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Practice advice: Dealing with sudden unexpected death

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College of Policing Limited
Leamington Road
Ryton-on-Dunsmore
Coventry CV8 3EN

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For any other enquiries regarding this publication, please email jo.taylor@college.pnn.police.uk

For suggestions regarding amendments and updates, please email pathology@homeoffice.gov.uk

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Introduction

This guidance provides advice on dealing with the initial stages of a sudden and unexplained death. Separate guidance provides advice on the medical and pathology aspects of any subsequent homicide investigation.

Together, they replace Chapter 11 (Pathology) of the ACPO (2006) Murder Investigation Manual and have been approved by NPCC, the Chief Coroner and the Coroners' Society of England and Wales.

This advice relates to the investigation of the death of adults. Separate practice advice can be found for the investigation into the death of children at <http://library.college.police.uk/docs/acpo/ACPO-guide-to-investigating-child-deaths-2014.doc>

Dealing with death

Dealing with the death of a person is a fundamental role within policing which has, over the years, brought much criticism to the police service in England and Wales.

The system of death investigation in England and Wales essentially fits into one of three pathways:

- Death which is anticipated due to ill health and where a medical doctor is able to issue a Medical Certificate of the Cause of Death (MCCD).
- Death where a doctor is unable to issue a MCCD because they had not recently been treating the deceased or because the death was unexpected. The case is then referred to a coroner for investigation. This will usually involve the police and a coroner's officer, who attends the scene of the death to complete an initial investigation on behalf of the coroner. If the outcome of that investigation is that the death is not suspicious and there is no third party involvement, the coroner will continue with the investigation. This is often assisted by the police, and may involve the appointment of a non-forensic hospital histopathologist to conduct a postmortem examination to help determine the medical cause of death.
- Death where the outcome of the police investigation is that the case is suspicious. The police then take on primacy in the investigation. In consultation with the police, the coroner appoints a Home Office registered forensic pathologist to conduct the postmortem examination. Normal non-forensic postmortems and forensic postmortems

are very different. Therefore, if the outcome of an initial police investigation is flawed, and the decision by the police is that the case is not suspicious, there will be no forensic examination of the body and a potential homicide could be missed.

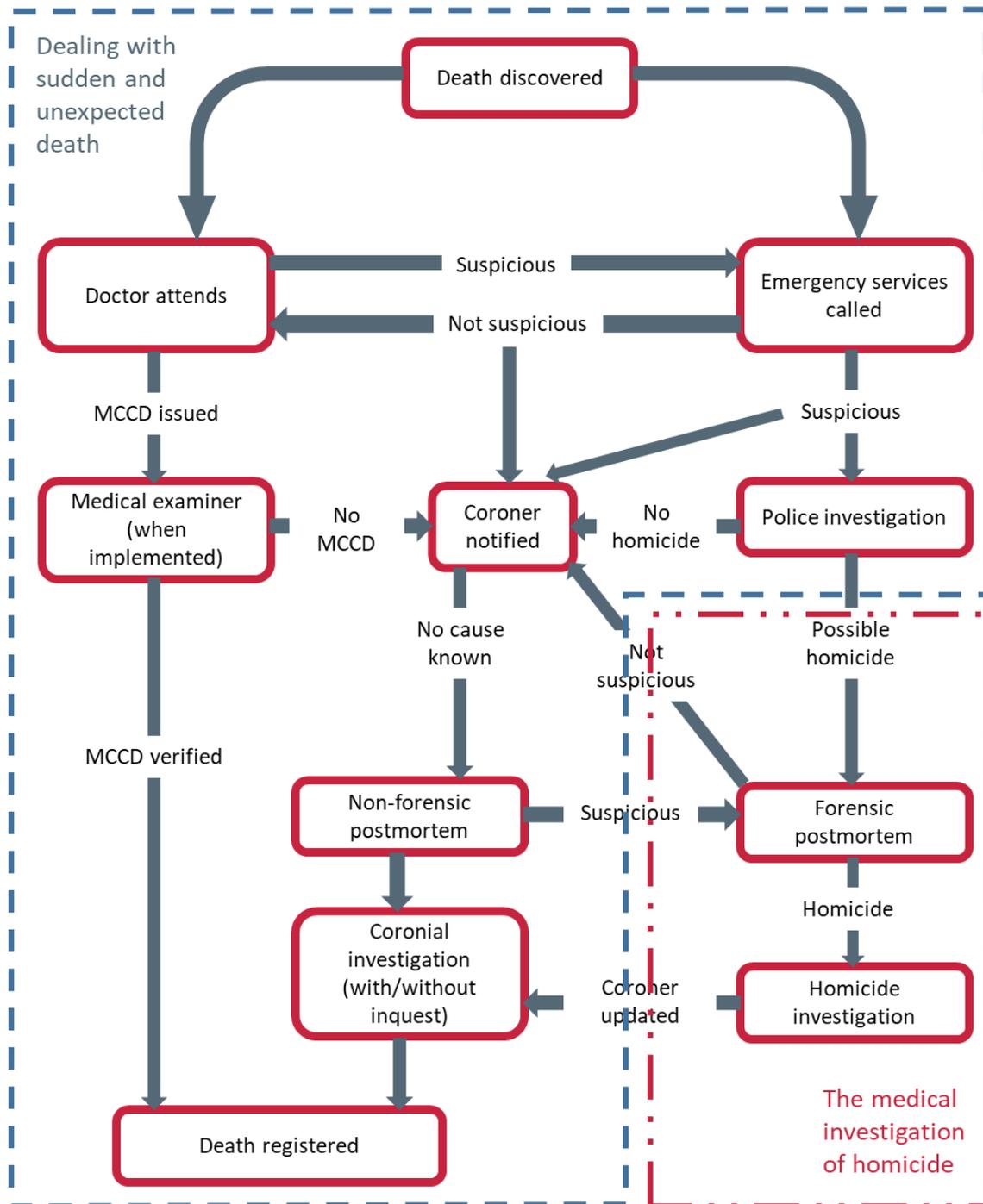
A report published by the Forensic Science Regulator¹ in December 2015 highlights the potential to 'miss' a homicide. In order to reduce the likelihood of such a miss, it is essential that the police service deals with death in a systematic and professional manner.

