

# MANAGEMENT OF THE DEAD AND MISSING PERSONS

A collage of grayscale images showing disaster relief efforts, including people in tents, medical personnel, and emergency responders. The collage is partially obscured by a large blue and red geometric shape that frames the text.

**FIELD  
MANUAL**

# MANAGEMENT OF THE DEAD AND MISSING PERSONS FIELD MANUAL

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Local Government Academy (LGA)  
Department of the Interior and Local Government (DILG)

In cooperation with:

NDRRMC - Management of the Dead and Missing Persons Cluster

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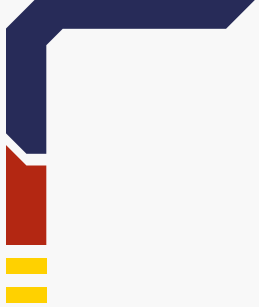
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*“This manual is dedicated to all the victims of disasters and emergencies, especially the dead, the missing, and the bereaved families.”*



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## ACKNOWLEDGEMENTS

The role of frontliners during disasters Every person and operating unit is committed to enormous responsibility and accountability in their respective fields: in search, rescue and retrieval; disaster victim identification; final arrangements of the dead; management of missing persons, and the management of bereaved families.

This Field Manual is a product of necessity and the experiences of many Filipinos in disaster events. Many of us have been witnesses to the damage that natural and human-induced disasters have brought to our people, and how Filipinos have suffered when their loved ones become victims, die, or go missing, as a result of typhoons, landslides, earthquakes, fires, volcanic eruptions, armed conflicts and other catastrophic events. The superfluous number of dead and missing persons who fell victims to Typhoon Yolanda in 2013, and how the Filipinos were proven to be ill-prepared to cope with a disaster of such magnitude, served as the last straw and a resounding wake up call. The country is urgently in need of a system to properly manage mass fatality incidents, missing persons, as well as their bereaved families. This system should already be proven to work in different disaster events in other countries, and can be efficiently replicated at all levels of local governance in the Philippines. Since 2014, dedicated men and women from various government agencies, non-government organizations, the private sector, and local and international humanitarian actors came together to develop this system which will become the new paradigm in the management of the dead and missing persons as a result of disasters, and to help bring normalcy and closure to the lives of bereaved families.

The proponents of this Manual would like to express their deepest gratitude to the Department of Health (DOH), Department of Social Welfare and Development (DSWD), Department of Justice-National Bureau of Investigation (DOJ-NBI), Philippine National Police (PNP), Department of National Defense-Office of Civil Defense (DND-OCD), Armed Forces of the Philippines (DND-AFP), Philippine Coast Guard (PCG), Bureau of Fire Protection (BFP), and the Philippine Red Cross (PRC), all of which are member-agencies of the Management of the Dead and Missing Persons (MDM) Cluster of the National Disaster Risk Reduction and Management Council (NDRRMC). Their sincere and heartfelt gratitude also goes to their institutional and development partners, such as the Initiatives for Dialogue and Empowerment through Alternative Legal Services, Inc. (IDEALS Inc.), the Philippine Mortuary Association (PMA), the International Committee of the Red Cross (ICRC), and the countless local government units and other stakeholders, which have all contributed to the conduct of extensive research, simulation exercises, training and other related activities. The development of this field manual would not have been made possible without their dedication and support.

The mission to govern people in the midst of adversity is a critical duty and takes substantial measures to act upon.



Coordination is the core in the management of the dead and missing persons as a result of disasters, and is the key element in addressing most of the concerns of the Management of the Dead and Missing Persons (MDM) Cluster. Coordination integrates and unifies the efforts of the stakeholders. It also levels off the knowledge of all the stakeholders, and makes each individual or organization feel that they are an important part of the system. Coordination is an inherent responsibility of a manager, and its exercise should always be deliberate and continuous. However, neither communicating, nor cooperating, alone will guarantee effective coordination. Coordination, therefore, is only effective when everyone involved is able to communicate and cooperate properly.

In the field of MDM, you must recognize that persons who died as a result of disasters have to be found, retrieved, identified, and buried according to the religious and culturally-acceptable norms of the dead person and the bereaved family. And you must always ensure that the inherent dignity of the dead is observed at all times.

When you commit yourself in the field of MDM, you must remember that you are serving our country through the bereaved families. Every Filipino, including yourself, wants their government to have the capability to help its own citizens who are suffering from the impacts of disasters, particularly those with loved ones who have died or gone missing. By putting yourself in their situation, you will be able to generate the proper motivation and necessary determination.

The MDM practitioner that you are must learn and live by the basic tenet of “utmost dignity for human beings, dead or alive.”

This Field Manual is intended for the MDM, as well as for all the other DRRM, practitioners, in order to inspire, share hope, and be a source of strength and confidence in the midst of challenging times.

A handwritten signature in black ink, appearing to be 'E. Tabell', written over a horizontal line.

**EDGAR ALLAN B. TABELL**  
Chief, DILG-CODIX and Lead Convenor, MDM Cluster



The Philippines is the country most exposed to tropical storms in the world, due to our geographical location which generally produce heavy rains, large flooding of areas, and strong winds result in damage to crops and properties, and even loss of lives. Over the years, climate change seems to make matters worse, by bringing stronger typhoons. On top of that, the Philippines is located in the Pacific Ring of Fire, making the country prone to earthquakes and volcanic eruptions. These calamities have indeed wreaked havoc on different parts of the country, but we have been witnesses to the strength and courage of our countrymen to “rise above the storms.”

Even with images of our fellow Filipinos smiling or waving in front of a camera during a storm or any calamity abounding on the television or the internet, we cannot forever simply bank on Filipino resiliency alone. With the knowledge that these disasters happen year in and out, is the dire need to create a system to manage these disasters. While we cannot stop calamities from happening, we can be more proactive in our response, relief, efforts, and in our disaster preparedness activities. For an effective Disaster Management Response to take place, preparedness and coordination between the participants are deemed necessary. This includes an enforcement of coordination and collaboration to strengthen their capacities as participating agencies. At this point, it should be clear to stakeholders what their roles and responsibilities are, for proper execution of the program assigned to them.

Malcolm Turnbull once said that, “We learn from every natural disaster. Whether it’s a fire or a flood, we learn something from it, so we can respond to the next one better.” With the birth of a more holistic DRRM, and well-defined policies and systems followed by each agency or stakeholder, we can turn these disasters into opportunities. And what do these opportunities translate to for the Filipino people affected by the disasters? Opportunities for a comeback and to hope, that there is “life after the storm.”

A handwritten signature in black ink, consisting of a stylized, cursive script that appears to read 'Eduardo M. Año'. The signature is written over a white background.

**EDUARDO M. AÑO**  
Secretary



## Message from the DILG Undersecretary



It does not take a single person to fully effect change, in the same manner that it takes a village to raise a child. To make a fruitful campaign or achieve a goal for that matter, it takes a whole agency or the involvement of everyone in the community. Thus, successful Disaster Management is all about collaboration and coordination, not competition.

One important take away for those involved in Management of the Dead and Missing Persons (MDM) is to be able to empower each agency and stakeholder involved. Successful implementation of this program entails: awareness of everyone's role or duty, and the proper information dissemination of the action plans. Communication is vital for a proper execution of the program, as this also helps to strengthen the stakeholders' and key players' capacities. At crucial times like disasters, there is no time for pointing fingers, as everyone has to take action. Instead, the mindset should be: "we are more powerful when we empower each other."

In this regard, we would like to highlight the important role that Local Government Units (LGUs) play in MDM and Disaster Management. The LGUs, together with National Government Agencies and its line agencies, are one of the Key Stakeholders. That being said, they have a crucial and enormous role to play as "frontliners" when calamities strike their locality. After the search and rescue, managing the dead bodies, and making final arrangements for the dead, comes one of the most critical part: managing the bereaved families. The LGUs, through the DSWD, shall provide all the necessary assistance to the families left; thus, acting as agents of hope in the midst of a calamity.

Again, this all goes back to the guiding principle for MDM, "utmost dignity for humans, dead or alive." While we ensure that the casualties are treated with highest respect, we also want to guarantee that the survivors or bereaved families are not "left behind," and are given all the support that they need for them to cope with the devastating changes and face life ahead. We want the people to consistently feel from one agency to another, that the government sincerely cares—before, during, or even after a disaster.

A handwritten signature in black ink, appearing to be 'Bernardo C. Florece, Jr.'.

**BERNARDO C. FLORECE, JR.**  
Undersecretary for Peace and Order



Howard Ruff once said that “It wasn’t raining when Noah built the ark.” Similarly, we do not only prepare for disasters once they’re there. Disasters never wait; hence, we plan even before it strikes. This awareness of the importance of disaster preparedness in Management of the Dead and Missing (MDM) is pivotal to the creation of a team armed with the proper knowledge and training in handling complex disaster situations.

In recent years, our country has faced natural and man-made disasters that have left extremely dire consequences that cause a large number of deaths and missing people. Because of these scenarios, the Philippines shifted into a more holistic Disaster Risk Reduction and Management (DRRM). Here, the appropriate and dignified management of disaster fatalities or the Management of the Dead and Missing (MDM) became one of the most important pillars of humanitarian aid and it is also a fundamental factor that promotes the identification of the deceased and management of the bereaved families.

With the department’s mandate, the Local Government Academy (LGA) of the Department of Interior and Local Government (DILG) and National Disaster Risk Reduction and Management Council (NDRRMC) are honored to share with you the **MANAGEMENT OF THE DEAD AND MISSING: A Field Manual**. This manual aims to strengthen the ability of the MDM team members in performing their duties and to institutionalize MDM among all relevant agencies and LGU stakeholders during emergencies and disasters. This also provides protocols, guidelines, and relevant reference materials including the various forms to be used for specific MDM-related activities. In addition, this manual marks an important step towards proper care and management of the retrieved human remains and missing victims. This also highlights the provision of essential services for the family of the victims such as their physiological and social needs.

Being extra prepared and well-informed is better than just learning the ropes along the way. The past disasters and calamities have served as eye-openers and wake-up calls for the Philippines to improve on disaster preparedness and response. As always, “Preparation through education is less costly than learning through tragedy (Max Mayfield).”

With a more comprehensive manual, we are looking forward to a more prepared and coordinated MDM team. May our MDM team maximize the use of these resources so that in the face of whatever disaster, no one will be left behind.

A handwritten signature in black ink, appearing to read 'Thelma T. Vecina'.

**THELMA T. VECINA, CESO IV**  
Executive Director  
Local Government Academy

## Acronyms and Abbreviations

<b>AFP</b>	- Armed Forces of the Philippines	<b>LDRRMP</b>	- Local Disaster Risk Reduction and Management Plan
<b>AM</b>	- Ante-mortem	<b>LGA</b>	- Local Government Academy
<b>AO</b>	- Administrative Order	<b>LGU</b>	- Local Government Unit
<b>BIHC</b>	- Bureau of International Health Cooperation	<b>LHO</b>	- Local Health Office
<b>BFP</b>	- Bureau of Fire Protection	<b>LSC</b>	- Logistics Section Chief
<b>BOQ</b>	- Bureau of Quarantine	<b>MCI</b>	- Mass Casualty Incident
<b>CBDRRM</b>	- Community-based Disaster Risk Reduction and Management	<b>MDM</b>	- Management of the Dead and Missing Persons
<b>CCCM</b>	- Camp Coordination and Camp Management	<b>MDRRMC</b>	- Municipal Disaster Risk Reduction and Management Council
<b>CDRRMC</b>	- City Disaster Risk Reduction and Management Council	<b>MGB</b>	- Mines and Geosciences Bureau
<b>CFW</b>	- Cash For Work	<b>NBI</b>	- National Bureau of Investigation
<b>CHD</b>	- Center for Health Development	<b>NDCC</b>	- National Disaster Coordinating Council
<b>CO</b>	- Central Office	<b>NDRP</b>	- National Disaster Response Plan
<b>CODIX</b>	- Central Office Disaster Information Coordinating Center	<b>NGO</b>	- Non-Government Organizations
<b>COVID-19</b>	- Coronavirus Disease 2019	<b>NDRRMC</b>	- National Disaster Risk Reduction and Management Council
<b>DepEd</b>	- Department of Education	<b>NDRRMOC</b>	- National Disaster Risk Reduction and Management Operations Center
<b>DENR</b>	- Department of Environment and Natural Resources	<b>NSO</b>	- National Statistics Office
<b>DFA</b>	- Department of Foreign Affairs	<b>OCRG</b>	- Office of the Civil Registrar-General
<b>DICT</b>	- Department of Information and Communication Technology	<b>OSC</b>	- Operations Section Chief
<b>DILG</b>	- Department of the Interior and Local Government	<b>OSS</b>	- One-Stop Shop
<b>DNA</b>	- Deoxyribonucleic acid	<b>PAGASA</b>	- Philippine Atmospheric, Geophysical and Astronomical Services Administration
<b>DND</b>	- Department of National Defense	<b>PCG</b>	- Philippine Coast Guard
<b>DOH</b>	- Department of Health	<b>PCOO</b>	- Presidential Communications Operations Office
<b>DOST</b>	- Department of Science and Technology	<b>PEVA</b>	- Polyethylene Vinyl Acetate
<b>DRRM</b>	- Disaster Risk Reduction and Management	<b>PDRRMC</b>	- Provincial Disaster Risk Reduction and Management Council
<b>DSHUD</b>	- Department of Human Settlements and Urban Development	<b>PFA</b>	- Psychological First Aid
<b>DSWD</b>	- Department of Social Welfare and Development	<b>PHEIC</b>	- Public Health Emergency of International Concern
<b>DVI</b>	- Disaster Victim Identification	<b>PHIVOLCS</b>	- Philippine Institute of Volcanology and Seismology
<b>EOC</b>	- Emergency Operations Center	<b>PIHAC</b>	- Philippine International Humanitarian Assistance Cluster
<b>ETC</b>	- Emergency Telecommunication Cluster	<b>PM</b>	- Post-mortem
<b>FASC</b>	- Finance and Admin Section Chief	<b>PNP</b>	- Philippine National Police
<b>FNI</b>	- Food and Non-food Items	<b>PNP-FG</b>	- Philippine National Police-Forensic Group
<b>GPS</b>	- Global Positioning System	<b>PPEs</b>	- Personal Protective Equipment
<b>HEMB</b>	- Health Emergency Management Bureau	<b>PRC</b>	- Philippine Red Cross
<b>ICRC</b>	- International Committee of the Red Cross	<b>PSA</b>	- Philippine Statistics Authority
<b>ICS</b>	- Incident Command System	<b>PSC</b>	- Planning Section Chief
<b>IDEALS Inc.</b>	- Initiatives for Dialogue and Empowerment through Alternative Legal Services, Incorporated	<b>PSP</b>	- Psychosocial processing
<b>IDP</b>	- Internally-Displaced Persons	<b>PWD</b>	- Persons with disability (also called differently-abled persons)
<b>IHR</b>	- International Health Regulations	<b>RA</b>	- Republic Act
<b>IMT</b>	- Incident Management Team	<b>RDANA</b>	- Rapid Damage and Needs Assessment
<b>INSARAG</b>	- International Search and Rescue Advisory Group	<b>RDRRMC</b>	- Regional Disaster Risk Reduction and Management Council
<b>INTERPOL</b>	- International Criminal Police Organization	<b>RDT</b>	- Rapid Deployment Team
<b>LAO</b>	- Law and Order	<b>SRR</b>	- Search, Rescue and Retrieval
<b>LCE</b>	- Local Chief Executive	<b>SRU</b>	- Special Rescue Unit
<b>LCR</b>	- Local Civil Registrar	<b>TF</b>	- Task Force
<b>LDRRMC</b>	- Local Disaster Risk Reduction and Management Council	<b>VAT</b>	- Value-added tax
<b>LDRRMO</b>	- Local Disaster Risk Reduction and Management Office	<b>WaSH</b>	- Water, Sanitation and Hygiene
		<b>WHO</b>	- World Health Organization

# INTRODUCTION

As the Philippines shifted into a more holistic Disaster Risk Reduction and Management (DRRM), several lessons learned were applied in terms of policies. Disaster response, as one of the four pillars of DRRM, provides interventions in order to ensure the preservation of life and property and meeting the basic subsistence needs of the affected populations, based on acceptable standards, during and immediately after a disaster.

On 10 May 2007, the then National Disaster Coordinating Council issued NDCC Circular No.7, s-2007 to establish the Cluster Approach mechanism in the Philippine Disaster Management System, and to complement the arrangements of Non-Government Organizations (NGO) and international organizations. To be more strategic, the Philippines institutionalized eleven (11) humanitarian clusters—Nutrition, Water, Sanitation and Hygiene (WaSH), Health, Emergency Shelter, Camp Coordination and Management, Protection, Early Recovery, Logistics, Food, Agriculture, and Livelihood to ensure well-coordinated and effective humanitarian response.

The Circular was amended in 2008 through Memorandum No. 12 s, 2008 merging several clusters into eight (8), namely: (1) Food and Non-Food Items, (2) Camp / IDP Management, Emergency Shelter and Protection, (3) Permanent Shelter and Livelihood, (4) WASH, Health, Nutrition and Psychosocial Services, (5) Logistics and Emergency Telecommunications, (6) Education, (7) Agriculture, and (8) Early Recovery.

Given that the goals under the disaster response are focused on the management of the affected population, most efforts were focused on the management of the living, with little consideration given to the dead and the missing. In principle, before the establishment of the National Disaster Response Plan (NDRP), which identified the expanded cluster approach, the Management of the Dead and Missing Persons was under the Department of Health (DOH), pursuant to Presidential Decree No. 856 or The Code on Sanitation of the Philippines signed by former President Ferdinand E. Marcos.

In collaboration with key players, the National Disaster Risk Reduction and Management Council (NDRRMC) revisited the cluster approach mechanism to make it more responsive to the needs of the time. With new delineations of the roles and jurisdictional boundaries of agencies involved in disaster response, the cluster mechanism was further improved to provide a more responsive approach in facilitating coordinated response by the national players, the local government units (LGUs) and other humanitarian actors. The eight disaster response clusters grew back into twelve, with the addition of the the Law and Order (LAO) Cluster, led by the DILG, through the Philippine National Police (PNP); the Philippine International Humanitarian Assistance Cluster (PIHAC), led by the Department of Foreign Affairs (DFA); Shelter Cluster, led by the Department of Human Settlements and Urban Development (DSHUD) and, the Management of the Dead and Missing Persons (MDM) Cluster, led by the DILG. The new NDRRMC Disaster Response Clusters are:

Cluster	Description	Lead Agency
Search, Rescue and Retrieval (SRR)	Provides support for an effective, efficient, organized and systematic search, rescue and retrieval operations to disaster affected areas in order to minimize loss of lives and casualties.	DND-AFP
Emergency Telecommunications Cluster (ETC)	Provides support in the installation, operation and maintenance of communication systems at all levels	DICT (NDRRMC MC No. 1, s. 2019)
Health Cluster	Provides access to quality, appropriate and timely health services to the affected population.	DOH
Law and Order (LAO) Cluster	Provides security, traffic management and enforcement of law and order in the community.	DILG-PNP
Camp Coordination and Camp Management Cluster (CCCM)	Provides timely and well-coordinated humanitarian assistance and augmentation support in the management of evacuation centers	DSWD
Internally-Displaced Persons (IDP) Protection	Provides support and enhances the Government's capacity to ensure that protection issues do not arise in emergency situations and to respond and mitigate the effect of any protection issues that do arise.	DSWD
Food and Non-Food Items (FNI) Cluster	Provides food that are nutritious, age-appropriate and are socially and culturally acceptable to the affected population, as well as non-food items	DSWD
Logistics Cluster	Provides efficient and effective strategic emergency logistics services to all clusters deployed by the National Disaster Response Cluster and encourages regular info-sharing among all stakeholders and other partners on emergency road network, status of critical infrastructures, lifelines, etc.	DND-OCD
Education Cluster	Provides continued access to quality education to all affected learners and ensures the safety of learners and personnel	DepEd
Management of the Dead and the Missing Persons (MDM) Cluster	Provides policies, standards, guidelines, systems and procedures to institutionalize MDM in all LGUs, other concerned agencies and stakeholders at all levels	DILG
Philippine International Humanitarian Assistance Cluster (PIHAC)	Provides timely, efficient and effective delivery of humanitarian assistance from (or to) various international stakeholders	DFA
Shelter Cluster	Provides and assess shelter needs of affected communities and set targets for prioritization, and ensure implementation of standard provision of emergency shelter assistance and other relevant support services for shelter	DSHUD (NDRRMC MC No. 1, s. 2022)

Learning more than a thousand lessons as a result of the Typhoon Yolanda disaster response, the DRRM stakeholders revisited the Cluster Approach mechanism at the time and crafted the first National Disaster Response Plan (NDRP). A salient component of the new disaster response approach was the Management of the Dead and Missing Persons (MDM) Cluster, created to put more focus on the administration and supervision of dead bodies, the scientific search for missing persons, especially in relation to unidentified dead bodies, and taking care of the immediate needs of surviving, but bereaved families of the dead and missing.

With the Department of Health (DOH) Administrative Order 20070018 or the National Policy on the Management of the Dead and the Missing Persons during Disasters and Emergencies as the basic document, the NDRRMC, in 2014, began crafting new policies and guidelines to ensure the efficient and well-coordinated implementation of new national standards in the management of dead bodies and missing persons during emergencies and disasters.

### **NDRRMC Memorandum Circular No. 19, Series of 2016**

In the aftermath of Typhoon Yolanda, the streets of Leyte and Eastern Samar were practically littered with thousands of dead human bodies and body parts. Thousands of residents were also reported missing as the days ensued. The provinces of Leyte, Southern Leyte and the three Samars were among the many areas overwhelmed with the destruction left by the super typhoon. National, as well as international, disaster response agencies and organizations were mostly attending to the survivors and their needs. Most of the thousands of dead bodies were collected, placed inside body bags and gathered alongside the streets and open areas. Some

were abruptly, and erroneously, buried in mass graves. The DILG's Bureau of Fire Protection (BFP) was tasked to collect the dead bodies but since there did not exist a system to properly handle the mission, the task became burdensome and confusing. Eventually, the firefighters, and the locals who assisted them, came out from that experience wanting psychological interventions themselves. The residents whose family members and relatives went missing were reporting to practically every other responder they met, but their pleas were left unattended because, again, there were no clear lines of responsibility among the government agencies.

In early 2014, the DOH reasoned that their agency lacked the capacity to properly take on the tasks of managing dead bodies and missing persons, especially in a disaster of a magnitude similar to that of Typhoon Yolanda. They rationalized that as the primary government agency in charge of public health, they need to focus their efforts on the health and well-being of the disaster-affected population, as well as ensuring water quality, proper sanitation and hygiene in evacuation camps, preventing and controlling epidemic outbreaks, among others. They, instead, recommended that the management of the dead and missing persons during disasters be given to the LGUs, whose primary responsibility is to take care of the general welfare of their constituents.

During the NDRRMC Full Council Meeting in 2014, the Department of Social Welfare and Development (DSWD), as the Vice-Chairperson for Disaster Response, presented the revised memorandum on the Response Cluster Approach. The DSWD emphasized that one (1) of the major changes in the cluster approach is the creation of the MDM Cluster, with the leadership transferred from the DOH to the DILG. Without hesitation and fanfare, the DILG, as the national government agency mandated

in ensuring public safety and strengthening local government capability, accepted the new challenge and assumed responsibility as the lead agency of the newly-created MDM Cluster.

