



PREPARING FOR EMERGENCIES
WHAT YOU NEED TO KNOW

Managing Excess Deaths As a result of an Influenza Pandemic

Web version

March 2009

Version 2

Abstract

Pandemic Influenza has been identified in the Lincolnshire Community Risk Register as being one of the highest risks that the County currently faces. Lincolnshire's Local Resilience Forum (LRF) Managing Excess Deaths Plan details the base case and prudent worse case number of excess deaths that can be expected during a Pandemic Influenza outbreak in. It identifies the maximum capacity of local authorities and local service providers including registrars, HM Coroners, funeral directors, crematoriums, cemeteries and hospital mortuaries to cope with an increase in the number of deaths in addition to the effect of increased staff absenteeism, highlights the predicted capability gap and outlines measures that can be implemented to help ensure the local capability is not exceeded. The Plan is a supplementary document to the UK Influenza Pandemic Contingency Plan and Lincolnshire LRF Multi Agency Pandemic Influenza Contingency Framework.

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DOCUMENT HISTORY

Date	Comment	Release Date	Action Required
1 May 2008	Creation of draft copy	6 May 2008	Group consultation
2 June 2008	Presented to Regional Mass Fatalities Group	2 June 2008	Group consultation
15 July 2008	Issued for consultation to LRF Excess Deaths Group	15 July 2008	Group consultation
2 September 2008	Plan issued	2 September 2008	Review in March 2009
27 January 2009	Request for V2 amendments to all members of planning group	27 January 2009	To be completed by 6 February 2009
18 March 2009	Version 2 Issued	18 March 2009	Review in September 2009

OWNERSHIP & REVIEW PROCEDURE

The Owner of this plan is Lincolnshire Resilience Forum (LRF) Excess Deaths Group. The Custodian is the Lincolnshire County Council's Emergency Planning Unit (LCC EPU). The LCC EPU will review the Plan on a six monthly basis. Any errors or omissions should be notified to:

Emergency Planning Unit
Fire & Rescue HQ
South Park Avenue
Lincoln
LN5 8EL

1.0 DISTRIBUTION

- ❑ HM Coroner (Boston & Spalding)
- ❑ HM Coroner (West Lincolnshire, Spilsby and Louth)
- ❑ HM Coroner (Stamford)
- ❑ LCC Chief Executive
- ❑ LCC Emergency Planning Unit (EPU)
- ❑ Chief Constable, Lincolnshire Police
- ❑ East Midlands Ambulance Service (EMAS)
- ❑ Chief Executive Lincolnshire County Council
- ❑ Chief Executive Boston Borough Council
- ❑ Chief Executive City of Lincoln Council
- ❑ Chief Executive North Kesteven District Council
- ❑ Chief Executive South Kesteven District Council
- ❑ Chief Executive East Lindsey District Council
- ❑ Chief Executive West Lindsey District Council
- ❑ Chief Executive South Holland District Council
- ❑ Health Protection Agency
- ❑ Environment Agency
- ❑ Registration, Celebratory and Coroners Service
- ❑ NHS Lincolnshire
- ❑ Emergency Planning Lead Lincolnshire Partnership NHS Foundation Trust
- ❑ Crematorium Medical Referees
- ❑ British Red Cross
- ❑ Representative of Church of England (churchyard burials)
- ❑ Government Office East Midlands (GOEM)
- ❑ All Hospitals listed in this plan

1.1 LINCOLNSHIRE EXCESS DEATHS GROUP

Individuals names have been removed for this version of the plan

The following representatives are members of the Lincolnshire Managing Excess Deaths Group;

- ❑ HM Coroner Stuart Fisher (On behalf of all Lincolnshire Coroners)
- ❑ Coroners Officers
- ❑ EP Officer for NHS Lincolnshire (on behalf of the Lincolnshire Health Sub Group)
- ❑ Lincolnshire Police
- ❑ Lincolnshire Co-operative Funeral Services
- ❑ LCC Registration Service
- ❑ LCC EPU
- ❑ Environment Agency Area Emergency Planner
- ❑ City of Lincoln Bereavement Services
- ❑ Borough of Boston Bereavement Services
- ❑ Lincolnshire Chaplaincy Service
- ❑ British Red Cross
- ❑ Forensic Pathologist
- ❑ LCC Coroners Liaison

