CHAPTER TWENTY-ONE

MANAGEMENT OF DECEASED

INTRODUCTION

21.01 Dead bodies or parts of bodies are the almost inevitable consequence of mass casualty situations. While not primarily a medical service responsibility, except in certifying that death has occurred, healthcare workers will be required to know general facts related to the movement, storage and disposal of the remains.

MOVEMENT, STORAGE AND DISPOSAL

21.02 REMOVAL

Having certified a person is dead, medical practitioners should be aware that the body should not be moved except by the direction of the coroner's representatives, unless it is necessary to perform actions which are required to reduce morbidity and mortality of other affected persons.

21.03 TRAUMA REDUCTION

Health care workers should be aware of the psychological effects of exposure to mass deceased. Persons injured should, where possible, be removed from the presence of the dead as soon as possible.

21.04 EVIDENCE ACQUISITION REQUIREMENTS

Healthcare workers must be aware of the requirements of the coroner, police and other relevant authorities eg. Bureau of Air Safety Investigation so as to not unnecessarily interfere with evidence acquisition. Photography may be an important record of the evidence. All photographers at a scene are not necessarily media and may be other authorised personnel who must have appropriate identification.

21.05 STORAGE AND DISPOSAL

Advice regarding storage of bodies may be sought. The importance of the funeral industry as a source of information should not be overlooked. Some aspects of dealing with the deceased follow:

a. Attempt to gather all remains and identify for both scientific and cultural reasons.

b. Store in a refrigerator, **not** a freezer.

c. Tag body and parts to identify and to relate to the position in which they were found.

d. Dead bodies are not a source of communicable diseases which are caused by organisms other than those responsible for putrefaction and need not be immediately removed for this reason.

e Mass disposal of remains need only be considered where the civil infrastructure has been disrupted to an extent which warrants such action.

21.06 RECOVERY OF REMAINS

Recovery of remains, time of death and property of the dead for cultural, financial and legal reasons eg. inheritance, need to be sensitively managed and well documented for future use.

CHAPTER TWENTY-TWO

CULTURAL CONSIDERATIONS

INTRODUCTION

22.01 Australia is a multi-cultural society. Therefore, there is likely to be a wide diversity of cultural and ethnic backgrounds which will have to be considered in a disaster situation.

PRINCIPLE

Consider the cultural and ethnic aspects in all situations

22.02 SPECIAL REQUIREMENTS

In the early stages of the response it may need to be determined if there is a likelihood for special requirements of those involved (including the responders) and consideration will need to be given to

a. language;

b. food requirements;

c. animosity between ethnic groups and a need for security measures;

d. special requirements of the aged ethnic person; and

e. religion/customs.

SKILLS DEVELOPMENT

22.03 KEY SKILLS

Emergency health workers will need to develop two skills:

a The ability to communicate across cultures.

b. The skills to communicate across languages.

22.04 These two requirements are important pre-requisites for the key elements in effective disaster management. They are applicable to all four elements of disaster management, namely prevention, preparedness, response, and recovery It is important for emergency health workers to realise that people from different ethnic and cultural backgrounds will, in a disaster, display culturally determined behaviour that could be well outside the Anglo-Saxon norm, and which, unless understood, could be quite bewildering to the emergency health worker. Misunderstanding or misinterpretation of behaviour may easily hamper service delivery

22.05 PLANNING AND TRAINING

The essence of being able to respond to cultural needs in a disaster is forward planning, and organisations planning for emergency situations must incorporate a segment on cross-cultural communication in training courses. This may be achieved in the following ways:

a. **Interpreters** - An up-to-date list of interpreters with 24 hours contact numbers must be maintained. These interpreters must be aware of their role and the chain of command in a disaster.

b. **Recruitment of Bilingual Staff** - Conscious efforts should be made to recruit staff from ethnic minorities.

c. **Multi-Lingual Cards** - Such cards can be used to establish the language a person speaks so that an appropriate interpreter/staff member can be called. Such cards can also be used in the translation of various important messages such as evacuation and emergency instructions.

d. **Ethnic Structures** - In any community that has ethnic minorities there will be ethnic welfare organisations which may be origin or religion based. Emergency service organisations must have a knowledge of these welfare organisations and maintain links with them and ensure that they are consulted and involved in the counter disaster planning process.

e. **Other Professionals** - Lists of ethnic chaplains, priests and health professionals who have a knowledge of their community should be maintained. Where possible such persons should be actively involved in training for the emergency situation.

REFERENCES

Kolarik, I.G.: **The Overseas-Born Victim in Emergencies** . Paper presented at the 11th Annual Seminar of Combined Emergency Services, La Trobe University, 1989

CHAPTER TWENTY-THREE

MEDIA

MANAGING THE MEDIA

23.01 Disasters are a significant source of news. Studies estimate that 25% of all news stories involve disasters, hazards, or civil disturbances.

23.02 DEVELOPED WORLD

In the developed world, where technological disasters predominate, modern communications allow representatives of the media to become rapidly aware of any incident involving injury or loss of life. Very often newspaper, radio and television reporters arrive at the disaster site and receiving hospitals at the same time as the emergency services. Modern telecommunication networks allow radio and television programs to be interrupted for news flashes about any significant incident, and television pictures are often seen globally within a few hours.

