Disposal of dead bodies in emergency conditions

This item was submitted to Loughborough University's Institutional Repository by the/an author.


Additional Information:

- This report is part of the World Health Organisation Technical Note for Emergencies series.

Metadata Record: https://dspace.lboro.ac.uk/2134/9972

Version: Published

Publisher: © World Health Organisation (WHO)

Please cite the published version.
This item was submitted to Loughborough's Institutional Repository (https://dspace.lboro.ac.uk/) by the author and is made available under the following Creative Commons Licence conditions.

For the full text of this licence, please go to:
http://creativecommons.org/licenses/by-nc-nd/2.5/
Dealing with the dead is one of the most difficult aspects of a disaster response. This is not so much due to health-related risks, which tend to be negligible, but to the psychological, social and political impact of the trauma. This technical note outlines the health implications of dealing with mass fatalities and priority actions that need to be considered when planning for the collection and disposal of the dead.

Health risks from mass fatalities
Contrary to common belief, there is no medical evidence to suggest that large numbers of dead bodies, in themselves, cause disease or epidemics. Human remains originating from traumatic events (natural disasters, accidents or warfare do not represent a health hazard. The only situation where there is a health risk is when communicable disease has been the cause of the fatalities.

Priority tasks
Beyond injury, the primary health concern for survivors of a disaster is the psychological trauma of the loss of loved ones and of witnessing death on a large scale (Figure 8.1). For this reason it is important to proceed with the collection of dead bodies as soon as possible, but it is not necessary or advisable to hurry their disposal.

Protect the workforce
Body recovery often takes place spontaneously by groups from the surviving community, volunteers, and search and rescue teams. Recovery teams should wear protective equipment such as gloves and boots. They should also be encouraged to wash their hands with soap after handling dead bodies.

Recovery teams also face risks from working in dangerous environments. Try to vaccinate workers against tetanus and ensure first aid and medical treatment is available in case of injury (Figure 8.2).

Deal with the living first
In all cases, priority should be given to the living. Search and rescue should not be held up because of concerns about the dead, nor should health care resources (e.g. ambulances and hospital beds) be used to deal with them.

Figure 8.1. The loss of loved ones

This technical note focuses on the priority tasks for dealing with dead bodies not caused by medical epidemics.

Much of the information given in this note is draws on Morgan et al. (2006). It is strongly recommended that, if you are likely to be involved in the disposal of dead bodies, you should consult this text first.

Figure 8.2. A first aid kit
The handling of large numbers of dead bodies can have a serious impact on the mental health of members of the recovery team. The effects can take a variety of forms and may occur immediately after the event or much later. Health services must be prepared for this and deal with it as and when it arises (Figure 8.3).

Body recovery

Bodies should be recovered as quickly as possible, but without interrupting other activities aimed at helping survivors. Rapid recovery aids identification and reduces the psychological effects on survivors. Bodies should be placed in body bags. If these are not available, use plastic sheets, shrouds, or other locally-available materials. Separate body parts such as arms or legs should be treated as individual bodies. Do not try to match severed parts at the disaster site.

Keep details of the place and date when the body was found, using a form similar to that shown in Box 8.1. Give the body a unique reference number, copy it on to waterproof labels and attach these to both the body and its container. Labels should not be removed until the body has been collected by relatives.

Temporary storage of dead bodies

In warm climates, a body will begin to decompose within 12 to 48 hours. If possible, keep the body under refrigeration between 2°C and 4°C, at least until it has been formally identified. A refrigerated transport container used by shipping companies can store up to 50 bodies. Where this is not possible, temporary burial is the next-best option. Dig a trench 1.5m deep, at least 200m from any water source and at least 2m above the water table. Lay the bodies in a single layer leaving 0.4m between each (Figure 8.5). Clearly mark the position of each body at ground level with its unique identification number.

Identification and release

As bodies decompose quickly, especially in warm climates, they should be identified as soon after recovery as possible. Make a photographic record of the body (Box 8.2). Clean the body sufficiently to allow key features to be visible and make sure the identifying label is visible in each photograph. Leave clothing on the body and store it with all belongings. Complete an identification form such as that in Annex 1 of Morgan (2006).
Identifying a loved one from amongst a mass of dead bodies is extremely distressing. Try to minimize emotional stress. First, use good quality photographs as the preliminary phase of the identification process. Visual identification is the simplest method, but not always the most reliable, particularly if the body is disfigured or has begun to decompose. Always cross-check identification by using personal belongings or special identifying marks.

Bodies that are severely disfigured or have decomposed may have to be identified by scientific methods such as DNA testing or referral to dental records.

