**Healthcare Mass Fatality Plan Template Instructions**

Attached is the Healthcare Mass Fatality Plan Template based on the Healthcare Mass Fatality Management Guidelines. This template is voluntary and can be adapted as necessary for use within your organization. Below are brief instructions on how to use the template.

1. Facilities should update the plan with facility specific information. All areas where specific information is needed are highlighted in bold with these brackets **< >**. Follow the instructions contained within the brackets to complete the template.
   1. E.g. **<Insert Healthcare Organization Name Here>**
2. Key information is called out in the plan using this symbol: ⮚
3. In the Morgue Surge Capacity section, remove reference to any surge strategies that are not being pursued by the specified facility.
   1. E.g. if Healthcare Organization X will no be using refrigerator trucks to establish surge capacity, remove the section that references refrigerator truck specifications.
4. All areas highlighted in grey must be filled in appropriately with facility specific information.
5. All of the forms provided in the appendices are standardized across the region; ***please do not change the content of these forms.***
6. Update all of the Job Action Sheets contained in the appendices as necessary.

**For further clarification and questions please contact the Northwest Healthcare Response Network at** [**NWHRN@kingcounty.gov**](mailto:NWHRN@kingcounty.gov)

**Healthcare Mass Fatality Plan Template**

**<Insert Healthcare Organization Name Here> Mass Fatality Plan**

<Insert Date Here>

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### Purpose

The purpose of the **<Insert Healthcare Organization Name Here>** Mass Fatality Plan is to describe the operations and protocols necessary to respond to a large number of fatalities resulting from an internal or external incident.

### Definitions

***Pronouncing Death:*** The determination, based on physical assessment that life has ceased.

***Reporting Death:*** The process of notifying the King County Medical Examiner’s Office (KCMEO) regarding the death and providing specific information as to the circumstances surrounding the death. KCMEO must be informed of all deaths required by law to be reported

***Assuming Jurisdiction of a Death:*** The KCMEO will triage all reported deaths and determine if they will assume jurisdiction. Assuming jurisdiction means KCMEO will conduct an investigation into the cause and manner of death.

***Investigating Death:*** Investigation is done by the KCMEO to determine the circumstances surrounding the death.

***Certification of Death:*** The official determination of cause and manner of death. This is determined by the pathologist after autopsy or by a medical provider responsible for the care of an individual prior to death.

### Procedure

#### Pronouncing Death during a Disaster

**<Insert Healthcare Organization Name Here>** will follow normal institutional protocol for pronouncing death. Protocols may change in a disaster but decisions to alter them are internal to the organization.

#### Reporting Deaths to the King County Medical Examiner’s Office

* + - * + The role of the KCMEO is to investigate sudden unexpected, violent, suspicious or unnatural deaths. In any emergency or disaster, deaths that result from the incident, or occurred during an incident are potentially unnatural deaths and therefore are within the legal jurisdiction of the King County Medical Examiner's Office, and should be reported to the KCMEO as soon as is practically possible. At the time the death is reported the KCMEO will determine whether they will assume jurisdiction of the death.
* For Example: during an earthquake, if someone dies as a result of a structural collapse, the KCMEO will take jurisdiction over the death.
  + **Pandemic Influenza Deaths:** All influenza deaths should be reported to the KCMEO unless otherwise notified by Public Health via the Health and Medical Area Command.
  + Per RCW 68.50.010, **<Insert Healthcare Organization Name Here>** will report the following types of cases to the KCMEO:
* Persons who die suddenly when in apparent good health and without medical attendance within thirty-six hours preceding death.
* Circumstances that indicate death was caused *in part or entirely* by unnatural or unlawful means.
* Deaths that may have resulted from complications of therapy or where equipment, medication, or other supplies were faulty
* Suspicious circumstances
* Unknown or obscure causes.
* Deaths caused by any violence whatsoever, whether the primary cause or any contributory factor in the death.
* Contagious disease.
* Unidentified human remains
* Unclaimed human remains.
  + All deaths will be reported to the King County Medical Examiner’s Office by calling 206-731-3232 - 24 hours daily, unless otherwise directed by Health and Medical Area Command.

#### Certification of Death

* Each death has to be legally documented and a cause and manner of death identified.
  + **Deaths that the KCMEO investigates:** The KCMEO is responsible for certifying deaths resulting from any type of disaster or mass fatality incident.
  + **Deaths that the KCMEO does not investigate:** When KCMEO declines jurisdiction on a reported death, the death should be certified by the attending medical professional [this can be done by a Physician (MD or DO), Physician's Assistant, ARNP or Chiropractor within the state of Washington, before human remains are released to the funeral home]. ***These deaths must still be reported to the KCMEO.***

The funeral home is responsible for filing the death certificate with Public Health – Seattle & King County Office of Vital Statistics per county protocol.

#### Cultural Considerations

* When reporting deaths during a disaster, it is important to alert the KCMEO of any cultural factors. There is no guarantee that the KCMEO will be able to accommodate specific cultural practices, especially in a mass fatality situation. However, every effort will be made to respect cultural practices. The KCMEO may work with the facility, community, or religious leaders to best manage the death within the appropriate traditions or customs.

#### Death Investigation

Permission must be obtained from the KCMEO before remains are removed from any incident site. There are three scenarios in which a community may be required to conduct death investigation in lieu of the KCMEO.

1. A mass fatality incident has occurred in another jurisdiction and KCMEO does not have the resources to send someone to respond to non-disaster-related deaths in other jurisdictions.
2. There is a mass fatality incident within a city but the city is isolated due to the nature of the incident (e.g. infrastructure breakdown after an earthquake).
3. There is a catastrophe throughout the region.

If any of these events occur and death investigation in lieu of the KCMEO, the morgue team should apply the same standards that law enforcement would employ in any potentially criminal investigation. Steps they must take include:

1. **Photography**

Photograph the scene and the body in place, including the positioning of the body, any clothing or jewelry, any covering, relevant scene indicators (drugs, medications, etc.).

1. **Narrative (in lieu of a police report)**

Include a description of how the body was found, the position of the body, the immediate surroundings, the circumstances of death (if known), medical history, physician contact information, name/contact of Next of Kin (if known), and any suspicious circumstances.

In anticipation of law enforcement being overwhelmed, healthcare should train people in advance to follow these steps and work in their stead.

#### Tracking of Human Remains

1. **Tagging**

Healthcare organizations should use the tags provided by KCMEO. If these tags are not available print out tags or write information on a piece of paper, complete the information, laminate them (or cover them completely with clear packing tape), and, using a zip tie, affix one tag to the ankle of the decedent and one tag to the bag or wrapping around the body.

*Tag Information*

* Tentative Identification
* Location Found (specific and address)
* Date and Time of Death ***OR*** Date and Time Found
* Person Completing Tag
* Other
  1. **Forms**

In addition to any police report and narrative completed, the Decedent Information Form should be completed for each decedent. Describe the circumstance of death, including how the body was discovered, if it was in a locked or secure location, etc. Describe in detail how the body was identified. In lieu of a KCMEO investigator on the scene, KCMEO will rely upon the police report; ensure that the following information is captured in the police report: how the body was identified and was the death attended.

* 1. **Decedent Identity Known**
  + Complete the Patient Identification Form, the Decedent Identification Form, and the Decedent Identification Tag.
  + Seal and label each body, body bag, clothing and personal effects bag and medical record with the deceased’s name and date of birth.
  1. **Decedent Identity Unknown**
  + Complete the Patient Identification Form, the Decedent Identification Form, the Decedent Identification Tag, and the Unknown Patient Form.
  + Seal and label each body, body bag, clothing and personal effects bag and medical record (if at a medical facility) with a unique identifier, location of death and sequential number if multiple deaths occur at one location, (e.g. **<Insert Healthcare Organization Name Here>** #1, **<Insert Healthcare Organization Name Here>** #2, etc.). Sequential numbering will be organization wide and numbers will never be repeated during any event. If death occurs at a medical facility, include the chart number, and the address of origination.
  + DO NOT use John or Jane Doe.
  1. **Movement, Storage and Release of Human Remains:**
* Keep detailed records like that of a chain -of-evidence for each individual body and personal effects bag.
* Ensure dates, times, persons involved and locations are recorded. A simple spreadsheet may be used to list the decedent names and/or the unique identifier, delivery date and by whom, date in and date out, removal date and by whom, personal effects receipted or none, death certificate completed, or the name of the attending who will sign the death certificate. Keep these records as part of the official record for the response as there may be questions by the families of decedents about the identity, correct release of bodies and loss of personal effects in such large scale events.

#### Personal Effects

* + 1. **Deaths that the KCMEO investigates:** 
       - Whether personal effects are left on the body or removed they should be carefully documented. If personal effects are the only thing that can assist the Medical Examiner in determining the decedent’s identity they should be left on the body. Personal effects may be used as evidence in a criminal event and may be needed for law enforcement’s investigation.
       - If the decedent was a patient at a healthcare facility and their personal effects are already in the system, leave the personal effects in the secure location and ensure that they are retrievable upon request by the KCMEO.
       - Personal effects should be carefully tracked with the decedent and may require expanded storage.
    2. **Deaths the KCMEO does not investigate (e.g. most pandemic flu deaths):**
* If a central storage location is being used, use standard procedures for inventorying the personal effects of decedent to document and receipt them in such a way as to ensure decedent ownership and tracking.
* If personal effects accompany the remains in the human remains pouches, ensure that the funeral director and family are made aware of this so that effects may be safely retrieved before cremation or final disposition.

#### Morgue Capacity

Operating under normal procedures the morgue capacity of **<Insert Healthcare Organization Name Here>** is described below:

1. Total morgue capacity (number of bodies can the morgue hold)

No daily morgue at healthcare facility

1. The morgue is temperature controlled  Yes  No   Not Applicable
2. The average daily occupancy of the morgue is        Not Applicable

#### Morgue Surge Capacity

Once normal morgue capacity is reached, **<Insert Healthcare Organization Name Here>** will surge to accommodate additional fatalities by using       **<Describe location and strategy for fatality surge capacity>**

* The total number of bodies that could be stored through this surge strategy are
* fatalities will overwhelm **<Insert Healthcare Organization Name Here>** *(this number includes normal morgue capacity as well as surge capacity)*

1. **Care of Human Remains after Death**

Human remains will be placed in fully sealed impermeable human remains pouch (disaster body bag) prior to storage or removal. The decedent’s body and the pouch will be clearly tagged with the individual decedent’s identifiers such as name, date of birth, social security number, where body was found, medical record number (if at a medical facility) etc. Complete labeling reduces the number of times mortuary staff needs to open pouches to confirm the contents. Attention should be given to labeling with indelible markers and protecting labels from water damage.

1. **Temporary Morgue Strategy**

**<If the organization is using a temporary morgue strategy for the storage of humans remains use the following guidelines to set up a facility>**

* + The following guidelines are important considerations when storing human remains:
    - Security: location should be fully secured with access limited to a minimal number of staff. A log should be kept of all who access the storage site, including the date, time, and reason for access.
    - Access: Ensure that human remains can be transported into and out of the location with ease. To the extent possible, any path traveled with a body should be devoid of stairs. Elevators on the access route should be large enough to accommodate a gurney, or similar transport equipment needs to be able to move in and out of the space. If used, refrigerated trucks/trailers will require appropriate ramps for loading and unloading.
    - Temperature: 34-37 F degrees is ideal for storing human remains. If this is not achievable, space should be kept as cool as possible.
    - Placement: Human remains should be stored on gurneys, pallets or on a non-porous floor (something that can be disinfected with a bleach solution). At no time should remains be stacked on top of each other to prevent distortion of features (which could affect identification) and to allow easier moving and lifting of remains. Thought should be given at all times to respect the decedent.
    - Privacy: Human remains should be stored away from public view.
    - Ventilation: As human remains decompose they will begin to smell. Your storage location should not be connected into a main ventilation system.
    - Pest Control: Human remains should be placed on palates to prevent rodent/pest problems. Other pest control measure should be taken as necessary (e.g. traps)
    - Location: Places to consider for storing human remains
    - A secured portion of a parking garage
    - A conference room with air conditioning and non-porous floors
    - Other secure, cool spaces
      * Body Bags: Consider using body bags with the following specifications
* Handles – for easy lifting
* Zipper on the top of the bag – to prevent leaking
* Durable – for long term storage

1. **Refrigerated Trucks/Trailers Strategy**

**<If the organization is using a refrigerated truck/trailer strategy for the storage of human remains use the following guidelines for planning. During a disaster the supply of refrigerated trucks or trailers will be severely limited and KCMEO will not be able to provide one. Please consider other forms of storage.>**

Specifications for refrigerated trucks or trailers:

* + - * A normal 40’ trailer will hold 22 pouched remains. If shelving is installed at 3-3 ½ feet off the floor the number can be doubled.
      * The interior (including the floor) needs to be metal (not wood).
      * Electricity and/or diesel fuel will be required to run the refrigerated unit.
    - Electric requirements: 230 volts, 3-phase, 50 amp circuit
    - Fuel: average of 50 gallons per 7 days
* Refrigerated units will require sufficient space for parking, transport and access and exchange of units.
  + - Location: accommodate 40ft long by 8 ft. wide; may require tailgate lift, use of forklift or loading dock location
* Truck drivers will be required for movement and transport of the unit.
* Refrigerated units will require maintenance to maintain ongoing operations.

1. **Care of Bodies In Place Strategy**

**<If the organization is using a care in place strategy for the care of remains use the following guidelines for planning.>**

Individuals caring for remains at the incident locations should be aware that bodies will emit fluids after death. Human remains should be kept as cool as possible (ideally between 34-37 F degrees) to help slow postmortem changes. Remains can be placed on plastic (sheeting, garbage bags, tarps) and covered with a cotton sheet or towel. Bodies should be kept in a secured and isolated location, as they will begin to smell after death. Human remains are not dangerous but precautions should be taken with respect to blood borne pathogens in bodily fluid.

Personal effects can remain on the body or can be removed. If removed, all personal effects should be carefully documented and stored. If removing personal effects and the decedent has any form of identification, this should be removed from his or her belongings and placed in a sealable sandwich bag for protection. The bag should be pinned or stapled to the clothing so that it is secured to the body.

After the body has been recovered and removed from site, the area where the body has been stored should be disinfected. This can be done by washing the area with a 10% bleach solution (1 part bleach to 9 parts water).

