Warwickshire Police and West Mercia Police welcome comments and suggestions from the public and staff about the contents and implementation of this policy. Please e-mail contactus@westmercia.pnn.police.uk
1.0 POLICY OUTLINE

The attendance and management of deaths in the community is a key role for the Police and Ambulance service, and has a considerable demand for resources. Managing this demand against the needs for investigative assessment, support for the public and the need to provide information for HM Coroner.

2.0 PURPOSE OF POLICY

This policy seeks to provide a proportionate response to deaths in the community, allowing the most appropriate resource to attend, assess and manage such incidents.

A large proportion of deaths in the community are as a result of natural causes, but may not have been expected. Generally the ambulance service attends these as a first response, pronouncing life extinct and obtaining background details from family and others present to make a clinical decision.

By providing a clear framework to identify what the police and ambulance service will attend, including support around risk and intelligence assessment from the police. This will allow the ambulance service to deal with the majority of natural deaths in the community from initial attendance to reporting to the coroner’s office.

Allowing the police service to focus on unnatural deaths that may be suspicious or have a criminal nature.

3.0 IMPLICATIONS of the POLICY

There are no significant implications in respect of Risk, Health and Safety, Equalities and Legal considerations

In specified circumstances it will remove the need for police attendance at sudden deaths.

4.0 CONSULTATION

Consultation has been undertaken externally with West Midlands Ambulance Service and other services such as undertakers, hospitals, the Coroner(s) and Coroner’s officers within the two force areas, Communication, Patrol and Investigation functions within the alliance, Learning and Development and Staff associations.
5.0 DOCUMENT HISTORY

The history and rationale for change to policy will be recorded using the below chart:

<table>
<thead>
<tr>
<th>Date</th>
<th>Author / Reviewer</th>
<th>Amendment(s) &amp; Rationale</th>
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<td>July 2014</td>
<td>D/Insp. J. Downes</td>
<td>Harmonisation</td>
<td>JNCC 30/07/14</td>
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<td>Review v2.0</td>
<td>JNCC 27/11/14</td>
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<td>Sep 2015</td>
<td>DCI. R Long</td>
<td>Amendment to Section 7 Item G Version Controlled v2.1</td>
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<td>Feb 2016</td>
<td>DCI. N Jamieson</td>
<td>Amendment to Section 7 &amp; 11. v2.2</td>
<td>T/ACC Malik 28/09/15</td>
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<td>Jun 2018</td>
<td>DCI N. Jamieson</td>
<td>Reviewed – No Changes</td>
<td>June 2018</td>
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6.0 PROCEDURE

- Process Chart
- Definitions
- Suspicious death
- Violent or unnatural deaths
- Natural deaths
- Certified deaths
- Confirmation of death
- Police attendance at sudden deaths

What the Police will attend
- Suspicious death
- Violent or unnatural deaths
- Intelligence Assessment
- Death in the workplace
- Death after Police custody / contact
- Foreign Nationals
Reporting process

Ambulance attendance and management of sudden deaths

Natural deaths

Private Residential Premises

Other than at home

DNR / Care pathway

Reporting process

Guidance in dealing sudden deaths

Police Visual Handbook
6.1 **Definitions** – For Police purposes and in general term, deaths can be classified as follows:-

**Suspicious Deaths**
Those deaths where another person suspects another person has, or may be involved in the death and criminal offences have, or may have been committed (e.g. Murder, Manslaughter including neglect etc)

**Violent or Unnatural Deaths**
Deaths that may have initially been treated as suspicious at the time of initial attendance, but have been seen to be not so, or where the mechanics of death involves trauma or accident (e.g. suicide, hanging, drowning, overdoses, neglect, Health & Safety issues etc.)

**Natural Deaths**
Where a doctor may issue a death certificate as the cause of death is natural or following post mortem, the death has been established as being due to natural causes (e.g. heart disease, strokes etc.)

The following terms are also important:-

**Certified Deaths**
A doctor has certified the medical cause of death.

**Confirmation of Death / Recognition of Life Extinct**
A doctor can undertake confirmation of death. A qualified ambulance paramedic/technician (in set circumstances), undertakes the recognition of life extinct but neither can record the medical cause of death.

