



Crime Reduction and Community Safety Group
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This draft guidance paper *Planning for a Possible Influenza Pandemic – A Framework for Planners Preparing to Manage Deaths* has been prepared by the Home Office. It sets out proposals on planning for the management of potentially large numbers of deaths during a pandemic influenza outbreak. The draft *Framework* is aimed at local planners preparing contingency plans for the extraordinary circumstances we understand are possible. This forms part of a suite of sensible contingency planning the Government has underway to prepare for pandemic influenza.

In this consultation, we are seeking the views of professionals in the field – both representative organisations and individuals – and of the faith communities on:

- the practicality of the measures proposed;
- whether additional or different measures would be helpful and, if so, what;
- whether additional or different guidance might be helpful; and
- any concerns you may have about the different ways of working it is suggested will be necessary to deal with these extraordinary events.

We are not seeking your views on

- the likelihood of these events occurring;
- the necessity for such planning; nor
- the planning assumptions themselves;

all of which are beyond the scope of this *Framework*.

The Home Office has produced this guidance in consultation with representatives of the funeral industry, the Faith Communities Consultative Council, the Coroners' Society, the Local Government Association, LACORS and the Federation of Burial and Cremation Authorities as well as with relevant Government Departments. We are interested in hearing the views of all those concerned in the management of fatalities both the corporate views of the representative organisations e.g. the Coroners' Society and the individual views of their members. Please feel free to respond directly to the Home Office or via your representative organisations. We have asked representative organisations to reflect minority views in addition to the consensus in their responses to the consultation and we will reflect these in our analysis of responses.

Responses to the consultation should be sent by e-mail to:

massfatalities.queries@homeoffice.gsi.gov.uk

or by post to:

Mass Fatalities Section (Pandemic Influenza Consultation)
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Responses should be received no later than 30 November 2007.

Please note that a document summarising responses to the consultation may in due course be published. If you wish your identity to be suppressed in such a document, please make that clear in your response.



Home Office

BUILDING A SAFE, JUST
AND TOLERANT SOCIETY

PLANNING FOR A POSSIBLE INFLUENZA PANDEMIC

A FRAMEWORK FOR PLANNERS PREPARING TO MANAGE DEATHS

GUIDANCE FOR:

- **LOCAL AUTHORITIES IN ENGLAND & WALES**
- **LOCAL SERVICE PROVIDERS**
- **NATIONAL POLICY & OPERATIONAL LEADS**
- **GOVERNMENT OFFICE RESILIENCE DIRECTORS**
- **WELSH ASSEMBLY RESILIENCE DIRECTORS**

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DOCUMENT RELEVANCE CHECKLIST

Page	Contents	Category 1	Category 2	Wider Community ¹
3	Relevance Checklist	✓	To Note	✓
4	Introduction	✓	To Note	✓
6	Planning Assumptions	✓	To Note	✓
10	Strategic Local & National Preparations	✓	To Note	✓
14	Different Ways of Working	✓	To Note	✓
26	Communications	✓	To Note	✓
29	A Checklist for Local Service Provision	✓	To Note	✓
31	Increasing Mortuary Capacity	✓	To Note	✓

¹ Wider Community includes: business (e.g. funeral directors and suppliers); public sector (e.g. coroners, registrars, burial/cremation services); ministers of religion; voluntary sector; and charities etc.

1.0 Introduction

1.1 Situation Report

1.1.1 The possibility of a worldwide influenza epidemic (a pandemic) presents a real and daunting challenge. Pandemics have occurred from time to time over centuries. Another is by no means inevitable, but the timing impossible to predict. The World Health Organization is in its Pandemic Alert Period.

1.1.2 There has been an unprecedented increase in avian influenza amongst domestic and wild birds in Asia and Europe. This has raised international concern. Although the number of people infected by the A/H5N1 avian virus remains small, history and science suggest that we are very likely to face influenza pandemics this century.

1.2 Government's Response

1.2.1 The emphasis is very much on inter-pandemic years providing an opportunity to develop and strengthen preparations for the potentially devastating impact of a pandemic. Government will continue to take every possible step to prepare for and mitigate the potential health and wider socio-economic effect. How Government is doing this is set out in draft in **A National Framework for Responding to an Influenza Pandemic** on which consultation concluded on 16 May 2007 (available at: http://www.dh.gov.uk/prod_consum_dh/idcplg?IdcService=GET_FILE&dID=136100&Rendition=Web).

1.2.2 The National Framework says that however well-developed, plans and preparations are unlikely to be successful without the active support of individuals and communities. It therefore promotes sensible and proportionate preparation and collective action by all – Government, essential services, other businesses and organisations, the public and communities, and the media – which can help to mitigate health, social and economic effects.

1.3 Management of the Dead

1.3.1 It is clear increased numbers of natural deaths in a potentially short period of time will place considerable pressure on local services providers. The precise impact is difficult to predict with any certainty. But should any of the national planning assumptions that are in the draft document **A National Framework for Responding to an Influenza Pandemic** be

realised, different ways of working are likely to be needed in some areas.

1.3.2 ***Planning for a Possible Influenza Pandemic – A Framework for Planners Preparing to Manage Deaths*** is the outcome of discussions the Home Office Mass Fatalities Section² has had with national policy and operational leads. Discussions have focused on how to mitigate pressures of high numbers of additional deaths during a pandemic.

1.3.3 ***Planning for a Possible Influenza Pandemic – A Framework for Planners Preparing to Manage Deaths*** offers advice to local authorities and service providers who are responsible for producing and maintaining emergency and business continuity plans. How Government is preparing to respond during a pandemic is set out and the role of the Government Offices and Welsh Assembly Government is explained. As far as possible, use of measures outlined in this document should result in arrangements being put in place that will maintain dignity and respect for our dead.

1.3.4 When developing preparedness plans, it will be important to remember that bereavement is a loss that will be individual to the family and friends of the deceased. How people react will be different. Plans – and arrangements to communicate different ways of working – will need to take this into account.

