



Home Office

Guidance
on
dealing
with
fatalities
in
emergencies

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Introduction

1. On 3 March 2003 the Home Secretary announced to Parliament the details of the Government's programme of work to enhance key generic capabilities, necessary to allow the country to respond to the most demanding of emergencies.
2. The Civil Contingencies Secretariat manages this programme and is a key Cabinet Office Directorate (incorporating the Emergency Planning College). Its role is *'to improve the United Kingdom's resilience to disruptive challenges at every level through anticipation, preparation, prevention and resolution'*.
3. Planning for mass fatalities is one of these capabilities with a Home Office lead. The scale and complexity of a mass fatality incident has the potential to overwhelm responders and therefore more resilient arrangements need to be put in place.
4. Through *'Guidance on dealing with fatalities in emergencies'* we aim to inform and guide those with key roles to play in responding to and planning for mass fatality incidents.
5. Our aim is for all responders to have arrangements in place to respond to fatalities resulting from a major or catastrophic incident. We believe this can be achieved through the enhancement of existing plans, processes and infrastructure so that capabilities are established that will allow responders to cope with dealing with fatalities in emergencies should they occur at a local, regional or national level.
6. Most emergencies in the United Kingdom are planned for and handled primarily at a local level by the emergency services and the relevant local authorities, utilising traditional mutual aid arrangements as needed. But experience of 11th September 2001 in America illustrates that multiple incidents, possibly of catastrophic proportion, may need to be handled simultaneously.
7. In England, responsibility for producing mass fatality plans and ensuring an effective response rests with the local authorities. However, as this is a diverse area - with many different organisations responsible for various aspects of the planning process and response - proper dialogue, consultation and co-ordination will be essential elements of planning an effective response.
8. We strongly encourage planners to ensure representatives and specialists from all organisations that may be involved in dealing with fatalities in emergencies are invited to influence the planning process. This should include the police, coroners and their staff, the National Health Service, the fire service, the military and where relevant industrial and commercial organisations, voluntary agencies and family support groups.

9. To bridge the gap between central and local government arrangements, and to enhance co-operation, Regional Resilience Teams are in place in all Government Offices, and Regional Resilience Forums have been established. Both of these bring together key organisations to map resilience capabilities. We strongly believe that this regional tier will add value to local and national arrangements to promote recovery from a wide-area incident and Regional Resilience Forums should engage with local authorities in their area to agree the scale of planning required at local and regional levels.
10. *'Guidance on dealing with fatalities in emergencies'* builds on the earlier guidance in *Dealing with Disaster - Revised Third Edition*, and relates to the position in England and Wales. Readers will want to note that it is anticipated that a substantial revision of *Dealing with Disaster* will follow introduction of new civil contingency legislation.
11. In Wales the Welsh Assembly Government facilitates the Wales Resilience Forum, chaired by the First Minister. This provides a forum for discussion on strategic emergency preparedness issues and may, through the possible creation of a Wales Civil Contingencies Committee, have a part to play in the event of a mass fatality incident. The Wales National Emergency Co-ordination Arrangements provide the overarching framework for inter-agency co-ordination of a pan-Wales crisis.
12. Separate arrangements exist for dealing with mass fatalities in Scotland and Northern Ireland.
13. In preparing this guidance due consideration has been given to lessons learned as the result of other major emergencies and mass fatality incidents, inquiries and other such opportunities. However, the guidance is by no means a stand-alone measure to ensure that we have sufficient capability across the country to deal with such incidents. The Home Office will be working with the regions, the devolved administrations, local responders, and specialists to establish existing levels of national capability and consider a framework for a national response. We intend to update this guidance in light of the outcome of this work.
14. We will revisit this guidance in the light of the Civil Contingencies Bill, which is currently before Parliament. The Bill will establish a new statutory framework for civil protection at the local level, and will require local responders to co-operate through Local Resilience Forums in the development of emergency plans
15. The Home Office has also issued a position paper *Reforming the Coroner and Death Certification Service*, and are committed to developing a professional modern system. Changes made that impact on this guidance will be reflected in later editions.

What is a Mass Fatality Incident?

16. A mass fatality incident is defined as '*any incident where the number of fatalities is greater than normal local arrangements can manage*'. Any plan for dealing with fatalities needs to be integrated with all aspects of the response to and recovery from such situations and incidents. Organisations need to work in collaboration with others on key activities and ensure their own plans are robust.
17. Any response to a mass fatality incident will require special arrangements to be implemented at a local, regional or national level, depending on the capabilities at each level and the scale and the complexity of the emergency. Local responders, with their Regional Resilience Teams and Forums should review and enhance existing plans to ensure these can deal with wide area emergencies.
18. Mass fatality incidents can occur without warning and can broadly be expected to fall within:
 - Natural cause incidents – flooding, severe weather, earthquakes etc
 - Major transportation accidents– including road, rail, sea and air
 - Hostile acts – including terrorism and criminality
 - Crowd related incidents – involving disorder and overcrowding
 - Contamination and/or pollution incidents
 - Structural failures
 - Industrial incidents (e.g. mining disasters)
 - Health related incidents.

Whilst there are some new issues and considerations to be factored into plans for dealing with mass fatality incidents (such as chemical, biological, radiological or nuclear incidents), the purpose of the guidance is to reaffirm and clarify existing roles and responsibilities.

19. Thankfully mass fatality incidents have not occurred frequently in United Kingdom. It is therefore vital to learn lessons when incidents occur, whether at home or abroad. Lessons learned may include the following:
 - That plans may not exist or may not fit the circumstances
 - Extreme pressures will be placed upon the responding and supporting organisations, and victims of an incident may include members of such organisations
 - Normal infrastructures such as communications, utilities and transportation may suffer severe, possibly unmanageable disruption
 - Severe pressures may affect established procedures including identification, post mortems and burials
 - Health and environmental hazards may be present

- Legal issues
- Media and political interest is likely to be intense
- There are likely to be exceptional demands for public information
- Human aspect requirements relating to victims, the bereaved, survivors, witnesses and responders will be significant
- Multi-national, multi-cultural and multi-religious aspects – or all three of these
- There is potential for confusion over the numbers of missing persons/potential victims and other information including hoaxes
- Public confidence may suffer in respect of the nature of the incident and/or the effectiveness of the response
- Reputations of government, and commercial and responding organisations may be threatened
- Offers of help from many services - some may not be needed, some may hinder planned responses
- There may be long term implications linked to:
 - Ongoing identification and investigation requirements, inquiries and proceedings
 - Rebuilding, environmental clean up and regeneration
 - Legal issues
 - Economic impact
 - Human aspects and social impact
 - Tributes, memorials and appeals
 - Anniversaries and key dates.

20. In preparing this guidance due consideration has been given to lessons learned as the result of other emergencies and mass fatality incidents, inquiries and other such incidents. Lord Justice Clarke conducted the public inquiry into the Identification of Victims Following Major Transport Accidents. The report into this inquiry, linked primarily to the handling of identification of the Marchioness victims, provides both relevant and appropriate recommendations associated with identification, a key aspect in such incidents.

21. It is worthwhile considering four key principles Lord Justice Clarke believed should be kept in mind throughout the identification process following a major emergency:

- The provision of honest and as far as possible accurate information at all times, at every stage
- Respect for the deceased and the bereaved
- A sympathetic and caring approach throughout
- The avoidance of mistaken identity.

1. Key Roles and Organisations

Introduction

- 1.1 Many of the roles that will be crucial in the response to mass fatality incidents are explained in *Dealing with Disaster (Chapter 2)*. This guidance considers the roles or organisational responsibilities that are specific to dealing with fatalities in emergencies.

Her Majesty's Coroner

- 1.2 The coroner has a crucial role in dealing with fatalities in emergencies. He or she is an independent judicial officer with responsibilities for investigating the cause and circumstances of violent or unnatural deaths, sudden deaths of unknown cause, as well as deaths occurring in prison.
- 1.3 Identifying the deceased and determining how, when and where death occurred is the statutory responsibility of the coroner. A pathologist on the direction of the coroner would examine the victims, with a police presence, to determine where a possible crime is applicable.
- 1.4 Circumstances of the death will be determined at a formal inquest. However, when the incident results in a public inquiry chaired by a judge a full inquest will not normally be held. Unlike an inquest, a post mortem is not legally required and the extent to which a body will be examined will be dictated by the circumstances. But examination of some sort, for example external only with a description of the body and injuries, is necessary for identification purposes.
- 1.5 The coroner's jurisdiction stems from the body lying within his or her district, irrespective of where death occurs. Victims may be irrecoverable, badly disrupted or scattered over more than one jurisdiction. It may be necessary for the coroner to consider what amounts to a body in legal terms and to make decisions regarding small unidentified remains. Coroners should look to resolve and agree on jurisdiction before and again immediately after an incident to avoid unnecessary delays. This will in effect establish a lead coroner for the identification process. The coroner may also assume jurisdiction when victims are repatriated to England and Wales following incidents abroad.
- 1.6 A designated mortuary should also be agreed as part of the planning process. Planners will need to consider the possibility that an incident could be widespread and involve multiple jurisdictions. In such cases it may be more effective to have a single nominated mortuary, but any decision would need to be linked to the resolution of jurisdiction. It is recommended

that the coroner who leads the identification process be supported by colleagues and staff from other jurisdictions, and that this is agreed as part of the planning process.

- 1.7 However, when factoring this into the planning process, multiple jurisdictions should not be confused with separate or multiple incidents. It is essential that each incident site is dealt with individually for the purposes of police investigation. To ensure integrity in the forensic process it is recommended that each incident is dealt with in a separate mortuary.
- 1.8 As decisions are taken similar arrangements may need to be put in place to establish a lead local authority, supported by other authorities as necessary. Such arrangements should be discussed between the coroners and local authorities and agreed as part of the planning process.
- 1.9 Whatever the context, there is likely to be considerable pressure from the bereaved families and the media.
- 1.10 The coroner may visit a scene of an emergency, the mortuary and deploy coroner's officers to key areas. The coroner's duties for a mass fatality incident will include:
- Overall responsibility for the processes that involve identifying a body or remains – until release
 - Authorising the removal of victims/human remains from the scene
 - In consultation with the police Senior Identification Manager (SIM), and lead local authorities and supporting local authorities, recommend which mortuary should be used – including if necessary the activation of a temporary mortuary
 - Appointing the lead pathologist and other staff such as anthropologists and odontologists, and authorising the extent of examination - including special examinations and specimens
 - Chairing the Identification Commission and taking steps to identify the deceased against the identification criteria
 - Consider ante (collected by the police) and post mortem data to establish whether unidentified victims are those believed to be at the incident site by family and friends
 - After appropriate examination and documentation, opening inquests and authorising release of bodies to the lawfully entitled person
 - Issue documents to the registrar so death certificates can be issued – currently being considered by the Home Office review of the *Coroner & Death Certification Service*
 - Liaising with the relevant agencies and government at all times.

Coroner's Officers

- 1.11** A coroner's officer is the representative of the coroner and duties include supervising procedures for the removal, examination, identification and viewing of victims, and keeping the coroner informed on all matters. The role will be important at the scene of incidents, which they may attend if appropriate, and at the mortuary.
- 1.12** The responsibilities of the coroner's officer include:
- Providing information for the coroner and contacting hospitals about subsequent deaths
 - Liaising with victim recovery teams
 - Arranging transfers of victim from scene to mortuary
 - Liaising with the lead pathologist on the extent of examination, taking of specimens and determining cause of death
 - Liaising with local authorities regarding establishment of the mortuary
 - Membership of the mortuary management team.
- 1.13** The coroner's officer should remain in close contact with the police senior identification manager, see para 1.19 below, assisting with the instruction of specialists e.g. odontologists and radiographers, and liaising about dental records samples, DNA samples, the retention of post mortem material, and progress of identification.
- 1.14** They may liaise with the family liaison co-ordinator (FLC) concerning the wishes of bereaved families in relation to retained material and any secondary recovery of remains. This may include offering advice and assistance to bereaved families and family liaison teams in relation to the duties of a coroner, procedures and documentation, viewing of bodies, instruction of funeral directors, and timescales for the release of bodies and opening of inquests. The coroner's officer may assist the coroner at meetings of the Identification Commission.
- 1.15** The coroner's officer should assist with documenting decisions made by the coroner in relation to the removal, examination and release of victims, taking of specimens, retention of material and the movement of specimens. They will make all necessary arrangements relating to the holding of an inquest and prepare documentation for release of victims bodies. The coroner's officer may also liaise with the press nominated officer concerning media briefings.

Police Service

- 1.16** The police will normally co-ordinate all the activities of the responding agencies at and around the scene of a land-based emergency. Co-ordination of the various aspects of dealing with fatalities in emergencies will require close working with coroners, local authorities and others as necessary. It is usual for the police to regard the scene as a crime scene unless, or until, a decision is made to the contrary. Where fatalities are involved this will often be the case.
- 1.17** Where the scene is a crime scene, together with the need to bring control to a potentially hazardous location, the police will establish cordon arrangements. Saving life will be the priority, but reasonable steps will be taken to preserve evidence.
- 1.18** The police will appoint a senior investigating officer (SIO) to lead the investigation, though it must be remembered that other responsible authorities such as the Health and Safety Executive may also carry out an investigation.
- 1.19** A senior identification manager (SIM) will be appointed to lead police arrangements regarding the identification of victims. Specific areas of responsibility for this role include:
- Recovery of victims and human remains from the scene, with the consent and agreement of the coroner
 - Establishing police mortuary teams
 - Setting up a police casualty bureau
 - Police family liaison teams
 - Establishment and co-ordination of meetings of the Identification Commission under the chairmanship of the coroner
 - Collation of ante mortem and post mortem data for presentation to the Identification Commission.
- 1.20** The officers undertaking the critical roles of SIO and SIM should be trained and experienced investigators appointed by the police strategic (Gold) commander (covered in more detail in Chapter 2). Clearly these arrangements require effective co-ordination between commanders, their teams, the response arrangements, and other agencies and key roles. The SIM will be a key member of the Identification Commission (see paras 2.24-2.27). In some cases the SIO may also be a member of the same group.

- 1.21 It is probable that the investigation and identification requirements will be more protracted than those for response related aspects. Indeed the scale and complexity may be such that months or potentially years of commitment are involved, which has been the case with incidents in the past. Further detail regarding the specific policing functions will be covered in other relevant sections of this guidance.

Fire Service

- 1.22 The primary role of the fire service¹ in a major emergency is the rescue of people trapped by fire, wreckage or debris. Roles relating to fatalities is less clear although the fire and rescue service may assist if requested by the police in the recovery of victims, property, and evidence from wreckage, debris and difficult locations. Any movement of victims requires prior consultation with and consent of the coroner and the police.
- 1.23 The fire and rescue service is likely to take the lead on health and safety issues for personnel working within the inner cordon although such arrangements must be agreed between relevant agencies. Due consideration should be given to appropriate risk assessment.
- 1.24 The fire and rescue service is developing capabilities for mass decontamination under the New Dimensions programme. These arrangements are integrated with those for the health and ambulance services.
- 1.25 Fire and rescue services will act on the instruction of the police, as agreed with the coroner, with regard to the decontamination of victims. In an incident involving contamination the immediate priority should be for the decontamination of survivors, although there may be agreement to carry out decontamination of the fatalities in order to contain the contamination and enable identification processes to be carried out.
- 1.26 Safe handling will be an issue. Much will depend on the nature of the contaminant, but it is possible that hazards may still persist following decontamination. Further detail on decontamination is in Chapter 3 (paragraphs 3.62-3.68), and can also be found within *'The Release of Chemical, Biological, Radiological or Nuclear (CBRN) Substances or Material – Guidance for Local Authorities'*.

¹ *The Fire Service is a generic expression which should be understood to comprise individual Fire Authorities and the Fire Brigades they maintain under the Fire Services Act of 1947.*

National Health Service

- 1.27 In any major emergency the NHS priority will be to save lives and to treat casualties. The ambulance service will co-ordinate the NHS response at the scene of an incident through the ambulance incident officer (AIO) and provide casualty assessment.
- 1.28 Whilst the ambulance service will provide for transportation of casualties, they would not normally transport fatalities. Deaths that occur en-route to hospital or occur at a hospital would normally be placed in a hospital mortuary.
- 1.29 However, in the event of a mass fatality incident it may be appropriate to decide arrangements on a case by case basis, as it may be required for the NHS to transfer victims to the designated mortuary.
- 1.30 Hospital mortuary facilities may be considered but should not be relied on when considering the designated mortuary for a mass fatality incident. The issue of capacity should be an important factor and it may be that public or temporary mortuaries offer advantages in some cases.
- 1.31 The NHS makes public health advice available to the emergency services, NHS organisations and the public on a 24 hour basis. This service will be crucial if the incident involves communicable diseases, a CBRN release, or health risks to responding personnel and organisations.

Local Authorities

- 1.32 Each local authority² manages a civil contingency planning function (emergency planning), with core personnel acting as a hub co-ordinating the planning, training and exercising within local authority departments. Shire districts may not maintain dedicated full time emergency planning staff.
- 1.33 These arrangements are fundamental to the discharge of related community responsibilities in emergencies. Local authority planning is conducted in close co-operation with the emergency services, utilities, industrial and commercial organisations, central and regional government, and statutory and voluntary organisations.

² In this guidance, local authorities are defined as county councils, shire districts and all-purpose authorities.