23.03 DEVELOPING WORLD

In the developing world, local media representatives are often able to give vivid descriptions of the disaster. When the event is of sufficient size or significance to attract the attention of the world press and television, the disaster site and local health facilities may be invaded by journalists and camera crews from many countries.

VALUE OF THE MEDIA

23.04 BENEFITS

Given access to accurate intelligence the media can be a critical source of information about disasters. It can provide invaluable information about the probability of disasters and steps that individuals can take to maximise their survival. The presentation of such information in a way that provokes attention is a special skill. In the aftermath of disasters, one of the main functions of the media is to provide the victims with information about the post disaster resources. As well, a range of information can be given about the health and psychological effects of disaster which assists in the long-term rehabilitation of the community. In summary these include:

a. warning of impending disasters;

b. alerting of response personnel;

c. instructions on ways to lessen or minimise the material effects of the disaster;

d. advice on the psycho-social effects of disaster;

e. acting as a medium for urgent communication;

f. to direct enquiries to the appropriate agencies;

g. to stimulate and direct appropriate donations from elsewhere in the country to support the victims of the disaster; and

h. explaining survival strategies and behaviour during the emergency to provide information about patterns of psychological response, and availability of health and welfare facilities.

23.05 MEDIA RELATIONS

Emergency managers have often expressed frustration with media operations in disasters. They feel the media complicates the tasks at hand and diverts attention from urgent matters like casualty care, search and rescue and evaluation. Another contention is that the media is preoccupied with the dramatic aspects and often accentuates the destructive magnitude of disasters. Nevertheless, advances in communication technology have contributed to media convergence at disasters. Therefore, it is important to maintain a productive relationship with all media representatives, to enable the many positive aspects of their activities, outlined earlier, to be maintained. A media liaison officer must be appointed to co-ordinate media responses.

PRINCIPLE

The media is important in the dissemination of information. The maintenance of a productive relationship is essential.

MUTUAL CO-OPERATION AND PLANNING

23.06 Responsible members of the media should be encouraged to work closely with disaster planners to integrate the media's role in future disaster activities.

PRINCIPLE

Adequate disaster preparedness requires planning WITH the media rather than FOR the media.

23.07 MEDIA LIAISON

Members of the media have been trained to report the unique and sensational and two main criteria are applied. The most important is its impact in terms of deaths and injuries; the second is the extent of property damage. Reporters will want to interview participants in the response, officials in charge of disaster operations, witnesses, and victims. Issues that may be raised include the following.

a. **Casualty Information**

(1) How many were killed or injured?

(2) Of those injured, how serious is their condition?

(3) How many uninjured?

(4) Were any of the victims prominent persons?

(5) How were the injured managed?

(6) Where were they taken?

(7) What was the disposition of the dead?

b. **Health and Social Issues**

(1) How many homes were damaged?

(2) How many displaced persons are there?

(3) What are the shelter arrangements?

(4) What are the health risks associated with:

(a) food;

(b) water,

(c) sanitation; and

(d) infectious diseases?

(5) What are the implications for families and children?

c. **Health Facilities Damage**

(1) What kind of structures are involved?

(2) Did the damage include any particularly important property, facilities or units?

(3) Are other facilities threatened?

(4) What measures have been undertaken or are being undertaken to protect patients?

d **Response and Relief Activities**

(1) Who activated the health response?

(2) Who is in charge?

(3) How quickly were response units on the scene?

(4) What agencies responded?

(5) How many are engaged in the response?

e. **Other Characteristics of the Crisis**

(1) Were there any specific difficulties?

(2) Any problems with infection or contamination?

(3) Are people still trapped?

(4) What were the resulting effects (eg anxiety, stress) on the families and survivors?

PRINCIPLE

Many of the questions that will be asked by reporters are predictable, so that procedures can be established in advance for collecting and providing the desired information.

23.08 DISASTER SITE ACCESS

Unauthorised media should not access the disaster site and, instead, should receive information from a responsible authority through a Media Liaison Centre. The media should be given facts, not unsubstantiated opinions or speculation

23.09 NEWS CONFERENCES

For all types of media, the most important sources of news are official agencies, and much of the news about disasters tends to be reported from the perspective of these agencies. In fact, the media can be depended upon to demand news conferences at which authoritative official statements can be recorded

23.10 CONFERENCE GUIDELINES

Should health officials be required to participate in a conference it is suggested that the designated persons should do as follows:

a. Be prepared (Certain questions are predictable - be ready with the answers)

b Be wary of 'off the record' comments (It is sensible to assume that anything 'off the record' you say might be published)

c. Be honest (trying to cover up mistakes, mislead the media, or withhold critical information about a disaster can backfire)

d. Manage ambiguity (Accurate information is often not available State this simply and avoid speculation on the answers)

e. Relate to the audience (remember that you are not talking to an audience of fellow experts)

f. Avoid using technical terminology and jargon (Be human, avoid 'talking down' to the audience, yet maintain a professional demeanour)

g Take the initiative (The interviewee is chosen because he or she is the expert. As such, he or she is in the best position to judge what are the important issues. The interviewee should take the lead in pointing this out and directing the course of discussion. Ask that a question be rephrased if what is being asked is not clear. . 'Did you mean...?')