Consequently, the NDRRMC Memorandum Circular No. 19, s. 2016 titled Rules and Regulations Governing the Implementation of the Management of the Dead and Missing Persons was promulgated in order to standardize the system of handling dead bodies; from their identification, transfer and final disposal; the management of missing persons and the bereaved families.

The NDRRMC Memorandum Circular No. 19, s. 2016 provides the overarching principles of MDM. It also provides the policies, protocols and procedures which were boldly tested and significantly improved during the 2017 Marawi Crisis.

The DILG's expanded role, as provided for under the NDRP, includes ensuring the proper monitoring, reporting and documentation of disaster occurrences and its effects, especially in handling dead bodies (retrieval, identification, and final disposal), processing reports of, and scientific search for, missing persons; and taking care of the basic psychological, physiological and social needs of bereaved families, while ensuring that legal norms are followed, and guaranteeing that the dignity of the deceased and their families are respected in accordance with their cultural and religious beliefs.

The task of assembling and directing a multidisciplinary team in disaster conditions, especially where there are mass fatalities, can be extremely complex regardless of the physical conditions at the site or the material resources available. Philippine experiences show that the MDM works are effective when key players are well prepared and coordinated. This can happen only in situations where the coordinator

of MDM operations has the necessary knowledge, authority, and leadership skills. When these conditions exist, it may be possible to avoid the dreaded and all too common "disaster on top of a disaster" events caused by disorganization, lack of coordination, despair, and improvisation. Having too many chiefs without a mandate and many workers without any guidance can lead to catastrophic results.

In addition, restructuring of operations and governance is needed in order to address the challenges posed by MDM. Coordination and collaboration between and among the government facilities and other key players in MDM, from the national down to the local levels, should be restructured to include the strengthening of the capacities of all stakeholders and key players.

## **Protocols for the Management of Dangerous Communicable Diseases**

While this field manual details the protocols and procedures of MDM, additional precautionary actions should be performed by the responders during public health emergencies. As first responders, the LGU's community-based management approach should be institutionalized, along with the localized implementation of strategies, and provide countermeasures against infectious diseases.

The MDM teams are also responsible for the proper identification, disposal, and disposition of human remains during pandemics and other public health emergencies. Therefore, they should develop or acquire the necessary expertise and appropriate resources to respond to such. Their response actions should also be based on the policies and guidelines set forth by the DOH, as the agency responsible for setting and maintaining overall policies for emergency management during health-related incidents and events.

# The Field Manual

This Field Manual contains protocols, guidelines and relevant reference materials, including the various forms to be used for specific MDM-related activities.

## Purpose

This Field Manual aims to enhance and harmonize the competencies of the MDM team members in the performance of their functions, and to institutionalize MDM among all the concerned agencies and LGU stakeholders during emergencies and disasters. More specifically, the Field Manual is expected to be used by MDM team members as a preparatory tool for trainings, and as a major reference material when they go on field work doing MDM activities, in terms of:

1. Policies, standards and guidelines;
2. Recommended systems and procedures to be used to strengthen coordination and collaboration between and among partner agencies and stakeholders who take part in disaster response, in general, and MDM, in particular, to ensure timely and well coordinated actions;
3. Established coordination and and collaboration with the Search, Rescue and retrieval (SRR) Cluster for organized search and retrieval operations and proper documentation, in giving support to MDM operations; and
4. Resource-sharing mechanisms, among others.

## Salient Features of the Manual

- A. Coordination and Collaboration – horizontal and vertical working relationships within the established structures and systems of the National Government and LGUs.
- B. Rapid Assessment, Verification and Validation – decision-making is based on evidence and real-time situations.
- C. Communication as an inherent aspect of Coordination – flow of communication between and among the national and local governments, and other relevant government agencies.
- D. Incident Command System – a clear and transparent chain of command from the national to the local levels, and the specific echelons of coordination, communication, and preparation for interventions.
- E. Documentation and Reporting – strengthening of existing documentation and reporting system during and post-emergencies and disasters for a more evidence-based decision-making.
- F. Monitoring – roles and functions of all governance structures in ensuring that adequate and appropriate actions are applied in a timely manner.



## Form and Structure

The Field Manual is inspired by the OPERATION LISTO manuals that detail minimum actions which guide LGUs before, during, and after tropical cyclones and other natural disasters. This Field Manual identifies “things-to-do” by LGUs in preparing for, and responding to, emergencies and disasters, as presented:

- LISTO – progressive actions to be undertaken during a pre-emergency or pre-disaster state.
- Flowcharts – described as a “component” of MDM, are the general flow of steps during response.
- Reference Box – detailed actions to be performed, including options in managing specific situations
- Forms – as adopted from the International Committee of the Red Cross’ (ICRC) Management of Dead Bodies after Disasters: A Field Manual for First Responders

This Field Manual also provides actions in transitioning from disaster response to early recovery, as identified by the NDRRMC:

Expanded Coverage of Disaster Response and Early Recovery	MDM Field Manual
Pre-Impact Phase	<p>Assists the LGU in the development of disaster preparedness plan, response plan (including early recovery actions) , and identifying the actions needed to implement a well-coordinated MDM operation.</p> <p>Actions during the pre-emergency or pre-disaster stage have been identified in this Manual. This manual ensures that LGUs are taking the correct path in preparing for and responding to every threat in their locality. systems that need to be established are also identified in this manual. MDM LISTO are progressive actions contingent on particular hazards in the locality.</p>
Impact Phase	<p>To ensure that the LGUs will be organized to address all phases of MDM in disaster response, this Manual outlines the actions identified in managing coordination with other Clusters (particularly the SRR Cluster), dead body management, final arrangements for the dead, management of missing persons, and necessary interventions for bereaved families.</p> <p>Considering the tiered response from all concerned agencies, the LGUs are expected to take on the primary responsibility as disaster first responders.</p>
Post-Impact	<p>One of the most difficult decisions of the MDM team is identifying the start of the early recovery phase. While most of the indicators of early recovery can be identified by the return to normalcy of the basic services, the bereaved families are bearing the after-effects of loss which may lead to long-term grief.</p> <p>This field manual identifies the social needs of the bereaved families, which includes support systems, educational assistance, legal support, and other special needs such as psychosocial and mental health services.</p>

## How to use this Field Manual

All LGUs are mandated to prepare and respond to all the emergencies and disasters within their localities, and are expected to use this Manual as a guide in managing dead bodies, missing persons, and bereaved families.

- All Local Chief Executives (LCEs) shall ensure that all identified actions during the pre-emergency or pre-disaster stage are followed;
- The flowcharts shall be used by MDM Teams as a guide in carrying out the response protocols, while the Reference Boxes will indicate decision points, using the respective letter indicator/connector;
- Identified actions shall be performed in a progressive manner. However, these are the minimum and basic actions, and MDM Teams are encouraged to develop and perform other appropriate actions, depending on the local context; and
- It is recommended that all LGUs undergo the formal MDM training to be able to properly discharge the functions stipulated in this Field Manual.

## Intended Users

This Field Manual is intended for the use of:

1. Both Resource Persons for, and Facilitators of, MDM Training, as a technical reference;
2. Practitioners of MDM during emergencies and disasters;
3. Local Chief Executives, officers and staff of local DRRM offices, local social welfare and development offices, local health offices; and
4. Other stakeholders in the practice of MDM.

# MDM DURING THE PRE-EMERGENCY/ PRE-DISASTER STAGE

Disaster Preparedness is always the PRIORITY.

Operation L!STO is an advocacy program of the DILG, which aims to strengthen disaster preparedness of LGUs using the whole-of-government approach. Its first component, launched in 2014, which institutionalized local protocols for disaster preparedness, response and monitoring was dubbed as L!STONG Pamahalaang Lokal. In 2019, the DILG has launched the enhanced version of the Operation L!STO Manual for typhoons, which contains general and minimum preparatory actions for LGUs when preparing for hydrometeorological disasters. The updated manual gives authority to local chief executives to undertake pre-emptive or mandatory evacuation, when necessary, even if the LGU is still at the Alpha or Bravo Alert Level, according to the categories being assigned to LGUs, and such Manual describes the level of threat to which a particular LGU is exposed to. Each of the three categories requires corresponding preparations and actions to be undertaken by the LGU.

The enhanced version of the Operation L!STO Manual contains more detailed progressive actions on preparedness and response, including the monitoring and coordinating functions, and a more comprehensive set of tools and policy guidelines on disaster preparedness. These disaster response strategy enhancements support the National Disaster Preparedness Plan, which also puts a premium on the Management of the Dead and Missing.

In the Management of the Dead and Missing, being L!STO is characterized by the following elements:

- L – Level-off**
- ! – Institutionalize**
- S – Scale**
- T – Train**
- O – Organize and Equip**

# L – Level-off

Calls upon all the key-players to the following agenda:



DOST-PAGASA

- Discuss Hydro-meteorological hazards specific to your locality
- Identify potential impacts in your locality



DSWD

- Discuss the Cluster Approach System
- Develop a cluster system in your locality



DOST-PHIVOLCS

- Discuss Seismic hazards specific to your locality
- Identify potential impacts in your locality



DILG

- Discuss Management of the Dead and Missing Persons Cluster
- Develop MDM team in your locality  
Analysis of the inventory of existing MDM facilities, materials and equipment of the DILG



DENR-MGB

- Discuss geohazard maps
- Identify potential impacts in your locality

Local  
Disaster Risk  
Reduction and  
Management  
Office

- Discuss the Local DRRM Plan, Contingency Plan and other action plans
- Include MDM in the Local DRRM Plan, and develop a separate MDM Contingency Plan with the appropriate budget

Review of DRRM and Contingency Office Plans focusing on risk areas for different types of hazards, and the disaggregated data on the population at-risk.

The following should be in the meeting:

- Members of Local Disaster Risk Reduction and Management Council
- Nearest district office of the National Bureau of Investigation (NBI) and Philippine National Police - Forensic Group

- Agenda
- Output

# I – Institutionalize



REVIEW and REVISE all the existing response plans (as needed):

- Local Disaster Risk Reduction and Management Plan (LDRRMP)
- Contingency Plan(hazard-specific)
- Search and Rescue Plan
- Search and Retrieval Plan (indicating proper equipage, personal protection, collection points, morgues, temporary burial sites, tags and markers)
- MDM Action Plan



Enter into a MEMORANDUM OF AGREEMENT with funeral service providers, mortuary associations and other stakeholders, in order to augment the resources of the LGU.

# S – Scale

1

Detect or determine when and where disasters can or will happen, based on geohazard maps, warnings, notices and updates from DOST- PAGASA, DOST-PHIVOLCS, DENR-MGB, DOH, PNP, AFP, BFP and PCG

2

Collect the following data:

- Risks and hazards in your locality;
- Disaggregated data of population, especially children, senior citizens, and PWDs; and
- Capacity of the city/ municipality to respond to emergencies (such as skills and competencies of its human resources, inventory and quality of facilities and equipment, financial resources, etc.)

3

Identify and designate the following areas within your locality:

- Collection Area
- Temporary Morgue Area
  - i Temporary Storage Area / Viewing Area
  - ii DVI Working Area
  - iii Temporary Viewing Area
- One-Stop-Shop
  - i. Missing Person Center
  - ii. Welfare Desk
  - iii. Death Certificate Release)
  - iv. Bereaved Families' Holding Area (includes a private counselling room)
  - v. Data Reconciliation Area (data and information management center)

4

Forge partnerships with funeral service providers and similar organizations within your own and nearby localities.

# T – Train

Conduct training, or enrol your MDM team members, on the following:

- Orientation on the LISTO Protocols for Hydro-meteorological Hazards
- Incident Command System (ICS)
- Emergency Operations Center (EOC)
- Psychological first aid, stress management, and other MHPSS interventions
- Community-based Disaster Risk Reduction and Management (CBDRRM)
- Risk Assessment
- Contingency Plan Formulation
- Hazard Mapping
- Pre-Disaster Risk Assessment
- Alliance Building
- LDRRM Planning

Conduct trainings for all personnel involved in MDM operations:

- Relevant laws and issuances on MDM;
- Management of the Dead and Missing Persons – retrieval, identification, management of human remains, proper disposal of dead bodies, collection and management of data and information;
- Psychological First Aid for responders;
- Psychological First Aid for families of the dead and missing;
- Emergency Medical Technology;
- Establishing Official Claims;
- Basic Forensic Training;
- Documenting Relevant Information about the dead and missing persons; and
- Other relevant training

# O – Organize and Equip

The MDM team needs to be organized: it should have a clear structure where all the functions are well-defined and properly assigned to each member. Tasking will be dependent on the various types of scenarios that will be encountered on the ground. The team must always be equipped with the appropriate PPEs, other equipment to be used during the operations, and the materials and equipment necessary for the documentation needs.

Organize the MDM Team members depending on the scenarios.

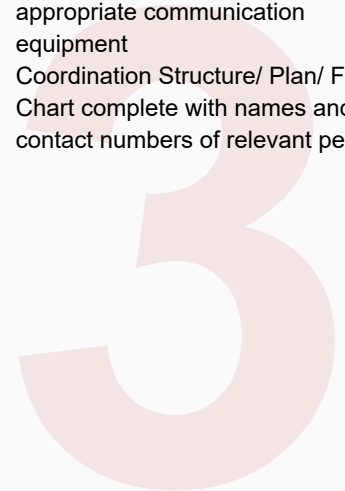
A large, light red number '1' is centered in the box, serving as a visual indicator for the first step.

Minimum Supplies for MDM Teams:

- body bags (standard black or white; yellow for infectious dead bodies)
- Personal Protective Equipment (PPEs) in sufficient quantities, which includes: coverall suit, eye goggles, boots, gloves, respirator masks, apron, etc;
- Documentation equipment, including, but not limited, to the following: ballpen or sign pen; permanent marker; logbook, camera, etc;
- Tagging materials;
- Temporary Burial Markers (sturdy and with permanent label);
- Evidence Collection Bag; MDM Forms;
- Equipment to be used for the disposal of human remains
- Disinfection kits / cleaning materials; and
- Other materials deemed necessary.

Minimum Equipment Support for MDM Teams:

- Two-way Radio, Global Positioning System (GPS) device and other appropriate communication equipment
- Coordination Structure/ Plan/ Flow Chart complete with names and contact numbers of relevant people

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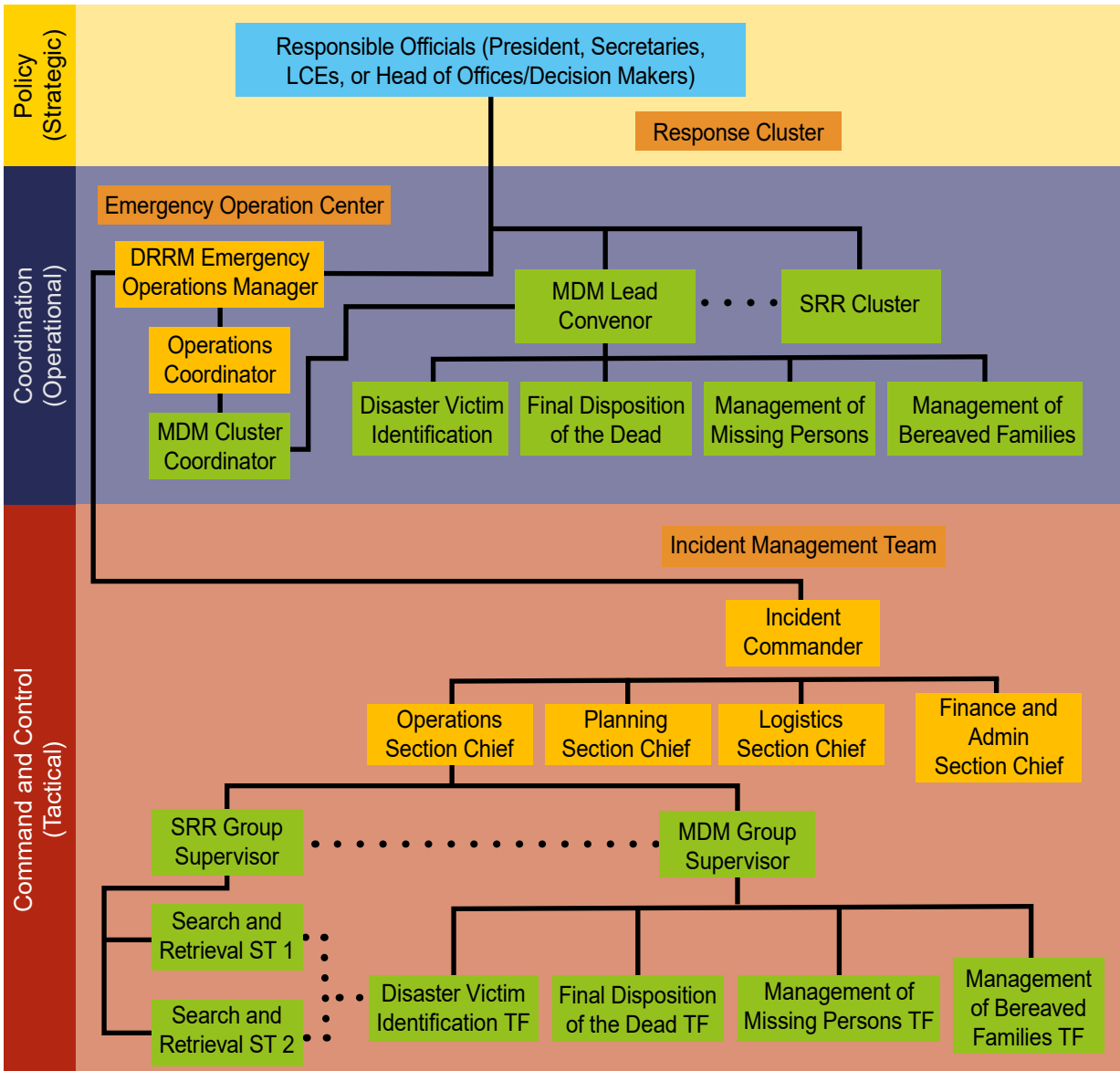




# **ORGANIZING A LOCAL MDM TEAM**

There shall be an established trained MDM team at every locality. The MDM Teams must always be ready to respond, regardless of the scale and complexity of the emergency or disaster.

During incident management at the local level, MDM teams shall be attached or assigned under the Operations Section Chief of the Incident Management Team. An MDM component shall join the SRR team, specifically to provide technical advice in the retrieval procedures, ensure proper documentation of the retrieval of dead bodies and body parts, and assess the necessary MDM resources that must subsequently be deployed.



Complementing the roles and responsibilities of the National Government Agencies, the Local Government Units must establish a separate MDM Team comprising the following:

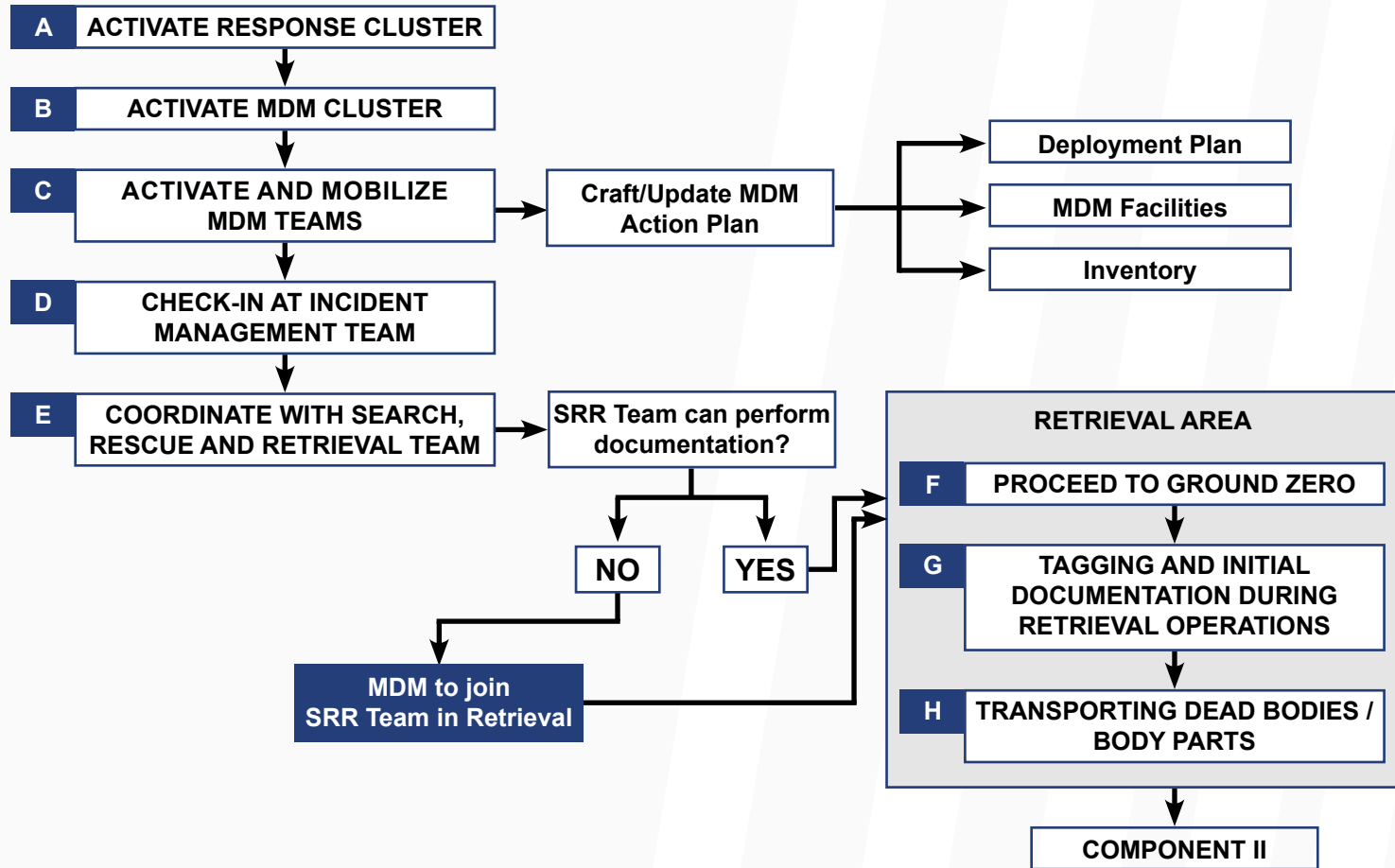
Position	Responsibilities	Representatives
MDM Group Supervisor	<ul style="list-style-type: none"> <li>□ Directs execution of all actions related to MDM</li> </ul>	
Disaster Victim Identification Task Force	<ul style="list-style-type: none"> <li>□ Leads the Disaster Victim Identification</li> <li>□ Determines the most appropriate method of identification</li> <li>□ Joins with the Search and Retrieval Team</li> <li>□ Prepares the list and actual number of processed human remains, classified as identified and unidentified.</li> <li>□ Collects, documents, and reports the post-mortem data.</li> <li>□ Coordinates with other MDM sub-clusters</li> </ul>	
Final Disposition of the Dead Task Force	<ul style="list-style-type: none"> <li>□ Coordinates with other MDM sub-clusters</li> <li>□ Processes the burial and other related documents for purposes of proper disposal of identified and unidentified human remains or dead bodies</li> <li>□ Provides the list of claimed and unclaimed identified dead bodies.</li> <li>□ Facilitates the disposal and/or exhumation of human remains.</li> <li>□ Identifies legal issue/s encountered, recommends and coordinates with other stakeholders for the appropriate legal remedy.</li> </ul>	
Management of Missing Persons Task Force	<ul style="list-style-type: none"> <li>□ Collects, documents, and reports the names, physical characteristics and other ante-mortem information of a reported missing person.</li> <li>□ Uses the Checklist for Absent/Missing Person Form (PNP Memorandum Circular Number 2016-033 dated June 1, 2016) in collecting and documenting reported missing persons. Uses, as applicable, the INTERPOL Ante - Mortem (AM) Form, in the case of reported missing foreign nationals.</li> <li>□ Issues the Certificate of Missing Person immediately after proper verification has been completed.</li> <li>□ Coordinates with other MDM sub-clusters.</li> </ul>	
Management of the Bereaved Families Task Force	<ul style="list-style-type: none"> <li>□ Coordinates with other MDM sub-clusters.</li> <li>□ Establishes the relationship between families and the dead, and reported missing persons, based on the endorsements from either the Management of Missing Persons Task Force or Final Disposal of the Dead Task Force.</li> <li>□ Provides the necessary psychological, physiological, and social interventions to the bereaved families.</li> </ul>	





# **COMPONENTS OF MANAGEMENT OF THE DEAD AND MISSING PERSONS**

# COMPONENT I (MDM AND SRR)



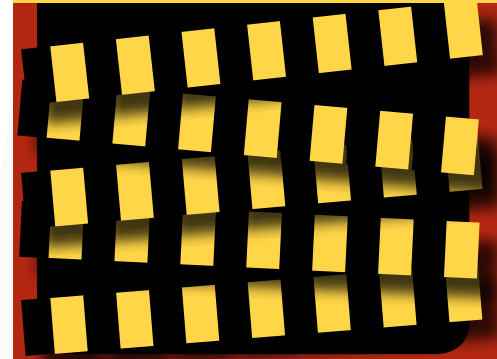
**Component 1** presents the working relationships between the Search, Rescue and Retrieval (SRR) and MDM Teams, and the various activities to be performed in order to efficiently undertake MDM. The ball starts rolling when the Response Cluster is activated, and the MDM Cluster and its teams are also activated. The team uses the MDM Action Plan prepared by the Local DRRM Office or the Local MDM Cluster. The Action Plan contains the deployment plan and information about the available MDM team members in the locality, facilities and inventory of materials and equipment that can be used for the operations.

