



Preparing Scotland

GUIDANCE ON DEALING WITH MASS FATALITIES IN SCOTLAND

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Executive Summary

The way in which we manage fatalities has a direct effect on the living. Although we cannot always prevent the premature loss of life, our actions can help to avoid additional suffering and reduce the likelihood of others being harmed in the future. This can be done by:

- ensuring the respectful treatment of those who have died
- investigating the cause of death
- preventing other accidents or criminality
- protecting public health
- mitigating the mental and physical health effects of bereavement.

This guidance is about preparing for emergencies which result in the deaths of large numbers of people and deals specifically with the management of the fatalities that occur. It seeks to assist agencies that have duties under the Civil Contingencies Act (2004), the Public Health etc. (Scotland) Act (2008) and other legislation. It recommends both preparations that are required now and actions that will be needed immediately following a mass fatality emergency.

The guidance is set within the established principles of Integrated Emergency Management (IEM), as described in [Preparing Scotland](#), and the statutory duties of Category 1 responders. It assumes that these generic arrangements are in place and recognises Local Authorities, NHS Boards and the Police as the agencies most involved in developing and maintaining the additional capabilities that relate specifically to mass fatality emergencies. It complements other national guidance, in particular [Responding to Emergencies in Scotland](#) and [Care for People](#).

Two main types of mass fatalities emergencies are distinguished:

- intensive emergencies, which are localised and usually require investigation to assess criminality or negligence and
- extensive emergencies, which are not localised and where the general circumstances of the deaths are often already known, such as widespread natural disaster or illness.

Intensive incidents, such as those due to accident or hostility, typically require the involvement of the Procurator Fiscal and sometimes specialist Disaster Victim Identification (DVI) officers. Forensic pathology may also be needed, changing the mortuary requirements from a place where bodies are stored, to one where post mortem examinations and the collection of evidence is central.

The requirement for Category 1 responders to plan for reasonably foreseeable emergencies of this sort and to have in place appropriate local capacity is covered by this guidance. The role of business continuity and mutual aid arrangements are also noted. The use of specialist body storage facilities and the National Emergency Mortuary Arrangements (NEMA) are set out, including references to the preparations that Category 1 responders should make to incorporate these in their overall response.

Pandemic influenza is given as an example of an extensive emergency, and the roles of planners and responders are discussed by considering various stages in the provision of care for deceased. These include:

- collection of the body from the home of the deceased or from a hospital
- storage of the body
- mortuary provision
- registration of the death
- funeral director services
- religious observances
- burial or cremation arrangements.

There is a need for Regional Resilience Partnerships (RRPs) to assess and plan for the large number of additional deaths possible during an influenza pandemic. This includes determining the correct combination of measures to increase both capacity and rates of throughput in the various stages of this process. The importance of having effective business continuity management for all parts of the response is stressed, as is the need for RRP to be able to maintain logistical oversight and to intervene to prevent potential problems. This function is complicated as some of the agencies involved are non-statutory, with commercial interests or with dependencies on voluntary and lay members. It is recognised that the oversight of such a response will be less familiar to some Category 1 responders; however management of services in this way will be essential to make the best use of available resources and may be of lasting benefit to those who have been bereaved.

Note on the legal status of guidance:

The guidance is not prescriptive and should be read in conjunction with any relevant legislation. This guidance is not, and is not meant to be, a comprehensive description of applicable legislation or of any legal obligations. If you are in any doubt about any legal obligations which are contained in applicable legislation or otherwise, you are advised to seek your own independent legal advice.

Introduction

Many people work to make our society a safe place to live and do so, directly and indirectly, in a wide variety of roles. We depend on those who clean and maintain our environment, design safer vehicles, buildings and equipment, as well as those who protect us from hostility and respond to emergencies. Almost all of us have a part to play. Unfortunately we cannot always be successful in preventing harm or, in extreme cases, the premature loss of life. But even when this happens there are steps that can be taken and practices put in place to avoid additional suffering by those who remain: providing support for the bereaved, caring for the deceased's body and pregnancy losses appropriately and respectfully, and investigating the circumstances and causes of death so as to minimise the risk of similar adverse circumstances harming others. How we respond to and learn from the deaths of our fellow men and women therefore has a direct effect on the wellbeing of the living, sometimes immediately, when resources are diverted in response to an emergency, and sometimes more gradually as changes take place to ensure increased safety.

This guidance is concerned with preparing for the aftermath of events which result in the deaths of large numbers of people and specifically with the management of the fatalities that have occurred. It seeks to assist agencies which have duties in this area under the Civil Contingencies Act (2004) and other legislation. It recommends both preparations that are required now and actions that will be needed immediately following mass fatality emergencies. It is particularly relevant to the Police, Local Authorities, National Records of Scotland (NRS) and NHS Boards, who, in their various capacities, will be involved with incident scene management, incident investigation, provision of mortuary and pathology services, the registration of the death, and the burial or cremation of the deceased. It also considers some private organisations, funeral directors and faith groups, who will have a significant role during and after a mass fatalities emergency.

The guidance assumes that the established principles of IEM, set out in [Preparing Scotland](#), are being applied and does not repeat generic advice that is available elsewhere and will be familiar to most readers. References to some of the most important information sources are given in [Appendix 1](#).

In this guidance, the term “mass fatalities” is used to mean:

- Deaths in larger numbers than can be managed under the normal procedures of one or more of the agencies involved; or
- Deaths where the number or fragmentation of bodies, taken together with the circumstances of the incident, require special arrangements for criminal, forensic or other statutory investigations, or where the condition of bodies makes victim identification difficult; or
- Deaths requiring the implementation of NEMA.

The number of deaths constituting a mass fatalities emergency will therefore depend on the type and location of the emergency as well as the requirements for local responders to provide capacity.

