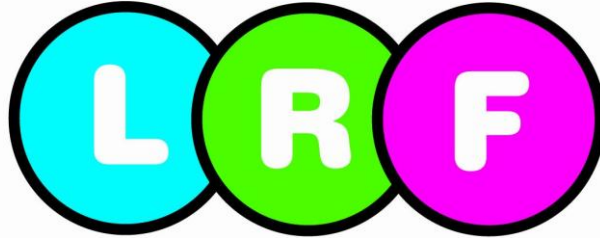


Devon • Cornwall • Isles of Scilly



Local Resilience Forum

MASS FATALITIES PLAN



All items in this document are classed as open under the Freedom of Information Act unless otherwise stated. All closed items include the relevant Freedom of Information Act exemption.

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Distribution

Name	Department	Organisation

This Plan is owned by the Devon, Cornwall and Isles of Scilly LRF, maintained, and updated by the LRF Mass Fatalities Subgroup. All users are asked to advise the Secretariat of any changes in circumstances that may materially affect the plan in any way.

Details of changes should be sent to:

Devon, Cornwall and Isles of Scilly Local Resilience Forum Secretariat

Email lrf@devonandcornwall.pnn.police.uk

Devon, Cornwall and Isles of Scilly Local Resilience Forum Linked Plans:

The following multi-agency LRF and single agency plans are relevant to, and should be read in conjunction with, this LRF Mass Fatalities plan:

1. Combined Agency Emergency Response Protocol (CAERP).
2. LRF Combined Search and Rescue Plan (CSARP)
3. LRF Humanitarian Assistance Centres Multi-Agency Plan.
4. LRF Emergency Mortuary Plan
5. LRF Mass Casualties Plan
6. LRF Large Scale Evacuation & Shelter Strategic Framework.
7. LRF Excess Deaths Plan

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1. INTRODUCTION

1.1 TITLE & OWNERSHIP

This document is entitled the 'Devon, Cornwall and Isles of Scilly LRF Mass Fatalities Plan'.

It has been produced by the Devon, Cornwall and Isles of Scilly LRFs. The LRF has the rights of ownership of this document, with publication and distribution being agreed by the LRF members. No amendment, replication or distribution of this protocol is permitted without the express agreement of the LRF.

1.2 INTRODUCTION

The National Risk Register requires all Local Resilience Forums to plan for a Mass Fatalities emergency. The requirement is to have the capability to recover 2,400 fragmented deceased victims in a major conurbation as far as possible within 72 hours – following seven no notice incidents. In addition, victims should be identified within two months and safely buried or cremated within eight to twelve weeks of identification.

H.M. Government has established national Disaster Victim Identification (DVI) protocols and standards. In addition, a National DVI Team has been developed within the United Kingdom. The purpose of this Team is to have a pool of suitably trained personnel who can deploy anywhere in the World (including within the U.K.) in response to a Mass Fatalities emergency. However, the issues affecting the National DVI Team lie outside the scope of this plan. Further information about the National DVI Team can be obtained from the Contingency Planning Unit of the Devon & Cornwall Police.

Training and exercising is an essential requirement to ensure any activation of this plan is successful. Each agency is responsible for identifying key personnel who may be involved in the response to a Mass Fatalities Major Incident. That agency must ensure suitable training is provided. It is hoped that some aspects of training can be provided on a multi agency basis, and wherever possible, exercises will also be on a multi agency basis. These multi agency training and exercising will be administered by the Training and Exercising Sub Group of the Local Resilience Forum.

1.3 PURPOSE OF THE DOCUMENT

The purpose of the document is to act as the overarching protocol by which all Mass Fatalities Major Incidents are managed within this LRF area and provides the underpinning principles for the development of all strategic and tactical plans in relation to a Mass Fatalities Major Incident.

It is for use by all Category 1 and Category 2 responders, as defined in the Civil Contingencies Act 2004, when each respective organisation is invoking special procedures to deal with a Mass Fatalities Major Incident.

Mass Fatalities Plan

The principles outlined in this plan should act as guidance and therefore it does not contain detailed instructions. It is intended to provide a basis of understanding upon which other multi-agency plans are developed. This is a STRATEGIC document, under which appropriate STRATEGIC LRF and TACTICAL plans for each agency sit. These tactical plans contain the detailed information by which personnel deployed to a Mass Fatalities Major Incident will carry out their required functions.

This plan is intended for use in 'no notice' incidents involving mass fatalities. It is not suitable for 'rising tide' type incidents such as pandemic flu deaths and should not be utilised in these circumstances.

In addition whilst there may be capability provided or funded at a National, Regional and/or local level to contribute to the LRF's response to a Mass Fatalities emergency, this document does not consider the detail of such capability, as it is subject to change.

The guidance emphasises the necessity to establish liaison between all the responders involved in the response from the onset of an emergency and continually throughout at all levels of command. By its achievement each agency will be able to carry out their roles and responsibilities to maximum efficiency as part of a unified joint strategy.

1.4 PROTECTIVE MARKING

This document is not subject of a protective marking classification, and is suitable for disclosure under the terms of the Freedom of Information Act.

1.5 REVIEW & AMENDMENT

The Mass Fatalities Plan is a 'living document' therefore is subject to review by the LRF to ensure it is current, reflects best practice, and is fit for purpose.

It will be amended when required, and in any case, it will be subject to review at least every three years.

2. ACTIVATION

2.1 DEFINITION – MASS FATALITIES INCIDENT

A Mass Fatalities incident is any incident where the number of fatalities or the circumstances of their deaths mean that normal local arrangements cannot provide an adequate response to that incident.

2.2 THRESHOLDS

There is no threshold laid down to dictate when to declare a Mass Fatalities incident.

