions. Access to facilities that could offer this type of support became challenging as the number of hospitals and pharmacists involved in the response was limited and issues arose due to lack of stock and understaffing. The impact was that a variety of facilities would need to be visited to get help and the patients would sometimes experience long waits, which added to transport challenges. Confusion then arose about who was entitled to subsidised medications and who was not, so the access to cash also became an issue. Looking into the future, cultivating partnerships with service organisations could contribute to an even better, more coordinated approach to the care of people with chronic kidney disease in times of floods.

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North Queensland cyclone
February 2011

In February 2011, the KSN joined in partnership with medical facilities to provide support and emergency transport for dialysis patients, many of whom were Indigenous and from remote communities, that had been evacuated from Cairns during the cyclone that hit North Queensland. The response was based at the main emergency accommodation consisting of two inner city hotels in Brisbane. Due to the experience KSN gained during the previous disaster and its current transport ability to coordinate, KSN was ready to respond immediately and felt confident in offering support to the emergency situation. Working in collaboration with the Renal Disaster Team, KSN conducted a coordinated response over the five-day period to supply regular transport trips to hospitals and clinics for 62 patients receiving dialysis.

The quick response for coordination and allocation of dialysis treatments by the renal disaster team was excellent and a great success, which made KSN providing transport equally so. One of the main challenges the Renal Disaster Team faced during this response was the limitation of medical facilities with dialysis spaces available to support patients. As a result, resources in some instances were stretched and patients had to be transported greater distances to access treatment. The emergency accommodation was ideally situated in the Brisbane CBD, with excellent access to the main hospitals; however, making transport challenging for patients who were assigned to facilities in the outer Brisbane suburbs.

It was surprising how many extra support services were needed to combat the emotional needs of the patients. A difficulty faced by the dialysis patients during this disaster was the radical change in environment. Many of the patients had never been to a large city before, which led to feelings of distress and disorientation. As a support organisation, KSN provided support that would bring stability and comfort in this time and endeavoured to build positive relationships with the patients and supply a reliable service. This included the provision of consistency in drivers (familiar faces and uniform) for the patients, support into the hospital if the patient was confused or distressed and the regular company of KSN’s Indigenous support worker at the emergency accommodation. Elders from the local Indigenous community were also contacted, who were able to offer a welcome to their land and words of reassurance to the patients.

To help keep the patients’ minds off the disaster, KSN took a role in hospitality and had their op shops bring in much-needed clothing and then further partnered with the Brisbane City Council and Salvation Army to supply free transport and clothing for the patients by a bus trip to the local Salvation Army. This received a very positive response from the patients and offered respite during this challenging time. It would appear that in emergencies such as this, emotional support is just as important as physical support and, therefore, needs to be considered when planning for such situations.

Learning outcomes
During emergency situations it is imperative that renal patients are able to access dialysis treatments, safe and comfortable accommodation, medications, special diets and more. Queensland’s recent disasters have highlighted the importance of being prepared and it proves that proactive planning is essential in bringing order from chaos.

Reflecting on these events from the perspective of a consumer support group, there are certain criteria that need to be considered and actions put in place to successfully manage a disaster. These include:

Type of disaster Is it a fire, flood, cyclone, tsunami? The type of disaster will dictate the level of response needed and what sort of difficulties may arise. Consider how widespread it may be? Local, state or national?

Patient needs Identify what kind of support the patients/carers will need during the disaster, taking into consideration how to minimise stress and anxiety.

Risk management It is essential to consider the safety and practicality of the operation, so all risks must be assessed in order to make good planning decisions.

Preparation planning Before putting a response into action, consider what plans are already in place to cope with disaster situations and what else may need to be included and thought about ahead of time. Always think, what could go wrong?

Logistics For effective coordination of the response, it is essential to consider how to make it work in practical terms, looking at the management of the details of the operation.

Team Consider who needs to know, who will be the main coordinator, team leaders and team members. Are there the right number of people to help for the emergency? Everyone involved needs to have a clear understanding of the requirements of their role and whom they are to report to. How can these people be easily visually identified in a disaster?

Partnerships Support from other agencies will provide invaluable help.
and actually ease the pressure of the operation, so think about who else needs to be contacted to come on board. For example, community support, transport services, pharmacies, private hospitals, information services, churches, entertainment, counselling and so on. Make these links in your planning stages and have the conversations about ways a disaster could be managed using their support.

Once each of these areas has been considered, it is possible to confidently step out and respond with an effective plan in place. Due to the unpredictable circumstances of emergency situations, expect changes and miscommunications happen frequently. The key is to remain calm at all times, be prepared ahead of the event for all eventualities, and re-evaluate the plan throughout the response regularly.

Finally, hold a thorough debrief with the response team, looking at strengths and weaknesses of the response, considering what worked, what could be done better and what needs to change. This will enable greater success in future responses.

Conclusion
Due to successful planning in both disasters, KSN exemplified how a consumer-focused organisation was able to be quickly operational from the onset and furthermore able to provide organised support during the emergency periods. It has become evident that planned emergency support is greatly needed and that, secondly, it is essential to have resources ready to be accessed immediately to help in such situations. By applying the learning outcomes from these disasters it is possible to easily create a plan for combating any emergency situation that could be used in all regions and locations throughout Australia. The emergency response side of any operation should continually be addressed, developed and modified to meet many different types of responses and all staff and volunteers need to be part of this conversation.

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