Management of Dead Victims in Disasters and Catastrophes
Mission

Effective, appropriate and legally regulated management of the dead as a result of mass disasters in accordance with the best interests of Sri Lanka, justice, international standards and best practices applicable to scientific criteria, socio-cultural norms, humanitarian needs and expectations of human civilization.
# Table of contents

Contributors iv  
Preface v  
Abbreviations vi  

1. Introduction vii  
   a. Summary of Response Procedures  
      i. Recovery of Bodies and Body Parts 2  
      ii. Management of Bodies brought to the Hospital or Pronounced Dead at the Hospital 5  
      iii. Management of Bodies/Body Parts brought to the Body Holding Area/Mortuary 7  
      iv. Identification Procedure  
   b. Guidelines for  
      i. Recovery of Bodies and Body Parts 9  
      ii. Management of Bodies brought to the Hospital or Pronounced Dead at the Hospital 12  
      iii. Management of Bodies/Body Parts brought to the Body Holding Area/Mortuary 14  
      iv. Identification Procedure 16  
3. Part B - Proposed Amendments to the Inquest Procedure  
   a. Summary of  
      i. Inquest Procedure 22  
      ii. Final Disposal of Bodies/Body parts 23  
   b. Guidelines for  
      i. Inquest Procedure 24  
      ii. Final Disposal of Bodies/Body parts  
4. Appendix I - Antemortem Data Collection 27  
5. Appendix II - Postmortem Data Collection 29  
6. Annexes  
   A1 - Body Recovery Form – Sketch 33  
   A2 - Body Recovery register 34  
   A3 - Personal Effects Recovery –Sketch 35  
   A4 - Personal effects Register 36  
   A5 - Deaths at Hospital -Log 37  
   A6 - Dead at Hospital- Information Form 38  
   A7 - Dead Body Register 39  
   A8 - Dear Body Identification Form –Part I 40  
   A9 - Storage Methods 41  
   A10 - Missing Persons Register 42  
   A11 - Missing Persons Information Form 43  
   A12 - Dear Body Identification Form – Part II 44  
   A13 - Health 42 45  
   A14 - Affidavit 46  
   A15 - Comparison Report 47  
   A16 - Victim Identification Report 48  
   A17 - Final Disposal 49  
References 51
List of Contributors

The members of the workgroup, who were appointed in their personal professional capacity, are:

Chairman
Dr. Ananda Samarasekara
Chief JMO, Institute of Legal and Toxicology

Members (in alphabetical order)
(to add affiliation)
Dr. A. Dayapala
Dr. Ajith Jayasena
Dr. Anuriddhi Edirisinghe
Dr. Dinesh Fernando
Mr. Gregory Cooray
Dr. Hadun Wijewardena
Dr. Hemantha Herath
Mr. Hiran Tilakeratne
Dr. Jayanie B. Weeratna
Ms. Kushani Fernando (??)
Mr. Lesley Cooray
Brig. NB Weeragama (retired)
Dr. Grp/Capt PDA Mariestella.
Mr. PDKA Wilson
Dr. Prithi Panditharatne
Dr. Ruhul Haq
Dr. Sugandika Perera
Dr. Samara Ransasinghe
Dr. Tikiri Gunatilake
Dr. Uthpala Aritigala
Mr. Yasantha Kodagoda

Project Coordinators: Dr. Ananda Samarasekara, Dr. Hemantha Herath and Dr. Sandi Chit Lwin (ICRC)

Internal Reviewers appointed by the College of Forensic Pathologists of Sri Lanka
Dr. Ajith Tennakoon
Dr. S.D.C Perera
Prof. M.S.L. Salgado
Dr. Uthpala Attygalle
Dr. S.P.A. Hewage
Dr. Paranitharan Paranirubasingam
Dr. Jayanie B. Weeratna

External Reviewer: Cheryl Katzmarzyk, Regional Forensic Advisor, International Committee of the Red Cross

Compilation: Dr. Jayanie B. Weeratna

Financial Assistance: International Committee of the Red Cross (ICRC)
Preface

During the last few decades Sri Lanka has experienced several natural and man-made disasters. Such man-made destructions were common during the 30 years long conflict period. Though the local system that was in the country was able to manage the dead in such circumstances, the South-Asian tsunami in 2004 highlighted the limitations and deficiencies of the system that was in place to handle the management of the dead during major disasters.

The manner in which the dead was handled had a profound and long lasting effect on the mental health of the survivors and the community at large. Inappropriate handling of the dead could hinder the establishment of the identity of the dead, loss of valuable forensic evidence and a dignified burial. Hence, the families could experience difficulties in calming insurances and inheritance, resulting in economical hardships.

In this backdrop, the forensic community strongly felt the necessity of stipulating best practices in managing dead. The process of drafting these guidelines was initiated with a series of consultative meetings with the Disaster Preparedness and Response Unit of the Ministry of Health, the Disaster Management Centre (DMC) and the Institute of Forensic Medicine and Toxicology (IFMT) in corroboration with the College of Forensic Pathologists of Sri Lanka. The process was led by the IFMT with the financial assistance of the ICRC. A working group representing Forensic and Legal Experts, Military, Police, Fire Brigade Department, and Disaster Management were involved in drafting these guidelines. This final document is the outcome of a series of consultative workshops by this working group. During this process the National and International best practices and guidelines and our past experiences were taken into consideration. The final draft was reviewed by an external reviewer.
## List of Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>CEO</td>
<td>Chief Executive Officer</td>
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<tr>
<td>CPC</td>
<td>Criminal Procedure Code</td>
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<td>DMC</td>
<td>Disaster Management Centre</td>
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<tr>
<td>DVI</td>
<td>Disaster Victim identification</td>
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<tr>
<td>ETU</td>
<td>Emergency Treatment Unit</td>
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<td>FDI</td>
<td>Fédération Dentaire Internationale</td>
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<td>IGP</td>
<td>Inspector General of Police</td>
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<tr>
<td>JMO</td>
<td>Judicial Medical Officer</td>
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<tr>
<td>MO</td>
<td>Medical Officer</td>
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<tr>
<td>NDMC</td>
<td>National Disaster Management Council</td>
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<tr>
<td>OIC</td>
<td>Officer-in-Charge</td>
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<tr>
<td>SFM</td>
<td>Specialist in Forensic Medicine</td>
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<tr>
<td>SOCO</td>
<td>Scene of Crime Officer</td>
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<tr>
<td>DMA</td>
<td>Disaster Management Act</td>
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</table>
Introduction

In emergency or disaster management, most efforts are concentrated on the rescue and treatment of survivors followed by repair and maintenance of basic services. Though these may be the priorities, due consideration has to be given to the recovery and management of the dead bodies. Inappropriate disposal of dead have social, psychological, emotional, economic and legal repercussions on the survivors which in turn will exacerbate the damage caused by the disaster itself.

Recovering bodies and other evidence is the first step in managing dead bodies. This is usually disorganized and uncoordinated at the outset. Different people or groups are involved in body recovery thus communication and coordination with them is often difficult. Adhering to an acceptable body recovery process is essential for accurate identification. Usually this body recovery process takes few days or weeks, it may be prolonged in certain disasters.

Once bodies have been recovered identification of dead is done by matching antemortem information with the postmortem data. This is a scientific process. Visual recognition of cadavers by friends and family of the deceased is the commonest form of identification. However this is prone to errors especially in disasters where bodies have been mutilated and decomposed. As such whenever possible, it should be complemented with other means of forensic identification such as fingerprinting, medical & dental examination, DNA etc.

According to the existing law of the country (chapter XXX of the Criminal Procedure Code) an inquest must be held to ascertain the cause of the death in all sudden, suspicious or unnatural deaths. However the present law does not contain a special scheme pertaining to the conduct of inquests including forensic investigations into deaths of victims of mass disaster. The scheme that is stated in the chapter XXX of the CPC is inappropriate to deal with large number of deaths that is likely to occur in situations of mass disasters; both natural and manmade. Sri Lanka's experience in the aftermath of the 2004 Tsunami highlights this situation. The existing provisions of the Disaster Management Act do not contain a legislative framework pertaining to the management of dead bodies of mass disasters either. Therefore, it is evident that Sri Lanka's Law should be amended so as to bring in a new legislative framework pertaining to the conduct of inquests and Forensic investigations into the deaths of victims of mass disasters ( both natural and manmade ) excluding mass disasters arising out of committing of offences such as terrorist activities.

The success of the final outcome of the management of dead victims is enhanced if trained people handle the work from the very outset i.e. recovery. As in every aspects of best management, preparedness would be the key to the success of the management of dead victims in disasters and emergencies.

Considering the above factors this manual is developed to be used as a tool in management of the dead in disasters and emergencies by national and local professionals. This is part of the national strategic plan for the health sector disaster/ emergency preparedness. This manual provides the technical information that will support the correct and dignified approach of handling dead bodies, taking into account the following principles:

- Justice
- Fundamental principles pertaining to the conduct of inquests
- Applicable scientific criteria
- Human dignity
- Humanitarian and socio-cultural needs

In this manual four key areas in management of dead have been identified as best practices for Sri Lanka. A summary of the procedures that are to be carried out and the standard operating procedures to be followed in each area are given in detail in part A of this manual. The proposed guidelines for inquest procedure are detailed in Part B.
Part A
Technical Guidelines for Management of the Dead
# Summary of Response Procedures