Each incident will have to be judged on the circumstances at the time. Issues which may determine whether to declare a Mass Fatalities incident include:-

- The number of deceased
- Degree of fragmentation of bodies
- Whether the incident which resulted in the deaths is a terrorist or other criminal act
- The current mortuary capacity
- The incidence of other similar incidents elsewhere in the Region or United Kingdom
- Contamination of the deceased
- The requirement for a forensic post mortem

2.3 CASCADES AND COMMUNICATIONS

It is likely that a Strategic Co-ordinating Centre and Strategic Co-ordinating Group will have been established before a Mass Fatalities incident is declared, therefore the cascade and communications protocols should be in place.

However, if this is not the case, the lead co-ordinating agency (normally the Police) will ensure all relevant agencies and authorities are notified of the nature and scale of the incident and any declaration or potential declaration of a Mass Fatalities incident.

3. THE COMBINED RESPONSE

3.1 COMMON OBJECTIVES

All agencies responding to a Mass Fatalities incident will, as far as is practicable under the circumstances work to these common objectives:-

- The efficient and timely recovery and identification of deceased victims
- Providing for the needs of the family and friends of the deceased
- Reuniting the deceased with their family as soon as practicable
- Facilitating Police, Coronial and other investigations
- Caring for the deceased in a dignified and respectful way
- Respecting the cultural and faith issues of the deceased and their families
- Providing adequate support structures
- Arranging for the return of personal effects

3.2 COMMAND CONTROL AND CO-ORDINATION

Once a Mass Fatalities incident has been declared, a Mass Fatalities Co-ordination Team (MFCT) will be established.

This team is a Sub Group of the Strategic Co-ordinating Group.

The Mass Fatalities Co-ordination Team will be chaired by the Senior Identification Manager (SIM) appointed by the Gold Commander. Normally, this will be a trained and accredited SIM from the Devon & Cornwall Constabulary. However, trained and accredited SIMs from other Police Forces could be called upon to chair the MFCT.

The MFCT will comprise of the following people or agencies:-

Senior Identification Manger (SIM)
 H.M. Coroner
 Coroner's Officer
 Senior Investigation Officer
 Scene Evidence Recover Manager
 Casualty Bureau Manager
 Family Liaison Officer Co-ordinator
 Mortuary Documentation Manager

Meetings will be held in person although representatives can participate by means of video or audio conferencing at the Chair's discretion.

3.3 ROLES AND RESPONSIBILITIES

These common objectives should be achieved in conjunction with the primary roles and responsibilities of each Category 1 responder, which can be summarised as follows:

H.M. CORONER

The Coroner is an independent judicial officer who operates to examine those deaths reported to them. They have the responsibility to establish, in respect of each body recovered, the identity of the deceased and the cause and circumstances of their death.

When there is a body lying in their district and the death appears to be violent or unnatural, an inquest must be held, unless the person is shown to have died of natural causes.

The Coroner will decide whether a post mortem is required to establish the cause of death. In addition, the Coroner issues a burial order or cremation certificate and registers the death once any inquest is concluded in cases where one is required.

In Mass Fatalities incidents where the deceased lie in the jurisdiction of more than one coroner, the coroners involved will consult and appoint a lead coroner, who will deal with that mass fatalities incident on behalf of all the coroners involved.

The Coroner will establish and chair an Identification Commission, the role of which is to determine the identity of each of the deceased victims of the incident.

CORONER'S OFFICERS

Coroner's Officers are provided to support the Coroner in the discharge of their duties. They assist the Coroner in obtaining information, liaison with hospitals, documentation and other tasks. The Coroner's Officer performs a liaison role with the Family Liaison Officer Co-ordinator and the Casualty Bureau.

The Coroner's Officer will support the Coroner in the documentation of the identification procedure and the arrangements for any inquests.

POLICE

The key role of the Police is to investigate any crimes which may have been committed and to assist H.M Coroner in the identification of the deceased.

SENIOR IDENTIFICATION MANAGER (SIM)

The Senior Identification Manager (SIM) is a Police Officer who is trained and accredited to perform that role. The SIM's responsibility is to manage the recovery of the victims and human remains from the scene, to establish and manage a Disaster Victim Identification team, Police Mortuary Operations Team, a Casualty Bureau, Family Liaison teams, Hospital Documentation teams and the identity commission on behalf of the coroner.

The SIM will chair the Mass Fatalities Co-ordination Team. They will also sit on the Identification Commission.

SENIOR INVESTIGATING OFFICER (SIO)

The Senior Investigating Officer is a Police Officer who is trained and accredited to perform that role. Their responsibility is to conduct an efficient and effective investigation into any criminal offences which may have been committed in relation to the Major Incident. The SIO sits on the MFCT and also on the Strategic Co-ordinating Group.

SCENE EVIDENCE RECOVERY MANAGER (SERM)

A Scene Evidence Recovery Manager (SERM) will be appointed by the Senior Identification Manager.

The Scene Evidence Recovery Manager will be a Police Officer who is a qualified Police Licensed Search Advisor (POLSA) and/or an appropriate Crime Scene Manager possibly working together. In addition, the SERM will be DVI trained. They will operate as a BRONZE Commander at the scene, working to the Police SILVER Commander who is responsible for the incident. However, the S.I.O. and S.I.M. will direct the work of the SERM and provide the policy decisions by which the SERM determines their priorities.

The Scene Evidence Recovery Manager (SERM) is responsible for all aspects of the recovery of the deceased, human remains, property and evidence from the scene of a Mass Fatalities incident

In addition, if the Mass Fatalities incident involves an aircraft, train or ship, then the appropriate statutory investigation body will also be part of the scene recovery work. Either the Air Accident Investigation Branch, Rail Accident Investigation Branch or Maritime Accident Investigation Branch will provide a lead investigator who will sit on the MFCT.

The role of the SERM is to:-

- Develop a site clearance strategy in line with the policies of the SIO & SIM,
- Liaison with other investigative agencies,
- Identify resources to fulfil site clearance strategy,
- Sectorise the scene and allocate resources to undertake scene clearance,
- Ensure the deceased and human remains are recovered in line with national practice,
- Arrange suitable storage for the deceased and human remains,
- Arrange recovery and storage of all property and evidence in line with the policies of the SIO. and SIM,
- Ensure the welfare needs of the personnel deployed are adequately addressed,
- Ensure all appropriate Health and Safety issues are addressed, and,
- Maintain a full documentary record and audit trail of the recovery process.