1. **<Insert other remains storage strategies as necessary>**

1. **Tips if no Body Bags Available**

Suggested body bag specification:

* Handles – for easy lifting
* Zipper on the top of the bag – to prevent leaking
* Durable – for long term storage

If body bags are not available consider using some of the following materials to store remains:

* Plastic sheets
* Plastic bags
* Plastic Tarps
* Sheets/blankets

#### Health Risks Associated with Human Remains

* + As a rule, human remains do not pose a public health risk to the general population or the environment. Any viruses and bacteria that may be present in human remains do not pose a risk to someone walking nearby, nor do they cause significant environmental contamination.

Per the Centers for Disease Control and Prevention (CDC) there is no direct risk of contagion or infectious disease from being near human remains for people who are not directly involved in recovery or other efforts that require handling dead bodies. This includes human remains from pandemic influenza. There are general precautions that should be taken by individuals who may directly handle human remains with regards to minimizing risk associated with blood borne pathogens or bodily fluids that could be infectious.

1. **Personal Protective Measures**

For people who must directly handle human remains there can be a risk of exposure to some viruses or bacteria (i.e. blood borne pathogens). Workers who handle human remains should follow general precautions as outlined by the Occupational Safety and Health Administration (OSHA). These include as personal protective equipment such as hand protection, foot protection and eye and face protection.

Workers who handle pandemic related human remains should utilize the current recommendations of the World Health Organization (WHO) for personal protective equipment when exposed to infectious agents. These include:

* Disposable, long-sleeved, cuffed gown (waterproof if possibly exposed to body fluids)
* Single-layer non-sterile ambidextrous gloves which cover the cuffs of the long sleeve gown.
* Surgical mask (a particulate respiratory mask if handling the body immediately after death)
* Waterproof shoe covers if required.
* Proper hand washing after handling human remains
* Avoid touching face and mouth with hands
  + Changes or updates to the guidelines concerning personal protective equipment in handing human remains will be communicated by Public Health – Seattle & King County.

#### Response Staffing Structure

**<Insert Healthcare Organization Name Here>** will coordinate fatality management operations using HICS. The following job functions will be completed by designated staff and incorporated into the existing HICS structure. See Appendix G for example Job Action Sheets for Morgue Operations Staff.

Mission: Ensures that all human remains are handled, transported, and stored in an appropriate, dignified manner, consistent with policies and procedures. The Morgue Manager ensures that human remains and associated paperwork and identification are linked via chain of custody.

Morgue Leader/Manager Functions

Ensure staff are consistently using recommended personal protective equipment and following all other safety and infection control guidelines

* Establish system to receive deceased patient medical records and any associated forms (e.g. death certificate), which accompany the deceased from various treatment areas
* Follow protocol and procedures for receipt, registration, placement into disaster body bag, tagging of the body and/or body bag and storage of all human remains in a dignified manner.
* Maintain a roster/manifest of the deceased that are placed in storage
* Ensure that necessary identification and documentation is linked to associated remains until collection by authorized mortuary personnel or the KCMEO
* Direct how and where bodies are placed within morgue/temporary storage to maximize space utilization
* Identify and indicate which bodies are MFI incident cases vs. day to day cases for appropriate pick up by KCMEO/Funeral Home.
* Provide KCMEO with as much information as possible regarding decedent, Next of Kin, identification, and determination of cause and manner of death (may be designated to report deaths to KCMEO)
* Notify appropriate supervisor of the number of bodies requiring collection

Personal Effect Functions

* Maintain roster/manifest of personal effects including description, associated decedent identification information, location and when and to whom the items are handled and are released
* Manage storage of personal effects for extended period of time
* Coordinate with KCMEO/Health and Medical Area Command regarding personal effects if no Next of Kin are available
* Ensure two people are documenting all property (e.g., one person counts money, then the other counts it as well to confirm).

Morgue Security Functions

* Ensure security of morgue/temporary storage by providing general surveillance of the storage location and surrounding area
* Monitor access into and out of morgue/temporary storage to authorized personnel only
* Maintain roster of those who enter/exit morgue/temporary storage area

Storage Facility Maintenance Functions

* Work with Morgue Manager to identify/establish human remains storage location
* Monitors condition of storage location to check for temperature control, maintenance and sanitation issues
* Manages logistical requirements (e.g. access to fuel, appropriate power supply, coordinate w/drivers if refrigeration trailer used) for maintaining storage operations

Family Liaison Functions

* Notifies Next of Kin regarding death
* Handles communication with family regarding death and personal effects as needed

**<Below is an example staffing structure for an organization that does not already have a structure to address these job functions >**



### Communications

#### Communications with Families

* + 1. **Notifications to Families**

Follow normal protocol for notifying the family for patients whose identity is establishing and who died in the care of the healthcare organization. In order to prevent families from receiving potentially conflicting information all inquiries about missing or deceased person will be referred to the FAC. Positive forensic identification procedures may be required to properly identify the deceased. It is the responsibility of the KCMEO to establish positive scientific identification.

Following a mass casualty or mass fatality incident a Family Assistance Center will be established to take inquires into the status of victims thought to be injured or deceased. The Family Assistance Center will coordinate with the KCMEO and family to make notifications.

During an incident, the Public Health - Health and Medical Area Command will provide information about the status of Family Assistance Centers or phone numbers families should call for more information.

* + 1. **Communication to Families about Medical Examiner Cases**

If families are requesting information about Medical Examiner cases, please refer them to the KCMEO. The KCMEO may or may not require additional examination into the cause and manner of death. Each death will require a determination by the KCMEO as to the appropriate steps to take.

* + PLEASE DO NOT make any assumptions about the procedures the KCMEO may or may not take.

#### Communications with the Media

Individuals who work in healthcare are likely to be approached by the media for information on the number of decedents. In order to limit confusion, that information should only be shared with the media by **PHSKC**. If you are approached by a member of the media, you should always direct that person to PHSKC.

If you find that officials in your jurisdiction are sharing numbers with the media, please ensure that those deaths have also been reported to KCMEO. Deaths must be reported to KCMEO to be included in the official numbers; without this there could be widely divergent reports in the media, including double-counting of decedents.

#### Communications with Outside Partners

* + - 1. **Health and Medical Area Command**

If **<Insert Healthcare Organization Name Here>** is experiencing a large influx of fatalities and/or needs assistance with medical resources concerning mass fatality operations, **<Insert Healthcare Organization Name Here>** will contact Health and Medical Area Command at 206-296-4606, 24 hours a day/7 days a week for support.

* + - 1. **Mutual Aid Partners**

If the situation warrants **<Insert Healthcare Organization Name Here>** may contact mutual aid partners to assist in responding to an influx of fatalities.

* + - 1. **Other Partners**

**<Insert communications procedures as necessary>**

### Mutual Aid Agreements

**<Insert and describe any mutual aid agreements with partner organizations concerning mass fatality response>**

### Appendices

#### Appendix A: Emergency Contact Information

|  |  |
| --- | --- |
| **Agency** | **Primary Phone Number** |
| Public Health – Health and Medical Area Command | 206-296-4606 |
| City EOC | **<Insert City EOC Number>** |
| King County EOC | 206-296-3830 |
| King County Medical Examiner’s Office | 206-731-3232 |
| Washington State Emergency Management Division (EMD) and Emergency Operations Center (EOC) | 1-800-562-6108 or 253-512-7000 for 24/7 emergency phone numbers |
| Washington State Department of Health | 800-525-0127 or 360-971-0601 (24/7 DoH Duty Officer) |

#### Appendix B: Death Occurring in a Healthcare Facility Flowchart



#### KCME FINAL PATCHAppendix C: Patient Identification Form

Place Patient Identification Sticker Here

**Patient Identification Form**

**Name** (person completing form):

**Phone Number(s)**

**Patient’s identification status**

🞏 Identified 🞏 Tentatively Identified 🞏 Unidentified

**Please indicate the method by which the patient’s identification was verified. Please mark all that apply:**

* Self identification to EMS or healthcare staff
* Personal effects (including driver’s license)
* Identified by friend/family accompanying patient
* Family visually identified
* Fingerprints run by Law Enforcement
* EMS provided name on arrival
* Patient recognized by healthcare staff
* Law Enforcement provided name
* Other, please describe:

Other Comments:

#### Appendix D: Decedent Information Form



**Decedent Information Form**

Date Time

Name (Person Filling out Form)

Phone Number Alternate Phone Number

**Biographical Information**

Name of Decedent

Sex 🞏 Female 🞏 Male Age Date of Birth

Time of Death Place of Death

Circumstance of Death

**Next of Kin**

Name

Address

City State Zip

Phone Number Alternate Phone Number

Email Address

Relationship of Next of Kin to the decedent

Have they been notified? 🞏 Yes 🞏 No

Are Personal Effects with the body? 🞏 Yes 🞏 No, if no where stored

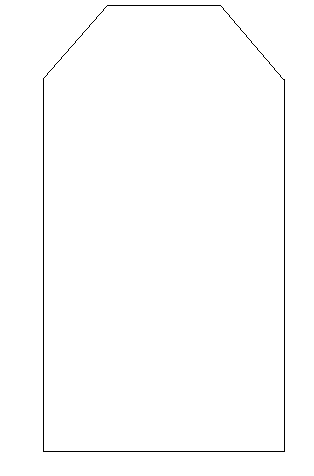
Is Identification with the body? 🞏 Yes 🞏 No, if no where stored

Other Information

Print Name Date

Signature

#### Appendix E: Decedent Identification Tag



**Decedent Identification Tag**

**Tentative Identification:**

**Location Found**

**Specific:**

**Address:**

***Circle One***

Time of Death Time Found

**Date:**

**Time:**

**Other:**

**Person Completing:**

BlackInk

Specifications

* Water proof (or water resistant) material, with ink that will not smear or rub off
* Large reinforced hole to accommodate the thickness of a zip tie

Instructions

* Attach 1 tag to the ankle of the decedent with a zip tie or other fastener
* Attach 1 tag to the outside of the body bag or wrappings
* If printing on regular paper, fill out information, cover completely with clear packing tape or seal in a sandwich bag

#### Appendix F: Death Investigation Worksheet

**Death Investigation Worksheet**

**Permission must be obtained from the KCMEO before remains are removed from any incident site.** In lieu of the KCMEO, the morgue team should apply the same standards that law enforcement would employ in any potentially criminal investigation. Steps they must take include:

Date Time

Name (Person Filling out Form)

Phone Number Alternate Phone Number

**Photography**

Photographs should be taken of the body and its surrounding to appropriately document the scene for the Medical Examiner. All photographs should be attached to this report. Photographs should include pictures of the

* Scene
* The body in place
  + Positioning of the body
  + Clothing or jewelry
  + Any covering
* Relevant scene indicators (drugs, medications, etc.)

**Narrative (in lieu of a police report)**

Description of how the body was found

Description of the position of the body

Description of the immediate surroundings

Description of the circumstances of death (if known)

Description of medical history (if known)

Description of any suspicious circumstances

**Physician Contact Information**

Name

Address

City State Zip

Phone Number

Email

**Next of Kin Contact Information (if known)**

Name

Address

City State Zip

Phone Number

Email

#### Appendix G: Personal Effects Tracking Form and Instructions

**Instruction for using Personal Effects Tracking Form**

General Instructions

* Clearly mark the case number of the decedent on the top of each page in the space provided.
* Upon completion, fill in the page numbers and total pages on the top of each form and staple (or clip) all pages together.
* Print and print legibly so all information is clear.
* Fill in address and contact number where effects are being kept.

Cataloguing Effects

* Write out the details of each personal effect found with the remains. Use as many additional sheets as necessary, assigning sequential numbers.
* Be specific but do not make assumptions. Instead of saying the item is “a gold engagement ring with a diamond,” say it is a “gold colored metal ring with a single diamond-like stone surrounded by five blue-colored stones.”
* Do not list “$100 US currency,” list the amount, such as “Three 20 dollar bills and four ten dollar bills US currency.”
* Sign for all property, and have witness sign as well.

Releasing Effects

* List the exact details of each effect being released. It should match the description of an effect catalogued as found with the remains.
* Check the appropriate box or fill in ‘other’ reason
* Fill out name, organization (if applicable), address and phone numbers for person receiving released effects.
* Repeat for each person taking possession of effects
* **ALL** people receiving the effects should receive a copy of the form.

Returning Released Effects

* If law enforcement or the medical examiner is returned the effects to the organization responsible for the decedent, complete the form and add it to the file, adjusting all “page \_\_\_\_ of \_\_\_\_\_” and initialing the change
* **ALL** people receiving the effects should receive a copy of the form.

Routing and Filing

* All forms must be filed and retained according to the jurisdictions procedures for tracking evidence.

****

**Personal Effects Tracking Form**

PLEASE PRINT

Name of Decedent Date of Birth

Date Time Location

**List Personal Effects found with remains (be very specific). Use additional paper if needed and attach.**



***Name of Person Completing Form*** (print)

***Signature*** Date

***Witness*** (print)

***Signature*** Date

**If Personal Effects are released to a family member complete the portion below**

List all personal effects being released (be very specific), or indicate all listed above. Use additional paper if needed and attach.



