

ANNEXES

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Note: Those interested in adapting or copying the forms in annexes 1-4 can consult or download them from the Internet, in MS Word or PDF format, at www.paho.org/disasters (click on Publications Catalog, and see the special page about *Dead Bodies in Disaster Situations*).

Annex 1

Dead Bodies Identification Form

Body/Body Part (B/BP) Code:

(Use unique numbering and include on associated files, photographs or stored objects.)

Possible identity of body:

Person Reporting

Name:

Official Status: Place & Date:

Signature:

Recovery details (Include place, date, time, by whom, and circumstances of finding. Indicate if other bodies were recovered in the same area, including name and possible relationship, if identified)

B/BP Code:

A. PHYSICAL DESCRIPTION

A.1	General condition (mark one)	a	Complete body	Incomplete body (describe):		Body part (describe):		
		b	Well preserved	Decomposed	Partially skeletonized	Skeletonized		
A.2	Apparent sex (mark one and describe evidence)	Male	Female	Probably male	Probably female	Undetermined		
		Describe evidence (genitals, beard, etc):						
A.3	Age group (mark one)	Infant	Child	Adolescent	Adult	Elderly		
A.4	Physical description (measure or mark one)	Height (crown to heel):		Short	Average	Tall		
		Weight:		Slim	Average	Fat		
A.5	a) Head hair	Color:	Length:	Shape:	Baldness:	Other:		
	b) Facial hair	None	Moustache	Beard	Color:	Length:		
	c) Body hair	Describe:						
A.6	Distinguishing features: Physical (e.g., shape of ears, eyebrows, nose, chin, hands, feet, nails; deformities, missing limbs/amputation.) Surgical implants or prosthesis (artificial limb.) Skin marks (scars, tattoos, piercings, birthmarks, moles, etc.) Apparent injuries (include location, side.) Dental condition (crowns, gold teeth, adornments, false teeth.) Describe any obvious features.	Continue on additional sheets if needed. If possible, include a sketch of the main findings.						

B/BP Code:

B. ASSOCIATED EVIDENCE

B.1	Clothing	Type of clothes, colors, fabrics, brand names, repairs. Describe in as much detail as possible.
B.2	Footwear	Type (boot, shoes, sandals), color, brand, size. Describe in as much detail as possible.
B.3	Eyewear	Glasses (color, shape), contact lenses. Describe in as much detail as possible.
B.4	Personal items	Watch, jewelry, wallet, keys, photographs, mobile phone (incl. number), medication, cigarettes, etc. Describe in as much detail as possible.
B.5	Identity documents	Identity card, driving license, credit card, video club card, etc. Take photocopy if possible. Describe the information contained.

B/BP Code:

C: RECORDED INFORMATION

C.1	Fingerprints	Yes	No	By whom? Stored where?
C.2	Photographs of body	Yes	No	By whom? Stored where?

D: IDENTITY

D.1	Hypothesis of identity	Explain reasons for attributing a possible identity.
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E: STATUS OF BODY

Stored	Specify morgue, refrigerated container, temporary burial; describe location:
	Under whose responsibility:
Released	To whom and date:
	Authorized by:
	Final destination:

Note: Those interested in adapting or copying this form, please download it, in MS Word or PDF format, at www.paho.org/disasters (click on Publications Catalog, and see the special page about *Dead Bodies in Disaster Situations*).

Annex 2

Missing Persons Form

Missing Person Number/Code: <small>(Use unique numbering and include it on associated files, photographs or stored objects.)</small>
Interviewer name:
Interviewer contact details:
Interviewee(s) name(s):
Relationship with missing person:
Contact details
Address:
Telephone: E-mail:
Contact person for missing person, if different from above: <small>(who to contact in case of news: name/contact details)</small>

MP N°./Code: **Missing Persons Data****A. PERSONAL DETAILS**

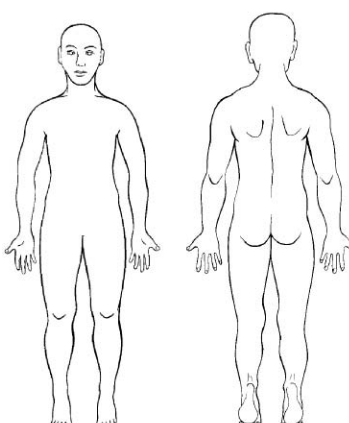
A.1	Missing person's name	Include surname, father's and/or mother name, nicknames, aliases:				
A.2	Address/Place of residence	Last address and usual address if different from the former:				
A.3	Marital status	Single	Married	Divorced	Widowed	Partnership
A.4	Sex	Male	Female			
A.5	If female	Unmarried name:				
		Pregnant	Children	How many?		
A.6	Age	Date of birth:			Age:	
A.7	Place of birth, nationality, principal language					
A.8	Identity document (Main details, N°, etc.)	If available, enclose photocopy of ID				
A.9	Fingerprints available?	Yes	No	Where:		
A.10	Occupation					
A.11	Religion					