The following diagram outlines the process of death investigation in England and Wales. It includes the boundaries between this guidance and 'The medical investigation of suspected homicide' guidance.

¹https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/484298/Report_into_the_2012_FSR_FP_Audit_Publication_copy_pdf.pdf



Death investigation in England and Wales



Initial response and actions

Police involvement in a sudden and unexplained death will usually begin with a call to the command and control centre. This may lead to the deployment of an officer to the scene where the body lies. This is an important phase of the investigation and it is essential that the call handler ensures that the following actions are completed (please note, that if the case involves the death of a child, each force will have its own policy based upon the national guidance – see above):

- Caller details are obtained.
- Location of the body is established.
- Confirm an ambulance has been deployed.
- Establish who is present with the body.
- Ensure intelligence checks are made in respect of the deceased and the address where the body is located.
- Risk assessment is undertaken prior to deployment of resources.
- Deployment of resources is made in accordance with force procedures.
- When deploying officers, ensure use of language is non-judgemental and unbiased so that the attending officer does not pre-judge whether the death is suspicious or not.

The main priorities for the attending officer are firstly their own health and safety, and secondly to preserve life. The person may not be dead, so whether or not life is extinct will need to be established. The officer should consider first aid and other life saving measures as a priority, and confirm ambulance dispatch with the control room. If there is any doubt as to whether the person is dead, an ambulance should be deployed. Ensure that any doctor or other healthcare provider deployed is suitably trained in dealing with potential crime scenes.

Confirmation of death

Note: It is a fundamental responsibility of the police service to preserve life. First attending officers should not assume a person is dead unless the circumstances are plainly obvious to the non-medically qualified. If there is any doubt whatsoever, call for an ambulance immediately. Obvious examples that may not require the attendance of a medical professional to pronounce death would be a decapitated or badly decomposed body, multiple body disruptive trauma, where a body is severely burnt or has been subjected to prolonged submersion, or has been predated by animals (where the body is missing essential parts).

If the case appears to be non-suspicious, the doctor who has treated the deceased within 14 days of death may attend and issue a MCCD. Once this has been issued, there may be no further need for police involvement other than for the security of any property.

Actions to be taken before postmortem

If a MCCD cannot be issued, the case will have to be referred to the coroner for investigation. It may also be considered a suspicious death and therefore the attending police officer will need to conduct and confirm the following:

- Note what is seen and what the officer does (consider body-worn video/notes, sketches, etc.).
- Assess the body – injuries/trauma/evidence of burning?
- Sign of break in/disturbance/alcohol/drugs (including paraphernalia)?
- Search the scene for other bodies/offender present or hiding?
- Establish if the deceased was vulnerable.
- Intelligence checks on the deceased and on the property.
- Identify witnesses.
- Consider the death suspicious until otherwise identified.
- If third party involvement is suspected, protect the scene and set up a cordon. Call for assistance and maintain a scene log.
- ABC – Assume nothing; Believe nobody; Challenge everything!
- Ensure a supervisor and Crime Scene Investigators are informed.