Responding to such emergencies, and planning to reduce their likelihood and impact, has many aspects. This guidance is concerned only with those relating to the management of bodies, from their release from the place where the death occurred to the time of cremation or burial. It begins by distinguishing emergencies requiring little or no forensic pathology from those where this is a central part of the response. It then notes some generic aspect of resilience planning: business continuity, prioritisation of activity and communications with the public. Finally, it comments briefly on the deaths arising from CBRNE emergencies.

Types of Mass Fatality Emergencies: Intensive and Extensive

Many different types of emergency may result in mass fatalities, including:

- serious transport accidents
- building collapses
- flooding, fire and other weather related incidents
- accidents resulting from explosions or the release of harmful substances
- serious stadium and crowd emergencies
- epidemic and pandemic illnesses
- hostile acts such as terrorism.

Some emergencies which result in mass fatalities will require intensive and detailed work to investigate their causes, identify victims or to collect evidence to support a possible prosecution. In particular, forensic pathology and DVI are likely to have a dominant role in emergencies where criminality or negligence is suspected or where the deceased have suffered extensive trauma.

In other types of emergencies the causes and the circumstances of deaths may be largely understood, but the impact may be more extensive, e.g. public health incidents. Although emergencies may contain both intensive and extensive aspects, in most cases one or other will predominate; this guidance therefore considers these aspects separately in the [Extensive](#) and [Intensive](#) Emergency sections.

Table 1 - Comparison of Intensive and Extensive Emergencies

Intensive e.g. major accident, terrorism	Extensive e.g. pandemic, natural disaster
Usually localised (or few locations)	Not localised
Sudden impact, unexpected	Gradual build-up more likely
Forensic or other investigation needed	Exhaustive investigation may only be needed for a few cases
DVI often needed	DVI not required
Mutual aid arrangements often possible	Mutual aid may not be available
NEMA may be required	NEMA not normally applicable
Number of deaths often lower than large extensive emergencies but fragmentation more likely	Large numbers of deaths may occur but fragmentation less likely
Fatality through-put rate limited by investigative processes	Fatality through-put rate challenges all agencies involved with care of the deceased and bereaved

Business Continuity Management and Reserve Capacity

Category 1 responders are required under the Civil Contingencies Act to have in place business continuity management (BCM) arrangements to address potential disruptions to the services they provide. Other organisations and private businesses involved in the provision of care of the deceased may have business continuity management arrangements to a greater or lesser extent. Planners and responders should confirm that business continuity management arrangements for registration offices, mortuaries, crematoriums and burial grounds are current, robust and address all reasonably foreseeable contingencies.

These arrangements should be based on local risk assessments and should take into account the likelihood that mutual aid arrangements may be unavailable during periods of increased demand and during widespread emergencies such as a pandemic.

Planners and responders should ensure that established business continuity arrangements are compatible with mass fatality plans. Any supplementary resources these identify, along with mutual aid arrangements, should be among the first parts of response plans to be considered if there is a shortfall in capacity.

Principles and Priorities

As mass fatality emergencies are, by definition, situations where some normal practices are difficult or impossible to maintain, planners and responders may sometimes have to prioritise some procedures and practices over others. Decisions of this sort may be difficult and their consequences distressing. To assist in making and explaining them, consideration should be given to the principles set out in [UK Influenza Pandemic Preparedness Strategy](#).

In order to prepare and implement mass fatality plans, particularly those parts requiring prioritisation of services and changes to normal working practices, discussion with appropriate representatives of faith communities will also be required. The Scottish Government will assist with this by consulting with faith communities at national level. Suggestions for subjects that should be discussed with faith communities' representatives locally are given on [page 13](#).

Communications with the Public

Decisions about changes to normal arrangements to care for the deceased will have to be communicated to the staff implementing them, bereaved relatives and other members of the public that they affect. The handling of these communications will be vital to the success of the response and the long term wellbeing of the community. Guidance on this generic emergency response function is available at [Responding to Emergencies in Scotland and in Warning and Informing](#).

Extensive Emergencies – Requiring Little or No Forensic Pathology

This section is concerned with deaths in which criminal and forensic investigations play little or no part. The most extreme emergency of this type would probably be a pandemic such as the influenza pandemic for which Category 1 responders have been asked to prepare. Other emergencies requiring only limited post mortem forensic work would be those where sufficient evidence had already been collected or where the investigation focused on non-human aspects of the incident, e.g. natural disaster.

The remainder of this section will consider the management of the fatalities that are expected to result from an influenza pandemic, as a particular example of this type of incident.

Interest from Procurator Fiscal

The number of deaths requiring referral to the Procurator Fiscal during a pandemic will be affected by any changes to legislation and by derogations in force ([see page 21](#)). While the proportion of total deaths referred is likely to fall, the absolute number may not. The Crown Office Procurator Fiscal Service (COPFS) may consider criteria for referral of cases to them during a pandemic, the derogations relating to this and their own internal business continuity arrangements.

Pandemic Influenza

Pandemic Planning Assumptions and Context

In the National Risk Assessment, Pandemic Influenza is categorised as one of the highest risks in terms of its likelihood and impact. A comprehensive overview of pandemic influenza planning in the UK is given in [UK Influenza Pandemic Preparedness Strategy](#); further references are given in [Appendix 1](#).

The following points are of particular importance for mass fatalities planning.

- it is not possible to say with certainty what the clinical attack rates, case fatality rates, or duration of a pandemic will be; furthermore there may be significant local variation in the timing and intensity of its impact
- deaths rates may be higher in some age groups, e.g. the very old and very young, or young adults, but which groups will be most vulnerable is not known
- the pandemic may be spread over one or more waves, which could be weeks or months apart
- due to this uncertainty, local planning should be based on a reasonable worst case scenario
- the availability of staff and the provision of many services will be reduced during a pandemic. Arrangements that rely on overtime, agency or locum working may be particularly affected and cannot be regarded as robust
- arrangements relying on just-in-time delivery of supplies may be vulnerable.

