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Yhteiskunnan varautuminen vainajien huoltoon poikkeusoloissa tai –tilanteissa

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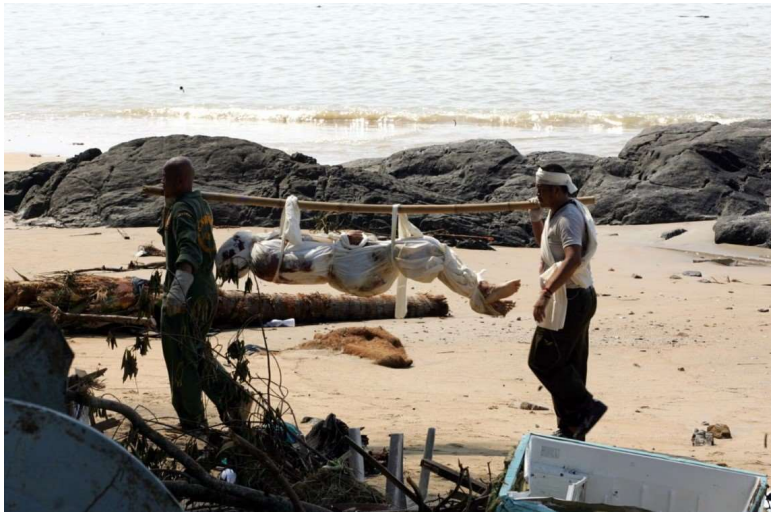
Suomeen kaavaillaan kuolonuhri-keskusta, jolla varaudutaan terrori-iskun tai onnettomuuden uhreihin – ”Tässä ei ole kyse pelottelusta”

Useat viranomaiset ovat alkaneet pohtia, miten vainajien kanssa meneteltäisiin suuronnettomuudessa tai muussa kriisissä.

Estonian vainajia siirrettiin miinalautta Pyhärannalla Utöstä Turkuun 29. syyskuuta 1994.
Kuva: PETER JANSSON

Jukka Harju HS
31.10.2019 2:00 | Päivitetty 31.10.2019 6:15



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Kaatuneiden huoltoon uudet ohjeet

Puolustusvoimien oppaan kirjoittavat tällä kertaa sotilaat, eivät papit

Tilaajille

Monista muista maista poiketen suomalaisten tapana on ollut haudata kaatuneet omalle kotipaikkakunnalle. Kuvassa sankarihautajaiset Joensuussa toukokuussa 1940. Kuva: SA-kuva

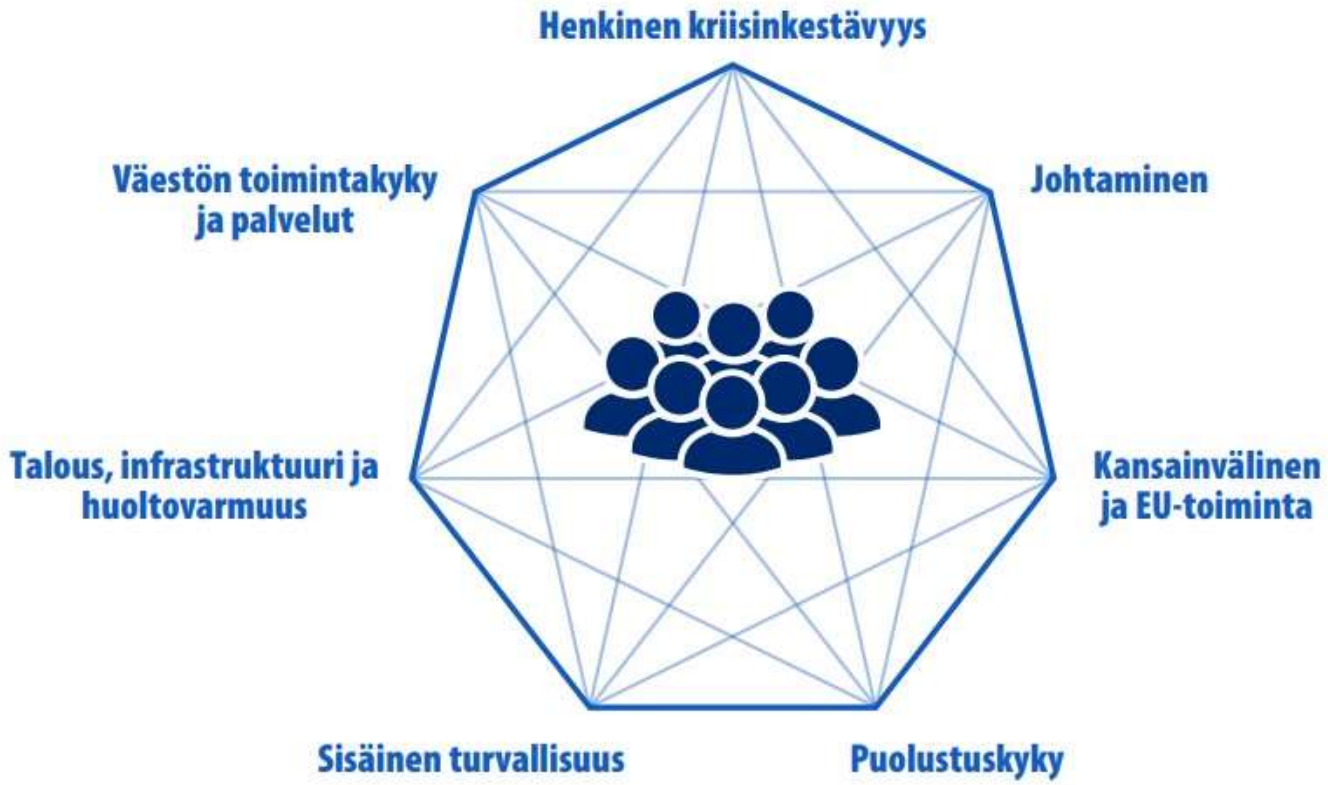
Puolustusvoimissa saa taas puhua kuolemasta: Varusmiehistä aletaan kouluttaa kaatuneiden huoltomiehiä

Kuolemasta puhuminen on myös psyykkistä valmennusta tositilannetta varten, sanoo kenttärovasti Timo Waris.