B. EVENT

B.1	Circumstances leading to disappearance: (use additional sheet if necessary)	Place, date, time, events leading to disappearance, other victims and witnesses who last saw Missing Person alive (incl. name and address):				
	Has this case been registered/ denounced elsewhere?	Yes	No	With whom/where:		
B.2	Are other family members missing, and if so, have they been registered/identified?	List name, relationship, status:				

MP N°/Code: Missing Persons Data

C. PHYSICAL DESCRIPTION

C.1	General description (indicate exact measure, or approximate AND circle the corresponding group)	Height (exact/estimated?):		Short	Average	Tall
		Weight:		Slim	Average	Fat
C.2	Ethnic group/Skin color					
C.3	Eye color					
C.4	a) Head hair	Color:	Length:	Shape:	Baldness:	Other:
	b) Facial hair	None	Moustache	Beard	Color:	Length:
	c) Body hair	Describe				
C.5	Distinguishing features Physical e.g. shape of ears, eyebrows, nose, chin, hands, feet, nails; deformities	Continue on additional sheets if needed. Use drawings and/or mark the main findings on the body chart.				
	Skin marks scars, tattoos, piercings, birthmarks, moles, circumcision, etc.					
	Past injuries/amputations include location, side, fractured bone, joint (e.g., knee), and if person limped					
	Other major medical conditions operations, diseases, etc.					
	Implants pacemaker, artificial hip, IUD, metal plates or screws from operation, prosthesis, etc.					
	Types of medications used at time of disappearance					
						

MP N°/Code: Missing Persons Data

C.6

Dental condition

Please describe general characteristic, especially taking into account the following:

- Missing teeth
- Broken teeth
- Decayed teeth
- Discolorations, such as stains from disease, smoking or other
- Gaps between teeth
- Crowded or crooked (overlapping) teeth
- Jaw inflammation (abscess)
- adornments (inlays, filed teeth etc)
- any other special feature

Dental treatment

Has the Missing Person received any dental treatment such as

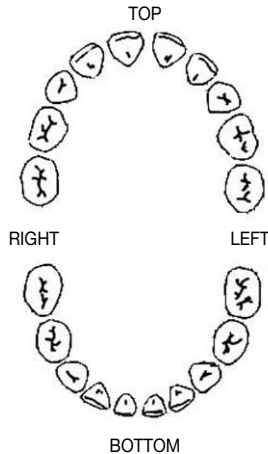
- Crowns, such as gold-capped teeth
- Color: gold, silver, white
- Fillings (incl. color if known)
- False teeth (dentures)- upper, lower
- Bridge or other special dental treatment
- Extraction

Also indicate wherever there is uncertainty (for example, the family member may know that an upper left front tooth is missing, but is unsure which one).

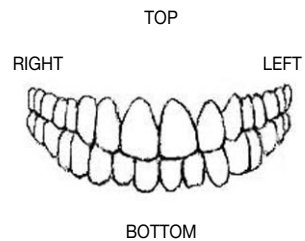
If possible, use a drawing, and/or indicate the described features in the chart below

If the missing person is a child, please indicate which baby teeth have erupted, which have fallen out and which permanent teeth have erupted and use the chart below