- 1.34 The principal concerns of a local authority in the immediate aftermath of an emergency are to provide support for people in their area. They do so by co-operating in the first instance with the emergency services in the overall response.
- 1.35 Responsibility for the provision of support to coroners under sections 24(2) and 27(3) of the Coroner's Act 1988 rests with county councils, with lead boroughs in metropolitan areas and in unitary authorities.
- 1.36 When dealing with fatalities in emergencies the coroner's office will liaise with the local authority in whose area the coroner considers it appropriate to establish temporary or additional mortuary arrangements. Plans for such provision should exist and be agreed beforehand to identify and improve the capability to respond to incidents where established mortuaries are deemed unsuitable.
- 1.37 Such plans may provide for establishing a temporary or disaster mortuary, or adapting an existing facility. This may include providing additional victim holding capacity at an existing site, if appropriate.
- 1.38 Whilst it is the local authorities responsibility for preparing plans to deal with fatalities in emergencies, consideration needs to be given as to what happens when local plans are insufficient to cope. This might call for a sub-regional or regional response and Regional Resilience Forums should engage with local authorities in their area to agree the scale of planning required.
- 1.39 In recognition that a regional response may become overwhelmed, the Home Office will be working with the Regional Resilience Forums and the devolved administrations to establish existing levels of national capability to deal with a mass fatality incident and consider a framework for a national response.
- 1.40 As the emphasis moves from immediate response to recovery, the local authority will take a leading role to support the coroner and facilitate the rehabilitation of the community and restoration of the environment. The Environment Agency may lead in the restoration of the environment. This could entail significant short to long term resource implications requiring consideration of cross border and mutual aid arrangements.

- 1.41 Such arrangements may involve co-ordinating the psychological support provision for the bereaved, survivors, witnesses, responders (including volunteer rescuers) and those affected by such tragic incidents. These aspects are considered more fully in Chapter 4 of this guidance.
- 1.42 Burial facilities are currently provided by local organisations, which includes burial authorities, religious bodies and private companies, in respond to local demand. This is covered in more detail in Chapter 3 of this guidance.

Pathology Team

- 1.43 The pathology team will be made up of relevant specialists operating under the supervision of the lead pathologist and on behalf of the coroner. This team will work to a pathology plan that covers anything ranging from key considerations at the scene to completion of mortuary procedures. The lead pathologist will be a member of the Identification Commission and the pathology team will support the coroner in establishing the identity of victims, and where, when and how death occurred. Chapter 3 considers this in more detail.
- 1.44 The condition of victims and the identification criteria specified by the coroner will determine which specialists are required for the pathology team. In addition to pathologists, specialists may include odontologists, radiographers, anthropologists, fingerprint experts and forensic scientists (toxicology and DNA profiling).
- 1.45 Further specialists will be involved in arrangements relating to reconstruction, embalming and putting the victims in coffins.

Industrial and Commercial Organisations

- 1.46 Dealing with fatalities in emergencies will have the potential to overwhelm the responding agencies, and many local authorities rely on contracted arrangements for many of the normal services they provide.
- 1.47 It is accepted by some local authorities that some of the facilities and services necessary for dealing with fatalities will or could be provided by commercial services. For example this could relate to providing temporary mortuaries or social and psychological aftercare. It is necessary for local authorities to be confident in the provision of these services and to consider a fallback option in the event that the terms of a contract are not met.

1.48 Many other industrial and commercial organisations may have a direct role to play in relation to emergencies, including utilities. Where this is the case it will be necessary to include such organisations within the planning, training and exercising arrangements.

1.49 When dealing with fatalities in emergencies, involvement of industrial and commercial organisations will be on the instruction of the relevant authority, for example the local authority or the police, and appropriate tendering processes will need to be considered.

Voluntary Agencies

1.50 Bona fide volunteers can contribute to a wide range of activities either as members of a voluntary organisation or as individuals. When responding to emergencies such volunteers must be under the control of the relevant statutory authority. The valuable part which volunteers play, along with guidance on call out arrangements, is detailed in *Dealing with Disaster (Chapter 6 and Annex B)*.

Military

1.51 Military assistance can be sought to support the civil authorities. This has been a vital part of many responses to major emergencies in the past.

1.52 In many cases temporary mortuary plans include the use of facilities located on military sites, typically aircraft hangars, gymnasiums and territorial army centres. However these should not be regarded as a normal or routine source of temporary mortuary facilities. Any support is subject to the normal arrangements for Military Aid to the Civil Authorities (MACA).

1.53 Locations will only be provided (and only then if there is no other alternative) if suitable arrangements are to be put in place by those responsible for the provision of the temporary mortuary itself, and if the site is not required for use by the Ministry of Defence.

1.54 Provision of support requires Ministry of Defence approval at ministerial level which should be sought at the point at which support is needed. This should be taken into account in the planning process.

- 1.55 In the event of any incident it is likely that a management framework consisting of levels of command such as Operational (Bronze), Tactical (Silver) and Strategic (Gold) will be put in place. This is covered in more detail in Chapter 2. We recommend that any requests for military support go through the relevant management group.
- 1.56 Local authorities are therefore strongly encouraged to suggest alternative sites to military bases as part of their capacity assessment.
- 1.57 The armed services may also have specific responsibilities in certain types of incident or be able to provide specialist support. This can be the case for air transportation incidents with the involvement of RAF pathologists and wreckage recovery teams.

Family Support Groups

- 1.58 Following the disasters of the 1980s, and subsequently, a number of family support groups have been formed consisting primarily of survivors and friends and families of those killed. Their main functions have largely been to offer each other mutual emotional support, to seek answers relating to questions of responsibility for the disasters and to work on preventing similar disasters from happening in the future.
- 1.59 In 1991 the charity Disaster Action was formed. Disaster Action acts as an umbrella organisation to represent the common problems faced by disaster groups in dealing with statutory and other organisations following a disaster. Membership consists of people who have had direct experience spanning the majority of major emergencies which have occurred in the UK since 1966. Disaster Action provides practical and emotional support to those directly affected by a major emergency.
- 1.60 Disaster Action also provides continuing advice to emergency management organisations to ensure that they take into account the immediate and longer term needs of those most affected by a disaster or catastrophic incident.

2. Combined Response: Command, Control, Co-ordination and Communication

Combined Response

- 2.1 Dealing with fatalities in emergencies will place severe pressure upon the responding agencies. These agencies may also be victims of the tragic circumstances, as was the case on 11th September 2001 in America. Figure 1 at the end of this chapter demonstrates how the responding agencies might interact in the event of an emergency.
- 2.2 It will be imperative to ensure that the arrangements within plans are sufficiently realistic, resilient, and flexible to adapt to the unique challenges which will be encountered. This could not be more clearly illustrated than at the World Trade Centre where New York Fire Department (NYFD) suffered not only significant losses of firefighters but also of senior command team personnel.
- 2.3 The sheer scale of resources required for the response to such catastrophic incidents will require effective command, control, co-ordination and communication. Such arrangements for major emergencies and major incidents are covered in *Dealing with Disaster (Chapter 3)*.

Planning, Training and Exercising

- 2.4 Recognising that major emergencies have the potential to place responding agencies under extreme pressure, emphasises the importance of minimising that potential by giving proper attention to the planning process, training and exercising arrangements. The Home Office will be looking at training and exercising from a national perspective as part of their work to develop capabilities to deal with fatalities.
- 2.5 When devising plans, training and exercises, particular consideration should be given to the selection, support and monitoring of those staff with roles which will expose them to situations in which they are dealing with victims and human remains, or with survivors, relatives and friends of victims.
- 2.6 It should normally be apparent who these staff will be from the specialist nature of their role. In other cases some may be undertaking tasks as diverse as supporting the emergency services with heavy lifting gear, or providing pastoral support.

- 2.7 Preparing and training staff fully for the impact of some roles will be challenging for organisations. It is also difficult to assess in full whether a plan will achieve the intended aims and objectives, for example the adequacy of temporary mortuary arrangements.
- 2.8 Organisations must ensure that all that could be done, has been done during the planning process, training and exercising – including taking on board lessons learned. This coupled with the learning from real incidents and other agencies' exercises will provide reassurance and reduce the risk of an ineffective or an inefficient response.
- 2.9 In the case of temporary mortuaries, walk-through and set-up exercises may assist in eliminating logistical, health and safety and environmental problems. These will further enhance knowledge of the plan and the key roles and responsibilities. It will be appropriate to test and exercise particular aspects such as call out arrangements, equipment availability, and serviceability.
- 2.10 The Home Office runs a counter-terrorist exercise programme, with scenarios that cover crisis and consequential management issues. The Government has established a cross-departmental exercises working party that co-ordinates civil emergency exercises organised by government departments to test the range of national capabilities. Given the multi-agency nature of these exercises, local authorities and others will be invited to participate. We will seek to exercise the capability to deal with fatalities within these frameworks, wherever appropriate.
- 2.11 *Dealing with Disaster (Chapter 8)* provides comprehensive guidance relevant to planning, training and exercising in advance of major emergencies. Further guidance on caring for staff can be found at Chapter 4 of this guidance.

Management Framework

- 2.12 Co-ordination of various elements of dealing with fatalities in emergencies is vital. It requires close working during the planning process and in the event of an incident between the police providing the investigation, the coroner overseeing the identification process and local authorities who will provide the mortuary and support services to the bereaved.
- 2.13 The management framework established in many organisations refers to Operational (Bronze), Tactical (Silver) and Strategic (Gold) levels of command. Given the potential consequences of dealing with fatalities such arrangements should establish a clear command framework at the earliest opportunity and know how this fits within the overall response to an emergency.

The responsibilities at each level of command can be summarised as:

- Strategic (Gold)** Establishing strategic objectives and overall management framework, and ensuring long-term resources and expertise.
- Tactical (Silver)** Determining priorities in obtaining and allocating resources, planning and co-ordinating overall response.
- Operational (Bronze)** The 'Doers' managing front-line operations

- 2.14 Further specific roles may demand additional co-ordination requirements to cover investigation and identification functions and the coroner. The Identification Commission is a useful example of such an arrangement.
- 2.15 It may be helpful to appoint a specific fatalities representative within the management framework to assist in the overall process from the initial response to the release of victims and burial or cremation. Whether a fatalities representative is needed will largely be dictated by the type of incident or emergency. Consideration should be given during the planning process and agreement reached between relevant organisations i.e. local authorities, the police and the coroner.

Mutual Aid and Advice

Mutual Aid

- 2.16 Agencies must accept the potential for the scale and complexity of emergencies to overwhelm them. They must therefore consider how they can ensure operational resilience particularly those relating to specialised functions.
- 2.17 Mutual aid arrangements are well established in many cases, in particular at the local level, and these should be built upon to identify similar arrangements at a regional level. In the event of a catastrophic scenario local arrangements may come under extreme pressure, though this will depend on the specific organisations and the situation they are in at the relevant time.
- 2.18 Establishment of Regional Resilience Teams and Forums should help to develop arrangements at a regional level, and create opportunities for enhancing existing mutual aid arrangements.
- 2.19 It should be noted that it may not be necessary for all agencies to develop robust specialist capabilities within their internal arrangements if mutual aid protocols will provide a more efficient and effective alternative. But such protocols must be agreed and developed with due

consideration of financial aspects. Regional Resilience Forums should work with local authorities to agree in advance the appropriate capacity plans for their areas for both a local and regional response.

Advice

- 2.20 Major emergencies involving large scale fatalities are not frequent occurrences in the United Kingdom, but there can be no complacency. There have been few incidents in recent years which have resulted in the need to establish temporary mortuary arrangements, so it may be that related experience is limited.
- 2.21 It is therefore vital to disseminate lessons from past incidents in the United Kingdom and abroad, and to provide staff with appropriate training and development. Lessons emerging from exercising and testing of plans will also need to be taken into account. Regional Resilience Forums should look to engage with local authorities and each other to share best practice where it exists.
- 2.22 A more formal scheme has been developed by the police service on policing issues, known as the Major Disaster Advisory Team (MDAT). The MDAT scheme comprises officers with relevant experience and is co-ordinated by the National Crime and Operations Faculty. A database and 24 hour on call service is maintained.
- 2.23 It is important to stress that this scheme offers *advice and support* and not *command*. Such advice and support only follows a request from the police force dealing with the incident.

Identification Commission

- 2.24 The Identification Commission is an important element in managing dealing with fatalities in an emergency. It follows internationally adopted protocols in keeping the identification process under continual supervision, and should direct procedures, monitor progress and scrutinise all evidence relating to identity. Its primary function is to consider and accept or reject the identification evidence placed before it. Further enquiries may be directed and victims will not be released until the coroner is satisfied, from the evidence before the Identification Commission, that the identification is correct.
- 2.25 A coroner will normally chair the Identification Commission, which should be established at an early stage close to the mortuary. Where appropriate this role may be performed by the police

senior identification manager (SIM). If a SIM chairs it should be remembered that the coroner is the final arbiter of whether evidence is sufficient to confirm identity to allow the body to be released. Membership will normally include:

- HM Coroner (in the chair)
- Police senior identification manager (SIM)/senior investigating officer (SIO)
- Lead pathologist
- Police post & ante mortem co-ordinators
- Police family liaison officers
- Mortuary documentation officer
- Other identification experts as appropriate - for example odontologists, fingerprint experts, forensic anthropologists, forensic biologists.

The membership list is not exclusive and is at the discretion of the chair.

2.26 The coroner will set the identification criteria, in consultation with the police SIM and the lead pathologist. It is against these criteria that the identification of each victim will be judged. The importance of honest, accurate information being provided to bereaved families as early and as regularly as possible cannot be overstated. For this reason the identification criteria should be made public as part of the process.

2.27 The Identification Commission should sit at regular intervals to examine each prospective identification against the evidence presented by post and ante mortem teams until all the victims have been identified or all enquiries exhausted.

Scene Management and Investigative Recovery

2.28 Following the rescue of the living, the recovery of the deceased will be one of the highest priorities, and a mass disaster scene will be treated as a mass homicide scene until proven otherwise.

2.29 Once the rescue organisations have confirmed that they are satisfied no more survivors remain, the scene or site will be formally passed over to the control of the police senior investigating officer (SIO), who will continue to work closely with the senior police identification manager (SIM). The deceased will remain under the control of the coroner until released to the next of kin. No removal or recovery of the dead will usually take place without the coroner's authority.

- 2.30 Once such authority has been obtained, it is recommended that the Identification Commission meet to determine the overall recovery and identification strategy. This will include policy on recovery of human remains and property, as well priorities for the immediate and longer term recovery of the incident site. The Identification Commission may wish to visit the site beforehand to assist in this process.
- 2.31 A police scene evidence recovery manager will normally be nominated by the SIO, in consultation with the SIM. The manager will form and chair a scene evidence recovery management group. Membership may include a police search advisor, disaster victim identification (DVI) recovery officer, health and safety advisor, forensic advisor, DVI welfare officer, other relevant statutory investigative bodies and other specialist support, including representatives from the relevant local authority.
- 2.32 The scene evidence recovery management group will conduct a feasibility study of the site. As part of the recovery planning process the study should take into account issues such as natural terrain, health and safety, hazards, location of human remains, and prevailing weather conditions.
- 2.33 Aerial photography and other forms of environmental scanning may be appropriate, and is available from commercial outlets. If necessary however specialist aerial imagery can be provided at a cost by the Ministry of Defence, using normal MACA procedures. Caution should be exercised with regard to the use of helicopters, which may disrupt a scene by downdraft from rotor blades.
- 2.34 The SIO in consultation with the SIM and others should determine and ensure appropriate control of the scene evidence recovery site. To assist the recovery process it may be appropriate to divide the site into clearly marked or obvious sectors (e.g. using natural boundaries) to assist in the recovery process. However, in some incidents it may be necessary to consider how this process can go ahead in parallel with any wider recovery work to ensure safety of the site.
- 2.35 Access to the designated site should be considered and whether it is appropriate to allow access without the authority of the scene evidence recovery manager.
- 2.36 The scene evidence recovery manager should attend the Silver Tactical (Silver) Group meetings to assist with overall management of the incident.

- 2.37 Arrangements for managing the general recovery phase of clearing or dealing with rubble and other debris on sites affected by catastrophic incident will be covered in separate guidance being prepared by the Office of the Deputy Prime Minister.

Health and Safety Considerations

- 2.38 Dealing with fatalities may present significant physical, health and environmental risks. Persons at and near to the scene and other key facilities such as mortuaries will be particularly at risk. The degree of risk could be particularly severe with an incident involving a chemical or biological release, see paragraphs 3.62-3.68.
- 2.39 Most organisations operate within cultures where health and safety is an integral part of the work regime. Whilst the urgency of a situation may entail some risk taking, it will be vital to ensure safe systems of work for the responding agencies and their personnel.
- 2.40 It is common within specialist teams for an assigned person to be specifically responsible for health and safety responsibilities. However, such teams rarely work in isolation and it will be important that arrangements are co-ordinated within and between agencies.
- 2.41 Health and safety is a specialist field that requires appropriately trained, experienced staff, and issues should be integrated into the planning processes as far as possible. In particular consideration should be given to protecting responders and other staff, especially at a temporary mortuary.
- 2.42 There may be instances where the response requires that work is delayed until safe operating arrangements are put in place, such as the recovery of casualties and victims. It is important to ensure that all responders and other personnel are not endangered in a way which would increase the potential for further casualties and fatalities.
- 2.43 Whilst the fire service will normally co-ordinate health and safety issues in a designated rescue zone (which is not necessarily the same as the inner cordon), health and safety matters together with risk assessments must be agreed and documented as part of the site recovery process by the recovery group. Generally each agency will be responsible for the health and safety of their own staff deployed during the recovery process. Where appropriate, issues will be referred to the Strategic (Gold) Group for further directions.

Terrorist Incidents

- 2.44** In terrorist or suspected terrorist incidents the forensic aspects of the recovery and identification of victims is important and should form part of the investigative processes.
- 2.45** The police senior investigating officer will have responsibility for the victim or human remains evidence recovery process and ensuring that forensic procedures are adhered to. The Metropolitan Police Anti Terrorist Branch through the national co-ordinator is able to provide full support and advice to any police force within the United Kingdom in respect of terrorist or suspected terrorist incidents.