SA-kuvan kuvatekstin mukaan kuvassa on KEK:sta lähteviä arkkuja rautatievaunussa Torniossa 1944. Kuva: Kim Borg / SA-kuva

Jukka Harju HS
21.10.2019 2:00 | Päivitetty 21.10.2019 10:33

Kokonaisturvallisuus – elintärkeät toiminnot



NATO-sopimus (artiklat 1-3/14)

1 artikla

Osapuolet sitoutuvat Yhdistyneiden Kansakuntien peruskirjan mukaisesti selvittämään mahdolliset kansainväliset riidat, joissa ne ovat osallisina, rauhanomaisin keinoin siten, ettei kansainvälistä rauhaa ja turvallisuutta eikä oikeudenmukaisuutta vaaranneta, sekä pidättymään kansainvälisissä suhteissaan voimankäytöllä uhkaamisesta ja sen käyttämisestä tavalla, joka on ristiriidassa Yhdistyneiden kansakuntien päämäärien kanssa.

2 artikla

Osapuolet edistävät rauhallisten ja ystävällisten kansainvälisten suhteiden edelleen kehittämistä vahvistamalla vapaita instituutioitaan, lisäämällä ymmärrystä näiden instituutioiden perustana olevista periaatteista sekä edistämällä vakauden ja hyvinvoinnin edellytyksiä. Osapuolet pyrkivät poistamaan ristiriitoja kansainvälisessä talouspolitiikassaan ja edistävät yksittäisten tai kaikkien osapuolten välistä talousyhteistyötä.

3 artikla

Jotta tämän sopimuksen tavoitteet saavutettaisiin tehokkaammin, osapuolet ylläpitävät ja kehittävät yhdessä ja erikseen, jatkuvan ja tehokkaan oman valmistautumisen ja keskinäisen avun pohjalta, kansallista ja yhteistä kykyään puolustautua aseellisia hyökkäyksiä vastaan.

NATOn siviiliresilienssin 7 perusvaatimusta

1. Julkishallinnon ja kriittisten yhteiskunnan palveluiden jatkuvuuden varmistaminen
2. Energiahuollon turvaaminen
3. Kyky hallita kontrolloimattomia väestöliikkeitä
4. Elintarvike- ja vesihuollon turvaaminen
5. Kyky käsitellä suuria määriä loukkaantuneita ja kuolonuhreja
6. Teleliikennejärjestelmien turvaaminen
7. Kuljetusjärjestelmien turvaaminen

Ytimessä:

- Hallinnon toiminta- ja päätöksentekokyky
- Väestön kannalta kriittiset palvelut
- Siviiliyhteiskunnan tuki sotilaallisille operaatioille

Artikla 3

Lupa- ja valvontavirasto (LVV)

Uusi, valtakunnallinen ja monialainen virasto, joka aloittaa toimintansa vuoden 2026 alussa. Se yhdistää suurimman osan aluehallintovirastojen ja Valviran tehtävistä sekä pääosan ELY-keskusten ympäristö- ja luonnonvaratehtävistä. Viraston päätehtävä on yhtenäistää ja tehostaa lupa-, ohjaus- ja valvontakäytäntöjä eri puolilla Suomea.

Miksi uusi virasto?

- Uusi virasto on osa valtion aluehallinnon uudistusta, jonka tavoitteena on parantaa palveluiden yhtenäisyyttä.
- Valvira, ELY-keskukset ja aluehallintovirastot yhdistämällä pyritään sujuvoittamaan lupaprosesseja ja yhdenmukaistamaan valvontaa.

Mitä Lupa- ja valvontavirasto tekee?

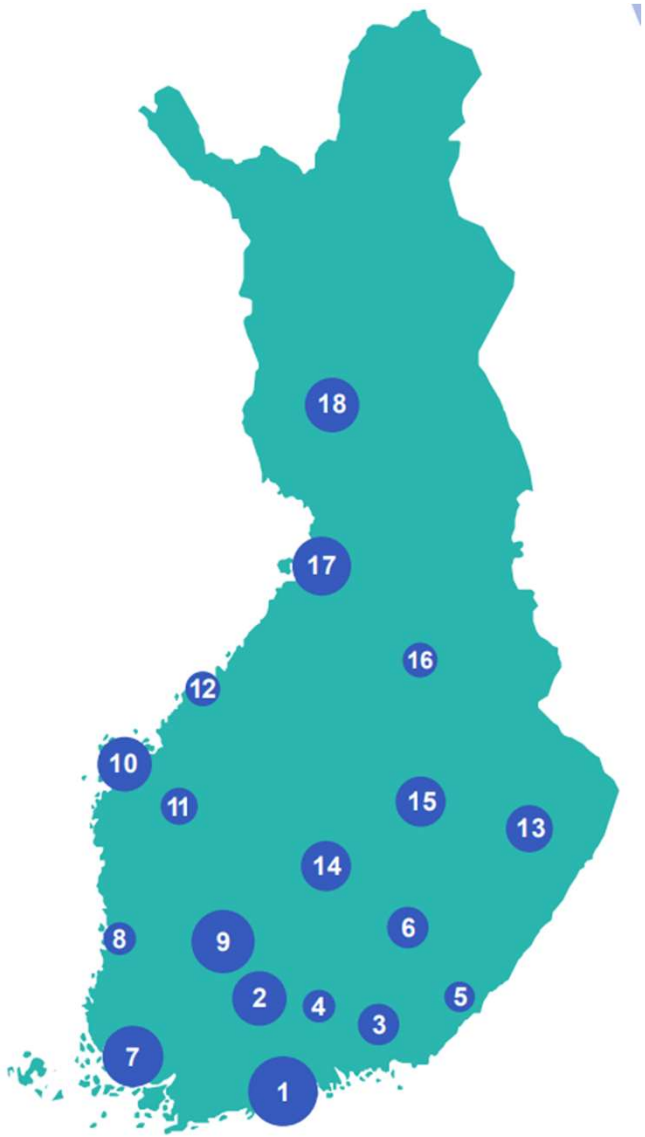
- Valvoo monia eri aloja, kuten sosiaali- ja terveydenhuoltoa, varhaiskasvatusta, ympäristöä ja työsuojelua.
- Virasto myöntää lupa- ja muita lupatehtäviä eri toimialoille. Virasto ohjaa ja edistää yhdenmukaisia toimintatapoja eri hallinnonaloilla ja alueilla.

