

July 4, 2007

ADMINISTRATIVE ORDER

No. 2007 - 0018

SUBJECT: National Policy on the Management of the Dead and the Missing Persons During Emergencies and Disasters

I. BACKGROUND AND RATIONALE

In emergency or disaster management, most efforts are being concentrated on the management of the living victims while very least considerations are being given to the dead and the missing to the extent that there are no clear specific tasks and assigned agencies to handle them. The major disasters in the past years like the World Trade Center Tragedy in New York, U.S.A. in 2001, the Tsunami Incidents in Indonesia and Thailand in 2004, where hundred of thousand died and missing and in the Philippines, the Quezon Flood in 2004, as well as the Landslide in Southern Leyte in 2006, where number of deaths and missing reached the score of hundreds or thousands. This served as eye opener to the affected governments to shift their concerns not only in the management of the living victims but to the management of the dead and the missing (MDM) persons as well. Reality proved that the MDM in disasters must be a major component of the over-all management of consequences of disasters. Like in most countries of Asia and the Pacific the problem of MDM during disasters had been given little attention so that countries like the Philippines were not ready to cope with this burden. Capacity of the staff in these countries, legal implications, facilitation of necessary documents and coordination arrangements need to be put in place with the primary objective of institutionalizing the MDM within the health sector as an integral component of the National Disaster Management Program.

Recent statistics show that after series of typhoon and landslide disasters many have died and there are relatives still hoping to retrieve their loved ones. In Quezon Flood in 2004 alone, there were 645 deaths and thousands were missing, while in Guinsaugon Landslide in 2006, it resulted to 139 deaths, 15 recovered body parts and almost thousand persons reported missing.

The government has a critical role in standardizing and guiding the tasks of handling the dead bodies (recovery, identification, transfer and final disposal), ensuring that legal norms are followed, and guaranteeing that the dignity of the deceased and their families is respected in accordance with their cultural values and religious beliefs.

This policy shall be very useful for authorities and other actors responsible for disaster prevention and response to avoid controversy on handling mass fatalities and effectively manage corpses and preserve the dignity of those who have passed.

II. OBJECTIVES

A. General

To provide a national policy framework as a guide to an efficient and a well coordinated action in managing the dead and the missing persons during emergencies and disasters.

B. Specific

1. To strengthen the coordination and collaboration among the partner agencies and stakeholders in the MDM;
2. To provide standards, guidelines, systems and procedures to institutionalize the preparedness and response activities of the health sector and other partner agencies in the MDM; and
3. To establish resource-sharing mechanism among the key players in the MDM.

III. SCOPE AND COVERAGE

This policy shall apply to all Department of Health offices including its attached agencies. It shall likewise apply to the other authorities /stakeholders/agencies at all levels and all disciplines, institutions, government, non-government, and private organizations whose functions and activities contribute to the management of the dead and the missing persons during emergencies and disasters.

IV. DEFINITION OF TERMS

- A. **Certificate of Missing Person Believed to be Dead in times of Disaster** shall refer to a document to be issued by the National Disaster Coordinating Council indicating that the person is believed dead as a result of a disaster based on validation and recommendation by the concerned Local Government Unit. This document is issued in lieu of a Death Certificate and can be used solely for the processing of claims for benefits.
- B. **Collective Grave** shall refer to the burial of two (2) or more dead bodies/body parts in an orderly process, preserving the individuality of every body, and maintaining individual characteristics of each body.
- C. **Cremation** shall refer to the process that reduces human remains to bone fragments of fine sand or ashes through combustion and dehydration.