2.0 INTRODUCTION

2.1 BACKGROUND

- 2.1.1 A pandemic Influenza outbreak is likely to spread quickly across the whole country once it arrives in the UK and impact on every aspect of health, social care and service provision. Experts predict that another pandemic will happen but cannot predict when. Three Pandemics have occurred in the last century, in 1918, 1957 and 1968.
- 2.1.2 The 2008 Cabinet Office document; Contingency Planning for a Possible Influenza Pandemic¹, suggests that LRFs should plan for the handling of excess deaths against both the base case of approximately 48,000 excess deaths across the UK over the period of the pandemic and the prudent worst case that the number of excess deaths spread across more than one wave may give rise to the need to handle some 650,000 excess deaths in the UK in one wave.
- 2.1.3 The Managing Excess Deaths Plan should be read in conjunction with the LRF Multi-Agency Pandemic Influenza Contingency framework, Lincolnshire County Council and Lincolnshire Health and Social Care Community Influenza Pandemic Contingency Plans, the Home Office guidance paper Planning for a Possible Influenza Pandemic – A Framework for Planners Preparing to Manage Deaths, the National Framework for Responding to an Influenza Pandemic, Lincolnshire Major Incident Plan (LMIP) and the Lincolnshire Communications Plan

2.2 RISK ASSESSMENT

- 2.2.1 Pandemic Influenza is risk reference H23 on the Lincolnshire Local Resilience Forum Community Risk Register and is one of the highest risks at both a local and national level.

¹ Home Office draft guidance: Planning for a possible Influenza Pandemic – A Framework for Planners Preparing to Manage Deaths

3.0 MISSION

3.1 AIM

3.1.1 The aim of this plan is to determine the capacity of currently available services to cope with an increase in the number of deaths and identify how the likely pressure points can be managed.

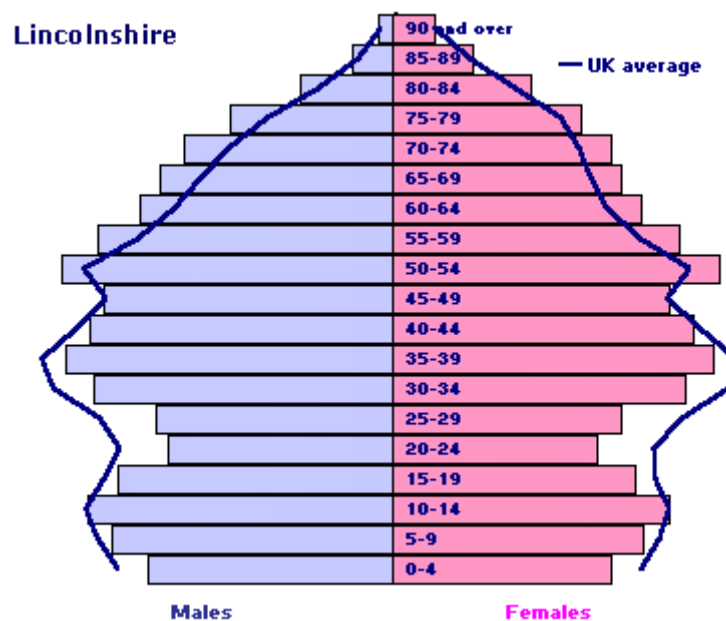
3.2 OBJECTIVES

The objectives of the Plan are to:

1. Apply national Pandemic Influenza planning assumptions to the Lincolnshire Population.
2. Determine the normal and maximum operating capacity of currently available services i.e. Registrars, Funeral Directors, hospital mortuaries, cemeteries and crematorium facilities within Lincolnshire.
3. Ascertain the capability gap of expected deaths from pandemic against maximum available operating capacity.
4. Apply national assumptions for absenteeism.
5. Determine the likely pressure points for the pandemic using the national planning assumptions for additional deaths.
6. Identify potential alternative ways of working to help ensure the local service capability is not exceeded.
7. Identify possible methods for increasing body storage capacity.

3.3 PLANNING ASSUMPTIONS

The population of Lincolnshire is approximately 646646, according to the 2001 census; a further breakdown to age groups is below:



The length of the bars in the pyramid represent the proportion of 'all males' (to the left) and the proportion of 'all females' (to the right) that are in that age group.

