

**BRIEFING BOOK FOR USE OF PRESS OFFICERS AND OFFICIALS ON  
PUBLICATION OF *PLANNING FOR A POSSIBLE INFLUENZA PANDEMIC – A  
FRAMEWORK FOR PLANNERS PREPARING TO MANAGE DEATHS***

The purpose of the Briefing Book is to raise awareness of the broad issues. This covers: pandemic influenza; the Government's response; and specifically management of the dead. Through the Briefing Book we hope to help colleagues navigate around what is a diverse range of issues.

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## **1 What is Pandemic Influenza?**

It will be important for all to be able to explain what is understood by pandemic influenza – as opposed to seasonal or avian influenza.

- Seasonal influenza occurs in the UK population as a matter of course, it is 'ordinary' flu.
- Avian influenza affects birds. While it has transmitted to people in Asia in very close proximity to birds (e.g. poultry workers), the virus does not pass easily - there is no relation between chickens with avian flu on a farm and a person getting ordinary flu in their home.
- Pandemic influenza affecting humans occurs due to the emergence of a new flu virus which is markedly different from recently circulating strains. It could happen if avian flu combines with 'ordinary' flu and mutates.

Pandemic influenza hasn't happened yet, but if it does happen it would be a big problem. Few, if any, people will have immunity to the new virus. This would allow the pandemic influenza virus to spread widely, easily, and to cause more serious illness. Each pandemic is different and until a virus starts to circulate it is impossible to know its full effects. Experts predict another pandemic will occur but cannot say with certainty exactly when.

## **2 How is Government Preparing?**

Because the impact of any outbreak is unpredictable, the Government is making sure it is:

- Prepared – planning is well underway, anti-virals have been stockpiled, and vaccine development is kept under review.
- Flexible – there are strong generic arrangements for emergency responses. Organisations at local, regional and central levels are preparing options for dealing with an outbreak of disease and making sure plans are scalable.
- Decisive – there are clear arrangements in place for directing planning and response. Government Departments lead planning and response work - and we have tried and tested structures for managing emergencies.
- International – pandemic flu will have a global impact and must therefore be tackled globally. The UK is at the forefront of such global work.

### 3 *Managing Deaths – Strategic Overview & Local Planning*

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Should an influenza pandemic arrive in the UK, and if the projections for additional (natural cause) deaths are realised, local service providers will face many challenges.

*Planning for a Possible Influenza Pandemic – A Framework for Planners Preparing to Manage Deaths* offers strategic guidance to those responsible for emergency and business continuity planning.

Local authorities are being asked to lead multi-agency preparations and put in place appropriate plans and arrangements. Local service providers and businesses will want to ensure they have robust continuity plans in place. Local services responsible for preparing to manage deaths during pandemic influenza are as follows:

- NHS – Medical Certificates of Cause of Death & Mortuaries
- Local authorities – multi-agency planning covering the business continuity of: mortuaries; coroners, coroners’ officers and support staff; death registration; funeral directors; faith communities; burials; and cremation.

If a pandemic arrives – central monitoring of local services is likely to prove to be difficult and will no doubt place an additional burden on local services when they need it least. Therefore, the draft document, *A National Framework for Responding to an Influenza Pandemic* recommends that reporting should be done on an exceptional basis only. This would allow a mechanism for pressure points to be reported via local authorities to Regional Civil Contingencies Committees – and where issues persist – ultimately to the Civil Contingency Committee. However, there is likely to be an appetite for mortality statistics. This might be from Government, public, and media.

Government might want to act with some caution about release of mortality statistics. The Office for National Statistics routinely publishes estimates of the numbers of deaths registered each week, eleven days after the end of the registration week. This would continue. It would be impossible for the Office for National Statistics to gather information on the number of deaths that have occurred on any given day rapidly and be certain of accuracy (e.g. no double counting). Registrars could provide the number of deaths they have registered on a daily basis – but that would not be equivalent to the number of deaths that occurred on that day. There is always some delay between death and registration. Families normally have up to five days to register a death – which could by discretion be extended to fourteen days. The delays are generally longer

if the coroner is involved and may be several weeks or months in the case of inquests.