Recommendations for Different Ways of Working

During a pandemic it is likely that changes to normal working practices will be needed by some or all of those agencies involved in the care and management of the deceased and the support of the bereaved. In all cases it is essential that any changes ensure the respectful treatment of the remains of the deceased and consideration for those who have suffered a bereavement. Although senior staff will determine *what* is done, *how* procedures are implemented will be very important. This will depend on operational staff, who may also be under considerable pressure. Planners and responders should consider how the quality of service and care of staff can be maintained under adverse circumstances such as these.

Mortuary Services Storage Capacity and Throughput

The following terms are used in this guidance:

Mortuary - a building where bodies are stored securely, often in refrigerated conditions, cared for by trained mortuary staff, and where additional mortuary services may be provided. These additional services may include autopsies, collection by undertakers and family viewing, and will require additional accommodation, staff and equipment.

Temporary Mortuary – this differs from a permanent mortuary only in that it is not a permanent structure. Some temporary mortuaries may not provide the full range of additional mortuary services (the NEMA are discussed [on page 19](#)).

Body Storage Facility - a location used for the long or short term secure storage of bodies under refrigerated or frozen conditions, either to supplement mortuary capacity or to support a temporary mortuary. Trained mortuary staff are not necessarily involved.

Throughput Capacity and Buffer Space

To respond effectively to the mortality rates of the reasonable worst case pandemic influenza planning assumptions, the throughput of mortuaries must be maximised. This will require an increase in all resources required to support a mortuary, including physical workspace. To manage the variable rates at which bodies may be transferred to and from mortuaries, the different amount of work needed for different cases and the activity of parallel teams of mortuary staff, capacity increase should include provision of additional short term “buffer” space. This is an area where bodies can be kept for up to 24 hours before or after mortuary procedures are carried out and can be thought of as a means of increasing the mortuary workspace. Unlike other forms of storage, it is a means to increase the rate and volume of work done, rather than deferring it to a later date.

Local planners and responders in agencies responsible for mortuary provision should ensure that arrangements are in place to increase both working capacity and throughput at short notice, by:

- ensuring that current staffing arrangements for all grades of staff are based on valid and sustainable assumptions
- modifying work patterns to increase working hours up to 24 hours/day and 7 days/week
- redeploying staff from other functions to work under the supervision of existing staff

- deferring any non-essential services and procedures
- identifying additional staff and training them for mortuary work or making them available for rapid orientation and induction (procedures and agreements for doing this will also be required)
- holding sufficient levels of equipment and consumables to support any required increase in levels of staffing and throughput (e.g. body bags) or pre-identifying suitable sources of supply
- conducting regular maintenance and inspection of equipment and having available back up equipment and spare parts
- developing management, communication and coordination arrangements for the required level of throughput, involving relevant partner organisations and responders as necessary
- considering how to achieve effective liaison between mortuaries, funeral directors and other agencies; or establishing an RRP sub-group to do so
- considering supplementary arrangements for the collection of the dead should undertakers be unable to collect bodies within the usual time (this is particularly relevant to care facilities which rely directly on undertakers)
- identifying accommodation within permanent buildings which can be used to expand mortuary workspace and provide buffer capacity.

Body Storage

In some situations, depending on local circumstance and the type of emergency, increasing throughput might not be sufficient to manage the number of deaths. Body storage might then be needed to defer mortuary, cremation, burial or other aspects of the care of the deceased.

When assessing proposals to combine increased throughput and body storage planners and responders should consider the additional demands made by a storage facility and possible effects on the bereaved. These include the additional work and costs of:

- placing bodies in storage
- recovering them from storage
- staffing and securing the place of storage
- administering the system.

The storage of bodies might also add to the distress of those who are grieving, particularly if their faith or culture requires prompt burial.

If the storage of bodies becomes necessary or is introduced in an attempt to defer some of the workload of the most severe days or weeks of a pandemic, those options not prepared in advance may present difficulties. Generally sourcing items from a third party at the time of a pandemic would involve additional risk due to the likely supply shortages. The creation of additional local “in house” body storage should therefore be considered.

Funeral Director Services

Achieving efficiencies in the time and staffing required for the work of funeral directors, while retaining the dignity and respect for the deceased and care for the bereaved, will be one of the most important elements in dealing successfully with excess deaths. The arrangements made following a person’s death for funeral

services and the burial or cremation of their remains are based on the customs and preferences of individuals and, to various extents, of the faith groups to which they belong. Many aspects of these arrangements are non-statutory and often commercial in nature. While the aim will be to maintain funeral services as near to normal as possible, it may become necessary to restrict the choices available in order to avoid delays affecting essential legal or health priorities.

Funeral directors will wish to provide the best possible service to their customers that are consistent with the commercial requirements of their businesses. The higher number of deaths will increase activity in this sector and creating additional capacity may be challenging.

Local planners should encourage Funeral Directors to consider the different ways of working listed below and take into account the degree to which they are able to implement these changes and the capacity levels that could be realistically achieved.

Capacity can be increased by considering:

- modifying normal work patterns by increasing working hours, introducing shift working, moving to seven day week operation
- employing extra staff to act under the supervision of existing staff
- re-evaluate staff roles to maintain only essential services and procedures e.g. the deceased are taken directly to the place where the funeral service will be held or to the place of burial or cremation, no car service is offered, the bereaved persons attending funerals are met there
- shorter services
- separation of the internment/cremation from the service which can be held later, particularly if there is advice against gatherings of people for reasons of health and wellbeing
- where several businesses are owned or networked, agreements to pool resources (e.g. reception staff, telephone operators, private ambulances) should be negotiated
- identify issues of resilience in the supply chain e.g. coffins
- working with other disciplines e.g. developing agreements to take on agreed non-technical duties at the chapel, crematorium, or cemetery, with a view to assisting cemeteries and crematoriums to deploy their own staff to other essential duties
- identifying additional vehicles and drivers for the transfer of bodies, particularly the uplift of bodies from dwelling homes and care homes.