## 1. Recovery of Bodies and Body Parts

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Responsible Person/Organization</th>
<th>When to Start</th>
<th>Supporting Persons/Organizations</th>
<th>When to Stop</th>
<th>Expected Outcome</th>
<th>Expected Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Search &amp; rescue</td>
<td>DMC—coordination &amp; monitoring</td>
<td>Immediately after the safety of the scene is assured by police</td>
<td>1. Search and rescue teams 2. Military 3. Police 4. Fire brigade 5. Sri Lanka Red Cross 6.JMO</td>
<td>When the task of rescue is completed</td>
<td>To rescue all the injured and to prevent further damage</td>
<td>To minimize morbidity and mortality</td>
</tr>
<tr>
<td>2. Preserving the status quo at the scene</td>
<td>Police</td>
<td>Immediately after the safety of the scene is assured by police</td>
<td>1. Police/PCO 2. Security forces 3. Civil Organisations</td>
<td>After the completion of the investigations at the scene</td>
<td>Scene of the disaster is kept as intact as possible to facilitate entry of experts and for them to work without disturbance</td>
<td>1. To stabilize and minimize contamination of the scene 2. To preserve evidence</td>
</tr>
<tr>
<td>3. Establish a management team for the scene</td>
<td>DMC</td>
<td>Immediately after the occurrence of the disaster</td>
<td>1. Magistrate 2. Coroner 3. Police (SOCO) 4. Security forces 5. Fire brigade paramedics 6. JMO 7. Government analyst etc</td>
<td>When the team is established</td>
<td>To handle the situation effectively</td>
<td>1. To minimize 2. To be able to attend to the casualties promptly</td>
</tr>
<tr>
<td>Procedure</td>
<td>Responsible Person/ Organization</td>
<td>When to Start</td>
<td>Supporting Persons/ Organizations</td>
<td>When to Stop</td>
<td>Expected Outcome</td>
<td>Expected Benefit</td>
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<tr>
<td>4. Separation of dead from living</td>
<td>Government Medical Officer</td>
<td>Immediately after the safety of the scene is</td>
<td>1. Doctors 2. Trained volunteers 3. Fire brigadiers</td>
<td>After dispatching all the living persons and potentially living people whose death is not confirmed.</td>
<td>To minimize the number of morbidity and mortality whilst separate living from dead</td>
<td>1. To minimize morbidity and mortality 2. To facilitate proper Medico-Legal investigation</td>
</tr>
<tr>
<td>5. Photographing</td>
<td>SOCO</td>
<td>Immediately after the safety of the scene is</td>
<td>1. Police 2. Trained staff of JMO office</td>
<td>Upon conclusion of scene investigations</td>
<td>To have a record and facilitate identification</td>
<td>Facilitates identification of dead bodies and to support future incident investigations</td>
</tr>
<tr>
<td>6. Tagging the dead bodies and body parts</td>
<td>JMO</td>
<td>As soon as possible after confirmation of death</td>
<td>1. Police 2. Trained staff of JMO office</td>
<td>After all dead bodies and body parts are tagged or after search and rescue operations are abandoned</td>
<td>1. To facilitate identification 2. To have an account on mortality</td>
<td>To obtain a count on mortality to facilitate Medico-Legal examination &amp; identification</td>
</tr>
<tr>
<td>7. Documenting the dead bodies at the scene</td>
<td>SOCO</td>
<td>Immediately after the safety of the scene is</td>
<td>1. Police 2. Trained staff of JMO office</td>
<td>Upon conclusion of scene investigations</td>
<td>To have a record and facilitate identification</td>
<td>Facilitates identification of dead bodies and to support future incident investigations</td>
</tr>
<tr>
<td>8. Placing in body bags and tagging of body bags</td>
<td>SOCO</td>
<td>After bodies being tagged &amp; photographs</td>
<td>1. Police 2. Trained staff of JMO office</td>
<td>After placing all bodies and body parts in body bags and tagging</td>
<td>1. To prevent contamination, post mortem injuries 2. To preserve trace material. 3. To facilitate medico-legal procedure</td>
<td>1. Personal effects are preserved for identification 2. To assist medico-legal investigations 3. Facilitates transport and handling</td>
</tr>
<tr>
<td>Procedure</td>
<td>Responsible Person/ Organization</td>
<td>When to Start</td>
<td>Supporting Persons/ Organizations</td>
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<td>9. Transport of body bags</td>
<td>Police</td>
<td>When body bags are ready for transportation</td>
<td>1. Police 2. Transport providers 3. Volunteers 4. Funeral directors 5. Trained staff</td>
<td>When all the body bags are handed over to the receiving centre</td>
<td>1. To facilitate proper medico-legal investigation while maintaining the chain of custody 2. To preserve the environment</td>
<td>To facilitate proper Medico-Legal investigation</td>
</tr>
<tr>
<td>10. Identify the place of receiving</td>
<td>JMO</td>
<td>Immediately after the disaster</td>
<td>1. Hospital authority 2. RDHS/PDHS</td>
<td>After the place has been identified</td>
<td>1. To transport body bags to a suitable place with facilities while maintaining the chain of custody 2. To minimize decomposition</td>
<td>1. To have proper storage 2. To facilitate Medico-Legal investigation</td>
</tr>
<tr>
<td>11. Receiving bodies and body parts at the receiving point of investigation</td>
<td>JMO</td>
<td>Immediately after the disaster</td>
<td>1. JMO office staff 2. Hospital staff 3. Staff of the hospital police post</td>
<td>After receiving all bodies and body parts</td>
<td>1. Proper taking over of body bags while maintaining a chain of custody 2. To ensure all body bags have reached the receiving point 3. To ensure proper documentation of bodies</td>
<td>To have a proper audit and a Medico-Legal investigation</td>
</tr>
<tr>
<td>12. Search for unassociated personal effects</td>
<td>SOCO</td>
<td>After all the dead bodies and body parts have been removed</td>
<td>1. Police</td>
<td>After completion of the surface search</td>
<td>1. To facilitate identification</td>
<td>To facilitate medico-legal investigations</td>
</tr>
<tr>
<td>Procedure</td>
<td>Expected Benefit</td>
<td>Expected Outcome</td>
<td>When to Stop</td>
<td>Supporting Persons/Organizations</td>
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<tr>
<td>1. Receiving dead bodies at the hospital</td>
<td>Facilitates the handling of dead bodies in a digitised manner fulfilling all legal requirements</td>
<td>Provisional identity of the dead body preserved until definitive identification</td>
<td>When the last dead body is received</td>
<td>1. Staff of the Medico-legal Department of the hospital&lt;br&gt;2. Administrative staff&lt;br&gt;3. Police Post&lt;br&gt;4. SD/ Magistrate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Tagging</td>
<td>-</td>
<td>1. Facilitate identification&lt;br&gt;2. To have an account on mortality</td>
<td>When the last dead body is received or last death occurring from this incident</td>
<td>Pre-identified persons/s by the designated MO&lt;br&gt;Patient of OPD/ITU</td>
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</tr>
<tr>
<td>3. Keeping dead bodies in the Accident/Emergency Department and transfer to morgue as soon as possible</td>
<td>-</td>
<td>Transfer of dead bodies to the mortuary</td>
<td>After the last dead body is handed over to the mortuary</td>
<td>Pre-identified persons/s by the designated MO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Handling personal effects</td>
<td>-</td>
<td>Safety of the personal effects until handed over to the medico-legal department or further procedures</td>
<td>After the last dead body is handed over to the mortuary together with the personal effects</td>
<td>Pre-identified persons/s by the designated MO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Procedure</td>
<td>Responsible Person/ Organization</td>
<td>When to Start</td>
<td>Supporting Persons/ Organizations</td>
<td>When to Stop</td>
<td>Expected Outcome</td>
<td>Expected Benefit</td>
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</tbody>
</table>
| 5. Handing over of dead bodies to the mortuary | Designated MO or MO \ ML of the hospital (Head of the institution in case of smaller hospitals) | When the mortuary is ready to take over the bodies | 1. Pre-identified person/s by the designated MO  
2. Other supporting staff of the hospital  
3. Staff of the medico-legal department | After the last dead body is handed over to the mortuary together with the personal effects | 1. Prevent pilferage of personal effects  
2. Dignified handling of the dead | Further medico-legal procedures are facilitated. |
### 3. Management of Bodies/Body Parts Brought to the Body Holding Area/Mortuary

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Responsible Person/Organization</th>
<th>When to Start</th>
<th>Supporting Persons/Organizations</th>
<th>When to Stop</th>
<th>Expected Outcome</th>
<th>Expected Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Registration of dead bodies</td>
<td>Head, Medico-legal Department of the hospital or his nominee</td>
<td>With the arrival of first dead body at the mortuary</td>
<td>Clerical assistance from hospital pool or volunteer organisations</td>
<td>Once registration of all dead bodies received at the mortuary is over</td>
<td>Details of all dead bodies received at the mortuary are methodically recorded</td>
<td>Facilitation of identification of the deceased and reconstruction of the event</td>
</tr>
<tr>
<td>2. Documentation</td>
<td>Head, Medico-legal Department of the hospital (Head of the institution in case of smaller hospitals)</td>
<td>Once registration is completed</td>
<td>Staff of the medico-legal department assisted by volunteers as scribes</td>
<td>When all personal effects have been documented and secured</td>
<td>Detailed documentation and safety of personal effects and jewelry of the dead body</td>
<td>Identification of the deceased and return of belongings to Next of Kin</td>
</tr>
<tr>
<td>3. Photographing of dead bodies and storage of personal effects</td>
<td>Head, Medico-legal Department of the hospital (Head of the institution in case of smaller hospitals)</td>
<td>Once documentation is completed</td>
<td>1. Police SOCO unit photographers. 2. Staff of the medico-legal department</td>
<td>Once photographing of all dead bodies is over</td>
<td>All dead bodies with the tag number, together with personal effects and specific identifiable features, are photographed in a scientific manner</td>
<td>Facilitates identification of dead bodies supports investigations</td>
</tr>
<tr>
<td>4. Storage of dead bodies</td>
<td>Head, Medico-legal Department of the hospital (Head of the institution in case of smaller hospitals)</td>
<td>Once preliminary and documentation is done</td>
<td>1. Staff of the medico-legal department 2. Owners of containers, cold rooms, schools, halls, factories</td>
<td>Once all dead bodies are properly disposed</td>
<td>All dead bodies and body parts are preserved in the best possible condition until medico-legal procedures are over and handed over to the next of kin or disposed properly</td>
<td>Facilitates medico-legal procedures and handing over to next of kin in best possible condition in a dignified manner</td>
</tr>
</tbody>
</table>
## 4. Identification procedures