Missä virasto toimii?

- Virasto on valtakunnallinen, ja sen toimipaikkoja on 18 eri paikkakunnalla ympäri Suomea, jotta palvelut ovat saavutettavissa.
- Viraston päätoimipaikka sijoittuu Tampereelle.

Lupa- ja valvontaviraston toimipaikat

1. Helsinki (533 hlö)
2. Hämeenlinna (127 hlö)
3. Kouvola (65 hlö)
4. Lahti (25 hlö)
5. Lappeenranta (23 hlö)
6. Mikkeli (66 hlö)
7. Turku (199 hlö)
8. Pori (24 hlö)
9. Tampere, päätoimipaikka (209 hlö)
10. Vaasa (154 hlö)
11. Seinäjoki (45 hlö)
12. Kokkola (30 hlö)
13. Joensuu (81 hlö)
14. Jyväskylä (98 hlö)
15. Kuopio (99 hlö)
16. Kajaani (28 hlö)
17. Oulu (184 hlö)
18. Rovaniemi (141 hlö)



Lupa- ja valvontaviraston toimialat

Virastolla on viisi toimialaa:

1. Sosiaali- ja terveystoimiala
2. Ympäristötoimiala
3. Työsuojelutoimiala
4. Varhaiskasvatuksen, koulutuksen ja kulttuurin toimiala
5. Pelastustoimen ja varautumisen toimiala

Toimialat muodostavat osastojaon.

Lakiluonnos lupa- ja valvontavirastosta
Varautumisen alueellinen yhteistyö

Viraston tehtävänä on varautumisen alueellisen yhteistyön järjestäminen varautumisen yhteistyöalueilla. Varautumisen yhteistyöalueella tarkoitetaan sosiaali- ja terveydenhuollon järjestämisestä annetun lain (612/2021) 35 §:ssä tarkoitettujen yhteistyöalueiden kanssa maantieteellisesti yhtenäisiä alueita.

Virasto vastaa varautumisen alueellisesta yhteistyöstä:

1) järjestämällä varautumista tukevaa alueellista ennakointityötä;

2) kehittämällä alueellisia riskiarvioita ja yhteensovittamalla alueelliset riskiarvioinnit;

3) edistämällä alueen toimijoiden valmiussuunnittelua;

4) järjestämällä alueellista varautumista tukevia valmiusharjoituksia;

5) järjestämällä alueellisia maanpuolustuskursseja;

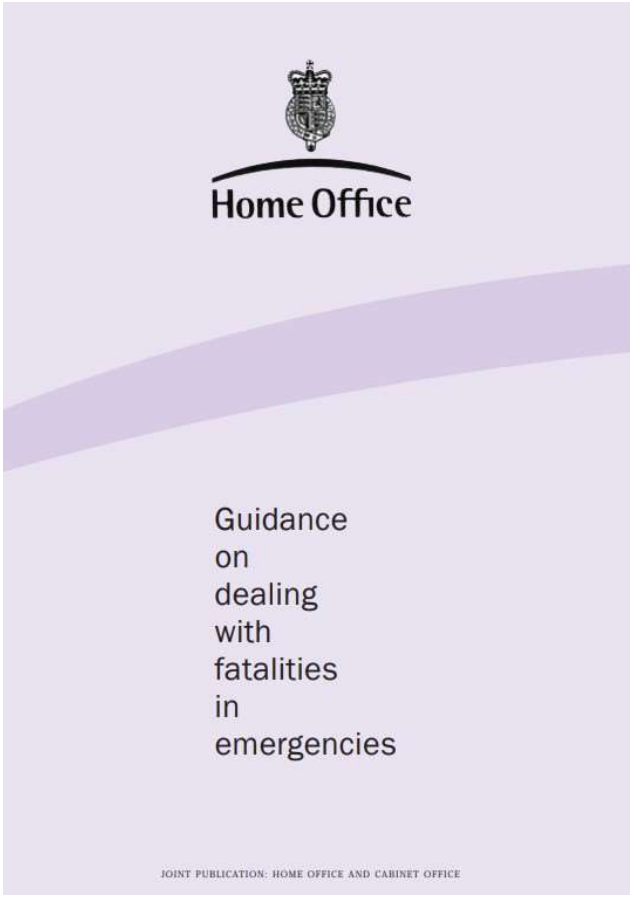
6) seuraamalla alueellista varautumisvalmiutta;

7) järjestämällä muuta alueellista yhteistoimintaa.

Before you get started

An effective mass fatality plan **cannot be written in isolation**. The importance of **partnership and collaboration in planning and in emergency response** cannot be overemphasized. Developing a plan through a collaborative **process**:

- Encourages organizations to **get involved and to take ownership** of the plan.
- Expands the **knowledge and expertise base** of the organization responsible for the plan.
- **Promotes and establishes professional relationships** with responding organizations.