An important task of the MDM team is to immediately coordinate with the Incident Management Team, which will provide them with a clear understanding of the current situation, including important precautionary measures to be observed. As the MDM Team proceeds to Ground Zero, they coordinate with the Search, Rescue and Retrieval (SRR) Team and representatives of the local government unit (LGU) which provides them with the actual or estimated number of dead and missing persons.

One of the most important functions of the MDM Team is to document all the gathered data and information, which includes the use of a unique code system to ensure traceability. If the SRR Team will not be able to do the proper documentation, the MDM component (which is trained in conducting proper documentation) joins the SRR Team to perform advisory, documentation, and assessment functions. If the SRR Team is able to document the bodies and the number of missing persons, the MDM Team should ensure that the proper Disaster Victim Identification (DVI) data and information have been collected, verified/validated, documented and reported.

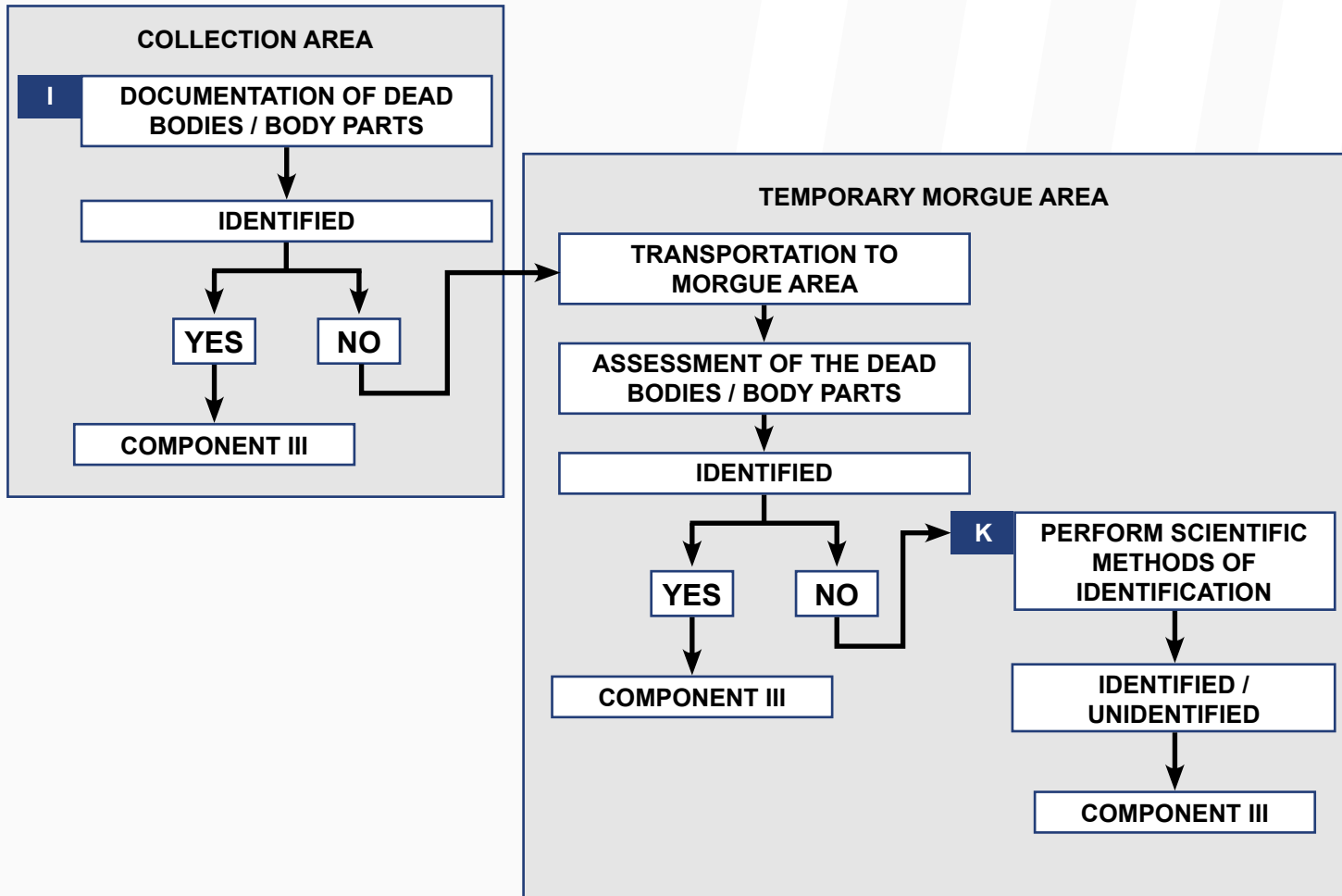
If the bodies have been properly and positively identified, final arrangements for their disposal are carried out. If the bodies are not properly and positively identified, they shall undergo the proper management of the dead (See section on Component 2 on Dead Body Management).

## SECURE THE AREA!



In order to minimize or prevent risk and reduce the danger, the disaster site or area must be properly secured. It should be sealed off at a sufficient distance, which will allow disaster response teams to work without disruption while ensuring the integrity of the evidence and keeping unauthorized individuals (such as spectators, reporters, etc.) away. Police, fire-fighting units and other groups of uniformed personnel (as applicable) must also be called to the site to provide security and other technical support. The safety of the responders must be ensured at all times. Whenever the lives of the responders are at risk, immediately conduct evacuation procedures and move to a safer location.

# COMPONENT II (DEAD BODY MANAGEMENT)





**Component 2** shows the process of managing dead bodies and the various steps to be taken to ensure that the victims are accurately identified using all possible means of verification and validation.

When proper positive identification of the dead body/body parts is established at the Retrieval and/or Collection Areas, the final arrangements for the dead can already be done.

When the dead body cannot be positively identified, it is brought to the Temporary Morgue Area where the MDM team again tries to establish victim identification using human identification process and other available means.

It is important to note that the National Bureau of Investigation (NBI) is tasked to lead the identification of dead bodies during natural disasters, while the Philippine National Police (PNP) during human-induced disasters (e.g., terrorist attack, armed conflict). However, in the absence of one, the other must assume responsibility until properly relieved. As soon as the lead agency arrives at the scene, the agency taking temporary responsibility shall immediately turn over operational control.

If they become successful in positively identifying the dead body, final arrangements for the dead can already be done, the same applies to the unidentified.

Both the NBI and the PNP follow the same standards set by the International Criminal Police Organization (INTERPOL) in the management of dead bodies: from the retrieval area to the collection area, to the temporary morgue area.

A Certificate of Identification will be issued by either the NBI or the PNP for processed and identified dead bodies, which will be subsequently turned over to the Final Disposal of the Dead Task

Force, through the Local Health Office, for the issuance of a death certificate and formal handover to the rightful claimant prior to burial or cremation.

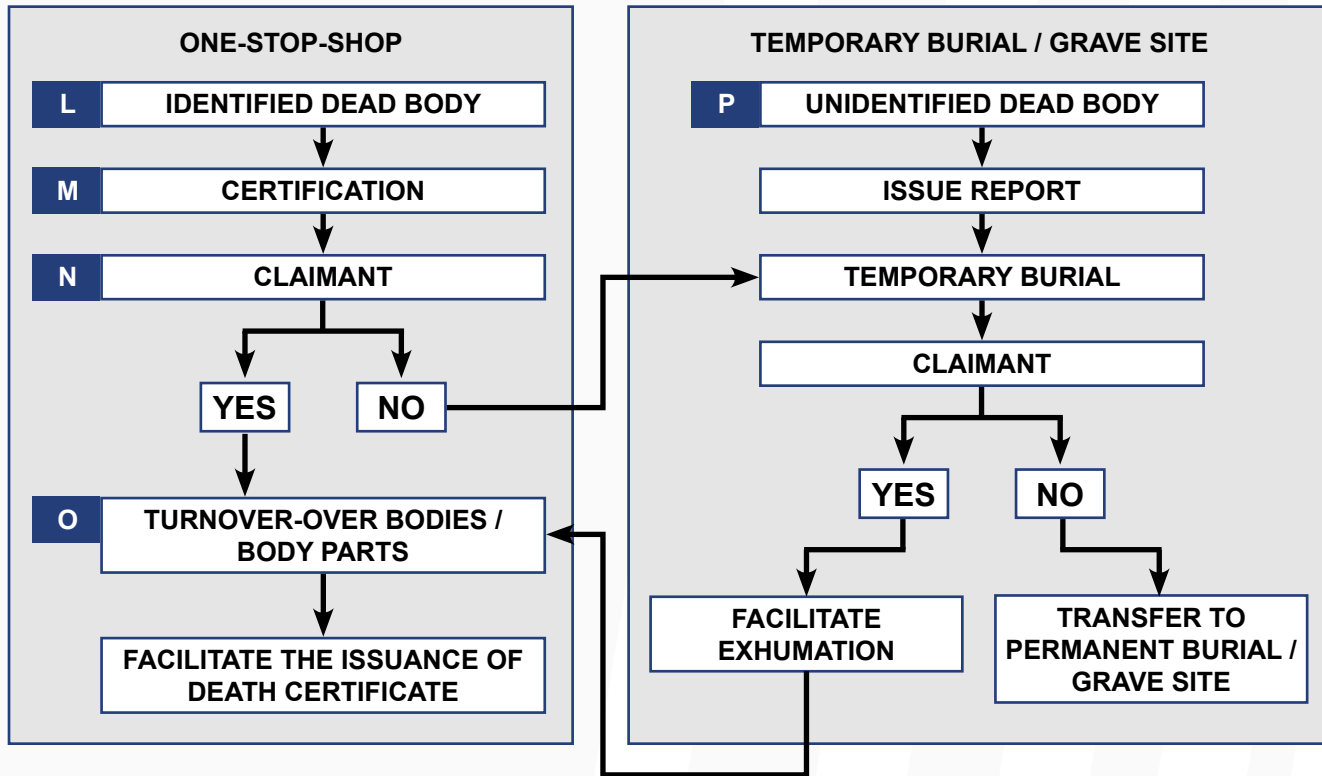
The processed but unidentified dead bodies will be turned over to the Final Disposal of Dead Bodies Task Force for temporary burial, pending the ongoing DVI process.

One of the most important aspects of these activities is the dead body management, which must follow the following guidelines:

- All measures are designed to contribute to the positive identification of victims;
- The highest possible quality standards should be applied in the process;
- Dead bodies of victims are to be treated with dignity and respect. Treating with dignity includes using appropriate retrieval and body packaging techniques, using individual body bags, responders using the proper PPEs, using appropriate transportation, avoiding the piling and public exposure of dead bodies, among others;
- Respond to relatives' need for certainty as soon as possible;
- Cooperation with other DVI teams is advantageous when disaster victims of different nationalities are to be expected; and
- Standard forms should be used to document victim identification, including AM (ante mortem) information and PM (postmortem) data.

The DVI teams work in an interdisciplinary manner and may engage the services of experts in different fields, when needed. It can take a long time to accurately identify the retrieved dead bodies of disaster victims, especially if a large number of people were killed. Depending on the nature and place of the incident, it can take weeks to months, or even years, for all the victims to be identified and their property to be recovered.

# COMPONENT III (FINAL ARRANGEMENTS OF THE DEAD)



**Component 3** shows the process that the MDM Team undergoes in making final arrangements for the dead– from search and retrieval of human remains, identification, establishing time of death, causes and circumstances of death, and preparation of the human remains for final disposal. Each step is described according to the legal guidelines issued by the government and other relevant agencies, and some practical recommendations from the field.

### **Legal Perspective on Death**

- Death is a permanent disappearance of all evidence of life at any time after the live birth has taken place (post-natal cessation of vital functions without capability of resuscitation). It refers to the death of a human being and not to a loss of any part or organ thereof which does not indicate the death of a person.
- The determination of the death of a person must be medically and legally done by competent persons or government offices which is in accordance with the acceptable standards of medical practice.
- Determine the cause, date, place, and manner of death of the decedent to identify if it is disaster-related. Make the necessary coordination with other government agencies if it is believed or suspected to be crime-related or due to a violent death.

### **Report on Death - Transfer to Reporting Disaster Casualties**

- The LGU must ensure that all retrieved human remains are processed and have undergone the disaster victim identification (DVI) process.
- The death of identified or unidentified disaster victims must be reported to the police or other appropriate government

office, regardless of identity, age, sex, nationality, race, culture, religion and belief, and place of residence.

- For official reports on the dead, the National Disaster Risk Reduction and Management Council (NDRRMC) shall provide the information based on the reports submitted by the DILG-Central Office.
- All concerned units, including implementing partners at the community level, should be encouraged to report dead or retrieved dead bodies to the NBI or the PNP.
- The NBI and/or PNP shall submit a report to the Local Health Office.
- The local hospitals (both public and private) shall submit a report to the Local Health Office (LHO).
- The Local Health Office shall submit the number and list of dead bodies to the DOH-Center for Health Development (DOH-CHD).
- The DOH-retained hospitals should submit the number and list of dead bodies to the DOH-CHD.
- The DOH-CHD shall consolidate the reports from the DOH-retained hospitals, the PNP, NBI, and Local Health Offices and submit the consolidated report to DILG-CHD, copy furnished the DOH-Health Emergency Management Bureau (DOH-HEMB).
- The DILG-RO shall submit the consolidated report to the DILG-Central Office, furnishing a copy to the RDRRMC.
- The Regional/Provincial/City/Municipal Disaster Risk Reduction and Management Council (R/P/C/MDRRMC), through the NDRRMC, shall provide the Department of Foreign Affairs (DFA) a list of identified and unidentified dead foreigners.
- The reports of deaths and missing persons in disaster stricken

areas must be made on a daily basis until the necessary information is completed. It shall include, but not be limited to, the following: a) number of deaths; b) number of missing persons; and c) specific numbers of both identified and unidentified human remains from the LHO, private hospitals and other health facilities. The reports on death must be made by the LHO/LDRRMC, DOH-CHD, copy furnished the LCE, DOH-HEMB, DILG-Central Office, and NDRRMC.

### **Transfer of Custody of Processed Human Remains**

- The Search, Rescue and Retrieval (SRR) team shall turn-over all retrieved bodies and body parts to the NBI or PNP for identification and proper accounting.
- The medico-legal officers of the NBI and/or PNP shall issue a Certificate of Identification for all processed and identified dead bodies, and submit the same to the Local Health Officer (LHO).
- The official list of identified dead bodies indicating the name, cause of death and other relevant information shall be provided by the NBI or PNP to the concerned LHO.
- For those who died outside of a healthcare facility without receiving medical attention, the Local Health Officer (LHO) [in case of natural disaster], or the medico-legal officer of the NBI or PNP [in case of human-induced disaster] shall issue and certify the death certificate of the decedent. The LHO or the NBI/PNP shall make the necessary coordination with the Local Civil Registrar (LCR) for the registration of the aforementioned Death Certificate.
- Before the remains of the deceased can be released to those in-charge of facilitating its burial, a Death Certificate shall be issued by the LHO or the PNP/NBI, as the case may be, and it shall be registered by the LCR.
- If the rightful claimants of the decedent who was buried in the temporary burial site have expressed that they want to bury the

remains of the decedent in another burial site, the former must first secure and present the necessary documents and permits for the exhumation and reburial of the remains of the decedent.

- Unclaimed identified and/or processed unidentified human remains are buried by the LGU in the temporary burial sites so that they can be exhumed/disinterred when their rightful claimants have been identified and informed; or their identities have been established after DVI and can be returned to their respective rightful claimants.

### **Features of a Temporary Burial Site**

- The establishment, construction, and maintenance of burial grounds, funeral, embalming, and/or crematorium establishments where the remains of the decedent must be disposed of, must be in accordance with the standards prescribed by laws and guidelines issued by the appropriate government offices in the Philippines or appropriate international bodies (i.e., World Health Organization, etc.).

### **Handling and Disposal of Human Remains**

- Handling, transfer, burial, exhumation, disinterment or reburial of dead bodies must be in accordance with the standards prescribed by existing laws and guidelines issued by the appropriate government offices in the Philippines or appropriate international organizations.
- Special health precautions prescribed by the appropriate government offices must be strictly observed in the handling, transfer, burial, exhumation, disinterment, or reburial of the human remains of a person who died of dangerous communicable disease/s. The following are some of the special precautions that must be observed:
  - a. The remains shall be buried within 12 hours from his/her time of death, or as soon as possible;

- b. The remains shall not be taken to any public assembly;
  - c. Only adult family members of the family may be permitted to attend the funeral;
  - d. Embalming of human remains who died due to a dangerous communicable disease, as declared by the Department of Health, shall not be allowed.
- If the LHO has reasons to believe or suspect that the cause of death was due to violence or crime, he/she shall immediately notify the authorities of the Philippine National Police or the National Bureau of Investigation. The deceased shall not be buried until after a medico-legal examination has been conducted. Thereafter, the LGU must secure permission from concerned authorities. In this case, the deceased shall not be buried until permission is obtained from the provincial or city fiscal. If these officials are not available, the permission shall be obtained from any government official authorized by law.
  - A death is considered a “violent death” when the cause of death was due, but not limited, to the following: stab wounds; gunshot wounds, suicide of any kind, strangulation, accident resulting in death, actual physical assault inflicting injuries upon a person resulting in death, or any act of violence upon a person resulting in death and or sudden death of undetermined cause.
  - Shipment of remains within or to the Philippines and abroad shall be governed by the rules and regulations of the Bureau of Quarantine, the Department of Foreign Affairs (DFA), and the appropriate embassy or consular office.
  - The burial of human remains in city or municipal burial grounds shall not be prohibited on account of race, nationality, religion, or political persuasion.
  - The following are the prescribed periods in which the human remains of the dead person can be buried or cremated (if applicable):

Time	Circumstance/s
12 Hours	Death due to a dangerous communicable disease.
12-24 Hours	i. Religious or cultural considerations; or ii. Request of the bereaved families
48 Hours	Unembalmed body of the dead person, except when: <ul style="list-style-type: none"> <li>a) Allowed by LHO;</li> <li>b) Medico-legal examination must be conducted; or</li> <li>c) Who did not die due to a dangerous communicable disease</li> </ul>
72 Hours	<ul style="list-style-type: none"> <li>● A medico-legal investigation must be conducted, provided the deceased did not die due to a dangerous communicable disease;</li> <li>● Permitted by LHO for valid reasons such as when there is a disaster, flood, etc.</li> </ul>
60 days	Unclaimed bodies from the funeral or embalming establishments

- The manner of disposal of the retrieved human remains is either of the following:
  - a. expressed wishes of the dead person;
  - b. in the absence of such expression, religious beliefs or affiliation, or customs and traditions;
  - c. In case of doubt, the form of the funeral shall be decided upon by the person obliged to make arrangements for the same, after consulting with other members of the family; and
  - d. In case of inapplicability or absence of the aforementioned manner, the LGU shall dispose of the remains of the unidentified or unclaimed identified bodies in the prescribed manner set by relevant laws.
- The government has the right to regulate the manner of disposal of human remains of a dead person to ensure that it is in accordance with law.
- The rightful claimants shall be responsible for the ultimate disposal of identified dead bodies.
- If the human remains are identified because of the additional information gathered, the body is released to the rightful claimant and provided proper burial. If the human remains are unidentified, information about them is documented and stored at the LGU, through the Local DRRMO, and the human remains are buried in properly marked temporary graves.
- Period of Exhumation. As a general rule, the human remains of the dead person can be exhumed after the lapse of three (3) years if he/she had died due to a non-dangerous communicable disease or five (5) years if he died due to a dangerous communicable disease. However, disinterment of remains covered in Section 5, paragraphs 5.1.1 and 5.1.2 of the IRR of Chapter XXI of P.D. No. 856 may be permitted within a shorter time than the prescribed period in special cases such as requested by the court, police, agent of the National Bureau

of Investigation [medico-legal cases], subject to the approval of the regional health director concerned.

### **Death Certificate, as a Burial Requirement**

- A Death Certificate shall be certified, issued and registered before the remains of a dead person is buried, unless otherwise provided by law. However, the requirement (i.e., presentation) of a death certificate before burial may be waived in some special circumstances, such as the following:
  - The deceased died from a dangerous communicable disease and must be buried or cremated within twelve (12) hours from the time of death;
  - The family members of the deceased have requested immediate burial without embalming or viewing, due to religious beliefs, culture and tradition;
  - The location of the deceased is far-flung or hard to reach, where the embalming facility is not available; and
  - Death of body parts, which suggest that its owner was not declared medically and legally dead.
- In these cases, Death Certificate shall be completed within forty-eight (48) hours after burial or sanctions against the relatives or next of kin may be imposed by the Local Health Authority.

### **Duty to Facilitate the Disposal of Human Remains**

- The immediate duty of burying the body of a deceased person, regardless of the ultimate liability for the expense thereof, shall devolve upon the persons hereinbelow specified:
  - If the deceased was a married man or woman, the duty of burial shall devolve upon the surviving spouse if he or she possesses sufficient means to pay the necessary expenses.
  - If the deceased was an unmarried man or woman, or a child, and left any kin, the duty of burial shall devolve upon the

nearest of kin of the deceased, if they be adults and within the Philippines and in possession of sufficient means to defray the necessary expenses.