Communication

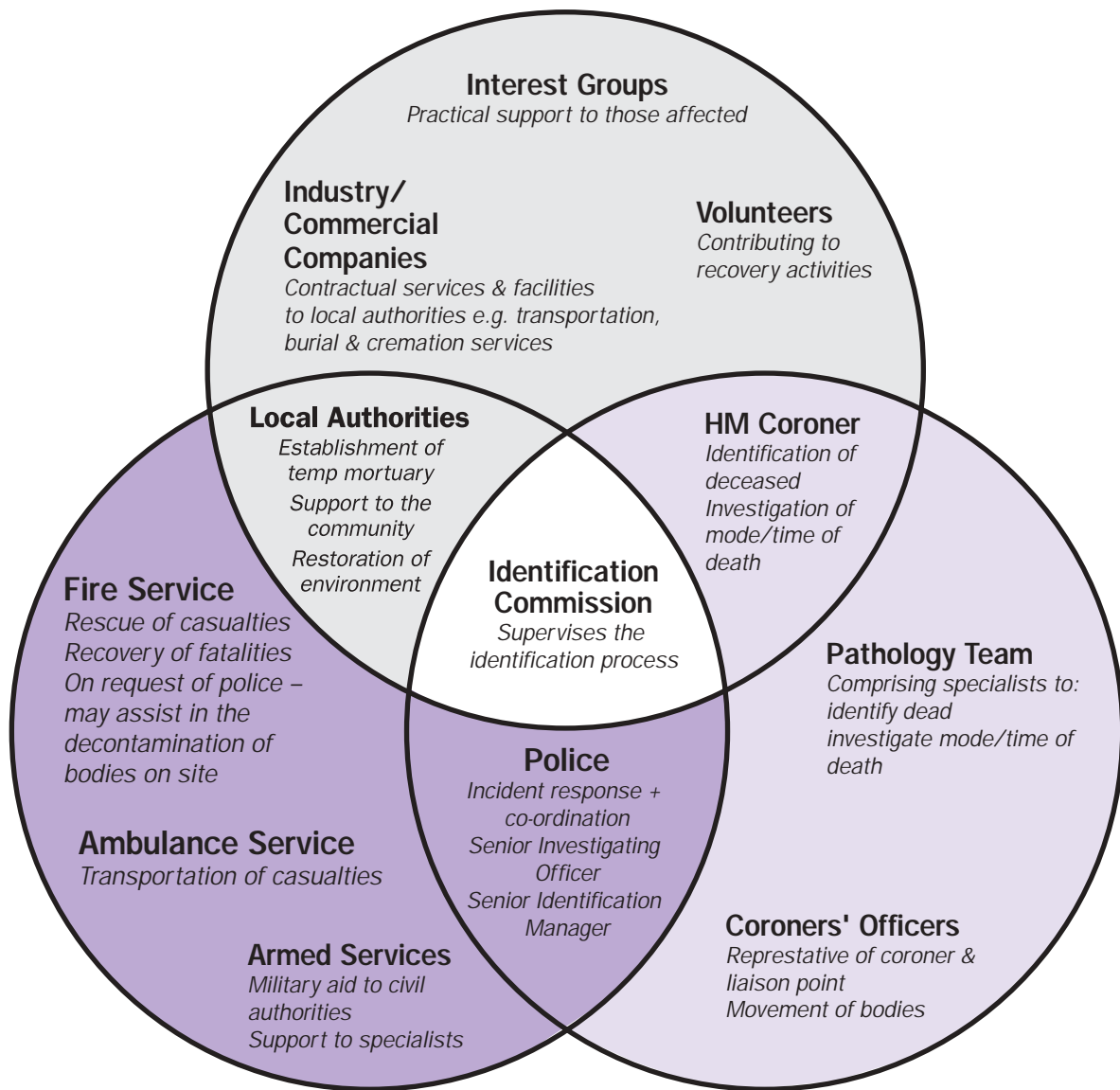
- 2.46** Good communications will be vital in ensuring an effective response. Major emergencies typically result in extreme levels of communication and enquiry, with potential to overwhelm the accepted infrastructures, such as radio, internet and mobile phone.
- 2.47** The key to ensuring effective communications is in developing a robust and considered communications strategy. It is recommended that organisations develop strategies as a part of the planning process, and revisit these during the early response phase. Strategies must achieve consistent, relevant and timely communication and passing of information between key stakeholders. They should also assume that communication is a two way process of passing and receiving.
- 2.48** Complex incidents may create more complex communication requirements and multi-directional communication flows. Whilst modern day communication offers many advantages, planners and responders must also consider the importance of low-tech information transfer such as meetings, briefings and bulletin boards.
- 2.49** In order to achieve the aims of the strategy, systems must be in place which are resilient and tested under extreme circumstances. Staff must be selected and trained to ensure competence in the role they will be asked to perform. Ensuring the most effective and efficient communication will be critical.




Information and the Media

- 2.50** When a major emergency occurs the response from the media will be both rapid and on a massive multi-national scale.

- 2.51 This was illustrated on 11th September 2001 in America. Following the initial collision live pictures were broadcast worldwide of United Airlines Flight 175 colliding with the South Tower of the World Trade Centre, and the collapse of the towers and persons jumping from the towers prior to the collapse.
- 2.52 Accepting that this media response will occur, highlights the need to plan thoroughly for working arrangements with the media.
- 2.53 When dealing with fatalities in an emergency there will be key issues to consider associated with the sensitive and emotive nature of the incident. It is essential to seek the views of families and friends in such situations. Media representatives inevitably attempt to contact them directly, so it will usually be appropriate to assist those families and friends who are willing to speak the the media, in controlled circumstances.
- 2.54 Where live pictures feature it may be inevitable that some distressing and traumatic events will be broadcast. But it should be for the media and representatives of responsible agencies to give careful consideration to the likely effects of using recorded material.
- 2.55 There have been examples of responding agencies seeking to protect bereaved families and friends from the media, but in a controlled environment, it may be advantageous to the criminal investigation or identification process.
- 2.56 The family liaison officer should be the appropriate channel for establishing the wishes of families and friends in such situations.
- 2.57 Plans should build in mechanisms for ensuring that media representatives are approved personnel.
- 2.58 Other emergency communications considerations are covered in *Dealing with Disaster (Chapters 3 and 5)*.
- 2.59 '*Connecting in a Crisis*' explains the BBC approach in helping to ensure the public have the information they need during a civil emergency. Details can be found at www.bbc.co.uk/connectinacrisis.

FIGURE 1: Interaction of agencies



-  **Emergency Services**
-  **Consequence Management**
-  **Control/ID of victims**

3. Dealing with Fatalities

Introduction

3.1 Those dealing with fatalities during major emergencies must recognise the potential conflict between trying to satisfy:

- Full and proper legal requirements for enquiring into what has occurred, and
- Emotional and information needs of the bereaved family and friends of the deceased.

As far as possible bereaved family and friends should be part of this process, depending on the circumstances.

3.2 Reports by Lord Justice Clarke and Lord Cullen highlight good practice and identify areas for improvement in order to provide an appropriate and sensitive service for bereaved relatives and friends of the victims.

3.3 In his report Lord Justice Clarke highlights a number of issues raised by bereaved families of the victims which he considers important. Whilst this was specifically related to the removal of hands, Lord Justice Clarke also included the refusal to allow bereaved families to view bodies, the failure to provide bereaved families with detailed information, the issue of inaccurate and insensitive interim death certificates, and the lack of overall co-ordination of the identification procedures.

3.4 Whilst many changes had been implemented between the time of the incident and the inquiry it was recognised from recommendations in the report that further improvements could still be achieved.

3.5 When planning the arrangements for dealing with the victims, it is worth considering the quote by Charles Haddon-Cave (representing the Marchioness Action Group) at this public inquiry *'the care with which our dead are treated is a mark of how civilised a society we are'*.

3.6 It is vital to learn from this and other past incidents in the United Kingdom and abroad. There is much to be learned from the way arrangements for the victims and the bereaved were managed following both 11th September 2001 in America and the bombing in Bali, including potential problems.

Identification Criteria

3.7 Following any fatality the responsibility for establishing the identity of the deceased, cause, location, and time of death rests with the coroner. When dealing with fatalities in an emergency this is likely to be agreed in consultation with the lead pathologist and the police senior investigation officer (SIM). There are three categories of criteria for identification which are recommended:

- **Primary** – one is sufficient and involves fingerprints, odontology, DNA, or unique characteristics (e.g. numbered surgical prosthesis or implant).
- **Secondary** – two or three required and includes jewellery, personal effects, distinctive clothing, marks and scars, x-rays (e.g. healed fractures), physical disease (e.g. tumours), or blood grouping and tissue identification.
- **Assistance** – this is visual but extreme caution should be exercised, involves photographs, body location, clothing and descriptions.

3.8 It is a misconception that visual identification is a commonly used means of identification. Experience has shown that this method is not reliable. In major emergencies severe disruption to bodies is often a feature making this an inappropriate option. Viewing for identification purposes must not be confused with viewing as a part of the grieving process, which is covered later in this chapter and in Chapter 4.

3.9 Whilst the financial and logistical requirements for identification may be considerable, post September 11th 2001 the authorities in New York deemed that there should be no compromise with regard to the forensic processes. In many cases these forensic processes provided the only evidence that victims had been in the World Trade Centre and that death may have occurred. This was due to there being no trace of many victims or human remains that may have been identifiable by other means.

3.10 It is recommended that those responsible for setting and agreeing the identification criteria take into consideration Lord Justice Clarke's report of the *Public Inquiry into the Identification of Victims following Major Transport Accidents* (paragraphs 28.5, 28.6 and 29.19). The identification criteria will determine the composition of the pathology team. For example, odontology where victims have suffered extreme burning or disfigurement. Wider considerations on the use of identification methods will be factored into work taken forward by the Home Office, collaborating closely with the regions, the devolved administrations and specialists to develop a framework for a national response.

Victim Recovery

- 3.11** The recovery of the dead and human remains is also an evidence recovery process. It is normally appropriate for trained police officers to carry out this task. A number of police forces throughout the United Kingdom have such trained teams. However, in some incidents it may be necessary to seek wider support, for example from the military and this should be considered and agreed as part of the planning process.
- 3.12** Recovery will be conducted under the overall supervision of the scene evidence recovery manager and carried out as part of a carefully documented process. This process will normally use nationally recognised victim labels and recovery booklets each bearing a unique reference number. In addition to contemporaneous documentation the process may be supported by video and still photography. There is no specific definition of what constitutes a body (under section 8 of the Coroners Act 1988), essentially the test will be whether the quantity of remains found is sufficient enough to prove death.
- 3.13** Welfare and the health and safety of staff conducting this work is paramount. Staff must wear full protective clothing including boots, gloves and other items deemed necessary by risk assessment. There must be strict procedures to ensure decontamination, removal and disposal of outer clothing (normally disposable suits) upon leaving the designated site.
- 3.14** It is important to emphasise that for many reasons, such as the safety of staff and integrity of evidence, the process of victim recovery cannot be rushed. The whole process must be subject to risk assessment throughout with careful monitoring of staff welfare. Often disaster sites are by their very nature extremely hazardous areas. It is not uncommon to find hazardous chemicals, fluids and effluent. Overturned, precariously balanced vehicles or containers and unstable structures may add to the already hazardous process of recovering victims and human remains.

Body Holding

- 3.15** To ensure appropriate quality control measures it will be necessary to establish a disaster victim or body holding area close to the scene. Experience has shown that it is best located near to the cordon control point ideally straddling the inner cordon line. Inflatable structures have been used with success in the past.
- 3.16** A disaster victim holding area must not be confused with a temporary mortuary. The body holding area is a secure, private location where victims and human remains that have been recovered from the site can be temporarily held prior to transfer to a mortuary – temporary or

otherwise. The disaster victim holding area acts as a quality control point for victim labels and other accompanying documentation. Identification of victims will not take place in the holding area.

- 3.17 The disaster victim holding area will be staffed by a police documentation officer with other appropriate support appointed by the scene evidence recovery manager. The staff in this area will maintain a written log of all victims and remains recovered from the site ensuring that these are placed in a suitable order for transfer to the mortuary. All movements will be carefully recorded to maintain an audit trail for the whole process.
- 3.18 Prolonged storage of victims is not appropriate at a disaster victim holding area and appropriate arrangements must be made to ensure minimal delay in transmission to the mortuary. It will be important to ensure that this facility is located with due sensitivity to privacy, for example whether it can be viewed from any media vantage points.

Mortuary Arrangements

- 3.19 Whilst the nature of temporary mortuary sites will vary considerably it is probable that these will consistently fall short of the standards of purpose built facilities in respect of environmental, health and hygiene arrangements. This includes expanding facilities to cope with a range of functions required for disaster options.
- 3.20 Normal use of such sites will also be a major consideration both in terms of the potential commissioning time and availability when major emergencies occur. The possibility of a temporary mortuary being unavailable when required adds to the need for the robust mutual aid assessment between local authorities. Regional Resilience Forums may be best placed to help establish capacity for, and facilitate, mutual aid arrangements.
- 3.21 As the use of military sites for activating a temporary mortuary will not be approved until the point of which such support is needed (i.e. in the event of an emergency) local authorities are strongly encouraged to identify alternative sites as part of the planning process. Whilst plans should be developed on this basis and local authorities should continue to identify capacity for dealing with fatalities – as well as options providing temporary mortuaries – the Home Office will provide further suggestions on what alternatives could reasonably be considered and factored into plans

- 3.22 These arrangements are far from ideal but it is a reality that normal mortuary holding capacity is unlikely to cope with sudden extraordinary numbers of victims. Whilst distributing the victims between a number of such mortuaries may seem to be a solution, the police and pathology teams are likely to present a convincing case for only using one such facility, particularly where severe disruption to bodies has occurred and matching will be required.
- 3.23 Accepting this would lead to considering three clear options:
- Activating a temporary mortuary plan
 - Increasing the disaster victim holding capacity at a purpose built facility
 - Operating from a purpose built facility in another area which has the appropriate facilities and capacity.
- 3.24 Many local authorities rely on temporary mortuary plans though often recognise that these could present some problems should there be high numbers of fatalities or severe disruption to victims. The coroner will decide, in consultation with others (i.e. the police senior identification manager (SIM), the relevant local authority and the lead pathologist) whether to authorise the removal of bodies to an existing designated disaster mortuary or a temporary mortuary.
- 3.25 It should be noted that mortuaries, including NHS mortuaries, may already have bodies in storage and may also require additional capacity if there is a winter flu epidemic or other infectious disease outbreak (e.g. legionella, food poisoning). Specialist expertise in fingerprinting, odontology or even DNA testing may not be available on that NHS site.
- 3.26 The decision on whether to activate a temporary mortuary will benefit from accurate and relevant information from the scene regarding the anticipated numbers of fatalities, condition of the victims and the likely timescales for their recovery. In order to determine such issues, consideration should be given to whether the coroner, the lead pathologist and the police SIM should visit the scene.
- 3.27 The anticipated commissioning time for the mortuary arrangements will also have bearing on the victim recovery, victim holding, and transfer arrangements. A temporary mortuary should be established and operational in 24 hours, this is the recommended minimum time. However, in the event of a large-scale incident involving fatalities this may not always be possible. In such cases it needs to be factored into the planning process that priority should be given to victims being received and stored in the temporary mortuary within 24 hours and for it to be fully operation within the next 48 hours. Movement of victims will need careful co-ordination to ensure that reception arrangements at the mortuary are in place and will not be overwhelmed.

- 3.28** Post 11th September 2001, the authorities in New York determined that the existing city mortuary at the Medical Examiners Office would be used for the mortuary arrangements. This facility presented the pathology teams with excellent facilities but entailed constructing additional temporary arrangements for body holding (refrigerated transport) and staff accommodation.
- 3.29** These facilities are deemed to have been appropriate in those circumstances. However victim recovery is a complex challenge over a period of months and traces of many victims may not be found. Had victim recovery been more complete and over shorter timescales there would have been potential for these facilities to be overwhelmed. This illustrates the potential resource implications – between 300 and 800 staff were involved with the mortuary and identification issues.
- 3.30** Whilst current legal and financial arrangements do not encourage regional or sub-regional mortuary plans, this must be recognised as potentially advantageous for future planning in relation to dealing with fatalities in emergencies. As part of these plans, local authorities may agree to mutual aid arrangements to the extent that responsibilities may be shared or discharged. Such arrangements should be brokered with the Regional Resilience Forum.
- 3.31** Assessing the potential capacity of purpose-built and temporary mortuaries will certainly be appropriate to forming realistic expectations of local and regional capabilities. Establishing temporary mortuary locations should be a key consideration in planning for fatalities. It should also be considered during the planning process that a temporary mortuary may be required to operate for some time, months rather than weeks, and in some cases years after the incident. This has been the experience following 11th September in 2001 in America.
- 3.32** It must be remembered that the mortuary will be integral to the criminal investigation, particularly in terrorist related incidents. The procedures in such situations must look to minimise potential for cross-contamination which could compromise criminal prosecutions.
- 3.33** The requirements for a mortuary site and the associated staffing are covered in more detail at Annex B of this guidance.