<u>Age Range</u>	<u>Total</u>	<u>Males</u>	<u>Females</u>
0 - 4	34140	17621	16519
5 - 9	39087	20189	18898
10 - 14	42718	21864	20854
15 - 19	37998	19689	18309
20 - 24	31584	16107	15477
25 - 29	34166	16981	17185
30 - 34	43385	21381	22004
35 - 39	47603	23485	24118
40 - 44	44470	21780	22690
45 - 49	41604	20752	20852
50 - 54	48364	23733	24631
55 - 59	42835	21196	21639
60 - 64	36916	18097	18819
65 - 69	33977	16661	17316
70 - 74	31465	14954	16511
75 - 79	25977	11700	14277
80 - 84	17024	6553	10471
85 - 89	8977	2842	6135
90 +	4356	1010	3346
Totals	646646	316595	330051

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3.3.1 If a pandemic occurs there may be more than one wave and it is predicted to peak around weeks 6-7. Each wave will last approximately 15 weeks with several weeks or months separating the waves.

3.3.2 According to data supplied by the LCC Registration Service in Lincolnshire, there are approximately 7540 deaths per year. This translates to an average of approximately 580 deaths per month or 145 deaths per week. These figures tend to be slightly higher in the winter months (December / January); however, they do not fluctuate greatly or consistently.

3.3.3 The 2007 draft guidance paper Planning for a Possible Influenza Pandemic - A Framework for Planners Preparing to Manage Deaths provides two projected scenarios;

A) The base case scenario may see approximately 2,897 deaths across Lincolnshire, based on a clinical attack rate of 25% and a case fatality rate of 0.4%

B) The prudent worse case scenario may see around 11,298 deaths across Lincolnshire, based on a clinical attack rate of 25% and a case fatality rate of 2.5%.

3.3.4 The table below lists the estimated best and worst case scenarios of death rate during a pandemic influenza, over a 15 week period.

DEATH RATE OVER 15 WEEKS - PANDEMIC FLU

Week	Average deaths based on 2007/2008	Best case scenario (including average deaths)		Worst case scenario (including average deaths)	
1	145	145 + 0	145	145 + 0	145
2	145	145 + 0	145	145 + 0	145
3	145	145 + 7	152	145 + 88	233
4	145	145 + 21	166	145 + 365	510
5	145	145 + 78	223	145 + 973	1,118
6	145	145 + 156	301	145 + 1947	2,092
7	145	145 + 149	294	145 + 1858	2,003
8	145	145 + 99	244	145 + 1239	1,384
9	145	145 + 71	216	145 + 885	1,030
10	145	145 + 57	202	145 + 708	853
11	145	145 + 35	180	145 + 442	587
12	145	145 + 21	166	145 + 265	410
13	145	145 + 14	159	145 + 177	322
14	145	145 + 7	152	145 + 88	233
15	145	145 + 7	152	145 + 88	233
		Total	2897	Total	11298

Source of assumptions: Pandemic Influenza: A National framework to responding to an influenza pandemic: DH 2007

3.3.5 It should be noted that approximately 70% of deaths result in cremation. However, Islamic and Jewish faiths may require burial on the day of death and only single interment graves. Ethnic minority groups usually require burial within a segregated section, and some municipal cemeteries already have small areas identified for this. Some faiths operate their own private cemeteries.

3.3.6 The Cabinet Office Contingency Planning for a possible Influenza Pandemic² document provides estimates of likely levels of absence from work caused by influenza or by the need to care for family members with influenza;

	Clinical attack rate		
	10%	25%	50%
Large Organisation			
% of people ill at peak	2%	5%	10%
% of people ill & carers taking time off at peak	3%	7%	15%
Small organisation or unit			
% of people ill & carers taking time off at peak	6%	14%	30%
Total Cumulative % total of those ill over whole period of pandemic	10%	25%	50%

- These figures are estimates based on current knowledge and modelling
- All figures given are % of total workforce
- It is expected that ill people will on average be absent for 5-8 working days
- A small organisation or unit can be defined as a group of up to 15 people
- In the event of local school closures, additional staff who are parent workers may also be absent to care for (well) children.

3.3.7 As outlined in the draft guidance paper Planning for a Possible Influenza Pandemic – A Framework for Planners Preparing to Manage Deaths, multi-agency guidelines on different ways of working will be issued to doctors, health care workers, coroners' officers and registration officers once full impact assessments have been undertaken.

² Cabinet Office: Contingency Planning for a possible Influenza Pandemic

4.0 ACTIVATION

4.1 TRIGGER POINTS

Two triggers (A & B) are shown below. The activation of the Managing Excess Deaths Plan may be achieved when any one of these criteria is satisfied or on advice from either Lincolnshire PCT (as Emergency Planning lead organisation for the Lincolnshire Health Community) or the Lincolnshire Coroners. The decision to activate the Managing Excess Deaths plan and notifying relevant partners will be made by the Head of the LCC Emergency Planning Unit in consultation with all Lincolnshire HM Coroners and Lincolnshire PCT.