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Responsible Person/Organization</th>
<th>When to Start</th>
<th>Supporting Persons/Organizations</th>
<th>When to Stop</th>
<th>Expected Outcome</th>
<th>Expected Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Antemortem data collection</td>
<td>–Head: Medico-Legal Department with the assistance of the Police</td>
<td>As soon as an incident has occurred</td>
<td>1. Police officers</td>
<td>Once all the bodies have been identified</td>
<td>Positive identification of all dead bodies</td>
<td>Facilitates early and dignified disposal and provide necessary information related to the disaster itself</td>
</tr>
<tr>
<td>2. Postmortem data collection</td>
<td>Head, Medico-legal Department of the hospital (Head of the institution in case of smaller hospitals)</td>
<td>After registering the received dead bodies at the mortuary and obtaining the legal authority</td>
<td>Mo: Medico Legal 1. Consultant Judicial Medical officers 2. MO-Medico Legal 3. Forensic scientists 4. Forensic Odontologists / Dental Surgeons 5. Forensic Photographer</td>
<td>Once all the bodies have been identified</td>
<td>Positive identification of all dead bodies</td>
<td>Facilitates early and dignified disposal and provide necessary information related to the disaster itself</td>
</tr>
<tr>
<td>3. Reconciliation</td>
<td>Head, Medico-legal Department of the hospital (Head of the institution in case of smaller hospitals)</td>
<td>Once a tentative identification is made</td>
<td>A group consisting of 1. Coroner/Magistrate 2. Forensic Pathologists 3. Relevant Forensic Scientists (Fingerprint/DNA/Dental)</td>
<td>Once all the bodies have been identified</td>
<td>Positive identification of all dead bodies</td>
<td>Facilitates early and dignified disposal and provide necessary information related to the disaster itself</td>
</tr>
<tr>
<td>Debriefing</td>
<td>Head, Medico-legal Department of the hospital (Head of the institution in case of smaller hospitals)</td>
<td>At the conclusion of the identification process</td>
<td>All parties that worked during the investigation procedure</td>
<td>To be more prepared for the next event</td>
<td>To be more prepared for the next event</td>
<td>Facilitate early implementation of the Identification process in future events</td>
</tr>
</tbody>
</table>
1. Guidelines for the Recovery of Bodies and Body Parts

Overview

Four teams work within a disaster site: external security and assistance, scene safety, rescue, and dead body recovery. Each has a team leader responsible for the work of their team and is accountable to the scene coordinator. A scene coordinator is responsible for the coordination of the four teams and supervises all work carried out at the scene.

The team for dead body recovery is composed of the following:
- Team leader - a Specialist in Forensic Medicine (SFM) trained in the management of the dead in disasters
- Health service staff trained in disaster victim identification (DVI)
- Scene investigation team members - Police/Scene of Crime Officers (SOCOs)
- Funeral undertakers
- Transport providers
- Civilian volunteers

After the scene is declared safe by the scene coordinator on the instructions and recommendations of the scene security team leader, the teams can enter and commence their activities. During the initial stage, the dead body recovery team works alongside the other teams and care must be taken not to hamper the work of the rescue team. Once the leader of the rescue team confirms that all living persons have been evacuated, the dead body recovery team will be in full operation.

All the team members working at the scene must preserve the evidence as much as possible throughout the process. Before entering the site, the dead body recovery team photographs the site. Whenever possible, aerial photographs are taken. After the team enters the site, scene photographs are taken before recovery of the dead commences and also at the completion of the body/body parts' recovery.

The dead body recovery team leader determines a “collection point” for receiving all bodies/body parts collected from the site before they are transported to the body holding area/mortuary.

Thus the recovery of bodies/body parts is most effective when done by two groups:

**Group 01:** Documents the dead bodies and moves the bodies/body parts to the collection point

**Group 02:** Transports the bodies/body parts to the body holding area/mortuary

*Assistance of civilian volunteers is obtained only if deemed necessary by the scene coordinator, even for the transportation of dead bodies.

Procedures

1. **Photographing the Scene**

Before the commencement of body recovery

- Aerial photographs are obtained, whenever possible.
- Site photographs.
- Scene photographs are taken before the bodies/body parts are recovered.

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1. Body parts - any part of the body that could be separately identified as part of the human body by visually
After the completion of the removal of bodies/body parts and personal property recovery

- Scene photographs are taken after the bodies/body parts are been removed with red flags indicating the places where the bodies were.
- This should be done before the closure of the operation but after the personal property has been recovered.

2. Tagging the Bodies/Body Parts

- Tags should be waterproof and resistant to body fluids (e.g. paper sealed in plastic).
- Ideally the tags should be pre-prepared in triplicates (two attached to the body or body part and one secured to the body bag).
- Each body and body part is tagged separately.
- The tag is securely attached to the body or body part with wiring clips/plastic cable ties or other appropriate material.
- For a complete body, tags are attached to the wrist and the ankle, whenever possible. If this is not possible, the tags should be attached securely to places that are suitable.
- Any part that is completely detached from a body, and could be identified as a body part, is assigned a unique reference number. The tags should be attached securely to places that are suitable.
- The unique reference number should contain: Place + Recovery Team/Person + Serial Number of the incident For example
- It is the responsibility of the team leader to ensure that reference numbers are not duplicated.
- The same reference number must also be attached to the container for the body or body part (e.g., body bag, cover sheet or bag for the body part) in a secure manner.
- Do not write numbers on bodies or body parts or the material that is used to wrap them (i.e. cloth) as they are easily erased during transport and storage.

3. Photographing the Bodies/Body Parts at the Scene

- After tagging, the bodies/body parts are photographed with the unique reference number, a North arrow and scale. A minimum of two photographs are taken.
  - Frontal view of the entire body or body part
  - Entire face from the front with ears visible
- Ensure that the unique reference number is clearly visible and does not obscure identifying information.
- Personal property found attached to the body, worn on the body or within pockets of clothes worn on the body are photographed as a close up with the unique reference number and scale.
- A Body Recovery Form – Sketch (Annex I) must be completed by the officer who is recovering the body or body part.

4. Placing the Bodies/Body Parts in Body Bags

- Each body/body part is placed in a body bag with the personal property (attached to the body) and tagged with the same unique code.
- If body bags are unavailable, plastic sheets, shrouds, bed sheets, or other locally available material is used. This wrapping helps to prevent pilferage of body parts.
- Do not match body parts with bodies. Body parts that are detached from the bodies (e.g., limbs) are treated as separate individuals and tagged separately with a unique reference number.
- Do not identify bodies at the scene.
- All attempts should be made to mark the places where the bodies were located by placing pre-prepared red flags attached to wooden poles once the bodies are removed from the site.
5. **Documentation of Bodies/Body Parts at the Scene**

- Once the body/body part is placed in a body bag it is brought to the pre-determined collection point with the completed **Body Recovery Form – Sketch (Annex I)**.
- The body/body part is handed over to the person who has been assigned by the team leader to receive the bodies.
  - At the collection point, the **Body Recovery Register (Annex II)** must be completed. It is the responsibility of the SOCO to maintain this register.
  - The body/body part is checked by the SOCO to ensure the tags are properly placed and attached. The body bag is sealed at the collection point before transport to the body holding area/mortuary. Care must be taken to maintain the chain of custody.

- Bodies that have been removed from the site and brought by the rescue team, to the Doctor of the rescue team at the scene which then have been declared as dead by the said Doctor will be referred to the collection point. These bodies will be tagged and photographed at the collection point and it will be noted in the box 2 of annex I.

6. **Transporting the Dead**

- Body bags are transported under the custody of the police to the designated body holding area/mortuary. The place of storage and the method of transportation are pre-arranged in consultation with Oficer-in-Charge (OIC) of the police in the relevant area.
- Ambulances should not be used to transport the dead. The dead can be transported in a dignified manner in trucks, lorries or tractors (ideally in a closed vehicle) to the body holding area/mortuary. Efforts to obscure the bodies from public view should be made to ensure dignity of the deceased.
- The service of specially contracted body movers (funeral undertakers) may be considered depending on the pre-arranged procedure.

7. **Search for Unassociated Personal Effects**

- After all bodies and body parts have been removed from the scene and before the closure of the operation, the SOCO, under the supervision of the team leader, conducts a surface search to locate and collect unassociated personal effects.
- The SOCO is responsible to complete the **Personal Effects Recovery Form – Sketch (Annex III)** during the recovery operation.
- Each piece of unassociated personal effects is assigned a unique reference number and recovered separately.
- Each reference number must begin with **Pr-** to indicate that it is unassociated personal property, with a unique number. For example: **Pr-001, Pr-002, Pr-003, Pr-004, Pr-005, etc.**

- It is the responsibility of the SOCO to ensure that the reference numbers are not duplicated.
- The item should be tagged with a securely attached waterproof tag.
- Each item is photographed in situ with the unique reference number. If the item is not clearly visible, additional photograph(s) with the unique reference number are taken after removing the property from its original position.
- Each item of unassociated personal property is separately bagged and sealed using a zip lock plastic bag. The unique reference number is written on the bag using a permanent marker and plain sticker.
- All recovered personal effects are handed over to the police.
- Details of the recovered property are entered into the **Personal Effects Register (Annex IV)**. Maintaining this register is the responsibility of the SOCOs.
- The SOCOs take responsibility for the examination of the personal effects and the generation of a report.
- After documentation, all recovered personal effects from the scene is handed over to the reconciliation team leader at the mortuary, while maintaining the chain of custody.
2. Guidelines for the Management of Bodies Brought to the Hospital or Pronounced Dead at the Hospital

Overview

A hospital team is established to receive dead bodies resulting from a mass disaster. This team is also responsible for attending to persons who die at a later stage from injuries sustained as a result of the disaster.

The hospital team is composed of the following:
- Team leader—a MO—Medico-legal/designated MO from the ETU/Head of Institution (in smaller hospitals)
- Overseer
- Attendants
- Labourers

The hospital team members wear a prominently displayed identification tag to distinguish them from the hospital staff. It is the responsibility of the team leader to ensure that the identification tag is worn by all hospital team members while they are on duty.

The hospital team leader will decide on the number of members required during a shift.

Procedures

1. Receiving bodies at the hospital

   - Dead bodies are separated from injured persons and placed in a location pre-determined in the emergency preparedness plan until they are transferred to the body holding area/mortuary.