- If the deceased left no spouse or kindred possessed of sufficient means to defray the necessary expenses, as provided in the two foregoing subsections, the duty of burial shall devolve upon the municipal authorities; and
- The LGU for the processed unidentified and unclaimed identified dead bodies.
- If the LGU was able to determine the claimants who have the duty to facilitate the disposal of the remains of the dead person but the latter refuse to perform his duty due a justifiable reason, the LGU shall secure a Release, Waiver and Quitclaim from the rightful claimant. The Release, Waiver and Quitclaim signed by the rightful claimant shall serve as a proof that he/she refuses to perform his/her duty to facilitate the disposal of the human remains of the subject dead person.
- Legitimate claimants shall be responsible for the ultimate disposal of identified cadavers.

### **Cost of Burial/Funeral**

- The cost of burial of a dead person shall be borne by the nearest kin. If the kin is not financially capable of defraying the expenses or if the deceased had no kin, the cost shall be borne by the concerned city or municipal government.
- Moreover, the deceased classified as Persons with Disability (PWD) or senior citizen shall be entitled to at least twenty percent (20%) discount and exemption from the value-added tax (VAT) on funeral and burial services for the death of the PWD or senior citizen: Provided, That the beneficiary or any person who shall shoulder the funeral and burial expenses of the deceased PWD or senior citizen shall claim the discount

under R.A. No. 10754 or R.A No. 9994 upon presentation of the death certificate. Such expenses shall cover the purchase of casket or urn, embalming, hospital morgue, transport of the body to intended burial site in the place of origin, but shall exclude obituary publication and the cost of the memorial lot.

### **Concern on the Cremation and Burial due to Violent Death**

- Unidentified and unprocessed human remains shall never be cremated or buried in mass graves.
- NO BURIAL/CREMATION shall take place without a validly issued death certificate.
- A written consent shall be obtained from those who are authorized to arrange the funeral or burial rite of the deceased, which allows the conduct of this procedure.
- The staff of the funeral establishment or crematorium shall ensure the identity of the cadaver to be cremated. Also, they shall exercise due diligence to ensure that this procedure shall not be abused by those persons who committed a crime against the person of the deceased and aims to conceal it.
- If the LHO has reasons to believe or suspect that the cause of death was due to violence or crime, he/she shall notify immediately the authorities of the Philippine National Police or the National Bureau of Investigation concerned, and the deceased shall not be buried unless a medico-legal examination has been conducted. Thereafter, the LGU must secure permission from local authorities concerned. In this case, the deceased shall not be buried until a permission is obtained from the provincial or city fiscal. If these officials are not available, the permission shall be obtained from any government official authorized by law.
- There is violence when the cause of death was due but not

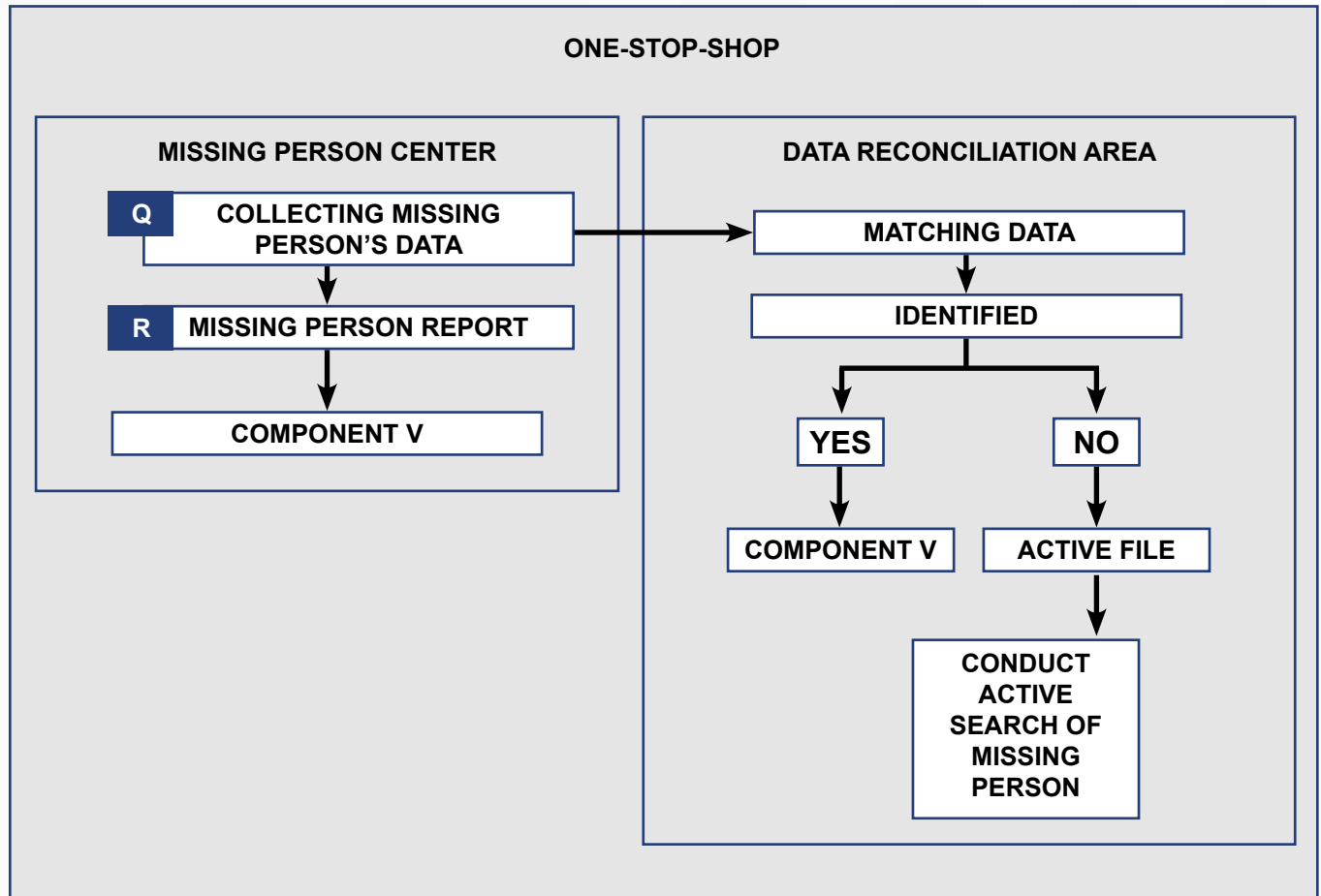
limited to the following: stab wounds; gunshot wounds, suicide of any kind, strangulation, accident resulting in death, actual physical assault inflicting injuries upon a person resulting in death, or any other acts of violence upon a person resulting in death and or sudden death of undetermined cause.;

- If the LHO or anyone believed or suspected or alleged that the retrieved had died due to violent death, a medico-legal examination must be conducted on the alleged victim. The conduct of medico-legal examination or autopsy is important in order to determine the victim's cause, manner, and mechanism of death. The result of the medico-legal examination or autopsy is useful in the conduct of an investigation by the appropriate law enforcement agencies in order to determine whether there was crime and the case that will be filed in court against the person who killed the victim.
- An injunction will not lie to restrain a criminal prosecution for the obvious reason that public interest requires that criminal acts be immediately investigated and prosecuted for the protection of society. A preliminary injunction is an order granted at any stage of an action or proceeding prior to the judgment or final order, requiring a party or a court, agency, or a person to refrain from performing a particular act or acts. As an extraordinary remedy, injunction is calculated to preserve or maintain the status quo of things and is generally availed of to prevent actual or threatened acts, until the merits of the case can be heard. A preliminary injunction persists until it is dissolved or until the termination of the action without the court issuing a final injunction.
- Permit to exhume for medico-legal purposes may be granted subject to the following conditions:
  - a. That the death of the deceased shall be registered in the office of the local civil registrar of the city/municipality concerned;

- b. Exhumation and transfer permits as required under these rules and regulations shall be secured;
  - c. That only proper authorities (e.g medico-legal officer, local health officer) and persons authorized to be present in the exhumation and investigation shall be allowed; and
  - d. That immediately upon exhumation, the remains shall be disinfected and after the necessary investigation by the authorities concerned shall have been completed, the same shall be re-buried at the authorized burial place. (4.6.4 of the IRR of Chapter XXI of PD No. 856- Disposal of Dead Persons)
- Other related provisions:
    - a. A case of death for the investigation by the National Bureau of Investigation or other investigative agency of the government where the body of the deceased is subject to autopsy or examination by medico-legal officers is a case for medico-legal.
    - b. When the death under medico-legal investigation has not been registered at the place of death, the head of the National Bureau of Investigation or of another investigative agency or his authorized representative shall cause the registration of such death through the health officer of the city or municipality where the death occurred. The medico-legal officer shall accomplish and sign the medical certification of the Certificate of Death.



# COMPONENT IV (MANAGEMENT OF MISSING PERSONS)



**Component 4** shows the process observed by the MDM Team in the processing of reported missing persons. In the aftermath of a disaster with a significant number of casualties, it is especially important to collect, record and process information regarding injured, missing and deceased persons, as well as individuals otherwise affected by the disaster, in order to obtain an overview of the scope of the disaster as quickly as possible.

The PNP, integrated within the chain of command, is tasked with collecting and recording all information related to individuals who may be regarded as potential disaster victims. It is essential that further decentralized teams be carried out on the basis of the presumed victim data pool for the purpose of verifying or disproving the actual total number of missing persons. Continual comparison with the lists kept by the Search and Rescue Team (list of injured and uninjured survivors) can result in a systematic reduction of the presumed number of victims.

The PNP / DSWD should, however, not begin collecting victim's data from relatives, friends, and other appropriate persons who have personal knowledge about the source of identification of the victim until a reliable list of actual victims is available and processed for psychological support.

1. Collection of victim's data. DVI Teams should ensure that all victim identification data are collected using the Interpol DVI Ante-mortem Form (yellow form) or at a minimum, the Missing Person Information Form. It is also important to ensure that the victim's data are collected by the respective assigned specialists

as completely as possible and are granted equal value. The non-availability of specific victim data should also be documented. For the purpose of collecting primary identification features, both the domicile and the personal workplace of each missing person and other areas in which the presumed missing person has been should be treated like crime scenes.

## Documentation Requirements

- a. Property Receipt
  - o The DVI team must ensure that a property receipt is issued for any property or material taken from the family or friends of the missing person/potential victim.
- b. Consent for DNA Testing from the Possible Claimant
  - o Consent for DNA testing must be obtained prior to taking any buccal swab or blood sample, pursuant to applicable laws. Procedures used in the collection, storage, and management of DNA samples must be in compliance with applicable laws.
- c. The Missing Person Information Form and Ante-mortem Form, as required by the DVI Ante Mortem Coordinator, must be completed and submitted to the PNP/ NBI as soon as practicable after the interview.

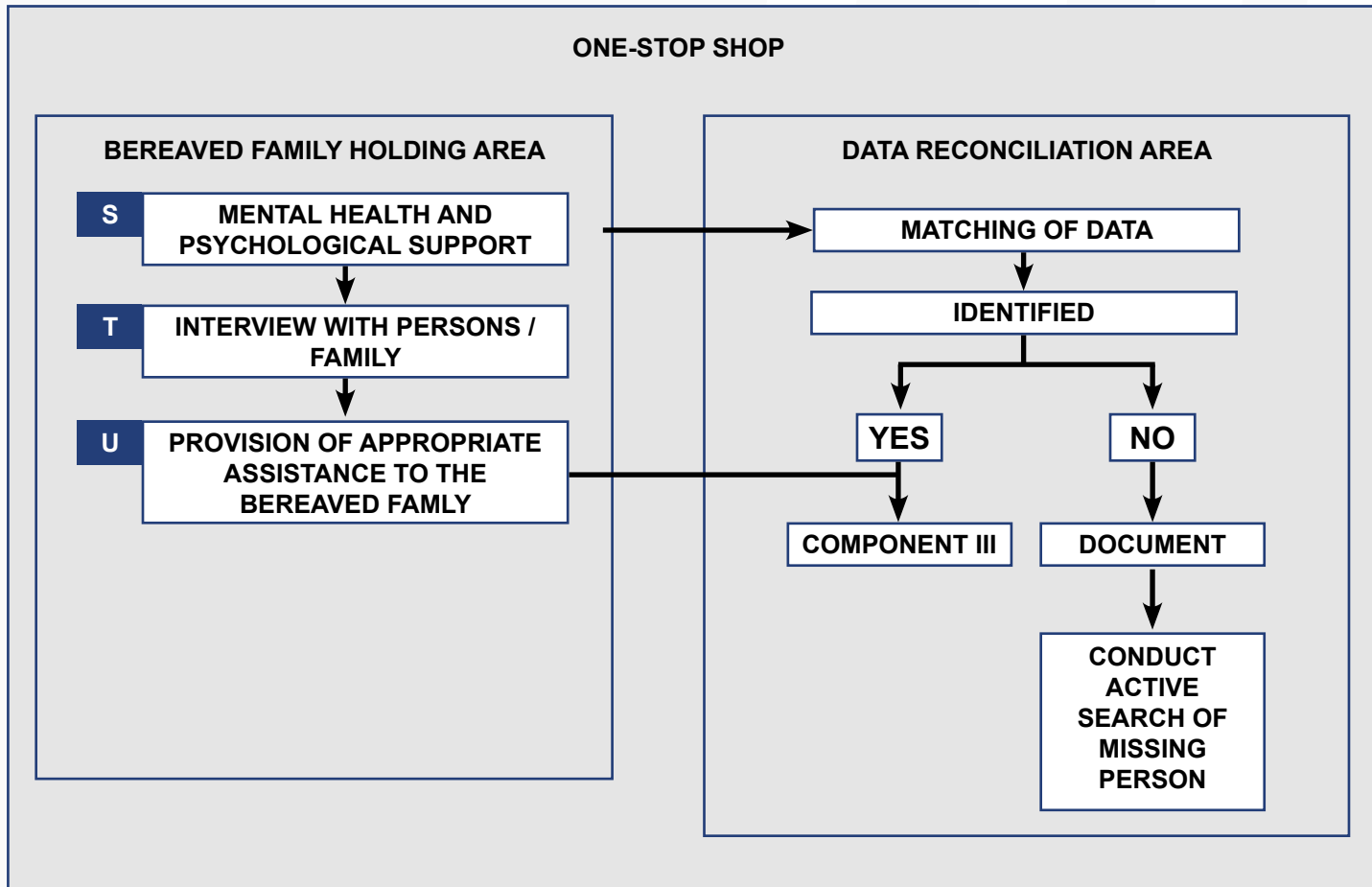
2. After the collection of the victim's data, the team should deliver or arrange for the delivery of DNA material, fingerprints, identification card, original medical or original odontological records and X-ray exposures, as well as photographs and other documents obtained during or after the interview, to the PNP.

3. All postmortem data obtained from bodies are evaluated with reference to information obtained on missing persons. It is therefore necessary for the PNP/NBI Team to get Missing Person's Reports from the list provided by the LGU and the Local Social Welfare and Development Office (LSWDO).
4. The PNP Team who leads the management of the missing persons, shall be the one to declare if the absent person is considered missing, as recommended by LGU/s and LSWDO
5. After establishing the fact that a person is indeed missing, the DSWD, through the local social welfare and development offices (LSWDOs), shall provide assistance in the coordination and provision of financial assistance and psychosocial support to the bereaved families of the dead and missing persons. If the circumstances of a reported missing person cannot be ascertained, the report goes to the Active File of the LGU and LSWD.

**The goal of this approach is twofold**

1. To ensure that actual cases of missing persons are not overlooked; and
2. To list all actual missing persons in order to facilitate the collection of data from relatives on the basis of the corresponding victim lists.

# COMPONENT V (MANAGEMENT OF THE BEREAVED FAMILIES)



**Component 5** shows the process by which the LGU, through the Local Social Welfare and Development Office (LSWDO) proceeds to implement the management of the bereaved families.

1. After the PNP Team which leads the management of the missing persons has declared that the absent person has been considered missing, the DSWD, through the local social welfare and development offices (LSWDOs), shall immediately render technical assistance in the form of coordination, interview, and the provision of food, financial and livelihood assistance, clothing, shelter, management of orphans and psychosocial and mental health support to the bereaved families of the dead and persons missing.
2. Part of the technical assistance is the conduct of interviews with the family of the dead or missing person in order to obtain more facts that can help the PNP/ NBI in body identification. The data gathered from the family may also serve the purpose of determining the appropriate form of support to be provided to the bereaved family.

The social needs of the bereaved may include family or peer support system and assistance, through the Local Social Welfare and Development Office / Social Welfare Inquiry Desk / Information Center. Other social needs may include educational assistance and legal support. In some instances, the psychological needs of the bereaved may include psychological first aid and other special needs such as psychiatric or mental health services.



# REFERENCE BOXES

## BOX A [Activate Response Cluster at the Local Level]

The National Disaster Response Plan (NDRP) put in place systems and mechanisms that needed to be activated before a disaster or emergency occurs, including the cluster coordination system, Emergency Operations Center (EOC) and the Incident Command System (ICS). This is in line with the provisions of Republic Act (R.A.) No. 10121 acknowledging the jurisdictions of the different levels of the local government system and the mandates provided in the Local Government Code. Pursuant to the established response plan, the LGU may align the cluster system and arrangements for easier coordination once the regional and national augmented their response capabilities. The operational strategies of harmonizing the cluster system will result in a well-coordinated and effective humanitarian response. At the onset of planning for a response plan, it is recommended to ensure the institutionalization of a cluster system that will provide direction to what, how, when and where to facilitate the assistance.

### The clusters comprise the following:

Response Clusters	Representative/s form LDRRMC	Contact Number
<ol style="list-style-type: none"> <li>1. Food and Non-Food Items (FNI)</li> <li>2. Camp Coordination and Camp Management (CCCM)</li> <li>3. Law and Order (LAO)</li> <li>4. Health</li> <li>5. Philippine International Humanitarian Assistance (PIHAC)</li> <li>6. Education</li> <li>7. Emergency Telecommunications</li> <li>8. Logistics</li> <li>9. Search, Rescue and Retrieval (SRR)</li> <li>10. Internally-displaced Persons (IDP) Protection</li> <li>11. Management of the Dead and Missing Persons (MDM)</li> </ol>		

### The activities of the Response Clusters will commence based on the any of the following trigger points:

- Declaration of a State of Calamity
- Request for assistance from the R/P/C/MDRRMC Chairperson to the NDRRMC or any of its member agencies
- Request from a regional agency or the RDRRMC Chairperson
- As directed by the Chairperson, NDRRMC, or the Executive Director, NDRRMC.
- During the disaster phase, or immediately after impact, the reports, including the results of the rapid Damage Assessment and Needs Analysis (RDANA), requests from the LGUs, and/or absence of reports from affected communities may be considered as basis for the activation of the Response Clusters.



When there is no information coming from and going through the affected areas within 6-12 hours after the landfall of a tropical cyclone, Rapid Deployment Teams will be deployed on the 12th hour of no communication from the affected areas.

The quantity and quality of responses will be based on the results of the Rapid Damage and Needs Assessment (RDANA). The difference is on the timeline of the conduct of the RDANA, and who conducts it.

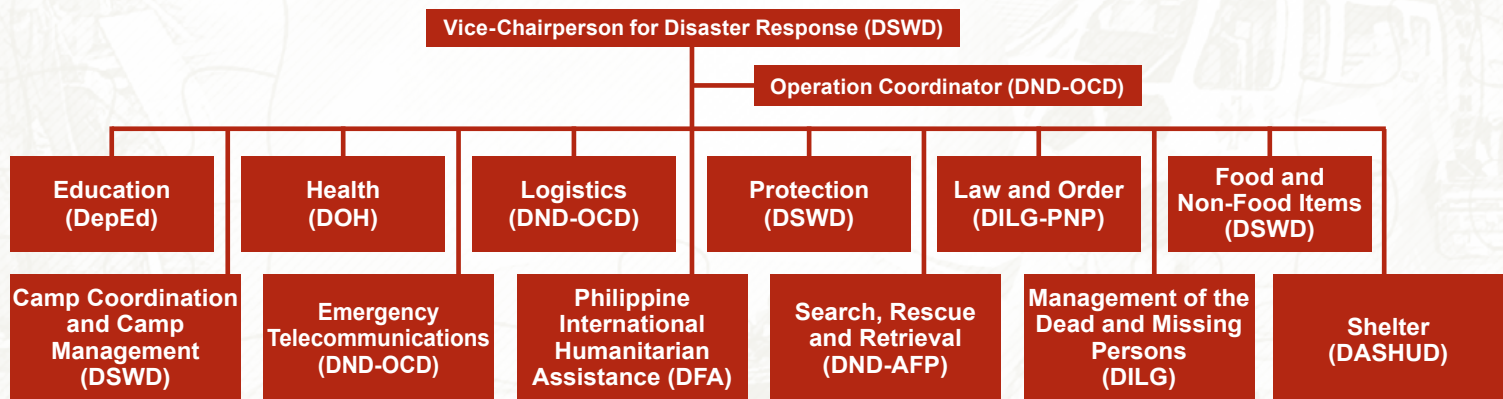
### Two scenarios will be used for the during Disaster Phase

- Trigger 1 has the affected LGUs conducting the RDANA as basis for the situation report that they submit to their respective RDRRMCs/ PDRRMCs. This is done even before the disaster occurs (if there is ample time) and becomes the basis for initial response actions that would prevent further damage to the locality.
- Trigger 2, on the other hand, means that the LDRRMC in the locality hit by the disaster cannot cope with the situation so the augmentation deployed by the PDRRMC to the affected areas conducts the RDANA for the affected LGUs in coordination with the LCEs.

### The augmentation should also propose and prepare a site plan based on the contingency plans of the affected LGUs for the installation of the following:

- Information and communication facilities for ETC
- Initial response operations facilities for FNI, CCCM, and HEALTH Clusters
- Areas for supply and storage facilities for the Logistics Cluster
- Emergency power and fuel station
- Areas for co-location of Local and International Humanitarian Assistance Operation

Below is the structure of the NDRRMC National Disaster Response Cluster System:



## BOX B [Activate MDM Cluster]



Identification of the dead



Final Arrangement for the dead



Management of the missing persons



Management of the bereaved families

The MDM Cluster is headed by the Department of the Interior and Local Government (DILG) as the lead convenor and aims to provide assistance in the proper identification and disposal of human remains in a sanitary manner, with cautions to prevent negative psychological and social impact on the bereaved families and the community. The MDM Cluster will focus on four major activities:

- Identification of the dead
- Final arrangements and disposal of the dead
- Management of missing persons
- Management of the bereaved families

The NDRP mandates that the Cluster Approach's response be cascaded to all levels of government, both national and local. This mandate goes together with the assumption that all local government units (LGUs) have prepared and implemented their Local Disaster Risk Reduction and Management Plans (LDRRMPs), particularly on preparedness activities directly supporting response initiatives that include Management of the Dead and Missing Persons.

Response Cluster will act on REPORTS or NO REPORTS status from the affected LGUs through the focal persons (Region,

Province, City / Municipal) or the deployment of the Rapid Deployment Teams (RDT) at the affected areas.

**During Disaster Phase, the MDM Team conducts the following activities:**

1. Deploys pre-positioned MDM Teams to assist in the affected areas;
2. Coordinates with the LCEs of the affected areas for proper endorsement to the Incident Command Posts on the ground;
3. Collects status reports and requests from the deployed MDM Teams on the ground;
4. Submits status reports, and requests and proposes actions, to the Response Cluster;
5. Coordinates with other Clusters for their MDM requirements;
6. Deploys batches of MDM Teams for augmentation at the affected areas;
7. Coordinates with the LGUs to determine if there is a Mass Casualty Incident (MCI) in the disaster-stricken areas and a proper management of the dead must be conducted; and
8. Submits the MDM Task Force status reports to the NDRRMC.

