Guidance on

DISASTER VICTIM IDENTIFICATION

2011

Produced on behalf of the Association of Chief Police Officers and the Association of Chief Police Officers in Scotland by the National Policing Improvement Agency
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Foreword

Thankfully, the vast majority of people will never have to experience what is involved in Disaster Victim Identification. The sad reality, however, is that some already have and others may in the future.

The content of this manual is intended to be a reference to all agencies that have responsibility for dealing with the aftermath of any mass fatality incident. I am grateful to all the individuals who have shared their experience and expertise to produce this, the first ACPO DVI Manual.

Prior to the tragic events in the Indian Ocean region in December 2004 when the tsunami struck, taking the lives of hundreds of thousands of innocent victims, it is fair to say that the UK had no truly nationally coordinated response to DVI. There were a number of very committed and experienced individuals but very little appreciation, outside those few, of what the work entailed. Some development had already taken place following the Marchioness disaster in 1989 to establish national standards of operation but it was not until the spring of 2005 that ACPO was commissioned by HM Government to create a UK capability. The importance of this requirement was emphasised by the events in London in July 2005, which highlighted how vulnerable we all are. Since then, however, an immense amount of work has been undertaken to ensure that the public of this nation, or from other nations when in the UK, will receive a professional, caring and dignified response to assist them when they most need it. We may not be in a position to put things right following such a tragic and utterly traumatic event but, by adopting the procedures outlined in this manual, we can avoid making it any worse.

Although the national development is coordinated by ACPO, this is very much a multi-agency team effort and I reiterate my gratitude to the coroners, forensic professionals and many others who have contributed to it. The UK is now internationally recognised through INTERPOL as being one of the world’s leaders in this area of work. That said, however, there is still a lot to do in order to ensure that we remain capable of responding to a mass fatality incident. Not only do the victims’ families deserve professional assistance in the unfortunate aftermath of such an event, they will, quite rightly, demand it.

I commend this document to all those who may need it, while hoping that we never have to put the contents into practice.

Debbie Simpson
Assistant Chief Constable (ACPO Lead for DVI)
Introduction

This section includes the aim of the guidance, provides an overview of mass fatality incidents and outlines the reason and concept of Disaster Victim Identification.
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1.1 Disaster Victim Identification

Disaster Victim Identification (DVI) is the internationally accepted term to describe the processes and procedures for recovering and identifying deceased people and human remains in multiple fatality incidents. The DVI process and the procedures are subject to international agreement through INTERPOL, although they have been modified where relevant for application in the UK.

The principles of DVI may be used for a range of incidents that have resulted in deaths of human beings, from those involving a couple of people to mass fatality incidents where hundreds of people have died.

The DVI process is usually part of the overall investigation into a mass fatality incident and will take place concurrently with an investigation into the cause of the incident and any criminal culpability arising from it.

1.2 Aim of this Guidance

This guidance is for police officers and staff involved in the response to an emergency, major incident or critical incident that has resulted in the loss of human life. It may be applied where it is necessary or appropriate to use specialist DVI personnel and procedures to:

- Recover;
- Identify;
- Reconcile; and
- Repatriate the deceased.

The guidance applies to incidents in the UK and the UK DVI response to mass fatality incidents abroad.

The aim of this guidance is to:

- Provide police forces in England, Wales, Northern Ireland and Scotland with a framework for responding to an emergency, major incident or critical incident that results in multiple fatalities;
- Assist police officers and police staff in the development of contingency plans and local emergency plans for the response to a mass fatality incident;
- Assist police officers and staff involved, in any capacity, in the response to an incident where disaster victim identification procedures are necessary or appropriate.

The guidance should be read in conjunction with the Civil Contingencies Act 2004 (CCA), the Civil Contingencies Act 2004 (Contingency Planning) Regulations 2005, the statutory guidance HM Government (2005) Emergency Preparedness – Guidance on Part I of the Civil Contingencies Act 2004, its associated Regulations and

The following publications also provide relevant information:

- **ACPO (2008) Family Liaison Officer Guidance**.

Further information is contained in Regional/Local Resilience Forum Mass Fatality Plans (where available).

This guidance does not cover the routine response by the Police Service to sudden and unexpected deaths, including those resulting from road traffic collisions – unless there is the requirement to deploy specialist police officers trained in Disaster Victim Identification procedures. For further information on dealing with fatalities arising from a road traffic collision, see **ACPO (2007) Road Death Investigation Manual**.

This guidance does not affect the policy or procedures which the Police Service uses to investigate any suspicious deaths where a crime is suspected. For further information see **ACPO (2006) Murder Investigation Manual**.

Any emergency, major incident or critical incident may result in fatalities. The scale and nature of those fatalities can vary considerably but, regardless of the number of deceased, the Police Service will be judged by the manner in which they deal with the deceased and the support that they give to the family and friends during the identification process.

Historically, there have been several major incidents which have resulted in significant loss of life. The collision on the River Thames between the pleasure boat the ‘Marchioness’ and the dredger ‘Bowbelle’ on 20 August 1989 led to the loss of fifty-one lives. The manner in which the coroner and the police dealt with the deceased, their families and friends ultimately led to the formation of a public inquiry. This inquiry was chaired by Lord Justice Clarke.
Charles Haddon-Cave QC represented the Marchioness Action Group, formed by the families and friends of the deceased. In his oral evidence to the inquiry he said:

The care with which our dead are treated is a mark of how civilised a society we are. Much goes on for understandable reasons behind closed doors. For this reason, there is a special responsibility placed on those entrusted with this work and the authorities who supervise it to ensure that the bodies of the dead are treated with the utmost care and respect. This is what bereaved and loved ones are entitled to expect and what society at large demands.

In one of Lord Justice Clarke’s reports into the Marchioness disaster, *Report of Lord Justice Clarke (2001) Public Inquiry into the Identification of Victims following Major Transport Accidents*, he made thirty-six recommendations that have been instrumental in the development of current responses to mass fatality incidents. Although the report enquired into the response to major transport accidents, the recommendations of Lord Justice Clarke can be applied equally to any emergencies and major incidents that result in multiple fatalities. He summarised four general principles to be mindful of at all times when dealing with fatalities:

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

The report reaffirmed that the statutory responsibility for identifying the deceased lies with HM Coroner. The role of the Police Service is to assist the coroner in fulfilling this responsibility.

The four principles should be adhered to by all police officers and staff and they apply whatever the number of fatalities arising from an incident. The deployment of police officers and staff who are trained in Disaster Victim Identification (DVI) procedures can provide expertise in appropriate circumstances. This is particularly relevant where the deceased are fragmented, and there may be intermingling of human remains. An example of this may be the deployment of trained DVI personnel to a fatal road traffic collision. It may also be crucial to determine where each person was sitting when the vehicle crashed, and DVI trained personnel working in conjunction with roads policing personnel may be able to contribute important evidence to the investigation.
### 1.4 Key Definitions

The following key definitions are used throughout this guidance.

#### 1.4.1 Emergency

Section 1 of the Civil Contingencies Act 2004 (CCA) and the Civil Contingencies Act 2004 (Contingency Planning) Regulations 2005 define an emergency as:

- An event or situation which threatens serious damage to human welfare in a place in the UK;
- An event or situation which threatens serious damage to the environment of a place in the UK; or
- War or terrorism which threatens serious damage to the security of the UK.


#### 1.4.2 Major Incident

A major incident is any emergency that requires the implementation of special arrangements by one or more of the emergency services, and usually includes the involvement, either directly or indirectly, of large numbers of people.


#### 1.4.3 Critical Incident

A critical incident is any incident where the effectiveness of the police response is likely to have a significant impact on the confidence of the victim, their family and/or the community.


#### 1.4.4 Mass Fatality Incident

A mass fatality incident is an emergency or major incident where the scale and nature is such that the fatalities arising as a consequence of it cannot, or should not, be dealt with by normal arrangements, and it is proportionate and necessary to invoke the DVI process.
The decision to declare a mass fatality incident lies jointly with HM Coroner or the Procurator Fiscal, and the Gold Commander, both of whom will consult the Chief Executive of the relevant local authority in reaching their decision. A decision to declare a mass fatality incident may be influenced by a number of factors. These include:

- The number of deceased (actual or potential);
- Whether the nature of the incident was likely to make identification of the deceased difficult;
- Whether any or many of the deceased are lying in difficult-to-access locations;
- Whether there are fragmented human remains;
- Whether the incident was as a result of terrorist or criminal activity;
- If any hazards are present within the scene, for example, asbestos, chemicals, radiological debris, that need to be taken into account before recovering the deceased, property and evidence;
- Whether suitable and sustainable mortuary capacity (for as long as is likely to be required) is available.

As soon as a decision is made to declare a mass fatality incident, a Mass Fatality Coordination Group (MFCG) should be formed. See 2.2 Mass Fatality Coordination Group.

1.4.5 Open and Closed Incidents

Referring to a mass fatality incident as an open or closed incident merely provides an overview of the nature of the investigation and identification of the deceased.

An open incident is where the number and details of the deceased are not known at the time the incident is declared and this information cannot be easily ascertained. Examples of these types of incidents include a major incident in a city centre or a large-scale, severe flooding incident.

The key factor arising from an open incident is that there is likely to be significant and early high demand for information from family and friends reporting people missing or concerned for their safety. The Gold Commander should institute prompt measures to reassure members of the public wherever possible, and to ensure a casualty bureau is established as soon as possible with a single contact number released to the media and the public.
A closed incident is where the provisional number and details of the deceased can easily be obtained, so that the collection of ante-mortem evidence can be focused at an early stage and the involvement of other people can be provisionally discounted. This does not mean, however, that assumptions should be made regarding the identification of the deceased, and the investigation should consider the possibilities of false identity and other people being involved.

A mass fatality incident may involve elements of both an open and a closed incident, and a clear distinction on whether the incident is open or closed is neither necessary nor appropriate.

### 1.4.6 Open and Confined Area Scenes

An open area scene is where there is a large area over which the deceased people are lying. This can include both urban and rural locations. Examples of an open area scene include the destruction of Pam-Am Flight 103 over Lockerbie on 21 December 1988 or the crash of Air India Flight 182 over the sea near Ireland on 23 June 1985. The nature of an open area scene may require a large and coordinated search for the deceased, requiring the deployment of a significant number of personnel to undertake the search.

A confined area scene is one where the footprint of the scene is not large and can easily be cordoned off by police officers within an inner cordon. Confined area scenes may contain a significant amount of debris within which deceased and human remains lie. A confined area scene may be subject to the Confined Spaces Regulations 1997, which regulate working in enclosed spaces. Examples of a confined area scene include the collision between two trains at Ladbroke Grove, London on 5 October 1999 and the air crash at Farnborough, Kent on 30 March 2008.
DVI Roles and Responsibilities

This section defines the key roles and responsibilities required during a DVI investigation.
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2.1 Her Majesty’s Coroner and Procurator Fiscal

2.1.1 Her Majesty’s Coroner

A coroner is an independent, judicial officer. In England and Wales coroners are appointed and funded by the relevant local authority for a specified area. In Northern Ireland they are appointed by the Lord Chancellor as part of the Coroners Service for Northern Ireland based in Belfast. In Scotland there are no coroners appointed and the role of investigating deaths lies with the Procurator Fiscal.

Section 8 of the Coroners Act 1988 (CA 1988) defines the role of a coroner in inquests. The Coroner conducts an inquest into the death of a person within their area where they have reasonable cause to suspect that the deceased has died:

- A violent or unnatural death;
- A sudden death of which the cause is unknown; or
- In prison, or in such place, or in such circumstances as to require an inquest under any other Act.

The CA 1988\(^1\) makes it a statutory responsibility for the coroner to establish the identity of the deceased and how, when and where the death occurred. A coroner has the power to take lawful possession and control of a deceased person or human remains from the time the death is reported until all relevant enquiries are complete. They can also give authority for a deceased person to be removed from their place of death to a suitable mortuary. A designated coroner is the only person who can authorise a post-mortem examination, and they can do this even if the family and next of kin do not wish the examination to go ahead. A coroner can also authorise specialist examinations to take place within a general post-mortem examination. These specialist examinations can include odontology, toxicology and other similar procedures.

The Coroners’ Society of England and Wales can provide expertise and advice on coronial issues. There is a cadre of coroners who have undertaken specialist training sponsored by the Home Office to deal with a DVI or mass fatality incident. These coroners are available to advise and support a coroner dealing with a DVI incident within the UK.

\(^1\) Section 8 was repealed by the Coroners and Justice Act 2009 but the date in force is yet to be appointed and as such section 8 of the 1988 Act remains in force at the current time.
2.1.2 Jurisdiction

Section 5 CA 1988\(^2\) states that an inquest into a death shall be held only by the coroner within whose district the body lies. In England, Wales and Northern Ireland it is the presence of a body in a particular coroner’s district that gives a coroner exclusive jurisdiction. If an emergency or major incident has resulted in more than one fatality and the bodies lie in differing coronal districts, the coroners involved may agree on one lead coroner assuming responsibility for all the deceased arising from that one incident.

Where death has occurred at sea or on an offshore installation, the coroner in whose district the body came ashore will have jurisdiction. However, if, for example, the deceased went missing in or near one coronal jurisdiction but the body is found in another coronal district, under section 14 CA 1988\(^3\), the coronal jurisdiction of the case may be transferred. This can only take place by agreement between the respective coroners and the coroner for the area where the main investigation is being carried out.

If there is more than one fatality arising from an emergency or major incident, and the bodies are brought ashore in different coronal districts, the coroners involved may agree on one coroner assuming jurisdiction for all fatalities arising from that incident.

Where a body part or human remains have been recovered, and the presence of that material will mean that life is incompatible with it, i.e., a person cannot be alive without that body part, then a coroner can investigate the recovery of these body parts as a death of a person. The context in which a body part or parts have been found can be important in determining whether a coroner will investigate the circumstances of the death. This is relevant in a mass fatality incident where human remains may be retrieved, which in themselves are not sufficient to determine death (for example, a finger, hand or foot), but the circumstances of their retrieval mean it is probable the person died in that incident.

Where the circumstances of an incident make it highly probable that a person has died but no body has been recovered, the coroner may write a report to the Secretary of State asking permission to hold an inquest. The report will state the facts, namely that a death has occurred in or near the coroner’s district, in such circumstances that an inquest needs to be held, and that owing to the destruction of the body by fire or

\(^2\) Section 5 was repealed by the Coroners and Justice Act 2009 but the date in force is yet to be appointed and as such section 5 of the 1988 Act remains in force at the current time.

\(^3\) Section 14 was repealed by the Coroners and Justice Act 2009 but the date in force is yet to be appointed and as such section 14 of the 1988 Act remains in force at the current time.
otherwise, or because the body has not and cannot be recovered, an inquest cannot be held except in pursuance of section 15 CA 1988. On receipt of such a report, the Secretary of State may direct a coroner to hold an inquest into the death.

Where the death has occurred abroad, the coroner in whose district the body arrives in England and Wales assumes initial jurisdiction. Additionally, the coroner of the area where the body is to be buried or cremated may assume responsibility with the agreement of the coroner with initial jurisdiction. If the bodies from one incident abroad arrive in England and Wales in different coronial districts, the coroners involved may agree between themselves on one coroner assuming jurisdiction for all fatalities arising from that incident.

Where a death has occurred abroad and the deceased has been cremated there, the coroner will have no jurisdiction; this means that an inquest cannot, therefore, take place. There may only be an inquest where a body has been returned to the UK.

### 2.1.3 Procurator Fiscal

In Scotland the Procurator Fiscal is the public official responsible for the investigation of all sudden, suspicious and unexplained deaths. Procurators Fiscal are qualified lawyers and are employed by the Crown Office and Procurator Fiscal Service. The Procurator Fiscal is responsible for investigating the circumstances and cause of death and, if necessary, instructing a post-mortem examination.

In Scottish law, fatal accidents can be subject to a Fatal Accident Inquiry by the Procurator Fiscal. This is a form of judicial inquiry that is similar to an inquest but conducted without a jury. Fatal accident inquiries are conducted in the Sheriff Court.

For further information on the role of the Procurator Fiscal, see [http://www.copfs.gov.uk](http://www.copfs.gov.uk)

### 2.2 Mass Fatality Coordination Group

When HM Coroner or the Procurator Fiscal declares a mass fatality incident, they may convene a Mass Fatality Coordination Group (MFCG). The purpose of the MFCG is to coordinate all aspects of the DVI process on behalf of the Gold Commander and HM Coroner or the Procurator Fiscal. It allows sensitive matters regarding the deceased to be discussed outside the Strategic Coordinating Group (see 2.3.1 Strategic Coordinating Group), and also for tactical and operational matters regarding the DVI process to be discussed at an appropriate forum.

Members of the MFCG can include:

- HM Coroner/Procurator Fiscal;
• Senior Identification Manager (SIM);
• Senior Investigating Officer (SIO) or their representative;
• Casualty Bureau Manager;
• Scene Evidence Recovery Manager (SERM);
• Supervising or lead pathologist;
• Police Mortuary Operations Coordinator (PMOC);
• Family Liaison Coordinator (FLC);
• Survivors Reception Centre Manager;
• Family and Friends Reception Centre manager;
• Hospital Investigation Team Coordinator;
• Planning, intelligence, resources and logistics manager;
• Finance manager;
• Representative of local authority;
• Representative of the Human Tissue Authority;
• Any other Designated Individual (DI) in relation to the Human Tissue Authority (HTA) licence.

The MFCG may be chaired by HM Coroner, the Procurator Fiscal or the SIM. It can meet at any suitable location, with members participating by audio or video conferencing if appropriate. The SIM and HM Coroner or the Procurator Fiscal can represent the MFCG at the Strategic Coordinating Group (SCG). The local authority will usually be represented at the SCG in respect of their overall role in emergencies and major incidents.

The Identification Commission is separate from the MFCG and is always chaired by HM Coroner or the Procurator Fiscal. It uses information gathered during the ante-mortem and post-mortem processes that are managed by the MFCG to identify the deceased.

Where the police respond to a mass fatality incident, a Gold Commander will assume overall command and have ultimate responsibility and accountability for the response of the police to that specific incident. The Gold Commander chairs the SCG, which is the multi-agency forum operating at the Gold tier of command.

2.3.1 Strategic Coordinating Group

In a mass fatality incident the Gold Commander should establish and chair an SCG. The primary purpose of the SCG is to manage the incident from a strategic perspective and to deliver strategic leadership throughout the course of an incident. The membership of an SCG will vary according to the scale and nature of an incident, but it will generally be a multi-agency forum. HM Coroner or the Procurator Fiscal may sit on the SCG and act as the link between the SCG and the MFCG, if one is constituted for that incident. The SIO and SIM (or a designated deputy) may also attend SCG meetings to advise on their specific responsibilities.

2.3.2 Gold Media Cell

During a mass fatality incident, the Gold Commander should establish a Gold Media Cell, which is the press office for the incident. It may vary in size from just one press officer to larger units staffed by media professionals from the emergency services and partner agencies. The cell should report to the Gold Commander and the SCG. Senior press officers need to be in close contact with commanders and, therefore, able to advise on and assist with media issues. During a mass fatality incident, the demands for information from the public and media are likely to be immense. It is essential that people are not caused unnecessary anxiety or given false hope by inaccurate information being released to the media. HM Coroner or the Procurator Fiscal, the SIO and the SIM should be in regular contact with the Gold Media Cell to ensure accurate and timely information is given to the public and the media.

HM Coroner or the Procurator Fiscal, the SIO and SIM should take account of the modern media and electronic messaging systems. These are likely to be used by the public, including those involved in the mass fatality incident, to immediately disseminate information and images of the incident to the wider public and also media organisations. It may be necessary to capture relevant information and images for the purposes of the identification of the deceased and the investigation into the incident. It is also possible that conflicting information may be circulating in the media, and where definitive information is not available, eg, on the number of deceased, speculation may begin. HM Coroner or the Procurator Fiscal, the SIO and SIM should ensure the Gold Media Cell is able to monitor the electronic media and is also in a position to respond properly. The early use of a website may be beneficial in ensuring accurate information is placed in the public domain, and it may also serve to reduce the number of enquiries into the media cell and casualty bureau.

For further information on the management of the media and public information during major incidents, see ACPO (2009) Guidance on Emergency Procedures, Section 2.13 Media and Public Information.
2.4 Silver Commanders

A Silver Commander is the tactical commander of the incident. The Silver Commander is likely to be in place before the Gold Commander, SIO and SIM and be the first senior officer taking command at the scene. They will need to initiate priorities before a strategy has been set by the Gold Commander. As soon as an SIO and/or SIM are appointed, they should liaise with the Silver Commander to inform them of their terms of reference in respect of scene management, investigation and identification issues.

For further information on the role and responsibility of a Silver Commander, see ACPO (2009) Guidance on Emergency Procedures, Section 1.8.5 Silver Commanders(s) and ACPO (2009) Guidance on Command and Control.

2.5 Bronze Commanders

Bronze Commanders will be appointed by the Silver Commander in order to establish an effective command and control structure to manage the police response to a major incident or emergency. Some Bronze Commander roles may impact on the investigation and identification processes led by the SIO and SIM. When the SIO and SIM liaise with the Silver Commander on their appointment, they should ascertain which Bronze Commander roles are in place and agree any revision in the command structure to take account of their appointment. For example, where a Bronze Crime has already been appointed by the Silver Commander, it may be agreed that they should become a Deputy SIO or take some other role within the major investigation structure as opposed to reporting to the Silver Commander.

Figure 1 – Suggested Structure During Retrieval and Investigation Phase

- **GOLD Commander**
- **GOLD Support**
- **GOLD Media Cell**
- **Senior Investigating Officer (SIO)**
- **Senior Identification Manager (SIM)**
- **Silver Media Liaison Point**
- **Silver Control**
- **Silver Support**
- **Silver Evidence Search Teams**
- **Scene Evidence Recovery Manager (SERM)**
- **Crime Scene Investigators (CSIs)**
- **Major Incident Room**
- **Casualty Bureau**
- **Hospital Documentation Teams**
- **Disaster Victim Recovery Team(s)**
- **Evidence Team**
- **Identification Commission**
- **Identification Bureau**
- **Survivors Reception Centre(s) (SRC)**
- **Family and Friends Reception Centre (FFRC)**
- **Mortuary**
2.6 Senior Investigating Officer (SIO)

An emergency or major incident may require a criminal investigation. The SIO will assume responsibility for all aspects of that investigation, including liaison with other authorised investigative bodies. Early appointment of an SIO should be considered by the Gold Commander.

A police SIO is required to:

- Perform the role of officer in charge of an investigation as described in the Code of Practice under Part II of the Criminal Procedure and Investigations Act 1996;
- Develop and implement the investigation strategy;
- Develop the information management and decision-making systems for the investigation;
- Manage the resources allocated to the investigation;
- Be accountable to chief officers for the conduct of the investigation.

In any incident that causes the death of one or more people, including those where a natural disaster has happened, the SIO will need to consider the implications of the Corporate Manslaughter and Corporate Homicide Act 2007. The SIO should thoroughly examine and investigate any responsibilities held by private and public sector organisations for the prevention of any such event. A mass fatality incident is likely to be followed by a public inquiry under the Inquiries Act 2005.

The SIO is responsible for leading the investigation and ensuring the continuity of all evidence pertaining to it. The SIO should ensure that all findings and details of the investigation are managed in a way that will sustain the close scrutiny of a public inquiry.


2.7 Senior Identification Manager (SIM)

2.7.1 Role

A Senior Identification Manager (SIM) should be appointed by the Gold Commander where the need to positively identify the deceased requires the appointment of a specialist police officer to oversee this process on behalf of the Coroner or Procurator Fiscal. A SIM should be a police officer accredited at the Professionalising Investigation Programme (PIP) Level 3 Senior Investigating Officers Development Programme (SIODP), with experience as an SIO and trained in line with national DVI practices.
The primary function of the SIM is to ensure:

- The deceased are recovered in a dignified manner;
- The deceased are identified as accurately and speedily as possible using ethical means; and that
- Families are kept informed throughout the identification process.

### 2.7.2 Responsibilities

The SIM is responsible to the Gold Commander for all aspects of the identification of the deceased. These include:

- Victim recovery;
- Post-mortem identification procedures;
- Casualty bureau;
- Family liaison;
- Ante-mortem harvest;
- Ensuring the integrity of identification;
- Reconciliation (forensic matching);
- Recovery, collection and storage of forensic evidence;
- Recovery and storage of personal property belonging to the deceased;
- The welfare of all staff involved in the recovery and identification of the deceased, including family liaison officers and casualty bureau staff;
- The management of information passed to the media (via the Gold Media Cell) surrounding recovery and identification of the deceased; (this is likely to involve the careful management of expectations from the family and friends of the deceased and from others).

Additional responsibilities are likely to include:

- Liaison with the SIO to develop Media, Forensic, Health and Safety and Welfare Strategies;
- Setting the identification criteria in consultation with HM Coroner/Procurator Fiscal;
- Fully documenting all decisions and rationale;
A suggested timeline of actions for a SIM to consider is:

- On appointment, establish the command structure and clarify the SIM’s roles and responsibilities with the Gold Commander, SIO and Silver Commander(s);

- Liaise with the SIO, be aware of the investigation strategy and agree delineation of responsibilities or joint responsibilities where appropriate;

- Liaise with HM Coroner or the Procurator Fiscal, agree terms of reference, recovery and identification strategy;

- Ensure a suitably qualified SERM is appointed, agree terms of reference with the SIO and SERM, and determine the recovery strategy (following a terrorist or suspected terrorist incident the relevant Counter Terrorism Unit (CTU) or in London Counter Terrorism Command (CTC) should be engaged);

- Liaise with the Silver Commander regarding current activity at the scene, explain the SIM/SIO retrieval strategy, and establish if a Holding Audit Area (HAA) has been established, or is required;

- Ensure an initial health, safety and welfare policy is in place for the responders at the scene under command of the SERM;

- Ensure a Casualty Bureau has been established, and agree the SIM’s questions, grading policy, opening times, single point of contact for the public and police officers, including a call avoidance strategy with the Casualty Bureau Manager;

- Appoint a Family Liaison Coordinator (FLC), consult the SIO and agree a family liaison strategy with the FLC, determine an ante-mortem data collection strategy and ensure appropriately trained personnel are available for deployment.