Aluehallintovirasto

Contents

Emergency Risk Management for Health
MASS FATALITIES/DEAD BODIES

Key Points

- The health risk to the general public from large numbers of dead bodies following emergencies arising from natural hazards is negligible. [1,2]
- Capacity is needed to recover, identify, store and dispose of the large number of dead bodies that may arise in an emergency [1].
- It is important for the psychosocial wellbeing of the living: survivors, relatives and the wider community that the dead are managed with dignity and respect. [1,2]
- Good communication on the management arrangements for the dead and the missing is critical for relatives. [1]
- Awareness of ethical, religious and cultural sensitivity are important for those managing fatalities. [1]
- Exposure of civilian populations to chemical, biological and radiological agents is an increasing hazard, and fatalities as a result of such hazards may pose an ongoing threat. [3]

Please also see factsheets on chemical safety, radiation, communicable diseases, and mental health and psychosocial support.

Example: South Asia

Earthquake and Tsunami (2004)

The Sumatra-Andaman earthquake and tsunami of 26th December 2004 led to an estimated 226,408 deaths across South Asia. [1]

Lack of co-ordination between different organizations, communities and family members resulted initially in a lack of clear process for body recovery across three countries: Sri Lanka, Indonesia, and Thailand that were studied in post-event analysis [1].

Bodies were taken to multiple locations and surviving relatives suffered greatly in not knowing where family members had been taken. [1]

Why is this important?

Larger-scale natural disasters may result in many tens of thousands of fatalities[4], while smaller-scale disasters involving multiple deaths often exceed the local capacities for mass fatality management.

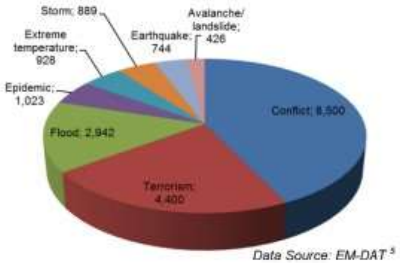
In 2010, the earthquake in Haiti recorded estimates of over 200,000 deaths, the heat-wave in Russia over 55,000 and the floods in Pakistan almost 2000[5]. Other disasters including epidemics, bombings and chemical hazards (e.g. Bhopal, India) may also result in large numbers of dead bodies.

Since 2011, the internal conflict in Syria recorded estimates of over 60,000 deaths, the earthquake in Japan over 15,000 and the typhoon in the Philippines almost 1000 deaths.

While local arrangements may be able to manage small numbers, they are rarely able to cope with hundreds or thousands of fatalities which may occur in an emergency. When the number of bodies exceeds normal local mortuary arrangements, mass fatality management plans may be activated to provide the additional capacities. [6]

Typically the events that result in the highest numbers of fatalities are located in regions with increased risk and vulnerable populations; this is often compounded by limited infrastructure and integration of the health system into disaster preparedness, response and recovery.

Mass fatality incidents: number of deaths by event type (2012)



Data Source: EM-DAT [5]

World Health Organization | Public Health England | UNISDR The United Nations Office for Disaster Risk Reduction

Further information, contact: WHO - Jonathan Abrahams (e-mail: abrahamsj@who.int)

What are the health risks?

General risks[1]

The major risk is inadequate capacity to deal with dead bodies, which may result in:

- Distress to families and the community.
- Diversion of vital community, health and disaster responders away from priority life-saving measures for survivors to the management of dead bodies.
- Inappropriate practices may also cause community distress.

The health risk to the general public from large numbers of dead bodies arising from natural hazards is negligible[1]. However there is a risk of infection arising from consumption of water that is contaminated with feces from a dead person.

There may also be health risks through secondary contamination from fatalities as a result of exposure to chemical or radiological agents.[3]

Psychological distress amongst the bereaved is aggravated if unable to perform funereal rites in accordance with local custom. [2]

Occupational health related risks[1]

There are no reports of infection arising from contact with a dead body following natural disasters, though long term follow up of personnel is yet to be undertaken.

The majority of health effects following a natural disaster include injury/strain from lifting bodies, and injury from debris during body recovery.

Risk assessments need to be made where fatalities arise following epidemics of infectious disease or exposure to chemical or radiological agents to prevent infection and/or secondary contamination. [3]

It is vital in all cases that universal precautions are adhered to when handling dead bodies, including wearing gloves and washing hands. Additional personal protective equipment may be needed when handling fatalities occurring as a result of chemical, biological and radiological incidents and specialist advice should be sought.

Risk management considerations

Governments and communities can ensure that mass fatalities are appropriately managed by:

- Taking coordinated multi-agency planning and preparedness measures for the management and recording of fatalities specifically addressing each of the following four stages involved in management of dead bodies: [1]
  - Body recovery
  - Storage of bodies: as local custom permits, in refrigeration, cold storage or by other means until identification and handing over to family members.
  - Victim identification: using fingerprints, dental records, DNA records, photo identification depending on local resources and baseline identification records.
  - Disposal which should reflect ethnic and religious sensitivities where possible and appropriate.

  Additionally, following chemical, biological and radiological events, taking steps to identify and contain the causative agent.

  Effectively communicating risk to survivors and responders including health workers, emergency responders and those living in risk prone areas about the adverse health effects from a dead person. [1]

  Provide access to support mechanisms for survivors, relatives and those dealing with fatalities.