Therefore, it should be made clear mortality statistics relate only to registered deaths. Using the existing system for providing mortality statistics would offer the most reliable account of additional deaths. Civil registration is the only existing system that records all deaths in the country, wherever they occur. The cause of death depends on the information supplied by the certifying doctor or coroner, and is coded by ONS using the International Classification of Diseases. Deaths could be broken down by: gender; age; and geographical location where sufficient reliable information exists. Only a very small proportion of the excess deaths that result from flu outbreaks are normally certified as due to flu, usually between one and ten percent. The people most likely to die of flu are those with pre-existing serious illnesses. Doctors and coroners certifying death often ascribe the death to the pre-existing diseases that have been exacerbated by influenza. Most of the excess deaths are certified as due to cardiovascular diseases (e.g. strokes and heart attacks) and lung diseases. Therefore, statistics should focus on additional deaths as compared with expected numbers of deaths for that particular time of year.

#### **4 *Completing Medical Certificates of Cause of Death (MCCD)***

<b>Lead Department</b>	<b>Contact</b>
Department of Health	
<b>Supporting Departments</b>	<b>Contact</b>
Ministry of Justice	
Office for National Statistics	

#### Synopsis

Hospital doctors will continue to certify deaths that occur in hospital. However, most deaths may occur outside of hospital.

If deaths occur in a public place, the ambulance crew would remove the deceased to a destination according to agreed local policy (this would be away from public gaze). Ambulance control would inform the police of details of case and destination.

If the death occurred at home and relatives were present, the ambulance crew would give condolences and information to relatives, who would then inform their GP of the death.

However, if no relatives were present, ambulance control would search for contact details or inform the police if none were found. The ambulance crew would remain on scene until police or other responsible person arrived.

By statute, the medical practitioner who attended the deceased during their last illness will need to complete a Medical Certificate of Cause of Death (MCCD). GPs

would normally complete the MCCD – unless they needed to report the death to the coroner.

If no medical care had been given for the last illness, the death would need to be reported to the coroner. Other deaths that appeared sudden or suspicious would continue to be reported to a coroner. For such cases, authority to bury or cremate would consist of a coroners' (burial) order or certificate (cremations). **Section 3.5** explores the potential pressures for coroners.

### Different Ways of Working

Further discussion is needed between the emergency services about deaths occurring in public places or at home.

Similarly, we are considering how best to deal with increased demand for certification of deaths. One proposal, to increase health service capacity and to reduce potential additional reporting of natural cause deaths to coroners – is to widen the pool of available medical practitioners. We are considering the options of retired doctors (both those with current and lapsed registration with the General Medical Council) and nurses who might be administering health care in the community signing MCCDs. This would require the amendment of primary legislation (to allow professionals who are not registered with the GMC to complete MCCDs) and / or the use of emergency regulations to support this different way of working. Guidelines will be produced by the Department of Health and the health service would need to organise training.

### Lines to Take

- The Department of Health is currently considering various options including using retired medical practitioners and other healthcare professionals to certify cause of death. DH will consult with interested parties.

## **5 Business Continuity for Coroners**

Lead Department	Contact
Ministry of Justice	

### Synopsis

If deaths occurred in public places or at home and the circumstances were suspicious – the ambulance crew would take steps to preserve the scene. Ambulance control would contact the police and advise them of a suspicious death. The crew would remain on the scene.

During a pandemic, coroners will have limited capacity to manage normal caseloads and will have no capacity to cope with any additional reporting of natural deaths.

That is one of the reasons why changes to how the health care system completes Medical Certificates of Cause of Death may be required. Professional guidelines will need to sustain sufficient levels of checks and balances – and deaths that need to be reported to a coroner should continue to be reported.

Access to post mortem resources may be an issue and thus delay funerals. The system would not be able to cope unless flu related deaths can be treated as natural deaths and signed off by a medical practitioner. There is no easy way to mitigate this. Coroners will need to establish critical business with their partners. Other cases may need to be postponed, which will only serve to create pressures on mortuary holding capacity. Homicide cases must always be given priority. It is essential to ensure that the necessary certificates are issued to permit disposal as soon as possible.

Prison deaths will be another concern. Prison Governors will need to inform the Prison and Probation Ombudsman (PPO) and compile necessary reports. The PPO would investigate the deaths and report them to coroners. Coroners may need to delay jury inquests for the duration of the pandemic – but may be under pressure for a paper based investigation to be done. Natural deaths within prison will not require inquests if they occur during the pandemic period.