2.7.3 Timeline of Actions

A verbal contract should be made between the SIM and the SIO to determine a timeline of actions as appropriate to the scale and nature of the mass fatality incident. This must take account of the overall strategy set by the Gold Commander and the investigative strategy set by the SIO. This verbal contract should then be signed off in written format.
in line with the family liaison strategy (see ACPO (2008) Family Liaison Officer Guidance):

- If a Survivors Reception Centre (SRC) has been opened, ensure an SRC Manager has been appointed, and the correct documentation processes are in place for supplying information to the Casualty Bureau;

- If survivors are attending, or being taken to, a hospital or hospitals, ensure a Hospital Documentation Team is in place at each receiving hospital, a team leader has been appointed, and the correct documentation processes are in place for supplying information to the Casualty Bureau;

- Ensure a Family and Friends Reception Centre (FFRC) has been established, appoint an FFRC Manager (if required), ensure that family liaison officers are deployed to the FFRC, appropriate support for families and friends is in place, and the correct documentation processes are in place for supplying information to the Casualty Bureau;

- Agree with HM Coroner or the Procurator Fiscal the viewing arrangements for the family and friends of the deceased, and ensure appropriate support is in place for the bereaved;

- Liaise with HM Coroner or the Procurator Fiscal about the establishment of a Mass Fatality Coordination Group (MFCG), and support the Coroner or Procurator Fiscal as requested in determining the agenda, frequency of meetings, location of meetings, attendance, secretariat functions and links to the Strategic Coordinating Group (SCG) and Tasking and Co-ordinating Group (TCG) meetings;

- Look into regional support, mutual aid and mobilisation of the National DVI Team, if required seek support from the UK DVI National Coordinator or member of the UK DVI Team in an advisory capacity;

- Liaise with the Coroner or Procurator Fiscal to ensure appropriate mortuary arrangements are in place, consult the local authority if a resilience mortuary is required, appoint a Mortuary Manager and Police Mortuary Operations Coordinator, and ensure a Mortuary Facilities Manager is appointed (usually by the local authority), see 6.2 Mortuary Management Team;

- Ensure the provisions of the Human Tissue Act 2004 are complied with and a Designated Individual (DI) is in place or appointed under the terms of the Act;
• Agree with HM Coroner or the Procurator Fiscal the Primary Identifiers and Secondary Identifiers, ensure the ante-mortem data collection strategy accurately reflects these parameters, and agree their priority for assessment, see 5.8 Identification Criteria;

• Agree with HM Coroner or the Procurator Fiscal the matching and reconciliation parameters in respect of the deceased, consider appointing a Reconciliation Manager and consider establishing a Forensic Matching Unit, see 8.4 Forensic Matching Unit;

• Agree with HM Coroner or the Procurator Fiscal and Gold Commander a media strategy relating to the retrieval and identification of the deceased and the care for the bereaved;

• Agree with HM Coroner or the Procurator Fiscal the establishment of the Identification (ID) Commission under the chair of the Coroner or Procurator Fiscal, agree the location and timings of meetings, the processes for presentation of identification evidence, attendance at ID Commission meetings, secretariat functions and audit arrangements;

• Agree with HM Coroner or the Procurator Fiscal the release and repatriation arrangements for the deceased;

• Agree with the MFCG the exit strategy for the group, memorial services and ongoing support arrangements for the survivors and bereaved, eg, establishment of a Humanitarian Assistance Centre (see ACPO (2009) Guidance on Emergency Procedures).

Note: The SIM should maintain a policy file or logbook throughout their involvement in the incident.

This file or book is a disclosable document and must be treated as such by all personnel. It should detail the policy decisions made by the SIM and their rationale for making them. The policies should be indexed. The SIM must ensure that policy decisions are communicated immediately to all personnel potentially affected by that policy. In addition, copies of the policies should be made and the index must be shared as soon as possible with the Gold Commander, Silver Commander (if appropriate) and SIO.
2.8 Relationship between the SIO and the SIM

The relationship between the SIO and the SIM is crucial to the effective management of any DVI or mass fatality incident. The actual relationship and reporting structure for each incident must be determined at the time, taking into account all the relevant circumstances of that specific incident. The designated Gold Commander is responsible for ratifying the relationship between the SIO and SIM and agreeing the command structure.

If an incident involves terrorism or other serious crime, the SIO may be appointed in overall command of the investigation and identification processes, with the SIM reporting to the SIO.

Where the incident results from a natural disaster, such as landslide or flooding, it may be decided that no SIO is appointed and the SIM leads on the identification issues, reporting direct to the Gold Commander.

In other incidents where there is an equal need to investigate the event and to identify the missing and deceased, the SIO and SIM may be appointed at an equivalent level with both reporting to the Gold Commander and both having a seat at the Strategic Coordinating Group.

It may assist the SIO and SIM if they agree terms of reference soon after their appointments. These can be then ratified by the Gold Commander and presented to the Strategic Coordinating Group so that all strategic and tactical commanders within the Police Service and partner agencies clearly understand who is responsible for what.

Once agreed, the terms of reference should be signed by the Gold Commander, SIO and SIM. Any changes to the terms of reference must be made subject to a policy log entry by both the SIO and the SIM.

If the mass fatality incident is known to be, or is reasonably believed to be, the result of a terrorist attack, the protocol for engaging national counter-terrorism capabilities will depend on the location(s) and scale of the incident. Outside the London metropolitan area the usual protocol is to:

- Engage relevant regional Counter Terrorism Unit (CTU).

Within the London metropolitan area, the protocol is to:

- Engage Counter Terrorism Command (CTC) of the Metropolitan Police (SO15).

For CBRN incidents, police forces must immediately contact the National CBRN Centre, Ryton.
The Senior Investigating Officer appointed by the CTC/U will have been trained in the investigation of terrorist incidents. The initial response to a terrorist incident is similar to non-terrorist incidents, except that:

- Where there has been an explosion, an Explosives Officer (EXPO) may initially take control of the scene. They will then complete an initial assessment, establish appropriate cordons, impose any appropriate ‘stand-off’ period, instigate the render safe procedure and hand over to a Bomb Scene Manager (BSM).

- The BSM will be a member of the CTC/U and may replace the Scene Evidence Recovery Manager (SERM). (Although either term can be used to describe the role and responsibilities of the individual undertaking that role, the term Bomb Scene Manager will usually be used in terrorist incidents to distinguish the overall scale and nature of the incident.)

- The BSM may appoint a CT trained officer to undertake the role of Bomb Scene Examiner (BSE) who will control all scene examination within the inner cordon. There may also be a Scene Evidence Recovery Group.

- There is likely to be a greater emphasis on the early retrieval of evidence relating to the terrorist act and those responsible. This may affect and delay the process of recovery of the deceased. However, this action may be necessary to prevent further (or subsequent and related) terrorist acts being perpetrated in the UK or elsewhere.

2.9 Coordination of Activity at the Scene

A police officer should be appointed in order to coordinate the activity at the scene once the Rescue Phase has been completed. This coordinator will oversee the recovery of the deceased and human remains on behalf of HM Coroner or the Procurator Fiscal and the SIM, and may oversee the recovery of evidence from the scene as well. They may also need to coordinate the multi-agency response at the scene.

The SIO and SIM will agree on the most appropriate police officer or member of police staff to undertake this role, taking account the scale and nature of the incident as known at that time. During a mass fatality disaster, this specialist scene coordination role will usually be carried out by a trained Scene Evidence Recovery Manager (SERM).

Where the incident is reasonably believed to have included a terrorist element, the coordination and scene management role will be carried out by a Bomb Scene Manager (BSM).

The BSM is a counter-terrorism trained officer from either the London CT Command (CTC) or a regional CT Unit (CTU). Following a terrorist incident, it may be necessary to additionally employ either a SERM or Crime Scene Manager (CSM) to undertake duties that are not CT
related, for example, management of cordons, health and safety and welfare of staff at the scene.

For further details on the role of the SERM, see 4.3 Actions by the Scene Evidence Recovery Manager (SERM).

The SERM oversees the work of the victim recovery teams, evidence recovery and forensic recovery at one scene or multiple scenes. The constitution of the teams will be determined as appropriate for that incident, but are likely to include:

- Crime Scene Manager (CSM);
- Victim recovery team leader;
- Property recovery team leader;
- Police search adviser (PoLSA);
- Search trained officers;
- Exhibits officers;
- Crime scene investigators;
- Risk assessment officer;
- Bomb Scene Examiner (if relevant);
- Technical specialists (if relevant).

The SERM may have completed ACPO approved DVI training, although this is not essential. A PoLSA will usually be appointed to work with the SERM to advise on search matters relevant to the recovery of the deceased, property or evidence. Additionally, it may be advisable for a qualified Crime Scene Manager (CSM) to be appointed to work alongside the SERM to advise on forensic and evidential recovery procedures.

The SERM will manage all actions undertaken during the recovery stage of the operation at the scene, up until the scene is officially handed over to the local authority. They will develop and then implement a coordinated plan to retrieve the deceased, human remains, property and evidence from the scene for examination by appropriate investigating agencies. The plan will take account of issues such as terrain, weather conditions and hazards. It will also include the processes to be adopted for documentation and audit purposes, and a health and safety policy. The SERM is responsible for ensuring that all staff deployed are equipped with suitable clothing and equipment, and that safe systems of work are in operation.
The SERM’s responsibilities negate the need to have a Bronze Scene Commander appointed.

The SERM is responsible to the SIO and the SIM for all human remains, property and evidence that are retrieved. Once retrieval has been completed to the satisfaction of the SIO and SIM, the SIM will liaise with the Gold Commander and ensure that the scene is cleared, returned to as normal as possible and handed back to the local authority or owners. Personal property recovered from a scene will be retained in a secure manner and returned to family or friends as and when appropriate, as determined by the SIM and HM Coroner or Procurator Fiscal.

The nature of a mass fatality incident is such that the environment to which police officers and police staff will be deployed is likely to contain a number of different hazards. Some of the hazards may be associated with the consequences of the incident, such as chemical contamination, man-made mineral fibres, sharp and protruding metal, hidden voids and uneven surfaces. Other hazards may be associated directly with the work of retrieval of the deceased and human remains, eg, contact with bodily fluids and exposure to traumatic injuries.

The general principle is that each responding emergency service and other agency is responsible for the health and safety of their own personnel. There remains, however, a responsibility on all emergency services personnel to ensure that no person places themselves in unreasonable danger, or does/neglects to do something that places other responding personnel or the public in unnecessary danger.

Responsibility for health and safety at the scene should be given to a qualified and appropriate person. The SIM or SERM may use a health and safety adviser to undertake risk assessments on their behalf, and to ensure appropriate control measures are in place. Advice may also be sought from the Fire and Rescue Service health and safety adviser at the scene, from the Health and Safety Executive and other relevant organisations. A Safety and Health Advisory Cell (SHAC) may be convened to assess the health and safety implications of the recovery of the deceased and human remains from the scene and subsequent mortuary operations, and then provide clear, consistent advice to the relevant people. Once the Rescue Phase is complete, the scene should be viewed as a place of work for the police officers and staff recovering the deceased and human remains, so relevant legislation will need to be complied with.

Major incidents and emergencies place enormous demands on all those involved in the response and recovery effort. Incidents that result in fatalities can place additional demands on those responding to, or involved in any way in, the investigation or identification processes. Pressure of work may sometimes be sustained over long periods of
time. Physically, staff are likely to be motivated to do as much as they possibly can and they will be fuelled by adrenalin; however, all personnel must take adequate rest breaks. There should be an adequate provision of refreshments for staff to avoid them becoming dehydrated and hungry. All managers must carefully monitor the physical, emotional and psychological welfare of their staff.

Physical requirements include:

- Refreshments at any response scene, especially to provide warmth or prevent dehydration;
- Facilities for taking meals away from ‘the front line’;
- Adequate toilet facilities;
- Washing and changing facilities;
- Medical and first-aid facilities for staff;
- Telephone and transport arrangements so that people can keep their families informed and get home as quickly as possible.

Psychological welfare requirements include:

- Proper briefing to ensure people know what is happening and what their contribution will be;
- Honest information about what to expect where unpleasant or stressful tasks are involved;
- Quiet space to prepare, unwind or think;
- Someone to discuss experiences with, both at the time and afterwards;
- Providing access to information on sources of help or support;
- Information about what constitutes a normal reaction;
- Similar support and information for family or partners;
- Debriefing at the end of a day’s activity and the close of operations.

It will often be enough for people to talk through issues with their colleagues or peers, possibly guided by a suitably trained or experienced person; some, however, will require skilled professional help. Police forces should provide access to professional help through established occupational health and welfare channels in a way that ensures confidentiality and overcomes any cultural resistance. In some circumstances the local authority will provide premises for a joint emergency service welfare facility. Voluntary organisations can be asked to augment the efforts of occupational health personnel if this is required.
The Multi-Agency Response

This section explains the roles and responsibilities of the different agencies that may be involved in the response to a mass fatality incident in the UK and abroad.
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3.1 The DVI Multi-Agency Response

There are various agencies and organisations that may be involved in the response to a mass fatality incident. The level of involvement of each agency will be determined by the scale and nature of the incident and by what that agency or organisation can contribute to the overall mass fatality response.

3.1.1 Home Office and Cabinet Office

National planning for a mass fatality response is coordinated centrally by the Emergency Preparedness Fatalities Team in the Home Office and the Civil Contingencies Secretariat (CCS) within the Cabinet Office.


3.1.2 Local and Regional Resilience Forums

Each Local Resilience Forum (LRF) will have arrangements in place for dealing with a mass fatality incident. Some LRFs may work in collaboration to provide regional or sub-regional arrangements. Plans may be developed to include a regional mass fatality plan. In London these arrangements are undertaken by the Regional Resilience Forum (RRF). There is additional coordination and planning for the response to mass fatality incidents throughout the country on a regional basis. Plans may be developed by the RRF or its equivalent to include the publication of a regional mass fatality plan. Regional plans will be consistent with national and local plans, and should include an activation protocol between all police forces within that region.

Each police region should have a DVI Commander and chief officer lead for DVI (usually the ACPO Emergency Procedures regional representative). This chief officer lead will arrange an appropriate contribution from forces for the development and maintenance of any regional mass fatality plan.

3.1.3 Local Authorities

Local authorities have an important role in responding to mass fatality incidents. The local authority is the lead authority for the recovery process; it will also support the response by providing a number of key functions. These include:

- An executive officer to attend the Strategic Coordination Group;
- Immediate shelter and welfare support for survivors at a
Survivors Reception Centre (SRC);

- Immediate shelter and welfare support for evacuees at a rest centre;
- Emergency mortuary capacity in the event that existing mortuary provision is exceeded;
- Inspection of dangerous structures to ensure that they are safe for emergency personnel to enter;
- Support for traffic management;
- Emergency transport facilities;
- Public information about the emergency and assisting with the media response;
- Medium to long-term welfare of survivors and bereaved (eg, the setup of a Humanitarian Assistance Centre, additional social services support and financial assistance, which may be generated from appeal funds, and also helplines as a potential ‘one stop shop’);
- Specialist environmental and public health advice;
- Coordination of the activities of the voluntary sector agencies involved and spontaneous volunteers;
- Facilities for waste disposal and facilitation of the remediation and reoccupation of sites or areas affected by an emergency;
- Assistance in organising plant, demolition and site clearance facilities;
- Emergency accommodation and care for the displaced or homeless.

Local authorities have a role in addressing community needs via drop-in centres and humanitarian assistance centres (HAC). They will often organise anniversaries and memorials as part of the recovery effort resulting from a mass fatality incident.

For more information on local authority responsibilities concerning relief, remediation and regeneration phases of recovery, see ACPO (2009) Guidance on Emergency Procedures, Section 1.5 Recovery Process.

### 3.1.4 Fire and Rescue Service

The primary role of the Fire and Rescue Service in an emergency or major incident is the rescue of people trapped by fire, wreckage or debris. They may, however, support the recovery of the deceased and human remains resulting from an incident. The Fire and Rescue Service has developed a capability in respect of Urban Search and Rescue (USAR). USAR teams are based at strategic locations around the UK.
They can be of considerable assistance in recovering the deceased and human remains from any constricted site, collapsed building or from the wreckage of a transport incident.

3.1.5 Department for Culture, Media and Sport

The Department for Culture, Media and Sport is responsible for humanitarian assistance in the event of an emergency or major incident. The aim of the department is to:

- Provide a coordinated approach to aftercare for the survivors and bereaved relatives to the highest possible standard;
- Coordinate a cross-government approach to financial support for survivors and bereaved relatives of disasters;
- Arrange a suitable and fitting memorial service for victims of major disasters, of all faiths and communities;
- Coordinate a longer-term strategy to help individuals and communities respond to disaster and the threat of disaster, ensuring there are strong links with other work being taken forward across government.

For further information see [http://www.culture.gov.uk](http://www.culture.gov.uk)

3.1.6 Department of Health and the National Health Service

The Department of Health (DH) provides overall strategy for the National Health Service (NHS) and sets the NHS operating framework. The DH may take control of the NHS resources in England in the event of a complex and significant emergency. The DH response will be managed through its Emergency Preparedness Division Coordinating Centre. The DH coordinates with the health departments in the devolved administrations, where health is a fully devolved function. As part of the NHS, Ambulance Trusts are responsible for administering and coordinating the on-site NHS response to major incidents, including those with mass fatalities. This includes identifying the hospital(s) receiving the injured, some of which may be a considerable distance from the area where the incident occurred.

Local Health Boards provide local coordination of NHS emergency planning and response within their areas, and lead health coordination over a wider area covered by each Local Resilience Forum. They liaise with the Welsh Assembly Government’s Department of Health and Social Services or the Scottish Government to support a country-wide response.

3.1.7 Ministry of Defence

The use of the armed forces and/or their facilities may be considered in the event of a mass fatality incident but such assistance cannot be assumed. Defence operations conducted in support of the UK civil authorities are termed Military Aid to the Civil Authorities (MACA). Requests for military aid need to be made through the MACA arrangements, by contacting the Joint Regional Liaison Officer (JRLO) for the relevant region.

Requests for search and rescue (SAR) resources and facilities should be made to the Aeronautical Rescue Coordination Centre. There is standing ministerial approval for SAR tasks.


3.1.8 Foreign and Commonwealth Office

The Foreign and Commonwealth Office (FCO) is the government department responsible for UK foreign policy and protecting the UK’s interests abroad. The FCO has a significant role to play in respect of a mass fatality incident that occurs in the UK that involves citizens of another country, and when a mass fatality incident occurs abroad that may involve British citizens.

For further information see 10 International Arrangements.

3.1.9 UK DVI

UK DVI is a cadre of police officers, police staff and specialists including:

- Senior Identification Managers;
- Victim recovery officers;
- Police mortuary officers;
- Forensic specialists (pathologists, odontologists, fingerprint and DNA specialists, biologists, radiographic/fluoroscopic specialists and photographers);
• Specialist forensic support staff;
• Other specialist DVI staff.

ACPO has appointed a national DVI management team. Its role is to provide a UK-wide overview of the DVI portfolio for the ACPO lead and to provide strategic, national advice to UK police forces in respect of DVI policy, training and activation. The criteria for membership of UK DVI are set by ACPO.

Scottish coordination and training is managed by the Head of the Disaster Investigation Team based within the ACPOS Major Investigation Coordination and Development Unit. This unit also holds a database of Scottish response officers some of whom are also members of UK DVI. If a mass fatality incident occurs in Scotland then Scottish forces and local authorities are able to access an additional stockpile of mortuary equipment for use within a temporary mortuary. This additional stock is held and managed by Strathclyde Police and is designed to supplement existing local supplies. An arrangement is in place for stock to be replenished following use. Stock will be replaced by the Scottish local authority that used the resources.

3.1.10 Police National Information and Co-ordination Centre

The Police National Information and Co-ordination Centre (PNICC) is based in London as part of ACPO. The ACPO Chief of Staff is head of PNICC, which is usually staffed by a small number of people.

The role of PNICC is threefold, to:

• Enable ACPO to quickly put in place a system for managing information about an emergency;
• Coordinate the provision of mutual aid between police forces;
• Provide a facility to ensure that HM Government is furnished with accurate and current information about an emergency and to act as a conduit for information from HM Government to all police forces.

Requests for deployment of UK DVI personnel should be made through PNICC. For further information see ACPO (2010) Guidance on Police Mobilisation.

3.1.11 Health and Safety Executive

The Health and Safety Executive (HSE) is the single national regulatory authority responsible for promoting the cause of better health and
safety at work. The HSE response to a mass fatality incident may include a decision maker who will assess and determine the HSE’s approach and deployment of resources. The HSE may offer a response to a mass fatality incident where:

- The nature and severity of the incident, or the degree of public concern, requires the involvement of the HSE;

- A work-related death has occurred, or where there is a strong likelihood of death following an incident at or connected with work.

ACPO, the British Transport Police, the Director of Public Prosecutions, the Local Government Association and the HSE have signed a protocol in respect of work-related deaths. This states that the police will conduct an investigation where there is an indication of the commission of a serious criminal offence (other than a health and safety offence) and the HSE, local authority or other enforcing authority will investigate health and safety offences. See http://www.hse.gov.uk for further information.

The HSE operates an Incident Contact Centre. See http://www.hse.gov.uk/riddor for further information.

3.1.12 Air Accidents Investigation Branch

The Air Accidents Investigation Branch (AAIB), which is part of the Department for Transport (DfT), is responsible for the investigation of civil aircraft accidents and serious incidents within the UK. The AAIB focus their investigation on determining the cause of an air accident or serious incident and then make recommendations intended to prevent a reoccurrence. The AAIB does not apportion blame or liability.

For further information see http://www.aaib.dft.gov.uk

3.1.13 Rail Accident Investigation Branch

The Rail Accident Investigation Branch (RAIB) is the independent railway accident investigation organisation for the UK. It investigates railway accidents and incidents on the UK’s railways (including heritage railways) to improve safety, not to establish blame.

For further information see http://www.raib.gov.uk

3.1.14 Marine Accident Investigation Branch

The MAIB examines and investigates all types of marine accidents to or on board UK ships worldwide, and other ships in UK territorial waters. The objective of the MAIB is to determine the circumstances and
causes of the accident in order to preserve life and avoid accidents in the future, not to apportion blame or liability.

For further information see http://www.maib.gov.uk

3.1.15 Maritime and Coastguard Agency

The Maritime and Coastguard Agency (MCA) is an executive agency of the Department for Transport. The MCA’s Directorate of Maritime Services includes HM Coastguard (responsible for civil maritime search and rescue) and the Counter Pollution and Response Branch.

The primary responsibility of HM Coastguard is to initiate and coordinate civil maritime search and rescue within the UK Search and Rescue Region. This includes mobilising, organising and dispatching resources to assist people in distress at sea, or in danger on the cliffs or shoreline, or in certain inland areas. The MCA will lead the response to a potential mass fatality incident at sea.


3.1.16 Private Sector

The private sector may play a significant role in the response to a mass fatality incident. Local authorities may have agreements with private companies to support the response to a mass fatality incident. Where they exist, these arrangements should be incorporated into local or regional mass fatality plans.

Where the incident has occurred on a railway, or if it involves a commercial aircraft or a commercial sea vessel, there are going to be implications for the private sector service provider and their staff in terms of:

- Collation of lists of those customers and staff likely to have been involved;
- Collation of any additional information that may be useful for identification, elimination and communication purposes;
- Media response;
- Specialist expertise and capabilities;
- Site clearance;
- Decontamination.

Private sector organisations are also likely to have a direct commercial interest in ensuring the clearance and remediation of sites. Insurance
staff (eg, loss adjusters) may be involved at an early stage of a mass fatality incident.

3.1.17 Voluntary Sector

The voluntary sector can provide a wide range of operational and support skills and services during a mass fatality incident. These include:

- Practical support such as first aid, support to ambulance services, supporting hospital personnel, referral to other organisations, rescue, refreshments and emergency feeding, searching for survivors, transportation and medical services (eg, diagnosis, administration of drugs);
- Psycho-social support including comforting, befriending, listening, helplines, support lines, support networks, advice, counselling, spiritual support and group therapy;
- Provision of equipment, eg, communications, medical aid equipment (eg, mobility aids), bedding, clothing and hygiene packs, washing kits;
- Information services, eg, public training (eg, first aid, flood preparation), communications and documentation.

Some voluntary sector organisations, such as Disaster Action and the British Red Cross, can offer significant support to the overall response to a mass fatality incident.

In the event of a mass fatality incident, voluntary sector support may be accessed through agreed local multi-agency liaison arrangements, ie, Local Resilience Forum (LRF) or Regional Resilience Forum (RRF), or the head offices of the relevant voluntary organisations or the Voluntary Sector Civil Protection Forum or the National Voluntary Aid Society Emergency Committee (NVASEC).

In a mass fatality incident the NHS should be involved to assess and respond to any need for long-term health monitoring and surveillance. This may include the provision of psychiatric support and identifying cases of Post-Traumatic Stress Disorder (PTSD) among the responding emergency services personnel, victims and bereaved.

3.2 International DVI Arrangements

3.2.1 INTERPOL

INTERPOL is an international policing organisation, with its headquarters located in Lyon, France. INTERPOL maintains a Command Centre, which can be contacted at all times, and a Crisis Management Support Group. In the event of a mass fatality incident in a member country, INTERPOL will coordinate the international response.
UK DVI is represented on both the DVI Standing and Steering Committees within INTERPOL and plays an active part in developing international policy and procedures.

INTERPOL has a website that contains useful supporting information. The internationally agreed online Disaster Victim Recovery form, the ante-mortem (yellow) form, post-mortem (pink) form and Disaster Victim Identification report form are available on the INTERPOL website at http://www.interpol.int/Public/DisasterVictim/guide/guide.pdf

The deceased and their family and friends may be from any number of nationalities, cultural groups or faiths, or have no faith. Police officers and staff should not make assumptions about the religious or cultural beliefs or views of people. Where possible and appropriate, family and friends should be asked about their beliefs and cultures as well as those of the deceased; this should be done in a sensitive manner.

Although people’s cultural and faith requirements should be considered at all times, the nature of emergencies and major incidents are such that it may not be possible for the wishes of individuals to be met in the early phases of an incident. As progress is made through the response phases of an incident, it becomes more likely that cultural and faith requirements can be identified and taken into account when dealing with deceased people, their families and friends.

A range of personnel are available to support the police in ensuring cultural and faith issues are addressed appropriately during such incidents. Police diversity managers and officers should be consulted and use made of their networks of key community leaders or faith leaders. It should be considered that faith groups and faith leaders do not always represent the whole community. It is important to consider the diverse needs of all members of all faiths and cultures as far as it is practical and possible to do. Faith groups can be part of a voluntary sector working group operating under the LRF. Many LRFs have plans in place to provide cultural and faith support in an emergency.

A brief overview of the main religious and faith issues regarding the handling of deceased persons is given in Appendix 1. See also Home Office and Cabinet Office (2005) The Needs of Faith Communities in Major Emergencies and Communities and Local Government (2008) Key Communities, Key Resources Engaging the capacity and capability of faith communities in civil resilience.
Recovery of the Deceased and Human Remains

This section details the procedures that may be used to retrieve the deceased and human remains at the scene of an incident, in a manner that is consistent with the standards outlined in Lord Justice Clarke’s recommendations following the Marchioness inquiry.

For a detailed guide on the overall response to an emergency or major incident by the emergency services and the police ‘Response’ and ‘Recovery’ phases, see ACPO (2009) Guidance on Emergency Procedures.
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4.1 Declaration of Life Extinct

Following an emergency or major incident, it is essential that a check is carried out to confirm all survivors have been found and removed for treatment. This check should happen as soon as possible and should be carried out by suitable personnel from the emergency services. Nothing should be removed from the scene at this time.