1.3.5 Whilst it is likely that the experiences of families and friends will differ to normal expectations, local service providers should aim to treat the bereaved with appropriate sensitivity and consideration at all times.

1.4 Acknowledgements

1.4.1 The Home Office has produced this document in conjunction with officials from the Welsh Assembly Government but it remains subject to clearance by Welsh Ministers. Development of this document was assisted by the Ministry of Justice (who lead on coronial, burial and cremation policy), the Department of Health (who lead on death certification issues); and the Office for National Statistics (who are responsible for death registration services).

² The Home Office Mass Fatalities Section is part of the Capabilities Programme, which is managed by the Cabinet Office Civil Contingencies Secretariat. Its focus is to develop generic response capabilities to supplement local response options for deployment to a wide range of emergencies.

- 1.4.2 The Department for Communities and Local Government have represented faith groups through the engagement of a representative from the Faith Communities Consultative Council and advised on the role of the Government Offices. Advice on the role of local authorities was provided by the Local Government Association.
- 1.4.3 The Coroner's Society for England and Wales, National Association of Funeral Directors, Society of Allied and Independent Funeral Directors, the Federation of Burial and Cremation Authorities have all advised on the roles of their respective members. Local Authorities Coordinators of Regulatory Services (LACORS) has advised on the role of registrars.
- 1.4.4 The Home Office wants to thank all those who have contributed their time – for some this has been voluntary – and ideas. In particular, the Home Office wants to acknowledge the commitment of all national policy and operational leads to promote this document.

2.0 Planning Assumptions

2.1 Introduction

2.1.1 **Diagram 1** outlines normal processes followed when someone dies if the death is not referred to the coroner. It will be the aim of local service providers to maintain current processes for as long as possible. However, as the numbers of additional deaths increase, normal processes may soon become unsustainable.

2.1.2 Different ways of working will need to be introduced, but emphasis would still be on maintaining dignity and respect for our dead and consideration for the bereaved. Options for different ways of working are set out in Section 4.0 of this document. This section details the national planning assumptions that underpin those options.

2.2 National Planning Assumptions

2.2.1 The draft document, **A National Framework for Responding to an Influenza Pandemic** replaces the **UK Influenza Pandemic Contingency Plan** (UK Flu Plan March and October 2005). It projects a range of clinical attack and case fatality rates.

2.2.2 This seeks to provide planning assumptions for the percentage of the population who may fall ill – and of which, the percentage who may subsequently die.

2.2.3 Three projected scenarios have been given. However, it should be noted that the national planning assumptions are meant only to be estimated projections. Therefore, plans need to be flexible and to be able to adapt to locally emerging scenarios.

2.2.4 The base case scenario may see around 48,000 additional deaths across England and Wales, based on a clinical attack rate of 25% and a case fatality rate of 0.4%.

2.2.5 A prudent worse case scenario may result in around 320,000 additional deaths across England and Wales, based on a clinical attack rate of 25% and a case fatality rate of 2.5%.

2.2.6 The reasonable worse case scenario could produce around 650,000 additional deaths across England and Wales, based on a clinical attack rate of 50% and a case fatality rate of 2.5%.

2.2.7 Local planners are advised to plan for both all additional deaths occurring in one wave – or for additional deaths to be spread over two or more waves.

2.2.8 Local planners should use **Table 1** to model pressures should additional deaths occur in one wave. Table 1 is based on Health Protection Agency (HPA) models. It will enable local planners to apply a projected percentage of additional deaths per week – over a fifteen week period – to their local population. This should be done for each of the national planning assumptions.

Table 1 – Projected Percentage of Additional Deaths over a Fifteen Week Period

	Pandemic Week														
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Projected Percentage	0	0	1	3	11	22	21	14	10	8	5	3	2	1	1

2.3 Assessment of Local Risks

2.3.1 Local authorities and local service providers will undertake risk assessments for pandemic influenza. Those responsible for determining emergency and business continuity plans will want to use these to determine appropriate arrangements.

2.3.2 Estimated population figures broken down by local authority areas are available from the Office for National Statistics – see www.statistics.gov.uk. To determine likely local pressure points, local authorities will want to use these and apply the percentages provided in the national planning assumptions. Good practice would be, in sequence to:

- Apply national planning assumptions to local populations;
- Determine the maximum capacity of currently available services;
- Reduce maximum capacity levels to take account of average normal business;
- Apply national assumptions for absenteeism (see Cabinet Office Guidance **Contingency Planning for a Possible Influenza Pandemic**); and
- Apply the outcome of the previous step to national planning assumptions for additional deaths and determine pressure points for the pandemic and the projected worse peak.

- 2.3.3 Local authorities will engage with their local service providers to determine how best to fill locally emerging gaps. The different ways of working in Section 4.0 provides potential solutions.
- 2.3.4 Different ways of working in Section 4.0 will require lead in time to prepare. They will be unfamiliar to staff. As staff are likely to be working under pressure they will want to be clear about: when changes to processes will be introduced; what the changes entail; what will be expected of them; and how to mitigate any increased risk to service delivery.
- 2.3.5 Organisations and employers will want to ensure guidelines are in place. They will want to equip managers to be able to brief staff and support service delivery, including by monitoring the availability of resources to carry out the necessary tasks. Where necessary, training should be made available – and/or arrangements made for emergency training to be given.

2.4 *Trigger Points for Different Ways of Working*

- 2.4.1 Trigger points for different ways of working are likely to vary. For some, it will be the scale of increased deaths that will be the tipping point. Limited storage space at local mortuaries and funeral parlours may be the tipping point. For others, absenteeism might be the tipping point. But it is likely that a combination of a number of pressure points would see the activation of different ways of working in most local areas.
- 2.4.2 How doctors and health care workers respond is governed by the wider health response. For example, different ways of completing death certificates may need to be introduced as provision of health care is given in the community. For other local service providers, trigger points are less clear cut. Measures set out in Section 4.0 will be available for use immediately from the onset of a pandemic. It will then be left to local discretion as to when these measures are needed.
- 2.4.3 The one exception is any measures dependent on the activation of emergency regulations. A range of emergency regulations are currently being drafted, see Section 4.0. It will be recommended that these measures will have a clearly identified trigger point for activating emergency regulations and use.
- 2.4.4 Initially, it is thought sensible to use the national planning assumptions. The trigger point would be any movement away from a prudent worst case scenario. As emergency regulations are agreed, multi-agency guidelines on use will be developed for local authorities and service providers.