Where there is more than one scene, a SERM will be appointed for each scene unless otherwise agreed by the SIM.

FIRE AND RESCUE SERVICE

The Fire and Rescue Service's key role is to rescue viable human life. During this phase, if Fire and Rescue personnel come across a deceased person or human remains, they will leave them in situ. If it is necessary to remove a deceased person to facilitate the rescue of a living person, the Fire & Rescue Service Silver Commander will inform the Police Silver Commander of their intentions. The location of the deceased will be noted by the Fire & Rescue Service, and the deceased taken to the Victim Audit Area.

Once that has been achieved, they will pass the responsibility for the Inner Cordon to the Police Scene Evidence Recovery Manager.

NATIONAL HEALTH SERVICE (NHS)**THE SOUTH WESTERN AMBULANCE SERVICES TRUST**

The priority for the Ambulance Trust is the recovery of the living, particularly those requiring urgent medical attention at a hospital or other facility.

ACUTE TRUSTS

There are five hospital Trusts in Devon and Cornwall at Treliske (Truro), Derriford (Plymouth), Torbay (Torquay), Royal Devon and Exeter, Wonford (Exeter) and North Devon District (Barnstaple).

The five hospital trusts have mortuary facilities. Hospital mortuaries could only be used in a mass fatalities providing normal use was not compromised.

Hospital trusts are regulated by the Human Tissue Authority. It is normal practice for the trust to be the Licence Holder and the Hospital Mortuary Manager to be the designated individual (DI). Hospital Mortuary Managers who are DIs may therefore be asked to undertake the role of Facilities Manager in an Emergency Mortuary set up in response to a mass fatalities incident. Alternative arrangements will need to be made if the Hospital Mortuary Manager is not a DI.

PRIMARY CARE TRUSTS

Primary Care Trusts (PCTs) are local health organisations responsible for managing health services in their own geographical area. They work with local authorities and other agencies that provide health and social care to make sure the community's needs are met.

There are 3 PCTs in Devon and Cornwall and 1 Care Trust (Torbay). In a Major Incident, PCT's and Care Trusts can provide additional resources such as Community Hospitals, Minor Injury Units, Community Nurses and GP's.

MENTAL HEALTH TRUSTS

There are specialist mental health services for Devon and Torbay, Plymouth and Cornwall and the Isles of Scilly. There are no facilities appropriate for mass casualties but operational sites in most large towns.

STRATEGIC HEALTH AUTHORITY

NHS South West, as the strategic Health Authority, performance manages the NHS locally and is the key link between the Department of Health and the NHS in Devon and Cornwall.

In a widespread Major incident the NHS South West will take Command and Control for all HNS trusts in Devon, Cornwall and the Isles of Scilly.

HEALTH PROTECTION AGENCY

The Health Protection Agency (HPA) may be called upon to advise the MFCT where there is the possibility of contamination at the scene or it is confirmed that the scene, the deceased, property or evidence is contaminated. This advice is in the context of ensuring the health and safety of the personnel who will have to operate within the affected area and other personnel involved in the identification process.

LOCAL AUTHORITIES

There are three types of Local Authorities in the LRF area. Unitary authorities are responsible for the provision of all Government services within their designated locality. The Isles of Scilly Council, Cornwall Council, Plymouth City Council and Torbay Council are all Unitary Authorities.

County Councils provide services such as education, social services and highways and there is only one in the LRF area – Devon County Council. In this area there are district councils which provide local services such as environmental and waste disposal, refuse and local amenities. There are eight in Devon; West Devon, Torridge, North Devon, Mid Devon, Exeter City, East Devon, Teignbridge and South Hams.

Local authorities have a statutory responsibility to fund the activities of H.M. Coroners and, jointly with the NHS, to provide mortuary facilities. This is contained within the Coroner's Act 1988.

Each Local Authority has the responsibility for preparing, maintaining and updating Contingency Plans under the Civil Contingencies Act 2004 and associated regulations in conjunction with other Category 1 Responders.

THE ENVIRONMENT AGENCY

The Environment Agency (EA) may be called upon to advise the MFCT where there is the possibility of contamination being present at the scene or it is confirmed that the scene, the deceased, property or evidence is contaminated.

MARITIME AND COASTGUARD AGENCY**H.M. COASTGUARD**

If the Mass Fatalities incident occurs below the High Water mark or out at sea, up to the 200 mile limit of British waters, H.M. Coastguard will be responsible for the co-ordination of the operation to recover the deceased and human remains at sea. The Police will remain in charge of identification procedures.

HARBOUR & PORT AUTHORITIES

The Harbour Master is responsible for the control and co-ordination of all incidents (other than the search and rescue elements, and counter terrorism) occurring inside the harbour authority's jurisdiction.

CENTRAL & REGIONAL GOVERNMENT

- Initial Central government response through Lead Government Department.
- The Regional Resilience Team is the local link for Central Government, and may assume a role of Regional Co-ordination in large scale regional or national incidents.
- Lead Department responsible for alerting Civil Contingencies Secretariat.
- May provide central oversight through the Civil Contingencies Committee of Ministers.
- May send a Government Liaison Team to the Strategic Coordination Centre. Representatives may include:
 - a. A Government Liaison Officer
 - b. A Consequence Management Liaison Officer
 - c. A representative of Cabinet Office Civil Contingencies Secretariat
 - d. Representatives from other central government departments and other organisations depending on the incident.
- May provide assistance with physical capability through The Home Office Central Assistance Programme, The National Emergency Mortuary Arrangements.

MILITARY

There is potential for establishing an emergency mortuary on MOD land: however, the availability of such land can never be assured. If military land is requested requests should be made via the Joint Regional Liaison Officer (JRLO) for the South West Region as necessary.