**Note:** No assumption must be made that everyone involved in an emergency or major incident is deceased, even in circumstances that would suggest there are no survivors.

If there are deceased people at the scene, a medical doctor, pathologist, or appropriately qualified paramedic should attend to pronounce ‘life extinct’. Movement of the deceased and any property must be limited to the extent necessary to declare life extinct.

A written audit account must be made of:

- the person(s) who undertook the check;
- the actions they took;
- who pronounced life extinct;
- when this was done.

4.2 Subsequent Death of Injured Victim

Initially, injured survivors of the incident will be transported to designated receiving hospitals. Those survivors who appear not to have been injured will be taken to a Survivors Reception Centre. For further information on Reception Centres, see *ACPO (2009) Guidance on Emergency Procedures*.

Where a casualty later dies of their injuries, the body of the deceased should be transferred to the designated police mortuary (temporary or otherwise) for the incident. This approach will allow for consistent management of the deceased and will support the process of identification and investigation. By channelling all fatalities through a single mortuary facility, the police and health services are able to support the bereaved by offering them the range of dedicated facilities for support and viewing that have been set up for that incident.

It is important that the bereaved should not feel that support is not available to them because their loved one died later.

Where a casualty dies in hospital, every effort should be made to ensure that the bereaved are made aware of procedure and are kept informed at each stage of the process, including identification, viewing and release of the body.
4.3 Actions by the Scene Evidence Recovery Manager (SERM)

On appointment, the SERM will discuss with the SIM their policy and strategy in relation to the DVI process to be followed. They should then attend the scene to liaise with the Bronze Scene Commander, who is likely to be located at the Forward Command Post (FCP). The SERM will ensure that appropriate controls are in place at the scene to ensure access by authorised persons only. They will be responsible for the collation and documentation of evidence and will ensure that due respect is being paid to the deceased lying within the scene, taking account of the circumstances at that time.

Once the uninjured have been evacuated from the scene and those who are injured have been rescued and removed from the scene for treatment, the Rescue Phase can be declared over. The Response Phase now moves into Retrieval and Investigation. The SERM will assume responsibility for the area contained within the inner cordon from the Fire and Rescue Scene Commander. The SERM will make an assessment of the personnel, equipment and specialist assistance required for the recovery of the deceased, and the timescale involved. If the incident is possibly as a result of terrorist or criminal action, the SERM will liaise with the BSM appointed by the SIO. Whether the scene is an open or closed area, the SERM should consult a PoLSA. The SERM should also consult a specialist health and safety adviser, who may be provided by the Fire and Rescue Service. If the incident is transport related, the SERM should consult a representative from the Air Accident Investigations Branch, the Rail Accident Investigation Branch, or Maritime Accident Investigation Branch as appropriate. The Health and Safety Executive may also have a representative at the scene, in which case they should also be consulted.

The SERM may establish a control point, which may be co-located with any existing FCP used by the Bronze Scene Commander. The purpose of this control point is to assist the SERM in discharging their responsibilities at the scene. The staff within the scene control point will undertake the documentation and audit functions on behalf of the SERM and act as a single point of contact for the retrieval activities at the scene.

The SERM may form a Scene Evidence Recovery Group, which they may chair. This group can consist of people who have a role to play in the recovery of the deceased, human remains, property and evidence from the scene. Representatives may include:

- HM Coroner, the Procurator Fiscal or their representative;
- Supervising Forensic Pathologist;
- Victim Recovery Team leader(s);
- Property Recovery Team leader(s) (if separate teams);
• Bronze Scene Commander;
• Police Search Adviser (PoLSA);
• Police Forensic Adviser or Crime Scene Manager;
• Health and Safety Coordinator;
• Health and Safety Executive advisers;
• Fire and Rescue Service Scene Commander;
• Representative of other statutory investigative agencies, for example, the Air Accidents Investigation Branch, Marine Accident Investigation Branch and Rail Accident Investigation Branch;
• Environment Agency representative;
• Local authority representative, for example, an emergency planning officer, building control inspector or environmental health officer;
• Specialist contractors;
• Landowner(s) or property owner(s) or their representative.

The SERM will produce an operational plan for the recovery of the deceased, human remains, property and evidence. This plan will contain a risk assessment of the scene and the health and safety procedures to be adopted (including personal protective equipment). The plan should also contain details for the establishment of a Holding Audit Area (HAA) for the deceased and human remains, and a property and evidence audit area. The recovery plan should be approved jointly by the SIM and SIO.

Once the plan is approved by the SIM and the SIO, it is the responsibility of the SERM to implement the plan. The plan should be regularly reviewed and, if necessary, amendments made to the original plan in order to achieve the outcomes determined by the SIM and SIO.

It may be appropriate for the scene to be photographed, videoed or digitally mapped prior to undertaking any retrieval work. If this is done, it should be recorded in the SIM policy log. The family and friends of the deceased must be made aware of what is being done and why the recovery of their next of kin may appear to be delayed. The scene may have to be stabilised prior to victim recovery teams being deployed into the inner cordon area. If the scene comprises a building then a qualified individual, eg, a local authority building control officer may be consulted on the structural integrity of the building for recovery work. In some cases the remains of a building may have to be demolished before retrieval work can commence. A contractor may be used for this
purposely, taking care to dismantle or de-construct the remaining structure away from the area where the deceased are believed to be lying, if this is possible.

Once the scene is stabilised and safe for the victim recovery teams to commence work, a safe route (known as a Common Approach Path) into and out of the main area of work should be cleared. This safe route can be marked by use of orange tape. The SIM should advise the SERM whether or not HM Coroner or the Procurator Fiscal, or pathologist wishes to view the scene and the deceased in situ. This decision should be recorded in the SIM’s policy log.

The SIM may determine a policy that aims to recover certain deceased people in a priority order, for example, the pilots of an aircraft. If this is the case, there needs to be a clear rationale for such a decision as it may appear discriminatory to the family and friends of some of the deceased.

The actual recovery of the deceased and human remains and the retrieval of personal property and evidence should be undertaken in a systematic and methodical way by police officers or police staff who are operationally competent to undertake this challenging task.

**Note:** Every stage of the retrieval of the deceased, human remains, property or evidence must be conducted throughout with dignity and respect, ensuring continuity and integrity.

### 4.4.1 Initial Considerations

Prior to commencing a recovery operation, the SERM should ensure that the overall situation at the scene is such that the recovery operation can be conducted safely, while ensuring integrity of evidence. The first consideration is to ensure the scene is stabilised and safe for police personnel to enter to conduct their work. The scene must be declared safe for recovery operations to commence. Prior to handover to the police, a process of Risk Assessment, Security Assessment and Health and Safety Assessment should be conducted by a competent and qualified Health and Safety professional. It is recommended that this individual holds a relevant qualification that is recognised by the Institution of Occupational Safety and Health (IOSH). The process of assessment and handover may be carried out on behalf of the ‘host’ organisation (Personal/Corporate Landowner, Organisation, Business, Insurance Company) or the Fire and Rescue Service. The professional who takes this decision should document that process in writing.
A risk assessment and safe system of work, including a method statement, should be completed in writing and agreed by the SERM prior to the deployment of police personnel. This should include potential hazards such as:

- Any fire hazard;
- The partial or total collapse of buildings;
- Smoke, fumes or airborne particles;
- The presence of asbestos, or other man-made mineral fibres (MMMF) in the area;
- Liquid hazards, including toxic by-products of the incident;
- Debris fields, uneven surfaces and hidden voids;
- Sharp and jagged debris;
- Inclement weather;
- Manual lifting handling arrangements;
- Psychological, stress and trauma risk;
- Human bodily fluids.

Where risks have been identified, appropriate mitigation arrangements and control measures must be put in place and communicated to all relevant personnel. The SERM should consult the Bronze Scene Commander to ensure that the inner cordon is clearly delineated and secure, with limited and controlled entry and exit points. An agreement about who should have access inside the inner cordon, how this will be documented and by whom must be reached with the Bronze Scene Commander. The responsibility for the management of the inner cordon will usually remain with the Bronze Scene Commander, but this may be assumed by the SERM in appropriate circumstances.

The SERM should obtain information on the prevailing weather conditions expected over the period anticipated to complete the recovery operation. The weather can significantly affect the operation. Wet weather can, for example, destroy evidence and create uncomfortable working conditions; hot weather may speed up decomposition and lead to dehydration problems with the personnel working at the scene; and very cold weather may result in the deceased and human remains being frozen and possibly frozen to other scene and evidential material. The SERM should also consider other effects on the scene, such as animals scavenging among the remains. The use of physical barriers, lighting and security patrols may be considered to deter animals and humans from gaining access to the scene.
The SERM should consider whether the scene needs to be shielded from the view of the public and media, and how that can realistically be achieved. Usually some form of shielding is appropriate, for example, ‘herras’ fencing with some form of netting or tarpaulin covering. Scaffolding and tarpaulin covering can be used to cover scenes and shield them from view.

The SERM may have to make arrangements where any deceased or human remains have to be retrieved from water, from height, or from confined situations. This may require the deployment of specialist personnel with the necessary qualifications and equipment to perform the task required. Specialist personnel, including police marine units, urban search and rescue (USAR) teams from the Fire and Rescue Service, cave rescue and specialist assets from the Ministry of Defence should be used where appropriate.

The SERM is responsible for ensuring that the victim recovery teams have been fully briefed on those elements of the identification strategy that are relevant to the initial visual check and recovery.

**Note:** It is particularly important that the each team is directed by the SERM on how, and to what level, the victim recovery officers are expected to conduct the initial visual check during the recovery process. Early identification evidence/intelligence should be communicated back from the scene to the casualty information unit.

### 4.4.2 Victim Recovery Teams

The work of recovering deceased people from a scene of an emergency or major incident, who may be fragmented and having suffered severe trauma, should be undertaken by operationally competent personnel who are appropriately trained and adequately equipped for the role. These personnel will usually be police officers, but may also be police staff. Personnel used in this role should have completed an ACPO approved Disaster Victim Identification Foundation Course, or an equivalent training programme.

Most Home Office police forces have personnel trained to work within a victim recovery team.

Victim recovery officers will be expected to perform the following duties. These are to:

- Recover all victims in accordance with the ACPO approved training standard;
- Work according to the recovery strategy set by the SIM;
- Complete all necessary disaster victim recovery documentation;
- Complete the initial visual check on deceased persons and
human remains and to record all identification details revealed;

• Ensure that all necessary photographs are taken at the scene;
• Operate effectively within a victim recovery team;
• Undertake duties within the mortuary as necessary to the operation;
• Comply with all health and safety requirements.

Some police forces may use separate teams for victim recovery and police mortuary operations. Some victim recovery teams may have had additional training to work in confined spaces, to work safely at height and to work under Chemical Biological Radiological and Nuclear (CBRN) conditions.

Victim recovery teams usually comprise five or six police officers or police staff, one of whom will be designated team leader. If working in an open environment, the team can be deployed to recover the deceased and human remains in conjunction with search teams working there. In a closed environment the team can be deployed in pairs or fours to recover the deceased and human remains.

Personal equipment may be issued to staff and kept by them to avoid problems of availability at time of deployment. The team leader must ensure that other equipment that may be required, such as tents, tools, tape, labels, property and body bags, is made available to the team on their arrival at the scene of the incident.

4.4.3 Recovery Actions – General Rules

There are five categories of recovery from a scene:

• A deceased person;
• Human remains;
• Personal property;
• Evidential property;
• Technical property.

A deceased person is anyone who is readily identifiable as a deceased human being and is in a generally intact state. A deceased person will be documented on one Disaster Victim Recovery Booklet. Any limbs that are wholly or partially attached to the torso are to be treated as belonging to that one deceased person. If any limb is severed, albeit lying alongside a deceased torso, it is to be retrieved as separate human remains.
Human remains are anything which is reasonably believed to be the remains of a deceased human being, and can range from intact limbs (such as arms or legs) to small fragments of human flesh. All human remains should be retrieved.

Personal property means anything associated with a person involved in the mass fatality incident. Property found on a deceased person, for example, within their pockets, is to be retrieved with that person and not documented separately at the scene. Items of property lying on a deceased person, alongside or nearby are to be treated as separate items, recorded and documented as such.

The initial visual check may reveal personal property visible on the body (or human remains) that offers evidence of identity, for example: an identification lanyard and/or card, an ID/dog tag, or other obvious ID documentation. These items should be photographed with the body, giving the position in which they were seen on the body. The item may be removed for checking. A detailed record of the information given and location of the item should be made in the Disaster Victim Recovery Form, scene notes section. These items should be recovered with the deceased. They should be placed in a clear property bag and physically attached to the deceased within the same body bag, near to the ACPO Victim Recovery Label (where possible). A photographic record of the process should be made.

**Note:** Where this information will assist in an early identification, it should be passed quickly and efficiently to the SERM or SIM as deemed appropriate to the scale of the incident.

The SIM is responsible for assessing the strength of the evidence of identity and ensuring that additional actions are taken to confirm identity before this information is released to the family of the deceased.

This information will be used by the Casualty Bureau to apply the correct grading to a missing person record. Where possible identity is established, it is likely that a Family Liaison Officer (FLO) will be allocated to the family of the deceased to begin an ante-mortem harvest.

‘Evidential property’ means any item that is not a deceased person, human remains or property which may be of evidential value to the SIO or any investigating agency.

‘Technical property’ means any item that may be required for any technical enquiry being conducted by the HSE, AAIB, RAIB, MAIB or other organisation.
Some items may fall within only one category, whereas other items may fall within one or more categories. Where more than one category applies, the SIM, SIO and lead investigator (or their representatives) must liaise to agree how that item is to be treated and who will take responsibility for it, its retention and disposal.

### 4.4.4 Actions by Victim Recovery Teams in Open Area Searches

In open situations the scene may be divided into sectors and zones. Each zone should consist of channels of a suitable length and width for a victim recovery team to operate along, taking into account the terrain and nature of the incident. The SERM will identify the number of victim recovery teams required to conduct the recovery operation within the timescales and parameters set by the SIM and Gold Commander. The victim recovery teams may be deployed as stand-alone teams, or may operate in conjunction with police search trained personnel or other search personnel.

The SERM can initially deploy search teams or victim recovery teams in a ‘sweep’ type search to cover larger areas with few deceased or human remains scattered across the area. Where the deceased or human remains are more concentrated, the width of the search channel needs to be reduced. Each channel should have a start and stop position clearly identified. Both edges of the channel should be marked by orange tape, which will either be pre-laid or laid by the DVI Recovery Teams as they progress along the channel.

When a deceased person or human remains (including suspected human remains) are located, the team leader should consider asking a doctor or another expert to examine the person or remains. A member of the victim recovery team may then conduct an initial visual check of the deceased. The detail and extent to which this will be carried out should be guided by the recovery strategy and Scene Evidence Recovery Plan as produced and communicated by the SERM. The purpose of this check is to note any obvious evidence that may assist the identification of the deceased. The situation of the deceased will normally be photographed and recorded digitally in situ. The team’s documentation officer or team leader will commence the audit trail on the Disaster Victim Recovery Booklet, using the approved label with the unique reference number and bar code. This will be recorded alongside the deceased or human remains while they are still in situ. Any personal property on or near the deceased or human remains will also be recorded in situ to provide context of the find.
Team members will then place the deceased or human remains in an opaque (usually black) body bag or property bag. The deceased or human remains should then be transported to the Holding Audit Area (HAA), where responsibility for the deceased or human remains transfers from the victim recovery team to the person in charge of the HAA.

Figure 2 – Illustration of an Open or Wide Area Search
4.4.5 Actions by Victim Recovery Teams in Confined Situations

In confined situations the scene should be divided into sectors and zones. A victim recovery team may be allocated to each zone. The size of each zone will be determined by the SERM.

A confined situation search may be more protracted than an open area search, as the search will need to progress at a rate that enables safe working. It may be necessary for work to progress in stages, with work undertaken between stages to facilitate the retrieval of any deceased or human remains. The victim recovery team will work in a different manner from the one used in an open situation, and can deploy their team in two pairs or work as a team of four. When working in a pair, one member can undertake the search and recovery while the other acts as a monitor to ensure the health and safety of the officer conducting the retrieval. The team leader may rotate pairs or larger teams in difficult situations, or deploy them together as appropriate to the circumstances. See Figure 3.

In confined situations a safe route in and out of the retrieval area should be identified and cleared for use by the recovery teams. This can be marked by orange tape.

As with an open search, a member of the victim recovery team should conduct an initial visual check of the deceased when located. The purpose of this check is to note any obvious evidence that may assist the identification of the deceased. The situation of the deceased will normally be digitally recorded in situ. The team’s documentation officer or team leader will commence the audit trail on the Disaster Victim Recovery Booklet, using the approved label with the unique reference number and bar code. This will be recorded alongside the deceased or human remains while they are still in situ. Any personal property on or near the deceased or human remains will also be recorded in situ to provide context about the find.

Team members will then place the deceased or human remains in an opaque (usually black) body bag or property bag. The deceased or human remains should then be transported by the victim recovery team to the Holding Audit Area (HAA), where they must be booked in. At this time, the responsibility transfers from the victim recovery team to the person in charge of the HAA.
Figure 3 – Illustration of a Confined Area Search
4.4.6 Retrieval of the Deceased at Sea, or from Lakes, Rivers and other Watercourses

The retrieval of deceased people and human remains from an incident at sea will be led by the Maritime and Coastguard Agency. The actual retrieval will usually be undertaken by RNLI lifeboats, search and rescue (SAR) helicopters and other vessels in the area. Police officers should not undertake the retrieval of deceased persons from the sea unless they are properly trained and equipped to do so. In some situations specialist divers may have to be employed to undertake retrieval operations on behalf of the police.

In the event of a mass fatality incident occurring at sea, the police should send a liaison officer to the Maritime Rescue Coordination Centre which is in command and control of the offshore element of the response to the incident. The liaison officer should identify locations where the deceased and human remains will be brought ashore. These may include ports, harbours, slipways and airports or helicopter landing sites. Wherever possible, the number of these landing locations should be kept to a minimum.

The vessels undertaking the recovery operations should be instructed to identify, wherever possible, the coordinates of where the deceased person was recovered, and to land the deceased and human remains at the designated landing location(s).

If possible, it is advised that a single landing site should be used to allow documentation to be completed in line with the DVI processes and procedures. This necessary documentation should be completed by the police team at the designated HAA. To ensure common continuity and in accordance with the INTERPOL standard, it is suggested that there should be only one type of documentation used to record details.

A police victim recovery team should be sent to the designated landing location(s) to establish an HAA and to assume responsibility for the deceased person or human remains. Consideration should be given to the location(s) so as to protect the operation from public and media intrusion. During a maritime incident and where possible, the HAA should be located close to a helicopter landing site.

In respect of the recovery of deceased and human remains from lakes, rivers and other watercourses, the deployment of police underwater search teams should be considered. Some of these teams are trained as victim recovery officers, and are aware of the DVI processes and procedures. If police underwater search teams are used who are not trained in the DVI arrangements, consideration should be given to using a DVI trained person to act as a tactical adviser to the search teams.
4.5 Documentation and Audit Trail

It is vital for the professionalism and integrity of the investigation, and for identification of the deceased and any human remains, that the correct documentation is completed carefully and accurately.

The Disaster Victim Recovery Booklet will be used to document the recovery of the deceased and human remains. The online INTERPOL Disaster Victim Recovery Form may be used where hard copy Disaster Victim Recovery Booklets are unavailable.

The Disaster Victim Recovery Booklet contains a unique reference number and a bar code. The booklet also contains labels with the same bar code on them to ensure continuity. These are:

- Audit Labels;
- Bag Labels for deceased person or human remains;
- Scene Labels;
- Item Labels for deceased person or human remains.

Instructions for completion of the booklet are on the front cover of each booklet. However, police victim recovery teams should be trained in their use, including having used them in exercises prior to any actual deployment. One booklet must be used for each recovery of a deceased person or human remains. The booklet also contains a Scene Notes and Continuity Section.

The INTERPOL Disaster Victim Recovery Form can be downloaded from http://www.interpol.int/Public/DisasterVictim/Forms/DVIReportEng.pdf

To ensure consistency, one person within each victim recovery team should take responsibility for the accurate and comprehensive completion of each booklet or form. This may be the team leader or other nominated documentation officer.

4.6 Holding Audit Area for Deceased and Human Remains

A Holding Audit Area (HAA) for Deceased and Human Remains is a place, often a temporary structure, where deceased persons and human remains retrieved from the scene of a major incident can be taken initially, pending transfer to the designated mortuary. The HAA should be a discreet place, shielded from the public and media to ensure dignity for the deceased.

There will usually be one HAA established, which should be just outside the inner cordon, but within the area designated by the outer cordon. In major incidents where there are multiple scenes, or the scene covers an extensive area, more than one HAA may be established. In major maritime incidents an HAA can be established at each of the seaports and airports at which deceased people will be taken following retrieval from the scene.
An HAA should be established as soon as required. It may need to be established prior to the appointment of a SIM or the formation of a mass fatality coordination group. In these circumstances the police Silver Commander will take responsibility for the establishment of an HAA. A police victim recovery team should be deployed immediately to the HAA, with the team leader acting as a Bronze Commander.

The Fire and Rescue Service Silver Commander should be advised by the Police Service Silver Commander of the establishment of an HAA and the circumstances under which deceased people or human remains should be taken there.

Access to the HAA should be restricted to those personnel who have a justifiable and objective reason for requiring entry. A written log must be kept of the times, names, role and reasons for every individual who goes into or leaves an HAA.

The number of personnel deployed to an HAA will need to be determined at the time in relation to the scale and nature of the incident. Usually, one victim recovery team will be sufficient, but it may be necessary to deploy additional victim recovery teams to the HAA in large-scale incidents. It may also be prudent to deploy a dedicated exhibits officer to the HAA.

The retrieval of personal property may be undertaken by the same teams undertaking the recovery of the deceased and human remains. The SERM should agree a protocol with the SIM and SIO for which teams should be used and what their remit is in that situation.

The approved Disaster Victim Recovery Booklet is not designed to be used for personal property. An exhibits schedule should be used instead. The same care and accuracy used to record the retrieval of the deceased and human remains should be used to retrieve personal property.

Personal property should be retrieved in the state in which it is found. The SIM should devise a policy on the retrieval of personal property, including the documentation and audit trail required. This policy should include whether a separate property exhibits officer is appointed to assume care and responsibility for items retrieved from the scene of a mass fatality incident. Only items found on a deceased person should accompany the deceased to the mortuary. Other property, including property found lying on a person, should be treated as a separate item and recorded as such.
4.8 Retrieval of Evidence

The retrieval of evidence is usually the responsibility of the SIO as opposed to the SIM. The SIO and SIM should agree a protocol for the retrieval of evidence, including when it will be carried out in relation to the retrieval of the deceased, human remains and personal property. A separate documentation and audit trail is required for the retrieval of evidence and should include the appointment of dedicated exhibits officers.
Ante-Mortem Procedures

This section details the ante-mortem procedures that apply in a mass fatality incident.
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5.1 Ante-Mortem Coordinator

In large and complex cases an Ante-Mortem Coordinator (AMC) may be appointed by the Senior Identification Manager (SIM) to assume responsibility for the ante-mortem procedures. In other cases these responsibilities can be undertaken by the casualty bureau manager or family liaison coordinator working directly to the SIM. The AMC is responsible for the compilation of data in respect of each person reported missing and believed to have been involved in the incident but who has not yet been accounted for, or identified as deceased. This data will be compared with all available post-mortem data to provide identification during the reconciliation process.

5.2 Ante-Mortem Team

The number of personnel deployed to undertake the ante-mortem procedures will depend to a large extent on the scale of the incident and number of fatalities. An ante-mortem team can be activated in large and complex cases to work closely with the casualty bureau and family liaison officers. The ante-mortem team may undertake the input of the yellow ante-mortem forms onto the HOLMES or Plassdata computer systems after they have been quality assured by the Family Liaison Coordinator (FLC) or other nominated person.

The functions of the team are to:

- Prepare a list of missing persons believed to have been involved in the disaster;
- Obtain evidence of the likelihood that the missing persons were involved;
- Create a database of ante-mortem evidence for comparison with that from the post-mortem documentation (for deliberation by the Identification Commission);
- Provide a single point of contact for the Family Liaison Coordinator and Family Liaison Officers and provide all possible assistance to them.

For detail on reconciliation, see 8.3 Reconciliation Process.

5.3 Survivors Reception Centre

The function of a Survivors Reception Centre (SRC) is to act as a secure place where survivors not requiring acute medical treatment can go to so that they are safe from the immediate consequences of the incident. The investigation and identification processes start at the SRC in respect of the survivors present, including the completion of relevant documentation for input into the casualty bureau.

If the incident resulted from a terrorist or criminal act, potential suspects, their associates or co-conspirators, and witnesses may also be present in the SRC.

The Silver Commander may appoint a Bronze SRC to act as the initial
manager of the SRC, liaise with the local authority manager when appointed, and to command the police personnel deployed to the SRC. The Bronze SRC will ensure all the survivors who were directly affected by the incident (the parameters of which will be decided by the SIM and SIO (if appointed) or the Silver Commander in their absence) are documented on the approved ACPO SURVIVOR/EVACUEE forms. The completed forms will either be sent electronically or by fax to the casualty bureau.

Note: The SIM and Bronze SRC must be mindful that there may be survivors present at the SRC who have family or friends still missing or unaccounted for. Any survivor within this category should be brought to the attention of the SIM. A decision should be taken on whether this survivor should be asked if they wish to move to the Family and Friends Reception Centre.

The FLC should be contacted and a FLO appointed in relevant circumstances. The FLO will then complete the yellow INTERPOL missing person form and on completion forward it to the reconciliation unit.


5.4 Family and Friends Reception Centre

A Family and Friends Reception Centre (FFRC) is a secure place, usually located away from the scene of an emergency or major incident, where the family and friends of people directly involved in that incident can attend to receive initial support and advice. This also provides a suitable environment for the investigation and identification procedures to be undertaken. A Bronze FFRC may be appointed to act as the initial manager of the FFRC, or to work with a local authority centre manager if one is in place. An FLC may be deployed to the FFRC to manage and quality assure the work of the FLOs.

The Bronze FFRC will ensure that family and friends arriving at the centre are met with discretion and sensitivity. All personnel working at an FFRC should be aware of the guidance: Disaster Action (2008) Working with Disaster Survivors and the Bereaved: Code of Practice on Privacy, Anonymity and Confidentiality, and work as closely as is reasonable and practical to that code. A FLO will be allocated to the family to undertake the police responsibilities of investigation and identification where appropriate.

The FLO will complete the yellow INTERPOL ante-mortem form on behalf of the SIM. Completion may not be possible at the FFRC, requiring home visits in some cases. The completed forms will be sent by fax or electronically to either the FLC or ante-mortem team in the first instance for quality assurance, before being forwarded to the reconciliation unit.
The FFRC may evolve later in the incident to become a Humanitarian Assistance Centre (HAC) run by a local authority. Police involvement may still be required at an HAC in a manner similar to that provided at the FFRC. For further information on FFRC and HAC, see *ACPO (2009) Guidance on Emergency Procedures*.