Diagram 1 – Normal process for when someone dies (England & Wales)

Deaths will occur at hospital or elsewhere (e.g. at home). If there is no reason to doubt the (natural) cause of death, doctors who attended the deceased during illness will certify the death. Where any doubt exists – or where the death may be due to violence or is unnatural or is sudden of unknown cause – the death would be reported to the coroner.

Where identity and cause of death is known, the Next of Kin or “Family” will be notified of the death.

The body of the deceased will be held at the NHS mortuary, public mortuary or it will go straight to the funeral parlour.

The family will need to register the death within five days of being notified of the death.

Funeral directors make funeral arrangements on behalf of the family – liaising with faith representatives and burial / cremation authorities.

Funeral service takes place and the deceased is buried or cremated.

Deaths of foreign nationals in England and Wales

The individual would have stated, or families will need to decide, if repatriation from England or Wales is required. Local funerals would be managed within the processes outlined in this document.

If repatriation is required, families would usually appoint funeral directors to act on their behalf – and the death will be reported to the coroner who will authorise removal.

However, it should be noted that disruption to international travel may mean that repatriation is not possible during a pandemic.

Deaths of British nationals overseas

The individual would have stated, or families will need to decide, if repatriation from overseas is required. If repatriation is required, families would usually appoint funeral directors to act on their behalf. On entry into England or Wales, the deaths may be reported to the coroner if the cause of death is unclear; local funerals would be managed within the processes outlined in this document.

However, it should be noted that disruption to international travel may mean that repatriation is not possible during a pandemic.

3.0 Local and National Preparations

3.1 Introduction

3.1.1 Local service providers will have faced many issues relevant to contingency planning for a flu pandemic in dealing with other emergencies. They will have experience of managing seasonal influenza – and historically, past epidemics and pandemics. This experience should contribute to local response remaining as near to normal arrangements as possible – but some changes will need to be made. Local service providers will want to take account of health and infection control advice.

3.2 Relevant Guidance Documents

3.2.1 **UK Influenza Pandemic Contingency Plan** (UK Flu Plan March, October 2005) said “*all organisations will need to consider the implications of staff absence (because of sickness, or the need for staff to take time off to care for others), at a time when the workload for some will be increased*”. The draft document **A National Framework for Responding to an Influenza Pandemic** replaced the UK Flu Plan. All documents and supporting guidance are available at: www.dh.gov.uk/PolicyandGuidance/EmergencyPlanning/PandemicFlu.

3.2.2 Cabinet Office guidance **Contingency Planning for a Possible Influenza Pandemic** offers advice to local authorities and service providers on projected absenteeism and how to manage this. It is available at: www.ukresilience.info/publications/index.shtm.

3.2.3 **Pandemic Flu – Workplace Guidance** has been produced by the Health and Safety Executive. Employers and employees are encouraged to adopt a common sense approach. The guidance promotes sensible personal hygiene measures. It is available at: www.hse.gov.uk/biosafety/diseases/influenza.htm.

3.3 Role of Local Authorities

3.3.1 Local authorities include counties, unitary authorities and districts – all of whom will have their own responsibilities when it comes to emergency planning.

3.3.2 Section 4 of the Civil Contingencies Act 2004 requires local authorities to take steps to raise business continuity awareness among organisations in their area. Alongside local authority services, external organisations have a crucial role in managing deaths. An essential part of local authority emergency planning will be for local services and businesses to work together.

- 3.3.3 Local authorities are being asked to develop multi-agency emergency plans. These will be a framework type plan. Plans cover how normal business will be maintained and high levels of additional deaths will be managed.
- 3.3.4 Local authority emergency planning officers will want to work in conjunction with local health planners to develop plans and arrangements. They will want to ensure arrangements for local authority services (e.g. registrars, burial and cremation authorities) work together with the health response (e.g. GPs and NHS Mortuaries). Local authority emergency planners will want to engage with local businesses (e.g. funeral directors and private cemeteries and crematoria) and local faith groups.
- 3.3.5 It is the responsibility of families to make arrangements for funerals, but local authority emergency planning officers will want to ensure supporting services are aware of what might be required of them. Local authority emergency planning officers should alert colleagues in local bereavement services and Job Centre Plus of the potential increased requests for support.
- 3.3.6 Local authorities will want to offer reassurance to their communities that all that could be done is being done to prepare for high volumes of additional deaths during pandemic influenza. They will want to consider how to manage the potential demands on them for advice and support. Consideration should include needs before, during, and after a pandemic.

3.4 Role of Local Service Providers

- 3.4.1 Local service providers will be responsible for putting in place their own business continuity plans. They will also be responsible for testing that their arrangements are robust.
- 3.4.2 An overriding concern of local service providers will be minimising exposure to illness as their staff perform their responsibilities. Local service providers will require the support of their employees to maintain service provision. Employers and managers will want to promote the use of the generic pandemic influenza infection control guidance. They will want to consider whether it is necessary to put in place any specific infection control measures. If so, they may wish to seek advice from their national operational leads ahead of doing so.