Process can be streamlined by considering:

- working with local planners to establish ways to communicate and coordinate the use of available capacity
- limiting the choice of types and sizes of coffins offered, to ensure manufacturers can supply to demand
- the use of low bulk inner coffins, combined with a reusable exterior shell of a traditional design, or “cardboard” and “eco-friendly” types.

Local planners and responders should ensure arrangements take into account the use of particular or specialist funeral directors by some religious and ethnic groups.

Religious Services and Faith Communities

The Scottish Government will continue to liaise with representatives of different faith groups nationally, but Local Authorities should also facilitate engagement, where there are particular local issues. Representatives of faith communities and cultural groups will want to consider the impacts of a pandemic for the people they represent and to work with agencies that are planning for such an event.

Although many of the concerns of Scotland's different cultural and religious groups will be similar in relation to mass fatality emergencies, there will be some areas where priorities and requirements will differ. Planners should therefore seek the views of local representatives and plan with these in mind. The following issues should be considered:

- whether the availability of celebrants for religious funeral services, or other staff, is likely to be a problem and how this could be addressed
- what might be done to increase the capacity to conduct services and rites
- whether the availability of specialised funeral director is likely to be a problem and how this could be addressed
- whether funerals could follow an alternative or simpler format, e.g. a shorter service at the crematorium or place of burial, with a memorial service at another venue (e.g. the home or place of worship)
- at which locations religious services and rites can take place (e.g. cemetery or crematorium chapel, chosen place of worship, home, or other setting)
- which elements of traditional funeral practices are most important and which could be modified, if necessary
- whether burial or cremation is preferred, whether this requirement is absolute, given the extraordinary circumstances of a pandemic, also whether there should be particular minimum or maximum periods of time between death and burial or cremation
- how these points will fit in with the different ways of working being implemented by the other organisations
- as it may not be possible to offer all the features of traditional rites and practices, planners should acknowledge this and prioritise those customs of greatest significance to the deceased and the bereaved.

Burial, Cremation and other types of funerals

Currently in Scotland, approximately 33% of people elect to be buried and 67% to be cremated. However, these preferences reflect the views of the elderly and may differ from those of the population who die during a pandemic or of particular local populations.

Cemeteries and crematoriums should aim for most burials and cremations to take place as soon as possible following death in order to minimise the impact on additional mortuary or funeral parlour storage capacity.

Estimates provided by the Federation of Burial and Cremation Authorities suggest that approximately 70 cremations per week can be provided for by a single cremator. Local planners should assess burial and cremation capacity in their area and ensure that the necessary arrangement and protocols exist so that this is maximised, taking into account the effects of implementing the different ways of working listed below:

- encourage private and public sector cemetery and crematorium operators to engage with planners to enable the implementation of necessary measures at short notice
- plan for and assess the capacity issues that are likely to result in future years from the rapid use of space.

It is recommended that managers of cremation and burial services explore the following different ways of working:

- extending opening hours and working days to cope with increased burials, cremations and absenteeism
- redeploying and licensing staff from other local authority functions as part of their BCM arrangements (while maintaining an awareness of necessary staffing levels for other essential LA functions, such as death registration)
- collaborative working with funeral director staff – allowing staff normally required for committals to be redeployed elsewhere
- ensuring that funeral directors and crematoriums are on the priority list for fuel – cremators and vehicles
- encouraging funeral services to be held in local places of worship
- introducing shorter time slots for committals
- providing graves in ways which allow interments to be undertaken more quickly, e.g. prior mechanical preparation of several graves and scheduling consecutive burials.

They should also:

- ensure regular maintenance and inspection of equipment is conducted and that back up equipment and replacement parts are available
- consider guidance in relation to pollution control requirements ([Appendix 5 SGAQ01\(09\) Crematoria Standards in the Event of Mass Fatalities](#))
- discuss permitted hours of operation under their licence
- ensure that plant can be obtained and deployed at short notice for the mechanical excavation of graves.

The use of “common graves” could cause distress to those who have been bereaved and has limited practical benefits; their use is therefore discouraged. The term “common grave” is used here to mean an excavation of sufficient space to permit several separate individual burials. Usually these are prepared mechanically and the bodies interred are of unrelated people. While this might address difficulties due to shortage of land for burials or limits to how quickly traditional graves could be dug, it should be possible to anticipate these situations and find alternative ways to resolve them.

Place of Death and Uplift of Bodies

The higher mortality rates during a pandemic may lead to an increased proportion of death occurring at peoples’ homes. This will require similar increases in:

- certification of deaths by primary care staff
- the need for immediate care for the bereaved at home
- the number of bodies to be transferred from dwelling houses to funeral parlours and mortuaries.

In addition to the guidance provided by the Chief Medical Officer on [certification of death during an influenza pandemic](#), Local Authorities and NHS Boards should ensure there is clarity regarding the practical advice and care that the bereaved will require immediately following a death, particularly as this may differ from the provision in normal circumstances. This should include:

- assessment of health and social care needs of vulnerable individuals;
- advice about currently available funeral director services
- advice about current procedures for the registration of the death and the burial or cremation of the deceased
- the role of community health and social work services
- circumstances when the death has been identified by someone other than a general practitioner.

Local authority planners and responders should ensure that staff in care settings are prepared to support the bereaved and to work with NHS primary care staff and faith groups in relation to deaths in the community.