A police team should be deployed to each hospital receiving casualties from an emergency or major incident. The team will document the casualties who attend or who are brought to that hospital. These teams may be known as hospital documentation teams or hospital investigation teams. The size and composition of a hospital team will depend on the number of casualties taken to that hospital and the overall scale and nature of the incident. Each team should be led by a police officer or suitably competent member of police staff, who will perform the role as team leader. The team leader is responsible for liaising with the hospital authorities so that the police can conduct their duties effectively in cooperation with the hospital without prejudicing the primary responsibility of saving life.

The hospital documentation (or investigation) team leader should ensure that all appropriate documentation is completed for each individual victim and survivor attending the hospital. This may be either:

- A Survivor/Evacuee form;
- A Casualty form;
- A yellow ante-mortem form.

The forms should be quality assured and sent either by fax or electronically to the casualty bureau or ante-mortem team as appropriate. The team leader must also be aware of and respond to circumstances where an injured person taken to hospital may have family or friends still missing and unaccounted for, in which case a Missing Person (MISPER) form should be completed. Some of the injured may also have limbs missing that were severed at the scene of the incident. The SIM should be made aware of these situations so the SERM can be advised accordingly. The family and friends of people missing in the major incident may also attend the receiving hospitals seeking information. The hospital documentation team can support the hospital by speaking to these people, taking relevant details of the missing person and then directing them to an FFRC. This may be challenging where families and friends believe that their loved ones could be being treated within the hospital and so are reluctant to leave the hospital and go to the FRRC.

Every effort should be made to ascertain the identity of physically injured survivors, particularly where there has been severe injury that is
likely to lead to death. Family members should be given every opportunity to be with the injured person at that time.

The number of documentation officers deployed to a specific receiving hospital is likely to be limited by the availability of personnel responding to the incident at that time. Suitable police officers and staff may be deployed as documentation officers. As a guide, however, it may take one police officer or member of police staff at least half-an-hour to complete one Survivor/Evacuee form.

It is of primary importance within the ante-mortem process to produce a list of the people who are missing in order to identify those who may have died in that incident. The role of a casualty bureau is to act as the initial single point of contact for receiving and assessing information about people believed to be involved in an incident. The primary aims are to:

- Provide information for the investigation process relating to an incident;
- Trace and identify people involved in an incident;
- Reconcile missing person (MISPER) records with Disaster Victim Recovery Forms, Casualty, Survivor and Evacuee records;
- Collate this information accurately for relevant parties.

The Gold Commander decides whether to open a casualty bureau in consultation with the SIM and SIO. A casualty bureau has a specific role and should not be used as a public information point of contact. A casualty bureau should be opened in the event of any emergency or major incident being declared a mass fatality incident. A Casualty Bureau Manager should be appointed to open and run the bureau, reporting to the SIM. The manager will determine which elements of a casualty bureau need to be operational in order to meet the requirements of the SIM and Gold Commander.

The structure of a casualty bureau will be determined by the SIM and bureau manager at the time of activation. Figure 4 shows a suggested structure linking into the DVI process.
**Figure 4 – Structure of a Casualty Bureau**

### Incident Contact Centre

**Receives:**
- Missing person reports and inputs them onto the HOLMES system via cas-web.

**Responsible for:**
- Recording all nominal records and messages.
- Receiving and recording call backs cancelling missing people.

### Casualty Information Unit

**Receives:**
- Survivor/Evacuee forms from the Survivor Reception Centre;
- Casualty forms from receiving hospitals;
- Pink DVI forms from the mortuary;
- Early ID information/intelligence from the scene.

**Inputs:**
- Details from the above forms onto the HOLMES system via cas-web.
- The Pink INTERPOL forms may be sent directly to the Reconciliation Unit.

### Nominal Matching Unit

- Obtains information in either electronic or manual form to make a comparison of list(s) of confirmed missing persons with known casualty reports.
- Once a possible identification has been made, an action will be raised for the General Message Unit or Receiver.

### Receiver

Main responsibility is to ensure all messages and actions are prioritised, actioned and resolved. This person or team also interfaces with the investigation via the Major Investigation Room (MIR). An intelligence cell may also be attached to this function.

### General Message Unit

**Receives:**
- Actions from the Nominal Matching Unit in respect of confirmed (potential) matches of survivors, evacuees and casualties in hospitals;
- Notifies family and friends of survivors;
- Notifies evacuees and casualties of the location of their next of kin.

### Family Liaison Coordinator (or Ante-Mortem Team)

**Receives:**
- Actions from the Nominal Matching Unit when missing people are identified on the HOLMES system. This person may form an ante-mortem team.

**Deploys:**
- FLOs to undertake the investigation, including completion of a Yellow INTERPOL DVI form in line with the SIM’s Ante-Mortem (AM) data collection strategy. Yellow INTERPOL forms can be directly inputted onto the HOLMES system via cas-web, inputted by the ante-mortem team or passed to the Casualty Information Unit for input.

### Reconciliation Unit

- Linked to the casualty bureau process, this unit receives information about potential matches from the Nominal Matching Unit, and information from the Family Liaison Unit.
- This unit then collates the evidence, prepares the identification reports for consideration by the Identification Commission.
The SIM is responsible for the overall management of the Casualty Bureau (CB) and will devise the policy decisions, in writing, for the Casualty Bureau Manager to implement. The SIM will also agree the communications strategy for the CB, which includes liaison with the Gold and Silver tiers of command, and with the SIO. Arrangements should be agreed on how the casualty bureau links with the major incident room, and how information is shared between the two.

The SIM will make written policy decisions on:

- The involvement gradings to be used, see *ACPO (2008) Guidance on Casualty Bureau Standard Administrative Procedures (CBSAP)*, Section 4.3.4 Involvement Gradings;
- The criteria for each of the gradings;
- The questions to be asked of family and friends to determine involvement, see *ACPO (2008) Guidance on Casualty Bureau Standard Administrative Procedures (CBSAP)*, Section 4.3.3 SIM Questions;
- A cancellation policy;
- Times and dates of opening and closing;
- Briefing arrangements for staff within the CB;
- Quality assurance protocols.

The SIM will also liaise with the FLC to agree the family liaison strategy, and ensure appropriate links are in place between the FLC and the CB Manager.

For further information on the CB and its operation, see *ACPO (2008) Guidance on Casualty Bureau Standard Administrative Procedures (CBSAP)*.

For further information on family liaison, see *ACPO (2008) Family Liaison Officer Guidance*.

**5.7 Family Liaison**

Family liaison is an important consideration throughout the investigation into a death. The bereaved family are an integral part of such an investigation. Throughout the process of identification the family of the deceased must be treated in a manner that is appropriate to their needs, culture, religion and personal circumstances. The Gold Commander will ensure that a family liaison strategy is prepared and implemented by the SIM in order to allow the most effective investigation possible into the death of an individual in a mass fatality incident.
The key objectives of a family liaison strategy should be:

- Obtaining a full family background, ante-mortem data, exhibits and other relevant details as required by the SIM and HM Coroner or the Procurator Fiscal;
- Providing the family with as full and up-to-date information as possible about the incident and its investigation.

The SIM will decide, in consultation with the FLC, a suitable structure for the delivery of the family liaison strategy. In some incidents, a family liaison adviser may be appointed to support the FLC by providing tactical and operational advice to the FLOs deployed during that incident.

Figure 5 – Family Liaison Structure

5.7.1 What is a Family?

The identification of who comprises the family of an individual is extremely important. ACPO defines a family as:

- Partners;
- Parents;
- Siblings, ie, brothers and sisters;
- Children;
- Guardians;
- Any other person who has a direct and close relationship with the victim.

Care must be taken to establish the wishes of the family at all times. Families with diverse lifestyles should be treated with sensitivity and
understanding. Assumptions should not be made about the identification of a family. Difficulty may arise where the deceased may have been estranged from the whole or part of their family prior to their death, or may have relationships with people that are unknown to other members of the family. Judgements must not be made on people’s lifestyles, and respect must be given to everyone who may see themselves as part of the family of the deceased. Where a situation exists that the deceased person’s family cannot be reconciled in order to be assisted by one FLO, the SIM may decide to treat elements of one family separately and appoint more than one FLO to separate elements of the same family.

5.7.2 Role of the Family Liaison Officer

Family Liaison Officers (FLOs) have a crucial role to play in the response to a mass fatality incident and the identification of the dead. The primary role of a FLO is as an investigator to assist the SIM and SIO to achieve their aim and objectives in terms of the identification strategy and the investigation strategy. Where there are DVI trained FLOs available to the incident response, they should be used. DVI trained FLOs have additional expertise in effective ante-mortem collection for mass fatality incidents. FLOs will undertake the day-to-day interaction with the family of the deceased, acting as the initial link between the family and the SIM. FLOs will complete the yellow, INTERPOL DVI ante-mortem forms and undertake the collection of ante-mortem evidence on behalf of the SIM.

FLOs will not assume the role of personal counsellor to the family, whether or not they are qualified to do so. This does not, however, prevent a FLO from being a compassionate investigator. A FLO will maintain a written log of all contact with the family and other parties connected to the family, eg, solicitors.

A FLO should consider addressing the following issues in the early stages of the inquiry:

- Collection of evidence as required by the SIO’s investigation strategy;
- Gathering of ante-mortem data and evidence as required by the SIM’s ante-mortem data collection strategy;
- Where necessary and appropriate, completion of a family tree of the deceased to aid the identification and investigation processes;
- Providing appropriate information to the family about the processes and procedures being undertaken by the Police Service on behalf of HM Coroner or the Procurator Fiscal;
• Facilitating practical support to the family, including contact with other statutory and voluntary agencies;

• Supporting the family in respect of their contact with the media;

• Facilitating a visit by the family to the scene of the incident or family viewing area as appropriate;

• Returning all personal property of the deceased in accordance with the wishes of the bereaved as directed by the FLC.

The local authority or voluntary sectors may provide a crisis support worker to assist the family and friends. They should work closely with the FLO. The FLO focuses on the investigative and identification procedures, and the crisis support worker provides the emotional and practical support to the family or friends.

It is essential that the FLO manages the requests that are made to the family to provide information to the police and other agencies. Unnecessary duplication of requests must be avoided and relevant information should be shared between agencies. If an information sharing protocol is not already in place, one should be agreed between all the relevant statutory and voluntary agencies. Care must always be taken in respect of sensitive or confidential information, with personal information handled in accordance with the Data Protection Act 1998.

For further information on the role of a family liaison officer, see ACPO (2008) Family Liaison Officer Guidance.

5.7.3 Family Liaison Coordinator

If the scale and nature of the incident requires the deployment of multiple FLOs, the SIM should consider appointing a Family Liaison Coordinator (FLC). In any case where FLOs are deployed, the SIM should consult an FLC in line with the policy of that police force.

An FLC is usually a police officer, of supervisory rank, who is experienced in the field of family liaison. The FLC should also be trained and competent to fulfils that role. An FLC will act as the single point of contact for the SIM in respect of the deployment of FLOs to families and should be a member of the Mass Fatality Coordination Group, if one is formed. The FLC can also act as the Ante-Mortem Coordinator unless the SIM deems it necessary to appoint a separate person to that role.

It is the responsibility of the FLC to:

• Facilitate the implementation of the family liaison strategy;

• Advise the SIM (and SIO if required) on family liaison issues;
• Coordinate the availability and deployment of FLOs (especially in complex cases with multiple deployments);
• Coordinate all information arising from multiple FLO deployments;
• Ensure all relevant documentation is completed accurately and submitted in a timely manner;
• Manage the skills, knowledge and experience of the FLO team in terms of culture, lifestyle and diversity issues;
• Liaise with the Casualty Bureau Manager and Ante-Mortem Coordinator;
• Coordinate family viewings in liaison with the Police Mortuary Operations Coordinator/Manager;
• Agree exit strategies for all FLOs deployed;
• Ensure health safety and welfare of FLOs is considered and appropriate risk assessments and support are in place;
• Fully document all decisions and rationale;
• Ensure all personal property of the deceased is returned in accordance with the wishes of the bereaved.

The FLC must assess the requirement to deploy a FLO to a family in line with the family liaison strategy set by the SIM. If the family is resident in that police force area, the FLC should deploy a FLO to the family concerned. If the family is resident in another police force area, the FLC of the force in whose area the incident has occurred should contact the designated SIM of the other police force area with the request to deploy a FLO to the family. The SIM in the police force area in which the family is resident will then contact their own FLC and arrange for the appropriate deployment of a FLO and a crime scene investigator.

The FLC should maintain an audit trail of which FLOs are deployed to which family, requests made to other police forces for the deployment of FLOs, and the rationale for their deployment.

The FLC will also act to support the FLOs by:

• Monitoring workloads;
• Maintaining a register of contact details of appropriate organisations/lay people/professional consultants to assist them in their role;
• Providing a networking point for FLOs requiring advice from other FLOs who have experience in dealing with particular scenarios;
• Acting as a channel for welfare, occupational health, defusing support;
• Promoting/facilitating mutual FLO peer group support;
• Monitoring mandatory attendance at the Welfare/Occupational Health Department;
• Acting as an independent channel for FLO debriefing to draw out good practice;
• Liaising nationally to share and gather good practice for implementation across force areas.

The FLC should undertake a risk assessment on the deployment of a FLO into each family situation. Care should be taken in assessing the emotional reactions likely to be experienced by the family, and possible consequences for a FLO.

For further information on family liaison issues, see ACPO (2008) Family Liaison Officer Guidance.

5.8 Identification Criteria

The criteria used for identification of the deceased will be set by HM Coroner or the Procurator Fiscal in consultation with the SIM. The lead pathologist will also usually be consulted. The agreed criteria determine which primary identifiers should be used and they, in turn, will inform the ante-mortem data collection strategy. Secondary and assistance identifiers will usually be used to support primary identifiers.

When setting the identification criteria, due consideration should be given to Report of Lord Justice Clarke (2001) 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, eg, odontology, where victims have suffered extreme burning or disfigurement. During the July 2007 bombings in London, it was decided that fingerprints and DNA would be the most expedient methods of identification.

Normally, one primary identifier is sufficient for identification. (See Table 1 for definitions of primary, secondary and assistance identifiers.) Two or more secondary identifiers are required to satisfy accurate identification.

Visual identification is not, in itself, a reliable form of identification, and cannot be relied on as accurate. The viewing of the deceased by family members or close friends is a separate issue; see 6.6.6 Family Viewing of the Deceased.
### Table 1 - Identification Criteria

<table>
<thead>
<tr>
<th>Primary Identifiers</th>
<th>Fingerprints</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Dental Records (Odontology)</td>
</tr>
<tr>
<td></td>
<td>DNA</td>
</tr>
<tr>
<td>Secondary Identifiers</td>
<td>Unique medical identifier, eg, a serial number of a replacement hip</td>
</tr>
<tr>
<td></td>
<td>Marks</td>
</tr>
<tr>
<td></td>
<td>Scars</td>
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<tr>
<td></td>
<td>Tattoos</td>
</tr>
<tr>
<td></td>
<td>Blood grouping</td>
</tr>
<tr>
<td></td>
<td>Physical disease, eg, tumours</td>
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<tr>
<td></td>
<td>Medical records</td>
</tr>
<tr>
<td></td>
<td>X-ray examinations, eg, healed fractures</td>
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<tr>
<td></td>
<td>Unique and identifiable jewellery</td>
</tr>
<tr>
<td></td>
<td>Personal effects</td>
</tr>
<tr>
<td></td>
<td>Distinctive or unique clothing</td>
</tr>
<tr>
<td>Assistance Identifiers</td>
<td>Jewellery</td>
</tr>
<tr>
<td></td>
<td>Photographs</td>
</tr>
<tr>
<td></td>
<td>Clothing</td>
</tr>
<tr>
<td></td>
<td>Location of deceased person or remains</td>
</tr>
<tr>
<td></td>
<td>Description</td>
</tr>
<tr>
<td></td>
<td>Visual identification by friend/family member/close associate</td>
</tr>
</tbody>
</table>
5.9 Ante-Mortem Data Collection

The AMC or FLC will manage the tasking of family liaison officers and crime scene investigators to collect suitable comparative ante-mortem samples for analysis and comparison. Ante-mortem data quality is the responsibility of the AMC, and should be managed as it is passed to the reconciliation unit.

The scale of the incident, the number of fatalities and which primary identification evidence will be used within the identification process may require a dedicated fingerprint, dental record or DNA reconciliation team. Within this team a team leader may also be appointed. The team leader will have the responsibility for advising family liaison officers and crime scene investigators of the best samples to obtain for comparison according to the particular circumstances of the victim; for example, where DNA is being used, the DNA AM team leader will advise the relevant FLO(s) on the most effective familial and elimination DNA to collect from which family members.

5.9.1 Ante-Mortem Sample Collection

Ante-mortem samples can take the form of:

- Existing biometric identification data held by UK or foreign criminal justice or immigration authorities, eg, DNA, fingerprints;
- Fingerprint lifts from personal items belonging to the missing person;
- DNA extraction from personal effects of the missing person, eg, toothbrush, hairbrush, razors or unwashed item of clothing or underwear;
- DNA extraction from medical samples of the missing person, eg, cervical smear samples, newborn’s bloodspots from hospitals, preserved tissue biopsies;
- DNA reference samples from close genetic relatives.

Any personal effect samples of a missing person must have evidence of provenance in the form of documented witness accounts and an audit trail. These samples should not have been shared (eg, toothbrushes or razors) as this can cause issues in the collation of DNA data. Samples should be accompanied by details of the family tree of that missing person to assist in identification through confirmation or elimination of family members, particularly where DNA is the identification criteria.

The FLO should arrange the collection of the samples, using a crime scene investigator where appropriate, and take initial possession of these samples until passed on to an exhibits officer or other responsible person. The continuity of the sample from collection to laboratory
examination needs to be carefully recorded and a method of sample labelling needs to be established. For further information see ACPO (2008) Family Liaison Officer Guidance.

5.9.2 Ante-Mortem Dental Comparison and Odontology

Ante-mortem dental comparison samples may be collected from dental practices and orthodontic practices as well as directly from the family or home of the missing person believed to be the deceased. Dental records do not follow the patient, so the FLO should enquire with the family to identify the missing person’s current and previous dentists to ensure all relevant dental information is collected. Ante-mortem evidence that may be collected from the family or home may include:

- Recent photographs of the person smiling and showing their teeth;
- Recent photographs of the person from both the side and the front.

When requesting samples from professional medical and dental sources, it is important to ask for:

- Dental charts and all dental records;
- All correspondence;
- X-rays;
- Any available extracted teeth (for DNA);
- Models (casts);
- Specialist records;
- Medical and dental clinical photographs.

5.9.3 Ante-Mortem DNA Sample Collection

DNA comparison is most efficient when a DNA profile from a deceased person or human remains can be matched against a comparative sample held on the national DNA Database.

There are four types of DNA that can be obtained as part of the ante-mortem data collection strategy. These are:

- Reference DNA;
- Surrogate DNA;
- Familial DNA;
- Elimination DNA.
Reference DNA is a profile that is stored on the national DNA database. A national DNA database record will only be available if the deceased had previously come to police attention.

Surrogate DNA is a profile obtained from objects and materials that are likely to yield the DNA profile of the deceased. These are normally personal objects used exclusively by the deceased. Examples include a comb, hairbrush, toothbrush, headwear, razors, gum-shields, footwear, gloves or medical inhalers. This form of DNA has also been obtained from chewed pen tops, envelopes and non-self-adhesive stamps. **Note:** the source of the sample must only be used by the individual so as to avoid contamination by other DNA.

Familial DNA is a profile obtained from known, close blood relatives of the deceased. These are:

- Natural mother;
- Known natural father;
- Confirmed sons and daughters of the deceased.

Familial DNA can be obtained from half-brothers or sisters, but cannot be obtained from stepbrothers, stepsisters or stepchildren. Familial DNA can lead to some sensitive issues being revealed, eg, true paternity and adoption, and must be approached with care and tact. The preferred option is to first approach the natural mother of the deceased, if that person is still alive. If that option is not available, the SIM should decide who should be approached and in which order to obtain a comparative DNA sample.

Elimination DNA is a profile obtained to confirm or eliminate a Surrogate or Familial DNA profile. For example, a sample from a sibling of the same sex may be provided so that the DNA profiles can be compared and demonstrate that they are indeed related siblings.

For a UK-based incident, it is recommended that the National DNA Database crime stain kits (8-series bar codes) should be used. This ensures each individual sample is labelled with a unique bar code.

The reference sample kits should be submitted to the laboratory as soon as possible. If there is to be any delay in submission, the kits and DNA samples should be frozen.
Table 2 – Classification of Direct Reference Samples

From Prinz M, et al. (2007)

<table>
<thead>
<tr>
<th>Quality of recovered DNA</th>
<th>Common samples</th>
<th>Samples to consider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good sources of DNA</td>
<td>Toothbrush</td>
<td>National DNA database</td>
</tr>
<tr>
<td></td>
<td>Razor</td>
<td>Clinical blood, semen or bone marrow sample</td>
</tr>
<tr>
<td></td>
<td>Hair brush or comb</td>
<td>Pathology/histology samples</td>
</tr>
<tr>
<td>Fair sources of DNA</td>
<td>Lipsticks or lip salves</td>
<td>Cervical smear</td>
</tr>
<tr>
<td></td>
<td>Deodorant stick</td>
<td>Cigarette butt</td>
</tr>
<tr>
<td></td>
<td>Pillowcase</td>
<td>Ear plugs/ear phone</td>
</tr>
<tr>
<td></td>
<td>Used drinking vessel</td>
<td>Mouth guard/mouth piece</td>
</tr>
<tr>
<td></td>
<td>Used underwear</td>
<td>Motorcycle helmet</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Spectacles</td>
</tr>
<tr>
<td>Poor sources of DNA</td>
<td>Jewellery or watch</td>
<td>Baby hair</td>
</tr>
<tr>
<td></td>
<td>Outer clothing</td>
<td>Trimmers or scissors</td>
</tr>
<tr>
<td></td>
<td>Towels</td>
<td>Nail file</td>
</tr>
<tr>
<td></td>
<td>Shoes</td>
<td>Dentures</td>
</tr>
</tbody>
</table>
5.9.4 Ante-Mortem Fingerprint Sample Collection

The key to the effective collection of latent fingerprint marks is the identification of items that have been exclusively handled by the missing person. The FLO can assist in the identification of appropriate items by discussion with family and friends of the missing person. The actual collection of latent fingerprint marks should be undertaken by a specialist fingerprint officer. The marks should then be uploaded onto the Automated Fingerprint Information System (AFIS) to enable a comparison to be conducted. Where possible and practical, it may be of benefit to have a fingerprint expert in possession of the relevant post-mortem fingerprint data to attend the ante-mortem data collection site, eg, the home of the deceased, as this may speed up and simplify the identification process and significantly reduce the stress of such procedures for the family.

There may be other means of obtaining a set of latent fingerprint marks, and this should be explored by the FLO. These may include fingerprints taken by the police and held by the Criminal Records Office. Some workplaces now use biometric data, which may include fingerprint records held by the human resources or personnel department.
Post-Mortem Procedures

This section details the post-mortem procedures that apply in a mass fatality incident.
6: Post-Mortem Procedures

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6.1 Mortuary Arrangements

The deceased should be taken to a mortuary in line with the policy agreed between HM Coroner or the Procurator Fiscal for the area, and the SIM. It is the responsibility of HM Coroner or the Procurator Fiscal for the area to decide to which mortuary the deceased are taken; the relevant local authority is responsible for providing the mortuary facilities. Any decision about the mortuary arrangements to adopt in a mass fatality incident will usually be made within the Mass Fatality Coordination Group (MFCG), with HM Coroner or the Procurator Fiscal consulting the Gold Commander, SIO, SIM and relevant local authority prior to reaching his or her decision.

The requirement for mortuary arrangements will depend upon the number of deceased, their condition and the level of post-mortem investigation required by the SIM and Coroner or Procurator Fiscal. There are four options for mortuary arrangements. These are to use:

- Existing mortuaries;
- Existing mortuaries with additional storage facilities arranged;
- A Local Emergency Mortuary Arrangement (LEMA, including regional arrangements where they exist);
- The National Emergency Mortuary Arrangement (NEMA).

Planning for mass fatalities within the Local Resilience Forum (LRF) or Regional Resilience Forum (RRF) should detail the appropriate LEMA arrangements and their activation procedures, and a location where NEMA can be established if necessary.

If a location is used as an Emergency Mortuary (whether a temporary or permanent structure) but it has not yet been licensed by the Human Tissue Authority (HTA), the HTA should be contacted as soon as possible to license the facility. The local authority should be notified of the intended use of the mortuary prior to its use for examinations. A Designated Individual (DI) should be appointed by the local authority to liaise with the HTA. The DI is responsible for ensuring the provisions of the Human Tissue Act (2004) are complied with.

Note: A licence under the Human Tissue Act (2004) is not required for a Holding Audit Area (HAA), ie, when necessary, the mortuary may be used for storage purposes before it is granted a licence under the Human Tissue Act (2004).

When a licence is required, the HTA will need to be told at the earliest opportunity.
6.1.1 The Human Tissue Authority

In the event of a mass fatality the Human Tissue Authority (HTA) will attend the mortuary as soon as possible to ensure that a licence is granted quickly. There will be a requirement for the HTA to meet the Designated Individual (DI) and the licence holder/representative.

The following legal requirements need to be met before the HTA can issue a licence:

- Receipt of an application;
- HTA must be satisfied that the proposed DI is suitable;
- HTA must be satisfied that the proposed licence holder is suitable;
- HTA must be satisfied that the premises are suitable;
- The licence and any conditions must be acknowledged in writing by the DI and licence holder.

The HTA will send a team (consisting of Head of Regulation and a Regulation Manager) to the temporary mortuary. This team will be able to issue a licence immediately and have it acknowledged by the DI and the licence holder.

6.1.2 The Single Mortuary Principle

The general principle is that one mortuary should be used in relation to a mass fatality incident. There may be circumstances, however, where it is deemed appropriate to use more than one mortuary, despite the logistical difficulties this may cause. This decision will be taken by HM Coroner or the Procurator Fiscal in consultation with the other members of the MFCG.

6.1.3 Local and Regional Emergency Mortuary Arrangements

Each LRF, RRF and local authority should have a plan for the activation of an emergency mortuary. This should include the locations identified as suitable for establishing an emergency mortuary (as agreed by HM Coroner or the Procurator Fiscal) that comply with Home Office (2004) Guidance on dealing with fatalities in emergencies, Annex B Mortuary Requirements.