3.5 Role of Central Government

- 3.5.1 Central Government is seeking to ensure local plans are in place and that these are robust. It is also responsible for advising and supporting the development of local plans and responses.
- 3.5.2 The Home Office has co-ordinated the interests of national policy and operational leads and have led on developing ***Planning for a Possible Influenza Pandemic – A Framework for Planners Preparing to Manage Deaths.***
- 3.5.3 A National Working Group was established to assist and to promote use of the guidance. National policy and operational leads will want to consider their own resilience and revisit their emergency plans and business contingency arrangements. Local service providers are likely to seek advice from their national policy and operational leads on appropriate different ways of working to deal with pressures. National policy and operational leads will want to consider how to manage the demands on them. Consideration should include potential needs before, during, and after a pandemic.
- 3.5.4 Resilience Directors in the Government Offices and their counterpart in the Welsh Assembly Government will retain a strategic overview of preparations in their area. They will expect local authorities to provide a robust assessment of capabilities and where the gaps are. In turn, local capability assessments will be reported to the Home Office. Resilience Directors will work with their local authorities to find local solutions to fill gaps – and promote measures in ***Planning for a Possible Influenza Pandemic – A Framework for Planners Preparing to Manage Deaths.***

3.6 Responding to a Pandemic

- 3.6.1 The UK Chief Medical Officer will announce when the first case occurs in the UK. Working to the UK alert level system (as set out in the draft document, ***A National Framework for Responding to an Influenza Pandemic***), plans will need to be put into action at local, regional, and national levels.
- 3.6.2 So that pressure points can be effectively reported, local authority emergency planning officers should put in place an emergency contact point. These would be monitored daily. The benefit of an emergency contact point will be that local difficulties can be identified quickly – which will increase the likelihood for rapid solutions to be found.

- 3.6.3 Local authority emergency contact points would be used by local service providers to report pressure points. It will be for local authority emergency planning officers to consider guidelines for potential users of the emergency contact point. They will want to ensure that arrangements could cope with potentially a high volume of use.
- 3.6.4 When identified, local difficulties would be reported into Government via Government Office Regional Resilience Directors or their counterpart in the Welsh Assembly Government. Early warning of local difficulties and reporting these into the Civil Contingencies Committee (CCC) will be essential if solutions are to be found quickly.
- 3.6.5 During a pandemic, Resilience Directors will report on local impact. Reports will be submitted daily to the CCC. Resilience Directors will consider how to collate local information. As per local arrangements, Resilience Directors are likely to put in place an emergency contact point. They will want to ensure local authorities in their area are aware of who to contact and how – and ensure arrangements can cope with high usage.
- 3.6.6 The Home Office has considered the requirements of an Emergency Operation Centre – which would be needed during a pandemic. The role of the Centre will be to co-ordinate the interests of national policy and operational leads. Its main purpose will be to consider reports submitted to CCC. The Centre will ask national policy and operational leads to advise on how to mitigate emerging pressure points and what decisions need to be referred to Ministers for decision.
- 3.6.7 Once agreed, solutions will need to be communicated to local service providers rapidly. CCC will communicate solutions in three ways: (1) the emergency response website; (2) national policy and operational leads; and (3) Resilience Directors in Government Offices and Welsh Assembly Government.
- 3.6.8 National policy and operational leads will ensure their mechanisms for further advice and support to be sought are sufficiently resilient for a potential high volume of use. They will want to ensure that all who need to know are aware of who to contact and how.

4.0 Different Ways of Working

4.1 Summary

- 4.1.1 Multi-agency planning will be essential to the effectiveness of plans. Local authorities are being asked to strategically lead planning with all the service providers outlined in this section. With the emphasis on minimising delays to funerals, the requirement will be for local services to collaborate and ensure the process can run as near to normal as possible.
- 4.1.2 What will inevitably need to change is the way in which local services are delivered. But regardless of how well developed and robust local planning and preparations are – these are unlikely to be successful during a pandemic without the active support of individuals, families and communities.
- 4.1.3 There will be two main drivers. Firstly, local services will strive to maintain current checks and balances that are in place between registered medical practitioners (i.e. hospital doctors and GPs), coroners, and registrars. Secondly, local service providers will strive to maintain dignified funerals. Normal processes would continue for as long as possible. Local responses would then increase business continuity through making practical adjustments to the ways in which local services are delivered. As it becomes clear these are no longer sustainable further measures will become available for use.
- 4.1.4 For each of the national planning assumptions it is likely different ways of working will need to be introduced. The trigger point will be determined by the number of additional deaths occurring in the area and local capacity to cope at the time. It will be important for multi-agency plans to identify the likely trigger points for each local service.

4.2 Medical Certificates of Cause of Death

- 4.2.1 During a pandemic, hospital doctors will continue to certify deaths that occur in hospitals. However, it may be that during a pandemic a large proportion of additional deaths occur outside of hospital care. There is a statutory duty on every registered medical practitioner who has “attended on the deceased during their last illness” to complete a Medical Certificate of Cause of Death (MCCD). GPs would normally complete the majority of such certificates – unless there was an identified need to report the death to a coroner.

- 4.2.2 Taking into account requirements of the health care response, the Department of Health believes GPs have sufficient capacity to cope with moderate increases to the numbers of MCCDs required. As part of sensible contingency planning, scope needs to be explored for asking retired doctors, who are still registered with the General Medical Council (GMC) to provide health care. Should someone be under the care of such a doctor for an illness they subsequently die of, the doctor would be able to complete the required MCCD.
- 4.2.3 It is for NHS planners to work with GPs to ensure that local plans are put in place. Additionally, NHS planners will want to agree with the emergency services in their area about how to sustain arrangements for when someone dies at home. Plans will include arrangements for sensitively explaining different ways of working to families of the deceased – and ensuring these are understood.
- 4.2.4 Plans will also need to accommodate a step change in this assumption. It is likely that should large numbers of people become ill with pandemic influenza, a wider range of health care practitioners would be involved in administering health care. Not all of those would be legally entitled to complete MCCDs.
- 4.2.5 The Department of Health is currently examining widening the pool of those who are able to complete MCCDs beyond registered doctors who have attended the patient. This might include a system that allows health care workers to work as a proxy for a medical practitioner; and if it is possible to widen the pool of professionals who can complete a MCCD beyond registered medical practitioners (e.g. retired doctors who are not registered with the GMC and nurses). The latter would be likely to require the introduction of time bound emergency regulations.
- 4.2.6 A full impact assessment is being undertaken. The Department of Health are discussing options with stakeholders. Consideration is being given to legal requirements (e.g. the Medical Act 1983, the Registration of Births and Deaths Act 1953, and the Coroners Act 1988). Once options are finalised, multi-agency guidelines will be issued to doctors and health care workers, coroners and coroners officers, and registrars.