Bodies should only be released to relatives once a formal identification has been made. A formal handover document (such as a death certificate) should be provided. Keep a record of the people collecting the bodies of their relatives.

**Long-term storage and disposal**

Only in rare cases can the mass disposal of unidentified dead bodies be justified (Figure 8.6).

It is a basic human right for a deceased person to be identified, issued with a death certificate and disposed of in accordance with local customs. Failure to do so causes distress to relatives and can lead to long-term mental health problems.

All identified bodies should be released to relatives for final disposal.

Long-term storage will be required for bodies that are unclaimed. Burial is the preferred method as other methods destroy the evidence for future identification.

Bodies should be buried 1.5 to 3.0m deep in marked graves and following local customs and traditions. Communal graves should only be used in the case of an extreme disaster.

The minimum distance from water sources is shown in Table 8.1.

<table>
<thead>
<tr>
<th>Number of bodies</th>
<th>Distance from water source</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 or less</td>
<td>200m</td>
</tr>
<tr>
<td>5 to 60</td>
<td>250m</td>
</tr>
<tr>
<td>60 or more</td>
<td>350m</td>
</tr>
<tr>
<td>120 bodies per 100m²</td>
<td>350m</td>
</tr>
</tbody>
</table>

**Support for relatives**

The dead and bereaved should be respected at all times. It is a priority for affected families to know the fate of their loved ones. A sympathetic and caring approach is necessary. Take note of cultural and religious needs, but give honest and accurate information about the circumstances of death, even if this appears to cause further grief.

Figure 8.6. Mass disposal of dead bodies

Table 8.1. Minimum distances to water sources

Remember, a body must be buried with its unique reference number attached to it and to the container.
Dealing with public health emergencies

Public health emergencies causing mass fatalities are relatively rare, but when they do occur extreme care must be taken when handling the dead because of the risk of cross-infection. Table 8.2 lists the diseases for which infection from dead bodies is possible. The measures required to prevent infection vary according to each disease, but in general:

- mortuary staff should wear protective gloves, masks, boots and overalls;
- mortuaries must be kept cool and well ventilated;
- ritual cleaning and preparation of the body should be avoided;
- bodies should be sealed in water-tight body bags and relatives prevented from touching them; and
- burial should take place close to the point of death, and the number of people present should be restricted.

Missing persons

During an emergency, family members can become separated. Missing persons should be considered to be alive unless there is evidence to suggest otherwise. Alongside measures for dealing with the collection and disposal of the dead, there should be measures in place to enable families to discover the whereabouts of their relatives. Further information about missing persons is available from the International Red Cross and Red Crescent Movement at www.icrc.org

![Figure 8.7. (Left) Handling the dead with extreme care](image)

Table 8.2. Preventative measures to reduce the risk of infection from dead bodies

<table>
<thead>
<tr>
<th>Disease</th>
<th>Use PPE (1)</th>
<th>Use body bag</th>
<th>Allow viewing</th>
<th>Allow embalming</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cholera</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes (2)</td>
</tr>
<tr>
<td>Hantavirus</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Ebola / Marburg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Crimean-Congo Haemorrhagic fever</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes (with full PPE)</td>
</tr>
<tr>
<td>Lassa fever / arena viruses</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes (with full PPE)</td>
</tr>
<tr>
<td>Rift Valley fever</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>Yes (with full PPE)</td>
</tr>
<tr>
<td>Dengue</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Influenza</td>
<td>Yes</td>
<td>No</td>
<td>Yes (with mask / goggles)</td>
<td>Yes</td>
</tr>
</tbody>
</table>

(1) Personal Protective Equipment such as goggles/visor/face shield, gloves, medical mask, boots, coverall/gown, apron
(2) Disinfect the body e.g. with 2% chlorine solution
(3) Blood-borne transmission: tissues, vomit, blood

Further information


World Health Organization

Water, Sanitation, Hygiene and Health Unit
Avenue Appia 20
1211 Geneva 27
Switzerland

Telephone: + 41 22 791 2111
Telephone (direct): + 41 22 791 3555/3590
Fax (direct): + 41 22 791 4159
Email Coordinator: bosr@who.int
URL: www.who.int/water_sanitation_health

© World Health Organization 2011 All rights reserved. All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use.

Prepared for WHO by WEDC. Authors: Julie Fisher and Bob Reed. Series Editor: Bob Reed.
Editorial contributions, design and illustrations by Rod Shaw
Line illustrations courtesy of WEDC / IFRC. Additional graphics by Ken Chatterton.

Water, Engineering and Development Centre Loughborough University Leicestershire LE11 3TU UK
T: +44 1509 222885 F: +44 1509 211079 E: wced@lboro.ac.uk W: http://wced.lboro.ac.uk

8.4