



## Information for Healthcare Providers in Body Recovery from Mass Death

As a healthcare provider at the site of mass death you may be supervising a team of workers recovering bodies or you may be working directly with human remains. Working with or around human remains may arouse strong feelings of pity, horror, repulsion, disgust, and anger in spite of your expectations that you should be able to cope with the experience more easily than others. As a medical expert you may need to take a leading role in addressing concerns about the risks of handling dead bodies. A commonly held belief is that human and animal corpses pose an urgent public health risk.

A source of information covering multiple aspects of the topic from health consideration to socio-cultural and psychological issues may be found at: <http://www.paho.org/English/dd/ped/DeadBodiesBook.pdf>

A discussion of the psychological impacts of exposure to traumatic death may be found at: [www.usuhs.mil/psy/traumaticdeath](http://www.usuhs.mil/psy/traumaticdeath)

Consult the other FACT Sheets in this series to be found at: [www.usuhs.mil/psy/factsheets](http://www.usuhs.mil/psy/factsheets)

- Understanding the local culture, healthcare practices, and beliefs about death will foster cooperation and positive response to medical recommendations.
- Myths, superstitions and rumors may be prevalent and run counter to sound medical knowledge.
- Most organisms in the tissues of dead bodies are unlikely to infect healthy persons. Some infectious agents may be transmitted where workers are in close contact with blood, body fluids and tissues of dead body that died with infectious diseases.
- Microorganisms involved in the decay process (putrefaction) are not pathogenic.

- Dead bodies do not cause epidemics. However, in situations of overcrowding, poor sanitation and degraded drinking water systems and high levels of endemic disease, decaying bodies may become a cofactor in a developing epidemic such as cholera or salmonellosis.
- Transmission of infectious agents from a cadaver to a living person may occur if the deceased was previously ill. Infectious hazards for individuals include tuberculosis, group A streptococcal infection, gastroenteritis, transmissible spongiform encephalopathies (such as Creutzfeldt-Jakob disease), hepatitis B, hepatitis C, HIV infection, meningitis and septicemia (especially meningococcal), and hemorrhagic fever. (*Morgan O. Infectious disease risks from dead bodies following natural disasters. Rev Panam Salud Publica. 2004;15(5):307-12.*)

### Recommendations for workers recovering the dead after natural disasters:

- Use universal precautions for blood and body fluids
- Vaccinate for Hepatitis B
- Dispose of or disinfect used gloves
- Prevent cross-contamination of personal items
- Wash hands after handling bodies and before eating
- Disinfect vehicles and equipment
- Use body bags, especially for badly damaged bodies, body parts, and contaminated personal effects.