23.11 AT THE HOSPITAL

Response to the media should be included in hospital disaster plans. Each hospital will have a recognised senior member of the administrative staff who liaises regularly with the media during emergency work

23.12 When a large number of casualties are involved, or where figures of national or international importance or notoriety are injured, it would be wise to designate a senior member of the medical staff for media liaison, supported by the press officer.

23.13 In dealing with the media at the hospital it is important to identify representatives; designate a suitably equipped media room, effect liaison with other involved agencies eg police, fire; quickly provide a source of reliable information, and ensure a system for regular release and updating of information

23 14 REQUESTS FOR INFORMATION

Specific answers to previous requests for information should be addressed. Where immediate details are not known, queries should be noted for response at the next press conference, and details of the next briefing provided.

23.15 MEDIA RELEASES

A sample of a suitable first media release appears as Annex A to this Chapter

REFERENCES

Auf Der Heide. Erik: **Disaster Response: Principles of Preparation and Coordination.** St Louis CV Mosby, 1989, ISBN 0 8016 0385 4

Baskett, Peter J F and Weller, Robin M.. **Medicine for Disasters** ISBN 0 7236 0949 7

Duffy, John C.. **Health and Medical Aspects of Disaster Preparedness.** ISBN 0 306 43495 4

ANNEX A. First Media Release Format

ANNEX A TO
CHAPTER TWENTY-THREE

FIRST MEDIA RELEASE FORMAT

. . . . . Hospital

. . . . . (date) . . . . . (time)

casualties have been received at the

hospital of whom . . . . . have been admitted.

. . . . . casualties are seriously ill and

undergoing emergency surgery. . . . . .

casualties are treated for minor injuries, most of whom are likely to be

discharge. The emergency work of the hospital is being co-ordinated by

. . . . . A further press

statement will be made at . . . . . am/pm.

. . . . . (signed) Media Officer

CHAPTER TWENTY-FOUR

PUBLIC RELATIONS

THE IMPORTANCE OF 'GOOD PR'

24.01 All disasters are public relations exercises, and criticism may well follow the failure of health authorities to pay due attention to this often neglected part of disaster planning. With the natural concern to provide the best possible care for the injured, it is easy to overlook the needs of relatives and friends, to ignore the offers made by volunteers and to antagonise the media by failing to provide accurate information. All managers in all services must be aware of their public relations responsibilities.

RECEPTION OF RELATIVES

24.02 RECEPTION AREA

In many disasters, a large number of people arrive at the hospital looking for friends or relations who may have been injured. This particularly occurs in a local community disaster. In many disasters there will also be the uninjured victims who may not only have lost their means of transport or belongings, but have family members who are among the injured. This group of people must not be allowed to crowd into the treatment areas, but should be courteously but firmly directed to a relatives' reception area.

24.03 CASUALTY LISTS

To the person in charge of the relatives' reception area falls the responsibility of dealing with distraught men and women desperately seeking information. Every attempt must be made to ensure that the information given to individuals is correct. Copies of the casualty list received from the information centre may be displayed on a board, but clinical details or status should not be included.

24.04 RELEASING PATIENTS

A number of casualties with minor injuries will be able to leave the hospital once they have received treatment. They should also be directed to the relatives' reception area either to meet up with friends or relatives, or to be assisted with their accommodation or travel arrangements.

24.05 IDENTIFICATION

The painful business of identifying unconscious or dead casualties is carried out with the assistance of the police.

VOLUNTEER MANAGEMENT

24.06 During a disaster many people come to a receiving hospital offering their services in a number of roles. Turning them away will cause offence and possibly adverse publicity.

24.07 PLANNING

Community organisations and groups can play an important support role during disasters and should be involved in disaster planning processes.

24.08 RECEPTION AND DEPLOYMENT

All volunteers coming to a hospital should be received by the 'reception officer' who registers, identifies and deploys them. Registration is important as it not only allows the volunteers' services to be acknowledged subsequently, but enables any purported qualifications (particularly medical and nursing) to be checked, and provides validation in the event of any claims for compensation.

PRINCIPLE

Only take as many volunteers as you can properly supervise.

VERY IMPORTANT PERSONS

24.09 All disasters produce VIPs who are likely to visit the disaster site or receiving hospitals for a variety of motives. Local dignitaries, politicians, government and state officers, heads of state and royalty may wish to meet survivors, emergency services and hospital staff. Usually these visits are arranged with due consideration for work in progress and, depending on the status of the visitor, an appropriate escort should be provided.

REFERENCES

Auf Der Heide, Erik. **Disaster Response: Principles of Preparation and Coordination.** St Louis: CV Mosby, 1989, ISBN 0 8016 0385 4

Baskett, Peter J. F. and Weller, Robin M: **Medicine for Disasters** ISBN 0 7236 0949 7

Duffy, John C.: **Health and Medical Aspects of Disaster Preparedness.** ISBN 0 306 43495 4