



World Health Organization

MEMORANDUM

To: [REDACTED]
[REDACTED]

From: [REDACTED]
Director, World Health Organization

SUBJECT: Management of the Deceased Operations Protocol

Copy Number: [REDACTED]
Issued by: World Health Organization
Place of Issue: Geneva, Switzerland
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Integrated Plan: International Disaster Emergency Response Plan

In emergency and disaster management, most efforts are being concentrated on the management of the living victims while very least considerations are given to the deceased to the extent that there are no clear specific tasks and assigned agencies to handle them. The most recent strain of virus afflicting the population serves as eye opener to the affected governments to give focus and attention to the management of the deceased. [REDACTED] It is now an accepted reality the management of the deceased is a major component of the over-all management of the disaster.

The International Disaster Emergency Response Plan (IDERP) has a critical role in providing standards and guidelines in the proper handling of dead bodies (identification, transfer and final disposal), typically ensuring that legal norms are followed, and guaranteeing that the dignity of the deceased and their decedents is respected in accordance with their cultural values and religious beliefs. [REDACTED] (DOH: AO58. s2006).

[REDACTED]. In light of still-limited knowledge of an as of yet unidentified strain of virus, the World Health Organization is mandating specific protocol that disregards former IDERP protocol in the proper disposition of remains. This new mode of conduct, to be enacted immediately, details the disposition of remains in a sanitary manner with cautions to prevent negative impact on the bereaved and the community.

The following guidelines are to be put in place, superseding all former Management of the Deceased protocol:

- In the event of Do Not Resuscitate (DNR) patients, all DNR orders are to be disregarded. It is in the interest of the hospital, hospice, or caretaker to maintain life at all costs.
- If lifesaving techniques fail to procure life within 60 seconds (one minute) after Time of Death, the techniques are to be terminated and patient is to be considered expired. Immediate transfer of the deceased to a morgue is necessary. If morgue is more than fifteen (15) minutes away, the remains are to be removed from the bereaved and restrained by any means necessary.
- In the event that the deceased resumes signs of life following the cessation of lifesaving technique, the reanimated remains are to be regarded as biological hazard.

cc: [REDACTED]
[REDACTED]
[REDACTED]