7.0 **POLICE ATTENDANCE AT REPORTED DEATH**

The OCC Sergeant will be informed of all reported deaths and will be responsible for deciding on the appropriate Police response. They will use the intelligence assessment to inform their decision making.

The Police will attend reports of death that fall within the following categories:-

a) Homicide and all reported ‘suspicious deaths’, where criminality may be a factor.
b) All reported violent and unnatural deaths.
c) Deaths in custody (Police or Custodial).
d) Fatal accidents of all types (e.g. road traffic collision, works accidents, factory accidents etc.).
e) Suspected suicide or assisted suicide.
f) Death due to suspected drug abuse.
g) Sudden & Unexpected Deaths in Infants & Children (SUDIC) in line with the following inter-agency SUDIC procedures: Warwickshire (see Inter-Agency Procedures, Section 10) West Mercia (see Section 6.1: Child Death Procedures)
h) The death of a person 30 years or under. (Unless there is an obvious medical reason)
i) A death resulting from a previous accident / trauma (injuries received following an accident).

j) Persons found dead after forced entry (either by Police Officers or others) into premises. This includes reports of ‘Concern for Welfare’ to Police, even if the death appears to be from natural causes.

k) Collapsed in the open air, street, sports place, etc., and the death confirmed at the scene or on arrival at hospital. (The body may be unidentified).

l) Any death in hospital where there is concern regarding the treatment of the deceased by staff caring for their welfare, or where there is concern regarding criminal neglect or malpractice.

m) Deaths in private premises where the next of kin, or responsible adult in attendance, will not take responsibility for the deceased.

n) Deaths on premises occupied by the Ministry of Defence.

o) Where a person’s identity is not known or suspected to be false.

p) Where the reported death is at a care home or nursing home and there are potentially suspicious circumstances, there is information suggesting abuse or malpractice or concerns are identified.

8.0 SUSPICIOUS DEATHS AND/OR DEATHS INVOLVING CRIMINALITY

a) Ensure that the body is not disturbed and that the scene is kept intact to preserve evidence.

b) Notify a Detective Sergeant on TPU for further investigation.

c) Detail an officer to commence a written record of all relevant action and persons attending the scene.

d) The decision for a force surgeon to attend the scene of suspicious or deaths involving criminality will be that of the senior Detective.

e) Consent to remove the body from the scene and to conduct the post mortem must be obtained from HM Coroner.

f) The body will be removed to the mortuary. A Police Officer should ensure continuity is maintained. A member of the family or person with knowledge of the deceased will later identify the body.

8.0 VIOLENT AND UNNATURAL DEATHS

a) Following a Police investigation, deaths that may have been initially treated as suspicious may be found to be violent and / or unnatural.

b) A Detective Sergeant will attend such incidents.

c) A Sudden Death Report, in line with local arrangements, will be completed and forwarded for the information of HM Coroner as soon as is practicable. But in any case to be received by HM Coroner before 09:00 hours the next working day.
Local arrangements can be obtained from the respective coroner’s office if required, some sudden death reporting is digital as is the case for Worcester, please follow this link.

10.0 INTELLIGENCE ASSESSMENT

I24 staff within the communication centre will conduct Basic or Enhanced checks dependant on the circumstances presented and any identified risks using police and partner systems. The results will form the basis for the intelligence assessment, triggering any further police action (Appendix 1).

11.0 WMAS - APPARENT DEATH BY NATURAL CAUSES – PRIVATE RESIDENTIAL PREMISES

a) It must be emphasised that the Police will **NOT** attend scenes of Routine presumed natural deaths in a **Private Residential Premises** for circumstances reported from Doctors, hospitals, families or responsible adults, which **DO NOT**, fall into the above category. (See 7 Police attendance at reported death).

b) Reports of deaths in these circumstances to police will be shared with the Ambulance Service who will be the primary response and will attend the scene, if the body is inside private premises, a Paramedic or Technician may confirm death following a strict protocol. A form WMAS36 (Recognition of Life Extinct) and patient report form will be left with the immediate next of kin or responsible adult.

c) The Ambulance Service will be responsible for informing the deceased’s **GP** of the death.

d) WMAS will inform the Police that death has been confirmed in accordance with the West Midlands Ambulance Service protocol.

e) WMAS staff will provide Police with information from the scene and conduct a risk assessment.