Name of person receiving personal effects

Relationship to decedent

Address

City State Zip Code

Phone Number Alternate Phone Number

***Signature*** (of person receiving property) Date

***Witness*** ***Signature*** Date

#### Appendix H: Mutual Aid Agreements for Fatality Management

**<Insert all Mutual Aid Agreements concerning fatality management**

#### Appendix I: Job Action Sheets

**<Update the highlighted portions of the example Job Action Sheets below with relevant reporting information>**

MORGUE TEAM LEADER

**Mission:** Ensures that all human remains are handled, transported, and stored in an appropriate, dignified manner, consistent with policies and procedures. The Morgue Manager ensures that human remains and associated paperwork and identification are linked via chain of custody.

|  |
| --- |
| Date: Start: End: Position Assigned to: Initial:  **Position Reports to:** **<Insert Job Position Here>** Signature:  Hospital Command Center (HCC) Location: Telephone:  Fax: Other Contact Info: Radio Title: |

| **Immediate (Operational Period 0-2 Hours)** | **Time** | **Initial** |
| --- | --- | --- |
| Receive appointment and briefing from the **<Casualty Care Unit Leader>.** Obtain packet containing Operations Section Job Action Sheets. |  |  |
| Read this entire Job Action Sheet and review incident management team chart (HICS Form 207). Put on position identification. |  |  |
| Notify your usual supervisor of your HICS assignment. |  |  |
| Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis. |  |  |
| Identify morgue area and implement morgue procedures |  |  |
| Establish system to receive deceased patient medical records and any associated forms (e.g. death certificate), which accompany the deceased from various treatment areas |  |  |
| Determine need to appoint **<Personal Effects Manager, Morgue Security Manager, Storage Facility Manager and a Family Liaison>;** distribute corresponding Job Action Sheets and position identification. Complete the Branch Assignment List (HICS Form 204). |  |  |
| Brief Casualty Care Unit Leader on current situation and incident objectives; develop response strategy and tactics; outline Team action plan and designate time for next briefing. |  |  |
| Participate in Incident Action Plan preparation, briefings, and meetings as needed; assist in identifying strategies; determine tactics, work assignments, and resource requirements. |  |  |
| Obtain information and updates regularly from **<Casualty Care Unit Leaders>;** maintain current status of all areas; inform Situation Unit Leader of status information. |  |  |
| Ensure staff are consistently using recommended personal protective equipment and following all other safety and infection control guidelines |  |  |
| Document all communications (internal and external) on an Incident Message Form (HICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit. |  |  |

| **Intermediate (Operational Period 2-12 Hours)** | **Time** | **Initial** |
| --- | --- | --- |
| Designate time(s) for briefings and updates with the **<Casualty Care Unit Leader>** |  |  |
| Follow protocol and procedures for receipt, registration, placement into disaster body bag, tagging of the body and/or body bag and storage of all human remains in a dignified manner. |  |  |
| Maintain a roster/manifest of the deceased that are placed in storage |  |  |
| Ensure that necessary identification and documentation is linked to associated remains until collection by authorized mortuary personnel or the KCMEO |  |  |
| Direct how and where bodies are placed within morgue/temporary storage to maximize space utilization |  |  |
| Identify and indicate which bodies are MFI incident cases vs. day to day cases for appropriate pick up by KCMEO/Funeral Home. |  |  |
| Provide KCMEO with as much information as possible regarding decedent, Next of Kin, identification, and determination of cause and manner of death (may be designated to report deaths to KCMEO) |  |  |
| Notify appropriate supervisor of the number of bodies requiring collection |  |  |
| Ensure the following are being addressed:   * Personal Effects Tracking * Morgue Security * Remains Tracking and Storage * Communications with Families |  |  |
| Ensure that the Morgue Team is adequately staffed and supplied. |  |  |
| Ensure remains and personal effects tracking documentation is being prepared correctly |  |  |
| Continue to ensure staff are consistently using recommended personal protective equipment and following all other safety and infection control guidelines |  |  |
| Advise **<Casualty Care Unit Leader>** immediately of any operational issues you are not able to correct or resolve |  |  |

| **Extended (Operational Period Beyond 12 Hours)** | **Time** | **Initial** |
| --- | --- | --- |
| Continue to monitor Morgue Team personnel’s ability to meet workload demands, staff health and safety, resource needs and documentation practices. |  |  |
| Address issues related to ongoing fatality management |  |  |
| Continue to ensure that necessary identification and documentation is linked to associated remains until collection by authorized mortuary personnel or the KCMEO |  |  |
| Continue to provide KCMEO with as much information as possible regarding decedent, Next of Kin, identification, and determination of cause and manner of death (may be designated to report deaths to KCMEO) |  |  |
| Address and issues involving:   * Personal Effects Tracking * Morgue Security * Remains Tracking and Storage * Communications with Families |  |  |
| Report mental health needs of families to the Mental Health Unit Leader |  |  |
| Report mental health needs of staff to the Employee Health & Well-Being Unit |  |  |

| **Demobilization/System Recovery** | **Time** | **Initial** |
| --- | --- | --- |
| As needs for Morgue Team staff decrease, return staff to their usual jobs and combine or deactivate positions in a phased manner, in coordination with the Demobilization Unit Leader. |  |  |
| Assist **<Casualty Care Unit Leader>** with restoring the morgue to normal operations |  |  |
| Upon deactivation of your position, brief the **<Casualty Care Unit Leader>** on current problems, outstanding issues, and follow-up requirements. |  |  |
| Upon deactivation of your position, ensure all documentation and Operational Logs (HICS Form 214) are submitted to the Documentation Unit. |  |  |
| Submit comments to the Incident Commander for discussion and possible inclusion in an after-action report; topics include:   * Review of pertinent position descriptions and operational checklists * Recommendations for procedure changes * Section accomplishments and issues |  |  |
| Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required. |  |  |

| **Documents/Tools** |
| --- |
| * Incident Action Plan * HICS Form 204 – Branch Assignment Sheet * HICS Form 207 – Incident Management Team Chart * HICS Form 213 – Incident Message Form * HICS Form 214 – Operational Log * HICS Form 257 – Resource Accounting Record * Hospital emergency operations plan * Hospital organization chart * Hospital telephone directory * Radio/satellite phone |

PERSONAL EFFECTS MANAGER

**Mission:** Ensures that all personal effects are properly labeled, catalogues and stored consistent with policies and procedures.

|  |
| --- |
| Date: Start: End: Position Assigned to: Initial:  **Position Reports to:** **<Insert Job Position Here>** Signature:  Hospital Command Center (HCC) Location: Telephone:  Fax: Other Contact Info: Radio Title: |

| **Immediate (Operational Period 0-2 Hours)** | **Time** | **Initial** |
| --- | --- | --- |
| Receive appointment and briefing from the **<Morgue Team Leader>.** Obtain packet containing Operations Section Job Action Sheets. |  |  |
| Read this entire Job Action Sheet and review incident management team chart (HICS Form 207). Put on position identification. |  |  |
| Notify your usual supervisor of your HICS assignment. |  |  |
| Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis. |  |  |
| Identify personal effects storage areas |  |  |
| Brief **<Morgue Team Leader>** on current situation and incident objectives; develop response strategy and tactics |  |  |
| Determine tactics, work assignments, and resource requirements. |  |  |
| Obtain information and updates regularly from **<Morgue Team Leader>;** maintain current status of all areas |  |  |
| Document all communications (internal and external) on an Incident Message Form (HICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit. |  |  |

| **Intermediate (Operational Period 2-12 Hours)** | **Time** | **Initial** |
| --- | --- | --- |
| Follow protocol and procedures for receipt, registration, tracking and storage of personal effects |  |  |
| Maintain roster/manifest of personal effects including description, associated decedent identification information, location and when and to whom the items are handled and are released. Ensure two people are documenting all property (e.g., one person counts money, then the other counts it as well to confirm) |  |  |
| Manage storage of personal effects for extended period of time |  |  |
| Coordinate with KCMEO/Health and Medical Area Command regarding personal effects if no Next of Kin are available |  |  |
| Ensure that the Personal Effects Team is adequately staffed and supplied. |  |  |
| Advise **<Morgue Team Leader>** immediately of any operational issues you are not able to correct or resolve |  |  |

| **Extended (Operational Period Beyond 12 Hours)** | **Time** | **Initial** |
| --- | --- | --- |
| Continue to monitor Personal Effects personnel’s ability to meet workload demands, staff health and safety, resource needs and documentation practices. |  |  |
| Continue to maintain roster/manifest of personal effects including description, associated decedent identification information, location and when and to whom the items are handled and are released |  |  |
| Continue to manage storage of personal effects for extended period of time |  |  |
| Continue to ensure that the Personal Effects Team is adequately staffed and supplied. |  |  |
| Report mental health needs of staff to the Employee Health & Well-Being Unit |  |  |

| **Demobilization/System Recovery** | **Time** | **Initial** |
| --- | --- | --- |
| As needs for Personal Effects staff decrease, return staff to their usual jobs and combine or deactivate positions in a phased manner, in coordination with the Demobilization Unit Leader. |  |  |
| Assist **<Morgue Unit Leader>** with restoring personal effects tracking to normal operations |  |  |
| Upon deactivation of your position, brief the **<Morgue Unit Leader>** on current problems, outstanding issues, and follow-up requirements. |  |  |
| Upon deactivation of your position, ensure all documentation and Operational Logs (HICS Form 214) are submitted to the Documentation Unit. |  |  |
| Submit comments to the Incident Commander for discussion and possible inclusion in an after-action report; topics include:   * Review of pertinent position descriptions and operational checklists * Recommendations for procedure changes * Section accomplishments and issues |  |  |
| Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required. |  |  |

| **Documents/Tools** |
| --- |
| * Incident Action Plan * HICS Form 204 – Branch Assignment Sheet * HICS Form 207 – Incident Management Team Chart * HICS Form 213 – Incident Message Form * HICS Form 214 – Operational Log * HICS Form 257 – Resource Accounting Record * Hospital emergency operations plan * Hospital organization chart * Hospital telephone directory * Radio/satellite phone |

MORGUE SECURITY MANAGER

**Mission:** Ensures the security of morgue/temporary storage by providing surveillance of the facility and the surrounding area.

|  |
| --- |
| Date: Start: End: Position Assigned to: Initial:  **Position Reports to:** **<Insert Job Position Here>** Signature:  Hospital Command Center (HCC) Location: Telephone:  Fax: Other Contact Info: Radio Title: |

| **Immediate (Operational Period 0-2 Hours)** | **Time** | **Initial** |
| --- | --- | --- |
| Receive appointment and briefing from the **<Morgue Team Leader>.** Obtain packet containing Operations Section Job Action Sheets. |  |  |
| Read this entire Job Action Sheet and review incident management team chart (HICS Form 207). Put on position identification. |  |  |
| Notify your usual supervisor of your HICS assignment. |  |  |
| Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis. |  |  |
| Establish Morgue Security plan |  |  |
| Brief **<Morgue Team Leader>** on current situation and incident objectives; develop response strategy and tactics |  |  |
| Determine tactics, work assignments, and resource requirements. |  |  |
| Obtain information and updates regularly from **<Morgue Team Leader>;** maintain current status of all areas |  |  |
| Document all communications (internal and external) on an Incident Message Form (HICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit. |  |  |

| **Intermediate (Operational Period 2-12 Hours)** | **Time** | **Initial** |
| --- | --- | --- |
| Follow protocol and procedures for securing the Morgue Facility and surrounding area |  |  |
| Ensure security of morgue/temporary storage by providing general surveillance of the storage location and surrounding area |  |  |
| Monitor access into and out of morgue/temporary storage to authorized personnel only |  |  |
| Maintain roster of those who enter/exit morgue/temporary storage area |  |  |
| Ensure that the Security Team is adequately staffed and supplied. |  |  |
| Advise **<Morgue Team Leader>** immediately of any operational issues you are not able to correct or resolve |  |  |

| **Extended (Operational Period Beyond 12 Hours)** | **Time** | **Initial** |
| --- | --- | --- |
| Continue to ensure security of morgue/temporary storage by providing general surveillance of the storage location and surrounding area |  |  |
| Continue to monitor access into and out of morgue/temporary storage to authorized personnel only |  |  |
| Continue maintain roster of those who enter/exit morgue/temporary storage area |  |  |
| Report mental health needs of staff to the Employee Health & Well-Being Unit |  |  |

| **Demobilization/System Recovery** | **Time** | **Initial** |
| --- | --- | --- |
| As needs for Security staff decrease, return staff to their usual jobs and combine or deactivate positions in a phased manner, in coordination with the Demobilization Unit Leader. |  |  |
| Assist **<Morgue Unit Leader>** with restoring security to normal operations |  |  |
| Upon deactivation of your position, brief the **<Morgue Unit Leader>** on current problems, outstanding issues, and follow-up requirements. |  |  |
| Upon deactivation of your position, ensure all documentation and Operational Logs (HICS Form 214) are submitted to the Documentation Unit. |  |  |
| Submit comments to the Incident Commander for discussion and possible inclusion in an after-action report; topics include:   * Review of pertinent position descriptions and operational checklists * Recommendations for procedure changes * Section accomplishments and issues |  |  |
| Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required. |  |  |

| **Documents/Tools** |
| --- |
| * Incident Action Plan * HICS Form 204 – Branch Assignment Sheet * HICS Form 207 – Incident Management Team Chart * HICS Form 213 – Incident Message Form * HICS Form 214 – Operational Log * HICS Form 257 – Resource Accounting Record * Hospital emergency operations plan * Hospital organization chart * Hospital telephone directory * Radio/satellite phone |

STORAGE FACILITY MAINTENANCE MANAGER

**Mission:** Ensures that all human remains are handled, transported, and stored in an appropriate, dignified manner, consistent with policies and procedures.

|  |
| --- |
| Date: Start: End: Position Assigned to: Initial:  **Position Reports to:** **<Insert Job Position Here>** Signature:  Hospital Command Center (HCC) Location: Telephone:  Fax: Other Contact Info: Radio Title: |

| **Immediate (Operational Period 0-2 Hours)** | **Time** | **Initial** |
| --- | --- | --- |
| Receive appointment and briefing from the **<Morgue Team Leader>.** Obtain packet containing Operations Section Job Action Sheets. |  |  |
| Read this entire Job Action Sheet and review incident management team chart (HICS Form 207). Put on position identification. |  |  |
| Notify your usual supervisor of your HICS assignment. |  |  |
| Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis. |  |  |
| Work with Morgue Manager to identify/establish human remains storage location |  |  |
| Brief **<Morgue Team Leader>** on current situation and incident objectives; develop response strategy and tactics |  |  |
| Determine tactics, work assignments, and resource requirements. |  |  |
| Obtain information and updates regularly from **<Morgue Team Leader>;** maintain current status of all areas |  |  |
| Document all communications (internal and external) on an Incident Message Form (HICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit. |  |  |

| **Intermediate (Operational Period 2-12 Hours)** | **Time** | **Initial** |
| --- | --- | --- |
| Follow protocol and procedures for receipt, registration, tracking and storage of human remains |  |  |
| Monitors condition of storage location to check for temperature control, maintenance and sanitation issues |  |  |
| Manages logistical requirements (e.g. access to fuel, appropriate power supply, coordinate w/drivers if refrigeration trailer used) for maintaining storage operations |  |  |
| Ensure that the Storage Facility is adequately staffed and supplied. |  |  |
| Advise **<Morgue Team Leader>** immediately of any operational issues you are not able to correct or resolve |  |  |

| **Extended (Operational Period Beyond 12 Hours)** | **Time** | **Initial** |
| --- | --- | --- |
| Continue to monitors condition of storage location to check for temperature control, maintenance and sanitation issues |  |  |
| Continue to manages logistical requirements (e.g. access to fuel, appropriate power supply, coordinate w/drivers if refrigeration trailer used) for maintaining storage operations |  |  |
| Continue to manage storage of human remains for extended period of time |  |  |
| Continue to ensure that the Storage Facility is adequately staffed and supplied. |  |  |
| Report mental health needs of staff to the Employee Health & Well-Being Unit |  |  |

| **Demobilization/System Recovery** | **Time** | **Initial** |
| --- | --- | --- |
| As needs for Storage staff decrease, return staff to their usual jobs and combine or deactivate positions in a phased manner, in coordination with the Demobilization Unit Leader. |  |  |
| Assist **<Morgue Unit Leader>** with restoring personal effects tracking to normal operations |  |  |
| Upon deactivation of your position, brief the **<Morgue Unit Leader>** on current problems, outstanding issues, and follow-up requirements. |  |  |
| Upon deactivation of your position, ensure all documentation and Operational Logs (HICS Form 214) are submitted to the Documentation Unit. |  |  |
| Submit comments to the Incident Commander for discussion and possible inclusion in an after-action report; topics include:   * Review of pertinent position descriptions and operational checklists * Recommendations for procedure changes * Section accomplishments and issues |  |  |
| Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required. |  |  |

| **Documents/Tools** |
| --- |
| * Incident Action Plan * HICS Form 204 – Branch Assignment Sheet * HICS Form 207 – Incident Management Team Chart * HICS Form 213 – Incident Message Form * HICS Form 214 – Operational Log * HICS Form 257 – Resource Accounting Record * Hospital emergency operations plan * Hospital organization chart * Hospital telephone directory * Radio/satellite phone |