4.3 Coroners

- 4.3.1 Coroners are required to investigate deaths of which they are informed and which there is reason to suspect are unnatural, violent or sudden and unknown deaths.
- 4.3.2 For natural cause deaths, the health care response should mean there is minimum increase to the numbers of natural cause deaths reported to coroners.
- 4.3.3 Business continuity plans will ensure coronial services can be maintained – for coroners and coroner’s officers. The challenge will be whether normal anticipated caseloads and any increases in the deaths reported can be managed. Should capacity to maintain services reduce, coroners will want to identify what their priorities will be during pandemic influenza. The following business continuity measures are already available for coroners to plan for and agree the use of with their local authorities:
- Prioritise completion of disposal certificates over inquests;
 - Inquests to be opened, adjourned and not resumed until after the pandemic has passed;
 - In the absence of a coroner – appointment of deputy coroners is approved by the relevant local authority, as acting coroners for the duration of the pandemic;
 - By agreement, part time coroners may be asked by the relevant local authority to work full time for a fixed term;
 - By agreement, retired coroners may be re-appointed as acting, deputy, or assistant deputy coroners for a fixed term if approved by the relevant local authority;
 - By agreement between coroners and their local authorities, neighbouring districts may volunteer to pool resources; and
 - Redeployment of support staff from other local authority functions for a fixed term – for which training would be given.
- 4.3.4 The Ministry of Justice, working in partnership with the Coroners Society for England and Wales, will ensure coroners and coroners’ officers are made aware of the requirements on them. During a pandemic, the coronial system would need to be closely monitored and reviewed.

4.3.5 Coroners will want to make representations and offer advice to their local authorities on all these matters. The views of the local police forces, prisons, and pathology services may need to be sought and taken account of. Coroners will work with their local authorities to put business continuity plans in place. Business continuity plans will include arrangements for explaining different ways of working to families of the deceased – and ensuring these are understood. However, it is likely that further measures will need to become available to coroners.

4.3.6 The Ministry of Justice is considering ways to increase the capacity of coroners to cope. They are exploring what changes might need to be made to the Coroners Act 1988, Coroners Rules 1984 and any subsequent or supporting legislation. Such changes would require the introduction of emergency legislation – which would be time bound and relative for the duration of the pandemic. Further measures being considered are:

- Transfer of cases so England becomes a single administrative area – similar to arrangements in Wales;
- Post mortem examinations to be performed anywhere that is licensed for this purpose by the Human Tissue Authority;
- Exhumation powers to be suspended;
- Coroners juries to be suspended;
- Deaths from natural causes within prison not to require inquest during pandemic period.
- Referrals to the Secretary of State for an inquest in the absence of a body to be suspended;
- The right to seek leave to the High Court with the permission of the Attorney General for a new inquest or judicial review to be suspended; and
- For treasure inquests to be held over.

4.3.7 Given the likely shortage of pathology services, it may become necessary for some investigations to be concluded without full post mortem examination. This will pose particular issues for deaths that occur in prisons or custody – whereby it would be extremely unusual not to have a post-mortem examination. The Ministry of Justice are considering what alternative may be available. Proposals being explored include:

- Whether there is greater flexibility in who could advise the coroner on medical issues;
- If alternatives such as virology testing (which may remove the need for a full post mortem) might be available;
- Whether prison deaths from natural causes can be treated the same as those not imprisoned or detained; and
- Whether local NHS trusts and/or local authority have capacity to store the deceased pending examination.

4.3.8 The Ministry of Justice will undertake a full impact assessment ahead of decisions being taken. This will involve collaborative working with the following: Coroners Society in England and Wales, Coroners' Officers Association Department of Health, Police Service, national leads for NHS and Home Office Pathologists, the Local Government Association, HM Prison Services, Prison and Probation Ombudsman, and Office for National Statistics. Once options are finalised, multi-agency guidelines will be issued to doctors and health care workers, coroners and coroner's officers, and registrars.

4.4 *Death Registration and Certification*

4.4.1 Funerals cannot take place until certificates for burial or cremation have been issued either by the registrar or by the coroner. The registrar usually needs to register the death before issuing a certificate. But regulations are in place to allow registrars to issue the documents needed for a funeral before the death has been registered – provided the registrar has seen the Medical Certificate of Cause of Death.

4.4.2 Deaths should usually be registered within five days. It will be important for this requirement to be sustained as far as possible. Registration is done by a relative or person who was present at the death or who is arranging the funeral. The Office for National Statistics will be the data source for reporting on registered deaths – it will be important collective action by all to ensure this is done in a timely way. Death estimates will be published weekly as per current arrangements.

4.4.3 The ability of registration services to absorb increased death registration will vary from district to district. How increased death registration might be managed has been considered by the Office for National Statistics, General Register Office and local authority representatives. If local authorities can provide resources to support proposed different ways of working, they broadly consider registrars will be able to manage pressures.

4.4.4 Advice has already been cascaded to local registration services on how they might need to work differently. Additionally, pilot testing of a new web based electronic registration system has completed and is being rolled-out across England and Wales.

4.4.5 Registration services should already be including the following options in their business continuity plans:

- Employment of extra staff to act as deputy registrars – and provision of necessary training;
- Contact between registration districts to explore potential for interchange of staff to cover absenteeism;
- Extension of opening hours, incorporation of shift working, and moving to a seven day working week;
- With agreement, rationalising work processes - prioritising death services and deferring activity on births and marriages;
- Delaying the issue of birth, marriage and death certificates – unless they are required urgently (e.g. for investigation purposes); and
- Publicity of arrangements for death registration will be through local press, websites, and notices.