Procedural Requirements and the Pathology Plan

- 3.34** An effective and efficient pathology plan will present the relevant agencies and other players with a sound basis for managing the arrangements following an emergency.
- 3.35** Activating a plan must result at all stages in procedural arrangements appropriate to the nature of the incident, but specifically at the scene and designated mortuary. Whilst it is the coroner who has sole authority for ordering post mortem and determining whether special examinations such as toxicology and DNA testing are desirable, due consideration must be given to the cost and the relevant local authority should be consulted.
- 3.36** In the event that fatalities overwhelmed the capacity of local and regional responders a decision as to the best method of identification (i.e. the use of DNA) may need to be taken by the Government. Such a decision will need to be based on the view of the coroner and the advice of the Identification Commission as to the effectiveness of identification methods in the specific context of the incident.
- 3.37** Consideration of identification methods will be factored into work taken forward by the Home Office in close collaboration with the regions, the devolved administrations and specialists to develop a framework for a national response.
- 3.38** Deaths may have occurred at designated hospitals or during transfer to them. In such cases arrangements will have to be made to transfer bodies to the designated mortuary.
- 3.39** Procedural arrangements at the scene and mortuary will include:

At the Scene

- Locating victims and human remains, numbering and photographing
- Confirmation of death where appropriate, which may involve relevant medical personnel
- Recovery of victims and human remains upon authority of the coroner and with due considerations to the associated risk assessment, and evidential requirements, including documentation
- Transfer to a body holding provision pending transfer to the mortuary.

At the Mortuary

- Arrival of victims and human remains
- Reception procedures including confirmation of identity tagging and numbering, and photography

- Radiography
- Strip search and initial examination and 'triage' – to assess extent of examination, and photography
- Fingerprinting
- Post mortem examination
- Odontology
- Rebagging – ideally to different colour bag before post mortem
- Reconstruction and embalming
- Putting victims into coffins

3.40 When dealing with fatalities the Identification Commission will wish to have confidence in these arrangements. In view of the pressures it may be appropriate to consider a reduced level of examination of victims however such decisions can only be taken in the light of the prevailing circumstances at the time. It will however be vital to minimise any potential for mis-identification and assumption as to cause of death.

Release of Bodies

3.41 There will be many distressing and emotive issues associated with the identification and mortuary arrangements. Communication with relatives and friends will be critical and will be considered in more detail in Chapter 4 of this guidance. One key issue will potentially involve the release of bodies; particularly where there are religious and cultural representations for an early release.

3.42 The coroner must determine whether bodies will be released on a case by case basis when the necessary procedures have been completed. There may be cases where it could be possible to release all the bodies at once. The decision to release each body will involve balancing the requirement for all examination procedures to be carried out satisfactorily and the representations of families and friends.

3.43 Where severe disruption to victims is involved, and the recovery of victims is continuing, a major consideration must be whether further human remains will be identified from the same victim.

3.44 Families should be consulted at an early stage to ascertain wishes as to secondary remains, it must clearly be documented if they wish:

- To wait until all remains are recovered and identified.
- To have a funeral and be notified later of further remains.
- To have a funeral and not be contacted again even if remains are found.

- 3.45 The coroner must ensure that the victim and human remains are released to someone lawfully entitled to receive them. Careful consideration must be given to the disposal of tissue and human remains that have not been identified.
- 3.46 It is likely that any local burial and cremation services will come under increased pressure in the event of a major emergency. Some local authorities already have agreement in place with neighbouring local authorities to allow the use of their burial and cremation facilities. Although such arrangements are usual – where authorities have decided not to provide such facilities, local planners may wish to consider brokering such agreements as part of their emergency plan.
- 3.47 In the event that fatalities overwhelmed the capacity of local and regional responders, a decision on burials and cremations may need to be taken by the Government. Such a decision will depend on the nature of the incident. Consideration of this will be factored into work taken forward by the Home Office in close collaboration with the regions, the devolved administrations and specialists to develop a framework for a national response.

Opening an Inquest

- 3.48 The coroner will open an inquest in order to hear evidence of identification and cause of death. The victim will then normally be released to the family and an order for burial or cremation will be issued. The inquest will then be adjourned pending further investigation. It may or may not be resumed depending on whether there are to be criminal proceedings or a judicial enquiry.

The Catastrophic Scenario

- 3.49 Whilst the arrangements detailed thus far will be appropriate for most scenarios, it must be accepted that there will be potential for even these special arrangements to be overwhelmed. The capacity of mortuaries could be exceeded and there could be limitations on the availability of key specialist staff or other constraining factors may arise.
- 3.50 Such an incident is likely to require at least a regional if not a central government response, but the arrangements made at the local level must naturally form key components of such wider area response. Regional Resilience Forums will be ideally placed to assess the wide area capabilities for responding to incidents of such catastrophic proportions.

Health and Environmental Issues at Mortuaries

- 3.51** Mortuaries will present the responsible agencies with significant health and safety and environmental considerations. This is particularly so with regard to temporary facilities, where the same opportunities for designing out potential problems may not have existed.
- 3.52** Potential physical hazards will include the presence of sharps, requirements for lifting and carrying of victims, potential for slippery surfaces, and waste disposal arrangements. The reality of the situation therefore places increased emphasis on the need to plan and test plans in consultation with experts. For example, such expertise may be found within the environmental health teams within local authorities.
- 3.53** As detailed in Chapter 2 risk assessment will be vital particularly within the mortuary. In these environments the potential for transfer of health or environmental contaminants from wet to dry or dirty to clean areas will be considerable if appropriate systems of work are not instigated.
- 3.54** Full consideration must be given to managing contaminated victims and human remains in respect of the release of chemical, biological, radiological or nuclear (CBRN) substances or materials (covered in more detail in paragraphs 3.62-3.68). It may be that victims will pose the same hazards as someone who has been affected by such substances and material after death. Depending on the nature of the CBRN incident, it may be that viewing or grieving could put others at risk. Similarly storing chemically contaminated victims and human remains may put staff and others at risk.
- 3.55** Health and safety risks may be reduced with the prevention of unnecessary post mortems, and as such this will require understanding and support from the coroners. In the event of a CBRN incident, responders are encouraged to seek advice from the National Poisons Information Service and the Joint Advisory Health Cells which would be set up in the event of an incident.
- 3.56** The pathologist will be directly responsible for the health and safety considerations during the post mortem examinations, the local authority for the arrangements for the facility and each authority in relation to their own personnel. It will be prudent for agencies to ensure key staff take responsibility for these issues within the mortuary.

Property

- 3.57** The police service will provide dedicated teams responsible for arrangements relating to property. Such property may be at the scene and in some instances remote from the scene, for example at a victims home or at the mortuary. Property may also include items of clothing.
- 3.58** Such property will be of potential evidential value in respect of the investigation and identification processes, but could also be of significant sentimental value for the bereaved, if it is of a personal nature. Property may also include freight in transportation incidents or include wreckage.
- 3.59** In some situations specialist recovery teams may be required to work in co-operation with the police operation. Property ought not to be removed from victims prior to or during the recovery process – this will be a part of the procedures at the mortuary, although it may be appropriate for the victim recovery teams to ensure such property cannot be lost during transfer. Property may also be recovered from facilities associated with the site clearance operations.
- 3.60** In all cases it will be necessary to ensure meticulous documentation with cross referencing to victim documentation where relevant. It is important not to underestimate the storage requirements for property be it at the mortuary or elsewhere. There may also be considerable resource and financial implications.
- 3.61** Consideration must also be given to the recommendation by LJ Clarke that *'relatives should be consulted as to the condition in which property found on the body should be returned. It should be borne in mind that some relatives do not wish clothing to be cleaned and jewellery returned to its original state'*.

CBRN

- 3.62** The Home Office has issued guidance for local authorities in respect of the release of chemical, biological, radiological or nuclear (CBRN) substances or materials. This guidance recognises that established plans for dealing with fatalities may not be suitable where such contamination has occurred – which may arise out of an intentional release such as a terrorist attack or an unintentional release such as an industrial accident.
- 3.63** When dealing with fatalities arising from a CBRN incident there are a number of considerations and issues which arise. Currently there is no single defined guidance or policy for the management of contaminated bodies; policies and legislature to regulate the disposal of human

bodies do not consider the potential risks associated with the contaminated victim; nor is there any definition of which agency or authority will be responsible for managements of contaminated bodies.

- 3.64** It is accepted that the coroner is responsible for the processes that involve identifying a body or remains including contaminated victims. However, it is recognised however that more needs to be done to clarify guidance on this issue. The Home Office will be taking work forward, in partnership with others, to develop advice in this area. This document will be updated following that work.
- 3.65** Until further advice is available, consideration should be given during the planning process to possible sources of advice in the event of a CBRN incident. For example from the Joint Health Advisory Cells or the National Poisons Information Service.
- 3.66** Until such time as more detailed guidance is available when planning for dealing with fatalities following a CBRN incident and how to adapt the procedures detailed in this chapter to do so, it may be helpful to consider the following six stages:
- i. **Roles and responsibilities during the process** – these should be clearly defined and agreed as part of developing or revising relevant emergency plans.
 - ii. **Identifying the contamination and the potential secondary contamination to those responding to the incident and those responsible for handling victims after death** – detection and identification equipment used at the scene of the incident by the emergency services should help to identify the nature of the contaminant. If this proves inconclusive, emergency responders may decide it is appropriate to send the suspect contaminant for analysis in a laboratory;
 - iii. **Decontamination and containment of the contaminated victims** -- wherever possible victims will be decontaminated on site, but it may be necessary to remove victims from the greatest area of contamination. The fire service will have – by the end of March 2004 – 80 mass decontamination vehicles ready for deployment at the scene of a CBRN incident. In the first instance priority will be given to decontaminating casualties and saving lives. However, once a victim has been decontaminated there may still be risks associated with internal organs of the body.

- After a **chemical incident** the majority of any residual contamination and the associated hazard is likely to be on a person's clothing. Most chemicals will be deactivated rapidly once they have been absorbed by the body, although it is possible that the victim may produce toxic emissions and small amounts of chemicals could persist in the nails and hair. However, depending on the chemical, once clothing has been removed and the body decontaminated to remove gross skin contamination, the victim should be relatively safe to handle. Any clothing should be removed and the victim decontaminated ahead of storage, which should be in refrigerated units – see stage five.
 - The victims of a **biological incident** will not develop the disease or die for some days following the attack. Victims' bodies will pose the same hazards as someone that caught the disease naturally and as such should be handled in the same way.
 - Following a **radiological release**, once contaminated clothing and radiological material on the skin have been removed the body should present little hazard. Bodies will not be radioactive unless radioactive material has been inhaled or ingested when there may be a very low hazard that is easily detected. Existing procedures for dealing with bodies following an accidental release at a civil nuclear reactor site should provide adequate protection for staff.
- iv. **Transportation of contaminated victims** – once a victim has been deemed safe to handle, the police senior identification manager (SIM) and the coroner will authorise the body to be moved from the incident site and transported to the designated mortuary. All personnel involved in the transportation of contaminated victims should wear the correct Personal Protective Equipment (PPE). Whilst the ambulance service will provide for transportation of casualties, they would not normally transport fatalities. Therefore, local authorities will need to consider alternative arrangements.
- v. **Temporary storage of contaminated victims** – ideally victims should be examined in the temporary mortuary. Where that is not possible consideration should be given in plans to a disaster mortuary, which could be located at an existing mortuary or at a specially prepared site. Refrigerated vehicles may be used as temporary storage, although the wishes of the bereaved family and the potential stigma attached to such vehicles will need to be considered. The subsequent disposal of the vehicle may need to be considered. This will be a decision for the police SIM and the coroner, and local authorities may choose to identify suitable vehicles as part of their planning for mass fatalities. Storing decontaminated victims in a

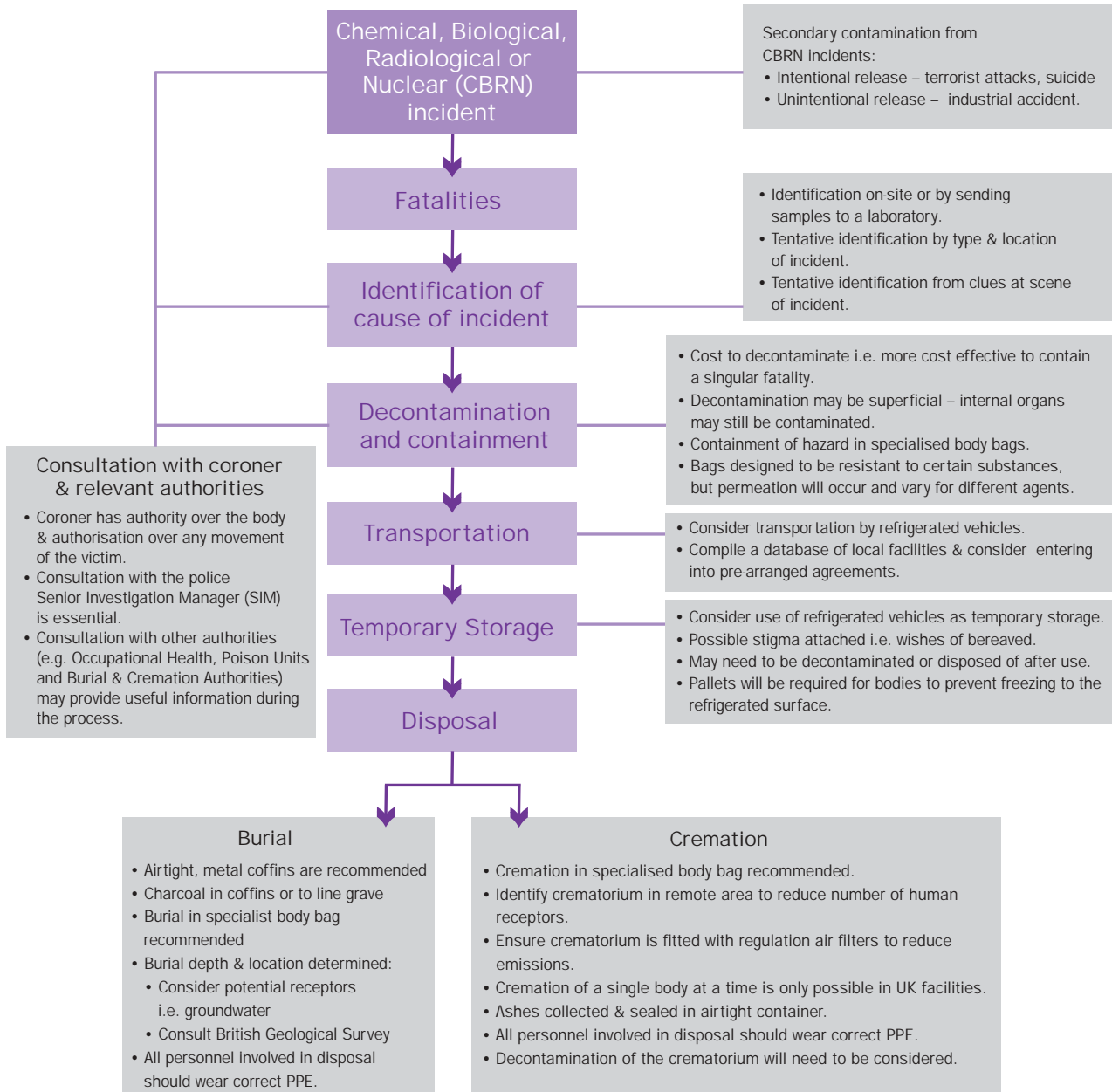
mortuary may put mortuary staff and others at risk. Unnecessary interventions, such as post mortems, should be avoided in order to minimise health and safety risks, but any decision will require the support of the coroner.

- vi. **Disposal of contaminated victims** – if burial is being considered, burial depth and location should be determined to avoid contact with potential receptors – such as ground water. Airtight and metal coffins should be used if appropriate, as should charcoal in the coffin or to line the grave. Burial or cremation of a victim in a chemical resistant body bag is recommended. A crematorium in a remote area should be chosen and fitted with regulation air filters, ashes should be sealed in an air tight container. All personal involved in the disposal of bodies should wear the correct PPE.

3.67 These six stages are summarised at Figure 2 below, which highlights the issues to be considered at each stage.

3.68 Decision-making will always be complex. Much will depend on the nature of the contaminant, how much has been released, factors such as weather conditions and the nature of the environment in which the release has occurred or, in a terrorist incident, the effectiveness of delivery and any action that has already been taken to minimise it. Wherever possible victims will be decontaminated on site, but it is recognised that it may be necessary to remove victims from the area of greatest contamination. Ideally victims should be examined in the one temporary mortuary. Where that is not possible, planning for a disaster mortuary should be considered.

FIGURE 2: Process Management of a CBRN Incident



Viewing by the Bereaved

- 3.69** It is vital to distinguish between viewing a victim for the purposes of legal identification and viewing by the bereaved family once the legal process has been carried out.
- 3.70** As previously indicated in this guidance, identifying victims of major emergencies using visual means is highly unreliable. It must be kept in mind that if one victim is wrongly identified, there is the potential that at least two will have been wrongly identified. Even where victims have not suffered trauma, great caution must be exercised in using visual identification.
- 3.71** Mistakes have been made in the past due to any number of reasons including denial by the bereaved. One mistake can throw doubt on the whole process and greatly increase the trauma experienced by families.
- 3.72** In addition to the risk of misidentification, the viewing process is likely to be highly stressful for the next of kin – it is not a process they should have to endure more than once due to being presented with the wrong body. It is far better to identify the victim using scientific means and then deal with the issue of viewing for grieving as a separate process. Families should, however, normally be involved in providing supporting evidence for the purposes of identification.
- 3.73** In his report, at recommendation 25, Lord Justice Clarke states – *‘Consideration should I think be given to placing the ‘right’ to view the body on a statutory basis’*. It is vital to understand that this recommendation does not refer to the viewing for identifying purposes but as a crucial element in the grieving process.

Viewing for grieving

- 3.74** Authorities must never seek to prevent the next of kin or family from viewing an identified body except when safety is an issue, for example in the event of a CBRN type incident. The choice is theirs but they must be permitted to make an informed decision. An attempt to dissuade from viewing may not only be unlawful but may also disrupt the grieving process leading to long term adverse effects. The police family liaison officer is likely to play a significant role in such arrangements. No assumptions should be made about a family’s motives for wishing to view an identified body, each individual’s needs are personal to them.
- 3.75** In the case of a severely traumatised or fragmented victim it may be appropriate to seek other assistance such as medical staff, religious representation, or social services. It may also be appropriate to use photographs or other imagery to assist the process.

