



MEDICAL GUIDANCE NOTE

Title: RECOVERY OF DECEASED DURING USAR OPERATIONS
Last revised: January 2011

1. Background

1. Though the primary mission of Urban Search and Rescue (USAR) teams is not the retrieval of the deceased, the potential for assisting with this task exists and has occurred in the past. Close coordination with the appropriate Local Emergency Management Authority (LEMA) and On Site Operations Coordination Centre (OSOCC) is always necessary in this regard. Some of the remains of the deceased may be entrapped or only partially accessible. It is important to the impacted families, community and team members that the deceased be recovered safely, with the required protective measures and in a manner that is sensitive to the culture of that community.
2. Although there are ethical considerations, the MWG acknowledges that a team may be tasked to carry out the recovery of the deceased while the possibility to recover live victims still exists.
3. Due to the sensitive nature of this type of assistance, the following recommendations have been developed to enable USAR teams to assist the relevant parties with addressing this important issue.

2. Goal

1. The recovery of the deceased from the hazard impacted areas (as requested by appropriate entities) in a manner safe to all persons involved in this activity.

3. Objectives

- 3.1 Ensure safety of personnel involved in the removal of the deceased.
- 3.2 Provide prompt securing and removal of the deceased located in the field for relevant LEMA authorities.
- 3.3 Provide expert advice and technical assistance when immediate recovery of the deceased is hampered by structural collapse.
- 3.4 Coordinate/integrate efforts between USAR teams and the appropriate entities responsible for processing the deceased.
- 3.5 Ensure appropriate records (e.g., time, specific location; GPS coordinates; who the deceased was handed over to on site) of the recovery are recorded and handed over to the OSOCC / LEMA.
- 3.6 Be aware of, and if possible, address any cultural concerns regarding handling of the deceased.



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4. Considerations

- 4.1 It is assumed that due process has been undertaken to confirm death.
- 4.2 There may be certain situations in which the recovery of the deceased is deemed of such high risk to responders, that it will not be undertaken until the hazard can be mitigated.
- 4.3 The heat/humidity, type of hazard impact, geographic scope of hazard impact, types of structures involved, and availability of certain equipment are all important considerations in the approach to recovery of the deceased.
- 4.4 Exposure to the deceased poses less of a medical risk to responders than exposure to body fluids of the living. Body fluids (e.g. blood, urine, faeces) may present a splash hazard. Bone fragments may be very sharp and present a puncture hazard. The stench may be overwhelming.
- 4.5 Handling of the deceased poses a potential to trigger an acute stress reaction in the personnel involved in the activity. Any team member not wishing to participate directly in the extrication or transfer of the deceased should be free to do so.
- 4.6 Due to the heat and humidity, the deceased may be in an advanced state of decay, may be bloated, and may break apart easily when handled.
- 4.7 Such activities should not be undertaken outside of day-light hours or without adequate illumination.

5. Concept of Operations

- 5.1 Identify early any cultural practices that may impact the extrication and transfer procedures of the deceased.
- 5.2 USAR teams tasked with the removal of the deceased should:
 - 5.2.1 Mark the structure according to INSARAG guidelines if not already done so;
 - 5.2.2 Where possible, establish Global Positioning System (GPS) coordinates for the location of the deceased;
 - 5.2.3 If requested by the LEMA or OSOCC, take digital photos of the body undisturbed in its location and hand these photos over to the requesting authority;
 - 5.2.4 Utilize identification tags as directed by LEMA or OSOCC;
 - 5.2.5 Ensure appropriate documentation accompanies the deceased on hand over;
- 5.3 Identify early the transfer arrangements for the deceased once extricated.
- 5.4 When planning a safe extrication strategy, the following should be considered:
 - 5.4.1 Teams should consider mitigating against the effects of the stench through the use of ventilating the area and or with the use of face masks;
 - 5.4.2 All activities to expose the deceased (debris removal, shoring, etc.) should be conducted in a manner that minimizes body-part or body-fluid exposure to personnel;
 - 5.4.2.1.1 Use standard personal protection precautions (face masks, eye

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- protection, medical gloves under rescue gloves);
- 5.4.2.1.2 Consider barrier methods to minimize contact with body fluids (e.g. tarpaulins, plastic sheeting, disposable water impermeable resistant coveralls for rescuers);
- 5.4.2.1.3 Consider a stand-off approach when the use of heavy equipment (e.g. cranes or other similar equipment) is required.
- 5.5 For the personnel directly involved with extrication and transfer of the deceased:
 - 5.5.1 Consider briefing team members on potential hazards (physical and psychological);
 - 5.5.2 In addition to standard precautions, consider the use of barrier protection to mitigate body fluid on team uniforms (e.g. disposable water impermeable coveralls; rubber boots). These should be donned in proximity to the deceased to minimize time in suit;
 - 5.5.3 The use of High Efficiency Particulate Absorbing (HEPA) respirators or equivalent, supplied air, or Chemical Biological Radiation Nuclear (CBRN) suits is not mandatory for extrication of the deceased. If these are required due to other environmental factors, reconsideration of extrication procedures may be necessary;
 - 5.5.4 Where appropriate, team members should attempt to slide the deceased into a suitable body bag (as opposed to lifting which may cause the body to break apart). The body bag should provide protection to the deceased as well as those who will be handling it in future. This will facilitate keeping the deceased intact. Sliding of the deceased can be made easier through the use of plastic sheeting, aluminum foil blankets, or other material placed under the deceased prior to moving;
 - 5.5.5 Any personal effects on the deceased should be retained in the body bag;
 - 5.5.6 Disarticulation and dismemberment of the deceased should not be a primary method of retrieval. If this is necessary:
 - 5.5.6.1 Consider decision making process that includes the USAR Team Leader and LEMA;
 - 5.5.6.2 Consider conducting the procedure under the guidance of experienced USAR medical personnel.
- 5.6 In the event of percutaneous, or mucous membrane exposure to body fluids (includes puncture wounds from bone fragments or splashes to eyes or mouth):
 - 5.6.1 Cease operations;
 - 5.6.2 Remove exposed individual from area of operations;
 - 5.6.3 Remove exposed team member's Personal Protective Equipment (PPE);
 - 5.6.4 Rinse wounds/mucous membranes with copious irrigation;
 - 5.6.5 Contact USAR Team Medical personnel;
 - 5.6.6 Implement home teams post-exposure protocol;
 - 5.6.7 OSOCC should be notified.



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6. Acknowledgement

- 6.1 Draft Federal Emergency Management Agency (FEMA) Standard Operating Procedure (SOP) document for the Recovery of the Deceased;
- 6.2 Management of Dead Bodies after Disasters: A Field Manual for First Responders. PAHO 2006.