2. Tagging and documentation of Bodies at the hospital

   - Every dead body is assigned a unique reference number.
   - The unique reference number should contain Hospital + Serial Number
     For example NHSL 001
   - The black tags that are already in use to identify the dead in the hospital triage plan can be used for this purpose. All black tags should be numbered accordingly.
   - The tags should be waterproof (e.g. paper sealed in plastic).
   - Tags, with the identification number, are securely attached to the body at the wrist and the ankle with wiring clips/plastic cable ties.
   - A separate register is maintained at this unit for the registration of all Dead Bodies Brought to the Hospital or Died Soon After Admission (Annex V) and an additional Deaths Occurring at the Hospital (Annex VI) is completed in respect of the (personal effects) deaths that occur after admission to the hospital.

3. Body Storage in the Accident/Emergency Department

   - The Medical Officer confirms the death and orders the body to be sent to the body holding area/mortuary.
   - Until bodies are transferred to the body holding area/mortuary, bodies are kept in a separate place and a designated Medical officer and a member from the hospital overseer’s staff or a suitable person is assigned to be in charge of the area.
• This temporary storage area should be an enclosed area which will not unduly enhance the putrefaction.
• Every effort must be taken to store the bodies in a dignified manner.

4. **Handling the personal effects of dead bodies received at hospital or persons pronounced dead at hospital**

• The personal effects of the body should not be removed.
• If the personal effects have been removed from the body, as in delayed deaths at the hospital, such personal effects must be collected by the MO-in-charge from the relevant wards and operational theaters. *Deaths Occurring at the Hospital (Annex VI)* must be completed.
• They are tagged with the same unique reference number (Number on the Black tag).

5. **Handing over of dead bodies to the body holding area/mortuary**

• Before the bodies are handed over to the body holding area/mortuary each body should be placed in a separate body bag and the bag should be tagged with the unique reference number (number on the black tag).
• The body should be accompanied by the overseer or other responsible person when handing over it to the body holding area/mortuary to avoid pilferage.
• Then the bodies should be handed over to the body holding area/mortuary with the respective information sheets (*Annexes V and VI*) by the designated MO/overseer/other responsible person.
• The chain of custody of personal effects should be documented and maintained until handing over to the responsible person at the body holding area/mortuary.
3. Guidelines for the Management of Bodies/Body Parts Brought to the Body Holding Area/Mortuary

Overview

The medico-legal activities on the bodies that have been brought to the body holding area/mortuary is carried out in 2 stages. The preliminary stage of the work concentrates mainly on registering and documenting and determining the mode of identification. The second stage establishes the identity of the body.

The mortuary team comprised of:

- Team leader
  - Specialist in Forensic Medicine (SFM)
  - MO-Medico Legal
  - Forensic Scientists
  - Forensic Odontologists/Dental Surgeons
  - Forensic Photographers
  - Finger print experts
  - Mortuary technicians
  - Clerical Staff of the mortuary/hospital

Once the initial examination is completed by a Specialist in Forensic Medicine (SFM), then a decision will be taken regarding the mode of identification that is to be used to establish the identity and accordingly samples will be taken and body will be preserved for further investigations.

The work at the body holding area/mortuary will be coordinated by the team leader who would be the Judicial Medical Officer (JMO) in-charge of the relevant mortuary or a specially assigned SFM who is trained in dead body management in disasters.

Procedures

1. Registration of Bodies or Body Parts

- A secure place need to be identified by the SFM in charge of the operation to unload the bodies that are brought to the body holding area. Such area should be away from the area that is assigned for the general public should not have access to the media or the general public.
- A member of the mortuary team will be assigned by the team leader to receive all the bodies at this unloading point. Once a body is received at this point it would be the responsibility of the receiving officer to check the unique reference number of the body against the number given in all the documents before the such is taken to the reception for completion of Dead body register.

He/she would be responsible to hold the bodies at this unloading point until preliminary documentation is completed at the reception.

- This reception desk is manned by properly trained clerical staff (i.e. data entry officers). It should be equipped with appropriate equipment (i.e. 2 desktop computers/laptops, 2 laser printers, scanner, telephone/fax, and a photocopier.
- When the body is handed over at the body storage facility all bodies and body parts must be registered in the Dead Body Register (Annex VII) and entered into the designated database by a person nominated by the team leader.
- Before the body/body part is taken into the storage, the number that has been assigned to the body is checked against the documentation and personal effects. Furthermore the number on the body bag and the number on the body/body
part should be checked to see whether they represent the same.
• The personal property should be checked against Annex VI where relevant

2. Documentation and Obtaining Samples

• After registration is completed, all bodies/body parts are examined by a SFM before they are being sent to the body holding area.
• For each body/body part Dead Body Identification Form – Part I (Annex VIII) is completed.
Whenever possible, fingerprints and DNA samples are taken for all cases. It is the duty and responsibility of the Medical Officer conducting the preliminary examination to decide on the type of samples that would be taken for DNA analysis. Samples that are taken should be labeled properly with the same unique reference number and stored appropriately. The SFM in-charge of the preliminary examination may obtain the assistance of the SOCOs or officers of the fingerprint bureau to obtain fingerprints.

At the end of the preliminary examination the SFM who examined the body must decide on the method of identification to be utilized and the method of preservation.

### 3. Photographing of Bodies or Body Parts

- The dead body should be photographed for identification purpose before it is sent to the body holding facility.
- If available, digital cameras must be used for easier storage and distribution of photographs.
- Body is cleaned sufficiently to allow facial features and clothing to be properly represented in the photographs.
- The unique reference number must be visible in all photographs.
- The photographs should include at a minimum, the following:
  * A full length of the body, front view; (if possible) upper and lower limbs
  * Whole face,
  * Any obvious distinguishing features, and
  * Personal property
- When taking photographs the following is considered:
  * Photographs must be taken close to the dead body; when photographing the face, it should fill the entire picture.
  * The photographer should stand at the middle of the body when taking the picture, not at the head or feet.
  * The photograph must include the unique reference number, to ensure that identification made using the photograph matches the correct body, and a scale, to calculate the size of features in the photograph.
  * Once photographs are taken, the body should be placed in the same body bag and tagged with the same unique reference number but with a new wire clip/plastic cable tie.
- At the conclusion of the physical examination after taking photographs all the personal effects found on the body should be removed under the direct supervision of the SFM and placed in ziplock bags. These bags must be labelled with the same unique reference number which is used to label the body with a permanent marker.
- It is the responsibility of the SFM to direct the staff of the mortuary to store the personal effect under safe custody.

### 4. Preserving the Bodies and Body Parts

- All bodies and body parts have to be preserved in the best possible condition until medico-legal procedures are completed and handed over to the next of kin or properly stored.
- Cold storage slows the rate of decomposition and preserves the body or body part for identification.
- Without cold storage decomposition advances rapidly and within 12 to 48 hours in hot climates, decomposition will be too advanced to allow facial recognition.
- Depending on the observations and recommendation of the SFM, bodies should be sent for storage.

**Storage Options**

- Whichever storage option is used, each body or body part should be kept in a body bag or wrapped in a sheet with the unique reference number before storage.
- For storage options refer to Annex IX
4. Identification Procedures

Overview

Visual recognition is the simplest form of identification, thus it would be considered as the method of choice for establishing the identity of the individuals. It is carried out in a scientific manner. However it is important to bear in mind that this method is prone to errors. Therefore, whenever possible, it should be complemented with other means of forensic identification, even at a later stage.

Where visual recognition is not possible comparison of fingerprints, dental evidence and medical evidence will be considered to establish the identity. DNA matching shall be done when required and resources of the government sector can be utilized for this purpose. However facilities in the private sector shall be utilized only with the concurrence of the relevant authorities.

 Procedures

1. Antemortem Data Collection

- An information Centre (IC) is established close to the body holding area/mortuary.
- The Information Centre serves as a resource Centre for receiving information on antemortem data provided by the relatives and friends of persons reported missing.
- The Information Center is coordinated by a SFM in charge of the operation with the assistance of a senior Police Officer (OIC - Investigations) and manned by the medical officers and dental surgeons, clerical staff of the JMO office/hospital, investigating police officers, members of the Red Cross society and Gramaniladharis of the area and volunteers.
- Each reported missing person who is thought to be involved in the incident concern is treated as a separate case and assigned a unique reference number and registered in Missing Persons Register (Annex X).
- An investigating police officer is allocated to each missing person case. Allocating investigating officers should be the responsibility of the OIC of the relevant police area.
- Data that is provided by the relatives and friends of the missing person and the investigating police officers is recorded in the Missing Persons Information sheet (Annex XI) and later will be entered into the database by data entry officers and other relevant officers. Any documentary evidence such as photographs, radiographs and written records provided will also be retained by the information Centre.
- All documentary evidence that is provided by the families of missing persons should be photographed with the unique reference number and stored in the database.
- Recovery of antemortem fingerprints, dental records, medical records and reference DNA samples must be done by the investigating officers that the relevant case has been allocated to under the supervision of the relevant expert. (For detailed procedure, refer to Appendix I)

2. Postmortem Data Collection

- If the disaster has been declared as a “Natural Disaster” the postmortem examination will be carried out only for identification purposes.
- Even though a presumed identity may have been made during the recovery an external examination must be conducted in all cases and The Dead Body Identification – Form - Part I (Annex VIII) must be completed.
- Fingerprints and samples for DNA identification must be taken even in cases where the identification is to be carried out visually and persevered until entire identification process is completed. Samples should be labeled with the same unique reference number.
- Maintaining the chain of custody and the storage of samples should be the responsibility of the Medical Officer conducting the initial examining the body.
- At the end of the initial postmortem examination, the SFM who conducted the examination will decide the method to be used to establish the identity of the victim.
a) Bodies suitable for visual identification

- Following the completion of the *Dead Body Identification Form - Part I (Annex VIII)* the body is prepared by the staff of the JMO’s office for photographing and viewing/presentation to relatives, friends, associates, or others who can assist the identification process.
Once the body has been prepared it is photographed again which should include the following.
- Full face (Front)
- Right and Left sides of the face
- Full body
- Upper body and Lower body
- Personal property found on the body

Photographs then should be prepared for display in a hard copy as an album or a soft copy to be used in a computer with the unique reference number.

**b) bodies that are not suitable for visual identification**

Bodies that have been identified by the Medical Officer who conducted the initial examination as unrecognizable by visual means should be properly stored until forensic specialists can conduct further examinations.