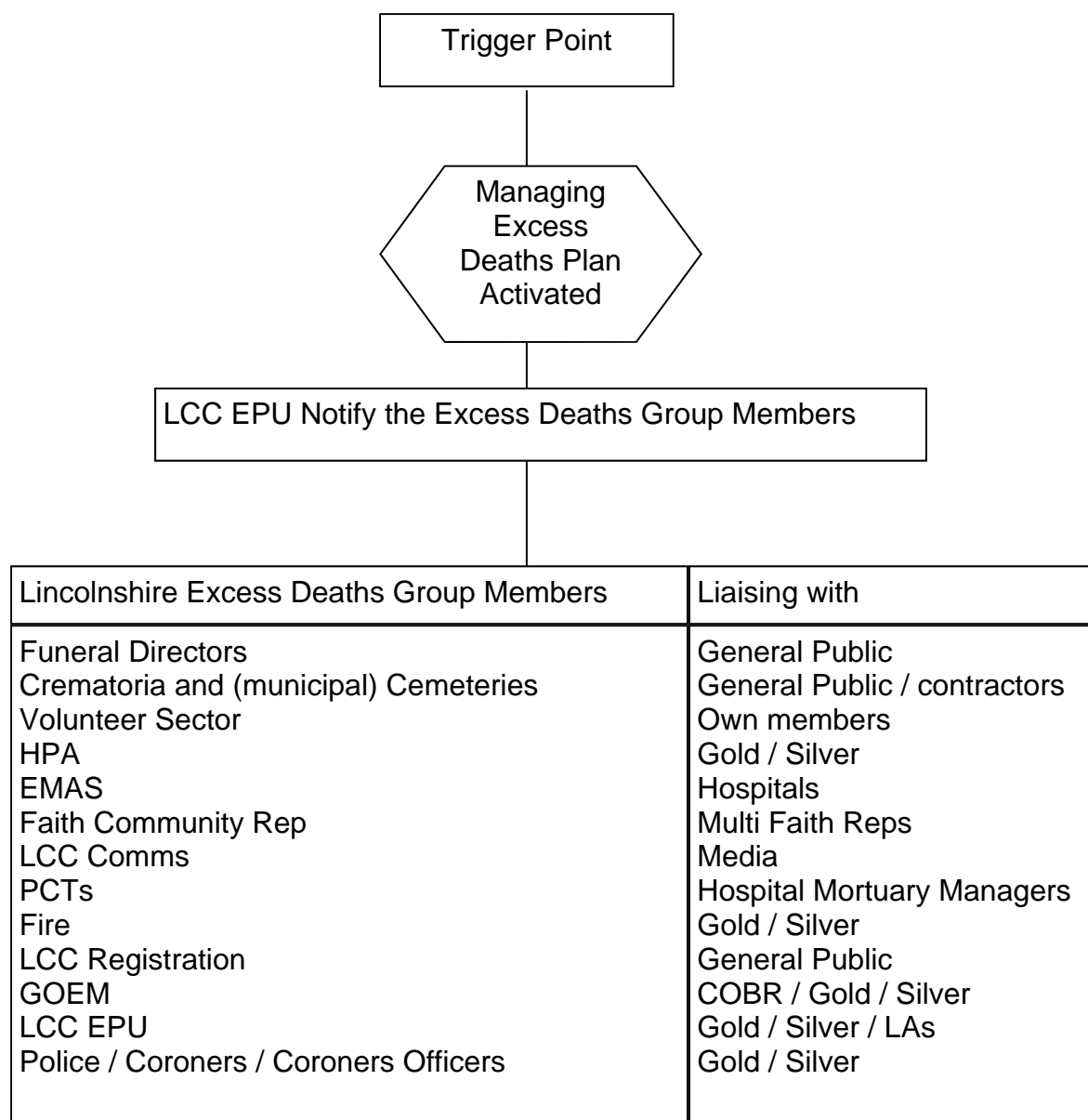
- A. The UK Chief Medical Officer announces that the first case has occurred in the UK (WHO phase 6 and UK Alert Level 2).
- B. The Strategic Coordinating Group declares that local services should be put on Major Incident Standby prior to UK Alert Level 2 being declared.