- D. **Death Certificate** shall refer to documented proof of the death of someone; a legal instrument which includes the victim's name, age, sex, the cause and manner of death, the time and date of death, as well as the professional who confirms the death.
- E. **Embalming** shall refer to process of preparing, disinfecting, and preserving a dead body before its final disposal.
- F. **Exhumation** shall refer to the removal of dead body from its grave; usually done to carry out examination or to bury it in another place.
- G. **Management of the Dead and the Missing Persons during Emergencies or Disasters (MDM)** shall refer to the five domains namely: Search and Recovery; Identification of the Dead; Final Arrangement of the Dead; Handling the Missing Persons; and Assistance to the Bereaved Families.
- H. **Mass Fatality Incident** shall refer to any event resulting to number of deaths large enough to disrupt the normal course of health care services usually a result of natural and/or human-generated disasters including terrorism or the use of Weapons of Mass Destruction.
- I. **Mass Grave or Common Grave** shall refer to the indiscriminate burial of more than two (2) un-identified bodies/body parts in the same excavated site.
- J. **Missing Person** shall refer to any person residing, working, studying or sojourning in a community which is directly affected by disaster and is nowhere to be found thereafter and has not been heard of since the disaster.
- K. **Missing Resident of the community, not included in the census** shall refer to any person residing in the affected community after the census was done and presumed to have been directly affected by a disaster, nowhere to be found thereafter and has not been heard of since the disaster.
- L. **Missing Resident of the disaster affected community** shall refer to any person residing in the community, whose name appears in the community census, presumed to be in the community during the disaster, nowhere to be found thereafter and has not been heard of since the disaster.
- M. **Missing Person from outside the community** shall refer to any person living outside the affected community, who presumably went to the community and was directly affected by a disaster, then nowhere to be found thereafter and has not been heard of since the disaster. They can be classified as workers, passersby, and transient visitors.
- N. **Missing Resident working/studying outside the disaster affected community** shall refer to any person residing in the affected community, who works or studies outside this community but presumed to have not gone to work or school

at the time of the disaster, nowhere to be found thereafter and has not been heard of since the disaster.

- O. **Temporary Burial** shall refer to shallow burial of two (2) or more dead bodies/body parts in an orderly process, preserving the individuality of every body, and maintaining individual characteristics of each body pending proper identification and disposition.

V. **GUIDING PRINCIPLES AND OPERATIONAL FRAMEWORK**

A. **Guiding Principles**

1. All efforts shall be exerted for proper retrieval, identification and disposition of the remains in a sanitary manner with cautions to prevent negative psychological and social impact on the bereaved and the community including the responders.
2. Every dead person has the right to be found, to be identified, and to be buried according to a culturally acceptable norm.
3. Rights to privacy of the dead shall be observed at all times.
4. The dead shall be treated with utmost respect. In death, money does not matter, material possessions do not matter; dignity is what should be cared about.
5. When death is the result of a disaster, the body does not pose a risk for infection.
6. Victims shall never be buried in common graves.
7. Mass cremation of bodies shall never take place when this goes against the cultural and religious norms of the population.
8. Every effort must be taken to identify the bodies. As a last resort, unidentified bodies shall be placed in individual niches or trenches, which is a basic human right of the surviving family members.

B. **Operational Framework**

1. A coordinated body shall be established under the National Disaster Coordinating Council (NDCC) primarily for management of the dead, the missing, and the bereaved families during emergencies and disasters led by the Department of Health;
2. Recovery/Retrieval Operation will commence simultaneously with the Search and Rescue Operation and will end upon the declaration of the NDCC as per recommendation of the Local Disaster Coordinating Council;
3. In any event of disaster, the Local Health Officer of the concerned LGU shall lead/coordinate in the management activities of the dead, the missing and the bereaved families;
4. If two (2) or more municipalities are involved, the concerned Provincial Health Officer shall lead in the MDM;

5. If two (2) or more provinces are involved, the concerned Regional Health Director shall lead in the MDM;
6. In providing assistance to the bereaved, the Social Welfare Office of the concerned LGU shall be primarily in-charge supported by other concerned agencies; and
7. In every agency at all levels, the MDM shall be incorporated as a component of the Emergency/Disaster Management Program.