FAMILY LIAISON

**Mission:** Handle all communications with families regarding death and personal effects. Notify next of kin regarding death.

|  |
| --- |
| Date: Start: End: Position Assigned to: Initial:  **Position Reports to:** **<Insert Job Position Here>** Signature:  Hospital Command Center (HCC) Location: Telephone:  Fax: Other Contact Info: Radio Title: |

| **Immediate (Operational Period 0-2 Hours)** | **Time** | **Initial** |
| --- | --- | --- |
| Receive appointment and briefing from the **<Morgue Team Leader>.** Obtain packet containing Operations Section Job Action Sheets. |  |  |
| Read this entire Job Action Sheet and review incident management team chart (HICS Form 207). Put on position identification. |  |  |
| Notify your usual supervisor of your HICS assignment. |  |  |
| Document all key activities, actions, and decisions in an Operational Log (HICS Form 214) on a continual basis. |  |  |
| Work with Morgue Manager to identify/establish family communication protocols |  |  |
| Brief **<Morgue Team Leader>** on current situation and incident objectives; develop response strategy and tactics |  |  |
| Determine tactics, work assignments, and resource requirements. |  |  |
| Obtain information and updates regularly from **<Morgue Team Leader>;** maintain current status of all areas |  |  |
| Document all communications (internal and external) on an Incident Message Form (HICS Form 213). Provide a copy of the Incident Message Form to the Documentation Unit. |  |  |

| **Intermediate (Operational Period 2-12 Hours)** | **Time** | **Initial** |
| --- | --- | --- |
| Notify Next of Kin regarding death |  |  |
| Handle communication with family regarding death and personal effects as needed |  |  |
| Ensure that the Family Liaison Team is adequately staffed and supplied. |  |  |
| Advise **<Morgue Team Leader>** immediately of any operational issues you are not able to correct or resolve |  |  |

| **Extended (Operational Period Beyond 12 Hours)** | **Time** | **Initial** |
| --- | --- | --- |
| Continue to notify Next of Kin regarding death |  |  |
| Continue to handle communication with family regarding death and personal effects as needed |  |  |
| Continue to ensure that the Family Liaison Team is adequately staffed and supplied. |  |  |
| Report mental health needs of staff to the Employee Health & Well-Being Unit |  |  |

| **Demobilization/System Recovery** | **Time** | **Initial** |
| --- | --- | --- |
| As needs for Family Liaisons decrease, return staff to their usual jobs and combine or deactivate positions in a phased manner, in coordination with the Demobilization Unit Leader. |  |  |
| Assist **<Morgue Unit Leader>** with restoring personal effects tracking to normal operations |  |  |
| Upon deactivation of your position, brief the **<Morgue Unit Leader>** on current problems, outstanding issues, and follow-up requirements. |  |  |
| Upon deactivation of your position, ensure all documentation and Operational Logs (HICS Form 214) are submitted to the Documentation Unit. |  |  |
| Submit comments to the Incident Commander for discussion and possible inclusion in an after-action report; topics include:   * Review of pertinent position descriptions and operational checklists * Recommendations for procedure changes * Section accomplishments and issues |  |  |
| Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required. |  |  |

| **Documents/Tools** |
| --- |
| * Incident Action Plan * HICS Form 204 – Branch Assignment Sheet * HICS Form 207 – Incident Management Team Chart * HICS Form 213 – Incident Message Form * HICS Form 214 – Operational Log * HICS Form 257 – Resource Accounting Record * Hospital emergency operations plan * Hospital organization chart * Hospital telephone directory * Radio/satellite phone |

#### Appendix J: How Identification is Made

**How Identification is Made**

Resource for Families

The King County Medical Examiner may use many methods to identify victims. In the best of circumstances this may take time; in the case of a larger event it is possible that it will take weeks or even months to identify some victims. Every victim must be scientifically identified by the Medical Examiner. This means that visual identification by family members will not be possible.

The Medical Examiner may use one or more of the following methods to positively identify victims.

**DNA**

DNA can be used to identify victims in two ways. DNA gathered from the remains can be compared to DNA gathered from a biologically related family member. Or, DNA gathered from the remains can be compared to the person’s own DNA taken from personal items. DNA can be gathered from these personal items used by the individual for the purpose of identification:

* hairbrush
* tooth brush
* razor
* underwear
* blood tests
* Pap smear
* blood donation
* PKU card (if born in Washington state; if decedent is under 21 and born in another state it is possible that the state has retained the card as well)

If a person’s DNA sample is not available family members may be asked to provide a family reference sample. The person contributing the reference sample must be biologically related to the decedent, preferably the mother. This DNA is gathered by a non-invasive cheek swab. All DNA collected will be used for the purposes of identification only. If family members are not able to attend the Family Assistance Center to provide DNA, arrangements will be made to collect a DNA sample in person.

***Potential obstacles for using DNA for identification***

There are several potential obstacles to using DNA in identification of remains.

* DNA can not always be obtained from partial remains
* DNA testing can take a long time
* Results of comparing unidentified remains to the DNA of family members are often not statistically strong enough to provide a positive identification
* Heat will destroy DNA. If the remains were exposed to fire they may not yield a useful specimen.

If you have any questions or concerns about the DNA identification process please ask any of the DNA counselors.

**Fingerprints**

Fingerprints are a reliable form of identification that the Medical Examiner may use. Inform the family interviewer if your family member has ever been officially fingerprinted while alive. If possible, provide information about the location of those fingerprints. If fingerprints can be obtained from the remains of the individual the Medical Examiner may use this to establish identification. If your family member was never officially fingerprinted, the Medical Examiner may be able to match prints obtained from an object belonging to the individual that remains untouched by others.

**Dental Records**

Using dental records and dental x-rays can be a fast and reliable method of positive identification. Please provide contact information for your family member’s dentist to the family interviewer. It is important to provide information on any dental work of which you are aware. If you are not aware of the existence of your family member’s dental records, records may be found through payment or insurance records. If dental x-rays are not available, provide information regarding any records from the dentist:

* dental casts
* charting
* photographs

**Medical Imaging**

The Medical Examiner may be able to positively identify remains by comparing x-rays of ANY PART of the body. This also includes a CAT scan (often taken in cases of suspected head injury). Hospitals and physicians usually only retain hard copy x-rays seven years, but more modern technology uses digital x-rays, which may be available longer if not indefinitely. Please inform the family interviewer of the existence of any medical imaging of your family member.

**Other useful information**

***Photos:*** A photo of the missing person smiling allows comparison of the front teeth and a straight-on photo of the head allows for superimposition with a skull.

**Scars, marks, tattoos, surgery:** Provide a description and picture if possible of any unique body markings. If the missing person is female, has she had any children? If the missing person is male, is he circumcised?

**Missing organs/appendages:** Provide the family interviewer with information about any removed organs (appendectomy, hysterectomy) or missing appendages (fingers, toes).Appendix K: Frequently Asked Questions for Families

**Frequently Asked Questions When your Family Member is Deceased**

**Q. Where is my family member?**

**Definitions**

***Cause of Death:*** The causal agent resulting in death

***Manner of Death:*** The manner of death can be determined to be one of five categories: natural, accidental, homicide, suicide or undetermined

**A.** Your family member is in the care of the King County Medical Examiner’s Office. The Medical Examiner’s Office has jurisdiction over all victims of this incident and is working to positively identify all victims and establish the cause and manner of death in accordance with Washington State law.

**Q. How will I be notified if remains are identified or recovered?**

**A.** Representatives of the Medical Examiner’s Office will meet with you when remains that might be your family member are recovered. They will continue to meet with you regularly throughout the identification process. When a positive identification of your family member is made, you will be informed in person and given the opportunity to ask questions. If you are not able to be present in person at the Family Assistance Center, arrangements will be made to notify you in person. A phone number to the Family Assistance Center will be provided if you have any questions.

**Q. Why can’t I visually identify my family member’s remains? Why must I wait for a scientific identification?**

**A.** For legal reasons, the Medical Examiner’s Office is required to establish positive identification on all victims of this incident. In most instances, positive identification requires scientific confirmation, either through DNA, fingerprints, or x-ray comparisons. The medical Examiner’s Office is working as quickly as possible to establish positive identification of your family member.

* + - * 1. **Why is it taking so long to identify the victims?**

**A.** The first step of the identification process is to confirm, through scientific means that your family member is deceased. This requires obtaining medical or dental x-rays, or waiting for fingerprint or DNA confirmation, all of which can take some time. After positive identification establishes that your family member is deceased, the Medical Examiner will continue the identification process to insure that as much of your family member’s remains are positively identified as possible.

1. **How did my family member die?**

**A.** The Medical Examiner will determine the cause and manner of your family member’s death. The circumstances surrounding the death, including how it occurred, are part of the scene investigation by the Medical Examiner’s Office and investigating law enforcement agencies. When details are available, and when they are able, the Medical Examiner’s Office will provide you with any information regarding the death of your family member. However, details may not be available until much later in the investigative process.

**Q. Did my family member suffer before they died?**

**A.** This is very much dependent on the circumstances of your family member’s death. The Medical Examiner’s Office will be working with the investigating agencies to understand the circumstances of the incident and will do their best to answer all of your questions regarding the death of your family member.

**Q. Can I see the site of the incident?**

**A.** The investigating agencies will determine when and if it is safe for family members to visit an incident scene. If visits are permitted, the Family Assistance Center will make arrangements to transport you to the incident scene. You are not required, or expected, to make the trip. Doing so is a personal decision.

**Q. Will an autopsy be done?**

**A.**  The Medical Examiner’s Office is required by law to determine the cause and manner of death. In almost all incidences, this will require an autopsy examination. An autopsy is a surgical procedure performed by a medical doctor (forensic pathologist). The Medical Examiner’s Office recognized that every decedent is a treasured member of a family and of a community and as such, treats each decedent with the highest respect and dignity.

1. **Can I choose not to have my family member’s body autopsied?**

**A.** No, the Medical Examiner is required by law to certify the cause and manner of death; they do not require permission of the next of kin to perform an autopsy on a death under their jurisdiction.

**Q. My cultural beliefs dictate that I must bury my family member’s remains immediately, is this possible?**

**A.** When made aware of time constraints, the Medical Examiner’s Office will do their best to expedite the examination and identification process. However, the circumstances of the incident may make it impossible to meet time limits. Please inform your Family Liaison Team of any cultural considerations and every effort will be made to accommodate those requests.

**Q. My cultural beliefs dictate that my family member’s body must not be marked or scared, is this possible?**

**A.** The Medical Examiner’s Office will do their best to honor cultural traditions but cannot do so if it impedes the ability to certify cause and manner of death.

1. **What is the condition of my family member’s remains?**

**A.** The condition of your family member’s remains is dependent on the circumstances of his/her death. Medical Examiner staff will provide you with honest answers to your questions regarding the condition of your family member’s remains. How much information is requested and how detailed that information is a personal choice and entirely up to you.

**Q. Can I see my family member’s remains?**

**A.** The standard protocol is that the Medical Examiner recommends that all viewing be done at the funeral home. Viewing prior to release to a funeral home is at the discretion of the Chief Medical Examiner and is dependent on a number of factors related to the investigation. The ability to view your family member’s remains is also dependent on the condition of the remains. Any decision regarding viewing will be communicated to you by Family Assistance Center Staff.

**Q. What should I do if my family member’s remains are identified over a prolonged period of time?**

**A.** Because the Medical Examiner will do everything possible to identify as much of your family member as possible, it is entirely conceivable that the identification process will take a prolonged period of time. The Notification Team at the Family Assistance Center will discuss with you whether you would prefer to be notified each time an identification is made or whether you prefer to be notified when all identifications are complete and the remains are ready for release to a funeral home.

**Q. Can my family member’s remains be released to the funeral home/location of my choice?**

**A.** Yes, the Medical Examiner’s Office will work with whatever funeral home you choose to transfer care of your family member once the examination and identification is complete. A Decedent Affairs staff member will help coordinate any disposition arrangements.

**Q. What will happen with the remains that can not be identified?**

**A.** If there are remains that are not identified despite all efforts to the contrary, the Medical Examiner will meet with each family to discuss the options and decisions regarding those remains.

**Q. Can I receive my family member’s personal affects?**

**A.** Yes, personal effects will be released to the legal next of kin. If the legal next of kin is not local, they can designate in writing someone to act on their behalf in receiving personal effects. Personal effects may not be releasable if they are in any way contaminated or are considered evidence in a criminal investigation.

#### Appendix L: Cultural/Religious Considerations

**Cultural/Religious Considerations**

Each community is unique with many cultures and faiths. It is critical to understand the needs of different cultures and faiths by taking into consideration different aspects of their practices, to better serve the community.

* Language
* Diet (including fasting)
* Dress
* Physical contact
* Medical treatment
* Daily acts of faith, major events
* Dying and death customs
* Resources (e.g. texts, facilities, etc.)
* Names

Assumptions should not be made about the particular practices of individual families based on religion or ethnicity.

Below is a list of instances in which cultural or religious practices should be considered and incorporated to better serve the community affected by the disaster.