## BOX C [Activate and Mobilize MDM Teams]

- An advance team of MDM should be sent as early as possible at the scene to conduct assessment.
- The team should organize a pre-operation meeting to agree on the objectives, methodology to be used for the DVI, the duration of the process, tasking of the team members, documentation requirements, supplies needed, etc.
- Coordinate with the SRR to organize documentations and procedures.
- The team shall be able to evaluate the situation on site according to the following assessment points:
  - Area extent of the scene and scope of damage
  - Number of casualties and state of the corpses
  - Evaluation of the duration of the process
  - Medico-legal institute able to respond (Distant or special equipment at the scene)
  - Methodology to remove the bodies (Composition and number of teams)
  - Transportation of dead bodies and body parts
  - Storage
  - Information about the number of missing persons

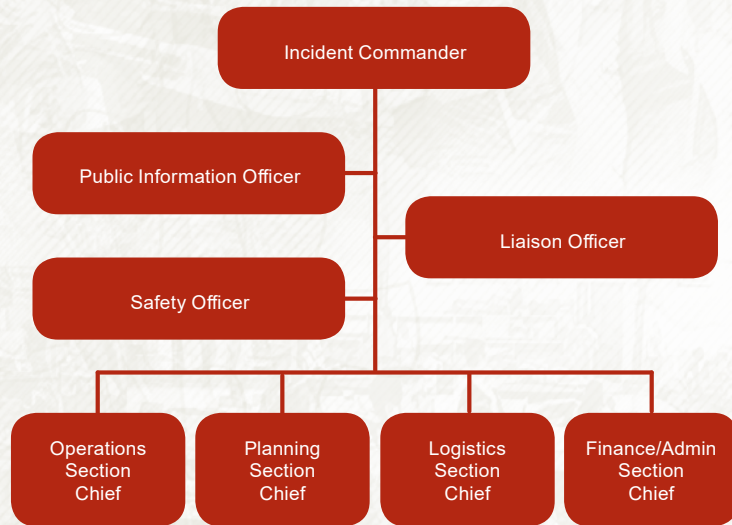
### DEPLOYMENT PLAN

- Details the scope, approach, and execution of the MDM processes

Actions (What should be done?)	Responsible Office (Who should take the action?)	Requirements (What do you need to perform the action?)	Potential Challenges (Are there potential challenges or difficulties?)

## BOX D [Check-in at IMT]

The Incident Management Team (IMT) is a team comprising of Command Staff and General Staff who will take the lead in the Incident Command System (ICS) implementation during disasters.



The IMT is one of the two (2) main operating arms of the Response Pillar. Its activities start with its official activation through a Memorandum Order approved and signed by the Vice-Chairperson for Disaster Response or the Executive Director of the NDRRMC respectively. Its activation is also based on the result of Pre-Disaster Risk Assessment (PDRA) that includes the elevation of alert status from BLUE ALERT to RED ALERT and/or as directed by the appropriate authorities.

The MDM team reports to the IMT where critical decision points are made when a hazard is detected, tracked, monitored, and whenever early action is required. The IMT provides the MDM team with necessary information about priority actions to be done (instructions), location, probable scenarios on the ground, and security measures to be observed. The IMT also provides the MDM team with a list of contact persons to get in touch with during the course of MDM activities. In particular, the MDM team:

1. Receives briefing and assigns tasks among the MDM team members, per sectoral assignment with respective sectoral operations commanders,
2. Distributes sketches or maps of the disaster area among the MDM team members,
3. Receives appropriate safety gear and clothing (helmets, overalls, boots, rubber gloves, etc.) from the operational personnel including the necessary recovery documents for each body/body part and item of evidence.

### HOW TO CHECK-IN?

1. Coordinate the intent to respond with local authorities through the EOC, then proceed to the area and look for the check-in locations
2. CHECK-IN by accomplishing the ICS Form 211 (Incident Check-in List)
3. Wait for official assignment from the IMT

## BOX E [Coordinate with Search, Rescue and Retrieval Team]

After reporting to the IMT and being equipped with necessary information about the situation on the target site, prior proceeding to ground zero, the MDM team shall conduct the following activities:

- Coordinate with the Search, Rescue and Retrieval Team to get information about the possible number of dead persons, number of human remains recovered and organize procedures for recovered human remains;
- Augment the human resource to SRR team in the search and retrieval operations to perform documentation, if needed;
- Document the number of the dead persons (if this has not been done by the SRR team) or get a copy of the documentation from the SRR team; and
- Prepare reports and submit these on a daily basis to the Operations Section Chief.

**IMPORTANT!** As a rule, the search for the bodies of victims of a disaster cannot begin until all survivors have been rescued. The emergency rescue units which arrived at the disaster site ahead of the recovery teams must be informed accordingly that, while life- preserving rescue measures and medical care take precedence, care must be taken during these emergency measures to ensure that as many bodies and body parts as possible, as well as other evidence, personnel effects, etc., are left untouched.

## BOX F [Proceed to Ground Zero]

One of the most important tasks of the MDM team is to find out if the LGU has the capacity to deal with the disaster situation.



Set-up the appropriate MDM Facilities



Prepare administrative and logistical requirements



Continual evaluation of the situation

## BOX G [Tagging and Initial Documentation During Retrieval Operations]

**IMPORTANT!** In order to overcome the initial chaos in identifying victims, a structured search and retrieval phase should be prepared in cooperation with the SRR Teams. This phase includes the search for bodies, properties, and pieces of evidence (which may also be used in the subsequent investigation into the causes of the disaster and determining the possible identity of the retrieved dead bodies). Wherever possible, responsibility for recovery and evidence collection operations should be placed in the hands of the PNP / NBI who might call on various specialists, such as odontologists and pathologists, that are trained to recognize and differentiate human tissues as needed. Matching of separate body parts should be performed only by authorized forensic medical experts, and not by the recovery personnel. Medical and dental experts should be at the scene to assist the police in collecting body parts and particularly bones and teeth. Recovery and evidence collection/ preservation procedures are important steps to take in establishing the identity of the body or body parts (as the case may be) to ensure that they can be turned-over to their respective claimants and be given proper burial or cremation.

### Procedures in Tagging and Initial Documentation during Retrieval Operations

- ❑ Locate all bodies/body parts
- ❑ Expose the body/body part
- ❑ To establish appropriate markings in the area, it is recommended that the SRR team must use the INSARAG markings.
- ❑ Assign a separate, unique number to each body/ body part
- ❑ Document the site (description, photos, sketch or survey with GPS or any surveying instrument)
- ❑ Photographic documentation of the body/body part
- ❑ Attachment of the unique number to the body/body part to be used as the body reference number
- ❑ Initial documentation using the Dead Body Identification Form, with reference to the recovery number by PNP / NBI
- ❑ Placement of the body/body part in a body bag, with the unique number tag attached on the body and outside the body bag.
- ❑ Removal of the body/body part and facilitate transport to the Collection Area
- ❑ Preparation and compilation of all related documents and submission of documentation to the Collection Area
- ❑ Transfer of the body/body part and recovery documents to the Collection Area

## Allocating a Unique Code to Dead Bodies and Body Parts

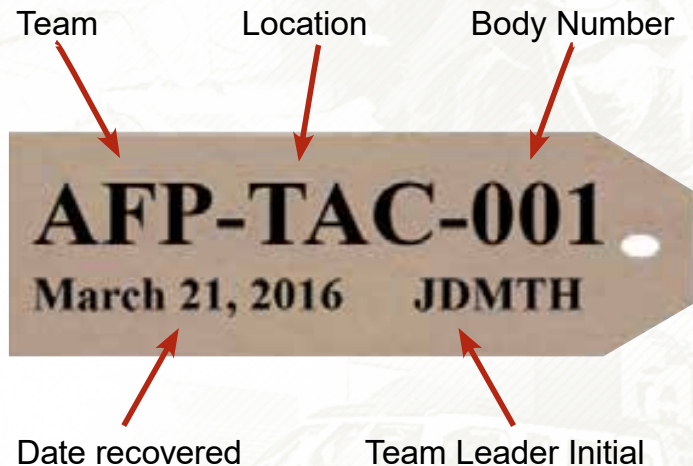
Allocating a unique code to each recovered body or body part and its recovered property at the earliest possible time is crucial for body identification. It ensures that the body or the body part can be traced and that related information can be associated with it. This helps to prevent bodies from getting “lost,” remaining unidentified or being misidentified. The code, which is a sequential number, is unique and must be included in all photographs and records related to the remains, in addition to the place where the body was found, and the name of the person or team that dealt with the body. The unique code should be allocated, the body labeled, and photographs taken as soon as possible, preferably all at the time when the body is first located.

Each separate body part should be managed like a whole body belonging to one person and should be treated as separate and distinct from the other body or body parts found at the scene.

This means allocating and labelling it with a unique code, taking photographs and filling out the Dead Body Information Form. Following the above procedure will help to ensure that all human remains, associated items and information remain traceable throughout the process, and will provide strong support to later attempts at identification.

Unique code or tag used and attached in the body and body bag should have the following information:

1. Location
2. Collector (i.e., Team and Team Leader Initial)
3. Date of Collection
4. Body Number



### Materials:

- Body bags with proper specs
- Ziplock bag
- water-proof marker
- Cardboard
- Cable tie

## Body bag

### Size specification

- Standard size of 220 cm x 80 cm
- With stronghold carrying strap on each side
- Weight resistance of 200 kilograms
- Strap size is 1 1/2" width, approximately 26" length
- Strap color is white
- C-shaped opening with heavy duty zipper
- Zipper with lock
- Zipper size is 8"

### Materials specification

- Heavy duty, non-porous, leak-proof plastic (PEVA- Polyethylene Vinyl Acetate)
- Color is white

### Pocket ID Specification

- With built-in identification pocket on the opposite side
- Thick transparent plastic
- Size is 8" in width, 10" in length
- With white zipper lock on top of the pocket and white piping around the pocket.



## Allocating a Unique code to Dead Bodies and Body Parts

Good photographic documentation of the remains, taken as early as possible, together with the recording of any associated details and artefacts, is indispensable. Decomposition begins and progresses rapidly, particularly in warmer climates, rendering visual recognition impossible after a few days or sometimes even hours. As it may take days for forensic specialists to be dispatched and arrive at the scene, prompt photographic documentation by first responders is invaluable.

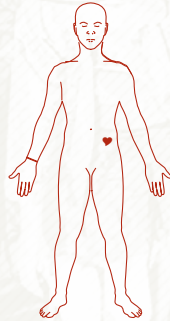
Prior to photographing the bodies, these bodies should be cleaned as much as possible to show facial features, and the unique body code must be included in each picture. If possible, a standard photographic scale or an object of known size– a peso bill, for example– should appear in the picture. At a minimum, the following photographs should be taken: a full-length front view picture of the body, a front view of the entire face, any obvious distinguishing features (such as tattoos or jewelry) and all clothing.

At the time of taking photos, information about the remains should be recorded on the Dead Body Information Form (Annex 1 of the Manual) as soon as possible. The form has room for basic information on physical appearance and the recovery location. Mandatory data include the person's sex (if recognizable), the approximate age range, personal effects, obvious identifying features, height, color and length of hair, and visible dental features. Any personal effects need to stay with the body, in order to facilitate their return to the families or next of kin.

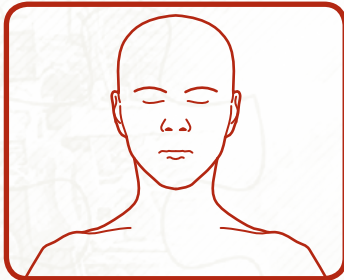


## Photographs should be taken in 4 sections:

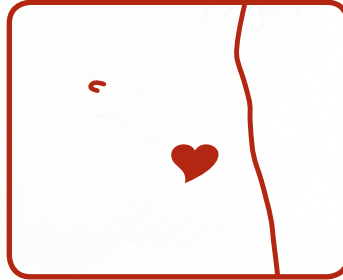
1. Overall view – general view of the disaster site
2. Midrange view– body with nearby references
3. Close-up view – whole body
4. Extreme Close-up view – face



**FULL LENGTH OF THE BODY,  
FRONT VIEW**



**FULL FACE**



**ANY OBVIOUS  
DISTINGUISHING FEATURES**



**CLOTHING OR JEWELRY**



**A RULER OR SCALE**

## Documentation

Recording/Note-taking of basic descriptions should include the following:

1. Sex
2. Age (infant, child, adolescent, adult, elderly)
3. Clothing (detailed description)
4. Personal belongings
5. Identifying marks

## Special Handling Considerations

- No preservatives must be used (e.g., lime)
- Handling precaution to preserve extremities (fingerprint)
- Personal belongings:
  - Document and photograph but do not remove from the body (if worn)
  - Document and package in an individual container (if not worn/detached)

**Important Note:** Matching of separate body parts should be performed only by authorized forensic medical experts, and not by the recovery personnel. Medical and dental experts should be at the scene to assist the police in collecting body parts particularly bones and teeth.

## BOX H [Transporting Dead Bodies and Body Parts]

The following guidelines shall be considered in the transportation or removal of bodies:

- Locate and secure the property as well as personal effects;
- Transport all dead bodies/body parts, valuables, other personal effects, /belongings with properly accomplished Chain of Custody Form for inventory and proper accounting purposes;
- Do not remove clothes, valuables, and personal effects/ belongings from the dead bodies/body parts;
- All personnel effects should be transported together with the dead bodies/body parts
- Mark and document the situation in which property is found;
- Complete the evidence list in the recovery documentation, including entry of the body recovery number;
- Label and pack property but evidence preserving packing of large objects (e.g., luggage items) is not required;
- Identify such objects using evidence tags instead;
- Locate and collect the personal effects of victims in the extended surroundings of the disaster site (e.g., hotel rooms, etc.);
- List all items in an evidence list provided with the recovery documents,
- Record in a log book the receipt/transfer of personal effects and sign as receiving and transferring parties such entries to preserve the “chain of custody”;
- Forward received personal effects to the Collection Area, accompanied by the evidence list and the receipt/transfer record.

## BOX I [Documentation of the Dead Bodies and Body Parts]

Once objects have been documented and roughly prepared as evidence, property/ies should be transferred without delay to the Collection Area, accompanied by the corresponding evidence list. If the Collection Area is not located in the immediate vicinity of the site, the MDM Team should appoint a Site Evidence Administrator who should also be tasked with collecting/forwarding property/personal effects to the Collection Area. Both property and personal effects often serve as useful aids in the identification of victims and their importance to surviving relatives in their efforts to come to terms with their grief cannot be overestimated.

### Processing the dead bodies in the Collection Area:

- ❑ Receive and place the unexamined bodies, along with any information obtained from the body, in an identified area in the collection center.
- ❑ Number the bodies and attach the pre-numbered tags to the body and the body bag.
- ❑ Assign each body to Examiners and the body will be given a data collection form that is pre-numbered to match the body tag.
- ❑ Designate an Examination Area in the Collection Area.
- ❑ Transfer the bodies from the receiving area to the examination area, where at least two examiners per body are assigned to conduct a systematic examination.
- ❑ Document the findings using the data collection form.
- ❑ Take photos of the body, clothing, accessories and other

personal items - these will be done by the examiner. Each image includes the body's unique number.

- ❑ After examination, completed forms are collected and bodies are either released to the family or transferred to a holding area before burial.

### Documentation of Dead Body information

- Upon receipt, each body is numbered, and pre-numbered tags are attached to the body and the body bag. Each body is then assigned to examiners and given a data collection form that is pre-numbered to match the body tag;
- An area in the collection center is designated for examination;
- The bodies are transferred from the receiving area to the examination area where at least two examiners are assigned per body to conduct a systematic examination;
- Findings are documented using the Dead Body Information Form and must contain at least the following information:
  - Estimated age
  - Sex
  - Cause and circumstances of death
  - Photographs
- An examiner also takes photos of the body, clothing, accessories and other personal items. Each image includes the body's unique number. After examination, completed forms are collected and bodies are either released to the family or transferred to a holding area before burial.

## BOX J [Assessment of the Dead Bodies / Body Parts]

An advance team should be sent as early as possible at the scene. The team should organize a pre-operation meeting to agree on the objectives, methodology to be used for the DVI, the duration of the process, tasking of the team members, documentation requirements, supplies needed, etc. Their priority actions include the following:

- The MDM team should remember that all data obtained are to be documented. In this way, it will be possible to determine even at a later date what data was obtained by which team from which relatives, friends, etc.
- This means that a corresponding personal file should be set up for every potential missing person for use in documenting all incoming and outgoing information relating to the individual in question. This personal file should contain a cover sheet with a checklist (“to-do list”) of all measures required to obtain ante mortem data.
- The assigned ante mortem team should keep a progressive record of measures taken, measures still to be carried out and information that cannot be obtained despite intensive investigative effort, about a victim, on the checklist.

Establishing the Post-mortem or PM data that should be done by specialists examining the human remains to detect forensic evidence to help identify the victim. This can include:



- Fingerprints – these are highly reliable lines of evidence in identification, if available, fingerprint lifting should be prioritized;



- Odontological examination – The teeth also provide one of the most reliable, and scientifically-recognized lines of evidence in identification;



- DNA profiling – direct comparisons can be made from a victim and a profile taken from their home, for example: from a hair brush. Indirect comparisons can also be made using the biological relatives' DNA;



- Unique physical indications
  - Biological profile (e.g., age, height, sex)
  - Morphological Feature (e.g., eye color, hair color, complexion, size and shape of the body/body parts)
  - High individualizing features (e.g., deformities, amputations, prosthesis, scars, piercings, tattoos, birthmarks)
  - History of medical/surgical treatments

Ante-mortem or AM data: Dental and medical records, fingerprints and DNA are recovered from the victims' homes or provided by family members or in the available database/s of the government.

Reconciliation: Once the PM and AM data are collected, a team of specialists compares and reconciles the two sets of information to identify the victims.

## BOX K [Specific Methods of Identification]

In order to accurately identify dead bodies, the Interpol recommends the following Specific Methods of Identification which are considered to be the primary and the most reliable:

### PRIMARY MEANS OF IDENTIFICATION [high level of uniqueness lines of evidence]

1. **Fingerprint analysis** – fingerprints are one of the best methods of identification because fingerprints are unique, do not change and can be classified. The prerequisites for the identification of victims on the basis of fingerprints is the availability of post-mortem (PM) and ante-mortem (AM) data and the expertise of qualified fingerprint experts. Under these circumstances, the internationally recognized technology can be used effectively and reliably during the request and registration phase and the comparison phase.

Under the decision of the DVI team, fingerprint analysis can be performed to identify the person:

- A fingerprint specialist is preferred, however in an absence of a specialist, a trained medical doctor, forensic pathologist or technician will obtain the dactyloscopic prints (fingerprints and/or palm prints) of a missing person using appropriate evidence collection methods;
- Fingerprint documentation must include the following:
  - The type of print;
  - The name of the AM Team member who obtained the print; and
  - The location at which the print was obtained.

2. **Comparative dental analysis** is another effective tool for analysis because of the unique structures and traits of human teeth and jaws and dental data can be recovered and recorded at the time of getting the PM data examination to be compared with AM data. Under the decision of the DVI team, dental analysis can be performed to identify the person:

- Using the Dead Body Information Form, document all dental conditions of the dead body;
- The representative of the DVI team will request a copy of the available dental records, if any, of the alleged missing persons or deceased to compare the dental records obtained from the retrieved dead body;
- If the dental records and/or images cannot be obtained from the dentist of the missing or deceased person the following are the other sources of information:
  - Dental specialists
  - Dental technicians
  - School dental services
  - Hospital dental clinic
  - Hospital biopsy service
  - Dental health insurers
  - Dental records from correctional facilities or Social security insurers
  - Military organizations

3. **DNA analysis** is a proven source of material used for identification because a significant portion of the genetic information is unique to a specific individual, can be performed on decomposed remains, and can be used to match body parts, profiles from relatives and even belongings.

Under the decision of the DVI team, DNA can be performed to identify the person.

- For a DNA profile, you need a sample taken from the deceased body or body parts and from the references. Only trained DNA collectors shall be allowed to collect the samples. Further, proper documentation and storage of DNA shall be the responsibility of the DNA collector.
- The samples will be sent to a laboratory and analyzed according to international standards and the profiles matched with respect to the source of reference.
- The submitted sample shall be examined using the prescribed procedures in the laboratory.
- Once identified, the PNP / NBI will issue a Certificate of Identification. If unmatched, the generated DNA profile shall be registered in the database of PNP or NBI.

## **SECONDARY MEANS OF IDENTIFICATION [lines of evidence of identification]**

- Personal description
  - Age
  - Gender
  - Height
  - Ethnic Affiliation
  - Tattoos
  - Moles
  - Disfiguration of the body or body part
- Medical Findings
  - Scars
  - Signs of surgical removal of organs
  - Heart pacemakers
  - Prosthetic devices are reliable identifying features.
- Personal belongings found on the body.
  - Jewelry
  - Articles of clothing
  - Personal identification documents

It is important to consider, however, that certain items of evidence may not actually belong to a given body (e.g., identity papers may be carried by a different person; items of jewelry or clothing may have been lent intentionally to another individual; during retrieval, items may have inadvertently been placed in one body bag).

It is important to remember that visual identification is not considered to be accurate.

## BOX L [Identified Dead Body]

Identified remains refer to those retrieved dead body and/or body parts whose identities have been established through scientific means that results in the issuance of Certificate of Identification and Certificate of Death.

Identified dead body must be:

- ❑ tagged;
- ❑ with sufficient identification; and
- ❑ ready for turn-over.

### What to do with the identified Dead Body?

When the dead body was already identified based on sound judgment and supporting pieces of evidence, final arrangement must be done immediately. The identification of the dead is the responsibility of the authorities. However, once identified, the remains need to be released to the next of kin as soon as possible.

## BOX M [Certification]

Death is a permanent disappearance of all evidence of life at any time after the live birth has taken place (post-natal cessation of vital functions without capability of resuscitation). It refers to the death of a human being and not to a loss of any part or organ thereof.

### Certificate of Death

- A Certificate of Death is issued only in relation to the death of a person which is one of the requirements for the acquisition of burial permits, as no remains can be buried without this certificate.
- A Certificate of Death shall always be certified, issued and registered before the remains of the dead persons will be

buried, unless otherwise provided by law. However, the requirement for a death certificate before burial may be waived in some special circumstances such as the following:

- i. The deceased dies from a dangerous communicable disease and must be buried or cremated within twelve (12) hours;
- ii. The family members of the deceased have requested immediate burial without embalming or viewing, due to religious beliefs, culture and tradition;
- iii. The location of the deceased is far flung or hard to reach where the embalming facility is not available; and
- iv. Death of body parts which suggest that its owner was not declared medically and legally dead.

In these cases, Certificate of Death shall be completed within forty-eight (48) hours after burial or sanction to the relatives or next in kin shall be imposed by the Local Health Authority.