C. Emergency Preparedness, Response and Recovery Plan

1. All concerned agencies shall have an Emergency Preparedness, Response and Recovery Plan encompassing Management of Mass Fatality Incidents/MDM with budget proposal to be submitted to the NDCC for funding.
2. All concerned agencies shall have Emergency Preparedness, Response and Recovery Plan incorporating the MDM two months after the approval of the Policy on MDM;
3. DOH shall initiate the conduct of an Emergency Preparedness, Response and Recovery Planning activity to come up with a plan to be used in lobbying for funding allocation to the DBM.
4. NDCC shall support the Emergency Preparedness, Response and Recovery Plans for MDM.
5. The core elements of an Emergency Preparedness, Response and Recovery Plan are:
 - a. **Background** – Provides an overview or rationale for the development of the preparedness, response and recovery plan.
 - b. **Plan description** – Describes what is expected of the plan in terms of its content, format, structure and outputs.
 - c. **Goals and objectives** – Goals are long-range state of accomplishment towards which actions and resources are directed in a specified manner by a program, the result of which is process towards the fulfillment for policy. Goals are not constrained by time or existing resources and need not be quantified or measured. While the objectives are measurable state that is expected to exist at a pre-determined place and time as a result of the application of a specified procedure and resources, the result of which is progress towards the achievement of goals. They are quantifiable and measurable, thus, they are the basis of evaluation and monitoring process. The goal and objective consists of the purpose of the plan/activity from the broader to more specific perspective or outcomes.
 - d. **Planning group** - Consist of group of authorized key players/implementer or representatives from the major stakeholders/agencies that participate in a planning activity relevant to the set goals and objectives.

- e. **Risk assessment** – a process of analyzing, anticipating or defining the possible visible outputs or consequences of hazard once it has affected the community. It includes hazard, vulnerability and risk analysis. This is the basis in developing the preparedness plan of the community.
- f. **Management Structures** – Structure in the management that shows the specific chain of a command, control, and coordination. It implies the flow of reporting, coordination and communication. It reflects the roles, functions and responsibilities of all the key players involved. These structures in the management are best expressed through the use of diagrams.
- g. **Roles and responsibilities** – Functions expected to be fulfilled by all personnel involved in the entire management structure.
- h. **Policies, guidelines, procedures for the developed systems** – Policy is formal statement by an institution that expresses a set of goals of the institution, the priorities within these goals and the preferred strategies for achieving those goals. It is based primarily on the mandate of the institution. It is the statement of what must be done. While guidelines simply state how to implement the policy. It is more than of the technical know-how. On the other hand, procedures explain how to implement the policy but it is focused on the administrative know-how.
- i. **Emergency Preparedness Plan** includes strategies and activities intended to build capacity and capability to respond to emergency, while **Response Plan** includes strategies and activities in utilizing the built capacity to respond to emergency or disaster, whereas the **Recovery Plan** entails strategies and activities in mainstreaming the community/agency back to its prepared position for any forthcoming eventuality

VI. KEY COMPONENTS

A. Human Resource Development

1. A Manual of Operations for MDM shall be developed by the DOH.
2. Human Resource Development Plan on MDM shall be developed by all agencies at all levels.
3. Training shall be incorporated in the activities of the concerned agencies. DOH in collaboration with the NDCC shall prioritize qualified trainers and trainees.
4. Uniform and standardized training modules for MDM shall be prepared by DOH in coordination with other experts to be recommended to the NDCC for funding.
5. Unified strategy for MDM activities must be developed and implemented.
6. All workers (prioritizing trainers, first responders and leaders) in the MDM shall undergo training and orientation from proper authority.
7. Continuing education regarding disaster victim identification and management shall be the responsibility of the various agencies involved.

8. Responders and volunteers shall be trained or oriented on how to provide psychosocial support to affected communities.
9. DOH shall provide free medical services through all government DOH retained hospitals to all rescuers/responders to emergencies and disasters.
10. Regular drills and exercises must be conducted to have proper coordination and uniformity during actual search and rescue activities;
11. All agencies shall have continuing research and development related to MDM;
12. All benefits; support and incentives; awards and recognition shall be provided to all workers;
13. NDCC shall identify and maintain a database information for all search and rescue units to include accredited civilian group volunteers;
14. Volunteers should be properly screened and trained on management of the dead and missing person during disaster before allowing to actual mission;
15. Psychological and physical care for the relief workers or responders shall be provided after the mission by the DSWD, DOH, and PNRC; and
16. LGU shall conduct trainings and seminars regarding the proper handling of the missing/dead persons in coordination with the NBI, PNP, DOH, DSWD, DILG and other agencies involved in managing the dead/missing.