### Different Ways of Working

The Ministry of Justice will be preparing emergency regulations to amend the law in relation to inquests and post mortem examinations within the Coroners Act 1988, Coroners Rules 1984 and any supporting legislation. These will assist coroners so that: England would be a single administrative area (potentially widening the scope for transferring cases); post mortems could be performed anywhere; exhumation powers would be suspended; natural deaths in prison will not require inquests; coroners' juries would be suspended; referrals to the Secretary of State for an inquest in the absence of a body would 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 would be suspended; and treasure inquests would be held over.

To increase capacity in the coroners' system – local authorities may ask part time coroners to go full time and for retired coroners to be temporarily reappointed. Local authorities should agree to their coroners appointing additional assistant deputies; for coroner's officers to be provided by relevant organisations, usually police forces; and to provide additional support staff.

Alternatives to post mortems need to be further explored. The Department of Health will consider options available to them with the Ministry of Justice (and pathology stakeholders) and the Forensic Science and Pathology Unit (formerly Home Office, now National Policing Improvement Agency).

HM Prison Service and the Prison and Probation Ombudsman will need to advise the Ministry of Justice of any change of arrangements for the management of deaths in prisons. In turn, joint working with the Coroners Society will be necessary. This work will need to tie into wider work on suspension of coroners' juries.

## Lines to Take

- Coroners are independent judicial officers who investigate sudden deaths of unknown cause as well as violent or unnatural deaths
- Coroners are not expected to investigate natural deaths unless there is uncertainty about whether the death is natural or not
- During a pandemic coroners will face pressures from excessive numbers of deaths being reported to them and from having fewer resources
- Coroners will rely on as much information as possible being provided by medical staff, including doctors, nurses and ambulance staff
- Coroners will be faced by shortages of pathologists and will wish to dispense with post mortem examinations whenever possible
- Emergency legislation is being planned which will permit a more flexible approach by coroners
- There is insufficient storage space for bodies to await long-delayed post mortem examination and it is essential that all concerned adopt a more flexible approach.

## **6 Business Continuity for Registrars**

<b>Lead Department</b>	<b>Contact</b>
Office for National Statistics – Death Registration  Death Statistics	

### Synopsis

Before a death can be registered, a Medical Certificate of Cause of Death (MCCD) must be completed by the medical practitioner who attended the deceased during their last illness. Coroners would need to certify deaths investigated by them.

Registrars issue necessary certificates to families to enable burials or cremations to go ahead unless the relevant forms have been completed by the coroner who investigated the death. Registrars keep official records of deaths and provide the information to the Office for National Statistics for the purposes of publishing statistics. Official records will become an important tool of understanding the nature and impact of the pandemic – both during and retrospectively.

During a pandemic, registrars will have limited capacity to manage normal caseloads and cope with additional reporting of deaths. Registrars are dependent on the information provided to them – which is given by the next of kin/informants or by the coroner following an inquest.

Information is required within five days of the death – but where the registrar is notified that an MCCD has been issued this can increase to up to fourteen days. During a pandemic, the next of kin/informants may ask for more time to register.

Should this happen, and be agreed to, this will impact on the speed of funerals. Robust management will therefore be required.

Death certificates – provided by registrars - are required for settling wills, the deceased's estate, and for benefits etc. Any delays may cause hardship for some.

### Different Ways of Working

The Office for National Statistics (ONS) is reviewing the requirement on registrars to interview relatives face to face – and the people who are required to give information after a death.

Seeking to replace face to face interviews with other means of collating information may reduce the time needed to complete this task. For example, details could be provided by telephone. ONS is considering how information might be given and recorded by this means, including how the MCCD or coroners notification of a death might be delivered to the registrar and how the registrar could issue their certificate required for burial or cremation.

Seeking to increase the pool of informants may serve to pre-empt delays – for example should the next of kin/ other qualified informant be ill, their appointed funeral director may act on their behalf. A further benefit may be that if a funeral director is representing several families – registering all deaths could take place at the same time.

In some areas, there may be benefits in aligning a registration district with the offices of the coroner. However, this would be for local decision making by the local authority. There may be synergies with co-location in terms of coroner's cases and the potential for sharing of support staff.