Where an LRF or RRF has been unable to identify suitable existing local mortuary facilities that can be used for an emergency mortuary, they may have a formalised arrangement for the use of emergency mortuary facilities with a private sector company.
An emergency mortuary should:

- Have proportional and adequate facilities to provide for the receiving area, storage area, identification areas, equipment storage, family viewing area and all staff needs, according to the scale of the incident;

- Hold or meet the criteria for licensing under the Human Tissue Act (2004);

- Not be overwhelmed by potential numbers of deceased, or length of the identification operation (that may extend from days to weeks, months or in some cases years after the incident);

- Meet security requirements, in particular where there is a criminal investigation, terrorist/suspected terrorist cause, CBRN consideration or where there is likely to be strong interest from the media;

- Have adequate office space nearby for all mortuary administration and documentary processes;

- Have facilities for the welfare of staff;

- Have suitable communication provision, eg, sufficient telephone lines and secure internet and email connections;

- Either be suitable for decontamination or be suitable to accommodate an alternative specialist decontamination facility (following a CBRN or hazardous material incident);

- Have suitable transportation facilities and parking space;

- Be capable of being commissioned, established and operational within twenty-four hours*;

- Have operating hours that are sufficient and appropriate to the requirements of the incident and operation;

- Not conflict with the normal use of premises and be suitable for return to normal use as soon as possible without ongoing consequences.

*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 operational 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.


If local arrangements are not sufficient to deal with a mass fatality incident, and their agreed maximum capacity is exceeded, the National Emergency Mortuary Arrangements (NEMA) may be activated.

### 6.1.4 National Emergency Mortuary Arrangements (NEMA)

If the demands of a mass fatality incident exceed the capabilities of the local or regional arrangements, HM Coroner or the Procurator Fiscal may make a request for the NEMA to be deployed. The process for requesting NEMA is:

- HM Coroner or the Procurator Fiscal decides to request that NEMA is activated in consultation with the other members of the MFCG;
- The decision to activate may be referred to the SCG if appropriate;
- A designated person from the MFCG contacts the Home Office (Duty Desk) on behalf of HM Coroner or the Procurator Fiscal;
- The Home Office (Duty Desk) notifies the Emergency Preparedness Fatalities Team in the Home Office;
- The Emergency Preparedness Fatalities Team informs the Civil Contingencies Secretariat, and the request may be referred to the Cabinet Office Briefing Rooms (COBR) if activated;
- The relevant Minister is informed, who approves or declines the request to deploy NEMA, based upon national considerations;
- If approved, the Home Office arranges the actual deployment of NEMA with the MFCG that made the request.

NEMA forms the basis of HM Government’s programme of central assistance to supplement local and regional plans. The arrangements which can be offered as part of that central assistance package include:

- Temporary demountable structure(s) to form an emergency mortuary;
Stockpiles of general mortuary equipment;
Chilled storage for use at an incident site;
Specialist radiographic equipment.

NEMA is flexible, and can be deployed in differing configurations, for example:

- A six-hundred fatality facility;
- A three-hundred fatality facility;
- Two separate three-hundred fatality facilities;
- Two separate ninety-six capacity body storage facilities;
- Mortuary equipment with NEMA deployment;
- Stand-alone mortuary equipment as required.

NEMA is stored in Oxfordshire and stockpiles of general mortuary equipment are stored at locations in London, Yorkshire and Humberside, North West and South West regions and will be delivered by lorry to the designated emergency mortuary site(s) for the incident. The distance and time taken to transport NEMA and any general mortuary equipment should be considered when the request for activation of NEMA is made.

The configurations are designed to provide an initial operating capability within twenty-four hours and structures completed can include:

- Receiving areas;
- Storage areas;
- Autopsy areas;
- Fluoroscopy;
- Radiology.

Once these facilities have been completed, additional structures may be deployed in order to provide the full NEMA operating capability within seventy-two hours. These include:

- Counter-Terrorism Command office (if required);
- Operating office;
- Embalming area;
• Equipment store;
• Additional catering and staff changing area;
• Family viewing area.

(Where it is known that these additional facilities are required, they should form part of the initial request made for NEMA resources; this will speed up the process of activation and construction.)

If NEMA is activated, the UK DVI team should be informed via PNICC. Any requests for UK DVI personnel or mutual aid from other police forces to support the deployment of NEMA will be made by or on behalf of the Gold Commander to PNICC.


### 6.2 Mortuary Management Team

The Mortuary Management Team’s first responsibility is for the effective operation of the mortuary (regardless of its nature or type). Further responsibilities of the Mortuary Management Team include:

- Overall supervision of mortuary procedures;
- Constant assessment of the workings of the mortuary to identify and address any problems;
- The day-to-day operational management of the mortuary;
- The coordination of supplies, equipment, services and staff;
- The briefing to family members regarding viewing arrangements (to be arranged via the Family Liaison Coordinator);
- Liaison with the police media liaison officer at the Gold tier of command, government departments and press offices, with regard to the progress of the identification process and other relevant issues (as determined within any media strategy developed);
- The recording of any information which may be relevant for the purpose of any subsequent debriefing.

A written record must be made of all decisions made by the Mortuary Management Team. If practical, all meetings will be minuted. The chair of the Mortuary Management Team will decide on the frequency of the team’s meetings. Membership of the team may include:
• SIM (or representative);
• Supervising or Lead Pathologist;
• Designated Individual (DI) under the Human Tissue Act (2004);
• Coroner’s Officer (or officer from the Procurator Fiscal’s Office);
• Police Mortuary Operations Coordinator (sometimes referred to as Mortuary Operations Manager, this is a police role);
• Mortuary Facilities Manager/Emergency Mortuary Coordinator (normally Local Authority or Health Service);
• Mortuary Documentation Officer;
• Ante-Mortem Coordinator;
• Safety, Health and Welfare Coordinator;
• Resources Manager;
• Senior Radiographer or Radiation Protection Supervisor;
• Any specialist advisers as required.

When an Emergency Mortuary is situated on Ministry of Defence (MoD) property, the relevant military commanding officer will designate a liaison officer to attend the meetings of the Mortuary Management Team. If the site is owned or operated by a company or organisation other than the MoD, their representative may also be invited to join the Mortuary Management Team.

Some local authorities have contracts with private companies to provide mortuary arrangements on their behalf in the event of a mass fatality incident. These contracts may include the provision of people who can perform the role as emergency mortuary manager or mortuary facilities manager on behalf of the local authority. If this is the case, these people should form part of the Mortuary Management Team, possibly in addition to other representatives of the local authority, eg, emergency planning officer or finance manager.

6.2.1 Police Mortuary Operations Coordinator (PMOC)

A Police Mortuary Operations Coordinator (PMOC), or Manager as the role was previously known, should be appointed in any mortuary, whether based in existing mortuary facilities or an emergency mortuary. This role is key to ensuring compliance with all police DVI procedures in relation to the identification of the deceased and investigation of the incident. The PMOC will be a suitably trained and qualified police officer.
The PMOC should be appointed to be in charge of the police mortuary teams deployed in the mortuary. This person will provide the liaison between the mortuary documentation officer and supervising or lead pathologist while ensuring that the agreed mortuary procedure is implemented.

The PMOC will be responsible for:

- Obtaining, seizing and retaining evidence and personal property at the mortuary;
- Liaising with the DI appointed under the Human Tissue Act 2004 to ensure the provisions of the Act are adhered to within the mortuary;
- Ensuring continuity and security of evidence through correct and systematic management;
- Correctly completing all relevant post-mortem documentation;
- Liaising with the Emergency Mortuary Coordinator/Mortuary Facilities Manager to ensure that working discipline is adhered to and that health and safety risk assessments are being observed;
- Coordinating the activities of specialists within the mortuary;
- Liaising with funeral directors;
- Implementing pre-determined strategies (identification and investigation) relating to obtaining evidence/seizure and retention of personal property for identification and/or criminal investigation;
- Managing the health, safety and welfare of all personnel within the mortuary, ensuring that the appropriate risk assessments are documented;
- Supervising family attendance for viewing purposes;
- Security of the mortuary;
- Documentation of all personal decisions and rationale;
- Assisting the Facilities Manager in the decommissioning of an Emergency Mortuary.

The PMOC should usually be in charge of all the police personnel working within the mortuary.
6.2.2 Mortuary Facilities Manager

If an existing public or NHS facility is used as an emergency mortuary, that location will have a Mortuary Manager. They will generally be an experienced public or NHS Mortuary Manager and are usually appointed by the local authority or an NHS Trust.

The Mortuary Manager is usually the DI or Designated Person for that mortuary under the terms of the Human Tissue Act. This individual will be experienced in mortuary operations. The HTA is not prescriptive of who takes on this role; it should, however, be someone who is close to the operational activity, in terms of the licence, and someone who is able to effect change where it is needed. Ideally, in a temporary mortuary arrangement the DI could be a pathologist or a senior Anatomical Pathology Technologist with mortuary management experience.

The Mortuary Manager will usually undertake the role of Mortuary Facilities Manager in the event of that mortuary being used for a DVI or mass fatality incident.

The specific responsibilities of the Mortuary Facilities Manager include:

- Liaising with the Human Tissue Authority (HTA) to arrange for any necessary licensing of the venue (if appropriate);
- Liaising with the DI appointed under the Human Tissue Act 2004 (if a separate person) to ensure the mortuary is fit for purpose and provisions of the licence are adhered to within the mortuary;
- Arranging logistical support to all areas of the mortuary facility;
- Working with the PMOC to oversee all relevant staffing requirements within the mortuary;
- Working with the PMOC to ensure appropriate consideration of all staff welfare issues;
- Arranging for a qualified first-aider to be on site and available at all times of operation;
- Working in conjunction with the Supervising Forensic Pathologist to ensure appropriate consideration and enforcement of all relevant health and safety legislation;
- Working with the Supervising Forensic Pathologist and the PMOC to ensure the application of all appropriate hygiene practices;
• Managing the provision, use and stockpiling of personal protective equipment (PPE), stationery, office supplies and mortuary staff refreshments (mortuary facilities);

• Arranging for the proper handling, storage and disposal of clinical waste;

• Supervising the cleaning of all parts of the mortuary facility;

• Organising and supervising the decommissioning of the mortuary facility (including ensuring that all necessary cleansing and repairs are undertaken in advance).

6.2.3 Emergency Mortuary Coordinator

If an emergency mortuary is established at a location other than an existing mortuary, including where LEMA or NEMA are activated, an Emergency Mortuary Coordinator may be appointed to be in overall charge of establishing, running and closing an emergency mortuary.

If local or regional agreements are in place, an NHS Mortuary Manager may be appointed to oversee the operation of the Emergency Mortuary, in which case the title of the role may be Mortuary Manager, Mortuary Facilities Manager or Emergency Mortuary Coordinator as appropriate.

6.2.4 Mortuary Documentation Officer

The Mortuary Documentation Officer is a DVI trained police officer who is responsible to the SIM. Their responsibilities may include:

• Ensuring evidential continuity is maintained in respect of each fatality;

• Assuming responsibility for all aspects of documentation in relation to the post-mortem examination of victims;

• Liaising with pathologists, odontologists and other specialists within the mortuary to establish and agree the appropriate documentation and ensure consistency within the submission process for reconciliation;

• Collating post-mortem data documentation;

• Liaising with the MIR regarding all evidential documentation and other disclosable data created within the mortuary;

• Working in close liaison with the reconciliation team (if created) to provide post-mortem information to that team;
• Presenting identification evidence to the Identification Commission as part of the post-mortem team;

• Ensuring appropriate arrangements are in place for the viewing of the deceased (this is a joint responsibility with the coroner’s officer);

• Liaising with the ante-mortem coordinator and/or SIM regarding the release of the deceased or human remains after identification when authorised by HM Coroner or the Procurator Fiscal;

• Liaising with appointed undertakers;

• Appointing (where necessary) a Mortuary Exhibits Officer.

6.2.5 Mortuary Exhibits Officer

The Mortuary Exhibits Officer is usually a trained police officer who is responsible to the Mortuary Documentation Officer. Their responsibilities include:

• Recording details of all property received from the post-mortem team;

• Recording details of all movement and storage of exhibits within the mortuary and elsewhere if appropriate;

• Ensuring the correct packaging and labelling of all exhibits generated during the post-mortem process;

• Assuming responsibility for property taken from the deceased;

• Listing the property against the relevant deceased person or human remains;

• Ensuring that personal effects are stored securely until released;

• Maintaining continuity of any items identified as evidence;

• Liaising with the MIR as necessary;

• Arranging all forensic submissions in line with the policy decisions of HM Coroner or the Procurator Fiscal, the SIO and SIM;

• Consulting the FLC about which items of property the relatives wish to be returned in due course;

• Liaising with the FLC, the SIO and funeral directors about the restoration of property to family and friends;

• Disposing or release of property in accordance with instructions from HM Coroner or the Procurator Fiscal, the SIO and/or SIM.
6.3 Reception and Documentation Arrangements

6.3.1 Reception Arrangements

The deceased and human remains will be transported from the scene (usually from the holding audit area) under arrangements agreed by HM Coroner or the Procurator Fiscal, the SIO and the SIM. See 4.6 Holding Audit Area for Deceased Persons and Human Remains.

Transportation should be subject to local arrangements and may be undertaken by:

- Police;
- Funeral directors;
- Private ambulances.

The arrangements should ensure and preserve the integrity of the evidence and, therefore, the correct identification of the deceased.

The mortuary will usually have a designated reception area to which all arriving deceased people and human remains will be taken. Once the deceased people and human remains have arrived in the reception area, police personnel should check that the correct documentation has accompanied the deceased or human remains. They should check that the audit trail is intact and then enter the details onto a spreadsheet or database. The deceased or human remains will then be accepted into the mortuary and conveyed to the relevant storage area.

In some incidents the SIO may have determined that there is a need for an early forensic examination of the deceased or human remains on arrival. When this occurs, appropriate arrangements should be made for the examination prior to the placing of the deceased or human remains in the storage area.

The personnel working in the reception area should be briefed on the nature of the scene, and appropriate personal protective equipment (PPE) provided to enable them to undertake their work safely.

6.3.2 Documentation in the Mortuary

It is important to maintain the continuity of all documentation relating to the victims of a mass fatality incident. All deceased persons, human remains and related samples undergoing laboratory examination need to be carefully recorded and a method of sample labelling needs to be established.

The recovery of the deceased and human remains should have been documented on either the Disaster Victim Recovery Booklet or the INTERPOL Disaster Victim Recovery Form: see 4.5 Documentation and Audit Trial. The booklet or form contains details of the recovery,
including location, description, personnel involved and scene notes. They also form an audit trail between the scene and the mortuary.

Each Disaster Victim Recovery Booklet also contains a set of barcode labels which are specifically designed for use by the DNA team. The DNA label set contains alphanumeric barcodes so that the DNA profiling results obtained from multiple samples taken from the same deceased person or human remains can be tracked to a particular post-mortem examination.

Throughout the post-mortem procedures, the pink INTERPOL Post-Mortem forms should be used. The ACPO victim profile forms (VPF) may be considered for use in circumstances where the deceased are reasonably believed to be UK citizens and the SIM makes a policy decision that they will be used in preference to the INTERPOL forms.

Examination and identification of the deceased and human remains in a mortuary should be conducted in accordance with the forensic strategy set for the operation, and the autopsy requirements determined by HM Coroner or the Procurator Fiscal, in conjunction with the lead pathologist, the SIM and the SIO. The forensic strategy should detail the operating environment within the mortuary, and the agreed sequence of the post-mortem process.

Forensic provision will be provided through normal channels according to force arrangements. In the event of a mass fatality incident, however, there may be a requirement for additional forensic specialist support. If a requirement for additional support has been identified, it will be the responsibility of Gold Command to instigate a request to PNICC. PNICC holds a database of specialist forensic professionals in all relevant disciplines. The individual(s) with responsibility for management of logistics (Silver Support Officer/Logistics Manager/Logistics Team) should then request the attendance of the necessary experts and help facilitate travel and accommodation as required.

6.4.1 The Role of the Mortuary Officer

The role of the Mortuary Officer will be carried out by a police officer or member of police staff and will involve:

- Assisting the pathologist in searching and stripping the body or human remains;

- Ensuring that all items of property on or with the body or human remains are recovered, logged and passed to the Mortuary Exhibits Officer as appropriate;
6. Post-Mortem Procedures

- Passing the details of property found on the body of the deceased, which may lead to the expedient identification of the deceased, to the Police Mortuary Operations Coordinator/Manager or SIM as appropriate;
- Recording all relevant post-mortem data on the INTERPOL Disaster Victim Recovery Form and associated documentation for submission to the Police Mortuary Operations Coordinator/Manager;
- Ensuring that photographs are taken, which will include the body label number in every frame;
- Operating effectively as a member of the DVI team;
- Use of appropriate PPE in compliance with health and safety procedures;
- Compliance with health and safety requirements.

6.4.2 Pathology

In England, Wales and Northern Ireland, HM Coroner will appoint a Lead Forensic Pathologist. In Scotland the Procurator Fiscal must apply to the appropriate Sheriff Court for permission to order an autopsy. In mass fatality incidents the SIM and lead pathologist may agree to appoint additional pathologists to work under their supervision.

The number of pathologists working in a mortuary during a mass fatality incident will be dependant on the type and scale of disaster and the number of deceased involved. The lead pathologist may advise the SIM as to a suitable team of forensic specialists to work to identify the deceased and human remains. Those specialists may include:

- Additional pathologist(s);
- Anatomical pathology technologist(s);
- Fingerprint Officers;
- Forensic Anthropologist(s);
- Forensic Osteologist(s);
- Forensic Odontologist(s);
- Radiographer(s) or specialists in fluoroscopy;
- CT Scanning technicians;
- Forensic Podiatrist(s);
- Forensic Palynologist(s);
- Forensic Environmentalist(s);
Forensic Archaeologist(s);  
Forensic Toxicologist(s)/Biochemist(s);  
Any other technical specialists as deemed necessary by the SIM and lead pathologist.

The role of the pathologist is to perform the external and internal examination of the deceased person or human remains and ensure that all the appropriate data is recorded on the pink INTERPOL post-mortem form. The pathologist may require a police officer to act as scribe and to record data directly onto each pink INTERPOL Form.

The pathologist’s main objectives are to:

- Gather identification evidence;
- Ascertain cause of death;
- Gather evidence for criminal investigation.

The pathologist will undertake an autopsy when authorised to do so by HM Coroner or the Procurator Fiscal. The autopsy is carried out in order to aid an investigation into homicide, other crime, cause of death, or to identify human remains. It may also be appropriate to complete an autopsy on particular crew members following a major transport incident. The pathologist also arranges the taking of samples for toxicology and DNA analysis. It is the responsibility of the lead pathologist to analyse and document:

- External injuries and the position of injuries and/or burns;
- A description and arrangement of traumas, fractures, internal bleeding and any upper respiratory issues (traumas, soots);
- Old surgical procedures and internal implants, eg, silicone, pacemaker;
- Any anatomical particularities.

An Anatomical Pathology Technologist (APT) assists the forensic pathologist in the external and internal examination of bodies. The APT performs the following tasks in consultation with the forensic pathologist:

- Ensuring appropriate instruments/equipment are readily available and in good working order;
- Cleaning and disinfection of instruments/equipment/work areas after use;
- Assisting in positioning the deceased person or human remains on the autopsy table;
• Assistance in the external examination of the deceased person or human remains, eg, lifting of limbs, turning of the body, cleaning of specific parts of the body;

• Removal of clothing/personal effects (as required and with forensic pathologist and mortuary exhibits officer);

• Assistance in the internal examination of the deceased person or human remains;

• Assistance in the collection of samples, including DNA;

• Exposure (in situ) or removal of important identifying features for photographic documentation, eg, artificial hips, heart pacemakers;

• Any other task required to complete the post-mortem examination;

• Reconstruction of the deceased and preparation for viewing.

For a more detailed explanation of the range of identification specialists and techniques currently available, see NPIA (2009) Briefing Guide to Assist in Body Identification, Version 1.0.

6.4.3 Prints

A number of areas of the body can be used to recover prints for identification purposes. Areas such as the forehead, lips and ear may be considered, however, the most commonly used are the hands and feet.

Prints are taken from a deceased person or human remains and compared with those that have either been taken at an earlier time or are gathered as part of the ante-mortem data collection. An individual’s fingerprint may have been taken previously and added to the IDENT1 database in order to:

• Ascertain a person’s identity;

• Check and prove convictions.

Note: Fingerprints may also have been taken previously by the UK Border Agency (UKBA) or Identity and Passport Agency (IPA) and may be held on the UKBA fingerprint database.

Unlike DNA, there is no value in recording prints from family members as this comparison will not assist identification.

Fingerprints, palm prints and prints taken from the soles of the feet may be obtained according to the agreed forensic strategy and the sequence of the post-mortem process. Print processing is likely to be undertaken at a fingerprint station within the mortuary system.
A team of fingerprint specialists and crime scene investigators should be deployed to physically take the prints. The process should be quality assured by a recognised fingerprint expert.

There are four primary methods for recovering prints from the epidermis (upper skin layer) and dermal (lower skin layer) layer of the skin:

- Photography;
- Inking and printing;
- Powder deposition;
- Casting.

The choice of method(s) used to obtain prints will depend on an assessment made by the SIM and a fingerprint specialist. The method(s) chosen will take into consideration the damage or decomposition of the deceased person or human remains.

Print images obtained by photographic means should be taken by an experienced forensic photographer.

### 6.4.4 Deoxyribonucleic Acid (DNA)

Deoxyribonucleic acid (DNA) is a complex chemical found in virtually every cell in the body. The chromosomal, or nuclear, DNA carries genetic information from one generation to the next and is the chemical ‘blueprint’ which determines a person’s genetic makeup. Nuclear DNA is inherited so that a person’s DNA profile contains half the characteristics of his/her biological father and half from their biological mother. Genetically identical twins have the same DNA profiles while non-identical siblings can share a considerable proportion of their genetic characteristics. The degree of genetic similarity diminishes as the degree of genetic relationship decreases.

DNA profiling may be used as a primary tool for the re-unification of remains and identification of victims of mass fatality incidents. DNA profiling techniques may be particularly useful if the victims’ bodies are disrupted or decomposing, as DNA may still be successfully obtained from teeth or samples of bone.

DNA profiling, like many of the identification processes, is a comparative technique. In order for a positive identification to be made by the Identification Commission there must have been a comparative analysis of the post-mortem (PM) DNA sample taken from the victim and an ante-mortem (AM) DNA sample collected from the person believed to be the potential victim.
In managing the DNA identification process the SIM may need to create a DNA reconciliation team. The DNA reconciliation team will have three distinct functions:

- Post-mortem sample profiling;
- Ante-mortem (reference) sample profiling;
- DNA data reconciliation and data matching.

The DNA reconciliation team is likely to be sub-divided further into the post-mortem (PM) team and the ante-mortem (AM) team. A possible team structure is shown in Figure 6.

**Figure 6 – Structure of the DNA Reconciliation Team**

The DNA post-mortem team leader will be responsible for advising the pathologist and other PM specialists of the best samples to obtain. The DNA AM team leader will have the responsibility for advising the FLOs of the best reference samples to obtain for identification according to any particular family circumstances.

The DNA data generated by these teams will be collated and reported by the DNA Reconciliation Team. The DNA Reconciliation Team should report to the SIM at least daily.

The type of post-mortem sample required for DNA profiling of victims’ remains will depend on the nature of the incident, the speed of recovery of the bodies and the state of decomposition (or...
preservation). The post-mortem team has the responsibility to ensure the best samples are selected for DNA analysis in that particular case. It may be advantageous to select multiple samples for analysis at the initial post-mortem examination. In some circumstances the pathologist may seek advice about sample selection from a forensic DNA specialist.

If a body is intact and in a reasonable state of preservation, it might be possible to recover blood samples, pulled hair samples (hair roots), buccal (cheek cell) scrapes or good quality muscle samples. As a deceased person or human remains start to decay, the probability of recovering such samples diminishes and deep muscle, teeth and bone samples will be considered.

**Table 3 – Sample Collection at Post-Mortem**

<table>
<thead>
<tr>
<th>State of decomposition</th>
<th>Suggested samples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Body in good condition, largely intact</td>
<td>Blood sample, buccal swab, pulled hair (root) samples, muscle tissue</td>
</tr>
<tr>
<td>Little decomposition, fragmented</td>
<td>Blood samples, deep muscle tissue</td>
</tr>
<tr>
<td>Decomposed</td>
<td>Teeth without fillings (preferably molars)</td>
</tr>
<tr>
<td></td>
<td>5–10 cm sample of the long bones (femur/tibia/humerus)</td>
</tr>
<tr>
<td></td>
<td>Any bone sample available (approx 10 gm)</td>
</tr>
<tr>
<td>Burned bodies</td>
<td>Any of the samples above if available</td>
</tr>
<tr>
<td>Commingled remains</td>
<td>Multiple samples as above</td>
</tr>
</tbody>
</table>

**Investigative approaches using DNA**

There are different types of DNA that can be extracted from cellular material and which can be used in differing circumstances to give the investigator useful information. The Y-chromosome is the genetic differentiation of males from females — all males have X and Y chromosomes, whereas females have two copies of the X chromosome.
There is a special set of markers associated with the Y-chromosome that can be used to investigate paternal-line relationships. For many laboratories, this is not a routine test but is one of the tools the DNA scientists and SIM can consider in particular family circumstances.

If the tissue samples are heavily decomposed or compromised in some other way, the chromosomal DNA might be too degraded to allow the scientist to generate a Short Tandem Repeat (STR) profile. In this case it might be possible to use the mitochondrial DNA to give some useful information.

Mitochondrial DNA is present in many cells of the body, and at much higher levels than chromosomal DNA. Mitochondrial DNA is a relatively short molecule and, therefore, resists degradation. Mitochondrial DNA is inherited solely through the maternal line and can only give limited discrimination between individuals (approx 1 in 300 compared with 1 in 1,000 million for STR analysis). Despite its shortcomings, Mitochondrial DNA may give useful information under the right circumstances.

### 6.4.5 Forensic Odontology

Odontology is a branch of forensic medicine involved with dentistry. The teeth are the hardest tissue in the human body and are the most resistant to trauma, decomposition, water immersion and fire. Odontology may be the primary method of identification in cases where there are more extreme levels of damage or decomposition of a deceased body.

Forensic odontologists make an examination of the teeth, gums, contents of the oral cavity, jaws and maxillary and nasal components of the face. The odontologist will use a standardised charting system and dental radiology to record post-mortem information that can be used to compare against ante-mortem records.

These ante-mortem records may come from the deceased’s dental practitioner, occupational records, for example, from the Armed Forces, or medical records from hospital maxillofacial (oral surgery) departments.

### 6.4.6 Recovery of Teeth and Dental Items

The anterior teeth (incisors and canines) are single rooted teeth and are relatively easy to remove from the jaw. For this reason, they can be easily lost following trauma. Posterior teeth (premolars and molars) are multi-rooted and are more likely to remain attached.
If teeth are missing from the mouth but are close to the deceased person or human remains, they should be recovered separately (assigned a separate identification number and Disaster Victim Recovery Booklet) and cross-referenced to each other to highlight the circumstances in which they were found.

Teeth will be examined by the odontologist and may be reinserted into the jaws for photographic purposes. When loose or individual teeth are found at the scene of a major disaster, they should never be destroyed as they may still hold DNA and offer valuable clues to identity later on. If dental items such as false teeth, crowns, bridges, dentures and fillings are found, they should also be retrieved and documented as they may be unique to the owner and lead to identification of that individual.