4. THE MASS FATALITIES PROCESS & TIMESCALES

The Mass Fatalities process associated with a no notice incident should be seen as one integrated process, commencing with the declaration of a Mass Fatalities Major Incident and ending with the inquest into the deaths of the deceased.

1 HOUR

Appointment of a Senior Identification Manager (SIM)
Notification of the relevant Coroner
Establishment of a Victim Audit Area
Establishment of a Survivors Reception Centre

4 HOURS

First meeting of the Mass Fatalities Co-ordination Team
Establishment of a Family and Friends Reception Centre
Decision taken regarding Mortuary provision and appointment of a Mortuary Documentation Manager, a Mortuary Operations Manager and a Mortuary Facilities Manager
Casualty Bureau opened and contact number published.

8 HOURS

Appointment of the Scene Recovery Manager
Establishment of Hospital Documentation Teams

12 HOURS

Deployment of the first Disaster Victim Recovery Teams.

48 HOURS

The Victim Reception Facilities at the Mortuary should be available for use.

72 HOURS

Humanitarian Assistance Centre should be established.

5. THE SCENE AND RECOVERY

In general, the principle during the Rescue Phase of a Major Incident is to focus on the rescue of viable life and to leave the deceased where they lie. If the scene is open to the public or the media, the Police Silver Commander may consider it prudent to arrange for the deceased and any human remains to be shielded from public view.

This can be achieved by covering the deceased with suitable material, or erecting screens around the Inner Cordon.

If it is necessary for the Fire & Rescue Service to move a deceased person in order to facilitate the rescue of a living person or one thought to be alive, they will consult with the Police Silver Commander. If agreed that it is necessary to move a deceased person, they shall be taken to the Victim Audit Area (see below). However, nothing should delay the immediate rescue of a living person where it is safe and required to be done to save life.

5.1 VICTIM AUDIT AREA

If there are fatalities, and a Mass Fatalities incident has been declared, the Police Tactical (Silver) Commander will establish an initial Victim Audit Area as soon as reasonably practicable. This may later become the official Victim Audit Area or a more suitable location may be set up during the body recovery process. In most cases, one will be established within one hour of the declaration of a Mass Fatalities incident.

The Victim Audit Area will be located within the Inner Cordon, unless the Inner Cordon delineates the extent of the Warm Zone in a CBRN incident, in which case it will be set up just outside the Cordon Access Point for emergency services personnel.

It will normally be formed by a demountable structure or other building constructed at the scene. However, permanent buildings can be used if available and suitable.

The Victim Audit Area will be staffed by at least one Police Officer. Their role is to document all deceased and human remains brought to the location. This will include where the deceased or human remains were found, whom by, and when.

Generally, the deceased will be left in situ during the rescue phase until the living have removed from the scene and the Police are able to deploy specialist Disaster Victim Recovery Teams at the incident. However, it may be necessary to remove a deceased or human remains from the place where they lie in order to facilitate the removal of a live person. In this case, the deceased or human remains will be taken to the Victim Audit Area by the person who recovered them. This person will remain in the Victim Audit Area until the deceased or human remains have been properly documented and formally handed over to a designated Police Officer.

5.2 DISASTER VICTIM RECOVERY TEAMS

The responsibility for the sensitive, timely and appropriate recovery of the deceased and human remains rests with the Police. This is because all Mass Fatalities incidents should be treated as crime scenes until the result of any investigation is properly concluded. In addition, there is the responsibility to recover property and evidence, tasks which naturally fall to the Police.

The recovery of the deceased will not begin until the Rescue Phase has been completed, and all the living have been located and rescued from the scene.

The recovery of the deceased and human remains will be undertaken by a Police Disaster Victim Team (D.V.R.T). These teams comprise volunteers, who are search trained officers which have been trained in the recovery of deceased and human remains. A Team normally comprises six officers, a Team Leader/Documentation Officer, two Recovery Officers, two Safety Officers and a photographer.

The number of Teams deployed will be determined by several factors, including the size of the scene, the potential number of human remains and deceased, the nature of the scene and weather conditions. The Teams will be under the command of a Police Scene Recovery Manager, who will act as a Bronze Commander. This Officer will probably establish a Search Control as a Bronze Control at the scene.

By the time a DVR Team has arrived at the scene, the Police Silver Commander may have established a Victim Audit Area, and some deceased may already be located there. The Scene Recovery Manager will liaise with the Coroner prior to the recovery process commencing.

The DVR Teams will use nationally agreed victim recovery labels and documentation.

All deceased and human remains will be plotted where they lie, and each deceased and human remain will be allocated a unique reference number and bar code.

The criteria for what determines a complete person and human remain will be determined by the Coroner in consultation with the SIM, and will be agreed as Policy. Generally, if human remains are physically attached in any way, they will constitute one human remain. Separate human remains, even if they are in close proximity, will be treated as two different items.

The disposal of non-identifiable residual human waste found at the scene will be not be decided upon individually. The coroner will decide en masse and generally any waste smaller than 5cm² will be disposed of humanely and anything bigger recovered as a body part.

The deceased and each human remain will be placed in a body bag and taken from the scene to the Victim Audit Area. It will be held here until taken to the mortuary.

5.3 CONTAMINATED BODIES

Where bodies are believed to be contaminated in some way advice will be sought from Specialist units from the Fire service or from Porton Down/AWE prior to any recovery. The deceased will be dealt with according to that advice and with reference to the appropriate risk assessment.

6. MORTUARY ARRANGEMENTS

Under normal circumstances, the local authority or local health authority provides mortuary facilities to store deceased people for identification, post mortem examination and storage until their return to their next of kin or other person for burial, cremation or other form of disposal.

After a mass fatalities incident, by implication normal mortuary arrangement facilities are likely to be insufficient, and alternative arrangements are required; these should be referred to as Emergency Mortuaries.

All deceased victims resulting from one incident or more than one connected incidents will be taken to one mortuary, unless the Strategic Co-ordinating Group determine that it is appropriate and affordable to use more than one mortuary. The reason for this is the use of more than one mortuary will involve multiplying the personnel required, potential distribution of the deceased or human remains over several locations, difficulties in reconciling the deceased and delaying identification, increased security concerns, and potentially greater confusion and distress to the family and friends of the deceased.