B. Networking and Collaboration

1. MDM entails a multi-sectoral approach, hence there shall be a strong initiative to coordinate with all agencies, other government agencies, non-government organizations, private organizations as well as international organizations;
2. DOH shall conduct the Inter-Agency MDM Coordination Meetings;
3. A system for coordination and collaboration among all key players shall be developed to ensure more comprehensive, integrated and coordinated response to MDM for maximization of resources. NDCC shall be responsible for the immediate transport/mobilization of responders and their equipment. DOH shall recommend to Department of Transportation and Communication prioritization of transport/mobilization of disaster workers and supplies
4. All civilian group volunteers / rescue units of the Search and Recovery/ Retrieval Group shall be required to register at the NDCC or its corresponding local DCC levels for accreditation before going to the affected area/s.
5. Coordination of the Search and Recovery/Retrieval Groups consisting of the different agencies to include civilian group volunteers/ local rescue units shall be under the responsibility of the designated AFP Task Force;
6. All volunteers shall properly identify themselves and ask clearance from the site commander before joining the search and rescue operations; and
7. The local chief executive through the local health office shall coordinate all processes related to the management of corpses.

C. Management Support Systems

1. MDM System shall be developed and institutionalized in the health sector led by the DOH.

2. Protocols, guidelines and manuals of operation needed in MDM shall be developed and coordinated with all the members of the health sector concerned with MDM.
3. A common Communication System shall be established in the health sector to facilitate monitoring and response.
4. Information Management System for MDM shall be developed to ensure rapid generation of relevant information for timely dissemination to appropriate target audience. There shall be a standard database and information management system on MDM.
5. Resource Management System shall be established to ensure positioning of right resources at right amount, at the right time and right place. All concerned agencies shall formulate a logistics management system to include the preparation of a list of logistics needed on MDM.
6. Public Information shall be delivered through effective Media Management. Management of the Media (tri-media as a whole) shall be handled by a designated Official Spokesperson from the NDCC/Local Chief Executives.
7. A system for documentation of lessons learned from all MDM activities shall be developed.

VII. GUIDELINES AND PROCEDURES

A. Search and Recovery Operation

Dead Body search recovery shall be done spontaneously and simultaneously led by the Armed Forces of the Philippines of the Department of National Defense (AFP-DND) and supported by the following agencies and groups such as the Philippine National Police (PNP), Special Rescue Unit of the Bureau of Fire Protection (BFP-SRU), Philippine Coast Guard (PCG), Philippine National Red Cross (PNRC), Private Rescue Personnel, Local Rescue Unit and Civilian Group Volunteers. For the National Capital Region (NCR), the Search and Recovery Operation shall be led by the PNP supported by other agencies. In the event of disaster, the initial site commander shall be the Chief of Police (COP) who shall turn over the responsibility to AFP upon the arrival of the AFP task group, except for that in NCR.

1. The Search and Rescue (SAR) Operations Commander shall establish and disseminate a unified and standardized tagging system of the bodies and body parts recovered;
2. All body parts and dead bodies retrieved onsite shall be placed in cadaver bags or any appropriate means during transport to identified collection point or storage area, which are preferably refrigerated, for examination or proper identification;
3. The Local Health Office shall look after the health conditions and needs of the responders and volunteers. In an event that the Local Health Office can not cope, it can request support from the DOH;

4. Protection and safety of responders and volunteers must be observed in the retrieval, handling, transport and disposition of body parts and dead bodies and shall be the primary considerations of sending agencies. There should be proper coordination among the agencies on this matter.
5. The local chief executive through the local health office shall coordinate all processes related to the management of corpses including the retrieval, handling, transport and disposition of body parts and dead bodies.