References and further reading

1. Morgan OW, Sribanditmongkol P, Perera C, Sulasmi Y, Van Alphen D, Sondorp E. Mass Fatality Management following the South Asian Tsunami Disaster: Case Studies in Thailand, Indonesia and Sri Lanka. PLoS Med 2006;3(6): e195. doi:10.1371/journal.pmed.0030195
2. Eberwine D. Disaster Myths That Just Wont Die. Perspectives in Health 2005;10(1):2-7
3. Baker DJ, Jones KA, Mobbs SF, Sepai O, Morgan D, Murray VSG. Safe Management of Mass Fatalities following Chemical, Biological and Radiological Incidents. Prehosp Dis Med 2009;24(3):180-188.
4. CRED (Center for Research on the Epidemiology of Disasters). Thirty Years of Natural Disasters 1974-2003: The Numbers, 2004; Belgium: Presses universitaires de Louvain.
5. EM-DAT http://www.emdat.be/, Refugees International http://refugeesinternational.org/
6. CRED (Center for Research in Epidemiology of Disasters) (2011). 2010 disasters in numbers. http://cred.be/sites/default/files/PressConference2010.pdf

Tsunami fatalities (2004), Indonesia (WHO)

PAHO Pan American Health Organization World Health Organization American Region

TOPICS COUNTRIES RESOURCES NEWS ABOUT

The Essential Elements

Mass Fatality Plan Checklist

- I. Introduction and Purpose +
- II. Activation +
- III. Command and Control +
- IV. Logistics +
- V. Welfare +
- VI. Identification and Notification +
- VII. International Dimensions +
- VIII. Site Clearance and Recovery of Deceased Victims +
- IX. Mortuary +
- X. Acuerdos de Disposición Final +
- XI. Chemical Biological Radiological Nuclear (CBRN) +
- XII. Public Information and Media Policy +
- XIII. Health and Safety +
- XIV. Disaster Mortuary Plan +

Mass Fatality Plan Checklist 1/14

I. Introduction and Purpose	-

- Outline the purpose of the plan.
- List assumptions of a Mass Fatality Plan.
- Define the scope of the plan and local hazards that can create mass fatalities, i.e. type, frequency, level of impact, etc.
- List members of mass fatality coordination committee/key partners, stakeholders in the planning and implementation process.

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Mass Fatality Plan Checklist 2/14

II. Activation	-

- Describe the activation process and identify who or what agency will be responsible for activating the Plan, i.e. Same authority as in the National Health Sector Emergency Management Plan or the National Disaster Management Plan.
- Include a call out chart and attach roles and responsibilities to each individual for this phase of the plan.

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Mass Fatality Plan Checklist 3/14

III. Command and Control	-

- Discuss with local health, law enforcement and disaster management officials where/how mass fatality fits in with national plans.
- Discuss role of health authorities, NGOs and national disaster offices during mass fatalities.
- Discuss legal authority for handling of dead bodies from the point of examination by a physician/pathologist to the actual burial process. Consider the investigative needs of law enforcement agencies.
- Outline the local incident command structure and provide an organizational chart for chain of command, including operations, logistics, planning, and finance/administration. Reference all hazards/emergency operations plan as appropriate.

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Mass Fatality Plan Checklist 4/14

IV. Logistics -

- Consider arrangements for providing transportation for the movement of the deceased/remains/personal effects.
- Storage facilities for temporary morgues may involve the commandeering of 20/40 ft refrigerated containers. Remember that each container has limited capacity and requires considerable quantities of fuel - the cost of which can be substantial.
- Emergency communications with all relevant parties must be done through secured channels that are not easily accessible by the media and general public.
- Provision of resources - are there national/regional stocks available that can be used i.e. coffins, body bags, waterproof labels, dry ice etc.
- There may be the need for provision of portable electrical supply and water to field sites.
- Designate a trained individual supporting team members to mange and oversee logistical arrangements.
- Identification of local and regional technical specialists/resources and arrangements for obtaining their services through agreements.

Alueha

Mass Fatality Plan Checklist 5/14

V. Welfare	-

- Mention provisions that will be made for handling the welfare needs of family and friends including a designated area for viewing/identifying bodies (consider cases where bodies have to be isolated as in the case of some epidemics).
- Discuss with the medical examiner the process involved in releasing or allowing for burial of the dead and the recognized forms of burial in the country. Ensure that provisions are made in the plan for addressing local cultural and religious needs of the community.
- Include linkages with local Crisis Intervention Teams or psycho-social support teams and define procedures for their activation based on level of assistance that they can provide.

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Mass Fatality Plan Checklist 6/14

VI. Identification and Notification -

- Identify a team of persons from law enforcement, health authority, social services etc. who can serve to identify the deceased (with use of forensic procedures), securing the remains and reuniting with family/friends. Consider the local rescue and recovery procedures in place and how these will be linked to the work of this team. A physician or pathologist should determine how partial remains would be handled and these decisions included in the plan.
- Include information regarding the legal rights of the deceased, e.g. Law Enforcement Acts, Interpol Resolution AGN/65/res/13 (1996), humanitarian laws and other ethical and social norms.
- Arrangement for viewing of bodies should be included, facilities identified and arrangements for setting these up as well. Consider how the bodies will be stored and presented and who will be responsible for these activities.
- The matter of investigation should be carefully considered and the relevant information included - review legislation relevant to inquests, registration of death, insurance procedures, criminal actions etc.
- The plan should consider disaster situations when specialist identification teams are not available or the scale of the disaster exceeds local capacity. Arrangements for external assistance and/or local arrangements to facilitate identification at the local level should be considered.