* Memorial ceremonies, services and anniversaries
* Food preparation and consumption
* Communications with families (e.g. family interviews, family briefings, notifications)
* Resources (e.g. texts, cultural/religious leaders)
* Space for cultural or religious practices
* Behavioral Health and Spiritual Care

Numerous languages are spoken within King County. Below are some of the common languages spoken in King County.

* Amharic
* Arabic
* Bosnian
* Burmese
* Cambodian/Khmer
* Chinese
* Farsi
* French
* Hmong
* Japanese
* Karen
* Korean
* Laotian
* Nepali
* Oromo
* Portuguese
* Punjabi
* Russian
* Samoan
* Serbo-Croatian
* Somali
* Spanish
* Swahili
* Tagalog (Filipino)
* Tigrigna
* Ukrainian
* Vietnamese

**Cultures and Religions in King County**

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| **Bahá’í** | |
| **Language** | Main language is English, but elderly (from Iran) may not speak much. |
| **Diet**  **Fasting** | Bahá'ís abstain from alcohol, but can take it in Medicine.  They fast from sunrise (approx. 6.30am) to sunset (approx. 5.45pm) on 2 to 20 March. This fast is only practised by people aged 15 years and over and who are not ill, pregnant, breast-feeding, menstruating or who have been travelling substantial distances. |
| **Dress** | There are no special requirements other than moderation and modesty. |
| **Physical contact,**  **Medical treatment**  **Hospital stays, rest centres** | Bahá'ís believe in the healing power of modern medicine for both physical and mental ills, while recognizing the role of the spirit, of prayer and of turning to God. There is no objection to being touched or treated by members of the opposite sex.  Blood transfusions, organ donations, the administration of prescription drugs and the like are all perfectly acceptable.  There is no objection to mixed wards, but older Bahá'ís may prefer single-sex wards. Bahá'í patients will be ministered to by friends, by family and by those appointed as spiritual caregivers by the community. Because the Bahá¹í faith has no sacraments, these spiritual care givers do not have a sacramental or priestly/ministerial role nor do they have any authority over the patient. |
| **Daily acts of faith &**  **major annual events** | Every Bahá'í aged 15 years and over must recite daily one of three obligatory prayers each day, as well as reading a passage from the Bahá'í scriptures each morning and evening. Prayers are said privately and facing the 'Point of Adoration' (the Shrine of Bahá'u'lláh, roughly south east from the UK). Before reciting the prayers, Bahá'ís wash their hands and face, but ablutions do not require special facilities. Timing of the Bahá'í day starts at the sunset of the previous day (e.g. Naw- Ruz begins at sunset on 20 March and finishes at sunset on 21 March, but the date is always shown as 21 March).  Bahá'í holy days always fall on the same dates each year and are:  ♦ *Naw Ruz*: New Year (21 March)  ♦ *1st day of Ridvan* (21 April)  ♦ *9th day of Ridvan* (29 April)  ♦ *12th day of Ridvan* (2 May)  ♦ *Anniversary of the Declaration of the Bab* (23 May)  ♦ *Anniversary of the Ascension of Baha’u’llah* (29 May)  ♦ *Anniversary of the Martyrdom of the Bab* (9 July)  ♦ *Anniversary of the Birth of the Bab* (20 October)  ♦ *Anniversary of the Birth of Baha’u’llah* (12 November) |
| **Dying**  **Death customs** | There are no special religious requirements for Bahá'ís who are dying, but they may wish to have a family member or friend to pray and read the Bahá'í scriptures with them.  While there is no concept of ritual purity or defilement relating to the Treatment of the body of a deceased person, there are a few simple and specific requirements relating to Bahá'í burial and the Bahá'í funeral service, which the family will wish to arrange:  \* the body is carefully washed and wrapped in white silk or cotton - this may be done by family members or by others, according to the family's  preference; the family may choose to allow others to observe the preparation of the body;  \*a special burial ring may be placed on the finger of a Bahá'í aged 15 or over;  \* the body is not cremated but is buried within an hour's travelling time from the place of death;  \* unless required by law, the body should not be embalmed;  \* it is buried in a coffin of as durable a material as possible; and  \* at some time before interment a special prayer for the dead, the only specific requirement of a Bahá¹í funeral service, is recited for Bahá'í deceased aged 15 or over.  While it is preferable that the body should be buried with the head pointing towards the Point of Adoration, this is not an absolute requirement, and may  be impossible in some cemeteries without using two burial plots. This is a matter for the family. |
| **Resources (texts,**  **community facilities etc)** | The Bahá'í scriptures comprise the Writings of Bahá'u'lláh, Founder of the  Faith, and of his forerunner, the Báb. The Writings of 'Abdu'l-Bahá, Bahá'u'lláh's eldest son and successor, are also included in the Bahá'í Canon. Bahá'ís may read the scriptures in any language, so it is preferable in the UK to provide English-language editions. The Bahá'í scriptures belong to all and there are no restrictions on who may touch or handle the books, provided they are treated with respect. Larger Bahá'í communities may have a Bahá'í centre, but most Bahá'í  Communities currently have no such facilities. |
| **Names** | Bahá'ís follow the practice of the wider community in naming. There are no Specific religious names. It is very important to check the spelling of the Names of Iranians, which may be transliterated in different ways. For Example, the name Masoud may also be spelt Massoud or Masood. |

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| **Buddhist** | |
| **Language** | Members in the UK may speak several languages other than English, including Tibetan, Cantonese, Hakka, Japanese, Thai and Sinhalese. |
| **Diet**  **Fasting** | Often vegetarian, salads, rice, vegetables and fruit are usually acceptable foods to offer. Some Buddhists do not eat onions or garlic, but this is more a matter of personal choice or cultural habit, rather than religious restriction. Buddhists who are vegetarian may eat fish and eggs.  Full moon days & new moon days are often fast days for many Buddhists, as are some festival days for various schools of Buddhism. On days of fasting, a Buddhist may eat before noon, but not afterwards. |
| **Dress** | Generally, no religious requirements for forms of every-day dress for lay  Buddhists. Buddhist monks or nuns of the Theravada school shave their heads and wear orange or ochre-coloured robes. |
| **Physical contact**  **Medical treatment**  **Hospital stays, rest centres** | In the case of medical examination and treatment and comforting by strangers, a Buddhist may be touched by a person of either sex.  There are no religious objections to blood transfusions, or transplants.  In cases of hospital stays, the use of either a bath or a shower is a personal matter. Provision of a quiet space set aside in a hospital or rest centre is not a necessity, but if available it can be used for silent reflection and meditation. |
| **Daily acts of faith &**  **major annual events** | Buddhists do not pray in the generally-accepted sense, but meditate regularly. Other than in Zen Buddhism, the Buddhist calendar is lunar; the dates will therefore vary from year to year. Traditional observance days are the full moon, new moon and quarter days. There are different special events during the year, but those celebrated by all schools of Buddhism are:  ♦ *Wesak*  ♦ *Full moon days*  The calendar observed by Buddhists is not standardised and different traditions within Buddhism may observe the same Festival on significantly different dates. It is therefore wise to ask about the practice within the tradition involved, rather than making an assumption that for instance, Wesak, is observed on the same date by all Buddhists. |
| **Dying**  **Death customs** | Many Buddhists wish to maintain a clear mind when dying. There is respect for the doctors’ views on medical treatment, but there may sometimes be a refusal of pain-relieving drugs if these impair mental alertness. This is a matter of individual choice. It is helpful for someone who is dying to have  some quiet, and it is customary to summon a monk to perform some chanting of sacred texts in order to engender wholesome thoughts in the mind of the dying person.  After death, the body of the deceased may be handled by non-Buddhists. In some cases a monk may perform some additional chanting, but this is not a universal practice. There are no objections to post-mortems. Preparation of the body for the funeral is generally left to the undertaker, but in some instances relatives may also wish to be involved. The body may be put in a coffin, or wrapped in cloth (sometimes white), or dressed in the deceased’s own clothes. It may be surrounded by candles, flowers, incense, photographs and coloured lights, but this is a matter of individual choice and there are no hard-and-fast rules. The body is usually cremated, at a time dependent upon the undertaker and the availability of the crematorium’s facilities. |
| **Resources (texts, community facilities etc)** | The Pali Canon contains the teachings of the Buddha and his disciples and is used in the Theravada school of Buddhism. Mahayana schools use texts either in Sanskrit or their own languages, such as Chinese, Korean,  Japanese and Tibetan. Books of Scripture, liturgy etc should, at all times, be handled with the utmost respect. In many traditions it is considered disrespectful to place them on the ground or to cover them. |
| **Names** | Buddhists usually have two or more names. The last name is the family name, and the preceding name(s) is/are given at the time of birth. |

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| **Chinese (Confucianism, Taoism, Astrology, Christianity)**  Half the Chinese in the UK do not profess any religious belief. 1 in 4 are Christians and worship in Chinese language churches, and 1 in 5 observe Buddhist/Taoist/Confucian ceremonies and practices. Belief in astrology is widespread. Some 200 Chinese Christian churches exist in cities and towns, each having congregations worshipping in Cantonese, English and Mandarin to cater for linguistic preferences. Some are denominational but most are non-denominational and evangelical. Pastors are bilingual in English and Cantonese or Mandarin. More than half of the UK’s Chinese churches have fraternal links with the Chinese Overseas Christian Mission (COCM) that runs a Bible College (in Mandarin) in Milton Keynes. The COCM has long-standing links with the Overseas Missionary Fellowship, formerly the China Inland Mission. The COCM also has links with some 200 congregations of  Chinese Christian churches in continental Europe. | |
| **Language** | Cantonese, Mandarin, Hakka, Hokkien, English |
| **Diet**  **Fasting** | Southern Chinese (Cantonese and Fujian): seafood, fish, pork, poultry, green vegetables, soup, rice, rice noodles and fresh fruit. Northern Chinese:bread, wheat dumplings, meat dumplings, noodles, pork, lamb, chicken, cabbage, green vegetables. Beef and cheese are least preferred food. Drink: Soya milk is preferred to cow’s milk as some Chinese are allergic to cow’s milk. China tea (without milk and sugar).  Buddhist/Taoist Chinese will eat a vegetarian diet before major festivals. |
| **Dress** | Men and women prefer shirt/blouse and trousers/slacks. |
| **Physical contact**  **Medical treatment,**  **Hospital stays, rest**  **centres** | Although there is no gender barrier, women prefer to be medically examined by women health professionals. Single gender wards are preferred. Showers are preferred as Chinese people are not accustomed to bathtubs. Washing is done personally or by a spouse, parent or offspring of the same gender as the patient.  Injections are preferred in the belief that they are more effective than pills.  Chinese food should be offered to patients. Family units stay together and do not like being separated in emergencies, and this includes extended family members. |
| **Daily acts of faith &**  **major annual events** | Buddhists and Christian Chinese will pray or meditate in similar ways to their co-religionists. In addition to the two main Christian festivals of Christmas and Easter, Chinese Christians celebrate the Chinese New Year.  ♦ *Lunar New Year:* The biggest family occasion and honour/reverence is paid to ancestors and parents. A time for family reunions, visiting friends and relatives and exchanging monetary gifts in red envelopes.  ♦ *Teng Chieh* (Lantern Festival at first full moon of the year)  ♦ *Ching Ming:* A public holiday in China and Hong Kong - a time for people to visit their ancestral graves (April)  ♦ *Dragon Boat Festival* (June)  *▲ Mid Autumn Festival* (September) |
| **Dying**  **Death customs** | All family members gather at the bedside. A Chinese Christian pastor is called to pray for and to counsel the dying person. In the UK this practice is also common among Chinese with no religious convictions or who are traditional Confucian/Taoist. Buddhists call for a priest/monk from a Buddhist association or temple with links to Taiwan or Hong Kong.  After death, undertakers handle the deceased. Some undertakers in areas with long established Chinese populations (e.g. Merseyside) are accustomed to Chinese needs such as embalming and the deceased being fully dressed in best clothes including shoes and jewellery. In such areas some cemeteries have a Chinese section. Burial or cremation may take place a week after the person has died. Friends and relatives visit the bereaved family, usually in the evenings prior to the funeral when gifts of money or flowers are given and help offered. Sweets are offered to visitors when they leave.  If the deceased is the head of the family, all children and their families are expected to observe a period of mourning for about a month. Headstones may have a picture of the deceased. If the deceased is a child, parents usually do not want to visit the mortuary. A sibling or close relative would be asked to identify the body in the mortuary. |
| **Resources (texts,**  **community facilities etc)** | Chinese Christians read bilingual bibles printed in English and Chinese. Bibles printed in the traditional script are preferred by Chinese from Hong Kong and Taiwan whilst the simplified script is read by people from China and Singapore. Buddhist scriptures are available in traditional script. At least one Chinese community association, community centre or church exists in every town and city in the UK. Local Councils should have the names, addresses and telephone numbers. Religious bodies in the Chinese community are usually found in local telephone directories. |
| **Names** | Chinese names start with the family name first, followed by the generation name and the personal name. Chinese Christians usually have Christian names in addition. Always ask the person how (s)he would like to be addressed. |