When the visual identification is in doubt, it is necessary to establish the identity with one of the primary identification methods.

1. **Fingerprints**
   - As fingerprints are unique, and they do not change during the life, they can be used as reliable identification feature.

2. **Dental records**
   - Teeth are the hardest tissues in the body. They can resist a great deal of physical trauma. Teeth can be heated to a temperature of about 1600°C without appreciable loss of microstructure and are the last tissues to disintegrate in the decomposition process.
   - A large number of specific dental details can be compared for the purpose of dental matching.

3. **Medical records**
   - Previous traumatic events, previous surgical procedures resulting in surgical scars and healed fractures (missing organs as in transplantation) can be utilized for the purpose of identification. Furthermore, unique numbers found on previously introduced prosthesis (orthopaedic nails and plates, IUCD, coronary stents etc.) are reliable identification features.

4. **DNA analysis**
   - A considerable portion of genetic information contained in a cell is unique to a specific individual (except in identical twins) thus DNA is a proven source of material for identification.
   - Even though DNA analysis has demonstrated high reliability in the identification process, it clearly depends on the quality of the samples.
   - DNA testing is complex process highly technical equipment and specialized professionals are required.
   - For these reasons, DNA testing should be considered only when necessary in identifying disaster victims.

Depending on the method of identification, the relevant part of the Dead Body Identification Form - Part II (Annex XII) must be completed by the relevant Forensic expert - (For detailed procedures refer to Appendix II)

Obtaining the services of the relevant forensic expert is the responsibility of the SFM who is in charge of the operation.

**c) When there is a criminal investigation**

When there is a legal requirement, a comprehensive postmortem examination should be conducted and documented. For this purpose the routine postmortem examination format (Health 42) can be used.
3. **Reconciliation**

a) **By Visual Recognition**

Following the initial examination where the examining SFM has decided “visual recognition” as the method of identification the reconciliation process is carried out in three phases.

- **Phase 1** - during phase 1 following photographs are shown to the persons who have come forward to identify their loved ones.
  * Photographs of the jewelry
  * Photographs of the clothing
  * Photographs of identifiable objects found attached to the body worn on the body or within the pockets of clothes worn on the body.
  * Photographs of special features found during the initial examination by the Medical officer

- **Phase 2** – Where the personal effects have been identified positively then the photographs of the face of the body on which the effects were found is shown.

- **Phase 3** – If the interviewer/SFM is satisfied with the identification made from the photographs then the remains themselves are shown directly to the person who is to identify the dead person.

  The visual identification process is to follow certain basic principles that can be summarized as follows:

  * The body is only viewed by the person(s) who have come forward to identify the dead.
  * Before viewing a positive identification is established using postmortem photographs.
  * The SFM concern is convinced with the presumed identification.
  * The body viewing area is private and has adequate lighting.
  * Body viewing is conducted individually not with groups of people.

  The body viewing area should have only one body at a given time. *The body is presented in a clean, respectful manner. An affected area that may make a strong, negative impression on the person viewing, is covered.*

  * Clothing and jewelry, including objects that might influence direct observation, such as eyeglasses are shown;
  * The body features that correlate (or do not correlate) with information provided during the antemortem interview such as scars, tattoos, birthmarks, and blemishes, or dentures and prostheses, etc. are shown.
  * Each piece of information that the observer provides while viewing the body is documented as either confirmed, uncertain or incompatible.

  Once visual recognition is complete, which sometimes involves successive viewings by several individuals, verify whether or not the information provided coincides with what was obtained in the examination.

  The person who identify the body visually must complete the **Affidavit (Annex XIV)**
b) By Other Methods

- **Fingerprint Comparison**
  A fingerprint expert from the Fingerprint Bureau is assigned to compare the prints that were collected during the postmortem examination with antemortem fingerprint evidence.

- **Dental Record Comparison**
  To collect postmortem dental data, the service of a Dental Surgeon can be obtained. However, individual comparisons must be performed by a Forensic Odontologists.

- **Medical Record Comparison**
  It is the responsibility of the SFM to establish the identity based on medical history and medical records.

- **DNA Analysis**
  Antemortem findings must be compared with the postmortem DNA profiles by a specially trained biologist.

* A positive identification must be a collective decision of all the experts who have conducted investigations into the identity of the person.
* Whenever identification has been made, a *Comparison Report (Annex XV)* could be prepared by the Medical Officer who conducted the examinations.
* Subsequently a *Victim Identification Report (Annex XVI)* will be prepared. This will be presented to the coroner for issuing a death certificate, which enables the closure of the case.
Part B
Proposed Amendments to the Inquest Procedure
# Inquest Procedure

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Responsible Person/Organization</th>
<th>When to Start</th>
<th>Supporting Persons/Organizations</th>
<th>When to Stop</th>
<th>Expected Outcome</th>
<th>Expected Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inquest</td>
<td>1. Specially appointed Inquirer (where there is no criminal activity need) (when amendment to the existing law is enforced) 2. Magistrate/Inquirer already appointed in the relevant Jurisdiction No 2 is applicable to No 1 till the new amendments are brought in</td>
<td>Upon the appointment of the inquirer</td>
<td>Forensic Pathologists Forensic Scientists Police officers Public servants members of the Armed Forces, employees of cooperate bodies and voluntary agencies</td>
<td>Upon the completion of all the statutorily conferred functions and associated activities</td>
<td>• Declare nature and the cause of the disaster Decide the best possible scientific method that is to be used in establishing positive identification Establish identities of the deceased victims • Conduct promptly, impartially and comprehensive investigation of the incident • Establish scientific or probable cause and manner of death, • Decide manner, date and location of temporary storage of such bodies • Decide place and manner of final or temporary disposal • Decide release of the bodies to specified persons, • Issue of the declaration of death form for registration of the death.</td>
<td>• Respectful and dignified disposal of human remains • Establish the identity of victims beyond reasonable doubt • Establishment of mortality statistics • Establishment of the nature and the cause of the disaster • Help in preserving the rights and the civil benefits of the next of the kin and surviving beneficiaries • Help in disposal of the properties of the deceased. • Lay foundations for better management of future disaster</td>
</tr>
</tbody>
</table>
## Final Disposal of Bodies and Body parts

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Responsible Person/Organization</th>
<th>When to Start</th>
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<th>When to Stop</th>
<th>Expected Outcome</th>
<th>Expected Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disposal of bodies (ID established)</td>
<td>Inquirer</td>
<td>Upon the completion of the inquest procedure</td>
<td>Family members /next of kin, Police officers, Public servants, members of the armed forces, volunteers &amp; social workers identified funeral undertakers</td>
<td>Upon the release of the last body</td>
<td>Release to the next of kin or authorized person</td>
<td>Respectful and dignified disposal of human remains according to the wishes of the family</td>
</tr>
<tr>
<td>Disposal of bodies (ID not established/Unidentified)</td>
<td>Inquirer</td>
<td>Upon the completion of the inquest procedure</td>
<td>Police officers, Public servants, members of the armed forces, members of the voluntary organisations, religious dignitaries, identified funeral undertakers</td>
<td>Upon the disposal of the last body</td>
<td>Disposal of human remains in an identified location according to cultural and religious norms</td>
<td>• Respectful and dignified disposal of human remains. • In the event of later identification the remains could be exhumed to hand over to the relatives</td>
</tr>
</tbody>
</table>
Guidelines for the proposed Inquest Procedure

Overview

Upon the occurrence of a disaster as contemplated in the Disaster Management Act the National Disaster Management Council (NDMC) shall consider the attended facts and circumstances and, based on such information, provisionally determine whether the disaster is natural or manmade. In instances where the NDMC has not been convened, the provisional determination shall be made by the Chief Executive Officer (CEO) of the disaster management DMC and subsequently ratified by the NDMC.

In the event the DMC determines that there is a possibility of mass disasters arising out of committing criminal activity, inquests into the deaths of victims of the disaster shall be conducted in terms of chapter XXX of the Criminal Procedure Code (CPC) of Sri Lanka.

In the event the NDMC determines that the disaster is natural, the DMC shall bring into operation the procedure outlined below.

Procedures

1. Appointment of the Inquirer

   • The NDMC, or where the NDMC has not been convened the CEO of the DMC acting upon a consideration of the advice of the Attorney General, Secretary Defence, Secretary Ministry of Justice, Inspector General of Police, Director General of Health Services or their designated representatives and upon a consideration of available information including information called for from other focal points of relevant state agencies conclude that no criminal activity has caused the relevant disaster, shall promulgate the operation of following procedure to come into operation with regard to the management of the bodies of the deceased victims of such disaster.

   • An Inquirer shall be appointed in terms of this chapter to inquire into the deaths of the deceased victims of a particular geographical area or a specified disaster situation (whose functions and powers shall be distinct from the powers and functions of an Inquirer functioning in terms of Chapter XXX of the CPC of Sri Lanka).

   • The Inquirer shall conduct a single inquest as provided for in this chapter with regard to the sudden deaths of all the victims of the relevant disaster.

   • The primary objectives of this inquest shall be to inquire into the relevant disaster and thereby
      o to declare the nature and the cause of the relevant disaster
      o to declare the identities of the deceased victims (even where the bodies of certain victims may not be traced or available),
      o to declare the scientific or probable cause and manner of death,
      o to declare the manner, date and location of temporary storage, burial and final disposal of the bodies,
      o release the bodies to specified persons,
      o direct the issue of death certificates by the relevant competent authorities.

   • The statutory powers conferred on an Inquirer appointed in terms of this chapter shall come into operation upon the appointment of the Inquirer and shall end upon the completion of all the statutorily conferred functions and associated activities.
• The Inquirer shall be appointed by the Judicial Service Commission on a request by the NDMC/DMC.

• The Inquirer shall also be empowered to determine whether the death of one or more particular victims of the relevant disaster should be inquired into by a Magistrate functioning as an Inquirer in terms of Chapter XXX of CPC of Sri Lanka and for that purpose cause the presentation of the relevant body to the relevant Magistrate.