Aluehal

Mass Fatality Plan Checklist 7/14

VII. International Dimensions -

- Mass fatality incidents may involve foreign nationals. These may be foreign workers living in the affected areas, tourists, illegal immigrants or relatives of affected families.
- The mass fatality plan should be distributed to foreign embassies or consulates of countries from which large tourist populations arise.
- Many countries deal with illegal immigrants on a regular basis and therefore procedures should be available to support this element of the plan. Include all provisions for repatriation of victims to home country - consult with Immigration and Attorney General's chambers and consider finances for such actions.
- Department of Foreign Affairs or Governor's Offices should be consulted on arrangements for returning victims who are nationals from your country who died in the country where the disaster has occurred. Arrangements for receiving these victims should be included in the plan and provisions for handling the deceased once they have been received.
- Consider special arrangements that may be required such as embalming and how the death certificates will be issued.
- In the event that tourists or high level officials are involved and their remains are being shipped, consideration must be given to the sensitivity of such situation and the controlled release of information to the local and international media. Consult the Pan American Health Organization/World Health Organization resolution on the International Transportation of Human Remains (1966).
- Identify the national and regional INTERPOL counterparts and define arrangements for requesting their assistance when required.

Mass Fatality Plan Checklist 8/14

VIII. Site Clearance and Recovery of Deceased Victims -

- Clearly define procedures for photographing victims/body parts and placement of proper identification tags - what tagging system will be used as per police procedures and who will be responsible for keeping accurate records of these. Also consider where these procedures will take place (collection point) and provision of adequate security measures.
- Procedures for photographing, labeling and securing personal effect must also be included in the plan - who will be responsible for these processes? Most likely assigned to the Police. Are resources available such as digital cameras with sufficient memory?
- Provisions should be made for a victim audit (may be advisable to have an external group to the police) to verify that the correct procedures were followed. The plan must define who, where and how this will be preformed.
- In certain situations such as criminal and/or terrorist attacks the disaster site must be preserved for investigative purposes - whose responsibility will this be and how will it be done, This should be outlined in the plan in a step by step format - consult with a law enforcement agency on this matter.

Alueha

Mass Fatality Plan Checklist 9/14

IX. Mortuary -

- For storage and body preparation local morgue facilities and funeral homes - location, capacity, resources etc., should be listed in the plan with relevant contact details. Transportation to these facilities must be considered. The plan should consider the development of national/regional stocks of coffins, body bags etc. MOUs can be developed with private morgue/funeral homes and included as part of the plan. Consult with Attorney General's Chambers on these arrangements.
- Ensure that the plan addresses issues such as individuals who die while being transported and those who die in hospitals as a result of injuries sustained from the disaster. In some countries they are passed through the same procedures as those who have died at the disaster site.
- Consider arrangements for handling the media and for security at these facilities.
- A general principle should be applied - hospital mortuaries should NOT be used unless numbers are manageable especially in the case where there is only one available hospital. Temporary mortuary facilities should also be considered.
- Ensure that law enforcement agencies identify and provide procedure for securing routes for transporting victims to identified morgue facilities.

Aluehal

Mass Fatality Plan Checklist 10/14

X. Final agreements -

- Procedures for returning the deceased to families must be clearly defined - these can be provided by the physician/pathologist. The wishes of the family for returning partial remains must also be considered.
- Discussions should take place with the physician/pathologist and social welfare or other relevant local agencies regarding the disposal/burial of unclaimed victims/remains. The legal issues must be considered and discussed with the Attorney General's Chambers. Ensure that these are clearly documented in the plan.

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Mass Fatality Plan Checklist 11/14

XI. Chemical Biological Radiological Nuclear (CBRN)	-

- Include procedures for handling such events including how remains should be handled, personal protective equipment, decontamination requirements and procedures and ongoing monitoring of the site and any remains or items removed and where cold storage facilities can be located.
- Consider decontamination arrangements for vehicles and other storage equipment and facilities and environmental impacts along with requirements for evacuation or isolation of surrounding communities.
- Arrangements with external agencies may have to provide for risk assessments and advice on viewing, return of bodies, burial, cremation and repatriation. Identify such agencies in the plan and establish MOUs accordingly.

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Mass Fatality Plan Checklist 12/14

XII. Public Information and Media Policy -

- Many countries have National Public Information Plans and Policies. These can be applied to this element of the plan. Official statements should be channeled through the relevant media centers either at the National Emergency Operations Centre (NEOC) or incident command post in the field. Information from all sites, i.e. mortuary, hospital, family viewing areas, should be channeled to the NEOC for compilation.
- Media should be restricted from entering mortuary facilities or crisis intervention centers/family viewing areas - include procedures for securing these areas and for channeling information to the media center.
- Procedures for releasing names of deceased should be clearly defined in the plan especially considering large numbers of unidentified deceased victims. Provisions should be made for setting up facilities for the public to enquire about missing/deceased persons and these site should be away from the hospital and mortuary.

Mass Fatality Plan Checklist 13/14

XIII. Health and Safety	-

- Consider provisions for the welfare and psychological needs of responders - the local Crisis Intervention Teams or mental health services can lend support in this area. Consider how volunteers from the Red Cross and other similar services can be accommodated to provide such support - once they are trained.
- There may be a need to identify and equip rest areas - whose responsibility will this be and how will the resources be acquired should be established locally.
- Provision should also be made to determine how responders who have lost family members and friends will be handled and by whom.