4.1.1 When either of these triggers is met, the LCC EPU will notify the relevant partners and the LRF Excess Deaths Group will be formed. The group meetings will be held at Lincolnshire Fire & Rescue HQ and chaired by the LCC EPU who will update the Strategic Coordinating Group (Gold) with its recommendations. The group (see Section 4.2) will consist of the Managing Excess Deaths LRF group along with the following key stakeholders, Faith Community representative and LCC Communications Team representative. The groups' funeral director representatives would alert the other funeral directors within their own lines of communication.

4.1.2 During a pandemic, the frequency of the Excess Deaths Group meeting will be agreed at the initial meeting. It is expected that the group will meet on a weekly basis, but this will be assessed during the pandemic and the group will meet more regularly if required. If the decision is taken by the Strategic Co-ordinating Group that the risk of infection is too high for the group to meet, liaison will take place electronically, by telephone and if available video conferencing.

4.2 NOTIFICATION

The LRF Excess Deaths Group will inform relevant stakeholders when the Managing Excess Deaths plan is activated and keep them updated of its recommendations;



4.3 CONTROL

The command, control and co-ordinating arrangements for an Influenza Pandemic will fundamentally be the same as for other Major Incidents. Other Lincolnshire Plans linking to an Influenza Pandemic are listed below:

- Lincolnshire County Council Emergency Plan
- Lincolnshire Emergency Mortuary Plan
- LRF Multi Agency Pandemic Influenza Contingency Framework.
- Lincolnshire Resilience Forum Emergency Procedures Manual

Other associated plans:

- Lincolnshire Humanitarian Assistance Centre Plan
- Lincolnshire Emergency Support Centre Plan
- Multi Faith Plan
- Individual Group Members Service Business Continuity Plans

5.0 LINCOLNSHIRE EXCESS DEATHS CAPACITY

5.1 REGISTRATION SERVICE CAPACITY

- 5.1.1 In Lincolnshire, there are approximately 7540 deaths per year. This translates to an average of approximately 580 deaths per month or 145 deaths per week. These figures tend to be slightly higher in the winter months; however, they do not fluctuate greatly or consistently.
- 5.1.2 It takes between 20-30 minutes on average to register a death and to complete all ancillary duties involved in death registration. Registrars are required by law to register deaths within five days of the event occurring. Under certain circumstances, this can be extended to fourteen days. Some deaths need to be referred by the Registrar to the Coroner before the registration can take place.
- 5.1.3 The Registration Online (RON) system was introduced in March 2008 for Lincolnshire and is now in use by a large number of Local Authorities. It was anticipated that all Local Authorities in England and Wales will be using RON by the end of 2009. However, hardcopies of the registration will still be required and is the official record. RON has provided flexibility in the number of registrations that can be completed at one time allowing more than one registration officer to work from one register at a time.
- 5.1.4 The ability of registration services to absorb increased death registration will vary locally. The Office for National Statistics, General Register Office and local authority representatives have examined this and it is broadly considered that if local authorities can provide resources to support proposed different ways of working, registrars will be able to manage the pressures.
- 5.1.5 There are presently 11 full time equivalent Registrars of Births and Deaths in the Lincolnshire registration service however, in total, there are 34 staff already trained to register births and deaths in Lincolnshire.
- 5.1.6 Taking into account the fact that all staff may not be available at any one time, approximately 12 deaths per day could be registered per registration officer working 9am – 5pm. This approximation will depend on the number of staff available as well as the length of time of the crisis situation. For example, operating with 17 members of staff (based on total staff absenteeism of 50% due to illness and caring responsibilities), each registering 12 deaths per day, 1428 deaths could potentially be registered per week (Monday to Sunday inclusive). This arrangement would not be sustainable for a long period of time.
- 5.1.7 Approximately three weeks of training would be required to train additional staff. Once fully trained, staff must be registering deaths on a regular basis to maintain acceptable skill levels. However, the General Registration Office (GRO) are in the process of providing a summary

5.2 HOSPITAL MORTUARY CAPACITY

Across the County there are storage facilities for approximately 265 bodies. Each hospital has facilities for their own use, which the Coroner also uses. As a number of hospital cases vary considerably it is impossible to determine the spare storage capacity that would be available at any given time.