A further measure – which is already in place – is that registrars may issue certificates for burials or cremations before registration, provided the registrar has seen the MCCD and is satisfied that the death does not need to be reported to the coroner. Some basic information would still be required to offer sufficient checks and balances.

To increase capacity local authorities may ask part time registrars to go full time and for recently retired registrars to return. Strategies are being developed to use existing clerical staff or other local authority employees temporarily as deputy registrars and to provide training for them. In addition staff will be deployed to meet the need to register deaths and to defer some other registration services such as issue of certificates and performing citizenship ceremonies.

The Office for National Statistics is exploring all possibilities – some changes are likely to require emergency regulations.



## Lines to Take

- Local authorities will be doing what they can to ensure that there are minimal delays to registration, by ensuring that other local authority staff whose normal duties can be deferred are identified and trained to act as registrars.
- Plans are being made for supplies of certificates etc to be made available to meet additional demand.
- The ways in which information for death registration can be given are being reviewed, bearing in mind that a registrar needs evidence of a death (an MCCD) before registering.

## Questions that may be asked:

### ***Will all deaths still need to be registered in the same way as usual?***

Deaths will need to be registered, but some of the requirements may be changed to meet prevailing circumstances.

### ***Will people still be able to get death certificates? Will there be enough stocks?***

Yes people will be able to get a death certificate and plans are in place to make sure sufficient stocks are available.

### ***Will people still be able to get married?***

Yes. However there may be a need to put in place special arrangements in light of the general approach to public gatherings e.g. there may be a need to restrict the number of guests attending.

[**BACKGROUND:** There is a fundamental right to marry under article 12 of the ECHR]

### ***Will births be registered?***

Yes, however, timescales for registering may need to be extended to allow registrars to concentrate on registering deaths. Parents may prefer not to visit register offices for this purpose during a flu outbreak.

### ***How will Registrars' duties to issue certificates for the purposes of benefits claims be affected?***

Work will be taken forward with the Benefits Agency to explore the necessity for interim arrangements.

### ***Will people know how and where to register?***

Local press and local authority websites will contain information about any changes to the places and times when deaths may be registered.

### ***Will people have to go to a register office to register a death (or a birth) or can people do it on line or by phone?***

Alternative methods of registering are being considered where practical.

### ***Will it be safe to visit a register office?***

Local authorities will follow health and safety guidelines

***Will there be enough staff to cope?***

Strategies are being developed to use existing clerical staff, recently retired registrars or other local authority employees temporarily as deputy registrars and to provide training for them.

*The following questions should be referred to ONS when the time comes:*

**Why can't we say with certainty how many people have died because of influenza in the past day / week?**

There are two issues: first, counting how many deaths have occurred; and second, knowing what caused them. The only system which collects information on all deaths in the country, wherever they happen, is civil registration of deaths. The next of kin normally makes an appointment to register the death at a local register office one or more days after the death happened. We can only count deaths once they have been registered, and the delay between death and registration varies up to weeks or months in some cases.

[**Background:** Most of the extra deaths that occur during outbreaks of seasonal influenza are in people who already have other serious illnesses. Many are certified as due to this underlying condition, for example heart or lung disease, or a condition that lowers immunity. We don't know how similar this will be in pandemic influenza. Numbers and rates of death from all causes combined are generally thought to be the best rapid indicator of the mortality impact of influenza.

***How many deaths have there been from flu?***

The full mortality impact of pandemic flu will be assessed once reasonably complete data become available.

***Where are most deaths happening?***

Refer to ONS

***Has the virus spread nationally?***

[This is a question for the Health Protection Agency, which monitors outbreaks of flu using multiple sources including GP and laboratory data as well as deaths. ]

**7 Continuity of Funeral Services**

<b>Lead Department</b>	<b>Contact</b>
Ministry of Justice – Burials Ministry of Justice – Cremations (including Funeral Directors' interests)	
<b>Supporting Departments</b>	<b>Contact</b>
Department for Environment Food & Rural Affairs	
Department for Communities & Local Government (environmental and planning regulations)	John Perkins 0207 944 0085 <a href="mailto:john.perkins@communities.gsi.gov.uk">john.perkins@communities.gsi.gov.uk</a>

## Synopsis

Before a burial or cremation takes place, required certificates must be completed by the registrar or coroner (who would issue a burial order or cremation certificate).