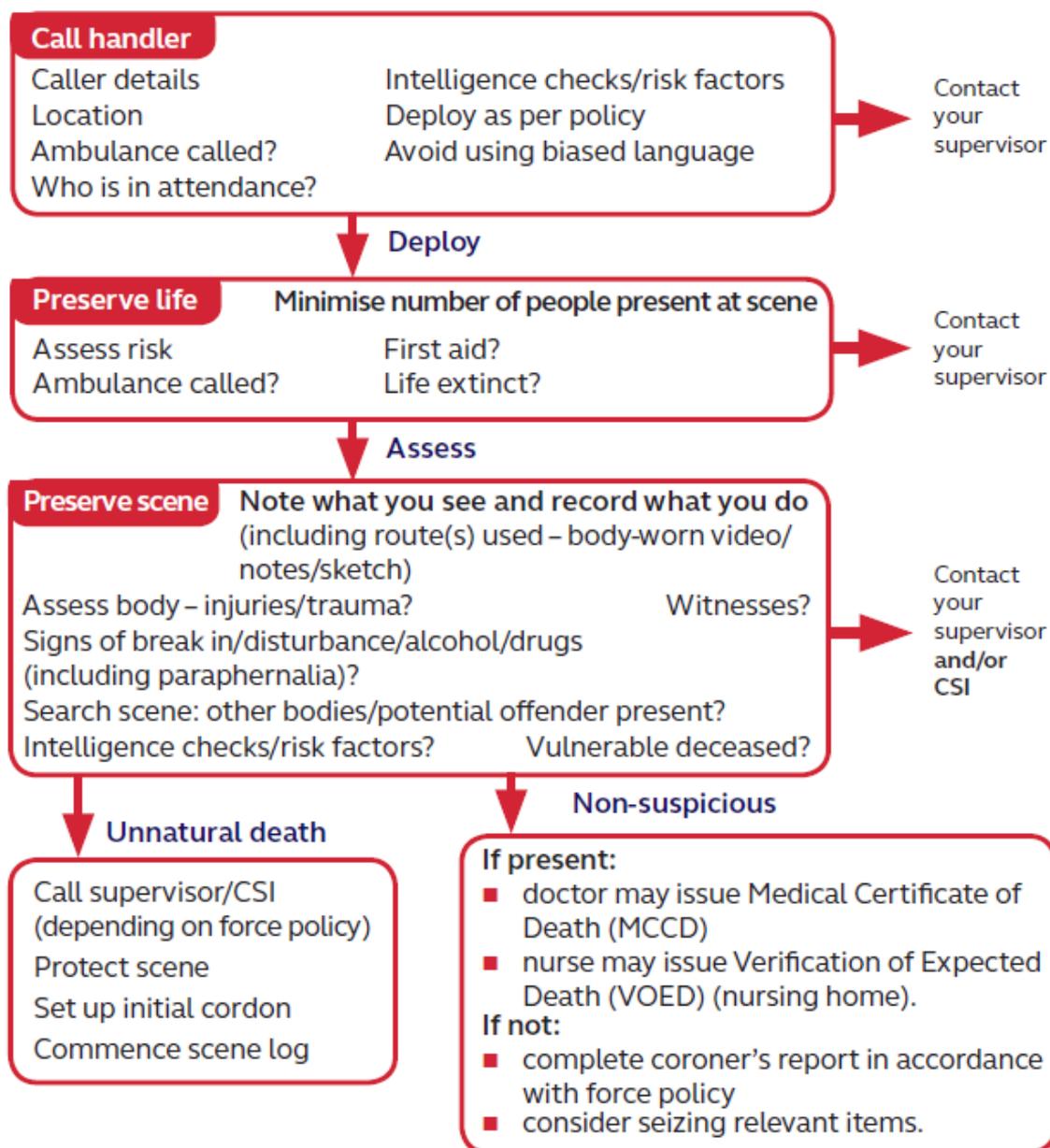
The following diagram outlines guidance on first actions. It can also be accessed via the College of Policing [Managed Learning Environment](#) (MLE) (login required, then search for code **PEQF_P IPL1-2_LR_002_PDF**).



Guidance on first actions at the scene of a sudden and unexpected death

ABC – Assume nothing, Believe nobody, Challenge everything!

If deceased is under 18 years old, contact supervisor re Child Death protocol.



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