- 3.76 The viewing should take place as soon as practicable, in a specially prepared area which takes account of and respects any religious or cultural needs wherever possible.
- 3.77 A detailed description of the mortuary facility should be provided before a viewing takes place. Information should be given on the state of the body including colour, odour and any injuries. The family should also be asked if there is anything else that they wish to know.
- 3.78 Bereaved families should also be provided with direct access to the victim and not be restricted to viewing through a screen - except for when safety is an issue.
- 3.79 A bereaved family should not be presented with a number of bodies in the hope they will be able to make an identification.
- 3.80 Such viewings should not be undertaken unless appropriate arrangements are in place for the bereaved families following the viewing.

Casualty Information

- 3.81 The dynamic and extensive nature of media coverage will ensure that major emergencies and mass fatality incidents rapidly become public knowledge whether relating to an incident within the United Kingdom or abroad.
- 3.82 It is perfectly natural that people fearing that their relative or friend may be involved make enquiries regarding their well being. Often these enquiries will be made to police but this could also be to other agencies, embassies and consulates. If not effectively managed these enquiries will not only have the potential to place these points of contact under considerable pressure but also to add to the potential distress and concern of those making the enquiries.
- 3.83 Whilst the widespread use of mobile phones may assist people in making contact with those they are concerned for, it also raises the potential for high volumes of calls to be received at an early stage following such incidents.
- 3.84 The police service have well established arrangements for managing casualty information known as the casualty bureau, but in the event of a large number of fatalities there is the potential for these to be overwhelmed. A comprehensive section on these arrangements is included in *Dealing with Disaster (Chapter 4)*.

- 3.85** Recommendations relating to these arrangements are included in both the Lord Justice Clarke and Lord Cullen reports, in the former case accepting submissions from the Metropolitan Police Service.
- 3.86** The casualty bureau arrangements must receive early consideration particularly when delays in commissioning a service are anticipated. This decision will result in the establishment of a central contact and information point for casualty information. Close liaison will need to be maintained with the police senior identification manager.
- 3.87** The fundamental tasks of the casualty bureau will be:
- Obtaining relevant information regarding persons involved or potentially involved
 - Assessing and processing that information
 - Providing accurate information ensuring bereaved families and friends are informed by the appropriate authorities and support investigation and identification arrangements.
- 3.88** Good practice developed from the experiences within the Metropolitan Police facility seeks to grade the category of a missing person. This will enable other elements of the response to assess the likelihood of that person being involved and ultimately for predictions regarding levels of casualties and victims.
- 3.89** The casualty bureau arrangements were reviewed to consider the potential advantages of modern communication, specifically telephone and internet opportunities. It is now accepted that call handling for reports of persons involved or potentially involved may be managed through collaborative arrangements across a number of police forces.
- 3.90** *Dealing with Disaster (Chapter 4)* also covers arrangements in relation to air crashes namely the Emergency Procedures Information Centre (EPIC). There will be potential for duplication of effort and confusion over casualty information if close co-ordination between these units is not achieved. This potential is further emphasised with some airlines subscribing to alternatives to EPIC. Such potential will be reduced by considering these issues during the planning and testing arrangements.
- 3.91** Bereaved families and friends may suffer frustration and distress if confirmation of death cannot be given until the identification criteria are satisfied. Such situations will be considered within Chapter 4 of this guidance.

3.92 Experience shows that although incidents may occur abroad it may still be necessary to establish casualty and information bureau arrangements to manage enquiries received in the United Kingdom and to deal with situations where United Kingdom nationals are involved or potentially involved in the incident.

3.93 Sadly experience also shows that not all callers are genuine. There will be hoaxes as well as well intentioned mistakes by callers. This places increased emphasis on the importance of training and monitoring staff working in a bureau to enable them to be able to deal with such situations and effectively grade the potential for the person reported to have been involved.

Documentation

3.94 Both for evidential and identification reasons it is essential that the whole process of victim recovery and identification is documented from the moment of finding the body until release for burial or cremation. There must be a clear audit trail which also includes samples removed with the appropriate authority for analysis.

Recovery

3.95 The Association of Chief Police Officers (ACPO) has developed a victim recovery label together with an attached evidential booklet. Each label bears a unique reference number based upon a bar coded system. Separate labels bearing the same number are available in respect of any samples removed for analysis purposes, for example DNA. These are available for police forces to order from the Stationery Office (www.tso-online.co.uk).

Mortuary

3.96 Interpol has developed a set of both ante and post mortem forms to assist in the identification of disaster victims. The post mortem forms may be used by police teams in the mortuary for collecting post mortem data, under the instruction of the pathologist. These are particularly useful where it is known or suspected that foreign nationals are involved, as they facilitate the international communication of data to assist in the identification.

3.97 The Interpol ante mortem forms reflect the content of their post mortem opposites and are for use by police family liaison officers in collecting ante mortem data for later comparison. Both sets of Interpol forms may be downloaded from the Interpol web-site at www.interpol.int.

- 3.98** ACPO has also developed a set of victim profile forms for use as an alternative to the Interpol form in collecting post mortem data in the mortuary. These forms have proven simpler to use than the Interpol forms, but the data can be easily transferred onto the Interpol form if necessary by means of an interchangeable numbering system. These compliment the ACPO victim recovery forms and are also available for police forces to order from the Stationery Office.
- 3.99** In using all the above forms it is essential, for the integrity of the documents and the information on these, that it is contemporaneously recorded through the recovery and identification processes.

International Aspects

- 3.100** It is quite likely that a major emergency in almost any part of the world will involve United Kingdom citizens, and possibly a significant number. It is vital in such incidents that families of casualties and victims are properly supported and that they have confidence in the procedures undertaken to identify and repatriate their loved ones.
- 3.101** British diplomatic and consular missions have standing instructions to report any incident involving the death of a British national in their area of responsibility and to liaise with foreign authorities and the Foreign and Commonwealth Office (FCO) in London. Their role is to protect British interests and those of British citizens abroad.
- 3.102** Following the events of 11th September 2001 in America and the Bali Bomb in October 2002, the FCO has developed rapid response teams to assist in the support of families of victims killed in incidents abroad when it is considered necessary and appropriate.
- 3.103** Where appropriate the FCO will establish a telephone call centre to receive calls from concerned family and friends.
- 3.104** Following the case of Regina – West Yorkshire Coroner 1983, ex parte Smith (the Helen Smith case), coroners in England and Wales are required to conduct inquests in respect of those persons who die abroad in violent, unnatural or suspicious circumstances where the victims are brought back to England and Wales. When dealing with fatalities it is highly recommended that all victims repatriated are received within one coroner's district. This will ensure consistency in the repatriation and identification process together with consistent service and support to families.

Interpol

- 3.105** Interpol Resolution AGN/65/Res/13 (1996) recognises that for legal, religious, cultural and other reasons, human beings have the right not to lose their identity after death and that the identification of victims is often of importance for police investigations.
- 3.106** Interpol through the Standing Committee on Disaster Victim Identification (DVI) has developed the Interpol DVI Guide and ante and post mortem forms. These are available on the Interpol web-site at www.interpol.int. The DVI Guide recommends the establishment of an Identification Commission and a scientific approach to the identification of victims.
- 3.107** The Interpol Headquarters in Lyon, France, are open on a 24-hour 7-day week basis in order to assist in co-ordinating the response to emergencies between member countries. Through the National Central Bureau (NCB) structure, Interpol in London are able to act as a conduit for information concerning mass fatality incidents abroad and provide advice and assistance where appropriate.

Repatriation

- 3.108** When dealing with fatalities in an emergency it is highly likely that there will be fragmented victims and missing human remains. A documented policy must be developed by the coroner and the Identification Commission at an early stage. There will be a number of issues to consider including the scale and type of incident, evidential requirements, wishes of bereaved families and religious or cultural needs. Where an incident has occurred abroad special arrangements will be necessary in relation to the repatriation process.
- 3.109** It is vital that bereaved families are advised and consulted as part of all of the processes outlined below relating to testing, condition of the body and return arrangements. When the Identification Commission is satisfied that a victim has been identified, the police senior identification manager (SIM) must ensure that the family is informed without delay through the police family liaison officer.
- 3.110** With modern DNA technology there will be the potential to reunify (although not necessarily identify) the majority of human remains recovered. To conduct a mass DNA profiling operation will require careful consideration.

- 3.111 In the case of incomplete victims once individual parts have been identified the lead pathologist will be responsible for ensuring that recovered fragmented parts are reunited prior to repatriation. This will include DNA samples removed for analysis unless they have been tested to destruction or destroyed for security purposes. In either case the bereaved family must be consulted beforehand.
- 3.112 If the victim has not been identified and returned intact the bereaved family must be advised of this fact at the time, together with other relevant information, for example ongoing recovery and identification operation, and the likelihood of other remains being recovered.
- 3.113 It is vital that bereaved families are not misled over the condition of a body to the extent that following repatriation they are later informed that additional identified remains have been recovered, which they were not aware were missing at the time of the deceased victim's return to the family.
- 3.114 It is also important that bereaved families are advised and consulted as part of this process. When the Identification Commission is satisfied that a victim has been identified the police SIM must ensure that the family is informed without delay through the police family liaison officer.
- 3.115 In the summer of 2004 the Government intends to issue *'The Response of the Faith communities to Major Emergencies: Guidelines'*. This detailed guidance is intended to provide advice for agencies responding to major incidents and emergencies. It will be agreed with representatives of the faith communities, so that religious and cultural considerations may be dealt with in as sensitive manner as circumstances allow. Before publication of these guidelines advice may be sought from the Faith Communities Unit in the Home Office.

4. Care and Treatment of People

Introduction

4.1 The most significant consequences of major emergencies may relate to the way they affect peoples' lives. Psychosocial issues should be regarded as a crucial part of the planning and preparation arrangements in relation to such incidents for many reasons. These issues will include:

- Potential high demands for information and response from public services in the wake of such incidents
- Potential for concern, alarm or extreme behaviour
- Potential for public disorder
- Immediate capacity of a person to cope
- Long-term well being
- Family, work and other implications
- Well-being of communities
- Staff care
- Public health issues.

4.2 Experience and research enable the responding agencies to identify key groups of persons in relation to major emergencies and mass fatality incidents. These are:

- The deceased (victims)
- Those who have been injured
- Those directly caught up in the emergency occurrence, but not physically hurt
- Families of the injured, missing or deceased
- Rescuers and response workers
- Wider sections of the community whose lives are affected or disrupted
- Witnesses and spectators.

4.3 *Dealing with Disaster (Chapter 4)* provides guidance in relation to the care and treatment of people.

4.4 The psychological risks may involve:

- Acute stress
- Post traumatic stress disorder
- Depression
- Anxiety disorders
- Substance abuse
- Withdrawal, over-activity etc
- Despair.

4.5 Whilst it may not be possible for responsible authorities to avoid persons being exposed to incidents and their consequences, it will be crucial to ensure that the human aspects receive due consideration limiting the potential for these risks to be realised or exacerbated.

4.6 In the immediate aftermath of an incident it will be appropriate to consider establishing a survivor reception centre. This facility, which should be relatively near to the scene, can provide an early opportunity to identify those persons affected by the incident both as witnesses and as people who may have vital information regarding casualties. This centre will also provide a focal point for early consideration of medical, evidential, welfare and psychological aspects. However, it should be kept in mind that some survivors will choose to leave the scene if they are able to.

4.7 The survivor reception centre may provide a staging point for transfer of persons to hospital or medical centres, and trauma centres, or for arrangements to be made concerning the evidential aspects. Survivors may have vital evidence in relation to the situation of others involved in the incident.

4.8 If a decision is made to establish a trauma centre this will require specialist teams from local authorities or other related agencies. Early assessment of the numbers and nature of persons affected by an incident may give an indication of the potential longer term needs and resource implications, thereby supporting the need to prepare a strategy as part of the planning process.

4.9 It is common for volunteers to come forward following major emergencies. In recent cases some who claim to be trained counsellors were found not to be qualified. In such circumstances it will be appropriate to ensure accreditation prior to any contact with clients.

4.10 It is likely that the authorities will be completely inundated by counsellors, psychologists, doctors, and particularly by voluntary organisations very anxious to help, many may be vociferous and persistent. It will be important to consider this as part of the planning process.

4.11 When preparing site-specific plans such as for airports, it will be appropriate to identify suitable facilities for survivor reception.

Families and Friends

4.12 Careful consideration must be given to the arrangements necessary for families and friends of victims and missing persons following a major emergency.

4.13 In the immediate aftermath it may be that these persons will choose to visit the scene, hospitals or other key locations where they may gain information regarding the fate of their relatives or friends. It will be important to provide early support for these persons but this may prove challenging as they may be located at numerous different sites or locations.

4.14 Consideration should be given to activating a plan for a family assistance centre. Following 11th September 2001, the authorities in New York established a family assistance centre at Pier 94, similar in purpose to the relatives reception centre. This was recognised as good practice by those authorities.

4.15 In identifying a suitable centre it will be necessary to assess the requirements, including accommodation (particularly for those living in other areas or countries), facilities for briefing groups, welfare, refreshments and private consultation.

4.16 In some cases plans include the use of hotel accommodation to provide for such needs. Whichever site is selected consideration must also be given to potential competing needs, where the facility is located in relation to the incident and the normal usage of the site.

4.17 The case for establishing such a facility is strong and enables the responsible authorities to focus resources and concentrate on providing for the needs of the families and friends. There will be occasions where families and friends may congregate away from a scene such as at an airport or railway station. Plans must anticipate this and provide for such circumstances especially in transport related incidents.

4.18 Unless these needs are met people will probably continue to take actions they consider appropriate to meet their own situations.

- 4.19 The arrangements in New York following September 11th 2001 included an official site where families and friends could display photographs of their loved ones in the hope that they would be recognised or accounted for. This is an example of good practice that warrants consideration in future situations.
- 4.20 Providing support to families and communities can have specific short and long-term implications. In the short term relatives may wish to contact each other and the need for confidentiality and the desire to support families must be resolved. Long-term strategies must consider the potential for key dates or events, changes in circumstance or the potential for similar incidents to trigger the need for further interventions.

Police Family Liaison Officer

- 4.21 It is now recognised that police family liaison officers (FLO) are an essential element of the response to a mass fatality incident. However, it must be kept in mind that the FLO is primarily an investigator. This should be made clear to the bereaved from the outset of their relationship with the FLO.
- 4.22 Although expected to deal with the bereaved in a compassionate and caring manner, an FLO is not deployed to provide emotional or other support to families, as they are neither trained or equipped to do so. It will be the responsibility of a local authority to co-ordinate the provision of emotional and other support, which may include practical support such as accommodation and psychological support, where appropriate. These two distinct roles would need to be carefully co-ordinated.
- 4.23 The Association of Chief Police Officers has developed a national *Family Liaison Strategy Manual* based upon considerable experience in homicide, road crash and major emergency incidents.
- 4.24 Following a mass fatality incident FLOs will have a key role in investigating priority missing person reports and assisting in identifying potential victims. Close co-ordination will be necessary to establish links between the casualty information and mortuary arrangements in particular.
- 4.25 Working through an FLO co-ordinator to the police senior identification manager, the FLO will obtain precise ante mortem details from the families of missing persons judged most likely to have died in an incident. This may include taking or arranging the collection of ante mortem samples for analysis and comparison, including DNA.

- 4.26 The whole process of sample collection will be a vital part of the identification and investigation process and must be carried out using specific, documented procedures that ensure integrity and continuity throughout. In addition the FLO may also have a clear investigative role, particularly where it is suspected that the victim is part of the causation chain.
- 4.27 They will also have a vital role to play in advising families of procedures that will take place. These may include any identification, repatriation, investigation and judicial processes that may follow - including coronial matters. Explaining the procedures may help families to understand why some delays in the recovery, identification and release of bodies can occur.
- 4.28 The FLOs will provide the primary communication link with families limiting the potential for repetitive interactions.
- 4.29 It must be remembered that families may be resident in various police force areas and in some situations they may be foreign nationals presenting specific co-ordination and management considerations.
- 4.30 The FLO should not be viewed as a long term support mechanism for a family. There are other organisations more appropriately trained and equipped to fulfil this function, although it will be necessary to plan the exit strategy carefully as the emotional ties between officers and families may be well developed. It will naturally be necessary to ensure close co-ordination between the FLO, psychological support and related arrangements.
- 4.31 As part of liaising with bereaved families it should be kept in mind that families may not always wish or need further help.

Faith, Religious and Cultural Considerations

- 4.32 A major emergency will probably involve victims from differing faith, religious and cultural backgrounds. The responsible agencies must ensure consideration is given to the specific associated needs at times when families and friends will be seeking to come to terms with their loss.
- 4.33 Every care should be taken to cater for these needs. Plans should provide for discussion at an early stage with appropriate faith, religious and ethnic community leaders. Further understanding of these needs may be achieved through the police family liaison officers or in

some situations embassies and consulates. One simple example may be the use of interpreters where language difficulties exist.

- 4.34 Particular attention should be given to the concerns of those individuals and communities for whom post mortem investigations are unwelcome and when there is a requirement for prompt burial.
- 4.35 In the summer of 2004 the Government intends to issue *'The Response of the Faith communities to Major Emergencies: Guidelines'*. This detailed guidance is intended to provide advice for agencies responding to major incidents and emergencies. It will be agreed with representatives of the faith communities so that religious and cultural considerations may be dealt with in as sensitive manner as circumstances allow. Before publication of these guidelines, advice may be sought from the Faith Communities Unit in the Home Office. Further detail can also be found in *Dealing with Disaster (Chapter 4)*.