B. Identification of the Dead Operation

1. The Local Government Unit (LGU) shall request the NBI and/or PNP Crime Laboratory for disaster victim identification.
2. The NBI and/or PNP shall proceed to the disaster site upon the request of the LGU to assess the situation and shall establish mortuary operations in coordination with the LGU.
3. In case of mass fatality incident caused by natural disasters, the NBI shall primarily be in charge of identification of the dead. The NBI shall coordinate with the PNP-CL and other related experts.
4. In case of mass fatality incident caused by human generated activities, the PNP shall primarily be in charge of identification of the dead. The PNP shall coordinate with the NBI and other related experts.
5. The Medico-Legal Officers of the NBI and/or PNP shall issue a Certificate of Identification for all examined/processed and identified bodies.
6. The NBI and/or PNP shall provide the Local Health Officer, an official list of identified and unidentified disaster victims.
7. The Local Health Officer shall issue a Death Certificate based on the Certificate of Identification issued by the NBI/PNP.
8. The LGU shall provide the NBI and/or PNP with a list of missing persons.
9. The LGU through the NDCC shall provide the Department of Foreign Affairs a list of identified and unidentified dead foreigners.
10. The LGU shall identify and put up areas for temporary collection or storage of retrieved body parts and corpses as per local health office recommendations.
11. The Local Health Office shall monitor the proper sanitation of the temporary collection and storage area at all times and shall take the responsibility to maintain the sanitary retrieval and disposal of body parts and dead bodies.
12. All retrieved body parts and corpses waiting for examination and identification in the collection points or storage areas shall be properly preserved by any appropriate and available means.
13. Refrigeration of bodies and body parts is preferable. In its absence, temporary burial will be resorted. Chemical preservatives (such as quicklime, formol and zeolite as well as commonly used disinfectants such as hypochlorite) may be applied only after the examination and identification of the bodies and body parts.
14. The NBI and/or the PNP may request the fingerprints, dental and medical records of the missing/dead in the custody of other government agencies (GSIS, SSS, or other offices) for the purpose of identifying dead bodies only.

15. The Interpol Identification System for the Ante Mortem (Dead/ Missing Persons Form) and Post Mortem (Dead Bodies Identification Form) forms maybe used in generating the data relative to MDM. These forms maybe made available (posted in the NDCC Website) and accomplished by all agencies concerned.
16. The NBI and/or PNP shall ensure scientific identification of all recovered bodies using all possible available technologies in conformity with national and international standards.
17. The LGU shall, in coordination with the NBI, PNP, DOH, DILG, and other agencies involved in managing the dead/missing shall conduct trainings and seminars regarding the proper handling of the missing/dead.
18. All concerned agencies shall undertake Forensic Research regarding Disaster Victim Identification (DVI).

C. Final Arrangement for the Dead

1. Legitimate claimants shall be responsible for the ultimate disposal of identified cadavers.
2. The respective embassies of identified dead foreigners shall be informed and the repatriation of their bodies shall be their responsibility.
3. The LGU shall be responsible for the final disposition of the unidentified bodies.
4. The unidentified bodies shall be buried in the collective or individual graves, marked with their unique case numbers.
5. Cremation of unidentified bodies will not be allowed.
6. The LGU shall consult the community and religious leaders of the disaster site regarding the final disposition of the unidentified bodies.
7. Religious and ethnic considerations shall be considered in the final disposition of bodies.
8. Exhumation of unidentified remains shall be done in the presence of local health officials.
9. Necessary decontamination or dis-infection of the dis-interment areas must be done.
10. All body parts and corpses that remained unidentified after examinations shall be buried immediately according to the prescribed procedures.
11. No embalming procedures for identified dead bodies shall be done without permission from the nearest of kin of the dead. (bereaved)
12. The local health office should take the responsibility to maintain the sanitary retrieval and disposal of body parts and dead bodies.
13. All identified body parts and corpses shall be turned over to the rightful/legitimate claimant accordingly.
14. Burial of bodies in mass graves or the use of mass cremation/burning shall be avoided in all circumstances.
15. All unidentified bodies and body parts shall be turned over to the LGU for final disposition after thorough postmortem examinations had been finished.
16. That the MDM related to infectious diseases and Biological, Chemical, Radiological, Nuclear, and Explosives Emergencies (BCRNE) shall be done in accordance with the existing DOH guidelines/procedures.

D. Management of the Missing Persons Operation

1. Provincial/City/Municipal Social Welfare Office (P/C/MSWDO) shall:
 - a. Establish the Social Welfare Inquiry Desks for data generation/information management of missing persons and their surviving families,
 - b. Manage information regarding the Identification of Retrieved Bodies/ Body Parts using the Interpol Identification System,
 - c. Validate and process documents of the missing persons for the Issuance of the Certificate of Missing Person Believed to be Dead during Disaster and
 - d. Submit to the local Chief Executive (LCE) processed and validated documents.
2. The LGU shall submit to the NBI and/or PNP an updated list of missing and dead persons.
3. The DSWD, DOH, and PNRC, shall provide technical and resource augmentation/ assistance for the medical, psychological, and physiological needs of the families of the missing persons.
4. The National Disaster Coordinating Council (NDCC) through the Office of Civil Defense (OCD) as per the recommendation of the LGU shall issue Certificates of Missing Person Believed to be Dead during Disaster.