Police will provide an intelligence assessment to assist with this **via, the Alliance OCC / Intelligence 24 department**.

f) Once an assessment of the incident has been made by Police and it is deemed that Police will **NOT** attend, the WMAS crew at the scene will inform the next of kin / family;

- **α.** To use the undertaker of their choice and they must contact them.
- **β.** A yellow copy of the Patient Referral Form (PRF) will be left with the person taking charge.
- **χ.** To contact the deceased GP to report the death and provide the GP with the yellow copy of the PRF.


g) It must be stressed that the Police **WILL NOT** attend presumed Death by natural causes in home circumstances merely to act in a counselling role or to assist in the removal of the body from the scene.

A FLOW CHART OF THIS PROCESS IS PROVIDED AT APPENDIX 2
12. **Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) – CASE PATHWAY**

Ambulance crews are to adhere to WMASFT Policy where an original DNACPR order is in place.

NB Please note a DNACPR order is a supportive document for withholding/cessation of resuscitation to known terminally ill or patients at their end of life in cases where resuscitative efforts would be deemed futile.

The criteria where police are not required is:

a) The patient’s death must relate to the condition for which the DNACPR is written for.

b) Where the patient is in possession of an advanced directive or a DNACPR form which has to be with the patient and witnessed by the ambulance clinical on scene and there are no suspicious circumstances and a natural death has been confirmed.

c) Considerations for the Patient Transport Service (PTS) if the patient dies during transportation the patient should carry their original copy of their DNACPR or their Advance Directive and should contact EOC if death occurs and an ASO will be dispatched and there are no suspicious circumstances and a natural death has been confirmed.

d) For Community First Responders (CFR) the patient should have their original copy of their DNACPR or their Advance Directive to refuse treatment (ADRT)* and await backup and there are no suspicious circumstances and a natural death has been confirmed.

e) Where there is not a DNACPR and the patient is known to be terminally ill and at the end of their life and are being transferred, the DNACPR decision can be verbalised by a suitable clinician i.e. a doctor or a specialist nurse arranging the transport. This must be documented with their name title and contact details on the PRF and on CAD notes.

f) Where there is no formal DNACPR death was expected and the clinical decision is that the patient died of natural causes where there are no suspicious

g) Photocopies of DNACPR are not best practice and where one is discovered a WMAS 54 should be completed. In these situations clinical probing is expected in order to establish if it is reasonable that the patient is an expected death.

h) DNACPR orders do not routinely have expiry dates and are deemed as indefinite, unless a specific date is recorded.

i) Regionally DNACPR forms are not yet standardised however they should be appropriately signed and clear for which condition the DNACPR is written for.

j) DNACPR’s are now being used across some acute (hospital) and community as a joint form.

k) DNACPR is valid across boundaries in the UK whilst the patient is in WMAS care.* Advance Directive to refuse treatment (ADRT) is a decision someone can make now to refuse a specific type of treatment at some time in the future. It is legally binding in compliance with the Mental Capacity Act, is valid and applies to the situation when the person is 18 or over and had the capacity to make, understand and communicate the decision made. It has to specify what treatments are being refused and the circumstances.
It has to be signed by the patient and by a witness if there is refusal for life-sustaining treatment and has been made without any harassment and of the persons own accord and if the patient has not said or done anything that would contradict the advance decision since made it (for example, saying that they have changed your mind).

13. ELSEWHERE THAN IN PRIVATE RESIDENTIAL PREMISES – NATURAL CAUSES

a) Where possible make arrangements for the body to be taken by ambulance to hospital for life to be pronounced extinct.
b) Where the body cannot be removed by ambulance, a Police surgeon should attend and the body removed by an undertaker in accordance with local arrangements.
c) Wherever possible, the relatives of the deceased must be informed as soon as is practicable.
d) A Sudden Death Report will be completed and forwarded for the information of HM Coroner as soon as is practicable. But in any case, this has to be received by HM Coroner before 09:00 hours the next working day.

14. DEATHS IN HOSPITALS

Police will no longer attend deaths within a hospital unless the circumstances of the death are potentially suspicious, or concerns are raised regarding mal practice or some form of abuse, or where there is no or little information is known regarding the circumstances of the death e.g. patients who are dead on arrival. When deaths within hospitals are reported, police will assess the information provided and will make a decision regarding our attendance. Police will not attend if the role is only administrative.