- Death registration is the permanent and official recording of a person's death.
- A Certificate of Death must be issued only for those persons whose death we medically and legally ascertained by a competent person. Thus, death must be proven first before it can be taken as a fact.
- The certificate of death is a permanent legal record which contains an individual's death information. It provides important information and data on the circumstances surrounding the death.
- The following are the various uses of the registration of a Certificate of Death of a Dead Person:

- a. Establish the fact of death of the dead person;
- b. Evidence for the compliance of mandatory reporting of death;
- c. Requirement to facilitate the disposal of the remains of the dead person (e.g., burial, cremation, or shipment of human remains);
- d. Evidence to prove the commission of a crime;
- e. Requirement for the filing of an appropriate case or transaction involving the dead person;
- f. Notice to the appropriate government agencies in which the dead person was a party in a pending case or transaction;
- g. Availment of death compensation benefits (i.e government grants, insurance benefits); and
- h. Succession.

- In order that a Certificate of Death can registered in the Local Civil Registrar, it must contain the following minimum information:

- Complete name of the deceased person
- Date of death
- Place of death
- Cause of Death
- Circumstance of Death
- Name and details of the Informant
- Complete name and address of the requesting party
- Number of copies needed
- Purpose of the certification
- Other relevant information

### **Certificate of Death for Amputated Part or Parts of a Body**

- It is important to remember that the Death Certificate for amputated part or parts of the body is not registrable. The hospital or attendant at death shall accomplish three copies of the certificate and shall forward the same to the local civil registrar not for registrations but for statistical purposes and reference.
- For consistent implementation, all local civil registrars should confer or make understanding with local health officials, hospital attendants and other concerned persons in this locality. A handbook on medical certification about the cause of death of a person is a quick and easy reference for physicians especially our city/municipal health officers in accomplishing



death certificates. It provides information on the correct and proper way of certifying causes of death and accomplishing the death certificate.

- In this case, a Certificate of Death can be issued with appropriate remarks “For Burial Purposes Only”
- As a general rule, the local civil registrar cannot deny registration except for insufficiency of information. The entries are essential to identify the deceased and his/her cause of death. It is important that these should be mandatorily entered in the death certificate, otherwise the document shall be considered valueless. Application for registration of death shall not be allowed if the entries in the full name of the deceased and the cause of death are not provided.

(Revised January 2007)		Republic of the Philippines OFFICE OF THE CIVIL REGISTRAR GENERAL	
CERTIFICATE OF DEATH			
Province _____ City/Municipality _____			Registry No. _____
1. NAME (First) (Middle) (Last)			2. SEX (Male/Female)
3. DATE OF DEATH (Day, Month, Year)		4. DATE OF BIRTH (Day) (Month) (Year)	
5. AGE AT THE TIME OF DEATH (Fill-in below accordg. to age category)			
a. IF 1 YEAR OR ABOVE (2) Completed years		b. IF UNDER 1 YEAR [1] Months [2] Days Hours Min/Sec	
6. PLACE OF DEATH (Name of Hospital/Clinic/Institution/House No., St., Barangay, City/Municipality, Province)			7. CIVIL STATUS (Single/Married/Widow/ Widower/Annulled/Divorced)
8. RELIGION/RELIGIOUS SECT		9. CITIZENSHIP	10. RESIDENCE (House No., St., Barangay, City/Municipality, Province, Country)
11. OCCUPATION		13. MAIDEN NAME OF MOTHER (First, Middle, Last)	
12. NAME OF FATHER (First, Middle, Last)			
MEDICAL CERTIFICATE			
(For ages 0 to 7 days, accomplish items 14-19a at the back)			
19b. CAUSES OF DEATH (If the deceased is aged 8 days and over)			Interval Between Onset and Death
I. Immediate cause : a. _____			
Antecedent cause : b. _____			
Underlying cause : c. _____			
II. Other significant conditions contributing to death: _____			
19c. MATERNAL CONDITION (If the deceased is female aged 15-49 years old)			
_____ a. pregnant, not in labour _____ b. pregnant, in labour _____ c. less than 42 days after delivery _____ d. 42 days to 1 year after delivery _____ e. None of the choices			
19d. DEATH BY EXTERNAL CAUSES			20. AUTOPSY (Yes / No)
a. Manner of death (Homicide, Suicide, Accident, Legal intervention, etc.) _____			
b. Place of Occurrence of External Cause (e.g. home, farm, factory, street, sea, etc.) _____			
21a. ATTENDANT			21b. If attended, state duration (mm/dd/yy)
1 Private Physician _____ 2 Public Health Officer _____ 3 Hospital Authority _____ 4 None _____ 5 Others (Specify) _____			From _____ To _____

## Distinction between Amputated/Removal of Body Parts (i.e., Death of a Body Part) vs A Body not recovered due to disaster (i.e., Death of a Person)

Category	Removal/Amputation of Body Part/s	Non-Recovery of Body
Type	Death of a Body Part	Death of a Person
Applicable Law/s	PSA MC No. 2004-06 or the The Issuance of Certificate of Death for the Burial of Amputated Part of a Human Body)	Rule 32, paragraph 7, of Title 4 of NSO AO No. 1 Series of 1993 or the IRR of Act No. 3753 and other laws on Civil Registration
Relevant Provision/s	The death certificate however, is one of the requirements for acquisition of burial permits, as no remains can be buried without this certificate. Thus, in this case, a Certificate of Death can be issued with appropriate remarks "For Burial Purposes Only".The Certificate of Death for amputated body part or body parts of the body is, however, not registrable. The hospital or attendant at death shall accomplish three copies of the certificate and shall forward the same to the local civil registrar not for registration but for statistical purposes and reference.	<ul style="list-style-type: none"> <li>● If the person was buried or drowned in the high seas, or for any other reason, the body was not recovered, registration shall be made in the civil registry office of the place of last known address of the deceased in the Philippines, or if not resident of the Philippines, registration shall be made in the civil registry office of Manila.</li> <li>● The ship doctor or captain or the health officer, in the exercise of his wise discretion, may issue and cause the registration of the death certificate.</li> <li>● In such case, the following requirements shall be complied with: <ul style="list-style-type: none"> <li>i. Affidavit of the surviving spouse, parent, guardian or next of kin in the order mentioned stating, among other things, the circumstances surrounding the death and</li> <li>ii. The health officer shall make the annotation "Body Not Recovered" in the remarks/ annotation box of the death certificate</li> </ul> </li> </ul>
Remarks on the Certificate of Death	For Burial Purposes Only	Body Not Recovered

## BOX N [Claimant]

**NOTE:** In some or extreme cases, if there are conflicting claims, contradictory opinions or unsettlement on the disposal of the dead, concerned individuals may file a case and undergo the judicial process to settle the dispute in court.

- Legitimate claimants are those who have a legal relationship with the identified retrieved human remains. Legal relationships can either be by consanguinity (blood) or affinity (created by legal fiction).
- Relatives by consanguinity can either be:
  - Parents;
  - Children;
  - Grandparents;
  - Brothers and sisters; and
  - Other blood relatives, such as aunts and uncles.

The relatives by consanguinity can include the legitimate and/ or illegitimate relationship, either of the parent to his child and the child's siblings. However, an illegitimate relationship between a married person and that of a mistress or paramour is not considered a legitimate relationship, thus, the latter cannot claim the body of the former.

- Relatives by affinity are those relationships that were created by fiction of law. A relationship can be created either by:
  - marriage;
  - adoption; or
  - those that are prescribed by our law.
- Hierarchy:
  1. Spouse;
  2. Children;
  3. Parents;
  4. Siblings; and,
  5. Relatives

Marriage is a special contract of permanent union between a man and a woman entered into in accordance with law for the establishment of conjugal and family life. It is the foundation of the family and an inviolable social institution whose nature, consequences, and incidents are governed by law and not subject to stipulation, except that marriage settlements may fix the property relations during the marriage within the limits provided by this Code. (*Art. 1, The Family Code of the Philippines*)

In marrying another person, by fiction of law, a relationship was created not only between the spouses but that of their nearest relatives, such as their parents-in-law, brothers/sisters-in-law, etc. Kindly note that the relationship between the husband and wife who contracted a valid marriage will be terminated only if they were able to secure a judgment declaring their marriage null and void.

In the case of adoption, a relationship is created between the adopter, adoptee and the children of the adopter. Kindly note that once a Petition for Adoption was granted, the relationship between the adoptee and that of his natural parent automatically ceases unless the adoption decree was revoked. Further, the blood relatives of the adopter, other than their children, are not considered relatives of the adoptee.

The law simply confines the right and duty to make funeral arrangements to the members of the family to the exclusion of one's common law partner.

#### Rightful claimants

- The claimant must establish the following:
  - Proof of filiation with the deceased;
  - Obligated to give support;
  - Right to have custody over the human remains of the deceased;
  - Right and duty to prepare for the burial arrangement of the deceased;
  - Rules of Preference on succession.

- The following are the rightful claimants, if the deceased is single (and without a child):
  - Parents;
  - Brothers and sisters;
  - Grandparents;
  - Uncles and aunts;
  - Cousins;
  - Other relatives; or
  - The State.
- The following are the rightful claimants, if the deceased is single (and with child or children):
  - Child or children;  
Note: If the child is of minor age, he/she must be assisted by his/her legal guardian.
  - Parents;
  - Brothers and sisters;
  - Other relatives; or
  - The State.
- The following are the rightful claimants, if the deceased is married:
  - Legal spouse;
  - Child or children;  
Note: If the child is of minor age, he/she must be assisted by his/her guardian.
  - Parents;
  - Brothers and/or sisters;
  - Other relatives; or
  - The State

## Rules of Preference

In case of conflicting claims over the custody of the remains of a dead person, the following types of relatives are preferred:

- Legitimate over illegitimate relationship;
- Spouse over ascendant;
- Paternal over maternal;
- If the descendant is of same degree or brothers and sisters, the oldest shall be preferred;
- Citizenship over country of residence.

## Requirements for the claiming of the remains

- Primary Documents (to be issued by the Local Civil Registrar or the Philippine Statistics Authority):
  - Certified True Copy of Birth Certificate
  - Certified True Copy of Marriage Contract (if claimant is married) \*Shari-a Law will be followed for Muslims
- DNA Test Results (to establish biological relationship)  
Note: DNA test results are used not just for the identification of human remains but to also identify the biological relatives who can claim the identified dead person. Thus, in the absence of the primary documents mentioned in the preceding paragraph, the DNA results can be used.

- Secondary Documents (at least two):
  - Baptismal Certificate
  - Barangay Certification (for residency or relationship of the claimant with dead person)
  - Affidavit of a corroborating individual
  - Pictures of the victims
  - Certification of Membership from Religious Organization

For identified dead foreign nationals, the same procedure applies, but coursed through the DFA and the concerned embassy or consular post of the identified dead foreign national, with possible additional requirements, as may be required under the Vienna Convention on Consular Relations, or other applicable treaties.

## BOX O [Turn-over Body/Body Parts]

When the task of Search and Retrieval ends, the retrieved bodies and body parts are turned over to the DVI team at the temporary holding area or temporary morgue, where each member of the DVI team accomplishes the Body Retrieval Form and records the transaction in a turn-over Logbook to document the Chain of Custody.

### Releasing the body for final burial

- The local health officer will issue a Certificate of Death based on the Certificate of Identification issued by the NBI/PNP. Procedures stated under the NSO AO No. 1 Series of 1993, The Code of Sanitation of the Philippines, and other relevant laws on civil registration shall be followed.

- The claimant must secure a release form from the LGU (develop form).
- The local health officer shall exercise appropriate ethical considerations in informing the claimants. Contact details of the local health officer may be provided to the claimants for any related concerns.
- The identified dead body must be turned over to the family in an isolated releasing area.
- The right to privacy of the dead person and/or bereaved family must be respected and protected.
- Media control must be observed.
- The Local Social Welfare and Development Officer shall assist the bereaved families on the benefits and other legitimate claims.

## BOX P [Unidentified Dead Body]

**Unidentified remains refer to those retrieved dead bodies and body parts whose identity cannot be established even if he/she has already undergone the DVI process.**

### What to do with the unidentified dead body?

- Unidentified remains and unclaimed identified dead bodies need to be placed in properly documented long-term storage. In

these situations, the preferred option is burial, as it is dignified and preserves the body for potential future identification and return to the family. Each body should be traceable after storage and burial to enable easy future location and recovery, when necessary;

- Unidentified bodies should not be cremated nor buried in mass graves.

## BOX Q [Collecting Missing Person's Data]

- Locate the property as well as personal effects;
- Missing resident of the community, not included in the census, shall refer to any person residing in the affected community after the census was done and presumed to have been directly affected by a disaster, nowhere to be found thereafter and has not been heard of since the disaster.
- Missing resident of the disaster affected community shall refer to any person residing in the community, whose name appears in the community census, presumed to be in the community during the disaster, nowhere to be found thereafter and has not been heard of since the disaster.
- Missing person from outside the community shall refer to any person living outside the affected community, who presumably went to the community and was directly affected by a disaster, then nowhere to be found thereafter and has not been heard of since the disaster. They can be classified as workers, passersby, and transient visitors.
- Missing resident working/studying outside the disaster affected community shall refer to any person residing in the affected community, who works or studies outside this community but presumed to have not gone to work or school at the time of the disaster, nowhere to be found thereafter and has not been heard of since the disaster.

How to collect a missing person's data?

- Collection of personal victim data through interviews with relatives, friends, etc.
- Personnel collecting data should be experienced in obtaining detailed reports and must have a thorough knowledge of the layout and purpose of the appropriate forms.
- Wherever possible, personal (face-to-face) interviews are to be conducted. However, exceptional circumstances may require

telephone interviews. The location and timing of the interview will be dependent upon the location of the families of the missing persons/potential victims, as well as the facilities available.

### INTERVIEWER SHOULD

- Collection of personal victim data through interviews with relatives, friends, etc.
- Refrain from asking potential and intimate questions but use general questions in getting specific information;
- Use the Missing Persons Form as guide;
- Always ask consent to the interviewee to the interview for data collection and data-sharing to the appropriate members of the MDM.

### REMINDERS

- The interview must start as soon as the possible claimant have been notified;
- Place of interview must be distant from morgue;
- If at the home of the claimant, should be closed from the public and / or media;
- Before the start of interview, the team must introduce themselves and advise the claimant on the purpose;
- If possible, obtain all information and materials within a single visit. In case of another visit, it should be by the same team;
- If the interview will be done thru phone, the team shall arrange for materials to be collected by the nearest police officer and forwarded to the Data Reconciliation Area; and
- The right to privacy of the missing person/s and/or bereaved families must be respected and protected.

## BOX R [Missing Person Report]

The following guidelines should be observed when compiling a missing person/potential victim file:

- The file should be kept in an envelope or folder in order to prevent loss of materials.
- The file should have a cover sheet on which the name and gender of the missing person/potential victim are entered legibly.
- The cover sheet should also contain a section for use in recording movements of the file.
- The file should contain as much information as possible to assist in identifying the deceased person.

- Files should be monitored regularly for duplication.
- Records are to be forwarded to the Data Reconciliation Area only for translation, transcription and data entry, accompanied by appropriate documentation (Interpol DVI Ante Mortem Forms and the primary identifier).
- Antemortem records must be released by an officer from the Ante Mortem DVI Centre and signed by that officer.
- Any ante mortem records which do not proceed to the Ante Mortem DVI Centre must be returned to the source from which they were obtained within a reasonable period of time.

## BOX S [Mental Health and Psychosocial Support]

The DOH, DSWD, DepEd, PRC and NGOs, of the MHPSS sub-cluster of the Health Cluster, shall provide integrated, multi-layered support to address the mental health and psychological needs of the bereaved. These interventions shall include Psychological First Aid and other special needs, such as psychiatric or mental health services and not limited to the following:

### ■ Psychological First Aid (PFA)

Describes a humane, supportive response to a fellow human being who is suffering and who may need support. PFA involves the following themes:

- Providing practical care and support which do not intrude
- Assessing needs and concerns

- Helping people to address basic needs (for example, food and water, information)
- Listening to people, but not pressuring them to talk
- Comforting people and helping them to feel calm
- Helping people connect to information, services, and social supports
- Protecting people from further harm

### ■ Psychosocial processing (PSP)

This is largely used by crisis workers to help the survivors deal positively with the severe emotional impact of the crisis and provide education about current and anticipated stress responses, and information about stress management. It is a formal group session which allows the ventilation and sharing of



experiences, feelings, and reactions during the critical incident. The rationale of PSP is to facilitate the sharing of experiences with others allowing the determination of how the traumatic incident affected the individual and the identification of appropriate responses to the stress.

- **Specialized Mental Health Care**

People with severe mental health problems and those who have been receiving treatment should have access to a network of community-based social supports as well as continued clinical care through available health services. Mental hospitals and

residential homes for people with severe mental problems need to be visited regularly, especially early in the crisis. Essential psychotropics and anti-epileptics should be made available.

**Early Recovery:** There is a need to institute prompt and contextual responsive strategies and mechanisms that will enable the bereaved families and individuals to cope with the mental health and psychosocial issues brought about by the impact of emergencies and disasters.

## **BOX T [Interview with Persons/Family]**

Part of the assistance provided by the LSWDO is interviews with the family of the dead or missing person/s, first to find out more facts that can help the PNP/ NBI to identify dead bodies, in cases of unidentified human remains or missing persons.

All data gathered from the family may serve the purpose of identifying the most appropriate forms of support to them and additional information that can help them locate the missing relative to identify human remains. In addition, talking to families of disaster victims, whether dead or missing, is also a people-centered, human-recovery approach that addresses human development issues that may have been affected by the death or loss of their relatives.

The primary purpose of these conversations with the families is to ensure that people recover their ability to lead productive and creative

lives to the highest extent possible, in accordance with their needs and interests and to find out their specific needs post-disaster. These identified needs will become the focus of specific interventions to be applied to them.

Equally important is the need to provide these families with interventions that will empower and strengthen their human capabilities to help them recover and meet the additional challenges presented by disasters.

Aside from the interventions, human recovery involves creating an enabling environment for women and girls, boys and men, communities, population subgroups and governments to recover from the impact of disasters. This latter premise is what the government should focus on post disaster.

## BOX U [Provision of Appropriate Assistance to the Bereaved Persons/Family]

LSWDO is the lead agency in the overall management of the bereaved families. The DSWD shall provide technical and resource augmentation / assistance to the LSWDO on the overall management of the bereaved families.

The DSWD, PRC, and NGO's shall provide technical and resource augmentation /assistance to P/C/MSWDO for the physiological needs of the bereaved in terms of:

- Burial Assistance;
- Food Assistance;
- Financial Assistance;
- Livelihood Assistance;
- Clothing Assistance;
- Shelter Assistance;
- Protection services for orphaned children;;
- Food/Cash for Work.
- Family/Peer Support System;
- Social Welfare Inquiry Desk/ Information Center;
- Educational Assistance;
- Legal Needs;
- Training of Professionals on Critical Incidence Stress Debriefing (CISD) and Counseling;
- Referral to specialized mental health care providers; and
- Counseling.

This group is headed by the DSWD supported by the Department of Health (DOH), Department of the Interior and Local Government (DILG), LGU Leagues, Philippine Red Cross, Social Security Groups and other NGO's. The group provides:

- Psychologically and Socio-Culturally- Sensitive Services/ Interventions;
- Primary consideration on Respect for Cultural Factors in Death, Dying, Grieving & Funeral Practices;
- Physiological, health, psychological and social needs of the bereaved families.

The DOH and the PRC shall provide the technical and resource augmentation/ assistance for the medical and psychological needs of the families of the missing persons, and provision of a support system from among volunteers for the families of the missing persons, respectively. All agencies shall have a stockpile good for victims and that would last for at least three (3) days of operations.

## Cash for Work (CFW)

- A short-term intervention to provide temporary employment to distressed / displaced individuals by participating in or undertaking preparedness, mitigation, relief, rehabilitation or risk reduction projects and activities in their communities or in evacuation centers.
- Work areas/programs are identified by the community under the leadership of local leaders.
- In exchange for the work rendered, program recipients are provided with cash to meet their requirement for food and other basic necessities.
- The daily rate for CFW shall generally be 75 percent of the prevailing daily wage rate set by the National Wages and Productivity Commission.
- The CFW shall on the average be not more than 10 days. However, if in the assessment of the local social welfare and development office (LSWDO), there is a need to extend such for valid and justifiable reasons, this can be extended by the DSWD field office, but the extension should not be more than 3 months.



# **MANAGEMENT OF THE DEAD AND MISSING PERSONS FACILITIES**

# COLLECTION AREA

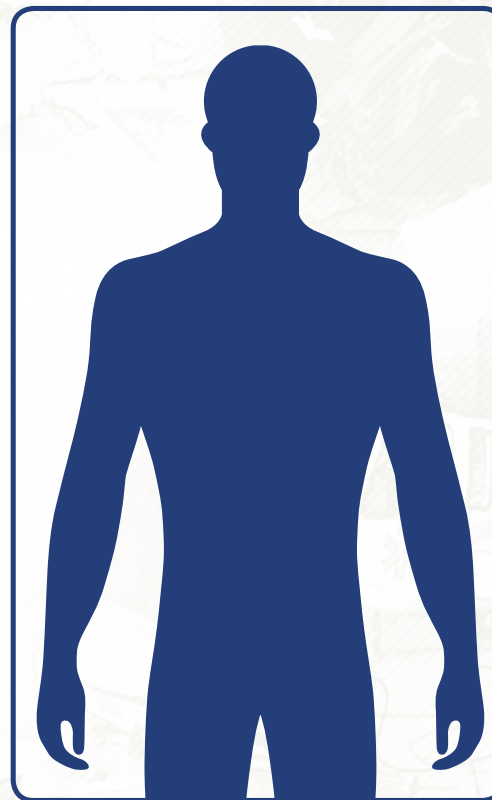
Collection area is an open space that will be used for receiving human remains following their retrieval from the disaster site after an initial identification and documentation was made based on most available general features or other distinguishing features. Further, the Collection Area is a facility to receive dead bodies that are being transferred without undergoing examination because family members have been able to identify them, making it possible to release them according to certain legal provisions. Collection Area is also used to facilitate identification of dead bodies.

## General Guidelines:

- Place together the human remains in the collection area as they arrive from the recovery site.
- Ensure that the human remains' privacy is respected and placed out of the sun, to ensure that decomposition is slowed down.
- In tropical countries with high temperature: Refrigerate this area to avoid decomposition (a result of the injuries sustained).
- Arrange bodies according to their arrival to facilitate identification by classification.
- Place in predetermined spaces and classify by groups according to sex, skin color, and age.
- Classify also by biotype, color and length of hair, and by elements that require measurement, such as height and foot size, etc.

## What it should have:

- Temporary Work Camps;
- Areas for documentation and provisional filing of information



# TEMPORARY MORGUE AREA

Temporary Morgue Area is a facility to place bodies while family members are in the process of completing the required documents and /or processes before they can take possession of the body because the remains have not been identified; or the body must be embalmed before being transported out of the country. This also serves as a temporary storage area of bodies and body parts.

## Storage and DVI Working Area

### General Guidelines:

- Recommended capacity should be 10 bodies per 10,000 population.
- Preferred storage option is refrigerated containers with temperatures between 2°C to 4°C (35.6°F and 39.2°F).
- Each body or body part should be kept in a body bag or similar storage item before storage with waterproof labels or part in sealed places. **DO NOT WRITE DIRECTLY ON BODIES or BODY BAGS / SHEETS.**
- Staff should wear proper PPEs.
- It should have a reception area and a room to store personal belongings and records.
- Refrigerated containers between 2°C and 4°C is the best method for prolonged storage and preservation of bodies, if none:
  - Protected room or environment that is as cold as possible
  - Refrigerated transport containers with individual racks used by commercial shipping companies
  - Use of ice should be avoided.
  - Depending on the type and magnitude of the disaster, the need for refrigerated containers should be expected. It is better to have mobile or portable refrigeration units like refrigerated trucks.