E. Management of the Bereaved Families

1. Provincial/City/Municipal Social Welfare Office (P/C/MSWDO) is the lead agency in the over-all management of the bereaved families.
2. The Department of Social Welfare & Development (DSWD) shall provide technical and resource augmentation/ assistance to the P/C/MSWDO on the over-all management of the bereaved families.
3. The DSWD, PNRC, and NGO's shall provide technical and resource augmentation /assistance to P/C/MSWDO for the physiological needs of the bereaved in terms of:
Food Assistance; Financial Assistance; Livelihood Assistance; Clothing Assistance; Shelter Assistance; Management of the Orphans; and Food/Cash for Work.
4. The DSWD, PNRC, and NGO's shall provide technical and resource augmentation /assistance to P/C/MSWDO for the social needs of the bereaved in terms of: Family/Peer Support System; Social Welfare Inquiry Desk/ Information Center; Educational Assistance; and Legal Needs.
5. The DSWD, PNRC, and NGO's shall provide technical and resource augmentation /assistance to P/C/MSWDO for the psychological needs of the bereaved in terms of:
Training of Professionals on Critical Incidence Stress Debriefing (CISD) & Counseling; Special Needs (Psychiatric/Mental Services); CISD; and Counseling.

6. The DOH and the PNRC shall provide the technical and resource augmentation/ assistance for the medical and psychological needs of the families of the missing persons, and provision of a support system from among volunteers for the families of the missing persons; respectively.

E. Reporting Protocol

1. The Local Government Units (LGUs) concerned shall submit to the NDCC-OCD, through the DOH an initial report on the MDM containing background of the disaster, initial findings and initial actions taken.
2. LGUs shall, from time to time, submit an update or situation report to the NDCC-OCD, through the DOH.
3. Final report and documentation shall be submitted by the LGUs concerned to the NDCC-OCD, through the DOH.
4. LGUs and NDCC-OCD shall be guided by proper protocol on confidentiality of reports.
5. NDCC-OCD shall be the repository of all information/ reports, which could be shared and/ or accessed by concerned agencies.

F. Communication

1. In time of disasters, the established communication networks within the NDCC member agencies shall be used in the dissemination of information and other updates at all levels
2. The NDCC shall be designated as the clearinghouse for information dissemination.
3. The NDCC-OCD, DOH, National Telecommunication Commission (NTC), and the Movie Television Review and Classification Board (MTRCB) shall coordinate/ collaborate in drawing the guidelines in the proper coverage of MDM activities.
4. The local health office shall conduct Information Education and Communication services to the public: proper sanitation and hygiene practices; emphasize that, in general, the presence of exposed corpses; poses no threat of epidemics.

G. Information Management

1. All information obtained about the dead/missing person and from relatives shall be held confidential.
2. The right of the public to information shall be respected subject to the existing rules and regulations.
3. NDCC-OCD shall be the repository of all information/ reports, which could be shared and/ or accessed by concerned agencies.
4. There shall be a list/ database of all accredited search and rescue volunteer groups available at the NDCC.
5. LGUs and NDCC-OCD shall be guided by proper protocol on confidentiality of reports.

6. The issuance of the Certificate of Missing Person Believed To Be Dead During Disaster shall be supported by required proofs, and in certain cases, such as those with respect to informal undocumented wage earners, transients and passersby, shall be issued after the lapse of one year in accordance with the resolution on the issuance of certificate of missing person believed to be dead.

H. Logistics Management

1. All foreign donations (food and non-food) intended for disaster relief shall be free from any customs taxes and duties.
2. There shall be established norms and guidelines in receiving/ accepting and managing donations for disasters from DSWD – relief goods and cash; DOH – medicines and cash; and NDCC – cash and checks (fully receipted)
4. All concerned agencies shall formulate a logistics management system to include the preparation of a list of logistics needed on MDM for submission to NDCC/DOH.
5. All agencies shall have a stockpile good for 200 victims and that would last for at least three (3) days of operations (for replenishment by the NDCC)
6. NDCC shall invest in cold storage for the dead bodies.
7. The LGUs shall include in their Disaster Management Plan all possible logistical arrangements such as burial sites, etc.