Hospital	Mortuary Capacity	
	Normal	Maximum
Pilgrim Hospital, Boston	45	60
John Coupland Hospital, Gainsborough	3	3
Grantham and District Hospital	24	32
* Diana Princess of Wales Hospital, Grimsby	39	52
Holbeach and East Elloe		
Nuffield Hospital, Lincoln	0	0
County Hospital, Louth	16	16
Skegness and District Hospital	6	8
Johnson Hospital, Spalding	3	3
Welland Hospital, Spalding	3	3
Stamford and Rutland Hospital, Stamford	12	12
County Hospital, Lincoln	76	76
**Peterborough District Hospital	40	40
TOTAL	267	305

5.2.1 Hospital mortuaries are used for –

- Post Mortems (PMs) (in Lincolnshire there are approximately 1271 PMs per year)
- Holding bodies before and after any PM is made
- Holding bodies before any decision is made as to whether a doctor can issue the relevant documentation
- Holding bodies for those who die on the hospital wards
- Viewing bodies as part of the identification/grieving process in inquest cases

*Although outside of Lincolnshire, Diana Princess of Wales Hospital is included in the above table as it is very close to the Lincolnshire border and also benefits from bariatric facilities.

* *Although outside of Lincolnshire, Peterborough District Hospital is included in the above table as one of Lincolnshire Coroners uses the hospital facilities for post mortems.

LINCOLN COUNTY HOSPITAL MORTUARY +/- OVER 15 WEEKS - PANDEMIC FLU			
Week	Maximum Hospital Mortuary Capacity	Best Case remaining capacities in Hospital Mortuaries	Worst Case remaining capacities in Hospital Mortuaries
1	213	68	68
2	213	68	68
3	213	61	-20
4	213	47	-297
5	213	-10	-905
6	213	-88	-1879
7	213	-81	-1790
8	213	-31	-1171
9	213	-3	-817
10	213	11	-640
11	213	33	-374
12	213	47	-197
13	213	54	-109
14	213	61	-20
15	213	61	-20

Key: Black = Capacity remaining
Red = Capacity deficit

- 5.2.2 According to the Home Office Guidance (Planning for a Possible Influenza Pandemic: A Framework for Planners Preparing to Manage Deaths), effective use of measures in the 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.
- 5.2.3 NHS Trusts should be working with local authorities to ensure mortuary capacity is adequate to meet peaks in winter deaths.
- 5.2.4 The Department of Health has recommended that temporary facilities must meet the 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 sector. Non-use of refrigerated vehicles and trailers may become unsustainable during a pandemic.

5.3 FUNERAL DIRECTOR CAPACITY

In the event of a pandemic, an additional 9000 deaths over and above the usual 2300 could be anticipated in a worst case scenario. Based on market intelligence and direct research, the larger funeral directors in the major towns in Lincolnshire could significantly increase their normal capacity, some by up to 4 times the norm. This could only be achieved by restricting service levels and assumes that local cemeteries and crematoria would cope with the additional demand. These increases do not take into account the problem of staff absence and would wisely be adjusted to provide a reasonable contingency for such issues. To assist this, any vaccine available should be issued to funeral staff as early as is possible.

It is unlikely that crematoria would be able to cope with these extreme increases in demand, and so the emphasis would be upon modes of storage of bodies until final disposal could take place.

Most funeral directors could provide increased storage way beyond normal levels by utilising garage space and/or coffin storage space, but this would be dependant upon provision of temporary equipment such as cooling units, racking systems etc, along with higher levels of co-operation and tolerance from government agencies such as Environmental and Planning Departments.

Flexibility and co-operation from hospital mortuaries will be necessary in terms of opening times and delivery/collection of bodies, and alternative methods and temporary law changes may be required to expedite the death registration process.

Lincolnshire Co-operative Funeral Service is exploring options for the training of non funeral staff to assist with the problem of staff absence throughout a pandemic. They have also discussed service levels and the impact the number of deaths would have on funerals, along with infection control measures which would hopefully boost staff confidence in attending work throughout a pandemic.

Subject to co-operation from 3rd parties including crematoria, cemeteries and mortuaries, a shift pattern could be introduced. It is assumed that regardless of ownership, funeral businesses would assist one another with demand for their services, resources and staff, although it is extremely likely that all businesses would be faced with similar absence problems.

Funeral Directors in Lincolnshire obtain their coffins mainly from companies outside Lincolnshire; therefore demand on these resources on a national basis will be high. Lincolnshire County Council Emergency Planning Unit has contacted many of the larger funeral directors in Lincolnshire and details of their capacity, stocks and costs can be found in Annex B.