BABY/PRIMARY TEETH



ADULT/PERMANENT TEETH



MP N°/Code: **Missing Persons Data**

D. PERSONAL EFFECTS

D.1	Clothing (worn when last seen/at time of disaster)	Type of clothes, colors, fabrics, brand names, repairs: describe in as much detail as possible.
D.2	Footwear (worn when last seen/at time of disaster)	Type (boot, shoes, sandals), color, brand, size: describe in as much detail as possible.
D.3	Eyewear	Glasses (color, shape), contact lenses: describe in as much detail as possible.
D.4	Personal items	Watch, jewelry, wallet, keys, photographs, mobile phone (incl. number), medication, cigarettes, etc: describe in as much detail as possible.
D.5	Identity documents (which the person was/might have been carrying when last seen/at time of disaster)	Identity card, driving license, credit card, video club card, etc. Take photocopy if possible. Describe the information contained.
D.6	Habits	Smoker (cigarettes, cigars, pipes), chewing tobacco, betel nut, alcohol, etc. Please describe, incl. quantity.
D.7	Doctors, medical records, X-rays	Give details of doctor, dentist, optometrist, or other.
D.8	Photographs of missing person	If available, enclose photos or copies of photos as recent and clear as possible, ideally smiling (with teeth visible). Also, photos of clothing worn when disappeared.

Note: The information collected in this form will be used for the search and identification of the missing person. Its content is confidential and any use outside of the intended context will need explicit consent by the interviewee.

Place and date of interview:

Interviewer signature: Interviewee signature:

If requested, a copy of this form with contact details of interviewer should be made available to the interviewee.

Note: Those interested in adapting or copying this form, please download it, in MS Word or PDF format, at www.paho.org/disasters (click on Publications Catalog, and see the special page about *Dead Bodies in Disaster Situations*).

Annex 3

Sequential Numbers for Unique Referencing

See Chapter 6, Box 6.1, for recommended unique numbering (place-team/person-number).
When using the list below, cross each number off the list when it is used to avoid using it twice.

001	051	101	151	201	251	301	351	401	451
002	052	102	152	202	252	302	352	402	452
003	053	103	153	203	253	303	353	403	453
004	054	104	154	204	254	304	354	404	454
005	055	105	155	205	255	305	355	405	455
006	056	106	156	206	256	306	356	406	456
007	057	107	157	207	257	307	357	407	457
008	058	108	158	208	258	308	358	408	458
009	059	109	159	209	259	309	359	409	459
010	060	110	160	210	260	310	360	410	460
011	061	111	161	211	261	311	361	411	461
012	062	112	162	212	262	312	362	412	462
013	063	113	163	213	263	313	363	413	463
014	064	114	164	214	264	314	364	414	464
015	065	115	165	215	265	315	365	415	465
016	066	116	166	216	266	316	366	416	466
017	067	117	167	217	267	317	367	417	467
018	068	118	168	218	268	318	368	418	468
019	069	119	169	219	269	319	369	419	469
020	070	120	170	220	270	320	370	420	470
021	071	121	171	221	271	321	371	421	471
022	072	122	172	222	272	322	372	422	472
023	073	123	173	223	273	323	373	423	473
024	074	124	174	224	274	324	374	424	474
025	075	125	175	225	275	325	375	425	475
026	076	126	176	226	276	326	376	426	476
027	077	127	177	227	277	327	377	427	477
028	078	128	178	228	278	328	378	428	478
029	079	129	179	229	279	329	379	429	479
030	080	130	180	230	280	330	380	430	480
031	081	131	181	231	281	331	381	431	481
032	082	132	182	232	282	332	382	432	482
033	083	133	183	233	283	333	383	433	483
034	084	134	184	234	284	334	384	434	484
035	085	135	185	235	285	335	385	435	485
036	086	136	186	236	286	336	386	436	486
037	087	137	187	237	287	337	387	437	487
038	088	138	188	238	288	338	388	438	488
039	089	139	189	239	289	339	389	439	489
040	090	140	190	240	290	340	390	440	490
041	091	141	191	241	291	341	391	441	491
042	092	142	192	242	292	342	392	442	492
043	093	143	193	243	293	343	393	443	493
044	094	144	194	244	294	344	394	444	494
045	095	145	195	245	295	345	395	445	495
046	096	146	196	246	296	346	396	446	496
047	097	147	197	247	297	347	397	447	497
048	098	148	198	248	298	348	398	448	498
049	099	149	199	249	299	349	399	449	499
050	100	150	200	250	300	350	400	450	500

Note: Those interested in adapting or copying this form, please download it, in MS Word or PDF format, at www.paho.org/disasters (click on Publications Catalog, and see the special page about *Dead Bodies in Disaster Situations*).