I. Monitoring and Evaluation

1. The local health office shall monitor the entire MDM operation.
2. The local health officer shall monitor the proper sanitation of the temporary collection and storage area at all times.
3. The DOH shall initiate the conduct of Post-Incident Evaluation. (PIE)

VIII. IMPLEMENTING GUIDELINES

A. Structure

The activities related to the management of the dead and missing persons is a responsibility of the DOH, AFP/PNP, NBI, DILG, and DSWD. This refers to search and recovery, identification of the dead, final arrangement, handling the missing, and assistance to bereaved families. These functions have to be coordinated and harmonized at various sites at all levels, from the national, regional and local levels

B. Roles and Responsibilities:

1. Department of Health:

- a. Serves as the lead agency in the Management of the Dead and the Missing Persons during disaster.

- b. Leads the health sector in the formulation of policies, protocols, guidelines, and standards related to MDM
- c. Gathers, clears, and releases information regarding mortalities together with causes of mortalities in coordination with all the stakeholders in the Health Sector.
- d. Provides technical advice to / and coordinates with the National Coordinating Council as well as international agencies regarding MDM
- e. Conducts public information, health education/promotion, and other social mobilization or advocacy activities related to MDM
- f. Monitors and evaluate existing policies and initiates revision or update, or even formulation of new policies and guidelines pertaining to MDM
- g. Provides and publishes the general information in handling and transferring of remains. The information includes the characteristics and environment of a right place that will serve as temporary work camp for holding area.

2. Partner Agencies

2.1 National Disaster Coordinating Council / Office of the Civil Defense

- a. Serves as the overall oversight committee of the MDM
- b. Identify and maintain database information for all search and rescue units to include accredited civilian group volunteers.
- c. Facilitate the immediate issuance of the certificate of missing person believed to be dead during disaster.
- d. Provides financial support to the health sectoral plans of activities for MDM, as recommended by the DOH
- e. Provides funds for the development of standard MDM training modules together with the conduct of these training, as recommended by the DOH
- f. Declares the termination of Search and Recovery Operations
- g. Conducts inter-agency coordinating meetings
- h. Repository of MDM information or reports that can be shared or accessed by concerned agencies. It is in charge of releasing information pertaining to MDM
- i. Acts as the clearinghouse for information dissemination

2.2 Search and Recovery Group

Composition:

- a. Search and Recovery Group is composed of the Department of National Defense – Armed Forces of the Philippines (DND-AFP); Philippine National Police (PNP); Philippine Coast Guard (PCG), Department of Interior and Local Government (DILG); Bureau of Fire Protection – Special Rescue Unit (BFP-SRU); LGU Leagues and Philippine National Red Cross (PNRC)

- b. Search and recovery of Dead Bodies shall be done spontaneously led by the Armed Forces of the Philippines of the Department of National Defense (AFP) and groups such as the Philippine National Police (PNP), Special Rescue Unit of the Bureau of Fire Protection (BFP-SRU), Philippine National Red Cross (PNRC), Private rescue groups, Local rescue units and Civilian Group Volunteers
- c. In the event of the disaster, the initial site commander will be the Chief of Police (COP) who shall turn over the responsibility to AFP upon the arrival of the AFP task group except in NCR.
- d. Coordination of the Search and Recovery/Retrieval Groups consisting of the different agencies to include civilian group volunteers/ local rescue units shall be under the responsibility of the designated AFP Task Force except in NCR.
- e. The Site Commander shall designate appropriate tasks to all responders/volunteers before joining the search and recovery operations after proper identification of themselves.