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| **Christian**  Christians belong to a number of denominations and some groups which run across denominations. The most numerous in the UK are Anglicans (Church of England, Church in Wales, Church of Ireland, Scottish Episcopal Church); Roman Catholics, Church of Scotland and Free Church (including Baptist, Methodists, United Reformed, Pentecostal, Presbyterians, etc) and Quakers. Independent churches; in large cities especially there are communities of Orthodox Christians (from the historic churches of Greece, Russia, etc*.* Seventh-day Adventists are part of the Christian tradition but differ in some key respects from mainstream Churches and so have a separate section - see below. See the Chinese Christian section for specific needs of Chinese Christians. | |
| **Language** | Christians in the UK may be from any ethnic group. Church services usually take place in English, ( or in Welsh and Gaellic). |
| **Diet**  **Fasting** | In general, Christians are not religiously forbidden to eat any foods, but this must be checked with the individual. Some will not consume alcohol.  Roman Catholics may abstain from meat on Fridays; Orthodox will abstain from meat in the fasting seasons of Advent and Lent. Those of African and African Caribbean origin may fast at other times. |
| **Dress** | No special code of dress for Christians except for clergy and members of religious orders. |
| **Physical contact**  **Medical treatment**  **Hospital stays, rest centres** | Most would have no objections to being touched by members of the opposite sex for medical purposes.  Treatment such as blood transfusions, surgery, organ transplants or the administration of drugs is permissible. Jehovah’s Witnesses (not regarded as Christians by most Christian organisations) are forbidden to receive blood transfusions and transplants – see below.  If a person is terminally ill, or dying, they may wish to keep a copy of the Bible close at hand. Survivors, their families and friends, should be allocated a quiet place at survivor and reception centres, which can be used for private prayer or to talk to a priest or minister. |
| **Daily acts of faith &**  **major annual events** | Many Christians pray daily, and often use the Lord’s Prayer. Daily reading from the Bible, and/or other aids to prayer such as a Cross or Crucifix (a Cross with the figure of Christ), a hymnbook or prayer book, a rosary (prayer beads with a small crucifix), or an icon of Christ or the Virgin Mary are all widely used, though preferences should be checked with the individual. All of these could helpfully be provided in a chapel or quiet place. Sunday is the special day, set apart for prayer, reflection, and church attendance. Christians pray in congregations, small groups or individually. The most important event for most congregations is the Eucharist (the Mass, Communion Service, Lord’s Supper), when Christians share bread and wine. The most widely celebrated Christian festivals are: -  ♦ *Christmas*  ♦ *Holy Week and Easter* (including Palm Sunday, Maundy Thursday, Good Friday and Easter Sunday)  ♦ *Pentecost/Whitsun*  ♦ *Ascension Day*  ♦ The seasons of *Advent* (leading up to Christmas) and *Lent* (leading up to Easter)  ♦ Remembrance Sunday |
| **Dying**  **Death customs** | Christians involved in a disaster will value prayers being said for them, or with them, and short readings from scripture, such as the Lord’s Prayer and the 23rd Psalm. Those who are injured or distressed may wish to receive Holy Communion and/or the Sacrament of the Sick (which used to be called Extreme Unction). The Sacrament of the Sick is not limited to those who are dying, but is part of the healing ministry of the Church. Other Christians may ask for prayer for healing with the laying on of hands.  The choice between cremation and burial can either be a matter of personal choice or a denominational requirement. In all cases, the wishes of the deceased’s family, or friends, should be sought if possible. If this cannot be done, then Christians should be buried. |
| **Resources (texts,**  **community facilities etc)** | The sacred text is the Bible, which for Christians consists of the Old Testament (or Hebrew Scriptures), and the New Testament, bound as a single book. Of the translations of the Bible, the New Revised Standard Version, the Authorised version and the Jerusalem Bible are recognised by Catholics, Protestants and Orthodox Christians. Other versions are favoured by evangelical Christians. Emergency Planners should discuss with church authorities the possible use of church facilities in a major emergency. |
| **Names** | Christians have one or more given names, usually called Christian names because for most Christians these were given historically at the service of baptism, which for most happened when the infant was a few weeks old. These names are followed by the surname or family name, which is constant for men. Many women change to their husband’s surname on marriage, though this custom is changing. Individuals may not be known by their first Christian name, so it is always wise to ask, “What should I call you?” or for a funeral “What name should I use?” |

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| **Christian Science**  Christian Science is a prayer-based system of healing that is fully explained in Mary Baker Eddy’s book *Science and Health with Key to the Scriptures*, currently published in 17 languages*.* Some people who follow the practices of Christian Science choose to become members of the Church of Christ, Scientist, the organisation Eddy established to make these teachings available and accessible, but others do not. | |
| **Language** | Christian Science has been practised around the world for over a century by individuals of various faith traditions, as well as by those with no formal faith tradition. Consequently, people of diverse cultures and languages practice Christian Science. |
| **Diet**  **Fasting** | Individuals make their own decisions regarding diet.  Individuals make their own decisions regarding fasting. |
| **Dress** | No particular requirements. |
| **Physical contact**  **Medical treatment**  **Hospital stays, rest centres** | In the practise of Christian Science, respect for individual choice in questions of healthcare or any other aspect of daily life is paramount. Many Christian Scientists rely on their own prayer for healing of adverse health conditions. Some may also ask for help from a Christian Science practitioner - a professional spiritual healer who employs the Christian Science method of healing. (There is a world-wide directory of practitioners in each issue of *The Christian Science Journal*, a monthly magazine.) However, individuals are always free to choose conventional medical treatment or other complementary and alternative therapies.  If a Christian Scientist were taken to a hospital because of an accident, for example, and chose to decline conventional medical treatment, this would ordinarily mean that the individual was choosing instead, as a competent adult, to rely on prayer for healing (individually or with the help of a Christian Science practitioner). Such an individual would co-operate with authorities  to take appropriate actions, such as quarantine, which may be considered necessary to protect others.  Individuals relying on Christian Science may ask to be re-tested, or to have a pending procedure re-evaluated after having had time to pray for healing. If a Christian Scientist entered a hospital voluntarily, the individual would probably accept conventional medical treatment. He/she might ask that drugs/therapy be kept to a minimum. Individuals make their own decisions about blood transfusions and organ/tissue donation.  Doctors, nurses, mental health professionals and chaplains will find that there are many meaningful ways they can show support for patients relying on Christian Science. Where possible, the best way to ascertain what would be most helpful in any circumstance is to ask the individual patient. Some of the following might be requested by a patient, or could be offered by the healthcare worker:  ♦ Providing the patient time and a quiet space to pray, during the various stages of diagnosis and treatment.  ♦ Facilitating the patient’s contact with a Christian Science practitioner.  ♦ Making sure that the patient has access to the Bible and *Science and*  *Health*.  ♦ Reading aloud to the patient requested passages from these books (or other Christian Science literature). |
| **Daily acts of faith &**  **major annual events** | There are no prescribed holy days. Members would normally attend services and meetings at Church on Sundays and Wednesday evenings. Christian Scientists study a weekly Bible Lesson, a collection of topic- specific passages from the Bible and *Science and Health*. |
| **Dying**  **Death customs** | There are no specified last rites. Such issues are an individual/family decision.  Questions relating to care of the body should be answered by the individual’s partner/ family. In general, Christian Scientists request that, whenever possible, the body of a female should be prepared for burial by a female. The individual’s family should answer questions relating to post mortem examinations. |

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| **Church of Jesus Christ of Latter - day Saints (Mormons)** | |
| **Language** | Usually English |
| **Dress** | Those who have been endowed in a Temple of the Church of Jesus Christ of Latter-day Saints wear a special undergarment next to the skin. Mormons are always soberly dressed. |
| **Physical contact, medical treatment,**  **hospital stays, rest centres** | Necessary medical treatment can be carried out without delay and surgery and blood transfusions may be carried out as necessary. Transplants and organ donation are an individual and family matter; there are no religious objections. |
| **Daily acts of faith &**  **major annual events** | Scripture reading is considered an important part of daily life. The Sabbath is observed on Sundays, with services conducted by lay leaders called bishops. Christmas and Easter are important celebrations in the Church. |
| **Dying**  **Death customs** | Members may request a priesthood blessing. A quiet private place is appropriate for the blessing  The Church takes no position on post mortem examinations. Church or family members will usually arrange for the body to be clothed for burial. Burial rather than cremation is recommended by the Church, but the final decision is left for the family of the deceased. |
| **Resources (texts, community facilities etc)** | The Bible and the *Book of Mormon: Another Testament of Jesus Christ* – are regarded as the word of God.  Although Mormon individuals and families are advised to be prepared spiritually and temporally to meet both problems of everyday life and emergencies that may arise, local Church leaders have the responsibility to organise proper responses to assist individuals and families in an emergency. Church branches are encouraged to prepare detailed *Emergency Preparedness and Response Plans*, based on principles contained in *Providing in the Lord’s Way*. Branch Welfare Committees are identified as the co-ordinators if disaster strikes. |

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| **Hindu** | |
| **Language** | In addition to English, Hindus in the UK generally speak Gujerati (most common), Hindi, Punjabi, Bengali or Tamil. |
| **Diet**  **Fasting** | Hindus regard the cow as sacred and do not eat beef. Orthodox Hindus are strictly vegetarian, which also excludes fish, eggs and animal fat for cooking. Some may also prefer to refrain from alcohol, and some very orthodox Hindus may refrain from garlic and in extreme cases onion. Salt- free salads, rice, vegetables, yoghurt and milk products and fruit are quite acceptable foods to offer.  Fasting is commonplace and frequent but fasts generally last just one day or one day a week (e.g. Lord Shiva’s fasting every Monday for 17 weeks, where yoghurt at lunch with water or fruit juice and a normal light meal in the evening is permitted). Hindu women keeping the *Karvachauth* fast in Autumn cannot even drink water until the moon is seen at night. |
| **Dress** | Generally, modesty and decency are considered essential factors in dress code. The sari is a one-piece female garment wound around the lower body in different styles to suit the occasion and the tradition from which the person comes. (NB Older Bangladeshi and Indian Muslim women also wear saris. Women also wear a dress and baggy trousers (*shalwar*). Men may sometimes wear a loose shirt (*Kurta*) and baggy trousers but generally they wear Western clothes. |
| **Physical contact**  **Medical treatment**  **Hospital stays, rest centres** | A Hindu would prefer to be comforted by a person of the same sex. There is no stated preference in respect of medical examination and treatment.  Blood transfusions, organ transplants, and all types of medicine for the purpose of saving life are permitted.  Hindus traditionally live in extended families, so information or requests (e.g. for organ donation) should be made by the authorities to the head of the family to be passed on without delay to the rest of the family unit, where this is practicable. Some groupings within the Hindu community are men only or women-only and the authorities should always appoint a person of the appropriate sex to liaise with such a grouping. |
| **Daily acts of faith &**  **major annual events** | Hindus will generally perform a daily act of personal devotion at home, either alone or with others. Ritual washing normally accompanies prayer. The most widely celebrated Hindu festivals are:  ♦ *Holi:* A celebration at the start of spring, with much use of colour  ♦ *Rama Navami*  ♦ *Janamashtami*: there is fasting until midnight  ♦ *Divali*: the festival of lights  ♦ *Shivaratri:* the night is spent in prayer, fasting and meditation. |
| **Dying**  **Death customs** | Most fatally ill Hindus would prefer to pray with a *mala* (rosary). A Hindu will appreciate being with someone, preferably of the same sex.  It is preferred if all Hindu bodies can be kept together after death. A dead body should be placed with the head facing north and the feet south. Cleanliness is important and the body can be undressed and cleaned, but the family should be consulted where possible. The arms should be placed to the sides and the legs should be straightened. The face should be pointed upward with eyes closed and the whole body must be covered with white cloth. Any detached body parts must be treated with respect as if they were a complete body. Post mortems are permitted, usually with prior agreement of the immediate family. The bereavement in the family lasts a minimum of two weeks during which several rituals are followed. Hindus believe in cremating the body so that the soul is completely free of any attachment to the past physical matter. |
| **Resources (texts,**  **community facilities etc)** | The Hindu ancient scriptures are called the Vedas and contain, amongst other texts, the *Upanishads,* philosophical works discussing the purpose of life, and the *Brahmanas*, which contain advice on ritual. The *Bhagawad Gita* is a prominent holy book with condensed spiritual teachings, and the *Ramayana* sets the highest ideals. |
| **Names** | Members of Hindu families may have three or four names, depending on cultural background and tradition. Suffixes to the first name are used, e.g.,‘Bhai’ or ‘Ji’ for males and ‘Ben’ for females. In some traditions the father’s first name is one of the middle names. Other middle names, which may be used as surnames are Kumar, Pal or Paul, Dev, Lal etc. Sometimes the surname is clan based as Patel or in case of Rajputs, Singh. Some Hindu women may adopt 'Devi', 'Kumari' or 'Wati' in place of a family surname. For records, it is advisable to ask the individual’s family name and use that as surname. Hindu equivalents to Mr and Mrs are Shri and Shrimati, commonly used, but for Miss one can use Sushai/Kumari/Devi but rarely used. In written records and invitations the practice is to say Shrimati and Shri (surname), i.e. Mrs and Mr (surname). |

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| **Humanists**  Humanism is not a faith. It is the belief that people can live good lives without religious or superstitious beliefs. Most humanists would describe their beliefs as either atheist or agnostic, and humanists reject the idea of any god or other supernatural agency and do not believe in an afterlife. However, Humanism is more than a simple rejection of religious beliefs. Humanists believe that moral values are founded on human nature and experience, and base their moral principles on reason, shared human values and respect for others. They believe that people can and will continue to solve problems, and should work together to improve the quality of life and make it more equitable. | |
| **Language** | English, or any other language depending on the individual’s background. |
| **Diet**  **Fasting** | No particular requirements. Some humanists are vegetarian or vegan, and many who do eat meat would refuse meat that has been slaughtered by methods they consider inhumane (Halal or Kosher meat).  None |
| **Dress** | No special requirements |
| **Physical contact, medical treatment,**  **hospital stays, rest centres** | No specific restrictions on physical contact, or on medical treatments. |
| **Daily acts of faith &**  **major annual events** | No daily acts of faith or worship, and no annual festivals. |
| **Dying**  **Death customs** | Many humanists will want to have family or a close friend with them if they are dying, or the support of another caring individual. Some may appreciate the support of a secular counsellor or a fellow humanist. Humanists may refuse treatment that they see simply as prolonging suffering. Some may strongly resent prayers being said for them or any reassurances based on belief in god or an afterlife.  No specific requirements. The choice between cremation and burial is a personal one, although cremation is more common. Most will want a humanist funeral, and crosses and other religious emblems should be avoided. However, since many humanists believe that when someone dies the needs of the bereaved are more important than their own beliefs, some may wish decisions about their funeral and related matters to be left to their closest relatives. |
| **Resources (texts, community facilities etc)** | There are no humanist scriptures or religious texts. |
| **Names** | No particular traditions: names may vary according to ethnic or cultural background. |