Figure 7 – Visual Guide to Dental Items

Dental Crowns

Bridges

Dentures

Filings

Images courtesy of:
- Google Images
- Dental Clinic Delhi
- Arnica Dental
- Dental Covina
6.4.7 Forensic Anthropology

The human skeleton is a hard tissue that is resistant to decomposition and survives disruption. Forensic osteology is a sub-discipline of anthropology and can assist with the examination of bones. The identification process involves the selection and cleaning of bones for examination. This can be done in a mortuary and there are a number of methods of achieving this.

An osteological examination may provide information on:

- Age;
- Gender;
- Racial characteristics;
- Physical stature;
- Congenital and developmental disease;
- Medical conditions;
- Healed fractures;
- Anomalies or abnormalities, including surgical hardware and prosthetic devices;
- Perimortem trauma (trauma caused during death);
- The anatomical location of body parts;
- Distinction between human from non-human material.

This detail may contribute to the identification of an individual. It is, therefore, important that all ante-mortem data is collected and recorded in a thorough and detailed way.

6.4.8 Environmental Identification Techniques

There are specialist examinations based on the environment/geographic location within which a person has lived. These systems assist with building up a profile of the individual by identifying where a deceased person or human remains have been, rather than providing direct identification.

By analysing a number of stable isotopes which are taken into the body during life, either in the food eaten or the liquid drunk, a geographical profile can be produced which may assist in narrowing down where the body may have lived. This technique usually involves the analysis of a small sample of bone; however, it can also be undertaken on hair, nails or teeth. A second use of stable isotope fingerprinting is the separation of multiple fatalities into common geographic origins.
A forensic palynologist will recover pollen from the deceased person or human remains and use it to assist in building an environmental profile of the individual. Pollen and spores may be found on the clothing of the deceased person or human remains, on the external surface of the body, or internally, for example, within the nasal passages, naturally occurring air spaces of the facial bones and within the bowel contents.

6.4.9 Multislice Computerised Tomography Scanning

The lead pathologist may deem it necessary to have the facilities to Multislice Computerised Tomography (MSCT) scan the deceased person or human remains during the DVI process. CT scanning (as it is more commonly referred to) will produce computerised images of the body or material in a way that slices across the body many times. When these slices are analysed together, they will give an overall view of the position and condition of the internal area of the body or material. CT scanning may be used for the whole body and for the teeth to find clues to the cause or manner of death.

A CT scan can diagnose a specific injury, disease or abnormality. It may also help to screen the deceased person or human remains for foreign material such as:

- Pacemakers;
- Implants;
- Metallic items;
- Explosives devices;
- Firearm projectiles.

CT scanning is of particular use in response to a CBRN mass fatality incident, as it enables the pathology team to view the contents of a body bag in detail before exposing themselves to the risk of opening that bag.

Stable isotope fingerprinting was used by the International Commission on Missing Persons (ICMP) during the examination of Bosnian War graves to assist in determining which bodies came from which areas of Bosnia.
6.4.10 Removal of Human Remains and Taking Samples

The methods used for establishing the identity of the deceased should, wherever possible, avoid any unnecessary invasive procedures, disfigurement or mutilation.

Body parts must not be removed for the purposes of identification except where it is absolutely necessary to do so.

All requests for specific forensic procedures regarding the deceased or human remains (including the taking of samples, organs, limbs) must be made to HM Coroner or the Procurator Fiscal.

Under Rule 9 of the Coroners Rules (1984), a pathologist carrying out a post-mortem examination shall make provision, so far as possible, for the preservation of material which in his or her opinion bears upon the cause of death or the identification of the deceased. The material will be kept for such period as the coroner requires the material to be preserved for the purpose of fulfilling his or her functions. Rule 12 of the Coroners Rules (1984) similarly places a responsibility on a person conducting a special examination (as defined in section 20(4) of the Coroners Act 1988) to make provision, as far as possible, for the preservation of material submitted to them for special examination. The material will be kept for such period as the coroner requires the material to be preserved for the purpose of fulfilling his or her functions.

Samples taken during a post-mortem examination, or under a special examination, may have separate or dual status under coronial jurisdiction and as evidence under the Police and Criminal Evidence Act (1984). The SIO and SIM should agree on the nature of samples required for both, or either, investigation and identification purposes. This should be recorded in their respective policy books. Once agreement is made between the SIO and SIM on the samples they consider necessary for any investigation underway and the identification of the deceased, they should then consult HM Coroner or the Procurator Fiscal and lead pathologist to authorise the taking of the samples. The lead pathologist may then arrange for those samples to be taken in conjunction with the Police Mortuary Operations Coordinator.

¹ Section 20 was repealed by the Coroners and Justice Act 2009 but the date in force is yet to be appointed and as such section 20 of the 1988 Act remains in force at the current time.
The next of kin of the deceased should be kept informed in respect of any samples taken during the post-mortem process, including why they were taken and the retention arrangements. HM Coroner or the Procurator Fiscal and the SIM should discuss and agree the most appropriate way for the family to be informed, either by the family liaison officer or coroner’s officer.

### 6.5 Exhibits and Audit Procedures

#### 6.5.1 Re-Bagging

After the identification examination process, the human remains will be stored in a new body bag with the same label details. The original body bag should be retained, carefully sealed, packaged, recorded and processed as an exhibit. As such, it should be formally taken into the possession of the post-mortem team exhibits officer before being passed to the Mortuary Exhibits Officer. This is because the original bag will be soiled and contaminated but may be of significant evidential value. The use of colour coded bags at this stage may assist with a system of effective storage of the deceased.

#### 6.5.2 Evidence

Evidence includes:

- Items recovered following a criminal or terrorist incident;
- Scientific evidence;
- Written statements and documents;
- Items required for other evidential purposes;
- Medical evidence.

Fragments of evidence may be recovered at the mortuary and be discovered during radiography or during a post-mortem examination. In terrorist incidents trained exhibits officers from the Metropolitan Police Counter Terrorism Command (CTC), or the relevant Counter Terrorism Unit (CTU) will be attached to the mortuary. The Metropolitan Police Counter Terrorism Command (SO15) is responsible for the safekeeping of all exhibits recovered following a terrorist incident.

#### 6.5.3 Storage of Evidence

All evidence should be securely stored. Access to stored evidence should be controlled. It is the duty of the Police Mortuary Operations Coordinator to ensure the security of evidence. It may be necessary for soiled items to be refrigerated. The Mortuary Exhibits Officer will, however, seek advice on the methods of storage from the engaged scientific service provider.
Items identified as evidence will be labelled and stored in accordance with force policy. Advice should be sought from the SIO before any items of evidence are cleaned.

Medical evidence such as samples should be refrigerated or frozen, depending on the nature of the item. The exhibits officer will seek advice on the methods of storage from the scientific service provider.

6.5.4 Evidential Disclosure

All documentation created within the mortuary may be subject to disclosure. A police disclosure officer working within the Major Incident Room (MIR) should be advised of all documentation that is created in relation to the incident. Consideration should be given for key members of staff to be issued with a hardback book in which to write notes. These books can then be submitted to the disclosure officer on completion of the operation.

The Mortuary Documentation Officer will liaise with the police disclosure officer regarding documentation and other disclosable data created within the mortuary.

6.5.5 Confidentiality Considerations

It is the responsibility of the SIM and Police Mortuary Operations Coordinator to ensure that:

- All personnel working in a mortuary handle personal or sensitive information in accordance with the Criminal Procedure and Investigations Act 1996 (disclosure), the Data Protection Act 1998, the Government Protective Marking Scheme and force policy;
- No person may take any photographic image by any means within the mortuary unless authorised to do so.

6.6 Viewing and Release of the Deceased

6.6.1 Embalming

Embalming will not be permitted until written authority is received from the family of the victim or their representative. Only when authorised to do so by HM Coroner or the Procurator Fiscal (on receipt of the written authority) may a third party or private sector representative embalm and coffin the deceased.

It should be noted that the embalming process is likely to preclude successful future collection of DNA from the deceased. Embalming should only be carried out in accordance with religious and cultural considerations. It may be required if a deceased victim is to be repatriated abroad.
6.6.2 Release of the Deceased

When HM Coroner or the Procurator Fiscal is satisfied that a deceased victim can be released to the next of kin, they will authorise the release and complete the appropriate documentation. In circumstances where the deceased is fragmented or not intact, HM Coroner or the Procurator Fiscal will determine the appropriate time and arrangements for the release of the deceased.

During the identification process, the family liaison officer (FLO) and/or coroner’s officer should make the bereaved aware of the nature of the deceased. They should then ascertain the family’s wishes in respect of the release of the deceased person or human remains. An appropriately trained FLO or coroner’s officer will discuss with the bereaved what will happen to any further human remains or body fragments of the deceased that may be recovered and identified during the investigation. The bereaved should be consulted on their wishes for those fragments and whether or not they may consent to any communal arrangements. The family’s wishes should be relayed to HM Coroner or the Procurator Fiscal.

Note: It is the right of the family to have, at their own expense, a second post-mortem carried out by a pathologist of their choosing.

The bereaved will be offered the opportunity to view the deceased during the time between identification by the commission and release. See 6.6.6 Family Viewing of the Deceased.

Burial or Cremation Orders are obtained from HM Coroner when the inquest is opened.

Cremation Certification in Scotland

In Scotland the requirements for certification for a cremation are more extensive than those for a burial. Regulation 15 of the Cremation (Scotland) Regulations 1935, however, allows for the suspension or modification of other parts of the regulations during an epidemic or for other sufficient reason. The suspension of regulations will be done by an order of the Scottish Ministers and such an order will be a statutory instrument. Such changes will be required only in exceptional circumstances and the practical arrangements to implement these modifications should be tailored to the particular situation.
6.6.3 Unclaimed Deceased

The Coroner or Procurator Fiscal will decide the procedures in relation to the deceased that are unclaimed. A deceased person may go unclaimed if a next of kin cannot be found or in circumstances where a next of kin is identified but does not wish to claim the deceased.

If a deceased person is unclaimed, the local authority will arrange for burial or cremation in accordance with their statutory obligation imposed by the Public Health (Control of Disease) Act 1984. Any such disposal will be in accordance with any identified faith requirements. In circumstances where a next of kin is identified but does not wish to claim the deceased, he or she must still be advised of the time, date and location of any burial or cremation.

6.6.4 Property and the Role of the Property Manager

Property at the mortuary will be either:

- Personal property of the deceased attached to them; or
- Evidence.

Careful consideration should be given to cleaning property without first consulting family members through the FLC and relevant FLO. Property should not be returned in police evidence bags. Certain faiths require that all parts of a deceased person are buried or cremated and this may include bloodstained clothing. In addition to ascertaining the wishes of families, the SIM/SIO should also seek advice in relation to any health and safety implications in returning unclean items to relatives. A photograph of each item should be retained before it is returned.

Following a mass fatality incident, it is likely that a great deal of property will need to be collected and managed. In these circumstances the SIM may appoint a Property Manager.

The responsibilities for the role of the Property Manager are to:

- Implement pre-determined strategies relating to
  - identification
  - investigation
  - obtaining/seizure of evidence
  - retention of personal property for identification and/or criminal investigation
  - return of all property
  - completion of all appropriate documentation;
• Ensure that all property is stored securely;
• Liaise with the Scene Evidence Recovery Manager (SERM);
• Liaise with the Police Mortuary Operations Manager (PMOC);
• Liaise with the Reconciliation Manager;
• Ensure that all exhibits officer duties are complied with;
• Manage the health, safety and welfare of all exhibits personnel, ensuring that appropriate risk assessments are performed and documented;
• Fully document all decisions and the rationale for them.

6.6.5 Deceased Persons to be Repatriated Abroad

Regardless of how or when a death occurred, if the next of kin want to remove a deceased person or human remains from England and Wales for burial or cremation elsewhere, the Coroner should be asked to grant an “Out of England” authority (Form 103). HM Coroner will consider any request and make a judicial decision on whether the deceased person or human remains can be released, or whether they need to be retained. The “Out of England” authority Form 103 should contain the unique reference number(s) allocated to that deceased person or human remains during the victim recovery process.

In Scotland and Northern Ireland different rules apply to the repatriation of bodies from those jurisdictions.

6.6.6 Family Viewing of the Deceased

The MFCG should consider the options for the family/bereaved to view the deceased. It may be considered appropriate that this should take place at either:

• A designated family viewing area at a location separate from a main temporary mortuary. This should, however, be nearby to the main mortuary to allow for easy movement of the deceased.

Or

• A funeral director’s premises after the deceased person or human remains have been released by HM Coroner or the Procurator Fiscal.

If a new facility to view the deceased is provided, it should be specially prepared and, wherever possible, take account of faith and cultural needs. The facility should provide wheelchair access and be accessible.
by the mobility impaired (ie, those using some walking aid). It should preferably have a separate access and egress route from that used for the main mortuary site.

The designated FLO is responsible for communicating the wishes of the family/bereaved to the mortuary management (usually the Mortuary Facilities Manager, Police Mortuary Operations Coordinator or Mortuary Documentation Manager).

Appropriate arrangements should be made for the family/bereaved to travel to and from the mortuary in a manner that preserves their privacy and dignity. Arrangements should be made so that the family/bereaved are not placed in any further distress at the site by witnessing inappropriate activity. Consideration should be given to suspending operations at the mortuary during the period when the family/bereaved are visiting if the family viewing area is on the same site. The family/bereaved should not be subjected to any security procedure on entry.

The family/bereaved should be met on their arrival at the mortuary by a suitable person, eg, the family viewing area supervisor or a leader from their faith community. They should then be briefed by an appropriate person about mortuary and viewing procedures.

The family/bereaved should be allowed to dictate the pace of their visit, with no undue pressure on them to complete their visit. All reasonable requests by the family/bereaved should be complied with unless it is impractical to do so. The family viewing area environment should be simple and peaceful. Cream and blue are considered to be the most appropriate colours, with small arrangements of green shrubs. Refreshments may be provided and hand washing facilities should be readily available. Additionally, some faiths may require washing of the deceased.

6.6.7 Non-Family Viewing of the Deceased

Requests may be received from parties wishing to view the mortuary. The mortuary management team should consider such requests against their possible effect on the operational efficiency of the mortuary and the mortuary processes as well as on the privacy, confidentiality and dignity of the deceased and their family.

A log of all visitors will be maintained by the mortuary facilities manager or mortuary documentation manager. All visits should comply with health and safety and risk management advice and guidance. Visitors will not be permitted to take photographs or other recordings while in the mortuary complex.
Additional Arrangements for CBRN Incidents

This section explains the additional arrangements that need to be considered when undertaking a DVI response as a result of a Chemical, Radiological, Biological or Nuclear (CBRN) mass fatality incident.
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7.1 Introduction to Mass Fatality CBRN Incidents

There is an existing threat of a terrorist attack involving chemical, biological, radiological or nuclear (CBRN) materials occurring in the UK. The recovery of fatalities resulting from a mass fatality incident is challenging. There are, however, additional difficulties when the incident involves the possible presence of contaminating agents on or around the deceased or human remains as these present potential health risks. For detailed advice on CBRN incident management, see ACPO/ACPOS (2010) Guidance on the Police Tactical Management of CBRN Events [Restricted], ACPO/ACPOS (2008) Guidance on the Police Strategic Management of CBRN Events [Restricted] or contact the Police National CBRN Operations Centre.

Currently, there is insufficient evidence to determine whether it is directly possible or practicable to decontaminate the deceased or human remains to the point where the material would pose no risk to the DVI teams working with them. As such, a CBRN mass fatality incident is likely to require a different pathway from that contained in sections 4, 5 and 6 of this guidance.

The process for CBRN mass fatality incidents is centred on placing the deceased or human remains in a body bag at the scene and limiting contact and exposure throughout the recovery, post-mortem and identification procedures.

The lead pathologist may be able to advise the SIM on CBRN specific identification methods, eg, whole body bag CT scanning. For detailed advice on decontamination considerations for casualties, fatalities and response officers and staff, refer to ACPO/ACPOS (2010) Guidance on the Police Tactical Management of CBRN Events [Restricted].

7.1.1 The Management of Mass Fatality CBRN Incidents

A Mass Fatality Coordination Group (MFCG) will be established for all mass fatality incidents. In addition, when CBRN materials are involved a Scientific and Technical Advice Cell (STAC) should be formed. The STAC will provide health and safety advice to the SCG and the MFCG. A member of the Atomic Weapons Establishment (AWE) and/or Defence Science and Technology Laboratories (Dstl) may join the MFCG to provide relevant advice and support.

The safe handling of contaminated deceased people or human remains is a crucial part of the management of the response to a CBRN incident resulting in mass fatalities.

There are four key considerations for police commanders and those from other emergency services when determining how contaminated deceased people and human remains should be handled:

7.2 Safe Handling of Contaminated Fatalities
7.3 Recovery of Contaminated Fatalities

- The contaminated fatalities will be handled in such a way that the health and safety risks to those involved in responding to the incident are adequately controlled;
- The spread of contamination from the ‘hot zone’ is limited;
- The contaminated fatalities are identified and sensitively managed through burial, cremation or other arrangement in a way which avoids impacting on others or the environment;
- The needs of the bereaved families are taken into account in the DVI process, without jeopardising the safety of the family or other responders involved in the process.

Body recovery in a contaminated environment should only be carried out by personnel who are trained and equipped to respond to a CBRN incident. Trained CBRN personnel will undertake the scene assessment, recovery of the deceased/human remains and personal property, and will fulfil the established police roles within the mortuary environment.

For further information on the whole DVI process resulting from a CBRN incident, see *Home Office (2009) The Safe Handling of Contaminated Fatalities Guidance Document [Restricted]*.
Reconciliation

This section explains reconciliation in relation to the DVI process and procedures.
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8.1 Reconciliation

Reconciliation is the process by which the ante-mortem data is analysed against the post-mortem data in order to positively identify the deceased and reunite dismembered parts of the same human body.

8.2 Reconciliation Manager

The SIM may decide to appoint a Reconciliation Manager (RM) to undertake the reconciliation process on their behalf. The RM should be a trained investigator, with knowledge of both the DVI process and forensic techniques. The Reconciliation Manager will be required to undertake the following:

- Liaison with the Senior Identification Manager (SIM) to implement the Identification Strategy;
- Coordinate and chair the Reconciliation Management Team;
- Ensure all personnel are qualified, trained and equipped to carry their duties within the Reconciliation Unit/Forensic Matching Unit;
- Ensure continuity within the identification process;
- Assume responsibility for all aspects of documentation in relation to the identification process (at the reconciliation stage);
- Ensure a process for the quality control of submissions of exhibit/forensic samples is carried out, including the return of any samples to the relevant victim;
- Collate and manage post-mortem and ante-mortem data in respect of each victim (at the reconciliation stage);
- Work using Plassdata;
- Ensure compliance with the Human Tissue Act 2004;
- Liaison with the Family Liaison Coordinator to ensure the families are kept informed at all stages;
- Liaison with Casualty Bureau Manager;
- Liaison with relevant forensic providers;
- Coordinate the activities of specialists within the Reconciliation Unit/Forensic Matching Unit;
- Manage the health, safety and welfare of all personnel within the Reconciliation Unit/Forensic Matching Unit ensuring that the appropriate risk assessments are documented;
- Fully document all personal decisions and the rationale for them;
- Coordinate logistical support and security for the Reconciliation Unit/Forensic Matching Unit;
- Compose a file for the Coroner/Procurator Fiscal.
The RM may need to form a team of people, including specialists, to assist them in their work. This team can be flexible in its constitution, with specialists brought in as and when required. It is preferable for reasons of quality assuring the identification of the deceased that the people who form this team are independent from those undertaking the AM and PM data collection processes, however, this may not be practicable in all situations. The SIM should devise a policy on the constitution of the team and the skills, abilities and expertise of its members.

This team assembled to assist the RM in discharging their role and responsibilities will be known as a Reconciliation Investigation Unit (RIU).

8.3 Reconciliation Process

The SIM will determine how the reconciliation process will be undertaken. This will depend on the scale and nature of the incident, the number of deceased and their condition. The SIM will enter into their policy book or file the following issues pertinent to the reconciliation process:

- The manner in which the process will be undertaken;
- The appointment or otherwise of a Reconciliation Manager;
- The constitution and personal requirements of the members of the RIU;
- The use of information systems technology (eg, Plassdata);
- The use of unique features to make early, provisional identifications;
- The format of the reports to be sent from the RIU to the Identification Commission.

The process involves comparison of the evidence obtained during the post-mortem process with the information obtained by the ante-mortem process. The level of work needed to achieve reconciliation will vary in respect of each individual victim.

The AM Manager (or Casualty Bureau Manager where a separate AM Manager has not been appointed) will provide the RIU with relevant information regarding the missing persons in a timely manner. The Reconciliation Manager should be in frequent contact with the AM Manager or Casualty Bureau Manager in order to ensure key information is passed between the two teams.

The PM Manager (or Police Mortuary Operations Coordinator where a separate PM Manager has not been appointed) will also provide the RIU with relevant information regarding the examinations of the deceased in a timely manner.
The Reconciliation Manager should ensure procedures are in place to make provisional identifications as soon as possible. This can be achieved by analysing features of missing persons and providing that information to the PM Manager as soon as possible. This may allow an early provisional identification to be made. The SIM should have a clear policy on the issue of early provisional identifications, and what information will be provided to families and friends at what stage of the identification process. A balance must be struck between the obvious desire to inform the family and friends of a missing person who has been identified, against the danger of providing information that may later be found to be incorrect.

There are three levels of provisional identification within the reconciliation process:

- Possible;
- Probable;
- Established match.

The SIM will determine the criteria that are required for each of the three levels of provisional identification and record this in their policy book or file. These criteria will be agreed with HM Coroner or the Procurator Fiscal.

A Forensic Matching Unit is a facility that is capable of bringing together and matching post-mortem data with ante-mortem data harvested following a mass fatality incident. Its function extends beyond the confines of matching forensic products to establish accurate identification. It also needs to be capable of processing textual and scientific data to support the identifications to clearly defined standards. There are three locations in the UK that have been designated for the site of a Forensic Matching Unit. One is at Hendon, in London, a second is in the West Midlands and a third is in West Yorkshire.

The core functions of a Forensic Matching Unit are:

- Reception and processing of post-mortem and ante-mortem data and physical exhibits;
- Establishment of victim identifications by forensic specialists in fingerprints, DNA and odontology;
- Validation of potential forensic identifications;
- Preparation of an identification file, known as reconciliation, for established identifications prior to presentation to an Identification Commission.
Liaison should take place with the Forensic Science Service or other engaged forensic service provider to establish capacity, timescale and financial implications of the requirement to analyse forensic samples.

The exact constitution of a Forensic Matching Unit will be determined by the scale and nature of the individual mass fatality incident. Advice should be sought from the ACPO DVI Coordinator before any decision is made by the Gold (Strategic) Commander about requesting the opening of a Forensic Matching Unit. This is to ensure capability and staffing and that financial implications have been addressed both for the force where the incident has occurred, and at a regional or national level.

8.5 Plassdata

Plassdata is a computer application authorised by ACPO for use by UK police forces to assist in the analysis of ante-mortem and post-mortem data. Information obtained during the ante-mortem process should be entered from the yellow INTERPOL AM forms. Similarly, the post-mortem information should be entered from the pink PM forms.

The analysis of information on the Plassdata system will be undertaken by suitably trained personnel. This is likely to be undertaken at the Forensic Matching Unit, but may take place at another suitable location. Provisional matches will be brought to the immediate attention of the Reconciliation Manager, who will then determine the appropriate action in response to that match.

8.6 Reconciliation Reports

It is the responsibility of the Reconciliation Manager to prepare Reconciliation Reports on behalf of the SIM for presentation at the Identification Commission; see 9.1 Identification Commission.

The format for the headings of a reconciliation report is:

- Family name of the deceased;
- Forenames of the deceased;
- Name known by to family and friends;
- Date of birth;
- Place of birth;
- Nationality;
- Missing person nominal number(s);
- Disaster Victim number(s).
The report will usually comprise five sections:

- Introduction;
- Primary Identification Evidence;
- Secondary Identification Evidence;
- Supporting evidence;
- Conclusion.

The introduction will include the purpose of the report and a brief background into the circumstances by which the deceased became involved in the mass fatality incident. The place the deceased was last seen and brief information about who reported the deceased missing and their personal circumstances may be included.

The section on the Primary Identification Evidence will summarise the type of evidence used to make the provisional identification and how the match was achieved. This section should name the person making the provisional identification and their role within the DVI process.

The section on Secondary Identification Evidence will be similar to that for the primary evidence.

Supporting evidence should include any additional relevant information to assist the Coroner or Procurator Fiscal.

Finally, the conclusion should state the level of identification achieved and the view of the Reconciliation Manager on the efficacy of that identification. Each report must be signed by the Reconciliation Manager and countersigned by the SIM.

The report can then be presented to the Identification Commission.
Identification Commission, Repatriation and Inquest

This section covers the final processes in respect of a mass fatality incident. These are the Identification Commission, Repatriation, Inquest and other inquiries.
9.1 Identification Commission

9.1.1 Purpose of the Commission

The purpose of an Identification Commission is to assist HM Coroner or the Procurator Fiscal to determine the correct identification of each and every person involved in a mass fatality incident.

The Identification Commission will:

- Establish the primary method of identification/an identification policy;
- Evaluate post-mortem and ante-mortem data;
- Sit at regular intervals to examine evidence on potential identifications;
- Establish the identification by comparison of the ante-mortem and post-mortem data;
- Present the identification report to the Coroner or Procurator Fiscal for the inquest.

HM Coroner or the Procurator Fiscal will establish an Identification Commission and decide when and where it will sit. They will consult the SIM and may ask them to assist in setting up the commission. HM Coroner or the Procurator Fiscal will chair the commission meetings.

9.1.2 Membership of Identification Commission

The membership of the Identification Commission will be determined by the SIM in consultation with the Coroner or Procurator Fiscal in line with the nature and scale of the incident.

Members of the commission must have a role in determining the identification of the deceased. The actual membership can be flexible to the needs of HM Coroner or the Procurator Fiscal, so that relevant specialists can attend as and when required. A suggested core membership is:

- HM Coroner or the Procurator Fiscal (chair);
- Coroner or the Procurator Fiscal’s Officer (secretary of meeting);
- Senior Identification Manager (SIM);
- Senior Investigating Officer (SIO) (or representative);
- Family Liaison Coordinator (FLC);
- Ante-Mortem Data Coordinator;
- Post-Mortem Data Coordinator;
- Lead Forensic Pathologist.
Evidence will be collated and evaluated for presentation to HM Coroner or the Procurator Fiscal at regular formal meetings of the Identification Commission.

## 9.1.3 Commission Procedures

The Identification Commission functions as a matching centre. The Identification Commission will assess the details of missing persons provided by the casualty bureau, together with the ante-mortem data obtained in respect of that missing person, with the post-mortem data supplied by the mortuary.

There is a four-stage process that an Identification Commission may use.