Annex 5

Supporting Publications

de Ville de Goyet, Claude. 2004. Epidemics caused by dead bodies: a disaster myth that does not want to die. *Rev Panam Salud Publica* 15(5):297-299. Available at: http://publications.paho.org/english/editorial_dead_bodies.pdf

ICRC, 2004. *Operational Best Practices Regarding the Management of Human Remains and Information on the Dead by Non-Specialists*. Available at: www.icrc.org

ICRC, 2003. Report: *The Missing and Their Families*. Available at: www.icrc.org

INTERPOL(DVI). *Guide on Disaster Victim Identification*. Available at: www.interpol.int/public/DisasterVictim/Guide

Morgan O. 2004. Infectious disease risks of dead bodies following natural disasters. *Rev Panam Salud Publica* 15(5):307-12. Available at: http://publications.paho.org/english/dead_bodies.pdf

Morgan OW, Sribanditmongkol P, Perera C, Sulasmi Y, Van Alphen D, et al. (2006) *Mass Fatality Management Following the South Asian Tsunami Disaster: Case Studies in Thailand, Indonesia and Sri Lanka*. *PLoS Med* 3(6): e195. Available at: www.plosmedicine.org

Pan American Health Organization. 2004. *Management of Dead Bodies in Disaster Situations*. Washington, D.C., ISBN 92-75-12529-5 (English); ISBN 92-75-32529-4 (Spanish). Available at <http://publications.paho.org/english/index.cfm>

Annex 6

International Organizations involved in the development of this document

Pan American Health Organization, Regional Office for the Americas of the World Health Organization (PAHO/WHO), Area on Emergency Preparedness and Disaster Relief

In 1976, the Pan American Health Organization created this program in response to a call by the Member Countries to establish a technical unit to strengthen health sector disaster preparedness, response, and mitigation activities. The main objective of the Area on Emergency Preparedness and Disaster Relief has been to support the health sector in strengthening national disaster preparedness programs and coordinating all sectors involved in disaster preparedness. This support is channeled to the countries of Latin America and the Caribbean in three principal areas:

- ◆ *Disaster Preparedness.* Preparing the health sector to face disasters is a permanent and ongoing responsibility. Disaster preparedness enhances the capacity of the health sector to respond to all types of disasters, create awareness of the associated public health risks, and improve the knowledge and skills of all health actors. Technical areas of work include information dissemination and management, hospital disaster preparedness, mass casualty management, evaluation of damage and needs, and humanitarian supply management.
- ◆ *Risk Reduction.* PAHO/WHO encourages the Ministries of Health to promote a national culture of disaster prevention. Its own technical contribution focuses on the safety of health facilities. As an example, countries are urged to use existing knowledge and tools to build new hospitals with a level of protection that helps ensure they remain operational in disaster situations. They are also encouraged to examine the vulnerability of existing health facilities and incorporate appropriate disaster mitigation measures. PAHO/WHO applies this same strategic approach to risk reduction in water and sewerage systems to safeguard this critical infrastructure.
- ◆ *Disaster Response.* In disaster situations, PAHO/WHO mobilizes its extensive network of public health experts to survey damage and provide an authoritative assessment of health sector needs, conduct epidemiological surveillance, detect potential health risks, monitor water quality, and improve the overall coordination and leadership in the health sector. The humanitarian supply management system, SUMA, is activated to help bring order to the chaos that often results from the massive influx of international aid. PAHO/WHO also summarizes and publishes the lessons learned from major disasters in an attempt to improve the management of future emergency situations.

For more information, please visit: www.paho.org/disasters

World Health Organization, Health Action in Crises

Within WHO, the principal objective of the Health Action in Crises Department is to reduce avoidable loss of life, burden of disease, and disability in crisis-prone and crisis-affected countries. WHO works with local authorities, civil society, other international organizations, and NGOs in responding to the health aspects of crises. The major activities of WHO in a crisis are to:

- ◆ Measure ill-health and promptly assess health needs of populations affected by crises, identifying priority causes of ill-health and death;
- ◆ Support Member States in coordinating action for health;
- ◆ Ensure that critical gaps in health response are rapidly identified and filled;
- ◆ Revitalize and build capacity of health systems for preparedness and response.

WHO brings together expertise in epidemic response, logistics, security coordination, and management. It works in coordination with, and strengthens the response to health crises provided by other UN teams (typically the United Nations Children's Fund, United Nations Population Fund, United Nations Development Programme, United Nations High Commissioner for Refugees, International Organization for Migration, and the World Food Programme). Whether in Country Offices, Regional Offices, or at Headquarters, the WHO network for Health Action in Crises (HAC) provides information and services, and mobilizes partners to agree on standards and courses of action.