All the deceased persons and human remains recovered from the scene will be collected at the Victim Audit Area (see Section 5). In Devon and Cornwall it has been decided that the Police are responsible for transporting the deceased and human remains to the designated mortuary. If a person who was involved in the Major Incident for which the MFCT has been formed dies in hospital, they will be removed to the Mortuary established for this incident. The deceased person can be stored at the hospital's own mortuary whilst arrangements are made to transport them to the mortuary, but no post mortem or identification procedures should be carried out until they arrive at the appropriate mortuary.

The Mass Fatalities Co-ordination Team will assess the information known to them and then determine what mortuary facilities are required and where they will be located. The decision will be influenced by several factors, including the number of deceased, are they intact or fragmented, over what area are they located, are they mainly local people or from elsewhere, are they British nationals or from another country, what is the status of existing mortuary facilities?

The Mass Fatalities Co-ordination Team (MFCT) will then make a recommendation to the Strategic Co-ordinating Group on the requirement for mortuary facilities. In Devon, Cornwall and the Isles of Scilly LRF area it has been decided that there are four levels of response which may be activated. They are:-

6.1 LEVELS OF RESPONSE (no notice incidents)

Level I - NHS Mortuary Facility

A Level 1 response is to use existing NHS mortuary facilities in the LRF area. (Mortuaries in the LRF area are NHS-managed facilities. There are no Local Authority managed facilities).

It is difficult, at LRF level, to specify the number of human remains that can be managed at this level as factors will vary with each facility.

Level II – Enhanced NHS Mortuary Arrangements

A Level II response is to increase capacity at an existing mortuary facility e.g. by the provision of additional body storage units.

Again, it is difficult to specify the number of human remains that can be managed at this level as factors will vary with each facility and resources available.

Level III – Local Emergency Mortuary Arrangements

A Level III response is to establish a separate Emergency Mortuary facility using a combination of land, premises, demountable structures, and equipment from local resources, contracts, or elements of the national stock-pile.

This will only be considered if the response cannot be managed with Level I or Level II arrangements but does not require the full deployment of National Emergency Mortuary Arrangements (Level IV).

This is likely to be for an incident involving up to 100 fragmented deceased.

Level IV – National Emergency Mortuary Arrangements

A Level IV response is the deployment of the National Emergency Mortuary arrangements (NEMA) on a suitable site in the LRF area.

This response is intended to cater for the deaths of between 300 and 2400 intact victims.

6.2 MORTUARY ROLES AND RESPONSIBILITIES

The following are the outline responsibilities of the principle officers responsible for managing the mortuary. (further detail in the LRF Emergency Mortuary Plan)

Mortuary Documentation Officer

The MFCT will appoint a Mortuary Documentation Manager to be responsible for all aspects of documentation in relation to the post-,mortem examination of victims, to ensure evidential continuity is maintained in respect of each facility. The Mortuary Documentation Manager will either be a Police Officer (generally of the rank of Inspector or above)

The Mortuary Documentation Manager will sit on the MFCT and report to the S.I.M..

Mortuary Operations Manager

The Mortuary Operations Manager will be a Police Officer who is trained and accredited for this role. Generally, the officer will be a Crime Scene Manager, well versed in the requirements for forensic recovery of evidence. The Mortuary Operations Manager is responsible for all aspects of the operation of the mortuary in relation to the criminal and forensic investigation and they will work closely with the Supervising Forensic Pathologist and Teams.

The Mortuary Operations Manager will head the following Teams:-

- Security Team
- Reception Team,
- Post Mortem Team(s),
- Viewing Team(s),

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Exhibits Team,
and body storage and movements team

MORTUARY FACILITIES MANAGER

The relevant Local Authority will appoint a Mortuary Facilities Manager who is responsible for all aspects of the provision of suitable personnel and equipment required by the mortuary to fulfil the strategy set by the S.I.M.. The Mortuary Facilities Manager will head the following teams, each of which has a Team Leader:-
Logistics Team,
Human resources

CBRN

The Home Office has produced a guidance document entitled 'The Safe handling of Contaminated Fatalities' for use after a CBRN, not a HAZMAT, incident. The document has the protective marker of RESTRICTED and the proposed procedures are likely to alter significantly the procedures followed by the mortuary process.

7. IDENTIFICATION COMMISSION AND RELEASING THE DECEASED

7.1 IDENTIFICATION COMMISSION

The Identification Commission is responsible for the identification of each deceased person to the satisfaction of H.M. Coroner. The ID Commission is chaired by the Coroner and will meet as required to hear evidence presented by ante and post mortem teams in order to identify the deceased.

The composition of the Identification Commission will be determined by H.M. Coroner, and whilst it will be similar to the MFCT, the ID Commission has a specific function to fulfil. A supervising pathologist will be appointed to support the Coroner in their work. The membership of the ID Commission will be determined by H.M. Coroner and ratified by the Strategic Co-ordinating Group.

A suggested membership is:-

- H.M. Coroner
- Coroner's Officer
- Senior Identification Manager
- Senior Investigating Officer (or a representative)
- Overall Incident Commander (or a representative)
- Supervising Pathologist
- Mortuary Manager
- Mortuary Operations Manager
- Mortuary Documentation Co-ordinator
- Family Liaison Co-ordinator (FLC)

Other people may be co-opted onto the Commission if required, for example:-

- Attendant Pathologist (i.e. the one who conduct the Post Mortem examination on that deceased)
- Fingerprint expert
- DNA expert
- Odontologist
- Radiographer
- Other specialists (podiatrists, jewellery or documentation experts)
- Independent advisors

However, the attendance at a meeting of the ID Commission must be restricted to those who have a clear need to be present and must be kept within appropriate numbers for the Commission to function effectively.