- **Stage 1** – A basis exists to connect the post-mortem data on the deceased with a name and details of a missing person provided by the ante-mortem process.

- **Stage 2** – The post-mortem data suggests there is possibly a match between a deceased person and the name and details of a missing person provided by secondary identifier evidence obtained by the ante-mortem process.

- **Stage 3** – The post-mortem data suggests there is a probable match between a deceased person and the name and details of a missing person provided by primary identifier evidence obtained by the ante-mortem process.

- **Stage 4** – A match between a deceased person and the name and details of a missing person provided by the ante-mortem process.

At or very soon after Stage 4, the coroner will publicly open an inquest in respect of each of the deceased and will hear evidence from the police and specialists to confirm the identity of the deceased person(s). (The Procurator Fiscal may open an investigation in a similar way.) The Coroner/Procurator Fiscal may then consider releasing the deceased to their next of kin for burial or cremation, and issue the necessary authority for this (or repatriation abroad, see 9.2 Repatriation).

The SIM should have a small team within the Identification Commission who can make a quick assessment of whether there is unusual or possibly unique secondary evidence that may assist in making a prompt identification of the deceased. Examples of this evidence may be a tattoo, operation or injury scars. Detailed and well-documented ante-mortem data is essential to ensure that this process is able to take place effectively.
For further information on primary and secondary identifier evidence, see 5.8 Identification Criteria.

The Identification Commission will consider the comparisons made between all post-mortem and ante-mortem data presented. The certification form will be used and each relevant forensic expert will sign to indicate that, in their opinion, an identification is either possible, probable, established or not made. If the identification is considered to be established then the identification will be certified by the chair of the Identification Commission.

Only after Stage 4 and formal identification by the Identification Commission should the FLO(s) be notified and the bereaved informed of the identification.

9.2 Repatriation

Once a deceased person has been formally identified by HM Coroner or the Procurator Fiscal, they will order the formal release of the deceased person or human remains to the agreed next of kin. There may be a delay in this process should any second or further examinations need to be undertaken for the investigation generally, or for the defence.

In mass fatality incidents a Repatriation Officer may be appointed to arrange for the repatriation of the deceased, human remains and personal property to the next of kin on behalf of HM Coroner or the Procurator Fiscal. In other cases this will be undertaken by the Coroner’s Officer.

The family liaison officer appointed to each deceased person’s family will determine the wishes of the family/bereaved in terms of repatriation of the deceased and personal property. This will be communicated to the Repatriation Officer or Coroner’s Officer. If the deceased is a foreign national, the deceased person’s embassy or consul will advise the Repatriation Officer of the wishes of the next of kin. The Coroner or Procurator Fiscal and the SIM must be advised on the wishes of families and the arrangements required to ensure the deceased are returned to the next of kin in a sensitive and professional manner.

There are strict international rules in respect of the carriage of a deceased person or human remains abroad. An undertaker who is experienced in the international transportation of deceased people should be consulted and, if appropriate, should complete the necessary forms and procedures on behalf of the Repatriation Officer and next of kin.

9.3 Inquest

An inquest is a judicial hearing held by HM Coroner in public. A coroner will conduct an investigation into a death of a person under the terms of the Coroners Act 1988.6

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6 Section 8 was repealed by the Coroners and Justice Act 2009 but the date in force is yet to be appointed and as such section 8 of the 1988 Act remains in force at the current time.
9.3.1 Purpose of an Inquest

The purpose of an inquest is to hear the evidence relating to an investigation into the death of a person under the Act, and for the jury (or coroner where there is no jury) to determine:

- Who the deceased was;
- When, where and by what means they came by their death;
- The details required to register the death.

The Coroner and the jury are restricted to only being able to express an opinion on the matters included within the purpose of the investigation and inquest.

Article 2 of the European Convention on Human Rights provides that ‘Everyone’s right to life shall be protected by law’. There is a positive obligation on States to protect the right to life, in addition to the prohibition on taking life. Article 2 of the ECHR requires that there should be an effective official investigation into deaths resulting from the use of force. Where the State’s use of force has resulted in death, or where death has resulted from a State’s failure to protect the Article 2 right to life, an inquest may be held for the purpose of avoiding a breach of any Convention rights. (See Human Rights Act 1998.)

9.3.2 The Procurator Fiscal and Fatal Accident Inquiries

In Scotland the Procurator Fiscal may carry out a similar process of investigation or inquiry. An investigation is carried out by the Procurator Fiscal to determine whether there are circumstances that suggest the death may have been caused as a result of a criminal act or omission and, if not, whether the death has occurred in circumstances where a discretionary Fatal Accident Inquiry is appropriate. An inquiry may be held in other cases of sudden, suspicious or unexplained death, or death in circumstances that cause serious public concern. Decisions on whether these discretionary inquiries are held are made by the Lord Advocate.

Fatal Accident Inquiries (FAIs) are held under the Fatal Accidents and Sudden Deaths Inquiry (Scotland) Act 1976.

The purpose of an FAI is not to apportion blame for the death in either the civil or criminal sense.

An FAI is essentially a fact-finding exercise carried out in the public interest. The rules of evidence and the standard of proof are the same as for civil cases in Scotland. The purpose of an FAI is to determine:
• Where and when the death took place;
• The cause of the death;
• Reasonable precautions whereby the death might have been avoided;
• The defects, if any, in any system of working which contributed to the death or any accident resulting in the death;
• Any other relevant facts relevant to the circumstances of the death.

Fatal Accident Inquiry recommendations are made by sheriffs at the conclusion of all FAIs.

9.4 Other Inquiries

In addition to an inquest, there may be other judicial and quasi-judicial inquiries that may take place into a mass fatality incident, its cause, consequences and the manner in which the agencies involved in the response conducted themselves. Such an inquiry may replace the full coroner’s inquest.

These inquiries can include a:
• Central government sponsored public inquiry;
• Local government sponsored public inquiry;
• Criminal trial against an individual or corporate body.

The usual aim of a public inquiry is to:
• Establish the causes of the incident;
• Identify information that can be used to improve future responses;
• Make recommendations to reduce the likelihood of a similar scenario reoccurring.

All personnel, including police personnel, involved in the response to a mass fatality incident or a DVI response must ensure they have an audit trail of their actions and decisions which is open to scrutiny and will uphold the reputation of the UK Police Service, as they may be held to account at a subsequent inquiry.
10

International Arrangements

This section details the international arrangements which apply in respect of a mass fatality incident overseas involving British citizens.
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10.5 International Incidents within the UK ............ 144
10.1 Introduction

The UK Government has ensured that the UK Police Service is equipped and trained to deploy to a mass fatality incident overseas. UK DVI international response will be provided where British nationals are involved or the support of the UK has been requested by the country in which the incident has occurred. The Foreign and Commonwealth Office (FCO) will lead on the UK’s international relations.

10.2 Foreign and Commonwealth Office

The FCO will seek to assist all UK nationals abroad. This includes British overseas territories citizens, British overseas citizens, British nationals (overseas), British subjects and British protected persons. The FCO may also provide assistance to citizens of Commonwealth nations and EU citizens where their own country does not have diplomatic representation. Work to provide assistance to these citizens is led by the FCO Consular Directorate, and is a matter of policy as there are no statutory regulations covering consular assistance.

A department in the FCO’s Consular Directorate, known as the Consular Crisis Group (CCG), provides policy advice to government ministers on emergency planning and preparations. It aims to ensure there are workable and flexible plans in place across the world to meet foreseeable incidents. In the event of a crisis overseas affecting British interests, the CCG takes the lead in deciding the best way to provide effective and timely consular assistance to UK nationals affected by the crisis. The CCG can expand into an FCO Emergency Response Team. This team can open up a facility for the public to telephone the FCO with relevant concerns or issues regarding the crisis. The CCG can also deploy a Rapid Deployment Team (RDT) to the country or area affected by the crisis to support the work of consular staff in situ. Consideration should be given to deploying two UK DVI assessors with the RDT wherever possible. These DVI assessors will usually be UK DVI Commanders.

If the crisis results from a terrorist incident, hostage taking or kidnap, the FCO Counter Terrorism Policy Department will take the lead.

10.3 UK National DVI Team (UK DVI)

The UK established a National DVI Team in January 2006. This cadre of professional DVI personnel is made up of police officers and police staff, together with non-police forensic experts.

The National DVI Team can be deployed within the UK to respond to a mass fatality incident in support of an individual police force, police region or the UK Police Service as a whole.

Forces should request UK DVI support via PNICC.

Members of UK DVI are appropriately trained and equipped for deployment anywhere in the world to serve the interests of the UK in the event of a disaster requiring DVI disciplines.
The INTERPOL DVI Resolution recommends that facilities be extended to DVI personnel from countries whose nationals are involved in a disaster to attend and act as liaison officers and/or observers to the identification process. The FCO may request UK DVI Team resources to work on a foreign mass fatality disaster involving UK Nationals.

Official DVI personnel from other countries attending an incident in the UK may provide invaluable assistance in the identification process. It is important that any such international response is effectively coordinated. The Gold Commander in consultation with the FCO, the SIO and the SIM should agree the arrangements for this.

If the crisis overseas involves mass fatalities with the possibility of British nationals being involved, the FCO may request UK DVI Team resources. The foreign host government is required to give the FCO satisfactory assurances regarding the work UK police officers will be permitted to undertake, and the terms under which they will work. The ACPO DVI Coordinator will, in consultation with the ACPO President’s Chief of Staff (PNICC Lead) and Gold Command, deploy specialist DVI resources as required. The details of these arrangements are laid out in a Memorandum of Understanding (MoU) agreed between the Association of Chief Police Officers (ACPO) and the Foreign and Commonwealth Office.

In order to fulfil the MoU on behalf of the Police Service, ACPO has an agreed process by which each police region of the UK assumes responsibility for being the first point of contact for the FCO, on a rota basis. This rota is managed by the Chief of Staff to the ACPO President, who is also responsible for the management of PNICC.

Within each police region, all the constituent police forces must have an arrangement for assuming responsibility for receiving the request for activation of UK DVI from the FCO. This responsibility can be undertaken by regional arrangements (lead region) or delegated to a police force within that region (lead force).

For the period of their responsibility, the lead region or lead force will provide an assistant chief constable (or commander) to perform the role of Gold Commander, and suitably qualified police officers to perform the roles of SIM and SIO in the event of any activation. The lead region or lead force will also ensure they have the necessary supporting personnel and procedures in place to facilitate the requirements of the FCO on behalf of the Police Service.

The lead region or lead force will also ensure they have suitably qualified and experienced personnel available to undertake the roles of casualty bureau manager and family liaison coordinator.
In the event of a requirement to activate the national DVI arrangements, the FCO Duty Officer will contact, by telephone, the single point of contact for the lead region or lead force. This will usually be the force control room. The phone call will be backed up with an email containing further information. The necessary personnel in the region or force should be notified without delay.

The Gold Commander should liaise with HM Coroner or the Procurator Fiscal to consider convening a Mass Fatality Coordination Group (MFCG). The Coroner or Procurator Fiscal should oversee the coronial aspects of any deployment of the national DVI team. The FCO will send a liaison team to the lead police force, and the senior FCO representative will sit on the MFCG.

The Metropolitan Police Service has undertaken to provide logistical and equipment support to UK DVI personnel deployed abroad. This is subject to an MoU, which should be referred to at the time of any deployment abroad. Copies of this MoU are held by ACPO DVI and the Metropolitan Police.

ACPO DVI maintains strong links with INTERPOL via the INTERPOL DVI Standing Committee and DVI Steering Group.

10.4.1 Financial Arrangements

The lead police force must establish a procedure to capture and identify all costs reasonably incurred as a consequence of the activation of the FCO and ACPO International DVI arrangements.

Police forces may use a database on which to record the details of all the personnel involved in the deployment, including personnel who remain in the UK. The database should include the on-duty periods of police officers and police staff.

There is an agreement between the FCO and ACPO for the police forces involved in an international deployment to be reimbursed for costs reasonably incurred as a result of that deployment. The FCO will, however, require detailed audited accounts from the police forces concerned. The FCO has a Standard Claim Summary form on which the details of the claim should be entered for submission to the Consular Directorate.

The FCO may reimburse police forces for any additional life insurance premiums required to be paid by police officers or police staff as a direct consequence of their deployment overseas.
10.4.2 Role of the FLO in International Incidents

As a result of an incident overseas where DVI disciplines are to be, or are being, used to identify deceased persons, foreign governments, police forces or INTERPOL may request assistance from the UK in obtaining ante-mortem information for UK residents. A request may also be made to assist where non-UK residents are believed to be involved and a close family member lives in the UK.

The criteria for deployment of FLOs abroad are the same as for incidents that occur in the UK: namely the collection of ante-mortem evidence, including samples, as required by the SIM in order to facilitate the identification process. The joint deployment of FLOs and crime scene investigators under an FLC working under the direction of a SIM enables the collection of forensic evidence, victimology and background statements to be obtained with the minimum of intrusion for the families.

The FLC for the lead police force will liaise with the designated SIM and the FLCs of the police forces involved to arrange appropriate deployments of FLOs. The FLC will quality assure the work of the FLOs and ensure the standard of the evidence and information sent to the coordinating force is satisfactory. The designated SIM will hold overall responsibility for the quality assurance of this ante-mortem data.

The yellow INTERPOL Ante-Mortem form will be used to record relevant information. This may be undertaken by the FLO or, in large disasters, by a Forensic Matching Unit (FMU). The information may be entered onto Plassdata by the FMU and forwarded to the matching centre in the country dealing with the DVI incident.

A mass fatality incident occurring within the UK may involve nationals from outside the UK. In the same way that the UK has a national DVI response, many other countries that are members of INTERPOL also have national DVI response capabilities. Requests are likely to be received by the UK Government for deployment of foreign national DVI teams in support of the UK response. Foreign national DVI responders will also be concerned with managing the repatriation of the deceased to their home country.

All requests for the deployment of DVI teams into the UK should be referred to the FCO. The UK Government will determine whether any request is appropriate. If COBR is meeting, or a UK Gold has been appointed, the decision will involve consultation with the ACPO President and/or national police coordinator.

The UK DVI Team Coordinator will liaise with INTERPOL about the scale and nature of the requested deployments in order to ascertain the implications in terms of planning, information, resources, logistics, finance and legal issues.
Training and Exercising

The nature of a mass fatality incident and its potential impact on those involved, including the responders, means that it is necessary for police officers and staff deployed to key roles in such an incident to be trained and operationally competent.
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11.1 Training  
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11.2 Exercising  
11.3 Continuous Professional Development
11.1 Training

11.1.1 Senior Identification Manager (SIM)

The number of SIMs nationally and their qualifications is determined by ACPO and ACPOS. Relevant training programmes are delivered by the NPIA or accredited providers. All SIMs have a responsibility for ensuring they undergo continuous professional development during their service as a SIM.

11.1.2 Other DVI Personnel

Personnel deployed as part of a victim recovery team and/or police mortuary team, on body recovery duties or on operations within the post-mortem side of a mortuary, must be both trained and competent in their designated roles. They should have undertaken an ACPO approved DVI Foundation course.

The UK DVI Cadre of DVI Recovery Teams and DVI Mortuary Teams will be drawn from police forces across the UK in proportion to the establishment of each police force. UK DVI personnel will have undertaken the DVI Foundation course as a minimum standard. The UK DVI Cadre includes forensic professionals.

11.2 Exercising

Personnel who might be deployed on a mass fatality incident and their DVI Commanders should undertake appropriate exercises to build competency and experience in readiness for deployment. As mass fatality incidents occur infrequently, practical reinforcement of training is required to support personnel and procedures through a programme of exercises.

It is important to involve all relevant agencies in an exercise programme, not just the Police Service. Each Local Resilience Forum and Regional Resilience Forum should have an exercise programme that includes the response to a mass fatality incident. It may not be practicable or financially achievable to cover the full DVI process in one exercise, but police forces should be able to show that they have tested all aspects of a mass fatality response within a reasonable timescale.

11.3 Continuous Professional Development

In addition to formal training and exercising opportunities, all personnel who may be involved in the response to a mass fatality incident should pursue continuous professional development to ensure that their knowledge in the area of DVI remains current.

Continuous professional development can include attendance at conferences relevant to the subject area, involvement in exercises, and the reading of relevant national and local guidance and professional articles.
Appendix 1

Religious and Cultural Considerations
<table>
<thead>
<tr>
<th>FAITH or BELIEF GROUP</th>
<th>POST-MORTEM</th>
<th>SPECIFIC STORAGE REQUIREMENTS</th>
<th>TREATMENT OF THE BODY OF THE DECEASED</th>
<th>BURIAL/CREMATION</th>
<th>OTHER CONSIDERATIONS</th>
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</thead>
<tbody>
<tr>
<td>Baha’i</td>
<td>No objections</td>
<td></td>
<td>The body should be carefully washed and wrapped in white silk or cotton. Unless required by law the body should not be embalmed.</td>
<td>Burial only within 1 hour’s travelling distance from place of death.</td>
<td>A special burial ring may be placed on the finger of a Baha’i aged 15 or over.</td>
</tr>
<tr>
<td>Buddhist</td>
<td>No objections</td>
<td>Wrap in white cloth or deceased’s own clothes.</td>
<td>Usually cremated.</td>
<td></td>
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</tr>
<tr>
<td>Chinese (Confucianism, Taoism, Astrology, Christianity)</td>
<td>No objections</td>
<td>The deceased person should be fully dressed in best clothes including shoes and jewellery. The body should be embalmed.</td>
<td>Either, up to 1 week after death.</td>
<td>If the deceased is a child the parents do not usually wish to visit the mortuary.</td>
<td></td>
</tr>
<tr>
<td>Christian</td>
<td>No objections</td>
<td>No specific requirements.</td>
<td>Either</td>
<td></td>
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</tr>
<tr>
<td>Christian Science</td>
<td>Individual family choice</td>
<td>The body of a female should be prepared for burial by a female.</td>
<td>Burial</td>
<td></td>
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</tr>
<tr>
<td>FAITH or BELIEF GROUP</td>
<td>POST-MORTEM</td>
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<tr>
<td>Church of Jesus Christ of Latter-day Saints (Mormons)</td>
<td>No objections</td>
<td></td>
<td>The body should be clothed for burial.</td>
<td>Burial preferred.</td>
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<tr>
<td>For further detail see AX 1.5</td>
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<tr>
<td>Hindu</td>
<td>Are permitted usually with prior agreement of the immediate family</td>
<td>Preferred for all Hindu bodies to be kept together</td>
<td>Cleanliness is important and the body can be undressed and cleaned but the family should be consulted. Deceased person should be placed with head facing north and feet south. Arms should be placed to the side and the legs should be straightened. The face should be pointed upward with eyes closed and the whole body must be covered with white cloth.</td>
<td>Cremation</td>
<td>Any human remains must be treated with respect as if they were a complete body.</td>
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<tr>
<td>For further detail see AX 1.6</td>
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<tr>
<td>Humanists</td>
<td>No objections</td>
<td>No specific requirements.</td>
<td></td>
<td>Either – it is a personal choice although cremation is more common.</td>
<td>Crosses and religious emblems should be avoided.</td>
</tr>
<tr>
<td>For further detail see AX 1.7</td>
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<tr>
<td>Jain</td>
<td>No objections</td>
<td>The family will normally provide the dress and accessories for the preparation and final placement in the coffin.</td>
<td>Bodies are always cremated (except for infants). Cremation should take place as soon as practicable.</td>
<td></td>
<td>Many Jains still pursue Hindu customs as a family preference.</td>
</tr>
<tr>
<td>For further detail see AX 1.8</td>
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<tr>
<td>FAITH or BELIEF GROUP</td>
<td>POST-MORTEMS</td>
<td>SPECIFIC STORAGE REQUIREMENTS</td>
<td>TREATMENT OF THE BODY OF THE DECEASED</td>
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<tr>
<td>Japanese (Shinto)</td>
<td>No objections</td>
<td>No specific requirements.</td>
<td>Cremation preferred.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jehovah’s Witnesses</td>
<td>Limited PM – individual family choice</td>
<td>No specific requirements.</td>
<td>Either – personal or family preference.</td>
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<td></td>
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<tr>
<td>For further detail see AX 1.9</td>
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<td></td>
</tr>
<tr>
<td>Jewish</td>
<td>Forbidden unless ordered by civil authority</td>
<td>If possible the deceased person should not be left unattended</td>
<td>The body is washed and wrapped in a plain white sheet and placed with feet towards the doorway. Eyes should be closed and the jaws tied. Fingers should be straight.</td>
<td>Orthodox Jews require burial but Liberal or Reform Jews permit cremation. The funeral should be before sunset on day of death.</td>
<td>Body parts must be treated with respect and remain with the corpse if possible.</td>
</tr>
<tr>
<td>For further detail see AX 1.10</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Muslim</td>
<td>Only where necessary for issue of death certificate or if ordered by coroner</td>
<td>All Muslim bodies to be kept together in designated area (with male and female bodies separated)</td>
<td>Ideally, only male Muslims should handle a male body and female Muslims a female body. The body should be laid out on a clean surface and covered with a plain cloth, 3 pieces for a man and 5 for a woman. The head should be turned on the right shoulder and the face positioned towards Makkah.</td>
<td>Burial, preferably within 24 hours.</td>
<td>Detached body parts must be treated with respect.</td>
</tr>
<tr>
<td>For further detail see AX 1.11</td>
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</tbody>
</table>
### AX 1.1 BUDDHISTS

After death, the body of the deceased may be handled by non-Buddhists. In some cases a monk may perform some additional chanting, but this is not a universal practice. There are no objections to post-mortems.

Preparation of the deceased person for the funeral is generally left to the undertaker, but in some instances relatives may also wish to be involved. The deceased may be put in a coffin, or wrapped in cloth (sometimes white) or dressed in their own clothes. The deceased may be surrounded by candles, flowers, incense, photographs and coloured lights, but this is a matter of individual choice and there are no hard-and-fast rules. The deceased is usually cremated, at a time dependent upon the undertaker and the availability of the crematorium’s facilities.

<table>
<thead>
<tr>
<th>FAITH or BELIEF GROUP</th>
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<th>OTHER CONSIDERATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pagans</td>
<td>No objections</td>
<td>No specific requirements.</td>
<td></td>
<td>Either</td>
<td></td>
</tr>
<tr>
<td>Rastafarians</td>
<td>No objections</td>
<td>No specific requirements.</td>
<td></td>
<td>Either</td>
<td></td>
</tr>
<tr>
<td>Seventh-Day Adventists</td>
<td>No objections</td>
<td>No specific requirements.</td>
<td></td>
<td>Either – personal or family preference.</td>
<td></td>
</tr>
<tr>
<td>Sikh</td>
<td>No objections</td>
<td>The five K symbols should be left on the dead body, which should if possible be cleaned and clothed in clean garments.</td>
<td>Cremation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zoroastrian</td>
<td>No objections</td>
<td>No specific requirements.</td>
<td></td>
<td>Either</td>
<td></td>
</tr>
</tbody>
</table>
AX 1.2 CHINESE (CONFUCIANISM, TAOISM, ASTROLOGY, CHRISTIANITY)

After death, undertakers handle the deceased. Some undertakers in areas with long-established Chinese populations are accustomed to Chinese needs such as embalming and the deceased being fully dressed in their best clothes, including shoes and jewellery. In such areas some cemeteries have a Chinese section. Burial or cremation may take place a week after the person has died. If the deceased is a child, parents do not usually want to visit the mortuary. A sibling or close relative would be asked to deal with any viewing of the deceased.

AX 1.3 CHRISTIANS

The choice between cremation and burial can either be a matter of personal choice or a denominational requirement. In all cases the wishes of the deceased’s family, or friends, should be sought if possible. If this cannot be done, Christians should be buried.

AX 1.4 CHRISTIAN SCIENTISTS

Questions relating to the care of the deceased person should be answered by the individual’s partner/family. In general, Christian Scientists request that, whenever possible, the body of a female should be prepared for burial by a female. The individual’s family should answer questions relating to post-mortem examinations.

AX 1.5 CHURCH OF JESUS CHRIST OF LATTER-DAY SAINTS (MORMONS)

The Church takes no position on post-mortem examinations. Church or family members will usually arrange for the deceased to be clothed for burial. Burial rather than cremation is recommended by the Church, but the final decision is left to the family of the deceased.

AX 1.6 HINDUS

It is preferred if all Hindu bodies can be kept together after death. A deceased Hindu should be placed with the head facing north and the feet south. Cleanliness is important and the deceased person can be undressed and cleaned, but the family should be consulted where possible. The arms should be placed to the sides and the legs should be straightened. The face should be pointed upward with eyes closed and the whole body must be covered with white cloth. Any detached human remains must be treated with respect as if they were a complete body. Post-mortems are permitted, usually with prior agreement of the immediate family.
When a person dies, their body is washed and dressed in new clothes and flowers are placed around it. The mourning period in the family lasts a minimum of two weeks during which several rituals are followed. Hindus believe in cremating the body so that the soul is completely free of any attachment to the past physical matter.

**AX 1.7 HUMANISTS**

No specific requirements. The choice between cremation and burial is a personal one, although cremation is more common. Most will want a humanist funeral and crosses and other religious emblems should be avoided. However, since many humanists believe that when someone dies the needs of the bereaved are more important than their own beliefs, some may wish decisions about their funeral and related matters to be left to their closest relatives.

**AX 1.8 JAINS**

There are no specific rituals in Jain philosophy for this event. Bodies are always cremated and never buried except for children. Cremation must be performed as soon as practicable, even within hours if possible, without any extravagance. Many Jains still pursue Hindu customs as a family preference. All normal practices of UK undertakers are acceptable if carried out with respect. The family normally provide the clothing and accessories for the preparation and final placement in the coffin.

**AX 1.9 JEHOVAH’S WITNESSES**

If a post-mortem is required by law, the wishes of an appropriate relative should be ascertained and, if possible, their wishes observed. The dead may be buried or cremated, depending on personal or family preferences and local circumstances.

**AX 1.10 JEWS**

The prompt and accurate identification of the dead is particularly important for the position of a widow in Jewish law. Post-mortems are forbidden unless ordered by the civil authorities. Human remains must be treated with respect and remain with the corpse if possible. When a person dies, eyes should be closed and the jaws tied; fingers should be straight. The deceased person is washed (male bodies by men and female bodies by women), wrapped in a plain white sheet and placed with the feet towards the doorway. For men a prayer shawl, tallit, is placed around the body and the fringes on the four corners cut off. The Chevra Kadisha (Holy Brotherhood) should be notified immediately after death. They will arrange the funeral, if possible before sunset on the day of death, but will not move the body on the Sabbath. Coffins are plain and wooden (without a Christian cross) to symbolise that in death all are equal, despite personal wealth. Someone remains with the
deceased person or human remains constantly until the funeral as it is considered disrespectful to leave a body alone. It is not usual to have floral tributes. Orthodox Jews require burial but Reform and Liberal Jews permit cremation.