### What it should have:

- Stainless steel postmortem tables or at least heavy duty trestle tables covered with plastic sheeting
- Trolleys or stretchers for transporting bodies within the mortuary
- Tarpaulin or plastic sheeting for the floor, if it is not made of concrete
- Heavy duty black plastic sheeting for temporary screens
- Cleaning materials: mops, buckets, cloths, soap, towels
- Disinfectant and deodorizer
- Protective clothing and heavy-duty rubber gloves
- Translucent plastic bags 0.1mm thick and labels (if epidemic circumstances)



# VIEWING AREA

Viewing Area is a designated facility where family members and others will view photographs except those photographs of body/body parts that are in the advanced stage of decomposition or any objects pertaining to the deceased and the body itself.

General Guidelines:

- Identification of the body should be given a high priority due to severe changes of the body after the retrieval.
- It is important to designate a private viewing area for the claimants.
- Process or steps in identification should be:
  1. Photographs of jewelry, clothing, or identifiable objects or features found in the examination of the human remains will be shown.
  2. Photographs of the bodies and especially of the face if there are features that can help with identification will be shown.
  3. The remains themselves are shown directly for visual recognition and to obtain the identification with ethical considerations and great care.
- Claimants should be psychologically prepared.

What it should have:

- Private room or area





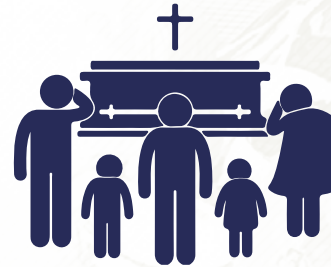
# ONE-STOP SHOP



**DATA  
RECONCILIATION  
AREA**



**MISSING  
PERSON  
CENTER**



**BEREAVED  
FAMILY HOLDING  
AREA**



**TEMPORARY  
BURIAL/GRAVE  
SITE**

# DATA RECONCILIATION AREA

Data Reconciliation Area provides storage of collected objects, pieces of evidence or property/ies, found at the disaster site. Ideally, the Data Reconciliation Center is established in the vicinity of the disaster area. A dedicated staff should prepare a master list of all found and registered objects and decide which objects are suitable for identification purposes.

General Guidelines:

- Evidence or property should be properly packed and stored.
- All collected objects should be processed and examined to determine their relevance to identification and classification.
- Photographs of collected objects are required for purposes of identification and matching.
- Ensure the preparation of records of collected objects.
- Collected objects should be separate accordingly.
- Ensure the arrangement for return of property to owners or entitled recipients.

What it should have:

- Area to collect the information
- Private room or area



# MISSING PERSON CENTER

Missing Person Center provides care and restitution and to process the collection and management of information on the missing including those presumed dead. The goal of the Missing Person Center is to ensure that the required information will be collected in a timely and an efficient manner to aid in the possible identification of retrieved unidentified bodies and status of missing persons.

General Guidelines:

- The Missing Person Center is led by the Local Social Welfare and Development Office (LSWDO) and supported by various agencies.
- In line with the existing laws, the LSWDO shall establish the Social Welfare Inquiry Desk for data generation and information management of missing persons and their surviving families.
- The LSWDO shall ensure to have a list of those missing including information about them that will be used in identification of the dead bodies.
- Information collection shall be conducted by trained personnel.
- A consent should also be asked and any information will be classified as highly confidential and shall only be used for identification purposes.
- A data management system shall be established to make it easier for the comparison of the information on unidentified remains.

What it should have:

- Area to collect the information
- Private room or area



# BEREAVED FAMILY HOLDING AREA

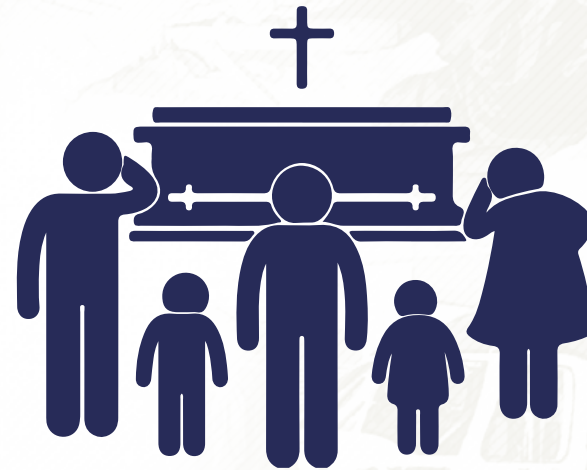
Bereaved Families Holding Area provided psychosocial support for the bereaved families which should be in a safe, accessible and comfortable place in the site.

General Guidelines:

- The LSWDO with augmentation and assistance from the supporting agencies shall be assigned in the overall management of the bereaved families.
- The LSWDO shall determine the assistance including physiological needs of the bereaved families, including:
  - Psychological Needs
  - Food Assistance
  - Financial Assistance
  - Livelihood Assistance
  - Clothing Assistance
  - Shelter Assistance
  - Management of the Orphans
  - Food/Cash for Work
- Appropriate intervention must be identified by trained personnel.

What it should have:

- Area to collect the information
- Private room or area



# TEMPORARY BURIAL/GRAVE SITE

Temporary Burial/Grave Site provides storage of the body. Following allocation of the unique body code, taking photographs and completion of the Dead Body Information Form, dead body, identified or unidentified, long-term temporary storage is needed and where it does not conflict with cultural norms.

The underground temperature is usually lower than that at the surface, thereby providing a form of natural cooling and protection, including from scavengers. Temporary burial sites should be constructed in the following way to help ensure future location and recovery of bodies. The temporary burial/grave sites must be in accordance also with the standards prescribed by relevant laws on the construction, establishment or maintenance of a burial ground or cemetery.

In mass casualties incidents, authorities might not be able to quickly process remains in terms of data collection. In these cases, organized a respectful short-term storage to protect the remains as efficiently as possible needs to be established. Temporary burials can be considered.

Selection of the burial site needs to be carefully considered, taking into account local customs, proximity to the local community, soil conditions and distance from drinking water sources and relevant laws on the disposal of human remains. All human remains should be buried in clearly marked individual graves, which need to be carefully documented and mapped to ensure continuity and traceability.



## General Guidelines:

- If there are small numbers of bodies: place in individual graves
- For Larger numbers:
  - a. place in trench graves, side by side, with at least 0.4 meters between bodies,
  - b. each body, and each bag, needs to be individually labeled,
  - c. record the location of the body, with its unique code, at the surface of the grave site, and on a plan of the whole burial site.
  - d. the measurements should be:
    - Length 2 meters
    - Width 2.5 Feet
    - Depth 4 feet

- Each dead body or individual body part needs to be bagged separately and have its own unique code on waterproof labels attached to the body or body part as well as attached to the bag.
- Burial should be 1.5 m deep and at least 200 m from drinking water sources.
- Leave 0.4 m between bodies for trench burials.
- Lie bodies side-by-side in one layer only (not on top of each other).
- Clearly mark each body and mark their positions at ground level including the unique body code.
- Consider the option of burying bodies head-to-toe if required.
- Create a sketch map of the burial site recording the location of bodies using the unique code.

#### Other Key Points:

- Guidelines that will be followed for temporary burial:
  - The site of temporary burial shall be carefully selected, secured for possible future exhumation and will be at least 250 meters away from the drinking water source.
  - Bodies will be placed in parallel trenches and shall not be laid, one upon the other.
  - Depth of burial will be at least 1.5 meters above the groundwater table, with at least 1 meter covering of soil and the distance between two bodies will be 0.5 meter.

- Each body must be buried in body bags or locally available material with its Individual Identification Number in a waterproof label. This number must be marked at the ground level and mapped for future reference in a register.
- Mass burial in a single ditch will not be used for storage and preservation.

#### ● Chemical Methods

Chemical methods are used where bodies are to be preserved for longer periods. There is no need for refrigeration for dead bodies, preserved by chemical methods.

Different chemical methods are given below:

- Formalin
- Sanitizing
- Embalming
- Mummification
- Plastination



# **REPORTING DISASTER CASUALTIES**



Local DRRM Councils shall report official and validated list of names of casualties to the Regional DRRMCs, including the age, sex, location of incident, address, and details on the: Dead – circumstances, cause and date/time of death

Injured – brief description of the injury and medical services provided  
Missing – name, circumstances, date/time the person went missing.



The Regional DRRMCs shall consolidate all reports from Local DRRMCs and Regional DRRMC member-agencies and shall submit the same to the National DRRM Operations Center (NDRRMOC)



The NDRRMOC shall coordinate with the DILG and DOH to cross-validate the reports on dead persons.



The National DRRM Operations Center (NDRRMOC) shall be the official source of casualties which will form part of the NDRRMOC Situation Report.



The NDRRMOC Situation Report shall be disseminated and published to the Official NDRRMOC Website and other available means of communication.





# SUPPORTING DOCUMENTS

## A. For Dead Persons

- Certificate of Identification (issued by PNP-CL or NBI)
- Death certificate (issued by the Local Health Officer or DOH)

## B. For Missing Persons

- Accomplished Incident Report Form (PNP); and/or
- MDM Standard Missing Persons Form Official List of Casualties
- The Official List of Casualties is announced by the NDRRMC Chairperson, NDRRMC Executive Director or designated spokesperson to the media through press conferences/ media briefings facilitated by the PCOO, or any of its agencies.
- The report of the identified human remains shall be submitted by the Chairman of the LDRRMC countersigned by the LHO to the chairperson of the RDRRMC taking into consideration the time of the report, copy furnished the DOH-CHD. The PNP and NBI DVI teams shall also submit reports of unidentified human remains to the LCE and LHO. The Chairman of the LDRRMC shall report the same to the RDRRMC taking into consideration the time of report, copy furnished the DOH-CHD.

### Verifying, Validating, and Reporting Disaster Casualties

- Verification - A process where an information of a casualty in a disaster event is being confirmed thru investigation, and thru official channels. This can only be proved thru a PNP Spot and/or Progress Reports and as reflected in the LDRRMO's Situational Report.
- Validation - A process where the verified reported casualty in a disaster event is being confirmed through scientific methods that determine that the cause of death is directly or indirectly related to the disaster event. This can be proved through the issuance of the death certificate.



**MANAGEMENT OF  
DEAD PERSONS  
DUE TO DANGEROUS  
COMMUNICABLE DISEASES**

## GETTING ORGANIZED

- Organize the tasking of the City/Municipal MDM Team;
- Facilitate, through the LGU, the designation and commissioning of reputable funeral parlors and crematoriums;
- Identify suitable burial sites;
- Enter into a Memorandum of Agreement (MOA) with all designated funeral parlors and crematoriums on the management of dangerous communicable diseases;
- If necessary, counsel the LCE to impose a price freeze on funeral services located within their area of jurisdiction;
- Coordinate with the Provincial PNP-PFG, BFP-SRU, NBI or Local Health Office (LHO) to provide technical assistance in the orientation of funeral/mortuary workers of the designated funeral parlors/crematoriums on the universal, standard and transmission-based precautions, with emphasis on the PROPER DONNING, DOFFING and DISPOSAL of PPEs, disposal of other infectious wastes, and other related precautionary measures, as deemed necessary;
- As far as applicable, the PNP-PFG, BFP-SRU, NBI or LHO shall conduct the orientation with the funeral/mortuary workers of the designated funeral parlors and crematoriums on a face-to-face basis;
- Ensure that transfer/transportation of humans remains is well-coordinated with the Local PNP;
- As reportorial requirements, the Local MDM Team shall secure copies of the accomplished death certificate and submit the same to the Provincial MDM Cluster;
- The Local MDM Team shall not disclose the number of deaths to the public; only the LCE or the duly designated spokesperson can do so;
- In case the deceased person was admitted in a referral facility/hospital where he/she was not a resident, the burial, but preferably cremation, shall be done, whenever practicable, in the LGU where the person died;
- However, if the bereaved family wishes the human remains be 'transported with or without cremation, it should be in accordance with existing rules and regulations, together with the issuance of the appropriate local permits;
- Coordination between cities/municipalities shall be facilitated by the Provincial MDM Cluster;
- All information gathered by the Local MDM Team shall be treated as confidential;
- Resolve issues and concerns at your level; otherwise, elevate the contentious issues to the Provincial MDM Cluster for resolution;; and
- Perform such other related functions, as deemed necessary.

**General precautionary measures for all, but not limited to health care workers, responders, retrieval teams, funeral and mortuary staff, and relatives who are likely to come into contact with human remains with dangerous communicable diseases:**

### **Vaccination**

All staff, workers and responders are preferred to have COVID-19, Pneumococcal, Hepatitis-B, Tetanus Toxoid vaccination and other relevant vaccines prior to contact;

### **Personal Hygienic Measures and Protective Equipment**

All staff should be trained in universal, standard and transmission-based precautions. A high standard of personal hygiene should be adopted;

When handling dead bodies:

- Avoid direct contact with blood or body fluids from the dead body;
- Put on personal protective equipment (PPE) including double gloves, water resistant gown/plastic apron over water repellent gown, and surgical mask. Use face shield or goggles to protect eyes, as there may be splashes; shoe covers/boots;
- Make sure any wounds, cuts and abrasions, are covered with waterproof bandages or dressings;
- Do NOT smoke, drink or eat. Do NOT touch your face (eyes, mouth or nose);
- Observe strict personal hygiene. Hand hygiene could be achieved by washing hands with liquid soap and water or proper use of alcohol-based hand rub;
- Avoid sharps injury, both in the course of examination of dead body and afterwards in dealing with waste disposal and decontamination;
- Observe proper removal protocols when removing personal protective equipment after the handling of the dead body. Then, wash hands with liquid soap and water immediately.

### **Accidental Exposure to Blood or Body Fluids**

In case of percutaneous injury or mucocutaneous exposure to blood or body fluids of the dead body, the injured or exposed areas should be washed with copious amount of clean water with soap.

All incidents of percutaneous or mucocutaneous exposure should be reported to the supervisor. The injured person should immediately seek medical advice for proper wound care and post exposure management.

### **Health Care Waste Management**

The definition of health care waste and its management has been set out in the DOH Health Care Waste Management Manual;

Items classified as infectious waste must be handled and disposed of properly according to the legal requirements;

### **Environmental Control**

Standard decontamination solution for infectious diseases:

- Hypochlorite solution 5000 ppm or 2 in 18 diluted household bleach (mixing 2 part bleach with 18 parts water);
- All surfaces which may be contaminated should be decontaminated with the standard decontamination solution, leave it for 15-30 minutes, and then rinse with water. Metal surfaces could be wiped with 70% ethyl alcohol.
- Surfaces visibly contaminated with blood and body fluids should be decontaminated with the standard decontamination solution, leave it for 10 minutes, and then rinse with water.
- Bleach solution should be freshly diluted.



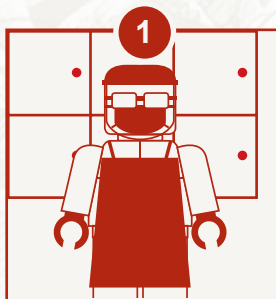


# REFERENCE BOXES

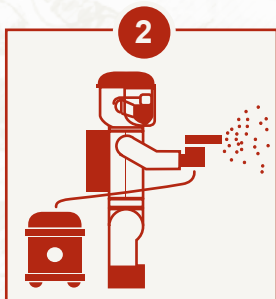
# BOX A: RETRIEVAL OF HUMAN REMAINS

## Packaging, Removal, and Transport of Human Remains

(Death outside hospital of cases with dangerous communicable diseases)



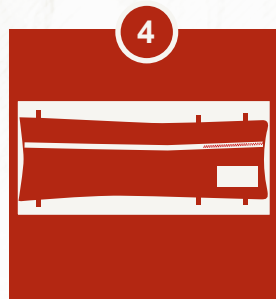
All responders must wear the appropriate personal protective equipment (PPE) before handling the human remains;



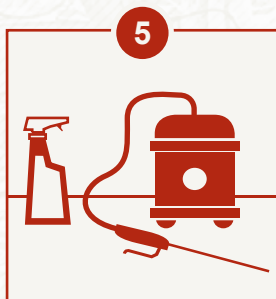
Prior to handling, disinfect the body by misting with the standard decontamination solution or disinfectant spray;



Wrap the body with cloth, or robust and leak-proof transparent plastic bag;



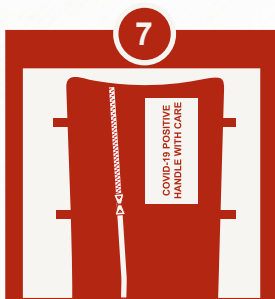
Place the body in the body bag that is leak-proof and shall be zipped and closed tightly with tapes and bandage strips, and with proper label or marking;



The outside or surface of the body bag should be decontaminated by misting with the standard decontamination solution and allowed to air dry;



Attached a biohazard tag in the body bag;



Ensure that the human remains are fully sealed in an impermeable body bag before being removed from the isolation room or area, and before transfer to the mortuary, to avoid leakage of body fluids;



When properly packed, the body can be safely transported to the funeral establishment or crematorium.

### IMPORTANT REMINDERS

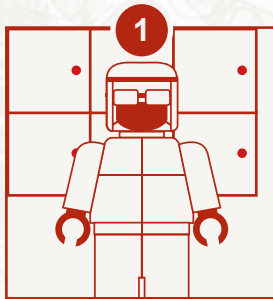
- At NO INSTANCE shall unzipping the body bag and removal of the body be permitted;
- Keep both handling and movement of the body at minimum to reduce the risk of expulsion of airborne pathogen;
- After transport, the vehicle must be disinfected immediately after the human remains have been removed;
- Remind the household to clean and disinfect the room occupied by the deceased immediately after the body has been removed;
- All soiled linens and fabrics of the deceased shall be properly disposed of, in accordance with relevant laws.



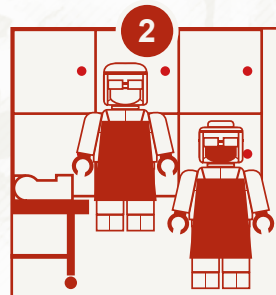
# BOX B: RETRIEVAL OF HUMAN REMAINS

## Packaging, Removal and Transport of Human Remains

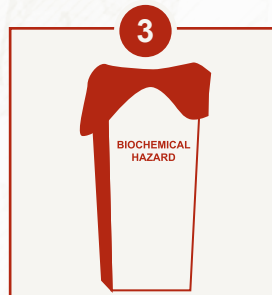
(Death in hospital/referral facility of cases with dangerous communicable diseases)



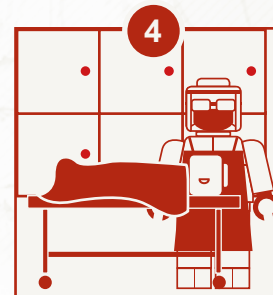
1 Ensure that mortuary staff apply standard precautions at all times including appropriate use of PPE;



2 Use long-sleeved gown, gloves and facial protection (e.g., face shield) if there is risk of splashes of body fluids or secretions;



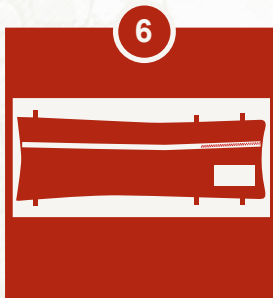
3 All attached apparatuses and sharps, such as tubes, drains, catheters and needles on the human remains should be removed with EXTREME CAUTION and disposed of safely;



4 Oral, nasal and rectal orifices of the human remains have to be plugged to prevent leakage of body fluids;



5 Wrap the body with cloth, or robust and leak-proof transparent plastic bag;



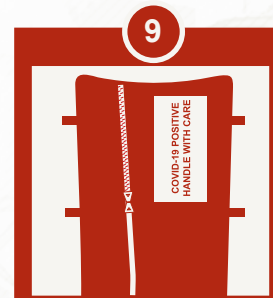
6 Place in the airtight body bag that is leak-proof and shall be zipped or closed tightly with tapes and bandage strips;



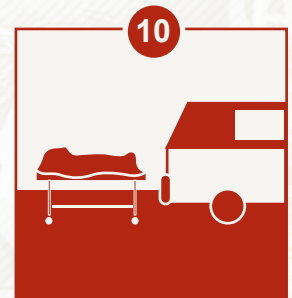
7 The outside or surface of the body bag should be decontaminated by misting with the standard decontamination solution and allowed to air dry;



8 Attach a biohazard tag on the body bag;



9 Ensure that the human remains are fully sealed in an impermeable body bag before being removed from the isolation room or area, and before transfer to the pathology department or the mortuary, to avoid leakage of body fluids;



10 When properly packed, the body can be safely removed from storage in the mortuary.



**Important Reminders:**

- At NO INSTANCE shall unzipping the body bag and removal of the body be permitted;
- Keep both handling and movement of the body at minimum to reduce the risk of expulsion of airborne pathogens;
- After transport, the vehicle must be disinfected immediately after the human remains have been removed;
- Remind the household to clean and disinfect the room occupied by the deceased immediately after the body has been removed;
- All soiled linens and fabrics by the deceased must be properly disposed of, in accordance with relevant laws.

# BOX C AND D: PRECAUTION FOR ALL HUMAN REMAINS RETRIEVED

## BOX C: PRECAUTION FOR ALL RETRIEVED HUMAN REMAINS

(Care for Human Remains and Environmental Control  
in the Mortuary)

- All dead bodies must be identified, documented and correctly labeled with identity labels/ biohazard tag on the body bag;
- A dead body which is found soiled with blood or body fluids should be placed inside a disposable plastic bag instead of linen;
- Preferably, dead bodies should be stored in cold chambers maintained between 2 - 4°C;
- The mortuary must be kept clean and properly ventilated at all times. Lighting must be adequate. Surfaces and instruments should be made of materials which could be easily disinfected and maintained;
- Storage compartments for dead bodies should be easily accessible for both regular cleaning and maintenance;
- All used linen should be disposed of;
- Items classified as clinical waste must be handled and disposed of properly, according to legal requirements;
- Environmental surfaces, instruments and transport trolleys should be properly decontaminated;
- All bodies must be brought to the preferred mortuary, funeral establishment or crematorium of those who have duty to make the funeral and burial arrangement of the deceased.

## BOX D: PRECAUTION FOR ALL RETRIEVED HUMANS REMAINS

(Care for Human Remains and Environmental Control  
for MORTUARY and FUNERAL WORKERS)

### When handling dead bodies:

- Avoid direct contact with blood or body fluids from the dead body;
- Observe strict personal hygiene and put on the appropriate PPE, including gloves, water repellent gown and surgical masks. Use goggles or face shield to protect eyes, in the likely event of splashes or sprays;
- Make sure any wounds are covered with waterproof bandages or dressing;
- Do not smoke, drink or eat. Do NOT touch your face (mouth, eyes, nose);
- Observe proper doffing protocols when removing PPEs after handling the dead body. Then, whether or not gloves were worn, always wash hands with liquid soap and water immediately;
- Make sure that supply of disposable gloves, protective equipment, alcohol-based hand rub and disinfectant, such as household bleach, are readily available;
- After use, the disposable items such as gloves and protective clothing should be disposed of in a plastic bag ([preferably yellow trash bags for infectious wastes) and preferably burned, for disposable, and properly disinfected for non-disposable, items after its use;
- Linen contaminated with blood or body fluids should be disposed of properly;
- All surfaces which may be contaminated should be wiped with the standard decontamination solution, leave it for 15-30 minutes, and then rinse with water. Metal surfaces could be wiped with 70% alcohol;
- Surfaces visibly contaminated with blood and body fluids should be misted with the standard decontamination solution, leaving it for at least 10 minutes, and then rinsing with water.