**Lincolnshire Co-operative Funeral Services
Pandemic Planning - management of Excess Deaths**

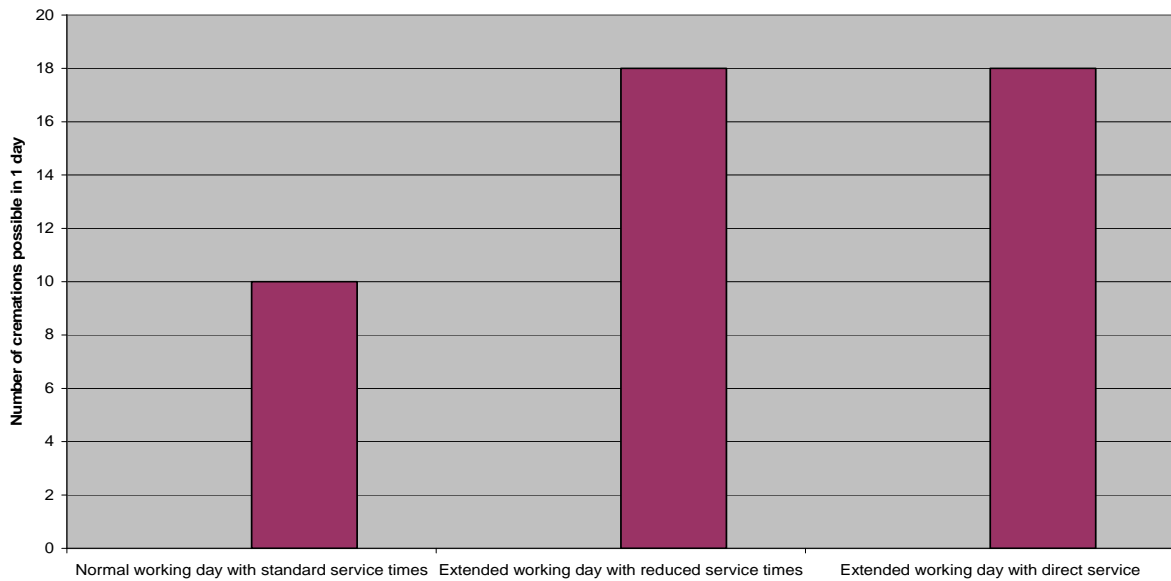
Branch	Employees	Removal Vehicles	Weekly removal capacity*	Weekly funeral capacity*	Total holding capacity
Lincoln	18	2	250	80	100
Sleaford	5	1	50	See Newark	10
Horncastle	8	1	50	10	10
Spilsby	1	1	50	6	30
Boston	9	1	50	18	30
Louth	8	1	50	12	10
Alford	0	0	0	See Sutton on Sea	30
Mablethorpe	0	0	0	See Sutton on Sea	20
Sutton on Sea	10	2	120	18	10
Spalding	11	1	50	12	30
Holbeach	1	0	0	See Spalding	10
Gainsborough	4	1	50	12	30
Newark	8	1	50	12	40
Total	83	12	770	180	360