For cremations, medical referees would complete a further form. Medical referees at crematoria (as appointed by the Ministry of Justice and paid by local authorities) scrutinise cremation certificates and check preceding forms. If not satisfied, they contact doctors who completed preceding documents to order a necropsy examination, or where appropriate refer a case to a coroner.

Funeral directors are appointed by families. But funerals may not happen in the way people expect. This may increase the likelihood of families being dissatisfied with services offered. Whilst the profession is unregulated, around 95% belongs to a trade association. These have codes of conduct, but each business sets own standards, which can be scrutinised by arbitration schemes if families are dissatisfied.

Like most local services, local businesses appear proportionate to local communities. However, existing systems are geared towards delivering day to day requirements with limited spare capacity. Funeral directors need to be given a framework in which they can make decisions and respond to locally emerging scenarios, especially as it is likely to be they who will be the main contact point for families while funerals are organised. Funeral directors will need to explain why different ways of working are necessary (e.g. changes are needed if they are to sustain their services and/or as part of wider management of local deaths).

Funeral directors will be concerned about the health and safety of their staff. The deceased will need to be collected from homes – meaning staff may be exposed to family members who are ill from the new influenza virus. Both HSE and HPA advice is available regarding appropriate protective measures for such staff.

Funeral directors may not be able to access the funeral supplies necessary during a pandemic. Manufacturers may not be able to meet demand. Choices available to families for coffins may therefore need to be limited – but further discussion is required between the funeral profession and suppliers.

When it is known that a pandemic is likely to reach the UK – the Government may decide whether to stockpile coffins and/or consider alternatives (e.g. for cremations, the re-use of coffins; and for burials, use of body bags and shrouds). Supply of ancillaries (e.g. permanent headstones, gravestones or grave markers) will be much slower than normal which may attract criticism from some.

Shorter funeral times will be planned for. Other changes will include: religious services taking place elsewhere (e.g. not at the chapel or potentially graveside); and no car service from the home to the chapel. Interdependencies with Ministers of Religion need to be further explored – see **Section 3.8** below. Changes will fundamentally alter funerals. Movement away from normal expectation may attract resistance and/or criticism from some – this might be particular cases or more widespread. Funeral directors may be impacted by

families not being able – or wanting to - pay for services speedily. This income shortfall may start to affect the purchase of necessary supplies – as mentioned above. There may be an increase in funerals arranged by families themselves.

### *Burials & Cremations*

Currently, 30% of the population prefer to be buried and 70% of the population prefer cremation. It is unknown whether this trend will continue during a pandemic; one factor could be the potential impact of deaths from non-typical age groups. Should access to preferred choices be restricted in any way in their locality, families may seek to pursue their choices with neighbouring services. This would produce unforeseen pressures on others.

Therefore, everything should be done to encourage burials and cremations to be held in the locality of the deceased and to avoid attracting non-local business (a risk, for example, where a neighbouring authority continues to offer less restrictive options). Shorter funeral times will be planned for. Cemetery and crematoria managers may need to request that religious services taking place elsewhere (e.g. not at the chapel or potentially graveside). This may be for capacity or health and safety reasons (e.g. if graves need to be dug differently, families may not be able to have a committal at the graveside).

### Different Ways of Working

In addition to joint work already underway to increase the capacity of certifying and registering deaths, work is needed to explore capacity of medical referees.

The Ministry of Justice will need to work with the Local Government Association, Department of Health, and stakeholders who can advise on crematoria operation.

The National Association of Funeral Directors and Society of Allied and Independent Funeral Directors have advised the National Working Group. However, wider discussion within the profession has been restricted whilst Ministerial decisions have been taken.

Different ways of preparing graves will maintain the individual marking of graves. However, in order to reassure the public about the ways in which graves will be prepared – it may be helpful for a diagram to be commissioned. The City of London Cemetery have on their own initiative commissioned an exploratory trial – the results of which have yet to be seen by central government.

### Lines to Take: Burial

- There is plenty of space throughout the country for the burial of additional deaths. Even in the worst case, only 15 months' burial space might be required. This compares with the estimated 30 years' of burial space available in England and Wales as a whole; and even London has an average of 12 years' space.