• The Inquirer shall possess statutorily conferred powers enabling him/her to discharge the following functions associated with and necessary for the proper conduct of an inquest in terms of this chapter. These powers include the following:

  o Identification, commission and mobilizing a group of forensic pathologists and other forensic and scientific experts and their respective support staff for the conduct of medico-legal and other forensic investigations necessary for the recovery, storage, identification, determining the cause and the manner of death, temporary burial and final disposal of the bodies of the deceased victims.

  o Identification, commissioning and mobilization of public servants including officers of the police force and members of the armed forces, employees of cooperate and unincorporated bodies or groups of persons and individuals whose services are necessary for the proper conduct of the inquest in terms of this chapter and associated functions.

  o To identify, demarcate and declare certain areas that may be necessary for the conduct of the activities associated with the inquest including the location of storage of bodies, conduct of postmortem examinations, other forensic investigations and temporary burial. The Inquirer may also specify the persons, who are authorized to enter, remain and function from such areas and also direct the restriction of the entry of unauthorized persons.

  o Provided however the recording of evidence and the pronouncement of the outcome of the inquest shall be held in a public location which may be access and witness by the members of the public and the media unless on grounds of public policy and national interest it may be necessary to conduct the whole or any part of inquest in-camera.

  o To direct the police and the armed forces to guard such locations and locations where the bodies of the deceased victims may be lying following the disaster.

  o To examine and record evidence of necessary persons.

  o To ensure the acquisition, requisition and procurement of goods and necessary services required for the conduct of the inquest, medico-legal and other forensic examinations, storage and preservation, transportation and retrieval, temporary burial and final disposal including burial or cremation or to authorize and release bodies for cross border transportation.

  o To receive material, resources and expert services and support staff assistance from foreign governments, international organizations and foreign organizations and other groups.

• Following the conduct of the inquest the Inquirer shall prepare and submit to his appointing authority a report on the matters referred to above as being the objectives and the purposes of the inquest.

• The DMC shall remunerate the Inquirer and those whose services have been commissioned or otherwise procured by the Inquirer in an appropriate manner.

• The DMC shall compensate persons whose property, goods and services which have been acquisitioned, requisitioned, commissioned, or otherwise used by the Inquirer or any other person mandated by the Inquirer.
Rules
The Minister-in-Charge of the subject of disaster management shall with the concurrence of the Ministers-in-Charge of the subjects of Justice and Health promulgate Rules in terms of this chapter to give full effect to the objectives of this chapter. Such Rules shall include scientific protocols pertaining to recovery and retrieval of bodies and body parts of deceased victims of mass disasters, management of dead bodies and parts thereof brought to hospitals, bodies of injured persons brought to hospitals and subsequently pronounced dead and management of dead bodies brought to mortuaries.

2. Final Disposal of the Bodies

- The release of a body shall be based on a decision taken by the Inquirer who shall makes such a decision following the SFM recommendation to the Inquirer upon completion of forensic investigations or assurance that it would not be necessary to retain the body for further forensic examination or other relevant factors.
- The authorization, issued by the Inquirer, includes the name of the person to whom the body is to be released, the manner and place of final disposal and the issuance of a death certificate. The authorization, where relevant, shall also refer to and empower the transport of the remains from Sri Lanka to another territory subject to conditions that may be certified.
- In the case of a body of a foreigner, the Ministry of External Affairs and the relevant embassy/consulate should be consulted in the decision to hand over the body. Upon receiving authorization from the Inquirer, the SFM shall release the body in accordance with the authorization.
- The details regarding the release of the body should also be entered into the Dead Body Register - Annex VII.
- If the body has been identified but no person has come forward to claim the body, the body should be disposed by the SFM, according to the instructions that has been given by the Inquirer.
- At the end of the medico-legal investigation, a report must be forwarded to the Inquirer by the SFM, regarding all unidentified dead bodies and body parts.
- Upon receiving the report the Inquirer must give directions to the SFM regarding storage of samples and the final disposal method of such bodies and body parts. For Recommended Methods of Final Disposal refer to Annex XVII.
1. Fingerprints

There are two main types of antemortem fingerprints; those intentionally taken for identification purposes (Type I) and those left in a concealed form in a living environment and on personal belongings (Type II).

Type I prints can be found in:
- Police files established for criminal investigations
- Prison records
- Immigration and asylum records
- Files maintained at various embassies/high commissions and consulates when issuing travel documents
- Files maintained by the passport offices, motor vehicle department
- Personal files maintained by military forces and airlines
- Hospital records, Deeds and in other legal documentation
- Fingerprint used for biometrics and/or personal identification/verification such as in access systems, on smart cards, in passports on personal computers etc.

Type II prints can be found on:
- Objects and surfaces at work place
- School paper work
- Recently read books and magazines
- Tools equipments and handcrafts
- CD and DVD and the containers
- Car interior mirror
- Boarding cards left at the airport

Documentation in relation to the fingerprints must include the type of the print, the location at which the print was obtained. It is also important to record the names of the persons who have access to the site where the fingerprints have been obtained and such persons’ prints should be obtained for elimination purposes.

The prints that are obtained must be labeled appropriately and recorded in the Missing persons file to be available at the time of reconciliation.

In cases of missing children fingerprint identification play an important role as the availability of dental records is rare.

2. Dental Data

It is essential for dental surgeons to be part of the antemortem data collection team.

Dental records may consist of written records, radiographs, photographs, models, mouth guards and other prostheses.

Dental records may be located in hospitals, private clinic and military archives.

Once records have been located by the investigating officer, it is appropriate for the dental surgeon in the antemortem data collection team to communicate directly with the relevant dental specialist to obtain copies.

It is advisable to collect all original reports, photographs and radiographs leaving a copy with the relevant institution.

It is the responsibility of the Forensic Odontologist/Dental Surgeon in the antemortem data collection team to complete part C-6 of the Missing Person’s Information Form -Annex XI.
3. Medical Records

- All antemortem medical information should ideally be supported with medical records and X-rays. They may be provided by the relatives of the missing persons. The information from diagnostic cards and relevant medical records, including radiographs, should be documented in part C5 of the Missing Person's Information Form - Annex XI. This should be done by a medically trained person.

4. DNA collection

- DNA samples can include:
  i. Blood or buccal reference samples taken from relatives. First degree relatives are ideal, but in some cases, particularly mass disasters, second degree relatives may be essential.
  ii. Direct samples of blood or biopsy samples taken from the potential victim.
  iii. Personal objects that have been used by the deceased.

- Reference Samples from Relatives
  - DNA collection from relatives should be done by a trained person using a reference sample collection kit.
  - Preferred reference samples are buccal swabs and drops of blood extracted from the fingertip.
  - Relevant family information must be obtained and maintained properly along with the missing person's information.

- To obtain an optimum match it is important to obtain samples from donors who are biologically related. Suitable donors are, in the order of preference:
  i. Identical twins
  ii. Biological mother and biological father of the deceased
  iii. Biological mother or biological father of the deceased and a sibling
  iv. Biological children and the other biological parent of the children
  v. Siblings

- Blood and Biopsy Samples
  Another source of DNA reference samples maybe blood and/or biopsy samples taken, prior to death, for medical purposes. These samples may be stored in hospitals and similar institutions such as blood banks or research laboratories. Information regarding such samples is collected during the antemortem interview with relatives. Special permission must be obtained by the investigating officer from the relevant authorities to obtain and use these samples for DNA profiling.

- Victim Reference Samples (Personal Objects)
  It is also possible to obtain victim reference samples from personal objects used by the decedent such as a toothbrush, razorblade, hairbrush, comb, lipstick dispenser, deodorant roller cigarette butt, used underwear, used cups and glasses, eyewear, earplugs, headphone plugs jewelry, helmets, caps and hats.
  However, such objects should have been used solely by the decedent. If the item was shared with another person, then a DNA sample of that person must be taken for the exclusion.
Appendix II –
Postmortem Data Collection

1. Fingerprinting

- Preparation for fingerprinting
  - Place the body on its back or stomach as it is most convenient and turn the palms of the hands uppermost.
  - Clean the fingers and hands with water or a soap emulsion and dried with a cloth or cellulose towel.
  - Maximum results are obtained when the hands are cleaned with alcohol. Wipe the fingertips with alcohol and dry quickly in front of a small fan. The alcohol makes the skin more pliable.

- Depending upon the condition of the hands, the fingers (if the surface skin is still attached), the separated surface skin (pulled over the specialist’s finger) or the dermis (after dabbing with acetone) are dyed with fingerprint powder or printer’s ink using a brush (zephyr, fairy hair or cosmetic) or an ink roller.

- The finger impressions can be obtained using white Herma adhesive label or a white paper with a gloss appearance (size 32 mm x 40 mm)

- The paper strips are to be held at either ends, wrap it slowly and firmly around a finger bringing the two ends of the paper together under the finger. Then press the paper gently against the finger with one of the fingers of the person obtaining the impression or with some flat object

- Then paste the paper strip impression on the appropriate box in the Dead Body Identification Form – Part II (Annex XII)

- The individual prints are taken in the order of first being the thumb on the right, then follow to the little finger on the left.

For palm prints:

- If the surface skin has separated, the palm area is carefully extracted, cleaned, spread over a dry cloth and stretched.

- Dry the palm skin with alcohol wipes and apply the fingerprint powder or ink. Then appropriate size paper is pressed against the palm, beginning on one side and then carefully proceeding toward the opposite side. Then the label is affixed to space given in Dead Body Identification Form – Part II (Annex XII) if the surface skin is destroyed or unsuitable for fingerprinting, the dermis is cleaned, and prints are taken in the manner described above. However, the following method can be used to improve the condition of the skin in such situations.

Improving the condition of hands when the surface skin has separated:

- The first step is to wash the hands with alcohol.

- The hands are then immersed for approx. 10 seconds (depending upon their condition) in a basin of water that has been boiled immediately beforehand.

- After the hands are removed from the water, a significant change in the hand or skin is already evident. However, because the hand curls inward as a result of the “boiling process”, it must be restored to an extended position by stretching. The finger pads and palms are now much more rounded; the skin has refilled and is soft and expandable; the wrinkles caused by desiccation disappear and the papillary lines are visible once again.

- The skin is then treated with acetone and with fingerprint powder. Prints are taken with adhesive labels (adhesive side). The resulting prints are better than those obtained from the dermis without the boiling method, as they exhibit stronger contrasts.