For more information, please visit: www.who.int/hac/en

International Committee of the Red Cross (ICRC)

The International Committee of the Red Cross (ICRC) is an impartial, neutral, and independent organization whose exclusively humanitarian mission is to protect the lives and dignity of victims of war and internal violence, and to provide them with assistance. This involves:

- ◆ Visiting prisoners of war and security detainees.
- ◆ Searching for missing persons.
- ◆ Transmitting messages between separated family member.
- ◆ Reuniting dispersed families.
- ◆ Providing safe water, food and medical assistance to those in need.
- ◆ Promoting respect for international humanitarian law.
- ◆ Monitoring compliance with that law.
- ◆ Contributing to the development of that law.

Established in 1863, the ICRC is at the origin of the International Red Cross and Red Crescent Movement. It directs and coordinates the international relief activities conducted by the Movement in situations of conflict. It also endeavors to prevent suffering by promoting and strengthening humanitarian law and universal humanitarian principles.

For more information, please contact: www.icrc.org

The International Federation of Red Cross and Red Crescent Societies

The International Federation of Red Cross and Red Crescent Societies is the world's largest humanitarian organization, providing assistance without discrimination as to nationality, race, religious beliefs, class, or political opinions.

Founded in 1919, the International Federation has a membership of 183 Red Cross and Red Crescent societies, a Secretariat in Geneva, and more than 60 delegations strategically located to support activities around the world. There are more societies in formation. The Red Crescent is used in place of the Red Cross in many Islamic countries.

The Federation's mission is to improve the lives of vulnerable people by mobilizing the power of humanity. Vulnerable people are those who are at greatest risk from situations that threaten their survival, or their capacity to live with an acceptable level of social and economic security and human dignity. Often, these are victims of natural disasters, poverty brought about by socio-economic crises, refugees, and victims of health emergencies.

The Federation carries out relief operations to assist victims of disasters, and combines this with development work to strengthen the capacities of its member National Societies. The Federation's work focuses on four core areas: promoting humanitarian values, disaster response, disaster preparedness, and health and community care.

The unique network of National Societies—which cover almost every country in the world—is the Federation's principal strength. Cooperation between National Societies gives the Federation greater potential to develop capacities and assist those most in need. At a local level, the network enables the Federation to reach individual communities.

The Federation, together with National Societies and the International Committee of the Red Cross, make up the International Red Cross and Red Crescent Movement.

For more information, please visit: www.ifrc.org

Annex 7

Mass Fatality Plan Checklist for Ministries of Health and National Disaster Offices

The Pan American Health Organization has developed a checklist on mass fatalities that can serve as an annex to any National Health Sector Emergency Management Plan or National Disaster Management Plan. It is based on the London Resilience Mass Fatality Plan, 2006 and Management of Dead Bodies after Disasters: A Field Manual for First Responders.

The checklist contains the essential elements that should be addressed by Ministries of Health and Disaster Management Offices as they develop a mass fatality plan. The plan does not need to be standalone; it can be an annex to the National Disaster Management Plan. As such, the mass fatality annex only needs to focus on elements unique to a mass fatality.

It is important that countries exercise their plans on a regular basis to evaluate organization's capability to execute one or more portions of the plan and to promote preparedness.

Recommendations for Organizing the Plan: We recommend that the plan can be organized first by “essential elements” with specific activities to deal with fatalities caused by various types of disasters.

The Essential Elements

I. Introduction and Purpose

- ◆ Outline the purpose of the plan.
- ◆ List assumptions of a Mass Fatality Plan.
- ◆ Define the scope of the plan and local hazards that can create mass fatalities, i.e. type, frequency, level of impact, etc.
- ◆ List members of mass fatality coordination committee/key partners, stakeholders in the planning and implementation process.

II. Activation

- ◆ Describe the activation process and identify who or what agency will be responsible for activating the Plan, i.e. Same authority as in the National Health Sector

Emergency Management Plan or the National Disaster Management Plan.

- ◆ Include a call out chart and attach roles and responsibilities to each individual for this phase of the plan.

III. Command and Control

- ◆ Discuss with local health, law enforcement and disaster management officials where/how mass fatality fits in with national plans.
- ◆ Discuss role of health authorities, NGOs and national disaster offices during mass fatalities.
- ◆ Discuss legal authority for handling of dead bodies from the point of examination by a physician/pathologist to the actual burial process. Consider the investigative needs of law enforcement agencies.
- ◆ Outline the local incident command structure and provide an organizational chart for chain of command, including operations, logistics, planning, and finance/administration. Reference all hazards/emergency operations plan as appropriate.