Caring for Staff

- 4.36 Major emergencies will place enormous demands upon staff involved in the response. They may be required to work for long periods of time in very arduous, traumatic and emotional circumstances. Many staff may be seeing bodies or human remains for the first time or may be in contact with families and friends, witnesses or survivors.
- 4.37 Plans, such as temporary mortuary plans, must make provision for welfare and psychological support for all staff and particularly those working during such a response.
- 4.38 Health and safety at work legislation requires all employers to follow safe working practices, so far as practicable. While provision in temporary facilities will differ from those in permanent facilities achieving the same health and safety provision should be the aim.
- 4.39 It will be important to ensure that staff have appropriate periods away from situations which may prove distressing and traumatic. Measures to ensure that they are kept away from the media and from the bereaved may also be necessary. One method of achieving this will be to plan for a separate rest area for staff working within a mortuary near the scene and in other similar locations.
- 4.40 For most responding agencies occupational health departments should be integral to the planning, response and monitoring arrangements.

- 4.41 Careful consideration must be given to the longer term impact on staff particularly those working on specialist teams where the cumulative effects may contribute to adverse physiological, psychological and welfare consequences. Appropriate monitoring and support initiatives should be considered.
- 4.42 Care should be taken to avoid involving staff in a response if they may be particularly vulnerable due to a family bereavement, illness, relationship problems or similar circumstances.
- 4.43 Assessing the need for interventions such as counselling, must be based upon the unique circumstances affecting an individual on expert opinion and on the wishes of the individual.
- 4.44 Further detail is included in *Dealing with Disaster (Chapter 4)*.

Testimonials, Memorials and Appeals

Testimonials

- 4.45 It must be anticipated that tragic circumstances will encourage members of the public to show support for all those involved in an incident from the victims and bereaved to front-line responders. One common example is the laying of floral tributes at or near the scene or an alternate relevant site. These tributes may also have particular faith, religious or cultural significance.
- 4.46 Such tributes should be facilitated at these locations, and are likely to draw considerable interest from the media, families and friends, dignitaries and the general public. Where tributes are a feature, careful consideration must be given to the manner and timing of their removal when this becomes necessary – be this for operational expediency, a result of the perishable nature of the tributes, or because of the need to re-establish the normality of the site. It will be appropriate to consider the wishes of the bereaved and key interest groups prior to making such decisions.

Memorials

- 4.47 Careful consideration will need to be given to the holding of a memorial service or services, especially regarding the timing and nature of the content. Consulting with the bereaved, family support and survivor groups, and key interest groups will be appropriate as will due consideration to the progress of victim recovery, identification and similar procedures.
- 4.48 Similar consultation and consideration will be necessary in determining the nature and content of events marking anniversaries and other key dates. It is appropriate to take the same approach

in respect of the siting, nature and timing of memorials. Criminal or other proceedings may still be progressing, and organisations or individuals may be deemed responsible for causing the incident. Such a situation may persist long after the response to an incident has concluded and may provide considerable potential for ill-considered memorials to cause offence or insult.

Appeals

4.49 A major emergency can often result in donations being sent prior to the establishment of an appeal fund. Unless early consideration is given to how this will be managed, there is potential for this to cause severe problems and damage the reputations of the responsible agencies.

4.50 Managing and distributing an appeal or disaster fund has potential problems and can cause enormous additional distress to those whom it is designed to help. A local authority may manage such funds or alternatively appropriate voluntary or private sector organisations may take on this responsibility.

4.51 The British Red Cross Disaster Appeal Scheme (United Kingdom) is available and provides an appropriate starting point for considering the appropriate arrangements for each unique situation. This scheme can assist in the key areas of:

- Setting up an appeal fund
- Providing temporary trustees
- Contacting banks and the Royal Mail
- Setting up a telephone donation line for credit card donations
- Handling postal donations.

Further information can be found at www.redcross.org.uk.

Annex A – Definitions

Mass Fatality Incident

‘Any incident where the number of fatalities is greater than normal local arrangements can manage’.

In this context fatalities may have suffered severe trauma. By their very nature such incidents will require special arrangements to be implemented at local, regional or national level, depending upon the capabilities at each level and the scale and the complexity of the incident.

Major Emergency

‘Any event or circumstance (happening with or without warning) that causes or threatens death or injury, disruption to the community, or damage to property or to the environment on such a scale that the effects cannot be dealt with by the emergency services, local authorities and other organisations as part of their normal day-to-day activities’.

Major Incident

‘A major incident is any emergency that requires the implementation of special arrangements by one or more of the emergency services, the NHS or the local authority for the:

- *initial treatment, rescue and transport of large numbers of casualties;*
- *involvement either directly or indirectly of large numbers of people;*
- *handling of large numbers of enquiries likely to be generated both from the public and the news media, usually to the police;*
- *need for the large scale combined resources of two or more of the emergency services;*
- *mobilisation and organisation of the emergency services and supporting organisations, e.g. local authority, to cater for the threat of death, serious injury or homelessness to a large number of people’.*

Annex B – Mortuary Requirements

Introduction

This section should not be considered in isolation to the body of this guidance document, and specifically Chapter 3. It is probable that a mass fatality incident will overwhelm normal mortuary arrangements, therefore special arrangements will be inevitable. The likely options to cope in such a case will be:

- Activating a temporary mortuary (sometimes known as disaster mortuary) plan
- Increasing the disaster victim holding capacity at a purpose built facility
- Operating from a purpose built facility in another area, which has the appropriate facilities and capacity.

This section does not seek to provide a model for a mortuary plan, it should be considered as guidance particularly in relation to establishing temporary facilities.

The Mortuary Plan

Normally the mortuary plan will be co-ordinated by the local authority though it must reflect the views and requirements of all relevant agencies and key persons. The plan may be specific for a particular site or generic and therefore relevant to a choice of sites.

The plan should include a clear aim, and objectives, against which it will be possible to assess whether, in exercise or real incidents, it was appropriate and effective. Other generic features should include:

- Key roles and responsibilities
- Personnel requirements
- Equipment requirements
- Procedural and evidential requirements
- Documentation requirements
- Property arrangements
- Key contacts and communication arrangements
- References to other plans (e.g. pathology plan, media)
- Health, safety and environmental considerations
- Financial arrangements
- Welfare and arrangements for caring for staff
- Relevant legislation.

Specific sites will require details of the physical layout and risk assessment appropriate to that unique situation.

Premises related considerations

Whether establishing a temporary mortuary or enhancing existing facilities, the following considerations will be appropriate:

- **Availability of premises**

Particularly in the case of temporary facilities, it will be necessary to assess the likely availability of premises. This may be particularly necessary where premises are located on Ministry of Defence property or with Territorial Army Centres. Consideration should be given to the possible stigma attached to locating a temporary mortuary in such facilities and that these may need to be cleared or demolished. It should also be taken into account that the temporary mortuary may be required to be operational for considerable time, months and in some cases years.

- **Access**

It will be prudent to consider whether access will be inhibited by congestion or other factors. Establishing one way systems may be advisable in some cases.

- **Space**

The scale of fatalities, disruption to bodies and potential timescale for recovery will influence the numbers of teams of pathologists and other specialists necessary for each specific incident. Accepting that there is a strong case for operating from a single facility, it will be necessary to ensure the premises will have sufficient space with the potential to increase the capacity for carrying out procedures or for storage, if necessary.

Operating within a mortuary will be potentially distressing for staff and if the environment is cramped and confined this potential will be increased.

It will be necessary to assess the capacity of each premises to ensure it will be adequate for the incident in question. The facilities identified may comprise a single structure or a complex of smaller, ideally linked, buildings.

- **Security**

Many authorities have favoured premises on military sites due to the levels of security normally afforded. Whether military or otherwise it will be necessary to ensure that unauthorised access cannot occur.

It will further be appropriate to ensure secure storage particularly for valuables, personnel effects and items of evidential significance.

- **Privacy**

The mortuary facilities should afford privacy for all persons working or visiting the premises and for the public and residents in the vicinity. Where there is potential for the site to be overlooked it may be necessary to erect screening. Ideally the reception arrangements for disaster victims will take place within the premises.

Measures should be taken to prevent the potential for staff working at the premises to come into unofficial contact with relatives at the site.

- **Parking**

Ample parking will be required for the vehicles of those working at, and visiting, the site. Additional parking will be required for vehicles involved in the transport and storage of bodies and equipment.

- **Cold storage**

Refrigerated storage is recommended at the site. Temporary sites will probably not have such facilities and purpose built sites may require additional capacity to deal with fatalities. Use of refrigerated vehicles may be a suitable option, in such circumstances care should be taken to obscure identifying features such as company names.

- **Offices**

Mortuary arrangements will involve considerable administrative and documentation processes making the availability of offices an important feature of the selected site. Where these do not exist or cannot be achieved by use of suitable screening, the plan should anticipate the use of portable buildings.

- **Flooring**

All surfaces must be solid and impervious to liquids. Temporary facilities may require the laying of special surfaces where such flooring does not exist.

- **Drainage and waste disposal**

It will be essential to involve the environmental health officer when selecting a site and planning for mortuary arrangements. All effluent should be diluted and care taken not to discharge into surface water drains.

Arrangements may need to provide skips or containers for clinical waste and special containers for 'sharps'.

- **Heating and ventilation**

The requirement for heating and ventilation will be greatly influenced by the prevailing weather conditions. The plan must anticipate the need for heating and ventilation, the latter potentially cutting down on the smell thereby improving the working environment for staff. In extremely hot conditions the need for air conditioning should be considered.

- **Power and lighting**

The site must have adequate and suitably positioned power and lighting or the plan must provide for enhancement, where this is not the case. It will be necessary to consult with specialists to ensure that the potential requirements are understood, such as in the case of radiological equipment.

- **Water supply**

This must include both hot and drinking water supply to the appropriate locations within the mortuary.

- **Wet and dry areas**

The plan must provide for separation between the wet or dirty and dry or clean areas of the mortuary. This is necessary for health and environmental, but possibly also evidential reasons.

- **Washrooms and changing facilities**

The site must provide for separate washing or shower and changing facilities for the wet and dry areas of the mortuary.

- **Refreshment and rest areas**

It will be vital to ensure that the welfare and well being of staff is provided for at the mortuary. This must include quiet areas and catering with due consideration to the appropriateness of the selection of meals.

Separate rest or quiet areas for the wet and dry areas will negate the need for staff to repeatedly remove protective and soiled clothing. This will however be necessary prior to entering the kitchen or dining areas.

- **Communications**

It will be essential to ensure sufficient telephone lines for the site both for fax and conversation purposes. Additionally use of computer systems such as the police HOLMES 2 system may be desirable. Setting up these arrangements may require response by the appropriate service providers.

Where use of mobile phones is anticipated it will be appropriate to ensure that reception is good at the site and that where appropriate key personnel have phones registered for access overload control (ACCOLC).

- **Viewing provision**

Careful consideration must be given to the facilities provided for the viewing of victims. These must be separated from the main mortuary and include areas for waiting and preparing for viewing, the viewing itself and for the formal and support provisions after the viewing. It is recommended that viewing facilities are neutral but in planning these arrangements it will be necessary to consider particular cultural and religious arrangements for each particular case taking care not to cause offence or further distress with inappropriate symbols or references.

Use of drapes may assist in circumstances where temporary and stark facilities have to be used for viewing purposes.

- **Distance from incident**

The suitability of facilities is of significantly greater importance than proximity to the incident. This may therefore involve a mortuary being in an alternate police, local authority or coroner district than the incident itself. It will consequently be appropriate for agreements to be reached between the authorities concerned during the planning process, and again following an incident.

- **Normal use of premises**

Careful consideration must be given to the normal usage of a temporary site. Authorities must consider that normal users of the premises may be distressed or uncomfortable knowing that mortuary procedures have been conducted, for instance at leisure centres or school halls.

It is also necessary to consider how not having the premises available would impact upon communities.

Special considerations

Radiography

The radiography team will primarily focus upon identification of victims establishing cause of death and locating material of evidential value, such as fragmented remains or personal effects.

Use of radiography will also be of value in ensuring the safety of staff, for example where pathology teams may encounter sharp or dangerous objects during intrusive processes. Radiography may further reduce the requirement for full examinations. It is therefore appropriate to ensure that radiography is fully integrated into the mortuary plan.

Digital technology is incorporated to the latest equipment reducing the demands for processing and storage. It may be possible for the NHS to provide equipment and staff, but their priority will be the treatment of casualties. Therefore it may be that the NHS will be unable to assist, especially with regard to equipment following a major incident, and alternatives should be explored.

In the event that fatalities overwhelmed the capacity of local and regional responders a decision as to the use of such equipment may need to be taken by the Government. Such a decision will need to be based on the advice of the Identification Commission as to the effectiveness of identification methods available in the specific context of the incident.

Consideration of this will be factored into work taken forward by the Home Office in close collaboration with the regions, the devolved administrations and specialists to develop a framework for a national response.

Equipment

It will be appropriate for authorities to consider collaborative arrangements particularly in relation to consumables and where the scale of an incident may overwhelm the responding agencies.

Plans must provide for the equipment necessary to commission the mortuary. The availability of such equipment will influence the time necessary to set up the facilities and receive victims.

We would encourage planners to keep records of suppliers who could supply equipment in both their own and surrounding areas.

Where contractual arrangements exist, steps must be taken to ensure that the contractor will be capable of meeting the requirements within the timescales of the plan or incident.

Good practice encourages the identification of one or more persons responsible for ensuring the availability and serviceability of all equipment necessary for short notice commissioning of a mortuary. In the case of an incident of catastrophic proportion regional or national support may be appropriate.

CBRN

Where the incident is declared as CBRN the considerations in Chapter 3 of this guidance (3.61 – 3.67) will be relevant.

Decontamination

The mortuary must be thoroughly cleaned at the end of each working day and meticulously cleansed prior to returning the site to the normal occupiers and operators.

Transportable facilities

Where purpose built or temporary mortuaries will be unsuitable for the scale or complexity of an incident, an alternate option may be to use a mobile facility.

For example facilities could comprise of a vast inflatable storage facility with examination facilities located within adjoining portable buildings. Clearly the use of such facilities would require the identification of a suitable site with appropriate services.

Commissioning time

It will be vital for the coroner, the police senior identification manager and local authority to co-ordinate the arrangements for commissioning of a temporary mortuary to take account of the anticipated timescales for recovery of victims. A temporary mortuary should be established and operational in 24 hours, this is the recommended minimum time. However, in the event of a large-scale incident involving fatalities this may not always be possible. In such cases it needs to be factored into the planning process

that priority should be given to victims being received and stored in the temporary mortuary within 24 hours and for it to be fully operation within the next 48 hours.

Mortuary operations

Clearly recognised procedures will ensure the efficiency and effectiveness of the mortuary operations. Whilst each situation will have unique features the likely sequence for these operations, as illustrated in figure 3, could be:

- Arrival of victims
- Reception procedures including confirmation of identity, tagging and numbering, and photography
- Radiography
- Strip search and initial examination and 'triage' to assess extent of examination, and photography
- Fingerprinting
- Post mortem examination
- Odontology
- Rebagging, ideally to different colour bag than before post-mortem
- Reconstruction and embalming
- Putting the victims into coffins.

Operating hours

It is probable that responding agencies will be under considerable pressure from families, the media and other sources to identify the victims, complete the mortuary procedures and repatriate the victims. Whilst this may encourage the view that mortuary staff should be working protracted shifts, this must be balanced against a need to consider their welfare needs and the potentially distressing nature of the roles being undertaken.

It may be appropriate to consider shift operating where sufficiency of trained and suitable staff allows though there may be constraints in the case of many of the specialist staff, such as pathologists.

Mortuary Personnel

Mortuary Management

The mortuary site will usually be jointly managed by the local authority and the police. Outside of usual arrangements, in the event of a mass fatality incident it may be appropriate to appoint personnel to oversee facilities management and manage operations. Consideration to this should be given in the planning process. Other key personnel include:

- HM Coroner's Officer
- Police senior identification manager
- Supervising pathologist
- Lead mortuary technician
- Co-optees as appropriate (e.g. site liaison officer, contract services director, environmental health officer).

It is the local authority's responsibility to obtain staff, making use of mutual aid arrangements and other contracts as necessary. This process may be brokered through sub-regional and regional plans and in such cases the Regional Resilience Forums will need to be consulted. Consideration will need to be given to the cost of such staff (including qualifications and insurance) and ensuring that adequate health and safety arrangements are in place.

Examination Teams – non police (appropriate to the incident)

- Pathologists
- Odontologists
- Morticians
- Radiographers
- Anthropologists
- Embalmers
- Funeral Directors.
- Police Personnel
- Identification officers
- Operational teams - each of:
 - 2 Officers
 - Documentation officer
 - Exhibit officer
 - Photographer
 - Fingerprint teams

- Duty teams – security
- Video operators
- Stretcher bearers
- Family liaison officers
- Casualty bureau liaison officers.

Additional Personnel – may involve:

- Religious representatives
- Cleaners
- Catering
- Counselling and occupational health
- Health and safety and environmental advisers
- Additional clerical and administrative support – including ‘runners’.

Equipment Requirements

Plans for the operation of a mortuary should include details of equipment necessary for the effective operation of the facilities. This equipment will comprise:

- Personal protective equipment
- Medical equipment
- General and building equipment
- Administration equipment

Whilst not intended to provide an exhaustive list these checklists may include items detailed in the following sections.