Those persons who are dead on arrival or the hospital staff have little or no information regarding the circumstances of the death police should be informed and will attend.

15 DEATHS IN THE WORK PLACE

15.1 Deaths in the workplace will include all instances where death in any workplace occurs. Whilst initially appearing to be accidental, such incidents should not be presumed to be so and the following action will be taken in order to prevent loss of evidence or information, should the incident subsequently justify investigation as possible manslaughter.

15.2 In the event of a fatality occurring on industrial premises or workplace, it is the responsibility of inspectors from the Health & Safety Executive to undertake investigations and, if appropriate, to prosecute breaches of Health & Safety legislation.

15.3 However, in parallel to the responsibilities of the Health & Safety Executive investigators, the Police have a responsibility to enquire into the circumstances surrounding sudden or suspicious deaths, where possible cause may lead to criminal prosecutions for culpable homicide.

15.4 Officers attending the scenes of fatal industrial or workplace accidents should, initially at least, regard the incident as ‘suspicious’ in the criminal sense, and act accordingly; preserving both the scene and evidence (broken ladders, machine and guards, electrical
15.5 Preservation of such scenes can be crucial to successful subsequent investigations. Wherever possible, scenes should be preserved intact, pending investigations by officers of the Health & Safety Executive. In the cases where the scene / equipment cannot be preserved intact, officers should consider photography and Scene of Crime investigations, in order to ensure that all potential evidence will be preserved.

15.6 The law regarding manslaughter in such cases is complex, and officers should not attempt to unravel the circumstances with a view to drawing conclusions at too early a stage. Manslaughter prosecutions will depend on the evidence available and will be considered throughout any investigation, close liaison will take place between police, health and safety executive and the CPS.

15.7 Where circumstances justify further investigation by the CID, the officer in charge of the enquiry will make early contact with the Health & Safety Executive, and subsequent enquiries will be made in consultation with an officer from the Executive who will be identified. Whilst the criminal elements will remain the responsibility of the Police, the appointed Executive officer will be responsible for enquiring into the surrounding circumstances, such as responsibilities and duties under the Health & Safety at Works Acts etc.

The following link gives detailed information about the Work Related Death Protocol and Health and Safety Executive advice - [Work-related deaths Protocol](#)

16 FOREIGN NATIONALS

16.1 The death of any Foreign National required to register with the Police will be reported to the officer in the case of the ‘Overseas Visitors Registration Office’ and whenever possible, the deceased’s passport forwarded with the report.

16.2 When dealing with cases relating to a death of a foreign national in your force area, the relevant consular office should be notified at the very earliest opportunity. The Consular Office can then provide the victim’s family with the necessary assistance. This is a responsibility under Article 37 of the Vienna Convention on Consular Relations

17 DEATHS IN POLICE CUSTODY / AFTER POLICE CONTACT

17.1 Deaths can occur after police contact, whilst in custody or after perceived inaction by the police. The following two definitions should be considered to assist officers and staff -

17.2 The death of person who has been arrested or otherwise detained by the Police. It also includes deaths occurring whilst a person is being arrested or taken into detention. The death may have taken place on Police, private or medical premises, in a public place or in a Police or other vehicle.

17.3 The death of a person during or after some form of contact with the Police, which did not amount to detention and there is a link between that contact and the death. The use of
17.4 The key decision making factors are cause and link, the causes of contact could be bail, pursuit and use of force, and failure to attend or resolve an incident the list is exhaustive. Identifying the circumstances around the death and linking to one of these causes and managing the subsequent investigation are imperative.

17.5 Any such death should be treated as a **suspicious death**, and Professional Standards Department should be informed immediately.

**IPCC Website**

18 **POST MORTEM EXAMINATION**

18.1 In cases of suspicious deaths the SIO will consult HM Coroner to discuss the relevant accredited Home Office Pathologist who will be instructed to carry out the post mortem examination. In the event of an arrest in connection with the death, HM Coroner must be informed as soon as is practicable.

19 **GUIDELINES IN RESPECT OF PROCEDURE IN OTHER DEATHS**

a) **Bodies on railway lines.** The British Transport Police must be informed if a death occurs on the rail network. Always use extreme caution on a railway line and a second person should act as a lookout, and the line stopped.