**AX 1.11 MUSLIMS**

Identify who is the effective leader within the family. That person should be the one approached with practical details, rather than presuming that it would be the next of kin. Muslim dead should ideally be kept together in a designated area (with male and female bodies separated). Post-mortems are acceptable only where necessary for the issue of a death certificate or if required by the Coroner or Procurator Fiscal. Ideally, only male Muslims should handle a male body and female Muslims a female body. The deceased person should be laid out on a clean surface and covered with a plain cloth, three pieces for a man and five for a woman. The head should be turned on the right shoulder and the face positioned towards Makkah.

As soon as possible after death the body is given a ritual washing called Ghusl, usually performed by family members or close friends. This is to wash away all sin so the body can meet Allah in a pure state. The deceased is anointed with perfumes and spices and wrapped in white cloth, usually the Ihram clothes used for the Hajj. Afterwards, salat (prayers) will be said for the deceased. Family or the local Muslim community will make arrangements to prepare the body for burial. Muslims believe in burying their dead and would never cremate a body. This ritual is the same for rich and poor as, in death, Muslims believe all are equal. Muslims wish to bury the deceased within twenty-four hours of death. They believe that the soul departs at the moment of death.

**AX 1.12 SIKHS**

The five Ks (5 Ks are five physical symbols worn by Sikhs, ie, underwear ‘kachha’; wristband ‘kara’; sword ‘kirpan’ unshorn hair ‘kes’; and comb ‘kanga’) should be left on the dead body, which should, if possible, be cleaned and clothed in clean garments before being placed in a coffin or on a bier. According to Sikh etiquette, comforting a member of the opposite sex by physical contact should be avoided, unless those involved are closely related. Deliberate expressions of grief or mourning by bereaved relatives is discouraged, although the bereaved will want to seek comfort from the Sikh scriptures. The dead person should always be cremated, with a close relative lighting the funeral pyre or activating the machinery. This may be carried out at any convenient time. The ashes of the deceased may be disposed of through immersion in flowing water or dispersal.
Appendix 2

Abbreviations and Acronyms
<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>AAIB</td>
<td>Air Accidents Investigation Branch</td>
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<tr>
<td>ACPO</td>
<td>Association of Chief Police Officers</td>
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<tr>
<td>ACPOS</td>
<td>Association of Chief Police Officers in Scotland</td>
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<tr>
<td>AFIS</td>
<td>Automated Fingerprint Information System</td>
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<tr>
<td>AMC</td>
<td>Ante-Mortem Coordinator</td>
</tr>
<tr>
<td>AM</td>
<td>Ante-Mortem</td>
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<tr>
<td>APT</td>
<td>Anatomical Pathology Technician</td>
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<tr>
<td>AWE</td>
<td>Atomic Weapons Establishment</td>
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<tr>
<td>BCU</td>
<td>Basic Command Unit</td>
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<tr>
<td>BSE</td>
<td>Bomb Scene Examiner</td>
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<tr>
<td>BSM</td>
<td>Bomb Scene Manager</td>
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<tr>
<td>CB</td>
<td>Casualty Bureau</td>
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<tr>
<td>CBRN</td>
<td>Chemical, Biological, Radiological and Nuclear</td>
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<tr>
<td>CCA</td>
<td>Civil Contingencies Act 2004</td>
</tr>
<tr>
<td>CCG</td>
<td>Consular Crisis Group</td>
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<tr>
<td>CCS</td>
<td>Civil Contingencies secretariat</td>
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<tr>
<td>COBR</td>
<td>Cabinet Office Briefing Rooms</td>
</tr>
<tr>
<td>CSI</td>
<td>Crime Scene Investigator</td>
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<tr>
<td>CSM</td>
<td>Crime Scene Manager</td>
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<tr>
<td>CT</td>
<td>Counter Terrorism</td>
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<tr>
<td>CTC</td>
<td>Counter Terrorism Command</td>
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<tr>
<td>CTU</td>
<td>Counter Terrorism Unit</td>
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<tr>
<td>DA</td>
<td>Disaster Action</td>
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<tr>
<td>DFT</td>
<td>Department for Transport</td>
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<tr>
<td>DH</td>
<td>Department of Health</td>
</tr>
<tr>
<td>DNA</td>
<td>Deoxyribonucleic Acid</td>
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<tr>
<td>Dstl</td>
<td>Defence Science and Technology Laboratories</td>
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<tr>
<td>DVI</td>
<td>Disaster Victim Identification</td>
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<tr>
<td>DVIF</td>
<td>Disaster Victim Identification Form</td>
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<tr>
<td>EXPO</td>
<td>Explosives Officer</td>
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<tr>
<td>FCO</td>
<td>Foreign and Commonwealth Office</td>
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<tr>
<td>FCP</td>
<td>Forward Command Post</td>
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<tr>
<td>FFRC</td>
<td>Family and Friends Reception Centre</td>
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<tr>
<td>FLC</td>
<td>Family Liaison Coordinator</td>
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<tr>
<td>FLO</td>
<td>Family Liaison Officer</td>
</tr>
<tr>
<td>FMU</td>
<td>Forensic Matching Unit</td>
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<tr>
<td>FRS</td>
<td>Fire and Rescue Service</td>
</tr>
<tr>
<td>Acronym</td>
<td>Description</td>
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<td>------------------------------------------------</td>
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<tr>
<td>FSS</td>
<td>Forensic Science Service</td>
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<tr>
<td>HAA</td>
<td>Holding Audit Area</td>
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<tr>
<td>HAC</td>
<td>Humanitarian Assistance Centre</td>
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<tr>
<td>HO</td>
<td>Home Office</td>
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<tr>
<td>HRA</td>
<td>Human Rights Act 1998</td>
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<tr>
<td>HSE</td>
<td>Health and Safety Executive</td>
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<tr>
<td>HTA</td>
<td>Human Tissue Authority</td>
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<tr>
<td>ICMP</td>
<td>International Commission on Missing Persons</td>
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<td>ICP</td>
<td>Incident Command Post</td>
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<tr>
<td>IPA</td>
<td>Identity and Passport Agency</td>
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<tr>
<td>LEMA</td>
<td>Local Emergency Mortuary Arrangement</td>
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<tr>
<td>LRF</td>
<td>Local Resilience Forum</td>
</tr>
<tr>
<td>MACA</td>
<td>Military Aid to the Civil Authorities</td>
</tr>
<tr>
<td>MAIB</td>
<td>Marine Accident Investigation Branch</td>
</tr>
<tr>
<td>MCA</td>
<td>Maritime and Coastguard Agency</td>
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<tr>
<td>MFCG</td>
<td>Mass Fatality Coordination Group</td>
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<tr>
<td>MIR</td>
<td>Major Incident Room</td>
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<tr>
<td>MISPER</td>
<td>Missing Person</td>
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<tr>
<td>MMMF</td>
<td>Man-Made Mineral Fibres</td>
</tr>
<tr>
<td>MoU</td>
<td>Memorandum of Understanding</td>
</tr>
<tr>
<td>MRCC</td>
<td>Maritime Rescue Coordination Centre</td>
</tr>
<tr>
<td>MSCT</td>
<td>Multislice Computerised Tomography</td>
</tr>
<tr>
<td>NEMA</td>
<td>National Emergency Mortuary Arrangement</td>
</tr>
<tr>
<td>NHS</td>
<td>National Health Service</td>
</tr>
<tr>
<td>NPIA</td>
<td>National Policing Improvement Agency</td>
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<tr>
<td>NVAEC</td>
<td>National Voluntary Aid Society Emergency</td>
</tr>
<tr>
<td>PMOC</td>
<td>Police Mortuary Operations Coordinator</td>
</tr>
<tr>
<td>PM</td>
<td>Post-Mortem</td>
</tr>
<tr>
<td>PNICCC</td>
<td>Police National Information Co-ordination Centre</td>
</tr>
<tr>
<td>PNSC</td>
<td>Police National Search Centre</td>
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<tr>
<td>PoLSA</td>
<td>Police Search Adviser</td>
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<tr>
<td>PPE</td>
<td>Personal Protective Equipment</td>
</tr>
<tr>
<td>PSNI</td>
<td>Police Service of Northern Ireland</td>
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<tr>
<td>PTSD</td>
<td>Post-Traumatic Stress Disorder</td>
</tr>
<tr>
<td>RAIB</td>
<td>Rail Accident Investigation Branch</td>
</tr>
<tr>
<td>RIU</td>
<td>Reconciliation Investigation Unit</td>
</tr>
<tr>
<td>RM</td>
<td>Reconciliation Manager</td>
</tr>
</tbody>
</table>
RRF  Regional Resilience Forum
SAR  Search and Rescue
SCG  Strategic Coordinating Group
SERSG  Scene Evidence Recovery Group
SERM  Scene Evidence Recovery Manager
SHAC  Safety and Health Advisory Cell
SIM  Senior Identifying Manager
SIO  Senior Investigating Officer
SIODP  Senior Investigating Officers Development Programme
SRC  Survivors Reception Centre
STAC  Scientific and Technical Advice Cell
STR  Short Tandem Repeat
UKBA  UK Border Agency
USR  Urban Search and Rescue
VPF  Victim Profile Forms
Appendix 3

Glossary of Terms
ANTE-MORTEM

Means before death. When used in disaster victim identification, ante-mortem refers to the processes surrounding collection and analysis of material or property that may have related to the victim prior to death. It may also be used to refer to processes associated with survivors and the management of missing person reporting. See 5 Ante-Mortem Procedures.

BRONZE

A tier of command at which operational delivery of tasks is undertaken. Bronze is below Silver.

BRONZE (OPERATIONAL) COMMANDER

An individual with responsibility for the delivery of operational tasks as determined by the Silver Commander, and who may be a police officer of any rank but is usually a constable, sergeant or inspector. The tasks may be based on a geographic area or on a function.

BUSINESS CONTINUITY

The strategic and tactical capability of the organisation to plan for and respond to incidents and business disruptions in order to continue business operations at an acceptable pre-defined level.

BUSINESS CONTINUITY MANAGEMENT

An holistic management process that identifies potential threats to an organisation and the possible impact on business operations if those threats are realised. It also provides a framework for building organisational resilience with the capability for an effective response that safeguards the interests of its key stakeholders, reputation, brand and value creating activities.

CASUALTY BUREAU

This is the initial single point of contact (SPOC) for receiving and assessing information about people believed to be involved in an incident. Its primary aims are to:

- Provide information for the investigation process relating to an incident;
- Trace and identify people involved in an incident;
- Reconcile missing person (Misper) records with casualty, survivor and evacuee records;
- Collate this information accurately for relevant parties.

CORONER (HM CORONER)

A coroner is an independent judicial officer who is responsible for conducting inquests. The coroner will conduct an inquest into the death of any person within their designated area if they have reasonable cause to suspect that the deceased has died either a violent or unnatural death or a sudden death of which the cause is unknown.

For more information see 2.1 Her Majesty’s Coroner and Procurator Fiscal. (See also Procurator Fiscal below).

CRITICAL ACTIVITIES

These are activities which have to be performed in order to deliver the key products and services which enable an organisation to meet its most important and time-sensitive objectives.

DECEASED

A person who has died. In DVI terms an individual will be referred to as deceased when they are known to have died on the basis of evidence presented to HM Coroner or the Procurator Fiscal. Identification of a deceased person may take place on the basis of the recovery of remains that are incompatible with life, eg, the recovery of a human head.

DELIBERATE RECONNAISSANCE

This term relates to the management of CBRN incidents. It is defined by the national CBRN tactician’s forum as: the planned, controlled deployment of suitably protected resources working within defined parameters within the inner cordon. These resources will be deployed to specific locations in order to achieve specific operational objectives, (eg, recovery of potentially contaminated deceased persons or human remains).

FAMILY AND FRIENDS RECEPTION CENTRE

This is a secure place, usually located away from the scene of an emergency or major incident, where the family and friends of people directly involved in that incident can attend for relevant documentation processes to be undertaken, information to be disseminated to them and humanitarian assistance provided.

FINGERPRINT OFFICER

A person usually employed by a police force to undertake comparative analysis of prints derived from the ridge pattern of the skin on the hand.
FORENSIC ANTHROPOLOGIST

This is an expert in the identification of body parts. The forensic anthropologist will be able to separate human from non-human material and will assist in the determination of sex, age at death, stature and ethnic origin. They also assist the forensic pathologist in the reconstruction of fragmented remains.

FORENSIC ARCHAEOLOGIST

An archaeologist who applies archaeological search and recovery methods to criminal investigations. Although not directly involved in the identification of remains, their professional skill may be required for the search and recovery of the remains.

FORENSIC ENVIRONMENTALIST

A forensic practitioner who applies the study of the composition of the environment, i.e., the soil and water to court-related investigations. An examination of environmental evidence can be used to build up a geographic profile for human remains.

FORENSIC ODONTOLOGIST

Forensic odontologists examine the teeth, gums, contents of the oral cavity, jaws and maxillary and nasal components of the face. The odontologist will use a standardised charting system and dental radiology to compare post-mortem information with ante-mortem dental records and assist in the identification of an individual.

FORENSIC PALYNOLOGIST

A palynologist is a person who studies contemporary and fossil microscopic particles, including pollen and spores. They also analyse particulate organic matter and kerogen found in sedimentary rocks and sediments in order to build up a geographic profile for human remains.

FORENSIC PATHOLOGIST

A forensic pathologist is a specialist pathologist with expert training in identification. They will undertake an autopsy where this will aid an investigation into homicide, other crime, cause of death or identification of remains. A forensic pathologist is a useful advisory source of up-to-date knowledge on methods of identification.

FORENSIC PODIATRIST

A forensic podiatrist is a foot specialist who studies structural and functional foot pathology, and applies this knowledge base to criminal justice related work. Through examination of the human remains of the
foot/feet they can provide a list of physical and medical information that can be compared with ante-mortem records for the purpose of identification of a body.

FORENSIC RADIOLOGY

Forensic radiology is the application of medical clinical imaging to forensic investigations. There are two types of practitioners that are involved. The first is the radiologist, who is the medical consultant. They are responsible for decisions made in relation to the type of imaging to be undertaken and for the reporting of the imaging. The second is the radiographer. They are the technicians who operate the imaging machines and take the images. They can provide guidance in relation to the process of imaging.

FORENSIC TOXICOLOGIST/BIOCHEMIST

A forensic toxicologist or biochemist may either be medically or biomedically qualified. Toxicology differs from biochemistry as toxicology is related to the interaction of drugs on the body whereas biochemistry considers the natural body molecules and hormones and how they are altered by disease processes.

A forensic toxicologist or biochemist will present analysis and interpretations to inform the pathologist.

FORENSIC VETERINARY SURGEON

A forensic veterinary surgeon applies their knowledge to criminal justice related enquires. Through the examination of soft and hard tissues, they can assist in identifying whether or not the remains are human or animal.

FORWARD COMMAND POST (FCP)

This is a location, near the scene of operations, where either the police Silver Commander or Bronze Scene Commander is based. At emergencies or major incidents where there is a defined scene, the FCP is where the Fire and Rescue Service, Ambulance Service and Silver Commanders will be located. Mobile command facilities can be used to establish an FCP. The term is consistent with the current Fire and Rescue Service Fire Service Command doctrine.

GOLD

A strategic tier of command, control and coordination at which policy, aims and objectives, including the overall response framework, are established and managed. Gold is a higher tier than Silver.
GOLD (STRATEGIC) COMMANDER
This is an individual with responsibility for the overall command of an incident at the Gold tier. It can be a police officer of any managerial rank, but is normally a chief officer (Assistant Chief Constable or Commander).

GOLD SUPPORT
A team of people constituted to provide the necessary administrative, strategic, scientific and technical support to the Gold Commander.

HOLDING AUDIT AREA
This is a place, often a temporary structure, where deceased persons and human remains retrieved from the scene of a major incident can be taken initially, pending transfer to the designated mortuary. The HAA should be a discreet place, shielded from the public and media to ensure dignity for the deceased. The documentation processes in line with INTERPOL and ACPO DVI standards should be adhered to at the HAA.

HOT ZONE
This is the contaminated area (or areas) where the initial release of CBRN material occurs or disperses to. It will be the area likely to pose an immediate threat to the health and safety of all those located within it and is the area of greatest risk.

HUMAN REMAINS
Relates to any part of a deceased human body or fragment of material which has come from a human body.

IDENTIFICATION
The act of finding proof or evidence of identity.

INCIDENT COMMAND POST (ICP)
This term is obsolete; the term Silver Control is now used.

INTEGRATED EMERGENCY MANAGEMENT
This is a term used within the statutory guidance and ACPO (2009) Guidance on Emergency Procedures to describe an overall process. It includes six activities: anticipation, assessment, prevention, preparation, response and recovery management.
INITIAL RESPONDER(S)

This generic term is used to describe the police officers, police community support officers, special constables or police staff, of whatever rank or grade, who are the initial individuals to attend the scene of a sudden impact emergency or major incident. It replaces the term first officer at the scene.

LOGISTICS

Logistics in this context means getting the right people and equipment to the right place at the right time. It includes the subsequent management of these human and equipment resources, and the provision of:

- Accommodation;
- Meals – taking account of a variety of dietary needs;
- Drinks – hot and cold;
- Vehicles;
- Buildings – both temporary and permanent structures;
- Appropriate IT hardware and software.

POST-MORTEM

Post mortem is defined as ‘after death’. The post-mortem examination or autopsy, is an examination of the body or body part of the deceased by a pathologist in order to determine cause of death. In the context of DVI a post-mortem examination will also be carried out to identify the deceased person or human remains.

PROCURATOR FISCAL

Is the public prosecutor in Scotland. The Procurator Fiscal is responsible for the investigation of all sudden and suspicious deaths in Scotland and is similar and equivalent in this way to HM Coroner in England Wales and Northern Ireland.

The Procurator Fiscal is also responsible for conducting Fatal Accident Inquiries (a form of inquest unique to the Scottish legal system) and handling criminal complaints against the police.

RESOURCES

Resources in this context mean the provision of human resources, equipment and supplies to meet the strategic, tactical and operational needs of the commanders at all three tiers, ie, Gold, Silver and Bronze.
SENIOR IDENTIFICATION MANAGER

A police officer, normally a detective chief inspector or detective superintendent rank, and one trained for the role, who assumes responsibility for the retrieval and identification of deceased people in line with the requirements of HM Coroner or the Procurator Fiscal for the area and the recommendations of Lord Justice Clarke.

SENIOR INVESTIGATING OFFICER

In the context of this guidance a police officer, normally a detective chief inspector or detective superintendent, trained and accredited for the role, who assumes responsibility for a criminal investigation arising from an emergency or major incident.

SILVER

A tier of command, control and coordination at a tactical level, where the response to the incident is actually managed. Silver is a tier below Gold but above Bronze.

SILVER (TACTICAL) COMMANDER

This is an individual with responsibility for the tactical command of the incident at the Silver tier. It can be a police officer of any supervisory rank, commencing initially at sergeant rank, and depending on the duration, scale and nature of the incident progressing through inspector, chief inspector to superintendent rank.

SILVER COORDINATING GROUP

An alternative name for a Tactical Coordinating Group.

SILVER CONTROL

This is a location where the functions can be based to direct and control the tactical operations within the span of command of the Silver Commander.

SILVER CONTROL MANAGER

A police officer responsible to the Silver Commander for the efficient running of Silver Control (may also act as deputy Silver Commander).

SILVER SUPPORT

A suitable location, normally a police station near to the scene of the incident, where the Silver Support functions (planning, information, resources, logistics, finance and legal) can be undertaken, and personnel working on these functions on behalf of the Silver Commander can be accommodated.
SILVER SUPPORT OFFICER

A police officer or member of police staff responsible to the Silver Commander for the provision of planning, information, resources, logistics, finance and legal arrangements in relation to the incident, and who manages the Silver Support functions.

SURVIVOR RECEPTION CENTRE

A secure place, located outside the inner cordon but close to the scene, where survivors not requiring acute medical treatment can congregate in order to ensure they are safe from the immediate consequences of the incident, and where documentation of survivors can be completed for input into the Casualty Bureau. In addition, immediate humanitarian assistance can be provided by the local authority at this location.

TACTICAL COORDINATING GROUP

This is a group of tactical commanders who meet regularly to determine and deliver the tactical response to an emergency or major incident. The group is normally chaired by the police Silver Commander. This is also known as a Silver Coordinating Group.
Appendix 4

References
Acts of Parliament


Statutory Instruments


The Coroners Rules 1984 have effect as if made under section 32 of the Coroners Act 1988 by virtue of section 17(2)(b) of the Interpretation Act 1978 (c. 30).

Civil Contingencies Act (Contingency Planning) Regulations (2005).
Statutory Instrument No. 2042. London: TSO.

The Control of Major Accident Hazards Regulations (1999).
Statutory Instrument No. 743. London: TSO.

The Control of Major Accident Hazards (Amendment) Regulations (2005).
Statutory Instrument No. 1088. London: TSO.

Statutory Instrument No. 2975. London: TSO.

Statutory Guidance

Non-Statutory Guidance


National Guidance


Cabinet Office and Voluntary Sector Civil Protection Forum (n.d.) Voluntary Sector Engagement Guidance Note [Internet]. London: Cabinet Office.


Available from the Home Office on application or Regional Government Offices.


Available on application to the Home Office, Office for Security and Counter Terrorism.


Practice Advice/Guidance Produced by the NPIA


**Aircraft Incidents**

Air Accidents Investigation Branch (2008) *Aircraft Accidents Guidance for the Police, Emergency Services and Airfield Operators* [Internet]. Hampshire: AAIB.

**Natural Disaster**


**Flu Pandemic**

Cabinet Office and Department of Health (2007) Pandemic Flu A national framework for responding to an influenza pandemic [Internet]. London:DoH.


**Industrial Accidents and Environmental Pollution**


**Maritime Incidents and Search and Rescue**


**Ministry of Defence Assistance**

Nuclear Incidents


Rail Incidents


Inquiry Reports


Independent Police Complaints Commission (2008) Stockwell Two – An investigation into complaints about the Metropolitan Police Service’s handling of public statements following the shooting of Jean Charles de Menezes on 22 July 2005 [Internet]. London: IPCC.


Books


Appendix 5

Useful Contacts
Aeronautical Rescue Coordination Centre (ARCC), RAF Kinloss
Tel: 01309 672161 Ext 6202
Website: http://www.kinlossrescue.com

Air Accidents Investigation Branch (AAIB)
Tel (general enquiries): 01252 510300
Tel (to report an accident): 01252 512299
Website: http://www.aaib.dft.gov.uk

Atomic Weapons Establishment (AWE)
Tel (general enquiries): 0118 981 4111
Email: enquiries@awe.co.uk
Website: http://www.awe.co.uk

British Red Cross
Tel (general enquiries): 0844 412 2804
Email: information@redcross.org.uk
Website: http://www.redcross.org.uk

The Central Office of Information
Tel (general enquiries): 020 7928 5037
Website: http://www.coi.gov.uk

The Central Office of Information, News Distribution Service
Tel (general enquiries): 020 7261 8527
Email: nds@coi.gsi.gov.uk
Website: http://www.dstl.gov.uk

Department for Communities and Local Government
Tel (general enquiries): 020 7944 4400
Website: http://www.communities.gov.uk

Defence Science and Technology (Dstl)
Tel (general enquiries): 01980 613121
Tel (for urgent medical advice): 01980 613325
Website: http://www.dstl.gov.uk

Disaster Action
Tel (general enquiries): 01483 799 066
Website: http://www.disasteraction.org.uk

Environment Agency
Tel (24-hour incident hotline): 0800 807060
Tel (floodline): 0845 988 1188
Website: http://www.environment-agency.gov.uk
Government Decontamination Service (GDS)
Tel (general enquiries and advice): 0845 850 1323
Website: http://www.gds.gov.uk

Health and Safety Executive (HSE)
Tel (Incident Contact Centre): 0845 300 9923
24-hour Duty Officer: 0151 922 9235.
Website: http://www.hse.gov.uk

Health and Safety Executive – Nuclear Directorate (ND)
Tel: 01519 51 3484/3290
Email: NDenquiries@hse.gsi.gov.uk
Website: http://www.hse.gov.uk/nuclear

Health Protection Agency – Centre for Emergency Preparedness and Response
Porton Down, Salisbury, Wiltshire SP4 0JG
Tel: 01980 612100
Email: erd@hpa.org.uk
Website: http://www.hpa.org.uk

Health Protection Agency – Centre for Infections
61 Colindale Avenue, London NW9 5EQ
Tel: 020 8200 4400
Fax: 020 8200 7868
Email: infections@hpa.org.uk
Website: http://www.hpa.org.uk

Health Protection Agency – Centre for Radiation, Chemical and Environmental Hazards
Chilton, Didcot, Oxfordshire OX11 0RQ
Tel: 01235 831600
Fax: 01235 833891
Email: rpd@hpa.org.uk (Radiation Protection Division)
Email: chemicals@hpa.org.uk (Chemical Hazards & Poisons)
Website: http://www.hpa.org.uk

Marine Accident Investigation Branch (MAIB)
Tel: 02380 232527
Website: http://www.maib.gov.uk

Met Office Environmental Monitoring and Response Centre (EMARC)
Tel: 01392 886095
Website: http://www.metoffice.gov.uk
Metropolitan Police, Counter Terrorism Command (SO15) Incident Response and Coordination Centre
Contact through Force Control Room
Tel (Anti-Terrorist hotline): 0800 789 321
Website: http://www.met.police.uk/so

Ministry of Defence Deputy Chief of Defence Staff Duty Officer (DCDSO)
Tel (24-hour): 020 7218 8938
Website: http://www.mod.uk
(Search on ‘duty officer’ will bring up DCDSDO)

Ministry of Defence Headquarters Standing Joint Commander (SJC) (UK)
Contact through Force Control Room
National Arrangements for Incidents involving Radioactivity (NAIR)
Tel (general enquiries): 01235 831600
Tel (24-hour Incident Reporting): 0800 834 153
Email: nair@hpa-rp.org.uk
Website: http://www.hpa.org.uk

National Chemical Emergency Centre
Tel (general enquiries): 0870 190 6621
Email: ncec@aeat.com
Website: http://www.the-ncce.com

NPIA Specialist Operations Centre
Tel (24-hour): 0845 000 5463
Website: http://www.npia.police.uk

The Police National Information and Co-ordination Centre (PNICC)
Contact via Force Control Room
Telephone: 0207 084 8746

Police National CBRN Centre
Tel (24-hour Duty Officer): 0845 000 6382
Email: cbnopscentre@npia.pnn.police.uk

POLKA (Police Online Knowledge Area)
Website: http://www.polka.police.uk
Note: (Access to Polka is restricted to pnn email network users)

RADSAFE
Tel (24-hour Incident Reporting): 0800 834153
Website: http://www.radsafe.org.uk
Rail Accident Investigation Branch (RAIB)
Tel: 01332 253300
Email: enquiries@raib.gov.uk
Website: http://www.raib.gov.uk

UK DVI National Coordinator (ACPO DVI)
Tel: 0207 084 8763

WRVS
Tel (Customer Service Centre): 02920 739000
Tel (24-hour Emergency Contact): 07714 898526
Website: http://www.wrvs.org.uk