The Identification Commission will meet at regular intervals to hear evidence from the Ante Mortem and Post Mortem Teams in order to establish the identity of each deceased victim, until all the victims have been identified. The ID Commission can require additional investigation in cases where it is not satisfied sufficient evidence is currently available on which to make a definitive identification.

Once the ID Commission is satisfied a definitive identification has been made, the Coroner will arrange for the family of the deceased to be informed of the identification at the earliest opportunity. The ID Commission will ensure the relevant

identification evidence is prepared for the benefit of the Inquest and any other subsequent enquiry.

7.2 RELIGIOUS AND CULTURAL ISSUES

The religious, cultural and ethical considerations of the main religious faiths and ethnic groups in the UK are included in the Home Office document 'The needs of Faith Communities in Major Incidents: Some Guidelines' (2005). These guidelines should be followed as far as practicable.

7.3 VIEWING THE DECEASED

Viewing is never conducted to establish visual identification, reliance now being placed on scientific disciplines such as DNA profiling. However, it is the right of bereaved families to view the remains of their loved one, subject to prevailing health and safety issues, such as HAZMAT or CBRN contamination.

Families will want to view for human and emotional reasons and should not be discouraged, although clear information should be provided by the FLO about the physical condition of the loved one in order to allow families to make informed decisions about the process.

Where possible, the body will be transferred to a funeral director, where viewing can be conducted with the greatest of respect for the dignity of all those concerned, away from the mortuary where the environment may not be conducive.

7.4 RELEASE OF THE DECEASED

The Identification Commission will decide when the deceased can be released to their families. It may be necessary to delay release until the complexities of the identification process have been completed, and this may cause the family distress.

It is recommended the Coroner consults with the families and advises them on the nature of the process with anticipated timescales for release. It is accepted to be good practice not to be over optimistic in giving unrealistic dates merely to appease a family. Honesty and integrity are important in maintaining the families' confidence in the process.

Where the deceased has suffered disruption or fragmentation, bereaved families should be given the choice of whether to:-

- wait until all the remains are recovered and identified,
- to ask for the release of the remains, hold a funeral and be informed when further remains are recovered and identified, or,
- to hold a funeral and not be informed if further remains are recovered and identified.

Every effort should be made to comply with the wishes of the family unless there are sound and justifiable reasons why they cannot be adhered to.

7.5 DEATH NOTIFICATION, REGISTRATION and CERTIFICATION

If there is to be no inquest, the Coroner will issue a Death Notification Certificate to the Registrar of Births Deaths and Marriages. However, if there is to be an inquest, the Registrar of Births Deaths and Marriages will not issue a Death Certificate until the inquest is concluded. This will be the case in the event of a violent death.

The Coroner can open an Inquest, hear evidence of identification and issue an interim certificate of the fact of death to the next of kin. If the post mortem procedures have been completed to the satisfaction of the Identification Commission, the Coroner can issue an Order for Burial or Certificate for Cremation.

A death must be registered by the next of kin with five days of notification, unless the Registrar allows this period to be exceeded. The appropriate Registrar for Births, Marriages and Deaths registers the death in the Sub District in which the death occurred.

7.6 BURIAL or CREMATION

Approximately 30% of the population in the UK chose to be buried in normal circumstances.

There are non traditional forms of burial, such as green burials or burials at sea, which families may wish to follow. If at all possible, these alternatives should be provided if reasonably requested by the family.

There is no obligation on a local authority to provide new burial grounds. If one is required as a result of a Mass Fatalities incident, the relevant local authority should consider using compulsory purchase orders under Sections 121 and 214 of the Local Government Act 1972. Issues such as the water table, proximity to drinking water sources, location of services and safe excavation must be taken into account; specific advice should be obtained from the Environment Agency.

About 70% of the population chose to be cremated in normal circumstances, mainly for personal, cultural or religious reasons. Each cremation takes about 1 and half hours to complete, and must be performed by an accredited person. Most crematoria cannot operate 24 hours a day, and the availability of suitable personnel to conduct the cremation is another limiting factor.

Families will be consulted wherever possible about the remains. The ashes can be returned for scattering in a garden of remembrance or at a favourite location. Alternatively, they can be buried at a suitable location.

7.7 FUNERAL ARRANGEMENTS

It is the responsibility of the family to make the funeral arrangements in the usual way. Normal practice is for a Funeral Director to be appointed by the family who will make the necessary arrangements for the funeral to be conducted in line with the family's wishes.

7.8 REPATRIATION

If the deceased is a foreign national, or has particular connects with another country, the family may wish the deceased to be repatriated to another country. Repatriation will normally be undertaken by the Funeral Director, and be at the expense of the family or insurance company.

Regulations regarding repatriation vary from country to country, so liaison with the relevant Embassy or Consulate is strongly recommended. The responsible Coroner will be required to issue an 'Out of England Order' notice to allow the deceased to be taken outside of England and Wales.

8. ANTE MORTEM

Ante Mortem issues are those to do with the collections of information relating to deceased prior to their death. This includes the deployment of Family Liaison Officers, the establishment of a Casualty Bureau and Hospital Documentation Teams.

8.1 FAMILY LIAISON OFFICERS

Family Liaison Officers are Police Officers trained to collect ante mortem from the family and friends of missing people as a result of a Major Incident. As soon as a Mass Fatalities incident has been declared, a Family Liaison Co-ordinator will be appointed. This person will sit on the MFCT, and is responsible for the provision and management of all Family Liaison Officers deployed in response to the incident.

The Family Liaison Co-ordinator will determine the policy for the deployment of FLOs to families and friends in line, which will be agreed by the SIM and the MFCT.

Family Liaison Officers can be deployed to Family and Friends Reception Centres, Family Assistance Centres, Hospitals and other locations.

The primary role of the FLO is to investigate the person believed to be involved in the incident so that they can rule this involvement in or out as quickly as possible. They are also trained to support people in the initial stages of a Major Incident.

8.2 HOSPITAL DOCUMENTATION TEAMS

If injured people have been taken to hospital, a Hospital Documentation Team will be deployed to every receiving hospital. This may require support from Police Forces outside the Devon & Cornwall Constabulary.