2.3. Group for the Identification of the Dead:

- a. It is composed of the following agencies: National Bureau of Investigation (NBI); Philippine National Police Crime Laboratory (PNP-CL); supported by Forensic Experts; Academes; LGU Leagues and other support groups
- b. It is in charge of proper identification of retrieved body parts and dead bodies in the least possible time.
- c. In case of mass fatality incident caused by natural disasters, the NBI shall primarily be in charge of identification of the dead. The NBI shall coordinate with the PNP and other related experts.
- d. In case of mass fatality incident caused by human generated activities, the PNP shall primarily be in charge of identification of the dead. The PNP shall coordinate with the NBI and other related experts.
- e. The NBI and/or PNP shall proceed to the disaster site upon the request of the LGU to assess the situation and shall establish mortuary operations
- f. The medico-legal officers of the NBI and/or PNP shall issue a Certificate of Identification for all examined/ processed and identified bodies.
- g. The NBI and/or PNP shall provide the Local Health Officer, an official list of un-identified disaster victims for certification of missing person believed to be dead during disaster.
- h. It shall provide the Department of Foreign Affairs a list of identified and unidentified foreigners through the NDCC

2.4 Group for Final Arrangement

- a. The group consists of the Department of Interior and Local Government (DILG) supported by the LGU Leagues, Mortuary, Cemetery; and other Religious Organizations.

- b. The local government unit shall be responsible for the final disposition of the bodies ; in temporary burial for unidentified bodies 72 hours after death or occurrence time of disaster and in collective grave for identified bodies unclaimed after 72 hours.
- c. All unidentified bodies and body parts shall be turned over to the local government unit for final disposition after thorough postmortem examinations had been finished.
- e. Informs the respective embassies, through the NDCC, of identified dead foreigners for their responsibility in the repatriation of the bodies
- f. The LGU releases to the Legitimate claimants the identified cadavers for the ultimate disposal
- g. All unidentified bodies and body parts shall be turned over to the local government unit for final disposition after thorough postmortem examinations
- i. The local government unit shall identify and put up areas for temporary collection or storage of retrieved body parts and corpses as per local health office recommendations.
- i. Refrigeration of bodies and body parts is preferable. In its absence, temporary burial will be resorted. Chemical preservatives (such as quicklime, formol and zeolite as well as commonly used disinfectants such as hypochlorite) may be applied only after the examination and identification of the bodies and body parts.

2.5 Group for Handling the Missing

- a. The Provincial/City/Municipal Social Welfare Office (P/C/MSWDO) is the lead agency in the over-all management of the missing persons under the Department of Social Welfare and Development (DSWD) and supported by the Department of Interior and Local Government (DILG); National Bureau of Investigation (NBI); Philippine National Police Crime Laboratory (PNP-CL) ; LGU Leagues and Philippine National Red Cross (PNRC).
- b. Responsible for the establishment of the Social Welfare Inquiry Desks for data generation/information management of missing persons and their surviving families,
- c. Provision of psychosocial needs of the families of the missing persons to include processing and validation of documents for the issuance of certificate of missing person believed to be dead during disaster.
- d. Provision of a support system from among volunteers for the families of the missing persons, and;
- e. Provision of technical and resource augmentation/assistance for the medical and psychological needs of the families of missing persons

2.6 Group for Management of the Bereaved Families

- a. This group is headed by the Department of Social Welfare and Development supported by the Department of Health (DOH), Department of Interior and Local Government (DILG), LGU Leagues, Philippine National Red Cross, Social Security Groups and other NGO's;
- b. The group provides Psychologically and Socio-Culturally-Sensitive Services/ Interventions;
- c. Provides primary consideration on Respect for Cultural Factors in Death, Dying, Grieving & Funeral Practices ;
- d. Provides the physiological, health, psychological and social needs of the bereaved families.

C. Financing

1. MDM shall be an integral part of the Emergency Preparedness, Response and Recovery Plan of each concerned agency and shall be allotted a certain percentage of budget for its activities/operations;
2. Budget appropriation for the support of the MDM operations – the rescue, retrieval, recovery and identification of the dead and missing and assistance to the bereaved shall be allocated by the concerned agencies and the LGUs, and shall be replaced by the NDCC after the disaster; and
3. During disasters, the NDCC member agencies shall utilize their own funds for their initial activities. NDCC shall replenish utilized funds for MDM activities/ operations.

VIII. SEPARABILITY CLAUSE


Should any of the provisions herein be declared invalid or unconstitutional by the appropriate authority or courts of laws respectively, the same shall not affect the other provisions' validity unless otherwise so specified.

IX. REPEALING CLAUSE

The provisions from previous issuance and other related orders that are inconsistent or contrary to this Order are amended and modified accordingly.

X. EFFECTIVITY

This Order shall take effect immediately.


FRANCISCO T. DUQUE III, MD, MSc
Secretary of Health