4.4.6 Local authorities are legally required to make a ‘scheme’ to provide registration services within their area. Many have chosen to have county wide districts. This provides for a more flexible use of staff. This approach is encouraged through the modernisation of governance of the service. Local authorities who have not moved to county wide arrangements may choose to have plans to do so for the duration of the pandemic.

4.4.7 Additionally, there may be benefits in asking local authorities to co-locate coroner and registration services for the duration of the pandemic. This would allow for the pooling of support staff and could speed up inquiries registrars may have on any certificates completed by coroners. However, this may not always be practicable.

4.4.8 The Office for National Statistics and General Register Office are considering other ways to increase the capacity of registrars to cope. They are exploring what changes might need to be made to the Registration of Births and Deaths Act 1953 and any subsequent or supporting legislation. Such changes may require the introduction of emergency legislation – which would

be time bound and relative for the duration of the pandemic. Further measures, being considered are:

- Review the requirements on registrars to interview relatives of the deceased face to face (e.g. taking of details by telephone); and
- Widening the pool of people who can provide information for a death registration.

4.4.9 The Office for National Statistics and General Register Office will undertake a full impact assessment ahead of decisions being taken. This will involve collaborative working with the following: Department of Health, Ministry of Justice, Local Authorities Coordinators of Regulatory Services (LACORS) and the Local Government Association. As options are finalised, multi-agency guidelines will be issued to doctors and health care workers, coroners and coroners officers, and registrars.

4.5 Funeral Services

4.5.1 In order to maintain funeral services as near to normal as possible, it may become necessary to restrict choice. Restricting choice does not mean removing the option of having a funeral. The aim is for traditional funeral services to be maintained as far as they can be. But realistically it may become necessary to limit the types of services available. It is important that public communications clearly explain why such limitations have become necessary.

4.5.2 Funeral directors will collaborate with registrars to ensure deaths are registered in a timely way. As a precaution, they will want to consider ways in which they might be able to increase their capacity to hold the deceased prior to funerals. Funeral directors should already be considering the following business continuity measures – working in partnership with faith community representatives and cemetery and crematoria managers in their localities:

- Working hours are increased – and businesses moving to seven day week operation;
- Where several businesses are owned – or are networked – agreement is reached to pool resources;
- Employment of extra staff to act under the supervision of existing staff;

- Staff roles reevaluated and essential services only are maintained (e.g. the dead are taken to the chapel; no car service is offered; those attending funerals are met at the chapel);
- At the chapel, funeral staff will seek to support burial and cremation staff by taking on agreed duties at the chapel, crematorium, and cemetery – this is to assist cemeteries and crematoria to deploy their own staff to other essential duties;
- Limited choice of types and sizes of coffins are offered to ensure manufacturers can supply to demand; and
- Those arranging funerals are asked for basic and shorter services at the chapel – or for memorial services to be held at other venues (e.g. the home or place of worship).

4.5.3 As appropriate, faith community representatives will want to support decisions taken locally by funeral directors and cemetery and crematoria managers.

4.5.4 Faith community representatives will be engaged in wider local planning. They will want to consider their capacity to provide religious funeral services – and whether they can sustain these taking at the cemetery or crematoria chapel, chosen place of worship, home, or other setting.

4.5.5 A further consideration will be whether faith community representatives can sustain supporting the bereaved – where required – or if there is a need to prioritise other community responsibilities (e.g. supporting local social care services).

4.6 Burials and Cremations

4.6.1 The Local Government Association believes cemeteries and crematoria should aim for most burials and cremations to take place as soon as possible following death registration. This is to ensure a minimum impact on additional mortuary or funeral parlour storage capacity. Consideration of the following business continuity measures has been taken forward on the basis of the current national trend of around 30% of the population preferring to be buried and around 70% preferring to be cremated.

- Extending opening hours and working days – with agreement of staff – to cope with increased burials and absenteeism;
- Redeploying staff – who would receive emergency training in management and physical aspects of operating a cemetery – from other local authority functions;

- Arranging maintenance and inspection of equipment – ahead of periods of peak usage – with back up equipment and replacement parts stockpiled;
 - Collaborative working with funeral director staff – allowing staff normally required for committals to be redeployed elsewhere; and
 - Encouraging funeral services to be held in local places of worship – and shorter time slots for committals.
- 4.6.2 The Ministry of Justice will lead on offering advice on burial and cremation policy during the pandemic. Consideration will include exploration of the current trend for burials and cremation – and the potential impact of any significant movement. How this is delivered will be for local determination - ensuring compliance with regulations, guidelines, and codes of conduct.
- 4.6.3 Burial authorities and private cemetery operators are encouraged to collaborate when local capacity issues emerge. It is understood most cemeteries have sufficient capacity to cope up to a certain level but this will be tested at peak times. Some may experience shortage of grave space, in particular in inner city areas. Capacity issues are likely to result from rapid use of space allocated for future years. Forward planning – for use during and after the pandemic - will be required. Solutions should offer long term sustainability.
- 4.6.4 As a back-up option for higher fatality rates, cemetery managers should plan for alternative ways of providing graves. Back-up options are likely to be required should there be movement away from the current burial trends or if high rates of staff absenteeism are experienced.
- 4.6.5 In such circumstances, cemetery managers are likely to want to move to provision of common graves, which would allow interments to be undertaken more quickly due to the more efficient mechanical preparation of the site. This process would still allow for individual burial plots and marking of graves. Large areas within the cemetery would need to be allocated for the common grave. It cannot be ruled out that new ground will need to be identified. Planners will want to factor this into arrangements. Using existing management systems, individual interments would be prepared for each burial.
- 4.6.6 Subject to consideration of health and safety implications, and should mechanical shoring of graves require back-up options,

cemetery managers could adopt the use of more traditional methods. Wooden shoring or no shoring may be viable options.