# BOX E: PROCEDURE FOR BURIAL AND CREMATION

## Ensure minimal handling of the body:

- If the person died outside of a healthcare facility, standard and transmission-based precautions shall be applied by the mortuary or funeral establishment;
- If the person died inside a health facility, tagging shall be done by the local health officer or attending physician and standard and transmission-based precautions shall be applied;
- Hygienic preparation, such as cleaning of the body, tidying of hair, trimming of nails, shaving, and embalming of the remains SHALL NOT BE ALLOWED;
- Only the adult members of the family of the deceased and other persons whose attendance is absolutely necessary may be permitted to attend the funeral and burial of the human remains.

## For those that will be buried:

- The human remains shall be placed in a sealed casket;
- The human remains shall not be taken to any place of public assembly.
- Viewing of the deceased shall not be permitted;

- Burial from the city/municipality where the deceased will be buried shall be secured by the next of kin;
- No remains shall be buried within the twenty-five (25) meter radius of any residential area, unless waived by written permit of the concerned health director, as provided for by law;
- The grave shall be at least one and one half (1.5) meters deep and filled well and firmly with soil;
- No remains shall be buried in a grave where water table is less than two (2) meter deep from the natural ground surface;
- No human remains of persons who died of dangerous communicable disease shall be exhumed before a lapse of five-year burial period, except in special cases such as requested by the court, police, agent of the NBI (medico-legal cases) subject to the approval of the concerned regional health director.
- In every exhumation, the human remains must be disinfected and placed in a suitable and hermetically-sealed container and properly identified or labelled;
- The exhumation and reburial of the remains shall always be under the supervision of the concerned local health officer who shall see to it that public health is not endangered.

### **For those that will be cremated:**

- A written informed consent shall be obtained from those who are authorized to arrange the funeral or burial rites of the deceased;
- The staff of the funeral establishment or crematorium shall ensure the identity of the cadaver to be cremated. Also, they shall exercise due diligence to ensure that this procedure shall not be abused by persons who may have committed a crime against the person of the deceased and aim to conceal it;
- Cremains shall be reduced to the size of fine sand or ashes and packed in a cremains container (or urn) before they are turned over to the relatives of the deceased.

### **Requirements for Burial/Cremation:**

- The attending physician, Local Health Officer, or Medico-Legal Officer shall issue the Certificate of Death indicating the cause of death:

- For death in referral/health facility, the attending physician shall issue the death certificate;
- For death while on Community/Home Quarantine, the Local Health Officer shall issue the death certificate
- Death must be reported to the City/Municipal Health Officer within twelve (12) hours from the time of death;
- The Local Sanitation Officer shall issue the burial/cremation permit; and
- Forward to the concerned Local Civil Registrar for registration within 30 days from the time of death.

### **Important reminder:**

- NO BURIAL/CREMATION shall take place without a validly issued death certificate.
- Public and private cemeteries or private burial grounds shall be designated for the disposal of human remains/cremains. Where relatives of the deceased so wished, cremains shall be allowed to be brought home only in the prescribed container.

# BOX F: TRANSPORT OF HUMAN REMAINS

## Shipment of Human Remains/Cremaains Outside of Jurisdiction

- The DFA and BHIC shall jointly obtain the Transfer Permit, to be issued by the Bureau of Quarantine (BOQ);
- Shipment of cremaains abroad shall be governed by existing regulations of the BOQ. Transport to foreign ports shall require a Quarantine Permit from the BOQ before shipment; BOQ Guidelines on Transport of Human Remains
- Human Remains not subject to Embalming Procedure
  - All human remains for transport to foreign or domestic destinations without the benefit of an embalming procedure shall secure a quarantine permit before shipment. The following documents shall be required:
    - death certificate duly certified by the appropriate authority indicating the cause of death
- Human Remains during Epidemics/Outbreaks, Public Health Emergencies, or Deaths caused by Highly Pathogenic Organisms
  - The BOQ reserves the right to allow or disallow the transport of human remains whose death occurred during epidemics/outbreaks or the cause of death is due to highly pathogenic organisms, infectious disease subject to the IHR, emerging or re-emerging disease, and public health emergencies of

international concern or PHEIC. If transport is allowed for such human remains, the following measures shall be undertaken as the case may be to ensure public health safety:

- The remains shall be cremated before shipment, or
  - For remains that do not require cremation, the casket shall be permanently and hermetically sealed from the port of origin until burial.  
The burial must take place within twenty-four (24) hours after the issuance of a BOQ clearance.
- Permission to Transport Human Remains to Foreign or Domestic Destination
    - All human remains for transport to foreign or domestic destinations shall secure a quarantine permit before shipment. The following documents shall be required:
      - Death certificate from the appropriate local authority;
      - Embalming or cremation permit, as the case may be;
      - Certificate to the effect that the remains have been properly placed in a hermetically sealed container, casket or urn; and
      - Certificate that there is no existing infectious disease subject to the IHR, emerging or re-emerging disease, or PHEIC, from the local health authority;

## BOX G: PROCEDURE FOR WEARING PPEs

All handlers and involved personnel must observe the proper wearing of PPEs prior to the handling of the human remains to avoid contamination, before, during and after operations:

- **DONNING:**

Must be done before handling human remains:

- Wear first the lower extreme part of the coverall;
- Wearing of protective boots (the coverall must be tucked out);
- Put on the heavy duty rubber boots or shoe covers and tuck-out the disposable coverall.
- Proceed to wear the upper portion of the disposable hooded coverall, zipping the garb to the neck;
- Wear the first surgical gloves tucked inside the arm sleeves, then wear the second surgical gloves tucked out the sleeves then tape with masking tape, if necessary.
- Wear water resistant gown/plastic apron;
- Wear the face mask and the eye protection goggles, followed by the hood of the coverall, then the face shield;
- For the body handlers, wearing of the working rubber gloves, in addition to the two gloves, is a must while all others (documenter, close-in security escorts, and two family members) shall at least wear the suit and the first two gloves.

- **DOFFING:**

Should be done after passing thru the decontamination facility:

- First to be removed are the working gloves, then the second gloves (gloves with masking tape). DO NOT remove the first gloves yet, as these will be used in doffing the rest of the suit;
- Remove the face shield and the hood of the coverall;
- Unzip and remove the upper extreme part of the coverall;
- Then remove the lower extreme portion, together with the boots. Put the coverall suit and the used gloves inside the designated plastic bag; lock or securely tie the plastic bag then put it in the designated collection container (contaminated PPEs should be disposed of properly or burned);
- Remove the eye protector goggles and the used mask together with the last pair of gloves (the gloves and mask should be put in a plastic bag for disposal, while the goggles and the face shield should be put separately in another plastic container for decontamination);
- Eye protection and face mask should be replaced with new ones;
- Lastly, all clothings should be removed and disposed of, and replaced with new and sanitized ones.

All persons involved must wear the appropriate PPEs and observe minimum exposure to other persons in order to minimize the chances of contact and exposure to the virus or infectious organisms.

# BOX H: PROPER TRANSPORT OF HUMAN REMAINS

## LOADING PROCEDURES (EMBARKING)

- **From hospitals or outside hospitals to the Funeral Parlors/ Crematoriums for Burial**
  - The vehicle should be sanitized before loading the human remains into the vehicle;
  - The body handlers must ensure that the human remains are properly packed and sealed before loading it into the vehicle;
  - The only authorized personnel to ride with the human remains are the body handlers and/or the undertakers, and their duty is to ensure that the human remains are secured while on travel;
  - All other personnel shall ride on a different vehicle, maintain physical distance and observe minimum exposure to the corpse and other contaminants;
  - Ensure that the human remains are secured and stable prior to moving out to the crematorium or burial site.
- **In case there are no funeral parlors/crematoriums or burial site in the LGU where the deceased died, and must be transported to another LGU:**
  - The proper loading procedures shall be followed;
  - **NO STOP OVER** are allowed during transport, except during an emergency or when requested at checkpoints;
  - Ensure that all documents for travel are secured beforehand and copies are be furnished the driver and the documenter, in case needed or as may be necessary when passing through checkpoints;

- Prior coordination should be done with the concerned LGU and local authorities.

## Documents to be secured before transport from another LGU

- **Copy of the death certificate**
- **Transfer Permits from LGU of origin, and**
- **Transfer permit shall be secured from the Local Health Officer of the point of origin and shall also be secured from places where the remains will pass, if local ordinances of such places so require**

## UNLOADING PROCEDURES (DIS-EMBARKING)

- The vehicle should pass through the decontamination facility prior to unloading of the human remains;
- The undertakers/body handlers are the only authorized personnel to carry the human remains up to the crematorium or the burial site;
- The undertaker/body handlers should see to it that the ashes from the crematorium are put in an air-tight sealed container before turning over to the rightful claimants/next of kin;
- All involved personnel/individuals must pass through the decontamination facility and undergo decontamination procedures before leaving the premises;
- All vehicles used must undergo decontamination procedures before loading and leaving the cemetery/crematorium premises.



# BOX I: DECONTAMINATION PROCESS

## GENERAL REMINDERS

- After final decontamination, NO ONE MUST GO BACK to the funeral parlors, crematorium, or burial site to avoid re-contamination;
- The funeral/mortuary undertakers and all other personnel involved must decontaminate the funeral parlors/crematorium, other facilities and the burial site that was used or have been in contact with the human remains before doing the final self-decontamination;
- Ensure that the facilities and the surroundings of the funeral parlors/ crematoriums are secured before leaving the premises.

## DECONTAMINATION PROCEDURES ONCE ALL PPEs ARE REMOVED

### The decontamination personnel shall:

- Ensure availability of standard decontamination solution for infectious diseases;
- Ensure that individuals always wear masks and maintain social distancing while undergoing the decontamination procedures;
- Ensure that all involved personnel strictly follow the decontamination procedures:
  - Step 1: Property Decontamination Desk - Individuals shall turn over all personal properties (wallets, cellphones, keys, etc...) for decontamination
  - Step 2: Foot Bath - Individuals shall pass through the foot sanitation for not less than 10 seconds (10 stationary steps).

- Step 3: Step into the decontamination tent/cubicle - where individuals shall be decontaminated all over the body.
  - Step 4: Hand Washing - Individuals shall do proper hand washing for at least 30 seconds.
  - Step 5: Claim Property at Decontamination Desk- Claiming of personal properties or belongings after undergoing complete decontamination.
- Ensure proper decontamination procedures for all used vehicles, as follows:
    - Step 1: Disembarking - Drivers and passengers must disembark their vehicles and shall pass through the personnel decontamination procedures.
    - Step 2: Surface Decontamination - Spray decontamination solution all over the external parts of the vehicle (siding, wheels, handles, cargo trunks, step boards, etc.)
    - Step 3: Internal Decontamination - Spray decontamination solution in all internal parts of the vehicle (wheels, seats, dashboards, headrests, backseats, pedals, shifting gears, steering wheel, trunks, etc). Then allow to air dry.
  - All individuals and their vehicles must be logged in (recorded) to ensure the proper monitoring of the safety of personnel and the work premises.





# **GLOSSARY**

**Ante- Mortem** - refers to before death of a person

**Ante-Mortem Data** - it shall refer to the primary and/or secondary means of identification that was/were collected before the death of a person and that can help determine the identity of the retrieved human remains.

**Bereaved Family** - refers to the surviving relatives of the alleged dead person or missing person.

**Body parts** - refers to the specific body part/s that was/were detached from the body of a dead person that was/were found at the disaster stricken areas by the retrieval team and turned-over to the DVI and disposal team for appropriate action (?)

**Burial** - interment of remains in a grave, tomb or the sea.

**Burial grounds** - cemetery, memorial park or any place duly authorized by law for permanent disposal of the dead.

**Death Certificate** (also referred to as Certificate of Death) - a document issued by the attending physician or in his absence, by the city/municipal health officer or duly authorized government official, using the prescribed form certifying the death of a person.

**Child** - refers to a person below eighteen (18) years of age, or one who is over eighteen (18) but is unable to fully take care of or protect oneself from abuse, neglect, cruelty, exploitation or discrimination because of a physical or mental disability or condition.

**Cremation** - a process that reduces human remains to bone fragments of fine sand or ashes through combustion and dehydration.

**Death** - the irreversible cessation of circulatory and respiratory functions or the irreversible cessation of all functions of the entire brain, including the brain stem. A person shall be medically and legally dead if either:

- In the opinion of the attending physician, based on the acceptable standards of medical practice, there is an absence of natural respiratory and cardiac functions and attempts at resuscitation would not be successful in restoring those functions. In this case, death shall be deemed to have occurred at the time these functions ceased; or
- In the opinion of the consulting physician, concurred in by the attending physician, that on the basis of acceptable

standards of medical practice, there is an irreversible cessation of all brain functions; and considering the absence of such functions, further attempts at resuscitation or continued supportive maintenance would not be successful in restoring such natural functions. In this case, death shall be deemed to have occurred at the time when these conditions first appeared.

The death of the person shall be determined in accordance with the acceptable standards of medical practice and shall be diagnosed separately by the attending physician and another consulting physician, both of whom must be appropriately qualified and suitably experienced in the care of such parties. The death shall be recorded in the patient's medical record.

**Dead Body** - refers to a person exhibiting one or more of the following signs and observations:

- Irreversible absence of pulse and respiration;
- Total absence of brain activities; and
- Cooling of the body to a well below normal temperature, 35° or less, including bodies in algor mortis, livor mortis, and rigor mortis.

**Deceased** - refers to a dead person. The term, deceased, decedent and dead person can be used interchangeably for purposes of this Manual.

**Dental records** - include radiographic images and other identifiable information based on the teeth/dental images of the missing person or dead person that was taken before their alleged disappearance or death and thereafter

**Disaster** - a serious disruption of the functioning of a community or a society involving widespread human, material, economic or environmental losses and impacts, which exceeds the ability of the affected community or society to cope using its own resources. Disasters are often described as a result of the combination of: the exposure to a hazard; the conditions of vulnerability that are present; and insufficient capacity or measures to reduce or cope with the potential negative consequences, Disaster impacts may include loss of life, injury, disease and other negative effects on human, physical, mental and social well-being, together with

damage to property, destruction of assets, loss of services, social and economic disruption and environmental degradation.

**Disaster Response** - the provision of emergency services and public assistance during or immediately after a disaster in order to save lives, reduce health impacts, ensure public safety and meet the basic subsistence needs of the people affected. Disaster response is predominantly focused on immediate and short-term needs and is sometimes called “disaster relief”.

**Disaster Victim Identification** - is the method used to identify victims of mass casualty incidents, either man-made or natural.

**Disposal** - Disposal of human corpses, also called final disposition, is the practice and process of dealing with the remains of a deceased human being.

**Disposition** - it refers to the process of facilitating the post-mortem care, interment or disinterment of the processed human remains into his/her final resting place. The term shall include the proper handling, transfer, releasing, funeral, burial or cremation, exhumation and/or reburial of processed human remains.

**Documentation**- it shall refer to the recording or note-taking of the basic information, personal belongings and other appropriate pieces of evidence of the retrieved dead bodies or body parts that can help determine the possible identity of the dead person and/or his/her claimant. Moreover, it also includes the recording or note-taking of the necessary information of the reported missing person which will help the appropriate government agencies determine the personal circumstances, fact of disappearance of the missing person and possible his/her whereabouts or status.

**Family** - refers to the parents or brothers and sisters, whether of the full or half-blood, of the child.

**Final Arrangement for the Dead** - is the process of handling the body after complete documentation has been done by the DVI Team up to the turnover to the legitimate claimants (for the identified remains); or Temporary Burial (for the unidentified remains and those without claimants).

**Disinterment** - the removal or exhumation of remains from places of interment.

**Funeral Establishment** - includes funeral parlors, funeral chapels

and any similar place used in the preparation, storage and care of the body of the deceased person for burial or cremation.

**Hazard** - a dangerous phenomenon, substance, human activity or condition that may cause loss of life, injury or other health impacts, property damage, loss of livelihood and services, social and economic disruption, or environmental damage.

**Injunction** - is a judicial writ, process or proceeding whereby a party is ordered to do or refrain from doing a certain act.

**Human-induced Disasters** - refer to man-made disruption of the functioning of a community that resulted in damages to properties and casualties.

**Human Remains** - the body or parts of the body of a dead person including the cremated remains.

**Missing person** - shall refer to any person residing, working, studying or sojourning in a community that is directly affected by disaster and is nowhere to be found thereafter and has not been heard of since the disaster.

**Parent** - refers to the biological or adoptive parent or legal guardian of a child.

**Post-mortem** - it means after death.

**Post-mortem data** - it shall refer to the primary and/or secondary means of identification that was/were collected after the death of a person and that can help determine the identity of the retrieved human remains.

**Processed Human Remains** - refer to a retrieved dead person that has undergone the post-mortem care, proper documentation and/or the disaster victim process prior to the release of their human remains for disposal purposes.

**Relatives** - refer to the relatives of the dead person, other than his/her immediate family members, within the fourth degree of consanguinity or affinity.

**State** - shall refer to the Republic of the Philippines if the dead person is a Filipino citizen. If the dead person is a foreign citizen, it shall be the appropriate country in which the decedent is a citizen of.

**Unprocessed Human Remains** - refer to a cadaver that did not undergo post-mortem care or the forensic identification process.

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# ANNEX A

## **DEAD BODY INFORMATION FORM AND MISSING PERSONS INFORMATION FORM**





## DEAD BODY INFORMATION FORM

<b>Unique code:</b> <small>(Use this same code on associated files, photographs or stored objects.)</small>
<b>Possible identity of body</b> (Explain reasons for attributing a possible identity):
<b>Person completing this form</b>
Name: _____
Official status: _____ Place & date: _____
Signature: _____
<b>Recovery details</b> (Include place, date, time, by whom found, and circumstances of finding. Give GPS coordinates if available. Indicate if other bodies were recovered in the same area, including name and possible relationship, if identified)



Unique 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	Fully skeletonized	Burnt	
A.2	Apparent sex (mark one and describe evidence):	Male			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 with units):		Short
		Weight (specify units):		Slim	Average	Fat		
A.5	a) Head hair:	Color:	Length:	Shape:	Baldness:	Other:		
	b) Facial hair:	None		Mustache	Beard	Color:	Length:	
	c) Body hair	Describe:						
A.6	Distinguishing features:		Use additional sheets if needed. If possible, include a sketch of the main findings. Note if photographs taken (include unique code in all photographs)					
	Physical (e.g. old amputations – limbs, fingers) Surgical prosthesis (e.g. artificial limb) Skin marks – (scars, tattoos, piercings, birthmarks, moles, etc.), specify location Apparent injuries: include location, side Dental condition: (crowns, gold teeth, adornments, false teeth). Describe any obvious features							



Unique Code: \_\_\_\_\_

**B. ASSOCIATED EVIDENCE**

B.1	<b>Clothing:</b>	Type of clothes, colors, fabrics, brand names, repairs. Describe in as much detail as possible
B.2	<b>Footwear:</b>	Type (boot, shoes, sandals), color, brand, size. Describe in as much detail as possible
B.3	<b>Eyewear:</b>	Glasses (color, shape), contact lenses. Describe in as much detail as possible
B.4	<b>Personal items:</b>	Watch, jewelry, wallet, keys, photographs, mobile phone (include number), medication, cigarettes, etc. Describe in as much detail as possible
B.5	<b>Identity Documents</b>	Identity card, passport, driving license, credit card, etc. Take photographs if possible (including the unique code in the photograph). Describe the information contained in them



Unique Code: \_\_\_\_\_

**C. RECORDED INFORMATION**

C.1	<b>Fingerprints:</b>	Yes	No	Taken by whom? Stored where?
C.2	<b>Photographs of body:</b>	Yes	No	Taken by whom? Stored where?

**D. STATUS OF BODY**

Stored:	(mortuary, refrigerated container, temporary burial). Describe location
	Under whose responsibility:
Released:	To whom and date:
	Authorized by:
	Final destination:



### MISSING PERSON INFORMATION FORM

Missing person's name and unique number for this file:  
 (If name, give family name first followed by comma then other names) (Use unique number on associated files, photographs or stored objects.)

Interviewer name:

Interviewer contact details:

Interviewee(s) name(s):

Relationship(s) to missing person:

Contact details of interviewee:

Address:

Telephone:

Email:

Other contact person for missing person, if different from above:  
 (who to contact in case of news). Give name and contact details.



Unique Code: \_\_\_\_\_

#### A. PERSONAL DETAILS

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

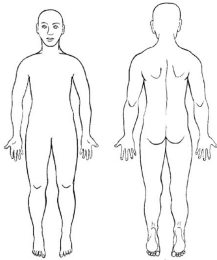
#### B. EVENT

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 (include name and address)		
	Has this case been registered elsewhere?	Yes	No	With whom/where:
B.2	Are other family members missing; if so, have they been registered/identified?	List name, relationship, status:		



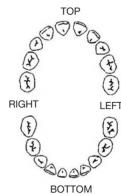
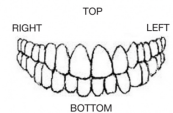
Unique Code: \_\_\_\_\_

**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	Obese
C.2	Ethnic group/skin color:				
C.3	Eye color:				
C.4	a) Head hair:	Color:	Length:	Shape:	Baldness: Other:
	b) Facial hair:	None	Mustache	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)				



Unique Code: \_\_\_\_\_

C.6	Dental condition: Please describe general characteristic, especially taking into account the following:	
	<ul style="list-style-type: none"> <li>• Missing teeth</li> <li>• Broken teeth</li> <li>• Decayed teeth</li> <li>• Discolorations, such as stains from disease, smoking or other</li> <li>• Gaps between teeth</li> <li>• Crowded or crooked (overlapping) teeth</li> <li>• Jaw inflammation (abscess)</li> <li>• adornments (inlays, filed teeth etc)</li> <li>• any other special feature</li> </ul>	
	Dental Treatment:	
	Has the Missing Person received any dental treatment such as:	If possible, use a drawing, and/or indicate the described features in the chart below
	<ul style="list-style-type: none"> <li>• Crowns, such as gold-capped teeth</li> <li>• Color: gold, silver, white</li> <li>• Fillings (incl. color if known)</li> <li>• False teeth (dentures)-upper, lower</li> <li>• Bridge or other special dental treatment</li> <li>• Extractions</li> </ul>	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
		<p>BABY/PRIMARY TEETH</p> 
		<p>ADULT/PERMANENT TEETH</p> 



Unique Code: \_\_\_\_\_

**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 (include 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, passport, driving license, credit card, etc. Take a photocopy if possible. Describe the information contained in them
D.6	Habits:	Smoker (cigarettes, cigars, pipes), chewing tobacco, betel nut, alcohol, etc. Please describe, including 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 photographs or copies of photographs: as recent and as clear as possible, ideally smiling (with teeth visible), and also photographs of clothing worn when disappeared

Note: By signing this form, the interviewee understands that the information collected in this form will be used only for the search and identification of the missing person. Its content is confidential and any use other than for the search and identification of the missing person requires the explicit consent of the interviewee.

Place and date of interview:

Interviewer signature:

Interviewee signature:

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

*MANAGEMENT OF THE DEAD AND MISSING PERSONS*

**FIELD  
MANUAL**