IV. Logistics

- ◆ Consider arrangements for providing transportation for the movement of the deceased/remains/personal effects.
- ◆ Storage facilities for temporary morgues may involve the commandeering of 20/40 ft refrigerated containers. Remember that each container has limited capacity and requires considerable quantities of fuel – the cost of which can be substantial.
- ◆ Emergency communications with all relevant parties must be done through secured channels that are not easily accessible by the media and general public.
- ◆ Provision of resources – are there national/regional stocks available that can be used i.e. coffins, body bags, waterproof labels, dry ice etc.
- ◆ There may be the need for provision of portable electrical supply and water to field sites.
- ◆ Designate a trained individual supporting team members to manage and oversee logistical arrangements.
- ◆ Identification of local and regional technical specialists/resources and arrangements for obtaining their services through agreements.

V. Welfare

- ◆ Mention provisions that will be made for handling the welfare needs of family and friends including a designated area for viewing/identifying bodies (consider cases where bodies have to be isolated as in the case of some epidemics).
- ◆ Discuss with the medical examiner the process involved in releasing or allowing for burial of the dead and the recognized forms of burial in the country. Ensure that provisions are made in the plan for addressing local cultural and religious needs of the community.
- ◆ Include linkages with local Crisis Intervention Teams or psycho-social support teams and define procedures for their activation based on level of assistance that they can provide.

VI. Identification and Notification

- ◆ Identify a team of persons from law enforcement, health authority, social services etc. who can serve to identify the deceased (with use of forensic procedures), securing the remains and reuniting with family/friends. Consider the local rescue and recovery procedures in place and how these will be linked to the work of this team. A physician or pathologist should determine how partial remains would be handled and these decisions included in the plan.
- ◆ Include information regarding the legal rights of the deceased, e.g. Law Enforcement Acts, Interpol Resolution AGN/65/res/13 (1996), humanitarian laws and other ethical and social norms.
- ◆ Arrangement for viewing of bodies should be included, facilities identified and arrangements for setting these up as well. Consider how the bodies will be stored and presented and who will be responsible for these activities.
- ◆ The matter of investigation should be carefully considered and the relevant information included – review legislation relevant to inquests, registration of death, insurance procedures, criminal actions etc.
- ◆ The plan should consider disaster situations when specialist identification teams are not available or the scale of the disaster exceeds local capacity. Arrangements for external assistance and/or local arrangements to facilitate identification at the local level should be considered.

VII. International Dimensions

- ◆ Mass fatality incidents may involve foreign nationals. These may be foreign work-

ers living in the affected areas, tourists, illegal immigrants or relatives of affected families.

- ◆ The mass fatality plan should be distributed to foreign embassies or consulates of countries from which large tourist populations arise.
- ◆ Many countries deal with illegal immigrants on a regular basis and therefore procedures should be available to support this element of the plan. Include all provisions for repatriation of victims to home country – consult with Immigration and Attorney General’s chambers and consider finances for such actions.
- ◆ Department of Foreign Affairs or Governor’s Offices should be consulted on arrangements for returning victims who are nationals from your country who died in the country where the disaster has occurred. Arrangements for receiving these victims should be included in the plan and provisions for handling the deceased once they have been received .
- ◆ Consider special arrangements that may be required such as embalming and how the death certificates will be issued.
- ◆ In the event that tourists or high level officials are involved and their remains are being shipped, consideration must be given to the sensitivity of such situation and the controlled release of information to the local and international media. Consult the Pan American Health Organization/World Health Organization resolution on the International Transportation of Human Remains (1966) (www.interpol.int/Public/DisasterVictim/Guide/appendices.asp#c).
- ◆ Identify the national and regional INTERPOL counterparts and define arrangements for requesting their assistance when required.

VIII. Site Clearance and Recovery of Deceased Victims

- a. Clearly define procedures for photographing victims/body parts and placement of proper identification tags – what tagging system will be used as per police procedures and who will be responsible for keeping accurate records of these. Also consider where these procedures will take place (collection point) and provision of adequate security measures.
- b. Procedures for photographing, labeling and securing personal effect must also be included in the plan – who will be responsible for these processes? Most likely assigned to the Police. Are resources available such as digital cameras with sufficient memory?
- c. Provisions should be made for a victim audit (may be advisable to have an external group to the police) to verify that the correct procedures were followed. The plan must define who, where and how this will be performed.