- The “boiling method” is of limited use when the dermis exhibits various injuries. The boiling process causes the skin to rupture if left more than 10 seconds in the water, and the “boiled” tissue beneath the skin swells to the surface.
2. Dental Examination

- The postmortem dental examination is a time consuming process and requires several specialists to ensure a comprehensive and timely investigation.
- The dental examination team is composed of the following:
  - 2 Forensic Odontologists / Dental Auxiliaries or Dental Surgeons with DVI training
  - Mortuary Technician
  - Photographer
  - Radiographer
- The body should be ideally examined by two Forensic Odontologists. Where Forensic Odontologists are limited the second Forensic Odontologist's position can be replaced with a dental auxiliary/Dental Surgeon with DVI training.
- On receipt of human remains the dental examination team will examine the body in the following manner:
  - Photograph of the facial structures (frontal view, side views and view with a retracted lips to compare with smiling photographs during reconciliation) with a scale and the unique reference number.
  - Examination of the facial skeleton for any fractures or deformities
  - A facial flap is raised to expose mandible and the maxilla and the associated teeth. Mandible can be de disarticulated to gain easy access however should not remove the mandible from the rest of the body.
  - Clean the teeth using water/alcohol and a toothbrush.
  - If avulsed teeth are found with the body replace in the correct anatomical position (Care must be taken to record these teeth as avulsed teeth)
  - Once teeth have been cleaned the mouth should be re-photographed to obtain the occlusal views of the teeth. If prosthesis is found the teeth should be photographed with and without the prosthesis in place.
  - Conduct a detailed examination
- The examination is carried out by a team of two dentally qualified persons.
- The examiners - one clean (scribbler) and one dirty (examiner) will work together. While the examiner examines and dictate the findings the scribbler will be recording the findings on the Dead Body Identification Form - Part II using internationally accepted terms, codes, and abbreviations such as Fédération Dentaire Internationale (FDI) nomenclature.
- For quality assurance the duties of the forensic odontologists must be exchanged. So that the entries that are made by the initial scribbler will be crosschecked by the initial recorder while the Odontologist who performed the duties as the scribbler previously now will examine the teeth which were earlier checked by the previous examiner (the “dirty dentist” becomes the “clean dentist” the “clean dentist” become the “dirty dentist”).
- Ideally a full mouth radiological survey should be carried out. If resources are limited at least the teeth that have restorations should be radiographed (Peri-apical view). Ensure photographs and radiographs are appropriately archived to be available for the reconciliation process.
- Every effort must be made to keep the victim's maxilla and mandible in place as the removal of these structures is a destructive procedure that further mutilates the victim. However, consideration may be given to their removal in exceptional circumstances. If unavoidable, every attempt will be made to minimize the damage to the soft tissues and to replace the tissues in their original position at the end of the examination.
- In cases in which it is no longer possible to reposition the mandible following excision, examination and radiography, the mandible will be placed in a suitable container, labeled with the unique reference number and stored in the body bag with the body or body part. The removed mandible should be placed at the upper (head) end of the body bag in these cases so that it is available for a follow-up examination, which might be necessary weeks or months later or to facilitate required.
3. Examination to Establish Antemortem Medical Conditions:

- The postmortem examination is important to establish medical conditions suffered by the victim during life, if any.
- Surgical scars and healed fractures (missing organs as in transplantation) may result from previous traumatic events or surgical procedures. This information can be used for the purpose of identification.
- Similarly, the presence of prosthesis (orthopaedic appliance, intrauterine device, coronary stent etc.) may be detected during the postmortem examination and confirmed through radiographs, when needed.
- On receipt of human remains, the postmortem examination team will:
  - Conduct a postmortem examination and complete the *Dead Body Identification Form - Part II (Annex XII)*
  - Radiograph postmortem features, where relevant.
  - Ensure radiographs are appropriately archived to be available for the reconciliation process.

4. DNA Sampling

- Decisions regarding procedures to be used in sample collection as well as the scope and purpose of sampling measures should be made as early as possible by the examining SFM in consultation with the DNA laboratory.
- The numbering system used for postmortem samples may be used to label the DNA samples however the chain of custody should be maintained.
- The sample collection must be done under the direct supervision of the examining SFM. It is advised to collect multiple samples from the same body or body part to having to take secondary samples.
- Even when a victim has been identified on the basis of other methods, a DNA sample should be taken for the purpose of matching or ruling out matches between body parts and to facilitate the identification of other missing persons.
- Depending on the condition of the body or body part, different types of tissue are collected (Table 1).
- Samples selected for DNA analysis should come from a body part that has been matched definitively with the other remains. It is essential not to regard individual tissue or bone fragments as representative samples. To overcome the problem of cross-contamination from remains of animal origin a pre-sorting and exclusion of samples that do not originate from a human source should be performed by the SFM.
- Samples should be sent for analysis as soon as possible and stored in an appropriate manner from collection and during transport to the laboratory. In general, samples should be kept in a place cool and shaded from daylight. However samples should not be preserved in formalin, as formalin will destroy DNA

Table 1 – Collection of Postmortem Samples

<table>
<thead>
<tr>
<th>Condition of Body</th>
<th>Recommended Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete, non-decomposed</td>
<td>Blood (on FTA paper or swab)</td>
</tr>
<tr>
<td></td>
<td>Buccal (oral) smear</td>
</tr>
<tr>
<td>Mutilated, non-decomposed</td>
<td>If available blood and deep red muscle tissue</td>
</tr>
<tr>
<td>Complete but decomposed or mutilated</td>
<td>Long compact bone Or</td>
</tr>
<tr>
<td>and decomposed remains</td>
<td>Healthy molar tooth Or</td>
</tr>
<tr>
<td></td>
<td>(non carious and without restorations)</td>
</tr>
<tr>
<td></td>
<td>Or Any other available bone (preferably cortical bone)</td>
</tr>
<tr>
<td>Severely burnt</td>
<td>All samples listed above and impacted teeth Or</td>
</tr>
<tr>
<td></td>
<td>tooth roots if present</td>
</tr>
<tr>
<td></td>
<td>Or Smears from the bladder</td>
</tr>
<tr>
<td>Date-</td>
<td><strong>Body</strong>- Supine/Prone/On left side/On right side (In case of complete or almost complete bodies)</td>
</tr>
<tr>
<td>------</td>
<td>-----------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Time-</td>
<td><strong>Body/Body part</strong>- On the soil/Under water/Under debris/referred by the rescue team......................</td>
</tr>
<tr>
<td>Site-</td>
<td><strong>Clothing</strong>- present/absent/tom/burnt/disturbed/dry/wet/blood stained.................................</td>
</tr>
<tr>
<td></td>
<td><strong>Condition of the body/body part</strong>- Fresh/Decomposed/Burnt/Skeletalized/............................</td>
</tr>
</tbody>
</table>

Location of the body/body part in relation to the reference point (This has to be decided at the scene at the onset of recovery procedure)
<table>
<thead>
<tr>
<th>Body Number</th>
<th>Recovery</th>
<th>Information recorded</th>
<th>Characteristics (Apparent)</th>
<th>Presumed identity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Date</td>
<td>Place</td>
<td>Dead Body Recovery Form</td>
<td>Y-yes N-No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Photographs</td>
<td>Y-yes N-No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Sex</td>
<td>M-male F-female U-unknown</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Estimated Age</td>
<td>I-infant C-child A1-adolescent A2-adult E-elderly</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Identity made by(Name)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>NIC No</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Contact No.</td>
<td></td>
</tr>
</tbody>
</table>

* At the end of each session before handing over to the next officer on duty sign the register by placing the Name, Designation, signature, date and time.
**Personal Property Recovery Form-Sketch**

<table>
<thead>
<tr>
<th>Date-</th>
<th>Description of the property</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time-</td>
<td></td>
</tr>
<tr>
<td>Site-</td>
<td></td>
</tr>
</tbody>
</table>

**Property Number:**

Location of the body/ body part in relation to the reference point (This has to be decided at the scene at the onset of the recovery procedure)

N

Name of the recovery person/team ..............................................................

Scale: .......................... m per square  
Reference Points: ..........................
<table>
<thead>
<tr>
<th>Property Number</th>
<th>Recovery</th>
<th>Brief Description</th>
<th>Characteristics (Apparent)</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Date</td>
<td>Place</td>
<td>Recovery Form</td>
<td>Photos</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* At the end of each session before handing over to the next officer on duty, sign the register by placing the name, designation, signature, date and time.
# Dead bodies brought to the Hospital or died soon after admission

<table>
<thead>
<tr>
<th>BHT No. or Disaster _le No.</th>
<th>Date and time of death</th>
<th>If known</th>
<th>Body Sent to</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td>Time</td>
<td>Name</td>
<td>Age</td>
</tr>
</tbody>
</table>

*At the end of each session before handing over to the next o_cer on duty, sign o_the register by placing the name, designation, signature, date and time.*
## Deaths occurring at Hospital – Form A

### Annex VI

<table>
<thead>
<tr>
<th>Name/Disaster _le No</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
</tr>
<tr>
<td>Sex</td>
<td></td>
</tr>
<tr>
<td>Contact Details of the person admitting the patient (if known)</td>
<td></td>
</tr>
</tbody>
</table>

**Personal belongings removed in the ward**

<table>
<thead>
<tr>
<th>Property</th>
<th>Yes</th>
<th>No</th>
<th>Details / Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Identity Card</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work Place Identity Card</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Driving License</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Credit/Debit Cards</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Passport</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Watch</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Glasses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wallet/ Purse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Currency</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mobile phone</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Badges</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Camera/video</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wedding Ring</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other rings</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Earrings</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Necklace</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neck chain</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pendant on chain</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nose rings</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anklet</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Others</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Person Reporting

Name:  
Official Status:  
Place & Date:  

Signature: 38
<table>
<thead>
<tr>
<th>Handing Over</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name:</strong></td>
</tr>
<tr>
<td><strong>Official Status:</strong></td>
</tr>
<tr>
<td><strong>Place &amp; Date:</strong></td>
</tr>
<tr>
<td><strong>Signature:</strong></td>
</tr>
<tr>
<td>Body Number</td>
</tr>
<tr>
<td>-------------</td>
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<tr>
<td></td>
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</tbody>
</table>
## Body Identification Form Part I