The Team will comprise of a Police Major Disaster Room Manager(MDRM) as team leader and at least two Constables who have received reception awareness training. On arrival at the hospital, the MDRM will liaise with the Patient Tracking manager and agree working practices so as not to get in the way of treatment of patients.

The Team will visit all casualties from the Major Incident and document them on the approved forms, which are pre-located at the main receiving hospitals and held in Go boxes across the Force area.

The role of the Hospital Documentation Team is to obtain all necessary details of all people who are brought to that hospital from the scene of a Major Incident, or whom self present having made their own way to the hospital. The parameters for what details are required will be set by the S.I.M.

The Hospital Documentation Team must be aware that persons who were involved in a Major Incident and have been injured are also witnesses, and indeed some may be suspects if the incident may be the result of terrorism or other criminal action. Therefore, the S.I.O. may also set parameters for the collected and exhibiting of clothing and other potential evidence. The Hospital Documentation Team is also

responsible for the collection and storage of exhibits at the hospital on behalf of the SIO.

The Hospital Documentation Team must take details of any injured person at the hospital who has any limbs or body parts missing. These details must be passed to the Mortuary Documentation Manager in order for procedures at the mortuary to reconcile human remains with persons alive and in hospital.

8.3 CASUALTY BUREAU

The role of the Casualty Bureau is to provide an initial single point of contact and information point for all records and data relating to persons who are believed to be involved in a Major Incident. It has three fundamental roles:-

- To obtain relevant information on persons involved or potentially involved,
- To process that information, and,
- To provide accurate information to family and friends, to the S.I.O. and H.M. Coroner.

The Casualty Bureau is not an information bureau for the general public. If it is decided some form of information line is required for the benefit of the general public, this must be a separate function, one normally the responsibility of the relevant local authority.

When a Mass Fatalities incident is declared, the Strategic Co-ordinating Group will consider the establishment of a Casualty Bureau. The Casualty Bureau will be managed by a Police Officer with experience of the Casualty Bureau and its operation. The Casualty Bureau Manager will sit on the MFCT.

A telephone number will be allocated by which the public can contact the Casualty Bureau. This number will only be released to the Media when decided by the S.I.M., who will ensure adequate provision is in place to commence receiving calls as soon as the number becomes known in the public domain.

Mutual Aid will be requested via Casweb if required to ensure there is a spread of locations receiving incoming calls from the public due to the potential demand on the system. Casweb is a web based function that allows for mutual aid between Police Forces.

8.4 IDENTIFICATION CRITERIA

The Senior Identification Manager will set the Identification Criteria appropriate to that specific event. Three crucial elements of the response will combine to lead to the successful identification of the deceased. These are:-

1. Recovery of the deceased from the incident and other evidence gathered from the scene where the body was found,
2. The collection, and quality of ante and post mortem data in order to match data to confirm identity, and,
3. Evidence ascertained from examination, through scientific samples of post mortem of the deceased.

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A four stage process should be built into the identification criteria.

Stage I – a person is believed to have died in the incident, i.e. a credible report has been received that a person is missing or unaccounted for,

Stage II – a person is likely to have died in the incident, i.e. evidence has been recovered which potentially places a person at the scene of the incident at the time it occurred,

Stage III – a person is identified by the Identification Commission,

Stage IV – identity has been confirmed by H.M. Coroner.

The identification criteria set will allow for people to be eliminated from the process. For example, early identification of the gender of the deceased may eliminate several missing or unaccounted people from that enquiry.

9. HUMANITARIAN ASSISTANCE

Humanitarian Assistance covers all aspects of support to people directly involved in the incident and those indirectly involved due to their relationship with someone directly involved.

The humanitarian response to any emergency will be a package of care, with a range of agencies working together. The exact nature of the provision will depend on the type of emergency and the impact it has had on the community and people's needs.

Some areas of humanitarian assistance likely to be required are:-

- Basic shelter,
- Information about what has happened,
- Financial and legal support,
- Emotional support,
- Advice and direction on how to get further help and assistance,
- Facilitation of communication and networking,
- A link to any Police investigation, and,
- A point of contact for longer term support and advice.

9.1 SURVIVORS RECEPTION CENTRE (SRC)

Uninjured or slightly injured survivors may be temporarily accommodated within a Survivors Reception Centre. A suitable location will be identified by the Tactical Commander. Suggested locations include Leisure Centres, Community Centres, Sports Clubs and other similar venues. This must be a secure area where survivors not requiring acute hospital treatment can be taken for short term shelter and first aid. In addition, the S.R.C. is a key location in the investigation process and in the identification process.

This facility will be managed by the Police through a Major Disaster Room Manager. Support will be provided, as appropriate, by the Local Authority and other relevant responder organisations.

9.2 FAMILY & FRIENDS RECEPTION CENTRE (FFRC)

A Family and Friends Reception Centre (FFRC) is a location to which family and friends of those people who are known to be involved or believed to be involved can be directed for information and commencement of the Ante Mortem process to assist with identification.

A FFRC should be established within four hours of the incident being declared. A suitable location will be identified by the Strategic Co-ordinating Group (Gold), and a Major Disaster Room Manager appointed as a Bronze function. The location should be in the general area where the incident occurred, but should not be close to the scene.

9.3 HUMANITARIAN ASSISTANCE CENTRE (HAC.)

The Humanitarian Assistance Centre (HAC) should act as the focal information and assistance to bereaved families and friends of those missing, injured or killed, survivors, and to all those directly affected by and involved in the emergency.

The HAC will enable those affected to benefit from appropriate information and assistance in a timely, co-ordinated manner. It can also act as a centre where forensic samples can be collected for use in the Ante-Mortem identification process and relevant documentation can be completed.

The Centre will offer access to a range of guidance on various services and agencies, allowing people to make informed choices according to their needs. It will do so in a seamless multi agency approach to minimise duplication and avoid gaps.

