

**“THE ROLE OF HEALTH WORKERS IN DISASTER MANAGEMENT”
WORKSHOP
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“Show me the manner in which a nation cares for its dead and I will measure with mathematical exactness, the tender mercies of its people, their loyalty to high ideals and their respect for the laws of the land.”

William Gladstone

POLITICAL

Lobbying of government support is essential in all countries. Government and political support is necessary to put in place guidelines and standardised documentation to cope with disaster management.

Strong Leadership is necessary so as to establish structured groups of oral health teams so that they can assist their communities and governments in utilising dental knowledge in Disaster Victim Identification (DVI) in mass disasters.

It is the finding of this workshop, as supported by best practice internationally, that oral health workers in disaster management are considered to be at the vanguard in assisting authorities in identifying deceased people. Lobbying for government

support, in all countries, to recognise the importance of the oral health worker to take their rightful position in the disaster management role in assisting authorities in identifying deceased is imperative.

FUNDING/BUDGETS

It is acknowledged that there is significant cost involved in supporting the oral health worker in the field to assist them in their role in identifying deceased persons.

However, it is essential to realise that whilst there is a significant financial impost in supporting oral health DVI teams, identification by means of dental records is far quicker, efficient and accurate than the vast majority of other options available. This reliability is well documented.

It is suggested, through each Chief Dental Officer in their Department of Health, that a budget be put in place with the disaster planning organisation of each individual country to support the oral health worker in the field.

In addition, it is necessary to ensure that oral health workers in the field are provided, with government assistance, "fly away" kits which would contain appropriate radiological, occupational health and safety protective gear, lighting, instruments and recording materials.

REPORTING TO AUTHORITIES AND INTEGRATION

Knowing who is in control in a disaster area and to whom to report to is essential in the first instance. The ability to work as part of a team reporting to identified team leaders with the appropriate expertise is also a requirement.

The workshop recognised the difference in jurisdictional requirements at the coronial and legal level with regard to the reporting of the findings of the team. The Australian Society of Forensic Odontology has kindly provided a template which authorities in their respective jurisdictions may wish to utilise. This document gives a clear and concise reporting structure for the role of the oral health worker in disaster management.

It is expected that the template mentioned above would need to be tailored to various jurisdictions particularly with regard to the over-riding matrix of the emergency management authorities in that jurisdiction.

The Australian Society of Forensic Dentistry gives consent for this template to be used as long as it is recognised as having the copyright of the document and that it is acknowledged.

IDENTIFICATION AND COUNSELLING/TRIAGE

It has been established that it is a human right to have DVI carried out in disaster areas to bring about "closure" at both a human and legal level for victims and their relatives globally, nationally and individually. Historically oral health workers are the persons who can best carry out this task with dignity and expertise.

It is recognised that all health workers, given the immediacy of their exposure to the deceased and in addition to their need on occasions to relate to the next of kin of the deceased, that they will be exposed to significant pressure not only at a professional level but also at a psychological level.

The importance of having an adequate framework to assist the oral health worker in dealing with the emotional pressures associated with working in the field means that there needs to be a proper matrix available for debriefing and support as necessary.

LEGAL ASPECTS Informed consent/Records

The workshop recommended that the Chief Dental Officers, in consultation with their respective regulatory legal advisers and Department of Health determine the standard of proof and requirements as to the formation of an opinion with regard to the identity of a deceased individual.

The importance of ensuring the proper collection of ante-mortem and postmortem dental data to allow that process to be fulfilled adequately is paramount.

Records of past treatment by clinicians including any radiographs, study models, mouthguards or any other diagnostic tests that may have been undertaken should be sought.

Implicit in this process is the overriding recognition of the need to have high standards of clinical records.

MOBILISATION

Support and Operation

This is a critical area. The need for a properly equipped mortuary to be set up even if it is of a temporary nature is mandatory. The mortuary needs to have access to generators for power and appropriate lighting as well as fresh water. The controlled flow of deceased persons' bodies, in an appropriate manner, to enable the health workers to work systematically throughout the identification process is also a requirement.

It is also recognised that it is important that there is a need for the provision of adequate dental instruments and radiological support

The abovementioned requirements are basic so as to enable the health worker to perform tasks; from initial reception of the deceased person, to oversight by the forensic pathologists, through to receipt of the body by the dental team prior to recommendations being made to the reporting authority as to the identity of the deceased, and finally the release of the deceased person's body to the next of kin.

Accommodation/Rest and Recuperation

There is a need for the oral health workers to have a comfortable standard of accommodation and adequate time for rest and recuperation due to the intensity of the DVI process.

Again, we noted and were grateful for the templates provided by The Australian Society of Forensic Dentistry which may be utilised in respective countries, with the appropriate recognition of the intellectual property

and copyright, as a guideline of best practice in this area.

HEALTH AND SAFETY

It is recognised that the environment that oral health workers will be working in will be hazardous. It is therefore incumbent upon the governing jurisdiction of the country, from an oral health and safety perspective, that oral workers are protected. This would include provision of necessary vaccinations as well as best practice standards, to the extent possible, in the hazardous environment, to ensure proper Occupational Health and Safety standards are met.

Furnishing of appropriate protective gear, gloves, and eyewear, provision of lighting and a safe floor and disposal of contaminated wastes would also be anticipated.

CROWD CONTROL

It is recognised that in a mass disaster there would be significant numbers of distressed next of kin attending the mortuary area and that while oral health workers may not be required in the very early stages of the disaster, oral health workers may well have a role subject to jurisdictional regulations in providing triage and crowd control.

TRAINING

The emphasis on training is seen as being the best way to develop preparedness in individual countries. Global sharing of information harvested from ongoing workshops, held on a regular basis, can only benefit and strengthen the response mechanism to disaster management.

Evolving concepts need to be reviewed systematically.

Universities should develop courses to assist in disasters. Undergraduate and postgraduate training is an area where

key roles can be established by professional academics.

STANDARDISATION/COMMONALITY

Formal guidelines/manuals need to be established and to this end attached to this report is an "Australian Society of Forensic Odontology Inc. *"Disaster Victim Identification Forensic Odontology Guide"*.

HEALTH FACILITIES

Health Infrastructure, in most cases, will need to be rebuilt as often hospital and health infrastructure is usually destroyed. Protocols, funding and infrastructure support to allow this to occur needs to be implemented.

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