Personal Protective Equipment

- Overalls
- Aprons
- Boots
- Gloves
- Goggles
- Hats
- Masks
- Respirators
- Medical Equipment
- Trolleys
- Scalpels & scalpel handles
- Scissors
- Brain cutting knives
- Saws
- Forceps
- Probes
- Rulers and tape measures
- Metal “T” and dural strippers
- Syringes and hypodermic needles
- Sewing-up needles
- Head blocks
- Cut-up boards
- Tow, cotton wool
- Twine
- Towels (paper)
- Paper tissues
- Specimen pots
- Toxicology and DNA kits
- Labels for specimen pots
- Formalin
- Mortuary check lists
- Duckboards and pallets
- Accident and emergency trolleys with x-ray grids
- Mortuary hoists
- First aid kits
- Odontology equipment
- Stretchers
- Radiographic equipment including lead screens, protective aprons and gloves and reading facilities.
- Radiography developing facilities including dark room – where digital equipment is not available.

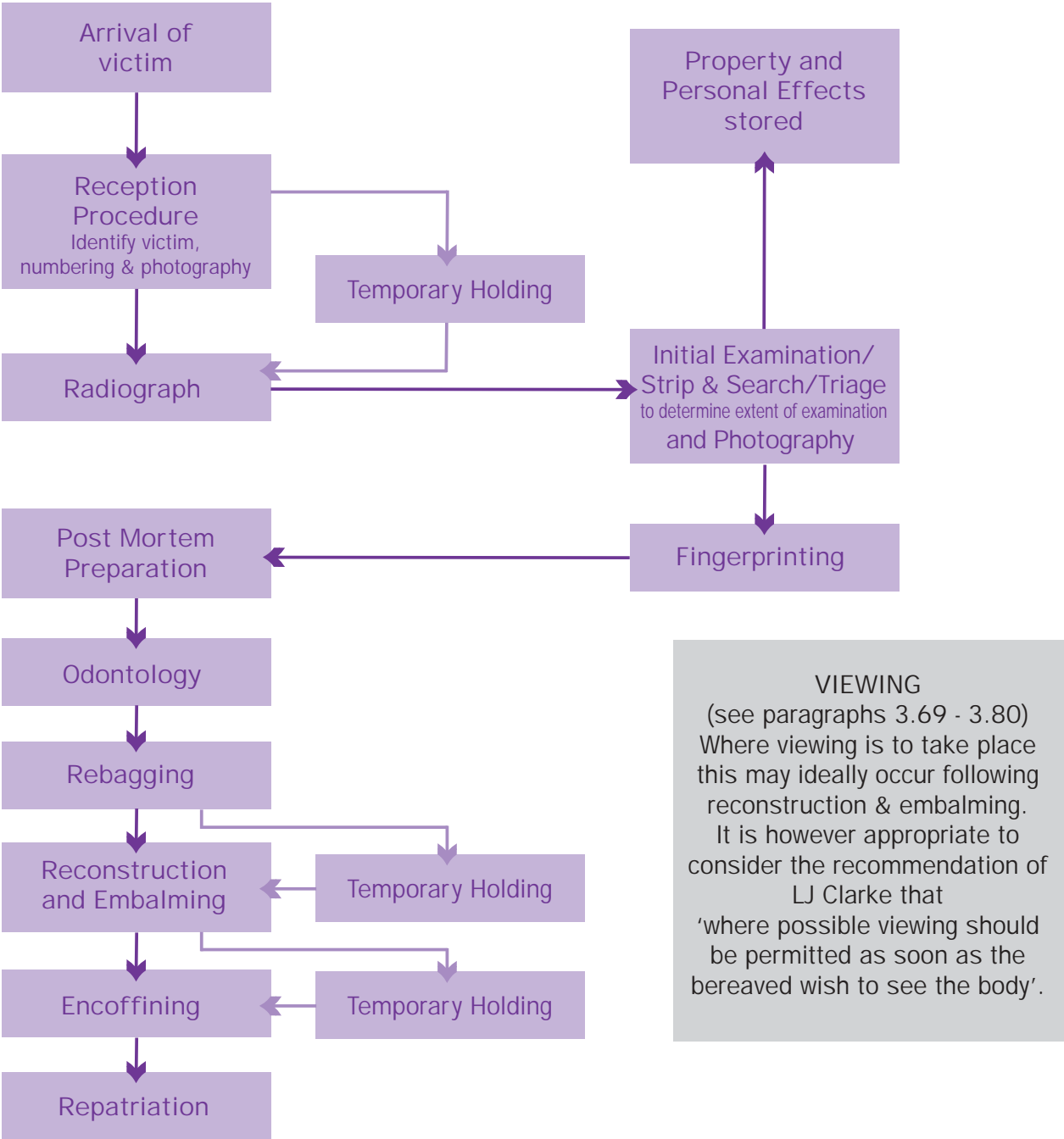
General and Building Equipment

- Platform ladder – possible requirement for photographers and video recorders
- Small fork lift truck – where necessary to reduce lifting
- Signage – identifying specific areas and hazards
- Plastic refuse bags – colour coded according to content
- Property and clothing bags
- Folding tables and trestles
- Wedges for trolley wheels
- Buckets and bowls
- Sponges
- Disposal for ‘sharps’
- Washing machines and dryers
- Refrigerators for specimens
- Deeps freezers for specimens
- Cleansing soap
- Bleach and disinfectant
- Polythene sheeting
- Floor covering
- Brooms and cleaning equipment
- Dustbins and skips
- Heating, ventilation and cooling equipment
- Screening
- Lighting
- Portable generators and transformers.

Administration Equipment

- Furniture (tables, desks and chairs)
- Shelving
- Storage cupboards and cabinets
- Wallboards – drywhite and notice boards
- Documentation and labels
- Body bags
- Stationery and consumables
- Identity badges
- Computers
- Telephones and fax machine
- Mobile phones – registered for ACCOLC where necessary.
- Catering equipment.

FIGURE 3: Mortuary Procedures



VIEWING
 (see paragraphs 3.69 - 3.80)
 Where viewing is to take place this may ideally occur following reconstruction & embalming. It is however appropriate to consider the recommendation of LJ Clarke that 'where possible viewing should be permitted as soon as the bereaved wish to see the body'.

Annex C – Glossary

Where appropriate the following definitions are extracted from the relevant emergency services procedures/planning manuals, and collectively agreed by an interdisciplinary working group.

ACCOLC – Access Overload Control

The Access Overload Control Scheme gives call preference to registered essential users on the four main mobile networks in the UK if the scheme is invoked during a major emergency.

Ambulance Incident Officer (AIO)

The officer of the ambulance service with overall responsibility for the work of that service at the scene of a major incident. Works in close liaison with the medical incident officer (MIO) to ensure effective use of the medical and ambulance resources at the scene.

Ambulance Loading Point

An area, preferably hard standing, in close proximity to the casualty clearing station, where ambulances can be manoeuvred and patients placed in ambulances for transfer to hospital. Helicopter landing provision may also be needed.

Ambulance Safety Officer

The officer responsible for monitoring operations and ensuring safety of personnel working under her or his control within the inner cordon at a major incident site. Liaises with safety officers from other emergency services.

Ante mortem data

Information obtained from family, friends etc. about a person who is believed to be among the deceased.

Ante mortem team

Officers responsible for liaising with the next of kin on all matters relating to the identification of the deceased.

Bellwin Scheme

Discretionary scheme for providing central government financial assistance in exceptional circumstances to affected local authorities in the event of a major emergency.

Bronze

Operational commander.

Cascade System

System whereby one person or organisation calls out others who in turn initiates further call-outs as necessary.

Casualty

A person killed or physically or mentally injured in war, accident or civil emergency. For casualty bureau purposes the term encompasses any person involved in an incident, including evacuees. In maritime emergencies, it is also used to refer to a vessel in distress.

Casualty Bureau

Police central contact and information point for all records and data relating to casualties, evacuees and others affected by the incident.

Casualty Clearing Officer

The ambulance officer who, in liaison with the medical incident officer, ensures an efficient patient throughput at the casualty clearing station.

Casualty Clearing Station

An area set up at a major incident by the ambulance service in liaison with the medical incident officer to assess, triage and treat casualties and direct their evacuation.

CBRN

Chemical, biological, radiological or nuclear – a reference commonly used where an incident relates to materials or substances involving one or more of these characteristics

Chemet

A scheme administered by the Meteorological Office, providing information on weather conditions as they affect an incident involving hazardous chemicals.

Civil Contingencies Committee (CCC)

Civil Contingencies Committee (CCC) of Ministers (chaired normally by the Home Secretary) convened to provide central government oversight of a major emergency.

Civil Contingencies Secretariat (CCS)

The Cabinet Office secretariat which provides the central focus for the cross-departmental and cross-agency commitment, co-ordination and co-operation that will enable the UK to deal effectively with disruptive challenges and crises.

COMAH sites

Industrial sites which are subject to the Control of Major Accident Hazards Regulations.

Command

The authority for an agency to direct the actions of its own resources (both personnel and equipment).

Co-ordination

The harmonious integration of the expertise of all the agencies involved with the object of effectively and efficiently bringing the incident to a successful conclusion.

Co-ordinating group

A group comprising the senior representative at the scene of a major incident from each service or agency present. The group is normally chaired by the police and decides on actions to be taken.

Control

The authority to direct strategic and tactical operations in order to complete an assigned function and includes the ability to direct the activities of other agencies engaged in the completion of that function. The control of the assigned function also carries with it a responsibility for the health and safety of those involved.

Controlled area

The area contained by an outer cordon; the area may be divided into geographical sectors.

Control Room

Centre for the control of the movements and activities of each emergency service's personnel and equipment. Liaises with the other services control rooms.

Cordon – Inner

Surrounds and protects the immediate scene of an incident.

Cordon – Outer

Seals off a controlled area around an incident to which unauthorised persons are not allowed access.

Coroner

An independent judicial officer responsible for investigating the cause and circumstances of violent or unnatural deaths, and sudden deaths of unknown cause.

Coroner's Officer

Representative of the coroner with duties that include the overall supervision of all procedures relating to bodies and keeping the coroner informed on all matters.

Crisis management team

Personnel brought together under the chief executive to manage and co-ordinate the local authority response to an emergency.

Decontamination

Removing contaminants to the extent necessary to allow use of the building/facility/equipment/land within an acceptable level of risk.

Disaster Action

Umbrella organisation for disaster groups in dealing with statutory and other organisations following a disaster.

Devolved Administrations

Scottish Executive, Welsh Assembly Government and Northern Ireland Executive.

Disaster victim holding area / collection point

An area close to the scene where the dead can be temporarily held until transfer to the temporary mortuary or mortuary.

Emergency Centre / Emergency Control Centre

Local authority operations centre from which the management and co-ordination of local authority incident support is carried out.

Emergency Procedures Information Centre (EPIC)

Managed by British Airways; acts as a central airline information co-ordinating point.

Family Assistance Centre

See Relatives Reception Centre.

Family Liaison Officers

Primarily investigators, these are trained police officers with a key role in investigating missing person reports and assisting in identifying potential victims. Working through an FLO co-ordinator to the police senior identification manager, the FLO will provide the primary communication link with families.

Forward Control Point

Each service's command and control facility nearest the scene of the incident – responsible for immediate direction, deployment and security.

Friends and Relatives Reception Centre

Secure area set aside for use and interview of friends and relatives arriving at the scene (or location associated with an incident, such as at an airport or port). Established by the police in consultation with the local authority.

Gold

Strategic commander.

Hospital Friends and Relatives Reception Centre

An assembly point at a receiving hospital where friends and relatives can be received and arrangements made for their special needs. The receiving hospital is responsible for establishing the centre.

Identification Commission

Group representing all aspects of the identification process which is set up to consider and determine the identity of the deceased to the satisfaction of HM Coroner.

Incident Officer

An officer at the scene who commands the tactical response of his/her respective service.

Incident Control Point / Post

The point from which each of the emergency services tactical managers can control their services' response to a land-based incident. Together, the incident control points form the focal point for co-ordinating all activities on site. Also referred to as 'Silver control'. In London incident control points are grouped together to form the Joint Emergency Services Control Centre (JESCC).

Inner Cordon

Surrounds and protects the immediate scene of an incident.

Investigating agencies

Those organisations that are legally empowered to investigate the cause of an accident (Air Accident Investigation Branch, Marine Accident Investigation Branch, HSE, etc.)

Integrated Emergency Management (IEM)

An approach to preventing and managing emergencies that entails five key activities – assessment, prevention, preparation, response and recovery. IEM is geared to the idea of building greater overall resilience in the face of a broad range of disruptive challenges

Lead Government Department (LGD)

Department which, in the event of a major emergency, co-ordinates central government activity.

Lead Pathologist

Acting on behalf of the coroner and head of the team working on the pathology plan to cover key points from the scene and completion of mortuary procedures.

Local Emergency Centre (LEC)

Purpose-designed and equipped control centre for the co-ordination of the response to a nuclear emergency emanating from a civil nuclear power station.

Major Disaster Advisory Team (MDAT)

A police service team available at short notice to give advice on certain aspects of major incident management.

Major Incident

A major incident is any emergency that requires the implementation of special arrangements by one or more of the emergency services, the NHS or the local authority. A fuller definition is at Annex A.

Major Incident Control Room

Established in protracted emergencies to co-ordinate the overall response, deal with ongoing resource and logistical requirements and provide facilities for senior command functions. Often referred to as 'Gold Control'.

Major Incident Procedures

Pre-planned and exercised procedures which are activated once a major incident has been declared.

Maritime Rescue Co-ordination Centre (MRCC)

HM Coastguard regional centre responsible for promoting the efficient organisation of search and rescue services and for co-ordinating the conduct of search and rescue operations within a search and rescue region.

Maritime Rescue Sub Centre (MRSC)

HM Coastguard unit subordinate to a rescue co-ordination centre and established to complement the latter.

Marshalling Area

Area to which resources and personnel not immediately required at the scene or being held for further use can be directed to standby.

Media Centre / Media Briefing Centre

Central location for media enquiries, providing communication, conference and monitoring facilities, interview and briefing, access to responding organisation personnel and staffed by spokespersons from all the principal services and organisations responding.

Media Liaison Officer

Representative who has responsibility for liaising with the media on behalf of his or her organisation.

Media Liaison Point

An area adjacent to the scene which is designated for the reception and accreditation of media personnel for briefing on arrangements for reporting, filming and photographing, staffed by media liaison officers from appropriate services.

Medical Incident Officer (MIO)

Medical officer with overall responsibility (in close liaison with the ambulance incident officer) for the management of medical resources at the scene of a major incident. He or she should not be a member of a mobile medical team.

Mutual Aid Arrangements

Cross-boundary arrangements under which emergency services, local authorities and other organisations request extra staff and equipment for use in a disaster.

Operational level (bronze)

The operational level of management reflects the normal day-to-day arrangements for responding to smaller scale emergencies. It is the level at which the management of 'hands-on' work is undertaken at the incident site or associated areas.

Outer Cordon

Seals off a controlled area around an incident to which unauthorised persons are not allowed access.

Overall Incident Commander (Gold)

The designated senior officer in charge of the police response who normally co-ordinates the strategic roles of all the emergency services and other organisations involved.

Hospital documentation team

Team of police officers responsible for completing police casualty record cards in hospitals.

Police Scene Recovery Manager

This police officer will be appointed by the police senior identification manager to chair the scene recovery management group.

Post mortem data

Information obtained from the post mortem examination process.

RAYNET

Radio Amateurs Emergency Network.

Receiving Hospitals

Any hospital selected by the ambulance service from those designated by health authorities to receive casualties in the event of a major incident.

Recovery

The achievement of an acceptable level of social, economic and other activity in the community.

Regional Resilience Teams and Forums

Teams are in place in Government Offices and forums that bring together key organisations to map resilience capabilities, act as a bridge between central government and local arrangements and enhance co-operation

Regional Civil Contingencies Committee (RCCC)

In the most catastrophic of incidents key representatives will establish this group to co-ordinate all resources.

Regional Nominated Co-ordinator

The appropriately appointed chair to the RCCC.

Relatives Reception Centre

Established as the focal point for family and friends of those known or believed to have been involved, where the authorities can provide information and support but also gain information/evidence in support of the response, investigation and other procedural requirements.

Rendezvous Point (R.V.P.)

Point to which all resources arriving at the outer cordon are directed for logging, briefing, equipment issue and deployment. In protracted large-scale incidents there may be a need for more than one rendezvous point.

Rest Centre

Building designated by the local authority for the temporary accommodation of evacuees, with overnight facilities if necessary.

Search and Rescue (SAR)

Operations for locating and retrieving persons in distress, providing for their immediate needs and delivering them to a place of safety.

Strategic Co-ordinating Group (SCG)

A group comprising senior officers of appropriate organisations which aims to achieve effective inter-agency co-ordination at strategic level. This group should normally be located away from the immediate scene.

Senior Investigating Officer (SIO)

The senior police officer appointed to assume responsibility for all aspects of the police investigation.

Senior Identification Manager (SIM)

The senior police officer appointed to lead police arrangements regarding the identification of victims.

Silver

Tactical commander.

Statutory services

Those services whose responsibilities are laid down in law: police, fire, ambulance and coastguard services, local authorities, etc.

Strategic level (gold)

A strategic level of management establishes a policy and overall management framework within which tactical managers will work. It establishes strategic objectives and aims to ensure long-term resource and expertise.

Survivor Reception Centre

Secure area set up by local authority to which people not requiring acute hospital treatment survivors can be taken for short-term shelter, first aid, interview and documentation.

Tactical level (silver)

A tactical level of management provides overall management of the response to an emergency. Tactical managers determine priorities in allocating resources, obtain further resources as required, and plan and co-ordinate when tasks will be undertaken.

Temporary mortuary

Facility accessible from a disaster area designated for temporary use as a mortuary and adapted for post mortem examinations to take place.

Territorial Departments

The Scottish Executive, Northern Ireland Office and National Assembly for Wales.

Triage

Process of assessment and allocation of priorities by the medical or ambulance staff at the site or casualty clearing station prior to evacuation. Triage may be repeated at intervals and on arrival at a receiving hospital.