- There could, however, be local shortages of space in some areas. Local planners will need to identify where burial space might be short and what alternative arrangements should be made.
- If the volume of deaths is such that families will be unable to make their own arrangements for burial, common graves will be used. This will mean unrelated persons will need to be buried in the same grave, but the burials will continue to be individually marked and recorded. There will be an option for families to re-bury their relatives in a grave and cemetery of their choice once the emergency is over.
- The cost of the funeral and burial or cremation will fall to the families of the deceased person as they do now. There are no plans for such costs to fall on the local or general taxpayer.
- Shorter funeral times or recourse to common graves does not mean that burial will be undertaken in any less dignified or respectful way.
- In order to ensure that funerals take place in a timely and efficient way, there may be less choice about the time and location of the burial. This need not affect the funeral service provided it can take place away from the cemetery and there are sufficient suitable alternative places and people to conduct the service.
- There is no reason to suppose that the majority of people will not understand and comply with the need for more efficient working at a time of an emergency.
- There are no plans to seek to direct private companies (such as funeral directors or private cemeteries and crematoria) as to how they should respond to the deaths arising from an influenza pandemic. The private sector is fully engaged in working collaboratively with the public sector in the public interest and there is no reason to propose any coercive measures.
- We will consider what public information material might be pre-prepared for use by funeral directors, and cemetery and crematorium managers in order to ensure that the public understand the measures being taken and the reasons for them.
- Funeral directors and cemetery and crematorium managers are best placed to ascertain from their suppliers the prospects of increasing the supply of essential requisites. It should, however, be noted that not all supplies are needed at the time of the funeral. For example, gravestones are normally only erected some months later. And coffins need not be regarded as essential in all cases, although the funeral, burial or cremation will need to be conducted in a respectful and dignified way at all times.
- There is no requirement to use funeral directors to arrange a funeral, although most families regard their services as essential at a difficult and stressful time. It is unlikely that recourse to family-organised funerals would ease the pressures on funeral directors or burial and cremation authorities since they are likely to take longer to arrange and carry out. We therefore have no plans

to encourage or facilitate such funerals, although equally we do not intend to curb such arrangements.

## 8 Contribution of the Faith Communities

Lead Department	Contact
Department for Communities & Local Government	John Perkins 0207 944 0085 <a href="mailto:john.perkins@communities.gsi.gov.uk">john.perkins@communities.gsi.gov.uk</a>
Supporting Departments	Contact
Department of Health  Cabinet Office (wider aspects of the role of Faith Communities )	

### Synopsis

Many areas of Britain are now very religiously diverse – particularly its major cities. People of most of the world’s great faith traditions live in the UK. In the 2001 census, **76.8%** of people identified themselves as having a religious faith: Christian, Muslim, Hindu, Sikh, Jewish as well as Baha’i, Buddhist, Jain, Zoroastrian and other traditions. It is important to note that of the above figure 95% are Christian.

In view of this it is likely that many people will be worried about not being able to have a religious (or non religious) service during a pandemic – or being able to observe death rituals.

**The Needs of Faith Communities in Major Emergencies: Some Guidelines** will provide planners with a broad understanding of potential local issues. The 2001 Census asked about people about their religious beliefs – planners will want to be aware of results in their areas.

No guarantees can be given about how quickly someone may be buried or cremated. There may be particular faith communities who are impacted. for example it is unlikely funerals will take place within 24 hours of death. However, planners should bear in mind that impacts will be felt across all communities. There should be caution in taking actions that create hierarchies of need or “rights”. Perceptions of preferential treatment may well create tensions in some local communities and a backlash at national level.

Faith leaders will have an important role. They will want to be aware of the likely different ways of working in their locality – and should a pandemic arrive will want to be informed of when changes to service delivery start to be implemented. Therefore, local faith groups should be fully engaged with planning and preparing for a pandemic.

Faith leaders will want to consider whether they can prioritise deaths over other pastoral functions. If funeral services do take priority, ministers of religion will

want to consider how best to conduct funeral services – keeping in mind the need for their own health and safety and that of those who choose to attend.

Should a pandemic arrive, ministers of religion may have to explain different ways of working to bereaved families and their communities. Decisions taken about continuation of funerals by faith leaders – and more widely amongst other local services – may be unpalatable for some. Explanations given will therefore need to be timely, factual, and accurate.