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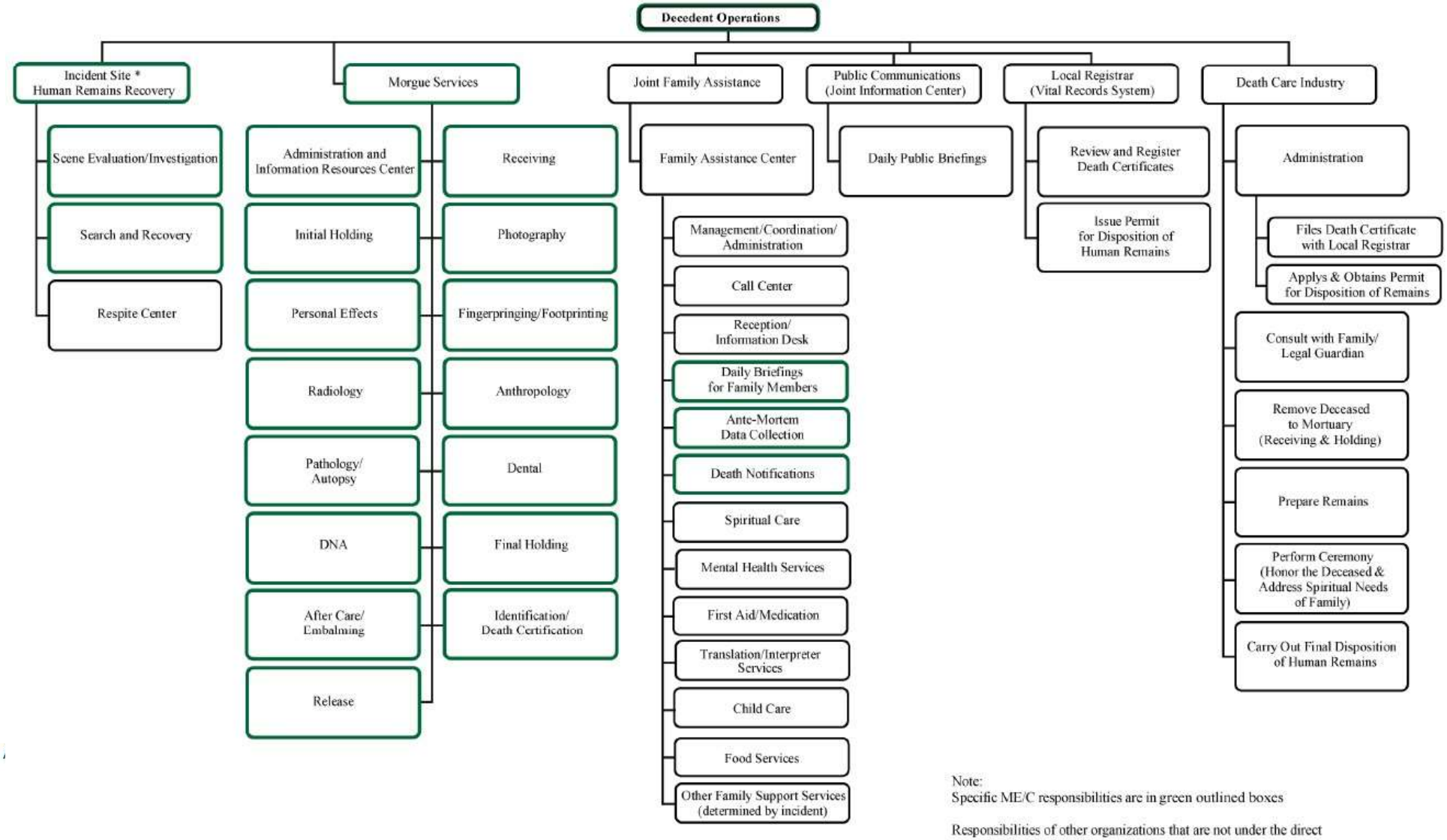
Mass Fatality Plan Checklist 14/14

XIV. Disaster Mortuary Plan -

- In many countries it is the responsibility of the Police to set up and manage the documentation of the deceased at the mortuary and for evidential continuity. Relevant forms, procedures and a layout of the mortuary should be included in the plan.
- In the event of a large scale event involving numerous victims it may be necessary to establish a mortuary management team. The composition of the team should be included in the plan along with call out procedures and responsibilities for each individual.
- Include as part of this element the mortuary procedures to be followed: Registration and arrival, storage, examination and photographing, cleaning of body, radiography, fingerprints, Odontology, re-bagging, embalming, viewing, release of body, bodies not claimed, repatriated bodies, DNA and toxicology, documentation, securing of property, equipment list, waste disposal, staffing, visitors, health, safety and welfare.

Example Organization Chart Depicting the Decedent Operations that May Be Required in the Event of a Mass Fatality



Note:
Specific ME/C responsibilities are in green outlined boxes

Responsibilities of other organizations that are not under the direct control of the ME/C Office are in black outlined boxes

INTERPOL

The Working Group publishes the Guide to Disaster Victim Identification which is the unique globally accepted standard for DVI protocols. First produced in 1984, it is updated every five years; and was most recently published in 2023.

Policies, guidelines and training programmes have been produced in the following areas:

- Victim care and family support;
- Occupational care for DVI teams;
- Compliance with international standards and forensic quality assurance controls;
- Information-sharing and exchange;
- Operational assistance to countries which lack DVI capacity.