9.4 REST CENTRE (RC)

A Rest Centre is a place of safety for people evacuated from an area or location. The establishment of a Rest Centre or Centres is the responsibility of the relevant Local Authority in whose area the Major Incident occurs. Neighbouring Local Authorities can be called upon to provide mutual aid where appropriate through existing protocols and arrangements made at the time.

10. PUBLIC INFORMATION & MEDIA

10.1 CO-ORDINATION

A Mass Fatalities emergency is likely to attract the attention of all media. The response will be immediate and, dependent on the scale and nature of the incident, is likely to result in national and international media attention. In the short term the co-operation with the media is the most probable mechanism for the provision of information to the public. The Lead Agency will co-ordinate the media response during all phases of a Major Incident.

10.2 INITIAL ACTIONS

The initial focus of attention for the media will be the area of operations, and the search for information and briefings will be instantaneous. However, interest will grow in the other elements of the Mass Fatalities response, including hospitals, mortuaries, survivor's reception centres, rest centres, and humanitarian assistance centres.

The privacy of the survivors, families and friends must be respected by the media.

10.3 MEDIA CENTRE

A Media Liaison Point will be adequate in the short-term but should be replaced, in the medium to long term, by a more suitable facility which will be known as the Media Centre. A Media Centre should be established which will be the focal point for press briefings and conferences.

The decision to establish a Media Centre should be taken at the Strategic Co-ordinating Group. It is recommended a Media Centre is established as close to the area of operations as is practical to do so.

10.4 MEDIA ACCESS

Incident Commanders must jointly decide throughout the incident, to which areas the media can be allowed access, but the presumption should be to allow access unless otherwise allowed for objective reasons.

The following criteria should be considered when deciding on media access:

- a. Operational efficiency of all Services must not be impeded.
- b. Preservation of the scene must not be impaired.
- c. The need for privacy of survivors, families and friends must be respected.
- d. Access to certain areas may need to be controlled and supervised.
- e. The area must be safe for the media personnel.

Where possible, a staging area from which the media can obtain pictures overlooking the site should be identified. Arranged visits may be considered for locations such as the Humanitarian Assistance Centre, Mortuary or Body Storage Area at a time and in circumstances where there will be no breach of privacy or

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respect for the victims, survivors, families or friends, for example before the latter facilities are put into use.

It is paramount importance that there is only one media point of contact to represent all the agencies so that the flow of information to the media is controlled.

11. WELFARE

11.1 GENERAL CONSIDERATIONS

The welfare of all responding personnel is an important consideration which must be addressed at an early stage if a protracted incident, either no-notice or with a managing excess deaths scenario, is envisaged. Arrangements should be made to cover the following areas of basic welfare:

- a. Catering facilities, to provide refreshments, hot and cold drinks, light and substantial meals. Mobile catering units can be considered.
- b. Toilets, both male and female with hand-washing facilities
- c. Rest Rooms.
- d. Defusing, to provide early psychological support for those involved in responding to the emergency and thereby minimise the occurrence of longer term psychological consequences. Each organisation should maintain its own arrangements for defusing its staff.

It is recommended each agency identify a Health and Safety Officer to conduct dynamic risk assessments and to assist in the imposition of appropriate control measures. Wherever possible, the Health and Safety Officers should work in partnership to ensure a consistent and adequate level of support to the personnel deployed in response to a Major Incident.

The risk assessments should be recorded in writing unless it is not practicable to do so, and they should be retained for audit purposes for a reasonable period of time.

11.2 LONG-TERM WELFARE

The incidence of POST TRAUMATIC STRESS DISORDER (PTSD) in responding personnel has been recognised from past experience. A support network for those involved in a Mass Fatalities incident should be established by each responding organisation.

Each organisation is responsible for the ongoing support for their personnel involvement in the Mass Fatalities incident. It should be remembered that personnel not necessarily deployed directly to the scene, such as control room staff, may require support and counselling as well as those more obviously involved in the event.

It is recommended each organisation develop a strategy to provide welfare support staff, which includes support from health professionals, (including qualified volunteers if appropriate), staff associations, and other relevant people.

12. JOINT AGENCY DE-BRIEFING

12.1 NEED FOR DEBRIEFING

A review of the response to a Major Incident by Category 1 & 2 responders and organisations giving assistance is essential. This provides an opportunity to evaluate efficiency, to learn from experience gained and also offers a source of information to assist in ensuing investigation/inquiries.

This process can be best achieved by a series of DE-BRIEFINGS at all levels within all agencies involved, and concluding with a multi-agency de-brief.

12.2 INTERNAL DE-BRIEFING

The methods of de-briefing with personnel involved in a major incident may vary within each individual organisation. It will, however, be beneficial to de-briefing if consideration is given to the following:

- a. De-briefing to start as soon after the incident as is practicable.
- b. Everyone involved, including personnel remote from the area of operations, (e.g. Control Room staff) should be afforded the opportunity to contribute to de-briefing at some stage.
- c. The need for additional de-briefing sessions for personnel involved in specific or specialist operations.

Records made at the incident, particularly video recordings and photographs, along with written records, will all assist debriefings.

12.3 MULTI-AGENCY DE-BRIEFING

The de-briefing process should culminate in a multi-agency forum which includes category 1 Responders involved in the incident and any other parties deemed necessary.

It is important that each organisation is represented by personnel actually involved in operations, as it will be necessary to give first hand accounts of events.

Depending on the scale and nature of the incident it may be advantageous to hold joint de-briefings for specific levels of command, e.g. Incident Control Team (Silver) and/or for personnel deployed on tasks requiring multi-agency involvement.

Such meetings should, of course, be a pre-cursor to the final multi-agency de-briefing and should add to the information available for consideration at that meeting. Facts emerging from de-briefings should be documented and problems identified. Lessons learnt should be shared with all who may be required to respond to other major incidents.

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It is essential that a process is agreed by which all lessons learnt are identified and where considered appropriate are incorporated into relevant contingency plans and procedures within an agreed timescale.