- d. In certain situations such as criminal and/or terrorist attacks the disaster site must be preserved for investigative purposes – whose responsibility will this be and how will it be done, This should be outlined in the plan in a step by step format – consult with a law enforcement agency on this matter.

IX. Mortuary

- e. For storage and body preparation local morgue facilities and funeral homes – location, capacity, resources etc., should be listed in the plan with relevant contact details. Transportation to these facilities must be considered. The plan should consider the development of national/regional stocks of coffins, body bags etc. MOUs can be developed with private morgue/funeral homes and included as part of the plan. Consult with Attorney General’s Chambers on these arrangements.
- f. Ensure that the plan addresses issues such as individuals who die while being transported and those who die in hospitals as a result of injuries sustained from the disaster. In some countries they are passed through the same procedures as those who have died at the disaster site.
- g. Consider arrangements for handling the media and for security at these facilities.
- h. A general principle should be applied – hospital mortuaries should **NOT** be used unless numbers are manageable especially in the case where there is only one available hospital. Temporary mortuary facilities should also be considered.
- i. Ensure that law enforcement agencies identify and provide procedure for securing routes for transporting victims to identified morgue facilities.

X. Disposal Final Arrangements

- ◆ Procedures for returning the deceased to families must be clearly defined – these can be provided by the physician/pathologist. The wishes of the family for returning partial remains must also be considered.
- ◆ Discussions should take place with the physician/pathologist and social welfare or other relevant local agencies regarding the disposal/burial of unclaimed victims/remains. The legal issues must be considered and discussed with the Attorney General’s Chambers. Ensure that these are clearly documented in the plan.

XI. Chemical Biological Radiological Nuclear (CBRN)

- ◆ Include procedures for handling such events including how remains should be han-

dled, personal protective equipment, decontamination requirements and procedures and ongoing monitoring of the site and any remains or items removed and where cold storage facilities can be located.

- ◆ Consider decontamination arrangements for vehicles and other storage equipment and facilities and environmental impacts along with requirements for evacuation or isolation of surrounding communities.
- ◆ Arrangements with external agencies may have to provide for risk assessments and advice on viewing, return of bodies, burial, cremation and repatriation. Identify such agencies in the plan and establish MOUs accordingly.

XII. Public Information and Media Policy

- ◆ Many countries have National Public Information Plans and Policies. These can be applied to this element of the plan. Official statements should be channeled through the relevant media centers either at the National Emergency Operations Centre (NEOC) or incident command post in the field. Information from all sites, i.e. mortuary, hospital, family viewing areas, should be channeled to the NEOC for compilation.
- ◆ Media should be restricted from entering mortuary facilities or crisis intervention centers/family viewing areas – include procedures for securing these areas and for channeling information to the media center.
- ◆ Procedures for releasing names of deceased should be clearly defined in the plan especially considering large numbers of unidentified deceased victims. Provisions should be made for setting up facilities for the public to enquire about missing/deceased persons and these site should be away from the hospital and mortuary.

XIII. Health and Safety

- ◆ Consider provisions for the welfare and psychological needs of responders – the local Crisis Intervention Teams or mental health services can lend support in this area. Consider how volunteers from the Red Cross and other similar services can be accommodated to provide such support – once they are trained.
- ◆ There may be a need to identify and equip rest areas – whose responsibility will this be and how will the resources be acquired should be established locally.
- ◆ Provision should also be made to determine how responders who have lost family members and friends will be handled and by whom.

XIV. Disaster Mortuary Plan

- ◆ In many countries it is the responsibility of the Police to set up and manage the documentation of the deceased at the mortuary and for evidential continuity. Relevant forms, procedures and a layout of the mortuary should be included in the plan.
- ◆ In the event of a large scale event involving numerous victims it may be necessary to establish a mortuary management team. The composition of the team should be included in the plan along with call out procedures and responsibilities for each individual.
- ◆ Include as part of this element the mortuary procedures to be followed: Registration and arrival, storage, examination and photographing, cleaning of body, radiography, fingerprints, Odontology, re-bagging, embalming, viewing, release of body, bodies not claimed, repatriated bodies, DNA and toxicology, documentation, securing of property, equipment list, waste disposal, staffing, visitors, health, safety and welfare.