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| **Jain** | |
| **Language** | Apart from some of the elderly, Jains speak and understand English. The majority in the UK are Gujerati speaking, but a minority speaks Hindi, Rajasthani, Tamil, or Punjabi. |
| **Diet**  **Fasting** | Jains are pure vegetarians, and do not consume meat, fish, seafood, poultry or eggs. In addition, those Jains who adhere to the stricter code of conduct do not eat any root vegetables, particularly onions and garlic but also potatoes, carrots, beets, etc. Jains do not consume alcohol. Salads, fruits, cooked grain of all types, cooked vegetables, bread or biscuits made without the use of eggs and dairy products are generally acceptable.  There are fasts with (a) no meal (b) one meal (c) two meals within 24 hours. Water, if used in a fast, must be boiled. Some Jains observe fasts without any intake of food or water. Abstention from fruit and vegetables is practised on many days. Fasts are undertaken on various days throughout the lunar month. They are more popular during the festival of *Paryushana* during August or September, which lasts for 8 or 10 days. Two special 9-day periods called *Ayambil* are observed during June and December during which only one meal is taken. This meal is prepared using only grain, flour, water, rock salt and pepper. Use of dairy products, fruits, vegetables, nuts, oils and fats, and any raw food is forbidden. |
| **Dress** | Jain males have adapted the western dress code for everyday use whereas females may be orthodox or modern. The elderly usually wear Indian dresses such as saris and kurta-pyjama, whilst the younger generation wear all sorts of dresses. |
| **Physical contact**  **Medical treatment**  **Hospital stays, rest centres** | Ideally, same-sex contact and separate male and female wards are preferred but there is no taboo where medical and/or specialist personnel are involved.  Blood transfusions and organ transplants are acceptable if these are not obtained at the expense of another life. Medication for the purpose of saving life is usually accepted without question.  If the toilet and bathroom are separate, a water supply and beaker should be provided in the toilet for cleaning purposes. Diet restrictions should be observed during stays in hospital or rest centre. |
| **Daily acts of faith &**  **Major annual events** | The *Namokkara* mantra is recited on waking up, going to bed and at meal times. Jains may observe the ritual of *pratikramana* once or twice a day, and meditate as often as desired. Festivals (based on the lunar calendar):  ♦ *Paryushana*: 8 or 10 days during August or September. The most significant Jain event. Prayers are recited with confession of sins, forgiveness is sought from all living beings and penances are undertaken.  ♦ *Mahavira Jayanti*: the Birthday of Lord Mahavira, the last Tirthankara (One who re-establishes the ford), in 599 BCE. Celebrated during April. This is a joyous occasion and the experiences of Lord Mahavira’s mother before and after his birth are recounted.  ♦ *Mahavira Nirvana*: Liberation of Lord Mahavira. Most Jains celebrate the eve of the Hindu New Year with Deepavali, the festival of lights. However, some observe this day as the day of liberation of Lord Mahavira followed by the day of enlightenment of his first disciple Gautam Svami around October.  ♦ *Ayambil* : Two periods are observed. (see Fasting section) |
| **Dying**  **Death customs** | If death is certain and there is nothing to benefit by staying in the hospital, the Jain would prefer to spend the last moments at home. Ideally, the subject would wish for mental detachment of all desires and concentrate on the inner self. Family members or others would assist by reciting text or chanting verses from the canon. As much peace and quiet should be maintained as possible.  There are no specific rituals in Jain philosophy for this event. Bodies are always cremated and never buried except for infants. Cremation must be performed as soon as practicable, even within hours if possible, without any pomp. Many Jains still pursue Hindu customs as a family preference. All normal practises of UK undertakers are acceptable if handled with respect. The family normally provide the dress and accessories for the preparation and final placement in the coffin. |
| **Resources (texts,**  **community facilities, etc.)** | The Jain scriptures are called Agamas and although the texts vary according to sects, the basic philosophy is the same. The Jains believe that the mission of the human birth is to achieve liberation from mundane life, and the cycle of death and rebirth. This is achieved through the practise of non-violence and equanimity as preached by Lord Mahavira in the Agamas. |
| **Names** | All names are made up of 3 or 4 words in a definite sequence: the person’s given name comes first. Sometimes this is appended with a gloss such as -Kumar, -ray, -lal, -chandra, -bhai, -kumari, -bhen etc. which is usually written with the given name but sometimes becomes the second name. The following name (usually the middle) is the father’s first name for males and the husband’s first name for the females. The last name is the surname or family name, which is usually common to all members of the family. |

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| **Japanese (Shinto)**  Shinto is Japan's indigenous religion: a complex of ancient folk belief and rituals which perceive the presence of gods or of the sacred in animals, in plants, and even in things which have no life, such as stones and waterfalls. As well as Shinto, individuals of Japanese origin may adhere to Buddhism - see separate Buddhist section. | |
| **Language** | Generally Shintonists in the UK speak Japanese and English as a second language. |
| **Diet**  **Fasting** | Generally Japanese people prefer to eat rice.  Japanese people do not have a custom of fasting. |
| **Dress** | There are no religious requirements for the form of every-day dress. For particular annual events such as New Year's Day and the Bon Festival (and for local shrine festivals in Japan) some wear traditional dress (*kimono*). |
| **Physical contact,**  **Medical treatment, Hospital stays, rest**  **centres** | When undergoing medical examination and treatment or being comforted by strangers, Japanese people would prefer to be touched by a person of the same sex.  There are no religious objections to blood transfusions or transplants.  During hospital stays, baths are considered preferable to showers and the bathroom should be separated from the toilet. |
| **Daily acts of faith &**  **major annual events** | Shinto has little theology and no congregational worship. Its unifying concept is *Kami,* inadequately translated as "god". There are no Shinto prayers as such but many Japanese will follow Buddhist meditative practices. In addition to Buddhist festivals, Shintonists will celebrate:  ♦ *New Year:* 1 January  ♦ *Bon Festival:* respect to ancestors (13-16 August) |
| **Dying**  **Death customs** | Dying Japanese will wish to meditate.  Generally Japanese would prefer cremation to burial. Funeral services are administered according to Buddhist rites. |
| **Resources (texts, community facilities etc)** | No specific Shinto texts. See Buddhism. Those requiring further information on Shinto should contact the Japanese Embassy or the International Shinto Foundation (www.shinto.org). |
| **Names** | It is usual for Japanese people to have two names. The first may be the family name and the second may be the given name. When names are required for record purposes it is advisable to ask first for the family name and to use this as the surname. |

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| **Jehovah’s Witnesses** | |
| **Language** | Usually English. |
| **Diet**  **Fasting** | While Jehovah’s Witnesses believe that Christians are required to abstain from blood and the meat of animals from which blood has not been properly drained, there are no religious restrictions on what they can eat. Use of alcohol is a personal matter.  No religious requirement. |
| **Dress** | No special religious dress. |
| **Physical contact, medical treatment,**  **hospital stays, rest centres** | For deeply-held reasons of religious faith there are basically only two medical interventions that Jehovah’s Witnesses object to: elective termination of pregnancy and allogeneic blood transfusion. Baptised Jehovah’s Witnesses usually carry on their person an *Advance Medical Directive/Release* document directing that no blood transfusions be given under any circumstances, and this document is renewed annually. A more detailed *Health-Care Advance Directive* form outlining their personal treatment choices may also be carried.  Jehovah’s Witness are happy to sign hospital forms that direct that no allogeneic blood transfusion or primary blood components be administered under any circumstances, while releasing doctors, medical personnel and hospitals from liability for any damages that might result from such refusal despite otherwise competent care.  They understand the challenge that their decisions can sometimes pose for doctors and nurses. In an effort to alleviate these situations they have established a network of Hospital Liaison Committees throughout Britain. Members of these groups are trained to facilitate communication between medical staff and Jehovah’s Witness patients and are available at any time, night or day, to assist with difficulties either at the request of the treating team or the patient. |
| **Daily acts of faith &**  **major annual events** | Reading the Bible daily.  Witnesses commemorate the death of Jesus according to the Hebrew calendar (late March/April). They do not celebrate other traditional festivals, nor do they celebrate birthdays. |
| **Dying**  **Death customs** | There are no special rituals to perform for those who are dying, nor last rites to be administered to those *in extremis.* Pastoral visits from elders will be welcomed.  An appropriate relative can decide if a limited post mortem is acceptable to determine cause of death.  The dead may be buried or cremated, depending on personal or family preferences and local circumstances. |
| **Resources (texts, community facilities etc)** | The Bible. |
| **Names** | No particular tradition. |

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| **Jewish** | |
| **Language** | English is generally used although Hebrew or Yiddish are also spoken. |
| **Diet**  **Fasting** | Observant Jews are required to uphold the *Kashrut*, a series of dietary laws. Jews do not eat pork in any form. Fish must have both fins and scales: shellfish is not permitted. Red meat and poultry must comply with *kosher* standards of slaughter. Meat and milk products must not be cooked together, and separate dishes must be kept. Milk products must not be eaten during or after a meat meal, and most observant Jews will wait three to six hours before dairy products are eaten or drunk. A vegetarian meal is often acceptable, since this ensures no doubt over the utensils used for its preparation, with dairy-free dressings or sauces if available.  *Yom Kippur* is a major annual 25-hour fast observed by the majority of Jews. There are other fast days during the year which are less widely observed. Jews are not permitted to eat or drink on fast days. Additionally, no leavened bread is eaten during the period of Passover, when unleavened bread known as *matzah* may be consumed instead. |
| **Dress** | Devout Jewish men and women will keep their heads covered at all times. Men wear a hat or skull-cap (the *yarmulka* or *kippa*). Orthodox women will wear a hat, scarf or wig. Orthodox women and girls are required to keep the body and limbs covered with modest clothing. Strictly Orthodox men are likely to wear black clothes (sometimes 18th century dress) and may have ringlets and beards. |
| **Physical contact**  **Medical treatment**  **Hospital stays, rest centres** | Strictly Orthodox men and women actively avoid physical contact with people of the opposite sex and will not welcome being comforted by someone touching or putting an arm around them.  All laws normally applying on the Sabbath or festival can be overruled for the purpose of saving life or safeguarding health. Blood transfusion is permitted and is a matter of personal choice. Transplants and organ donation are usually permissible, but may require advice from a Rabbi.  A quiet area for prayer should be provided if possible. |
| **Daily acts of faith &**  **major annual events** | All practising Jews say prayers three times a day. The Sabbath (*Shabbat*) is observed from sunset on Friday evening until sunset on Saturday evening.  Prayers and a family meal are part of the observance.  The observance of festivals is very important. The major ones are:  ♦ *Days of Awe: Rosh Hashanah* (New Year) and *Yom Kippur* (Day of  Atonement)  ♦ The *Three Foot Festivals: Sukkot, Pesach* and *Shavuot*  ♦ *Chanukah*  ♦ *Purim*  ♦ *Tishah B’Av* |
| **Dying**  **Death customs** | It is usual for a companion to remain with a dying Jewish person until death, reading or saying prayers. The dying person should not be touched or moved, since it is considered that such action will hasten death, which is not permitted in any circumstances. He or she may wish to recite the *Shema.*  The prompt and accurate identification of the dead is particularly important for the position of a widow in Jewish law. Post mortems are forbidden unless ordered by the civil authorities. Body parts must be treated with respect and remain with the corpse if possible.  When a person dies, eyes should be closed and the jaws tied; fingers should be straight. The body is washed and wrapped in a plain white sheet, and placed with the feet towards the doorway. If possible it should not be  left unattended. For men a prayer shawl, *tallit*, is placed around the body and the fringes on the four corners cut off.  The *Chevra Kadisha* (Holy Brotherhood) should be notified immediately after death. They will arrange the funeral, if possible before sunset on the day of death, but will not move the body on the Sabbath. Coffins are plain  and wooden (without a Christian cross). Someone remains with the body constantly until the funeral. It is not usual to have floral tributes. Orthodox Jews require burial but Reform and Liberal Jews permit cremation. |
| **Resources (texts,**  **community facilities etc)** | The Jewish scriptures are known as the *Tanakh* and include the *Torah,* the *Nevi’im* and the *Ketuvim.* |
| **Names** | Individuals usually have one or more Hebrew names, often taken from Biblical sources, followed by the Hebrew names(s) of their father. |

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| **Muslim** | |
| **Language** | Muslims may speak several languages other than English; the most common are Punjabi, Urdu, Gujarati, Arabic and Turkish. |
| **Diet**  **Fasting** | Muslims do not eat pork in any form, and foods and utensils that have come into contact with pork should not touch any food to be eaten by a Muslim. Consumption of alcohol in any form (e.g. desserts) is strictly forbidden.  Muslims may eat fish, they can eat poultry, mutton and beef, providing the meat is *halal*, i.e. killed and prepared according to Islamic law. *Halal* food and drink should be clearly labelled where other food is being served. Vegetarian meals and fresh fruit/vegetables are acceptable. Food is eaten with the right hand only.  Muslims fast from dawn to sunset to mark the month of *Ramadan*, and some will fast at other times during the year. Fasting during *Ramadan* is compulsory for all except menstruating, pregnant or lactating women, pre- pubertal children and the infirm. |
| **Dress** | Observant Muslim women usually have at least a head covering (*Hijab*), and are often covered from head to toe when in public or in the presence of men who are not family members. Covering the area between the navel and knees is a requirement for Muslim men and some devout male Muslims may prefer to keep their heads covered at all times. |
| **Physical contact**  **Medical treatment**  **Hospital stays, rest centres** | Treatment by medical staff of any religion is permissible, but men and women prefer to be treated by staff of the same sex where possible.  The views of the family/Imam on whether organ donation, transplants and blood transfusions are acceptable should be sought in each case.  In hospital, a shower is preferred to a bath. Muslims ritually wash after using the toilet, so a tap or container of water for washing should be provided whenever the toilet area is separate from the bathroom. In a rest centre, suitable facilities for pre-prayer washing, time to conduct prayer, and a clean prayer room with a prayer mat and a compass or sign pointing to Makkah (Mecca) - south-east in the United Kingdom - are appreciated. |
| **Daily acts of faith &** **major annual events** | Muslims pray five times a day, facing Makkah: before dawn, around midday, late afternoon, after sunset and late evening. Sunrise and sunset determine the exact timings. Ritual washing (*Wudu*) is performed before praying. Men and women will not usually pray together, though in emergencies this is acceptable if a temporary partition is erected.  Major events in the Muslim 12 month lunar-based calendar are:  ♦ *The First of Muharram:* Begins the Islamic New Year  ♦ *Milad-un-Nabi* (not celebrated by orthodox Sunni)  ♦ *Lail-ul-Qadr:* A time of fasting and all-night prayer during Ramadan  ♦ *Eid-ul-Fitr:* The end of the month of Ramadan. A day of celebration  ♦ *Eid-ul-Adha:* The end of the time of the annual *Hajj* pilgrimage |
| **Dying**  **Death customs** | If a Muslim is terminally ill or dying, the face should be turned towards Makkah. The patient’s head should be above the rest of the body. The dying person will try and say the *Shahadah* prayer (the testimony of faith).  Muslim dead should be placed in body-holding areas or temporary mortuaries, and ideally be kept together in a designated area (with male and female bodies separated). Post mortems are acceptable only where necessary for the issue of a death certificate or if required by the coroner. Ideally only male Muslims should handle a male body, and female Muslims a female body. The body should be laid on a clean surface and covered with a plain cloth, three pieces for a man and five for a woman. The head should be turned on the right shoulder and the face positioned towards Makkah. Detached body parts must be treated with respect.  Next of kin or the local Muslim community will make arrangements to prepare the body for burial. Muslims believe in burying their dead and would never cremate a body. Burial takes place quickly, preferably within 24 hours. |
| **Resources (texts,** **community facilities etc)** | The Qur’an is a source of guidance for life. If in the original Arabic it should not be touched by non-Muslims except with a cloth (translations may be handled by all, with respect), or by menstruating women. Many mosques have private mortuaries which may be available in an emergency. |
| **Names** | Muslims usually have several personal or religious names. The name of the family into which someone has been born is not necessarily used. Where names are required for record purposes, it is advisable to register the most used personal name as a surname, followed by the lesser used names. |