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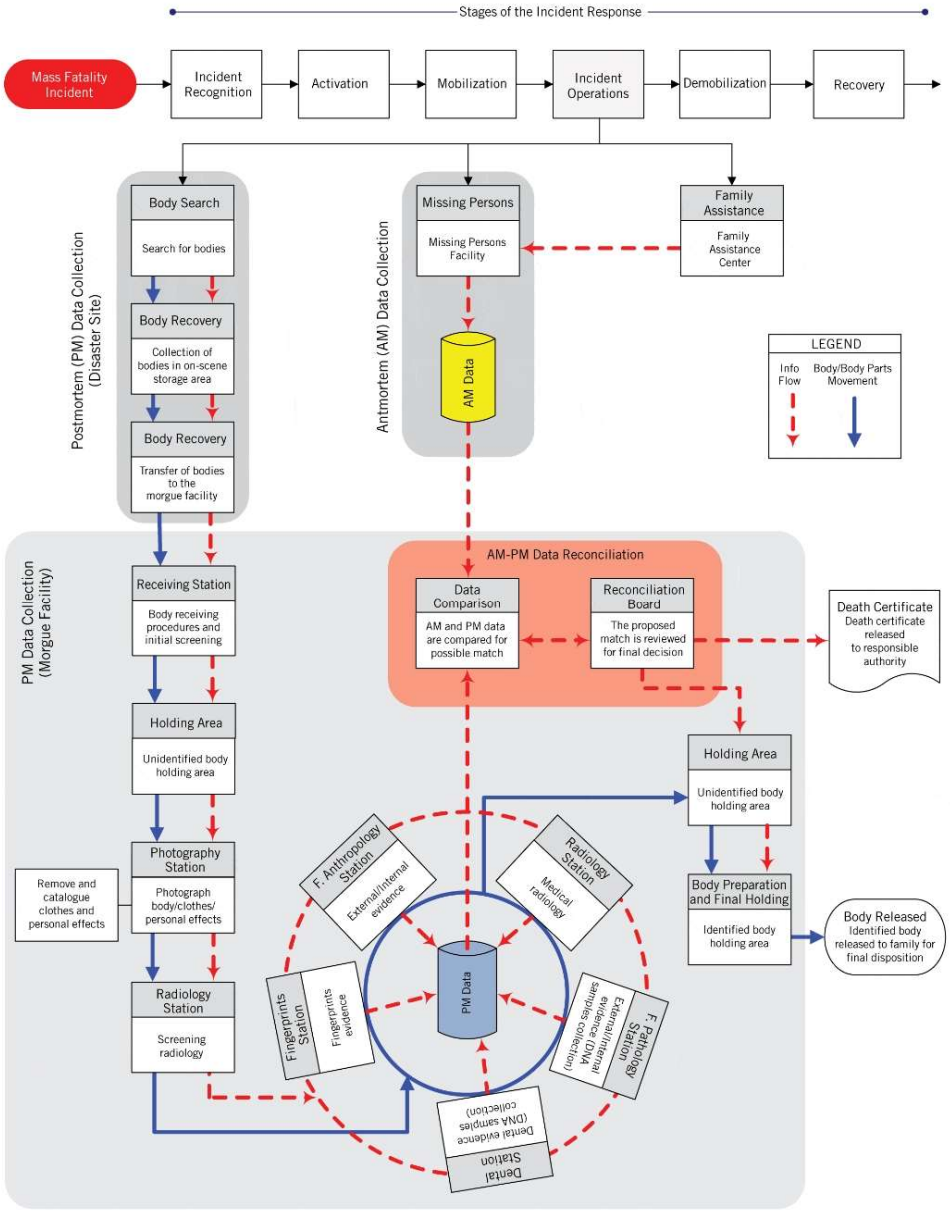
Aluehallintovirasto

Kuolonuhrihuollon prosessi



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Laki ja asetus kuolemansyyn selvittämisestä

Kuolemansyyn selvittäminen on lainsäädäntöön perustuvaa viranomaistoimintaa. Vuoden 2010 alusta voimaan tulleen lain (1065/2009) mukaan oikeuslääkinnän toimivaltainen viranomainen on Terveyden ja hyvinvoinnin laitos (THL).

Laki ja asetus kuolemansyyn selvittämisestä sisältää seuraavat osa-alueet:

- kuolemansyyn selvittämisen ohjaus ja valvonta
- oikeuslääketieteellinen kuolemansyyn selvitys
- oikeuslääketieteelliset ruumiinavaukset
- kuolintodistusten tarkastus ja muut kuolemansyyn selvittämistä koskevat asiakirjat
- oikeuslääketieteen asiantuntijatehtävät ja lausunnot eri viranomaisille.

Laki kuolemansyyn selvittämisestä 459/1973 (Finlex)
Asetus kuolemansyyn selvittämisestä 21.12.1973/948 (Finlex)
Valtioneuvoston asetus kuolemansyyn selvittämisestä annetun asetuksen muuttamisesta 1253/2018 (Finlex)

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Muu kuolemansyyn selvittämiseen liittyvä lainsäädäntö

- Asetus ruumiiden kuljettamisesta koskevan sopimuksen voimaansaattamisesta, Valtiosopimukset 13/1989 (Finlex)
- Hautaustoimilaki 457/2003 (Finlex)
- Tietosuojalaki 1050/2018 (Finlex)
- Konsulipalvelulaki 498/1999 (Finlex)
- Laki ihmisen elimien, kudoksien ja solujen lääketieteellisestä käytöstä 101/2001 (Finlex)
- Laki poliisin hallinnosta 110/1992 (Finlex)
- Laki potilaan asemasta ja oikeuksista 785/1992 (Finlex)
- Laki viranomaisten toiminnan julkisuudesta 621/1999 (Finlex)
- Laki väestötietojärjestelmästä ja Digi- ja väestötietoviraston varmennepalveluista (661/2009) (Finlex)
- Poliisilaki 493/1995 (Finlex)
- Sosiaali- ja terveysministeriön asetus kuoleman toteamisesta 27/2004 (Finlex)
- Terveydenhuoltolaki 1326/2010 (Finlex)

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Oikeuslääketieteellinen kuolemansyyn selvittäminen

Lain mukaan poliisin on tutkittava vainajan kuolemansyy eli suoritettava oikeuslääketieteellinen kuolemansyyn selvittäminen, kun

- kuoleman ei tiedetä aiheutuneen sairaudesta tai kun vainaja ei viimeisen sairautensa aikana ole ollut lääkärin hoidossa.
- kuoleman on aiheuttanut tapaturma, itsemurha, rikos, myrkytys, ammattitauti tai hoitotoimenpide tai on syytä epäillä jotain niistä.
- kuolema on muuten tapahtunut yllättävästi.

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thl Verkkokoulut

Kuolonuhrihuolto integroitava osaksi valmiussuunnittelua, koulutusta ja harjoittelua.

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Kiitos!