### Annex VIII

<table>
<thead>
<tr>
<th>Body Identification Form Part I</th>
<th>Annex VIII</th>
</tr>
</thead>
</table>

| Body/Body Part Number:          |
| Place of Disaster:              |
| Date of Disaster:               |

### A. Physical Description

#### A1 General Condition (mark one):
- Complete body
- Incomplete body

#### A2 Apparent Sex (mark one and describe evidence):
- Male
- Female
- Probably male
- Probably female
- Undetermined

Describe evidence (genitals, beard, etc)

#### A3 Age Group (Mark one):
- Infant
- Child
- Adolescent
- Adult
- Elderly

#### A4 Physical Description (measure or mark one):
- Height (Crown to Heel)
- Short
- Average
- Tall
- Weight
- Slim
- Average
- Fat

#### A5

- **a) Head Hair:**
  - Color
  - Length
  - Shape
  - Baldness
  - Other

- **b) Facial Hair:**
  - None
  - Moustache
  - Beard
  - Color
  - Length

- **c) Body Hair**
  - Describe

#### A6 Distinguishing features:

---

<table>
<thead>
<tr>
<th>General Condition</th>
<th>Complete body</th>
<th>Incomplete body</th>
<th>Body Part (describe):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Damaged</td>
<td>Burnt</td>
<td>Decomposed</td>
<td>Skeletal</td>
</tr>
<tr>
<td>Head</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neck</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>R / Arm</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>L / Arm</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>R / Hand</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>L / Hand</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Body Front</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Body Back</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>R / Leg</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>L / Leg</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>R / Foot</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>L / Foot</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
1. Refrigeration
   - Refrigeration between 2°C and 4°C is the best option.
   - Refrigerated transport containers used by commercial shipping companies can be used to store up to 50 bodies.
   - Enough containers are seldom available at the disaster site and alternative storage options should be used until refrigeration becomes available.

2. Temporary burial
   - Temporary burial provides a good option for immediate storage where no other method is available, or where longer term temporary storage is needed.
   - Temperature underground is lower than at the surface, thereby providing natural refrigeration.
   - Temporary burial sites should be constructed in the following way to help ensure future location and recovery of bodies:
     • Use individual burials for a small number of bodies and trench burial for larger numbers.
     • Burial should be 1.5m deep and at least 200m from drinking water sources (see Chapter 8, Long-term Storage and Disposal of Dead Bodies).
     • Leave 0.4m between bodies.
     • Lay bodies in one layer only (not on top of each other).
     • Clearly mark each body (see Chapter 6, Identification of Dead Bodies) and mark their positions at ground level.

3. Dry ice
   - Dry ice [carbon dioxide (CO2) frozen at -78.5°C] may be suitable for short-term storage.
   - Dry ice should not be placed on top of the bodies, even when wrapped, because it damages the body.
   - Build a low wall of dry ice (i.e., 0.5m high) around groups of about 20 bodies and cover with a plastic sheet, tarpaulin, or tent.
   - About 10 kg of dry ice per body, per day is needed, depending on outside temperature.
   - Dry ice must be handled carefully as it causes “cold burns” if touched without proper gloves.
   - When dry ice melts it produces carbon dioxide gas, which is toxic. Closed rooms or buildings should be avoided when using dry ice in preference to areas with good natural ventilation.

4. Ice
   - The use of ice (frozen water) should be avoided where possible because:
     • In hot climates ice melts quickly and large quantities are needed.
     • Melting ice produces large quantities of dirty waste water that may cause concern about diarrheal disease. Disposal of this waste water creates additional management issues.
     • The water may damage bodies and personal belongings (e.g., identity cards).

5. 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:
   a) Formalin
      • A mixture of 20% to 30% formalin, methylated spirit, phenol and water can be injected with a wide bore needle into a major artery (carotid or femoral). Major internal organs like liver, spleen and kidneys are also injected with the above solution by penetrating through chest and abdomen. This method is more suitable in a hospital mortuary where medical skills are available for locating major blood vessels, along with availability of the said chemicals. This procedure is better suited for bodies which are to be transported over long distances. However, this method makes the biological samples from the dead bodies, unsuitable for DNA analysis.
   b) Sanitizing
      • This process is also known as topical or surface embalming. The method can be used where the blood vessels cannot be secured because of mutilation of body parts. Bleaching powder mixed with Potassium permanganate (KMnO4), is applied over the surface of the body, along with the infiltration and injection of 20% formalin saline in the skin and underneath.
   c) Embalming
      • This is a process by which the bodies can be preserved for a longer period and can be transported to distant places. A mixture of formalin, methylated spirit, phenol and glycerol is generally used for embalming. It is a specialized
process which can only be carried out in well equipped mortuaries
## Missing Persons Register

<table>
<thead>
<tr>
<th>Missing Person</th>
<th>Informant</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Surname</strong></td>
<td><strong>Name</strong></td>
</tr>
<tr>
<td><strong>Given Names</strong></td>
<td><strong>NIC No.</strong></td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td><strong>Relationship to the missing person</strong></td>
</tr>
<tr>
<td><strong>Sex</strong></td>
<td><strong>Contact Details of the informant</strong></td>
</tr>
<tr>
<td><strong>Place/Incident of disappearance</strong></td>
<td></td>
</tr>
</tbody>
</table>
### Missing Person Number/Code:

### Interviewer name:

### Interviewer contact details:

### Interviewee(s) name(s):

### Relationship with missing person:

### Contact details:

<table>
<thead>
<tr>
<th>Address:</th>
<th>Telephone</th>
<th>Email</th>
</tr>
</thead>
</table>

### Contact person for missing person:

if different from above: (who to contact in case of news: name/contact details)

### A. Personal Details

<table>
<thead>
<tr>
<th>A1</th>
<th>Missing person's name:</th>
<th>Include surname, fathers and/or mother name, nicknames, aliases:</th>
</tr>
</thead>
<tbody>
<tr>
<td>A2</td>
<td>Address/Place of residence:</td>
<td>Last address &amp; usual address if different from the former</td>
</tr>
<tr>
<td>A3</td>
<td>Marital Status:</td>
<td>Single</td>
</tr>
<tr>
<td>A4</td>
<td>Sex</td>
<td>Male</td>
</tr>
<tr>
<td>A5</td>
<td>If Female:</td>
<td>Unmarried name</td>
</tr>
<tr>
<td>A6</td>
<td>Age</td>
<td>Date of Birth</td>
</tr>
<tr>
<td>A7</td>
<td>Place of Birth, Nationality, principal language</td>
<td></td>
</tr>
<tr>
<td>A8</td>
<td>Identity Document:</td>
<td>Main Details (Nr etc)</td>
</tr>
<tr>
<td>A9</td>
<td>Fingerprint available?</td>
<td>Yes</td>
</tr>
<tr>
<td>A10</td>
<td>Occupation</td>
<td></td>
</tr>
<tr>
<td>A11</td>
<td>Religion</td>
<td></td>
</tr>
<tr>
<td>Body No:</td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>----------</td>
<td>------</td>
<td>--------</td>
</tr>
<tr>
<td>Skin type _ngerprints retrieved from</td>
<td>EPIDERMIS</td>
<td>DERMIS</td>
</tr>
<tr>
<td>Fingerprint development technique</td>
<td>Boiling water technique</td>
<td>Casting agent, eg Microsil, Aquasil</td>
</tr>
<tr>
<td></td>
<td>Epidermal glove</td>
<td>Other:</td>
</tr>
<tr>
<td>Fingerprints recorded using</td>
<td>Black powder</td>
<td>Photograph</td>
</tr>
<tr>
<td></td>
<td>Ink</td>
<td>Other:</td>
</tr>
<tr>
<td>Prints retrieved from</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Right Thumb</td>
<td>Right Index</td>
<td>Right Middle</td>
</tr>
<tr>
<td>Left Thumb</td>
<td>Left Index</td>
<td>Left Middle</td>
</tr>
<tr>
<td>Right Palm</td>
<td></td>
<td>Left Palm</td>
</tr>
</tbody>
</table>

Recorded by | Name: | Designation: | Address: | Signature / Date |
I,………………………………………………… (NIC No)……………………………………of…………………………………………… ……………………………………… . being a Buddhist/Christian/Hindu/Muslim……………………………… . do hereby sincerely, truly and solemnly declare and affirm as follows:

1. That I am the a_rmment above named,

<table>
<thead>
<tr>
<th>Body No:</th>
<th>Male</th>
<th>Female</th>
<th>Unknown</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Nature of disaster:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Place of disaster:</td>
<td></td>
</tr>
<tr>
<td>Date of disaster:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Missing Person Name:</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Surname with initials:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Other Name:</td>
<td></td>
</tr>
<tr>
<td>Date of birth:</td>
<td></td>
</tr>
</tbody>
</table>

**Identity Established by:**  
(Please tick the relevant box and give reasons in brief)

<table>
<thead>
<tr>
<th>Identity Established by</th>
<th>Probable</th>
<th>Possible</th>
<th>Established</th>
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</thead>
<tbody>
<tr>
<td>Police Investigation</td>
<td></td>
<td></td>
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<tr>
<td>Fingerprint</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Examination</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Forensic Odontology</td>
<td></td>
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<tr>
<td>DNA</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Anthropology</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Others</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Recorded by**  
Name: Designation: Address L Rubber Stamp  

**Signature / Date**
<table>
<thead>
<tr>
<th>Dead Body No:</th>
<th>Missing Person No:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Place of Recovery</td>
<td>Male</td>
</tr>
<tr>
<td>Date of Recovery</td>
<td>Nationality</td>
</tr>
<tr>
<td>Police Agency</td>
<td>Surname Name with initials</td>
</tr>
<tr>
<td>Place of Storage</td>
<td>Other Name</td>
</tr>
</tbody>
</table>

**Certificate of Identification**

Above dead body has been identified as the above missing person. The identification was mainly based on

**Name of the Specialist in Forensic Medicine**

**Designation**

**Date**

**O_cial Frank/Stamp**

**Anthropology**

**Others**
References