Funeral Directors will usually be called on to uplift bodies from homes but also from hospital mortuaries and directly from some hospital wards and care homes. Assessing, coordinating and implementing the uplift and transfer of bodies are considered [on page 16](#).

Care of the Bereaved

Although of great importance, a detailed review of the psychological and emotional healthcare of the bereaved and the spiritual aspects of a mass fatalities emergency lie out with the scope of this document. Planners and responders should consider this as part of the integrated management of the emergency, taking into account the particular circumstances and cultural context of those affected. This should include consideration of the individual needs of those directly affected and the requirements of the wider public, both in the immediate aftermath and in the medium and long term. References to relevant information are given in [Appendix 7](#) Further generic guidance on this part of the response is available in [the Care for People Guidance and associated psychosocial supplement](#).

National Emergency Mortuary Arrangements (NEMA)

National Emergency Mortuary Arrangements are not intended for use for mass fatalities caused by a pandemic as the geographical and timing spread of deaths makes the use of such facilities impractical in a single location. Use of NEMA in other situations is discussed on [page 19](#).

Coordination and Joint working

During an extensive mass fatalities emergency the effective use of resources and capacity in mortuaries, burial grounds and related services will be particularly important. Delays in these areas may result in backlogs which can lead to increased pressure on body storage facilities, compromise care of the living and add to the distress and long term ill effects on those who have been bereaved and on the wider society. It is recognised that the coordination of throughput and capacity over several weeks may be an unfamiliar challenge to those staff who are normally called upon to lead responses; it is therefore recommended that planners and responders consider how this will be carried out, with particular reference to:

- clarity of objective: the purposes of this process is to identify current and potential delays to the provision of mass fatality services and resolve these by redirecting demand for services, redirecting resources or recommending the commencement of different ways of working locally
- consideration of the establishment of a specialist Mass Fatalities Services Coordinating Group lead by a senior officer of the Local Authority (or other suitable person) to coordinate capacity management
- having an understanding of interdependences between services for managing mass fatalities
- identifying the minimum amount of data needed in order to coordinate the system
- how information about numbers of deaths and service capacity will be provided in a timely fashion, so that the minimum of additional demands are placed on those collecting it, and in what format this should be collected and how often. It will often be important to know the rate at which these services are able to work, as well as the amount of space available in their premises
- what the local thresholds for changes in working practices are and what options could be recommended locally at that stage
- how recommendations to respond in a particular way will be communicated
- how this role will relate to the provision of NRS data on deaths and predictions of future mortality and morbidity
- how this role will relate to those of operational managers of particular services and other Resilience Partnership command and control functions
- how this role will relate to derogation of legislation introduced by the Scottish and UK governments.

Intensive Emergencies – Requiring Criminal or Other Investigations

In contrast with emergencies such as a pandemic, where the cause of death would in most cases be known, some emergencies resulting in mass fatalities require careful investigation to establish the circumstances of the deaths. In emergencies where criminality, hostility or negligence is suspected, legal requirements will greatly affect the way in which fatalities are managed. This section of the guidance sets out the response to mass fatalities emergencies of this sort, from the time when bodies are removed from the incident scene to when they are cremated or buried. It does not consider generic responses such as the management of an incident / crime scene, Disaster Victim Identification (DVI) procedures or the details of the work of pathologist or other specialist staff investigating the cause of death. Guidance on these issues is available elsewhere.

Counter Terrorism & Chemical Biological Radiological Nuclear and Explosive (CT & CBRNE) Emergencies

The response to emergencies involving hazardous substances, such as chemical and biological agents, requires special management procedures due to the need to decontaminate survivors and the deceased, and to protect responders and the wider public from transmission of the hazard. The investigations needed to identify the cause and, where relevant, the perpetrators of the incident are similarly specialised. While much of the guidance in this document could be applied to deaths from explosions, guidance on mass fatality aspects of other CBRNE emergencies is not included.

Implications for Planners of Criminal Investigations of Mass Fatality Emergencies

Criminal investigations create additional requirements for those responding to emergencies, including those not directly involved in policing. Local planners should ensure that the arrangements take account of the issues listed below and should consult with partner agencies to ensure detailed arrangements are satisfactory and robust.

1. Procurator Fiscal

The Procurator Fiscal has a duty to investigate all sudden and unexplained deaths, as well as deaths in suspicious circumstances. A central part of this will be the timely recovery of evidence and its preservation. Where there are large numbers of fatalities the Procurator Fiscal will consult with specialist colleagues and direct the Police and other responders on aspects of the investigation. This will include the Procurator Fiscal determining whether local capacity is sufficient to manage the emergency or whether central assistance is required, including additional body storage or the NEMA.

2. Disaster Victim Identification and Fragmentation of Bodies

Disaster Victim Identification (DVI) procedures are implemented by specialist staff from Police Scotland, other UK Police Forces and partner agencies to identify disaster victims and to collect evidence when normal arrangements are unsuitable. This may be because bodies have been severely disrupted or fragmented or because large numbers of deaths have occurred and victims cannot easily be distinguished. DVI is principally concerned with the recovery, identification, reconciliation and repatriation of the dead. However, the DVI process is usually one 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. Its requirements may mean that the amount of mortuary and forensic work generated depends more on the degree of disruption to bodies rather than simply the number of people who have died. Information about DVI procedures is held by Police Scotland who have a responsibility for planning, training and responding in such circumstances.

3. The Choice of Mortuary and its Implications

The choice of mortuary will depend on the circumstances of the particular emergency and will be made jointly between the Procurator Fiscal, Police Senior Identification Manager (SIM) and Forensic Pathologists. The Procurator Fiscal will usually require all bodies from an incident to be examined at a single mortuary. Planners should ensure that an appropriate level of mortuary capacity is in place for reasonably foreseeable emergencies and that the consequences of assigning a significant proportion of this to a single emergency have been considered.