20 **GUIDELINES FOR DEALING WITH PROPERTY OF DECEASED PERSONS**

a) **In hospital.** Property of deceased persons who die in hospital is the responsibility of the hospital authority, except where the death is suspicious where the Police should take possession of all clothing and other items relating to the offence(s) for forensic examination.

b) **At home.** To prevent possible contamination from any infectious disease, the body should remain clothed and any relative present invited to remove any items of value.

If the Police attend a death at private residential premises and property is left unprotected, the Police must ensure the premises are adequately secured and any money or other valuables are taken into possession and recorded.

21 **ASSESSMENT AND ANALYSIS**

A combined risk, health and safety, equalities and legal assessment has been undertaken to assess the impact of the policy.
Appendix 1

Basic Intelligence check:
• PNC - Full Details, Current addresses, vehicles, warning markers and other relevant information.
• FLINTS - Warning markers, telephones and other relevant intelligence and information held.
• IMS - Warning markers and other relevant intelligence and information held.
• STORM / OIS - Previous incidents and other relevant information.
• Custody system - Photograph and other relevant information.
• Name and Address/QAS - Occupants of addresses etc
• NFLMS - Firearms/Photographs.
• Warrants database - Previous information
• Crime Recording
• Enquiries to establish if any Protection of Vulnerable Persons investigation (POVA) are in place or if there is, a Mental Capacity Act Deprivation of Liberty Safeguarding in place. (DOLS)

Other checks based on incident specific deemed as an Enhanced Intelligence check:
• PND - If a more enhanced check required re National Intel/info.
• VISOR - If sex offender/Dangerous offender or incident/offence of a sexual nature. Liaise with PPU if not trained, usual marker on PNC.
• CATS - If domestic incident or Children related incident or vulnerable adult incident.
• ANPR/Highways ANPR re: vehicle tracking/locating etc.
• PINS - Prison Intelligence etc.
• DWP/HMRC - Addresses and work etc
• DVLA - Driver/vehicles/insurance etc.
• PNC - VODS & QUEST - vehicle searching or description searching.
• NCA - Flagged individuals
• CAB/COPS - Covert info on individuals.
• Consider liaision with Confidential Unit, who may hold further information not aware of.
• Open Source checks (if authorised and trained) - need to be specific and focused.
• Financial checks - Experian/Equifax through FI to track and financial information.
• DB Accelerator - Details recorded on specific individuals etc. Liaise with Conf Unit etc.
• Telecomms SPOC database search OR other proactive methods etc if authorised.
• Consider DSU/PEGASUS - may have information on individuals.
• Consider HOLMES database search.

Multi Agency checks based on incident specific:
• Consider Social Services - Children Services check if Child related offence/Safeguarding issues. Let CPU know if contacted.
• Consider Social Services - Adult Services check if vulnerable adult related offence ie Care homes, Hospital etc. Let PPU know if contacted.
  Consider Probation Services check - If on license/recent prisoner release.

THE ABOVE IS NOT AN EXHAUSTIVE LIST AS OTHER SPECIFIC CHECKS MAY BE REQUIRED
Appendix 2

DEATH REPORTED
WMAS
Open log & inform Police

WMAS EOC
Inform Police OCC
- Police open log, conduct all checks.
- OCC night review & logs and calls

DEATH FALLS WITHIN POLICE ATTENDANCE POLICY

APPARENT DEATH BY NATURAL CAUSES PRIVATE RESIDENTIAL PREMISES
(None suspicious)

IF OCC SGTs DECISION
POLICE DO NOT ATTEND
Inform WMAS EOC

WMAS EOC
- Contact deceased not to report death
- INFORM CREW POLICE NOT ATTENDING

WMAS Crew
Inform n.e.k. to use undertaker of their choice
- Inform n.e.k. to contact deceased GP (ASAP) and report death
- Hand copy of PRF not to hand to GP.

POLICE OCC
Update Police OCC

WMAS EOC
Update log
Provide log to WMAS EOC.

GP responsible for issuing death certificate if possible

GP issues death certificate to family

POLICE ATTEND AND DEAL INVESTIGATE

ARRANGE CORONIAL INQUIRY
BODY REMOVED AS PER LOCAL CORONIAL PROCEDURES

CORONERS OFFICER INFORMED OF DEATH VIA SUDDEN DEATH REPORT / CS8

CORONERS OFFICER INFORMED OF DEATH