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| **Pagans** | |
| **Language** | Mainly English. |
| **Diet**  **Fasting** | Dietary practice varies but many Pagans are vegetarian and some may be vegan. Dietary choices are, however, a matter for the individual who should be consulted on their preferences.  None. |
| **Dress** | In everyday life, Pagans do not usually wear special forms of dress. Ritual jewellery is however very common and may have deep personal religious significance. In some traditions, the wearing of a ring, which symbolises the person's adherence to Paganism or a particular Pagan path, is common. The removal of such a ring may cause considerable distress. |
| **Physical contact,**  **medical treatment, hospital stays, rest centres** | There are no specific restraints on types of physical contact and no religious objections to blood transfusion and organ transplants. |
| **Daily acts of faith &**  **major annual events** | Private practice: Most Pagans will keep an altar, shrine or a devotional room (often called a temple) in their own homes. Private devotions take place whenever the individual wishes and may include prayer, meditation, chanting, reading of religious texts and ritual. Ritual practice and items used on the Altar in Pagan worship are described below.  Group practice: This often occurs on the lunar observance days and on the seasonal festivals celebrated by most Pagans. Many Pagans will celebrate these on the most convenient date rather than on the exact date, although the latter is preferred. Festivals:  ♦ *Samhain*: 31st October  ♦ *Yule (Midwinter)*: 21st December  ♦ *Imbolc*: 1st February  ♦ *Spring Equinox*: 21st March  ♦ *Beltane*: 30th April  ♦ *Midsummer*: 21st June:  ♦ *Lammas or Lughnasadh*: 1st August  ♦ *Autumn Equinox*: 21 September |
| **Death customs** | Most Pagans believe in reincarnation. The emphasis in funerals is on the joyfulness for the departed in passing on to a new life, but also consolation for relatives and friends that the person will be reborn. Disposal of the body may be by burning (cremation) or burial. Funeral services will take place in crematorium chapels, at the graveside or at the deceased's home. In some traditions, any religious items of significance to the deceased must be buried or burned with the body. Ritual jewellery, personal ritual items such as the Witch’s athame, and the person's religious writings (such as the Book of Shadows) are commonly buried with or burned with the body. A wake (mourning ceremony) carried out around the body by friends and relatives is common in some traditions. |
| **Resources (texts,**  **community facilities etc)** | The Pagan Federation is the largest and oldest Pagan body in Europe. It publishes an informative quarterly journal (Pagan Dawn), and has a useful information pack which gives basic facts about modern European Paganism.  There are also information packs on Witchcraft, Druidry and the Northern Tradition. |
| **Names** | No specific directions as to use of names |

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| **Rastafarians** | |
| **Language** | The vocabulary is largely that of the Jamaican patois of English. |
| **Diet**  **Fasting** | Most Rastafarians are vegetarian and avoid stimulants such as alcohol, tea and coffee. Sacred food is called I-TAL (organic vegetarian food). Some Rastafarians will eat fish, but only certain types.  Fasting is observed, and can take place at any time. Nothing is consumed from noon until evening. |
| **Dress** | Rastafarians wear standard Western dress, except that some Rasta men will wear crowns or *tams* (hats) and Rasta women, wraps (headscarves).  The wearing of headwear can be deemed as part of a Rastafarian's attire, with some Rastafarian men and especially women never uncovering their heads in public. |
| **Physical contact, medical treatment, hospital stays, rest**  **centres** | Cutting of hair is prohibited in any circumstances. Dreadlocks symbolise the ‘mane of the Lion of Judah’ (reference to the divine title of Emperor Haile Selassie). In a medical emergency this issue would need to be discussed with the patient. |
| **Daily acts of faith &**  **major annual events** | Worship takes place at various times depending upon each Rastafarian commune. A service is conducted at least once a week. Rastafarians consider Saturday to be the Sabbath day. *Nyahbinghi* drumming and chanting is an important part of Rastafarian culture. It is used for spiritual upliftment and can last for many days. At the start of this spiritual time a *Firekey* also takes place: a fire is lit and must be kept burning until the drumming and chanting have stopped. Festivals:  ♦ *Ethiopian Constitution Day* (16 July)  ♦ *Birthday of Haile Selassie* (23 July): one of the holiest days of the  Rastafarian year  ♦ *Birthday of Marcus Garvey* (17 August)  ♦ *Ethiopian New Year’s Day* (early September): a four-year cycle, with each year named after a Biblical evangelist.  ♦ *Anniversary of the crowning of Haile Selassie/Ethiopian Christmas*: 2  November |
| **Dying**  **Death customs** | No particular rituals are observed. The dying person will wish to pray. When a Rastafarian person passes (dies) a gathering takes place where there is drumming, singing, scriptures read and praises given. Usual on 9th and or 40th night of person passing. |
| **Resources (texts,**  **community facilities etc)** | Books: *My Life and Ethiopia* (autobiography of Emperor Haile Selassie of  Ethiopia); *Important Utterances of His Imperial Majesty Emperor Haile Selassie I*; *Philosophy and Opinions of Marcus Garvey* (ed. Amy Jacque Garvey).  DVDs: *Time and Judgement* (by Ras Menelik); *The Journey of the Lion* (by  Brother Howie).  CDs: *Churchial Chants of the Nyahbinghi*; *Prince Teban and the Sons of*  *Thunder* communication drumming.  Information about Rastafarianism can be found at [www.encyclopedia.thefreedictionary.com/Rastafarianism](http://www.encyclopedia.thefreedictionary.com/Rastafarianism) |
| **Names** | No particular tradition. Older men may take the prefix Jah or Ras. |

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| **Seventh-day Adventists** | |
| **Language** | Usually English, though there are a number of different language groups within the Adventist Church in the UK, including Filipino, Ghanaian, Russian, Bulgarian, Portuguese etc. |
| **Diet**  **Fasting** | Seventh-day Adventists do not smoke, drink alcohol or use non-medicinal drugs. Some even avoid foods and drinks containing caffeine and other stimulants. Many are vegetarian but those that do eat meat avoid pork or shellfish products. Some are vegan.  Some Adventists may have a personal period of fasting in conjunction with special prayer projects. |
| **Dress** | No special dress. |
| **Physical contact,**  **medical treatment, hospital stays, rest centres** | In a rest centre, provision of vegetarian food from outlets not handling meat would be required. Provision of a room for Sabbath worship would be requested, and access to a Bible. |
| **Daily acts of faith &**  **major annual events** | The Seventh-day Adventist Sabbath is kept from sunset on Friday to sunset on Saturday. It is a day of rest and worship, when Adventists like to practice fellowship and worship together. During this time most Adventists avoid secular activities such as watching television. Communion, or the Eucharist, is celebrated once every three months. Adventists celebrate Christmas and Easter as commemorative events, usually marking the occasions by a special service on the closest Sabbath day. |
| **Dying**  **Death customs** | Adventists would prefer to have an Adventist clergyman or woman present when facing death. However they would appreciate general prayers and other spiritual care from clergy of other Christian denominations if Adventist clergy were not available. Adventists do not hold the sacraments as required rituals; hence Sacrament of the Sick would not be necessary.  Cremation or burial is a matter of personal or family preference. |
| **Resources (texts, community facilities etc)** | As with other Christians Adventists accept the Bible as the inspired word of  God. Many Adventist also cherish books by Ellen G White, who they believe had the spiritual gift of prophecy.  The Seventh-day Adventist Church in the UK is a fairly close knit community and most members will have friends or family to call on for temporary accommodation. |
| **Names** | No particular tradition. |

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| **Sikh** | |
| **Language** | The Punjabi and English languages are widely spoken and used. Swahili, Urdu and Hindi may be understood |
| **Diet** | Dietary practice varies, but devout Sikhs do not use tobacco, alcohol or drugs and are vegetarians, who will also exclude eggs. Those who do eat meat, fish and eggs will refrain from eating beef, halal and kosher meat.  Salads, rice, dahl (lentils), vegetables and fruit are generally acceptable. |
| **Dress** | All initiated male Sikhs wear the five K symbols: *Kesh* (uncut hair); *Kangha* (a comb to keep the hair neat); *Kara* (a steel bangle which symbolises the unity of God); *Kirpan* (a short dagger which symbolises the readiness of the Sikh to fight against injustice); and *Kachhera* (breeches or shorts to symbolise modesty). Women will wear all others except for the Turban, obligatory for men, it is optional for women who may instead wear a *chunni*  (a long Punjabi scarf) to cover the Kesh.  The removal of the Turban or the *Kachhera* will cause great embarrassment to a Sikh and should be avoided. |
| **Physical contact**  **Medical treatment**  **Hospital stays, rest centres** | Treatment by medical staff of any religion is permissible, but men and women prefer to be treated by staff of the same sex where possible.  There are no specific medical requirements and no religious objections to blood transfusion and organ transplants. The views of the family/ individual concerned should be sought.  A Sikh in hospital may wish to have all five faith symbols within reach. *Kachhera* (shorts) should on no account be changed or removed other than by the individual concerned. A shower is preferred to a bath. Sikhs wash after using the toilet, so access to a tap and a container of water for washing should be provided in the toilet area. |
| **Daily acts of faith &**  **major annual events** | Sikhs are required to shower or bathe daily, especially before conducting their dawn prayers. Prayers are said three times a day: at sunrise, sunset and before going to bed. There is no set day for collective worship, though in the UK this usually takes place on Sundays. Festivals are normally celebrated with a continuous reading of the Guru Granth Sahib (Holy Scriptures) over a period of 48 hours. Major annual festivals are:  ♦ *Guru Nanak’s Birthday:* A three-day celebration  ♦ *The Martyrdom of Guru Tegh Bahadur*  ♦ *Guru Gobind Singh’s Birthday*  ♦ *The Martyrdom of Guru Arjan Dev*  ♦ *Baisakhi*  ♦ Divali |
| **Dying**  **Death customs** | The dying person will want to have access to the Sikh scriptures where possible.  The five Ks should be left on the dead body, which should, if possible, be cleaned and clothed, in clean garments before being placed in a coffin or on a bier. According to Sikh etiquette, comforting a member of the opposite sex by physical contact should be avoided, unless those involved are closely related. Deliberate expressions of grief or mourning by bereaved relatives are discouraged, though the bereaved will want to seek comfort from the Sikh scriptures. The dead person should always be cremated, with a close relative lighting the funeral pyre or activating the machinery. This may be carried out at any convenient time. The ashes of the deceased may be disposed of through immersion in flowing water or dispersal. |
| **Resources (texts, community facilities etc)** | The Sikh Scriptures *(Adi Granth)* are treated with the utmost respect and reverence. Additionally, Sikhs may refer to the writings of Guru Gobind Sinqh (Dasam Granthland the Sikh Code of Conduct (Rahil *MatVada).* |
| **Names** | Sikhs generally have three names: their given name; a title (Singh (Lion) for all males and Kaur (Princess) for all females); and a family name. Where names are required for records, the family name can tactfully be asked for, bearing in mind that Sikhs generally prefer to use and will usually offer, their first name alone or their first name together with their title (Sinqh or Kaur). |

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| **Zoroastrian (Parsee)** | |
| **Language** | Zoroastrians almost always speak English. Those from the Indian sub- continent speak Gujarati and Iranian Zoroastrians speak Persian or Farsi. |
| **Diet**  **Fasting** | Zoroastrians have no particular dietary requirements. They are non- vegetarian.  On certain days in the year Zoroastrians may abstain from meat. |
| **Dress** | Zoroastrians almost always wear western clothes: traditional dress is for ceremonial occasions only. As part of their inner garments, most adult  Zoroastrians will wear a vest made of fine muslin cloth called a *Sudra*. They also tie a girdle around the waist and this is called the *Kusti*. It is important to wear a clean *Sudra*, to change it daily and to remove it only for medical reasons. |
| **Physical contact, medical treatment, hospital stays, rest** **centres** | It is believed that many Zoroastrians are prone to Glucose-6-Phosphate Dehydrogenase deficiency, a common human enzyme deficiency. There are no taboos on medical treatment or physical contact. |
| **Daily acts of faith &**  **major annual events** | Zoroastrians should untie their girdle and tie it back whilst saying their prayers, at least once a day. They may wish to cover their head whilst praying.  Zoroastrians follow two different calendars; some follow the Shenshai calendar and others the Fasli calendar. Main days of observance:  ♦ *Jamshedi Noruz* (Fasli): New Year’s Day according to the Fasli calendar used in Iran.  ♦ *Khordad Sal* (Fasli)  ♦ *Farvandigan* (Fasli)  ♦ *Zartusht-no-Diso* (Shenshai)  ♦ *Farvardigan*  ♦ *No Ruz* (Shenshai): New Year’s Day on the Shenshai calendar.  ♦ *Khordad Sal* (Shenshai)  ♦ *Fravardin* (Shenshai)  ♦ *Zartusht-no-Diso* (Fasli) |
| **Dying**  **Death customs** | Zoroastrians prefer to die quietly and without being disturbed.  In the UK, Zoroastrians are either cremated or buried. It is important to dispose of the body as soon as possible after due paperwork and prayers for the dead have been performed. At least one priest should perform these prayers which can last for about one hour, prior to the funeral. Zoroastrian priests can be contacted at Zoroastrian Trust Funds of Europe in London (contact details in Annex B). |
| **Resources (texts, community facilities etc)** | The Zoroastrian faith is headquartered at Zoroastrian Centre, 440 Alexandra Avenue, Harrow HA2 9TL, where an extensive library is located. The website is also useful (see Annex B). Zoroastrian prayer books are only available from Zoroastrians or from the Zoroastrian Trust Funds of Europe. |
| **Names** | Each Zoroastrian has one first name. The father's name appears as the second name. The family name serves as the surname. |

#### Appendix L: Unidentified Patient Form

(See attached PDF)