- 4.6.7 Planning the provision of graves should consider likely family wishes during or after the pandemic. For example, it may be helpful to ensure that the common grave is deep enough to allow for additional family burials – but not too deep or densely used to make difficult the removal and re-internment of the remains elsewhere, if this is requested at a later date.
- 4.6.8 As a back-up option for higher fatality rates, the Ministry of Justice is also considering streamlining the completion of required cremation forms – which are required to be completed by doctors, medical referees and coroners. Should capacity to manufacture and supply coffins be drastically reduced, the Government may consider whether re-use of coffins (for cremation only) was an option they want to pursue. The Ministry of Justice is also considering whether crematoria managers should move to 24/7 working - which would require staff collaboration and relaxation of the Working Time Directive – and whether crematoria managers would need contingencies such as full use of standby cremators).
- 4.6.9 The Ministry of Justice will undertake a full impact assessment ahead of decisions being taken. This will involve collaborative working with the following: Department of Health, Office for National Statistics and General Register Office, and the Local Government Association. Discussion with other professional associations will also be necessary. As options are finalised, multi-agency guidelines will be issued.

4.7 Mortuary Capacity

- 4.7.1 Different ways of working in this section assume that there will be limited capacity to hold the deceased prior to funerals at hospital mortuaries, public mortuaries and funeral parlours. The emphasis therefore is on increasing business continuity of deaths certification and registration, funeral services, and burials and cremations.
- 4.7.2 Effective use of measures in this guidance is likely to mean minimal impact on mortuary capacity. However, if local capability assessments determine additional mortuary storage capacity is likely to be needed - local services should seek to base solutions on existing arrangements.
- 4.7.3 Seeking to create an entirely new capability may only serve to be difficult to manage and operate – as it would be an unfamiliar environment that would be reliant on taking staff out of situ.

- 4.7.4 To prepare for outbreaks of seasonal influenza, NHS organisations will be working with local authorities to ensure services can deliver and provide adequate out of hours services. NHS trusts should be working with local authorities to ensure mortuary capacity is adequate to meet peaks in winter deaths. They would plan for necessary steps to provide additional facilities where these are likely to be needed.
- 4.7.5 The Department of Health has recommended that temporary facilities must meet minimum standards of permanent mortuaries to respect the dignity of the deceased. They advise that refrigerated vehicles and trailers should not be used. NHS trusts and local authorities will put in place suitable local arrangements – as informed by potential pandemic influenza pressure points. This may involve seeking solutions from commercial suppliers.
- 4.7.6 An outline specification for temporary facilities is at **Annex B**. This is offered as an indicative guide for NHS trusts and local authorities to consider. It has been based on national emergency mortuary arrangements, which has been established for use in response to no-notice type incidents.
- 4.7.7 These facilities would replicate – as far as possible existing storage arrangements. NHS trusts and local authorities will determine local strategies for providing additional mortuary storage capacity. As a guide one or more of the following options may be planned for:
- **Rigid or Demountable Storage Structure:** would be purpose built units that can be deployed to a range of terrains. This type of structure may include the use of container storage – see below;
 - **Inflatable Storage Structures:** these come in various designs and can be customised and deployed to a range of terrains. These are likely to require body racking and power generators; and
 - **Containerised Storage:** standard units (e.g. those used at ports and freight terminals) that can be deployed to a range of terrains. These are likely to require shrouding, body racking and power generators.
- 4.7.8 Non-use of refrigerated vehicles and trailers may become unsustainable during a pandemic. All options should feature in local plans – albeit some being back-up or last resort options.

4.7.9 The outline specification for temporary facilities (at **Annex B**) may also be useful should NHS trusts and local authorities determine that using of buildings normally used for other purposes as storage facilities is a viable option.

4.8 Wider Pressures

4.8.1 Families may ask for advice on what to do when a relative dies in England and Wales. Such advice is routinely made available by local services. Information for planners is available at: <http://www.direct.gov.uk/en/RightsAndResponsibilities/Death/WhatToDoAfterADeath/index.htm>; and www.dwp.gov.uk/advisers/d49/.

4.8.2 It is likely that further work will be required locally to determine appropriate ways of signposting those who request it to bereavement and other support.

4.8.3 Local authorities may choose to organise local networking. The voluntary sector will have a contribution to make to plans. Local bereavement services will want to consider how advice and support is given – and whether generic reference material is required.

4.8.4 The Department for Work and Pensions are encouraging business continuity arrangements to be put in place for all Job Centre Plus offices. This is to ensure that staff and processes would be able to cope with increased requests for support. Liaison with other local service providers (e.g. funeral directors) about the payment for funerals may be necessary.

4.8.5 If the identity of the deceased is unknown – or there is no known next of kin or family – this may increase timescales for burials or cremations. The police might assist with enquiries; or an appeal for information may be made by the relevant local authority. However this will need to be considered alongside other priorities. If an appeal is made, is unsuccessful and no family comes forward or is found - the relevant local authority would make appropriate arrangements for a funeral.

4.8.6 Deaths of British nationals who reside overseas may place unplanned pressures on local services - should repatriation be a requirement. Such deaths may be referred to the coroner of the area where the burial or cremation is to take place. Local services should work on the assumption that some repatriation from overseas may take place but should also note that repatriation may not be possible even when individuals have made provision for it through insurance and wills due to the possibility of disruption to international travel during a pandemic.

4.8.7 Similarly, there will be considerations for foreign nationals who are in England and Wales. For some, local funerals may be requested – otherwise repatriation is likely to be a requirement. Local authorities will want to ensure coroners, funeral services, and cemetery and cremation managers are alert to this. Such deaths may be referred to the coroner if the body is to be removed from England and Wales.

5.0 Communications

5.1 Considerations

- 5.1.1 Many of the issues relevant to other emergencies will be common to continuity planning for pandemic influenza. New strategies are unlikely to be needed. But the appetite for information on how the dead are being treated should not be underestimated. It is likely to become a focus of media reporting at local, regional, and national levels.
- 5.1.2 Systems for receiving and disseminating information will need to be robust and capable of moving at a fast pace. Sharing of up to date information will be vital. If local and regional messages are inconsistent with the information that Government is providing they may cause unnecessary distress and alarm to local communities and the bereaved.
- 5.1.3 Local, regional, and national communication strategies should seek to raise awareness of the pressures local service providers are likely to be under. Information on potential different ways of working should be factual and accurate. Getting across the message that local management may vary from one area to the next will be important.
- 5.1.4 Good practice suggests all organisations and agencies affected by a communications strategy should agree to it. Roles should be allocated and understood. Strong leadership on communications will be vital to the effectiveness of the strategy. Information will not always need to contain large quantities of facts or detail – but information given must be accurate, at the time it is given, on how the dead are being treated. Messages will need to be given sensitively and with consideration for the bereaved. It should be made clear when further updates will be made available.