### Different Ways of Working

The Department for Communities and Local Government (DCLG) has been considering wider pandemic influenza issues - and those specific to the management of the dead - with their Faith Communities Consultative Council (FCCC). A sub-group was formed to draft guidelines for faith leaders – which would also advise other planners on the wider contribution they could make. This work will be revised to ensure that full consideration is given to the framework and specific guidance will be developed for Ministers of Religion which will coincide with the completion of the consultation.

Materials agreed would then be put to the Department of Health, Health Protection Agency, and Cabinet Office for wider endorsement. It will be important for Government to agree to the framework faith communities will use to prepare for pandemic influenza. The National Working Group for management of the dead will consider issues relevant to their remit. This should be completed during consultation on **A Framework for Planners Preparing for Managing Deaths**.

### Lines to Take

- The Faith Communities Consultative Council (FCCC) is a ministerial chaired non statutory body; it provides a national forum, chiefly concerned with issues related to cohesion, integration, the development of sustainable communities, neighbourhood renewal, and social inclusion. FCCC also has general oversight on engagement between central Government and faith communities. Representatives from the nine main world faiths are members of the FCCC.
- The Government has involved faith communities directly in not only this guidance but in developing the role of faith communities in managing the impacts of a pandemic.
- We remain committed to working towards being able to meet the needs and requirements of all faith communities but recognise that there will be foreseeable circumstances where this is not possible.
- We will work in partnership with local faith leaders to ensure all parts of all our communities understand the decisions that are being made.

## 9 **Local Mortuaries & Funeral Parlours: Storing the Deceased**

<b>Lead Department</b>	<b>Contact</b>
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<b>Supporting Departments</b>	<b>Contact</b>
Department of Health  Department for Communities & Local Government	John Perkins 0207 944 0085 <a href="mailto:john.perkins@communities.gsi.gov.uk">john.perkins@communities.gsi.gov.uk</a>

### Synopsis

The approach to managing deaths must not rely centrally on provision of temporary mortuaries. Minimising funeral delays should be at the core of local consideration. Seeking to replicate local mortuary resources elsewhere is unlikely to be feasible and sustainable during pandemic influenza.

In other circumstances, the operation and management of temporary mortuaries would rely heavily on a highly specialist police and civilian forensic presence. It is unclear that the police and other organisations would be able to prioritise this as a critical function during a pandemic – though this is yet to be fully scoped.

It is also unclear whether the market for provision of commercial storage units could meet the likely simultaneous demands of a nationwide pandemic. Work to put in place the National Emergency Mortuary arrangements suggests that the community capable of delivering such a requirement is small.

Were it to be considered an option worth pursuing the operational, logistical, and facilities management would place unplanned demands on local services. Normal caseloads would persist, which would need to be managed alongside additional deaths in the context of dealing with the added hindrance of increased staff absenteeism. Temporary mortuaries are not therefore considered a viable option.

However, during peak weeks, additional body storage capacity might be required at existing mortuaries. Additionally, funeral directors would need to consider options available to them for increasing their own capacity to hold the deceased prior to funerals.

### Different Ways of Working

Rather than seek to replicate mortuary facilities in different locations –planners are advised that the best option will be to plan for the expansion of storage at existing premises. The guidance recommends three types of storage: rigid or demountable structures, inflatable structures, and containerised storage. Use of refrigerated vehicles has not been ruled out of scope. Planners should not assume that National Emergency Mortuary Arrangements will be available.

NHS and local authority planners should work together to survey current capacity and what options they may require for pandemic influenza. This work



should be widened out to include the role and capacity of the funeral profession and identification of local chilled storage facilities suppliers.

The Government will need to react if the need for such facilities overrides the ability of commercial suppliers and manufacturers to supply. As a first step, suppliers known to Government may be approached for more innovative solutions. As a back-up, emergency powers exist that will enable local authorities to take charge of buildings, land, and chattels for such purposes. The Government will want to determine a trigger point for considering this option as part of the wider range of solutions for managing the dead. This work is still being scoped.

#### Lines to Take

- Local services will be doing what they can to ensure that there are minimal delays to funerals.
- Where to hold the deceased ahead of funerals will be for local consideration and determination.
- Usually hospital and public mortuaries are used, and the funeral directors will have their own – albeit limited – capacity.
- If a local need is determined – access to back-up storage facilities may be arranged.