Planners and responders should also confirm that business continuity plans or other arrangements are in place to ensure that the most important services can be maintained if staff and physical resources are assigned to a lengthy incident.

4. Transport of Bodies

Bodies or body parts will be transported from the body holding area at the incident scene to an appropriate mortuary for post mortem investigation by forensic pathologists and other specialists. Evidential requirements or available capacity may mean that the nearest mortuary is not suitable for some emergencies. The requirements of the Procurator Fiscal will determine which facility bodies are taken to and this could include a mortuary in a different area; a temporary mortuary or a body holding facility. Police Scotland will make appropriate arrangements for their transport.

National Emergency Mortuary Arrangements (NEMA)

It is recognised that despite thorough planning and preparation for reasonably foreseeable emergencies, the appropriate use of mutual aid from other regions and the implementation of business continuity arrangements, local capacity may sometimes be exceeded. Under these circumstances NEMA may be deployed to provide sufficient mortuary capacity for an incident.

These arrangements are provided under a set of contracts between the Home Office and other agencies and include the main NEMA facility and arrangements to access and deploy specialist and forensic equipment. These facilities are available in several configuration options, which are set out in the NEMA local deployment documentation along with the various local deployment and call-out requirements.

There is no numerical threshold for the deployment of NEMA as the circumstances of the incident, availability of local capacity, the degree of fragmentation of bodies and the Procurator Fiscal's instructions will be factors in determining deployment. Planning for tactical and operational aspects of the deployment of NEMA will require the participation of all agencies involved in the mass fatalities response. The full deployment includes:

- Receiving areas
- Storage areas
- Autopsy areas
- Fluoroscopy
- Radiology
- Anti-Terror office
- Operational office
- Embalming area
- Equipment store
- Catering & staff changing tents
- Family viewing area

Scottish / UK National Disaster Victim Identification (DVI)

UK-DVI is a UK-wide team of police and civilian forensic experts who are tasked with the recovery, identification, reconciliation and repatriation of the dead in disastrous events. It has two parts:

- A full-time central management and coordination team based in the National Police Coordination Centre (NPoCC) consisting of one UK-DVI Advisor and a UK-DVI Coordinator and
- A "virtual" team of appropriately qualified and trained (i.e. accredited) police and civilian forensic experts who can be called upon to do this work in an emergency.

The UK DVI Development Officer determines membership and training requirements in England and Wales while the coordinator is responsible for maintaining a database of police personnel. Scottish coordination and training is managed by the Police Scotland National DVI Lead and a National DVI Co-ordinator. A similar database is held for Scottish Police officers and some Scottish Police officers are also members of UK DVI and suitable for deployment abroad if required. There is also a stockpile of mortuary equipment managed by Police Scotland to supplement normally available supplies or for use in a temporary mortuary during a Scottish

incident. This stock would be replenished by the Local Authority which required its deployment.

Coordination of Response

The coordination of the multiagency response to a mass fatalities emergency should follow the established principles of integrated emergency management, employing the structures set out in *Preparing Scotland*. Particular consideration should be given to the following:

- care for those who have been bereaved;
- communication of information about fatalities to those who have been bereaved and to the wider public
- ensuring that information about current local mortuary capacity and other resources is easily available to those responding
- assessment of the availability of sufficient specialist staff locally or regionally, including DVI, forensic pathologists and APTs
- operation across multiple sites (e.g. if an incident scene is remote from a suitable mortuary) particularly appropriate arrangements for the transfer of bodies
- planning for estates and technical aspects of any NEMA deployment (connection of utilities, ground quality, disposal of waste, transport etc)
- planning for hospitality aspects of any NEMA deployment, both staff, family and visitors (accommodation, catering, privacy of off duty staff, etc)
- planning for the long term impact on the locality of the establishment of a mortuary and the associated media attention
- planning for the restoration of normality, particularly the incident and mortuary sites
- the impact on service continuity for agencies supporting the response
- care and support of employed and contracted staff
- ensuring readiness to respond to other mass fatality emergencies during or soon after the initial emergency.

Legislation and Documentation

Derogation of Legislation

In the most severe extensive mass fatalities emergencies, including the reasonable worst case planning assumptions for an influenza pandemic, it may be unrealistic to expect normal compliance with some aspects of legislation such as:

- the number of deaths may increase the workload
- staff absences due to the emergency may reduce capacity
- assigning resources to meet normal legislative objectives may reduce the ability to respond to more critical aspects of the incident.

Under circumstances such as these derogations to legislation may be introduced. These can be grouped as those derogations needed:

- to facilitate a more effective response to the management of the incident
- as business continuity measures, because of the impact of the emergency on particular services or sectors.

Agencies should consider both groups of derogations.

Certification of Death

It will be important to avoid delays in the completion of the various certificates and documents required for the verification of death, certification of the medical cause of death, registration of death and application for burial and cremation to allow the series of events that follow a death to proceed in a timely way. To assist in this, the Scottish Government's Chief Medical Officer and the Crown Office and Procurator Fiscal Service have issued doctors with revised guidance on the [certification of death during a pandemic](#).

Registration of Death

The National Records of Scotland (NRS) has issued guidance about the Scottish response to pandemic influenza to local registration authorities. It raises issues that local registration authorities should consider when drafting their own contingency arrangements and provides information on what NRS will do.

Death Certification Review Service

Deaths in Scotland which are not part of the procurator fiscal process are subject to random scrutiny. This means that in roughly 10% of these deaths the Medical Certificate of Cause of Death (MCCD) will be reviewed by the Death Certification Review Service (DCRS) operated by [Healthcare Improvement Scotland](#) (HIS). These reviews are designed to check the quality and accuracy of certificates and to improve how this information is recorded.