5.2 National Considerations

- 5.2.1 Department of Health will lead on all health related issues. The Cabinet Office News Co-ordination Centre (NCC) has been activated to assist in news management and media handling across departments. National policy and operational leads will want to provide information about why different ways of working are required. They will want to provide factual information about potential options open to local services providers. It will be important to explain why – in some cases - use of different ways of working has been left to local discretion.

5.2.2 National policy and operational leads will want to be supportive of local responses. Where possible strategies should ensure that management of information is as co-ordinated as it can be. When asked to co-ordinate the interests of national policy and operational leads, the Home Office will consult them on appropriate strategies and messages to be conveyed. They will ensure that delivery links into the wider health response.

5.3 Regional and Welsh Considerations

5.3.1 Messages on how the dead are being treated will form part of wider communication strategies in the Regions and in Wales. Regional and Welsh communication leads will want to ensure consistency with national messages.

5.4 Local Considerations

5.4.1 If there are high fatality rates during a pandemic, it may be that local services cannot maintain 'business as usual'. They are likely to need to work differently in order to respond to emerging scenarios. From the outset, it would be prudent to prepare people for the potentially difficult times that might be ahead.

5.4.2 There is likely to be public concern. Local communications will be the first step in providing reassurance. The emphasis should be *tell it all, tell it truthfully and tell it quickly*. Local authorities may wish to lead on local communications.

5.4.3 Advice on consistency with other aspects of influenza pandemic communications activity should be sought from the Government News Network. This should link into arrangements activated in the region or in Wales. The Local Government Association (LGA) and Local Authorities Coordinators of Regulatory Services have good experience of receiving and disseminating information to local authorities. Existing arrangements would become the hub for local service communications during pandemic influenza.

5.4.4 Wherever possible there should be an agreed figurehead for the collective release of local information. Agreement on how emerging local issues should be handled and reported on will need to be agreed at an early stage. Arrangements should be disseminated to all local service providers.

5.4.6 Letting the bereaved know where they can access bereavement, and other support (e.g. financial, legal) will be an important part of local communication strategies. Existing literature should be relied upon and made available in the usual way.

5.4.7 Communicating to those who have suffered loss why different arrangements are needed will be crucial. This will be the responsibility of local service providers. A lack of collaboration may place pressure on local services and it is likely that difficult decisions will need to be made.

Annex A – A Checklist for Local Preparations

1.1 Local Responsibilities

1.1.1 Responsibility for activation of emergency plans and business continuity arrangements rests locally. Local services will be responsible for ensuring effective delivery. For some, this will require the support of their local authority. The local authority will want to take a lead role in ensuring delivery of local services remains as joined-up as possible. They will want to ensure that they are being supported by local service providers in their area.

1.2 Recommended Members of Groups and Networks

1.2.1 It is likely that meetings of local planning groups will be requested – or some other form of networking arrangements will be put in place. Local authorities will want to ensure that membership of groups and networks include representatives from these local services:

- Completion of Medical Certificates of Cause of Death – registered medical practitioners and coroners;
- Death registration and certification (including disposal certificates) – GPs, Registrars and Coroners;
- Police or others responsible for resourcing coroners' officers;
- Funeral Directors;
- Faith representatives;
- Burial authorities and privately owned cemeteries;
- Cremation authorities and privately owned crematoria; and
- Bereavement and other support organisations and groups.

1.2.3 It will be important for local authorities to explore if ways of working differently in one local service area might begin to adversely impact on another.

1.2.4 Local authorities will work with local service providers to broker multi-agency solutions to local difficulties that may emerge.

1.3 Reporting Local Pressure Points

1.3.1 Local authorities will want to establish emergency contact points for local service providers to report pressure points. They will want to issue guidelines on use. Local authorities will want to be aware of arrangements in their Region or in Wales for seeking advice from Government.

1.4 Local Communications

1.4.1 Local communication strategies will want to ensure that the following actions are fully considered and taken account of:

- Provision of timely and accurate advice to the bereaved and others (e.g. communities and the media);
- Agreement on local communication leads;
- Collective support of local services;
- Proactive awareness raising of different ways of working; and
- Ensuring consistency with regional and national partners.

Annex B – Increasing Mortuary Capacity

Requirement	Approximate Size	Essential Requirements	Notes
<p style="text-align: center;">Chilled Storage Area (up to 100 Capacity)</p>	<p style="text-align: center;">Approximately 200 square metres</p>	<ul style="list-style-type: none"> • System to track deposits and exits • System for ventilation and extraction • Capability to chill and freeze area (if required) • Racking for storage – or alternative solution • Labelling facilities • Space for trolleys / body hoists – or alternative solution • Waterproof floor that will allow drainage off into a foul sewer (if necessary) • Water (if necessary) • Power (if necessary) • Space to expand facility (if necessary) 	<p>This area will be used to store the deceased prior to funerals.</p> <p>It will be used to deposit / exit the deceased.</p> <p>Additional space will be required for vehicles to unload / load.</p> <p>The aim would be for the deceased to be held no longer than two weeks.</p> <p>Processes routinely used in mortuaries will be adopted to track and locate the deceased.</p>
<p style="text-align: center;">Equipment Storage Staff Facilities Operational Offices</p>	<p style="text-align: center;">Not Known</p>	<p>As far as possible, these will be provided in situ and not replicated – i.e. these would be available in the permanent mortuary building.</p>	<p>If bespoke options are planned for, these are likely to require space to locate equipment storage stores, staff changing facilities, and offices.</p>