Utilities

Companies providing essential services e.g. gas, water, electricity, telephones.

Voluntary Aid Societies (VAS)

St John Ambulance, St Andrew's Ambulance and British Red Cross Society.

Wales National Emergency Co-ordination Arrangements

These arrangements set out a generic structure to respond to a wide-area emergencies in Wales. The Arrangements use the Welsh Assembly Government as a conduit for the two way flow of information to and from Whitehall, linking into the four joint-agency groups in Wales to provide a clear and direct means of communications during a national crisis.

Wales Resilience Forum

The Wales Resilience Forum provides a forum for Chief Officers to discuss with Assembly Ministers strategic issues of emergency preparedness in Wales. The group is similar to the Regional Resilience Forums in England and could be used as the basis for a Wales Civil Contingencies Committee during an emergency.

Welfare co-ordination team

A team normally co-ordinated by the appropriate local authority social services director or deputy to look after the longer term welfare needs of those affected by disaster. The team may include representatives from other local authority departments, police, faith organisations and appropriate voluntary organisations.

Annex D - Training Institutions

The Emergency Planning College

The Hawkhills

Easingwold

York YO61 3EG

Tel: 01347 821406 Fax: 01347 822575

Website: www.epcollege.gov.uk

Centrex

Bramshill

Hook

Hampshire RG27 0JW

Telephone: 01256 602100 Fax: 01256 602223

Website: www.centrex.police.uk

The Fire Service College

Moreton-in-Marsh

Gloucestershire GL56 0RH

Tel: 01608 650831 Fax: 01608 651788

Website: www.fireservicecollege.ac.uk

Annex E - Useful Websites

Air Accident Investigation Branch	www.aaib.dft.gov.uk/accidrep/accidrep.htm
Ambulance Service Association	www.ambex.co.uk
American Society of Professional Emergency Planners	www.aspep.org
Awareness and Preparedness for Emergencies On a Local Level (APELL)	www.uneptie.org/pc/apell/disasters/lists/technological.html
BASICS	www.basics.freemove.co.uk
BBC Connecting in a Crisis	www.bbc.co.uk/connectinginacrisis/index.shtml
British Association for Counselling and Psychotherapy	www.bac.co.uk/skipintro.htm
British Civil Defence	www.britishcivildefence.org/
British Red Cross	www.redcross.org.uk
British Standards Institution	www.bsi.org.uk/
British Transport Police	www.btp.police.uk
Bureau Enquete-Accidents (in English)	www.bea-fr.org/anglaise/
Cabinet Office	www.cabinet-office.gov.uk/
Central Office of Information	www.coi.gov.uk
Chartered Institute of Environmental Health	www.cieh.org.uk/
Chief and Assistant Chief Fire Officers Assoc	www.cacfoa.org.uk/main.htm
Civil Contingencies Secretariat	www.ukresilience.gov.uk
Community Documentation Centre on Industrial Risk	http://mahbsrv2.jrc.it/cdcir/index.html
Continuity Planner	www.continuityplanner.com
Council of Europe	www.coe.fr/index.asp
COSLA	www.cosla.gov.uk
Crisis Research Center , Leiden University	www.cot.nl
Crowdsafe	www.crowdsafe.com
Department for Environment, Food & Rural Affairs	www.defra.gov.uk
Department of Health	www.doh.gov.uk
Department for International Development	www.dfid.gov.uk/
Department for Transport	www.dft.gov.uk/
Disaster Action	www.disasteraction.org
Disaster Central	www.disaster-central.com/
Disaster Database (BASICS)	www.basedn.freemove.co.uk
Disaster & Emergency Management On The Internet	www.keele.ac.uk/depts/por/disaster.htm
Disaster Help (FEMA)	http://disasterhelp.gov/

Disaster Information	www.disasters.au.com/
Disaster Insurance Information	http://www.disasterinformation.org/stats.htm
Disaster Research Center, Delaware University	www.udel.edu/DRC/
Disaster Survivor Support	www.Egroups.com/group/DisasterSurvivorSupport
Disaster Timeline	www.disaster-timeline.com
Disasters & Catastrophes	http://members.tripod.com/~dogw/LINKS.HTM
East Sussex Radiation Monitoring Group	www.eastsussexcc.gov.uk/emergenc/radiation/main.htm
Emergency Information Infrastructure Partnership	www.emforum.org/home.htm
EMGold (Disaster Preparedness and Emergency Response Association/USA)	www.disasters.org/emgold
Emergency Management Australia	www.ema.gov.au/
Emergency Planning College	www.epcollege.gov.uk
Emergency Planning Society	www.emergplansoc.org.uk
Emergency Preparedness Canada	www.epc-pcc.gc.ca/
Emergency Preparedness Information eXchange	http://hoshi.cic.sfu.ca/epix/index.html
Environment Agency	www.environment-agency.gov.uk/
European Commission, Civil Protection	http://europa.eu.int/comm/environment/civil/index.htm
European Crisis Management Academy	http://www.ecm-academy.nl/
Federal Emergency Management Agency (USA)	www.fema.gov
Federal Emergency Management Agency Library	www.lrc.fema.gov
Federation Nationale de Protection Civile (France)	www.protection-civile.org
Fire Service College	www.fireservicecollege.ac.uk
Floodline (Environment Agency)	www.environment-agency.gov.uk/flood/index.html
Gender and Disaster Network	www.anglia.ac.uk/geography/gdn
Government News Network	www.govnet.com
Hazardnet	http://hoshi.cic.sfu.ca/~hazard/
Health and Safety Commission (Consultative Documents)	www.open.gov.uk/hse/signpost.htm
Health & Safety Executive	www.open.gov.uk/hse/hschome.htm
Health Protection Agency	www.hpa.org.uk
Home Office	www.homeoffice.gov.uk
Home Office (Terrorism)	www.homeoffice.gov.uk/atoz/terrorists.htm
House of Commons	www.parliament.uk/commons/hsecom.htm
HSE Books	www.hsebooks.co.uk/homepage.html
HSE Chemical & Hazardous Installations Division	www.hse.gov.uk/chid/index.htm
HSE Local Authority Unit	www.hse.gov.uk/foi/lauhome.htm

Institute of Civil Defence and Disaster Studies	www.icdds.org
International Disaster Information Centre	www.disaster.net/
International Journal of Mass Emergencies and Disasters	www.usc.edu/schools/sppd/ijmed/
International Police Association	www.ipa-iac.org/
Internet Journal of Rescue and Disaster Medicine	www.ispub.com/journals/ijrdm.htm
Interpol	www.interpol.int
Legislation	http://www.hmso.gov.uk/legis.htm
Local Authorities Research & Intelligence Association	www.laria.gov.uk
Local Government Association	www.lga.gov.uk
London Emergency Services Liaison Panel	www.leslp.gov.uk
London Resilience Forum	www.londonprepared.gov.uk/
Joint Services Command Staff College	http://www.jscsc.org.uk/links/links2.htm
Major Accident Hazards Bureau (European Commission)	http://mahbsrv.jrc.it
Major airline disasters	http://dnausers.d-n-a.net/dnetGOjg/Disasters.htm
Map Creation	www.aquarius.geomar.de/omc/omc_intro.html
Maritime and Coastguard Agency	www.mcagency.org.uk/
Medecins Sans Frontières	www.msf.org/
Meteorological Office	www.meto.gov.uk
Modernising Government	www.info4local.gov.uk
National Assembly for Wales	http://www.wales.gov.uk/index.htm
National Homeland Security Knowledgebase	http://www.twotigersonline.com/resources.html
National Statistics	www.statistics.gov.uk
NATO	www.nato.int/
Natural Hazards Centre	www.colorado.edu/hazards/
National Steering Committee on Warning & Informing the Public	www.nscwip.info/
National Transportation Safety Board (USA)	www.nts.gov
New Scientist	www.newscientist.com
New Zealand Ministry of Civil Defence	www.mocd.govt.nz/
Northern Ireland, Central Emergency Planning Unit	www.ofmdfmi.gov.uk/cepu/
Northern Ireland Centre for Trauma and Transformation	www.nicctt.org
Nuclear Safety Inspectorate	www.hse.gov.uk/nsd/nsdhome.htm
Office of the Deputy Prime Minister	www.odpm.gov.uk
Open Government	www.open.gov.uk/index/orgindex.htm
Police	www.police.uk
Public Health Laboratory Service	www.phls.co.uk/

Public Sector Benchmarking Service	http://members.benchmarking.gov.uk/
Railway Inspectorate	www.hse.gov.uk/railway/rihome.htm
Ready Gov (US)	http://www.ready.gov/
Red Cross	www.redcross.org.uk
RedR	www.redr.org/
Stationery Office (TSO)	www.tso-online.co.uk
Swiss Reinsurance	www.swissre.com
Survive: The Business Continuity Group	www.survive.com
Task Force on Potentially Hazardous Near Earth Objects	www.nearearthobjects.co.uk
Technical Rescue	www.pushdtp.com/trm/
Tornado & Storm Research Organisation (TORRO)	www.torro.org.uk
U.N.Office for the Co-ordination of Humanitarian Affairs	www.reliefweb.int
UKOnline	www.ukonline.gov.uk/
UK Parliament, Assemblies & HMSO	www.ukstate.com
UK Psychotraumatology	www.traumatic.stress.com
Virtual Library	http://www.vlib.org.uk/
World of Events	www.world-of-events.co.uk/
World Institute for Disaster Risk Management	www.drmonline.net

The web-site of the Cabinet Office Civil Contingencies Secretariat (www.ukresilience.gov.uk) provides many other useful links. It is a useful starting point for finding up-to-date information on developments in civil protection issues.

Annex F – Further Reading

Core Guidance

For specific guidance relating to Scotland, Northern Ireland, Wales and London on generic emergency planning arrangements, see the following publications.

Dealing with Disaster Together

Information via Scottish Executive Emergency Planning Unit, Justice Dept, GW14, St Andrews House, Regent Road, Edinburgh

Guide to Emergency Planning in Northern Ireland

Information via Northern Ireland Central Emergency Planning Unit, Arches Centre, 11-13 Bloomfield Road, Belfast, BT5 5HD

LELSP Major incident procedure manual (5th edition) (London Emergency Services Liaison Panel)

Information via Emergency Procedures Policy Unit, Metropolitan Police Service, New Scotland Yard, Broadway, London SW1H 0BG

Wales National Emergency Co-ordination Arrangements

Information via Emergencies and Security Division, Welsh Assembly Government, National Assembly for Wales, Cardiff Bay, CF99 1NA

Other useful publications

ACPO Emergency Procedures Manual:

Association of Chief Police Officers

ACPO Family Liaison Strategy Manual

Association of Chief Police Officers

Arrangements for Responding to Nuclear Emergencies, Health and Safety Executive:

HSE Books, PO Box 1999, Sudbury, Suffolk CO10 2WA www.hse.gov.uk (ISBN 0 7176 0828 X).

Bombs - Protecting People and Property:

published by the Home Office Communication Directorate, Home Office, Queen Anne's Gate, London, SW1H 9AT.

British Red Cross Disaster Appeal Scheme (United Kingdom):

available from British Red Cross Society, 9 Grosvenor Crescent, London SW1X 7EJ.

Civil Nuclear Emergency Planning Consolidated Guidance

Nuclear Emergency Planning Liaison Group

Community based cognitive therapy in the treatment of post-traumatic stress disorder following the Omagh bomb:

Gillespie, Duffy, Hackmann & Clark

Religions in the UK Directory

Ed Paul Weller, Universit of Derby Multi-Faith Centre in association with Inter Faith Network for thr UK

Connecting in a Crisis – a guide to working with the BBC during an emergency:

BBC www.bbc.co.uk/connectinginacrisis/index.shtml

Conventional & Non-Conventtional CBRN terrorism: Fire Brigage Procedures:

CACFOA

Dealing with Fatalities During Disaster:

The Scottish Office, 1995

Death and bereavment across cultures

Routledge, London

Deaths in Major Disasters,The Pathologist's Role:

A Busuttil and JSP Jones; The Royal College of Pathologists.

Decontamination of People Exposed to Chemical, Biological or Radiological or Nuclear (CBRN) Substances or Maerial: Strategic National Guidance

WWW.ukresilience./info/cbrn/text/tindex.htm

Disasters: Planning for a Caring Response, Disasters Working Party:

TSO, PO Box 29, Norwich NR3 1GN www.tso.co.uk (ISBN 0 11 3213700).

Emergency Planning in the NHS - Health Service Arrangements for dealing with Major Incidents:

available from the Department of Health, Emergency Planning Co-ordination Unit, Room 603, Richmond House, 79 Whitehall, London SW1A 2NS.

Emergency planning for major accidents – Control of Major Accident Hazards Regulations:

HSE Books, PO Box 1999, Sudbury, Suffolk CO10 2WA www.hse.gov.uk HSG191 1999 (ISBN 0 7176 1695 9)

Emergency Plans, Health and Safety Executive:

TSO, PO Box 29, Norwich NR3 1GN www.tso.co.uk (ISBN 0 11 883831 8).

Guide to the Control of Major Accident Hazards Regulations 1999:

HSE Books, PO Box 1999, Sudbury, Suffolk CO10 2WA www.hse.gov.uk (ISBN 0 7176 1604 5).

Guide to the Pipelines Safety Regulations 1996:

HSE Books, PO Box 1999, Sudbury, Suffolk CO10 2WA www.hse.gov.uk (ISBN 0 7176 1182 5).

Guide to the Radiation (Emergency Preparedness and Public Information Regulations 2001 – guidance on regulations:

HSE Books, PO Box 1999, Sudbury, Suffolk CO10 2WA www.hse.gov.uk (ISBN 0 7176 2240 1).

Home Office Review of Death Certification 2001:

www.homeoffice.gov.uk/docs/deathcert.html

Ladbroke Grove Rail Inquiry Part 1 (Lord Cullen):

HSE Books, PO Box 1999, Sudbury, Suffolk CO10 2WA www.hse.gov.uk (ISBN 0 7176 2056 5)

Ladbroke Grove Rail Inquiry Part 2 (Lord Cullen):

HSE Books, PO Box 1999, Sudbury, Suffolk CO10 2WA www.hse.gov.uk (ISBN 0 7176 2107 3)

Instructions for Establishing Emergency Flying Restrictions Within the UK:

National Air Traffic Services 1989.

Major Incident Procedure Manual (5th edition):

London Emergency Services Liaison Panel

Management of health and safety at work - Approved Code of Practice and guidance

HSE Books, PO Box 1999, Sudbury, Suffolk CO10 2WA www.hse.gov.uk (ISBN 0 7176 2488 9)

Marchioness/Bowbelle – formal investigation under the Merchant Shipping Act 1995:

The Stationery Office (ISBN 0 11 702550 X)

McKinsey Report:

report following September 11 2001 by McKinley & Co on behalf of New York Fire Dept.

Military Aid to the Civil Community

A Pamphlet for the Guidance of Civil Authorities and Organisations, Ministry of Defence 1989, third edition: AC 6042L.

Public inquiry into the shootings at Dunblane Primary School on 13 March 1996 (Lord Cullen):

TSO, PO Box 29, Norwich NR3 1GN www.tso.co.uk (ISBN 0101338627)

Public inquiry into the identification of victims following major transport accidents report of Lord Justice Clarke

TSO, PO Box 29, Norwich NR3 1GN www.tso.co.uk ISBN 0101501226)

Recovery: An Emergency Management Guide

Home Office Communication Directorate, Home Office, Queen Anne's Gate, London, SW1H 9AT

Release of Chemical, Biological, Radiological or Nuclear (CBRN) Substances or Material – guidance for local authorities, The:

Home Office

Report of the Committee on Death Certification and Coroners

Broderick, November 1971.



Responding to Disaster – The Human Aspects

Emergency Planning Society

Shipman Inquiry:

www.tso.co.uk

Survivors and the Media

Ann Shearer (Broadcasting Standards Council Monograph): John Libbey and Company Ltd.

Tolley's Handbook of Disaster & Emergency Management: Principles & Practice

Butterworths Tolley, 2 Addiscombe Road, Croydon, Surrey CR9 5AF (ISBN 0 4069 5709 6)

Wise before the Event - Coping with Crises in Schools:

William Yule and Anne Gold, published by the Calouste Gulbenkian Foundation. (ISBN 0 903319 6)

Annex G – Relevant Legislation

Sections 27(3) and (4) of the **Coroners Act 1988** specifies that responsibility for providing support to Coroners rests with County Councils and lead Boroughs in Metropolitan areas.

Under Section 198 of the **Public Health Act 1936**, local authorities can be directed to provide a public mortuary if so directed by the Minister of Health. [These provisions cover the provision of a temporary mortuary.]

Under the **Civil Defence (General Local Authority Functions) Regulations 1993**, responsibility for emergency planning rests with County Councils and lead Boroughs in Metropolitan areas.

While the Civil Defence Regulations referred to above do not specify detailed requirements to plan for temporary mortuaries, the Regulations and internal Home Office guidance (circulars ES3 and ES5 of 1993) promote the concept of integrated management. Against this background it is logical for Shire Counties and lead Metropolitan Borough Councils to undertake the task of co-ordinating the identification of suitable premises for use as temporary mortuaries.

The examination of bodies from a mass fatality or other incident is the responsibility of the Coroner. Under Rule 6(1)(b) of the **Coroners Rules 1984**, the choice of pathologist should be made in consultation with the police in cases of possible homicide.

Under the **Civil Defence Act 1948**, local authorities have statutory obligations to make contingency plans, carry out exercises, and arrange training for Civil Defence.

A **Civil Contingencies Bill** has been published, the purpose of which is to provide a single consistent framework for civil protection in all parts of the UK in response to the differing types of emergencies that can occur. The Bill details the expectations and responsibilities of all organisations involved in civil protection at local, regional and central government level and is expected to become law in 2004.