If an emergency situation such as a pandemic was declared then the DCRS would be suspended country wide by Scottish Ministers using powers available under the [Certification of Death \(Scotland\) Act 2011](#).

The DCRS is also responsible for the scrutiny of death certificates in cases where a body is being repatriated in to Scotland. This aspect of the service would continue to run during a pandemic unless the Foreign and Commonwealth Office (FCO) has taken the decision to prevent bodies from entering the country. In this instance the repatriation service run by DCRS would also be suspended.

Training and Exercising

Training and exercising is essential to preparedness and, as such, is part of the normal business of responder organisations.

Mass fatalities emergencies, particularly a pandemic, will require a very wide range of responses across several agencies, encompassing many work streams and contributors. Almost all training and exercising could therefore be said to contribute to resilience in this area. However it is recommended that particular attention is given to the following areas when training and exercising to promote resilience in mass fatalities aspects of these emergencies:

- DVI
- mortuary business continuity management
- RRP level coordination of capacity during a pandemic response.

Appendixes

Appendix 1: Information Sources and Guidance

Civil Emergencies - Disaster victim identification (UK DVI Guidance)

<https://www.app.college.police.uk/app-content/civil-emergencies/disaster-victim-identification/>

Interpol – DVI Guide

<https://www.interpol.int/INTERPOL-expertise/Forensics/DVI-Pages/DVI-guide>

Faith Communities and Pandemic Flu: Guidance for faith communities and local influenza pandemic committees

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/7618/1219379.pdf

Guidance letter on procedure for death certification during an influenza pandemic, 2016

<http://www.gov.scot/Resource/0051/00513926.pdf>

Pandemic Flu: A Scottish framework for responding to an influenza pandemic

<http://www.gov.scot/Publications/2007/11/21141855/6>

Planning for a Possible Influenza Pandemic – A Framework for Planners Preparing to Manage Deaths – Home Office - 30th August 2007

<https://www.gov.uk/government/publications/planning-for-a-possible-flu-pandemic-a-framework-for-planners-preparing-to-manage-deaths>

Preparing Scotland: Scottish guidance on preparing for emergencies

<http://www.scotland.gov.uk/Publications/2006/02/27140215/0>

Preparing Scotland: Scottish Guidance on Preparing for Emergencies: Responding to Emergencies in Scotland

<http://www.readyscotland.org/media/1166/preparing-scotland-philosophy-principles-structures-and-regulatory-duties-20-july-2016.pdf>

Responding to pandemic influenza - The ethical framework for policy and planning – Cabinet Office and Department of Health – 28 November 2007

www.scotland.gov.uk/Resource/Doc/924/0054555.pdf

Warning and Informing Scotland: Communicating with the Public

<http://www.gov.scot/Publications/2012/02/4073>

Warning and Informing Scotland - Using Social Media in Emergencies

<http://www.readyscotland.org/ready-government/preparing-scotland/>

Appendix 2: Principal Legislation applying to deaths in Scotland

Burial Grounds (Scotland) Act 1855

Cremation (Scotland) Regulations, 1935

Cremation (Scotland) Regulations, 1952

Registration of Births, Deaths and Marriages (Scotland) Act 1965

Public Health etc. (Scotland) Act 2008

Certification of Death (Scotland) Act 2011

Burial and Cremation (Scotland) Act 2016

Appendix 3: Registration of deaths in Scotland

The law allows a death in Scotland to be registered in any registration district and the death can be registered by a qualified informant. That is:

- Any relative of the deceased, or
- Any person present when the person died, or
- The deceased's executor or other legal representative, or
- The occupier of the property where the person died, or if there is no such person,
- Anyone else who knows the information to be registered.
- The informant is required to attend a registration office within 8 days of the date of death to register the death. The informant should take with them the following:
 - The medical certificate of cause of death (Form 11);
 - The deceased's birth and marriage certificate;
 - The deceased's NHS medical card;
 - Any documents relating to the receipt of a pension or allowance from government funds.

The registered medical practitioner who attended the deceased during their last illness has a statutory duty to certify the cause of death on the prescribed form (Form 11) and give it to the informant or to the district registrar (where no medical practitioner was in attendance, or where he/she is unable to provide a medical certificate, then any medical practitioner who is able to do so may certify).

A death can be registered in the absence of a qualified informant on the authority of the Registrar General provided he/she is satisfied that the correct particulars concerning the death are available. When the registration is complete the registrar will give the informant, free of charge:

- a certificate of registration of death for production to the person in charge of the burial ground or crematorium;
- a Social Security registration or notification of death certificate for use in obtaining or adjusting Social Security benefits;
- an abbreviated extract (i.e. excluding cause of death and parentage details) of the death entry;
- a full extract of the death entry can be obtained a for a fee;

A registrar is expected to report any sudden, suspicious, accidental, unexpected or unexplained death to the local Procurator Fiscal. In particular, the Procurator Fiscal will want to know from the registrar of any death where the circumstances or evidence suggest that the death may fall into one or more of the following categories:

- any death due to violent, suspicious or unexplained cause
- any death related to occupation, for example industrial disease or poisoning
- any death involving fault or neglect on the part of another
- any death as a result of abortion or attempted abortion
- possible or suspected suicide
- any death as a result of medical mishap, and any death where a complaint is received which suggests that medical treatment or the absence of treatment may have contributed to the death

- any death resulting from an accident
- any death arising out of the use of a vehicle including an aircraft, ship or train
- any death by drowning
- any death due to poisoning or suspected poisoning, including by prescription or non-prescription drugs, other substances, gas or solvent fumes
- any death by burning or scalding, or as a result of a fire or explosion
- any death due to a notifiable infectious disease, or food poisoning
- certain deaths of children - any death of a newborn child whose body is found, any sudden death in infancy, any death due to suffocation including overlaying, any death of a foster child
- any death in legal custody
- any death of a person of residence unknown, who died other than in a house
- any death at work, whether or not as a result of an accident
- any death where a doctor has been unable to certify a cause.

