

15 February 2017

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## Researcher draws a blank on disaster-planning for our largest citizens, here and overseas

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### NEWS

Very large people have been left out of disaster preparedness, says the Otago University bariatric care researcher who is prompting a rethink here and overseas.

It would be atrocious to be at the mercy of people who did not know how to evacuate you because of your size, says Lesley Gray, a senior lecturer in primary care at the Wellington campus and a co-leader of the Bariatric Management Initiative ([nzdoctor.co.nz](http://nzdoctor.co.nz), 'News', 25 January, 16 March 2016).



Lesley Gray

"If we had a tsunami hit the East Cape, how many very large-bodied people would not be able to evacuate quickly enough?" Ms Gray asks. "Nobody has done any work on this."

She has connected with people from many countries, including emergency management trainers. "I was expecting everybody to say 'yes, we have looked at that', but nobody did."

As part of a PhD, Ms Gray will be interviewing in several countries, including asking New Zealand health professionals whether they have given this problem some thought, and seeking their solutions.

Canterbury Primary Care Emergency Response group chair Phil Schroeder says the group has not singled out large-bodied people for attention. Everyone with a condition is probably going to worsen in the wake of a disaster and access to good medical care is paramount, Dr Schroeder says.

But he says it's an interesting matter to raise.

*New Zealand Doctor* asked for an interview with Canterbury DHB about its experience in the 2011 earthquake and subsequent plans to manage very large patients in disasters. We were initially referred to care coordination service Nurse Maude.

Nurse Maude director of nursing Sheree East says large-bodied patients will likely be receiving services in the home, which usually continue in a disaster (as in 2011).

The Nurse Maude team is not aware of people having been stuck in the aftermath of that quake, Miss East says.

“If they didn’t have a service in place, they wouldn’t have been assessed and it might be an issue if they were trapped in a house,” she says. However, if bed-bound, they are likely to be receiving services.

Work is under way making sure large-bodied people are safe in the community and have appropriate resources, but it is a shared problem, Miss East says. Large people are generally good at instructing people about how to move them. In a disaster, neighbours might have to manage, and should talk these things through.

In a statement, Canterbury DHB acting executive director of nursing Becky Hickmott says a bariatric working group was set up in 2014, and up-to-date equipment is now mainly hired as needed and staff trained in its use.

The DHB doesn’t have a formal best-practice policy on emergency management for such patients but continuously reviews how it manages patients in all situations, Mrs Hickmott says.

Internationally, Ms Gray and her PhD supervisor, disaster researcher Carol MacDonald, found little research on obesity and emergency planning or disaster risk reduction.

Some work has been done in hospitals, but Ms Gray’s concern is primary healthcare, the community and people in their own homes, and her PhD will examine the disaster risk-reduction actions required in relation to very large-bodied people.