In addition, the certifying doctor also has a duty to report such deaths. So the procurator fiscal will normally receive a report from both the registrar and the certifying doctor.

Appendix 4: Cremation requirements in Scotland

1. Requirements for cremation

As set out in the Cremation Regulations (Scotland) 1935 as amended and the Certification of Death (Scotland) Act 2011:

i. The applicant (usually next of kin or executor) must sign a completed application form (Form A) which must be countersigned by a householder who knows the applicant in order to apply for cremation.

The completed form A is required in addition to the Certificate of Registration of Death (Form 14), provided by the registrar, before cremation can take place.

Where a death has occurred in England or Wales:

- The death must be registered in England or Wales.
- The Form 4 (The Medical Certificate) and Form 5 (Confirmatory Medical Certificate) to be completed by the doctors in England OR a Form 6 (Certificate of Coroner).
- A Form 103 (Permission to move out of England and Wales Form) is required from the coroner.
- A Scottish Form A or Form 1 from England or Wales (Application for Cremation) will need to be completed by the applicant.

In addition the crematorium must also keep its own register of all cremations which take place on the premises.

2. Involvement of the procurator fiscal

If the procurator fiscal has ordered a post-mortem examination and/or undertakes a Fatal Accident Inquiry, the procurator fiscal completes a certificate (Form E1) which is required in addition to the Form 14, provided by the registrar, and the application for cremation (Form A) before cremation can take place.

Appendix 5: Requirements of Burial

Changes under the Certification of Death (Scotland) Act 2011 mean that burial cannot take place until the burial authority has been provided with a Certificate of Registration of Death (Form 14) provided by the registrar. It is also a standard requirement that an application for burial be completed by the next of kin or executor.

Appendix 6: Crematoria Standards in the Event of Mass Fatalities

SGAQ01(09) ADDITIONAL GUIDANCE FROM THE SCOTTISH GOVERNMENT

1. This note is issued as a precautionary measure in the event of a national emergency giving rise to mass fatalities. The Scottish Government will alert SEPA when an emergency situation exists which triggers the guidance. There will be a similar alert when the situation is at an end after which the guidance will no longer apply.

Introduction

2. [The Process Guidance Note for Crematoria PG 5/2\(12\)](#) (as amended) comprises statutory guidance on standards which constitute Best Available Techniques for the operation of crematoria under the Pollution Prevention and Control (Scotland) Regulations 2012. This includes limits on emissions of various polluting substances. SEPA is required to have regard to the guidance.

3. In the event of mass fatalities, such as could arise from pandemic flu, crematoria may need to operate for sustained periods. This means that there is a greater prospect of breakdown of equipment, including equipment for abating air emissions. There could also be implications for staffing of crematoria.

Current Guidance

4. The Scottish Government wish to remind SEPA and operators that paragraph 5.33 of PG5/2(12) states that it is good practice to ensure that spares and consumables are available at short notice and to have an audited list of essential items.

5. Paragraph 5.33 further advises that:

- those spares and consumables subject to continual wear should be held on site or should be available at short notice from guaranteed local suppliers so that plant breakdowns can be rectified rapidly; and
- staff at all levels need the necessary training and instruction in their duties relating to the control of the process and emissions to air and refer, among other things, to the Crematorium Technicians Training Scheme and to the Training and Examination Scheme for Cremation Technicians.

Guidance in the event of mass fatalities

6. In taking account of the guidance in paragraph 5.33, SEPA and crematoria operators should bear in mind that:

- a) large quantities of spare and consumables may be needed in the event of an emergency causing mass fatalities; and
- b) an emergency causing mass fatalities may have implications for the number of trained staff that can be called upon.

7. In order to minimise the potential for breakdowns during such an emergency, it is important that all crematoria plan for such an eventuality, taking account of a) and b) above.

8. If this is done, there might nonetheless be either a breakdown of equipment affecting air emissions or a shortage of staff trained on the air pollution aspects of operating the crematorium. There might also be a heightened demand which warrants operating any standby crematorium for longer than the 100 hours specified in paragraph 5.27 of PG5/2(12). In such circumstances, and in the public interest, the Scottish Government consider SEPA should take a **balanced view to enforcement action in the event of a breach of permit conditions**. If best endeavours have been taken to reduce the likelihood of a breakdown or staff shortage, it may well be appropriate to allow a crematorium to continue to operate while breaching permit conditions without any enforcement action being taken. One consideration may be whether the area in question is designated a local Air Quality Management Area for any of the pollutants emitted from the crematorium. Steps should be taken to rectify the breaches where practicable and as soon as is feasible. The Scottish Government would not expect these allowances to be continued beyond the duration of the emergency.

9. This guidance is without prejudice to any restrictions or requirements there may be under health and safety legislation.

10. This guidance is issued under regulation 61(1) of the Pollution Prevention and Control (Scotland) Regulations 2012.

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January 2015

Appendix 7: Health, Welfare and Spiritual Aspects of a Mass Fatalities Emergency

Arranging a funeral? – The Scottish Government

www.gov.scot/Resource/0049/00492092.pdf

Bereavement Care, Scottish Government

<http://www.gov.scot/Topics/Health/Support-Social-Care/Bereavement-Care>

Faith in Community Scotland

<http://www.faithincommunityscotland.org/>

Pandemic Influenza Guidance on preparing mental health services in Scotland

<http://www.scotland.gov.uk/Publications/2008/05/01102733/0>

Supporting Scottish Grief & Bereavement Care

<http://www.scotlanddeanery.nhs.scot/your-development/death-dying-and-bereavement/supporting-scottish-grief-bereavement-care/>

Support Around Death

<http://www.sad.scot.nhs.uk/>