* = based on a 6 day week

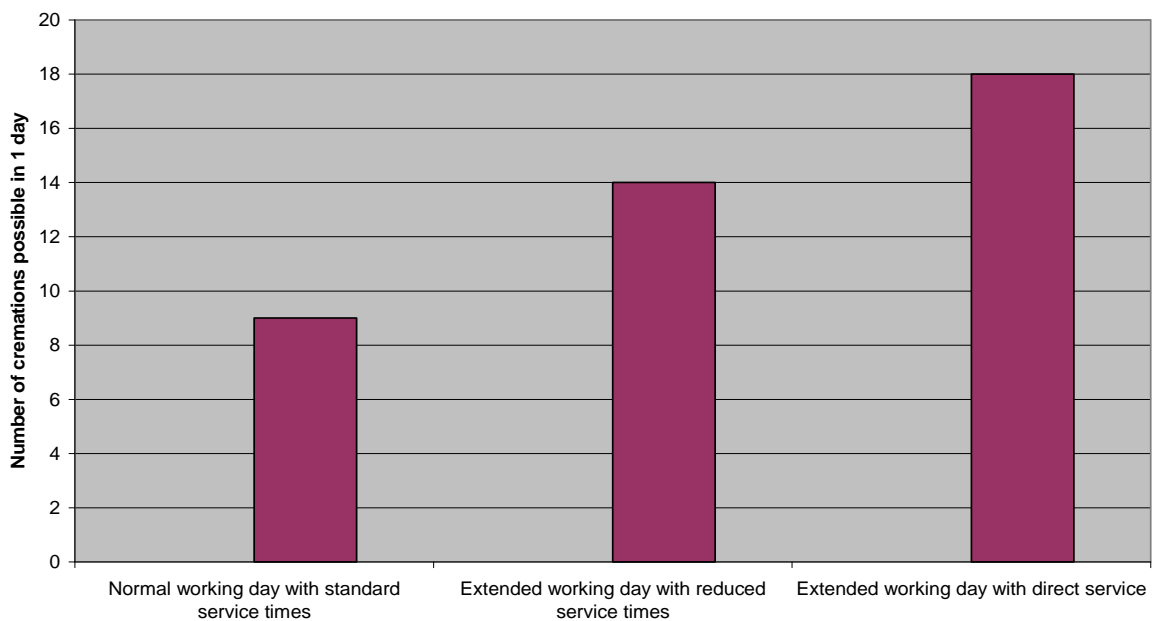
5.4 CREMATORIUM CAPACITY

5.4.1 In the event of a pandemic occurring, stress will be placed on the local crematoria and cemeteries to deal with additional deaths. Consideration must be given to the fact that these facilities may experience severe staff shortages during this time. All local planning should identify existing crematorium and cemetery capabilities as well as maximum operating capacities.

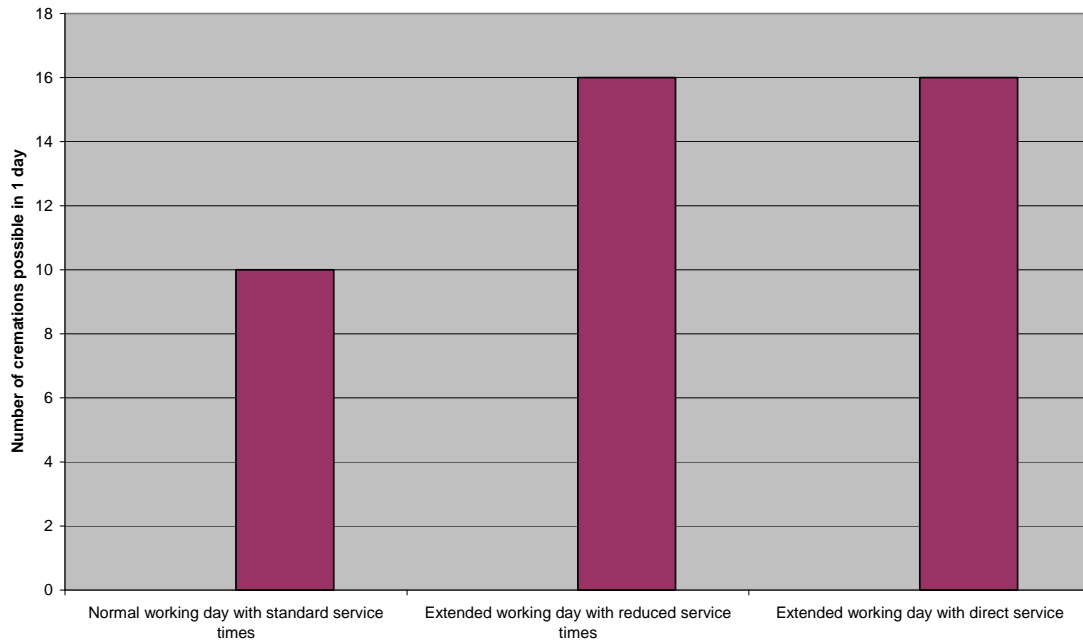
Boston Crematorium Capacity



Lincoln Crematorium Capacity



Alford Crematorium Capacity



Note: Alford crematorium is fitted with one fully abated FTIII cremator. The FTIII cremator has the capacity to cremate larger caskets of up to around 40" wide up to a maximum of 50 stone.

5.4.2 The capacity graphs are based upon current number of cremator furnaces in operation. New legislation relating to the abatement of emissions of mercury from crematoria requires that all establishments upgrade or replace their existing equipment by 31 December 2012. Each crematorium will approach this in their own way, constructing a specific business case when bidding into available capital funds, which may result in many crematoria opting to reduce the number of cremator furnaces. This will be based on financial and energy efficiency criteria. For example: To replace 3 furnaces and add abatement plant will cost approximately £1.2 million, reducing to 2 units would have a cost saving and as each unit is operated longer, (subject to staff shift patterns) there will be an efficiency gain in gas usage. Therefore the number of furnaces nationally will reduce and this will reduce the capacity in a pandemic situation.

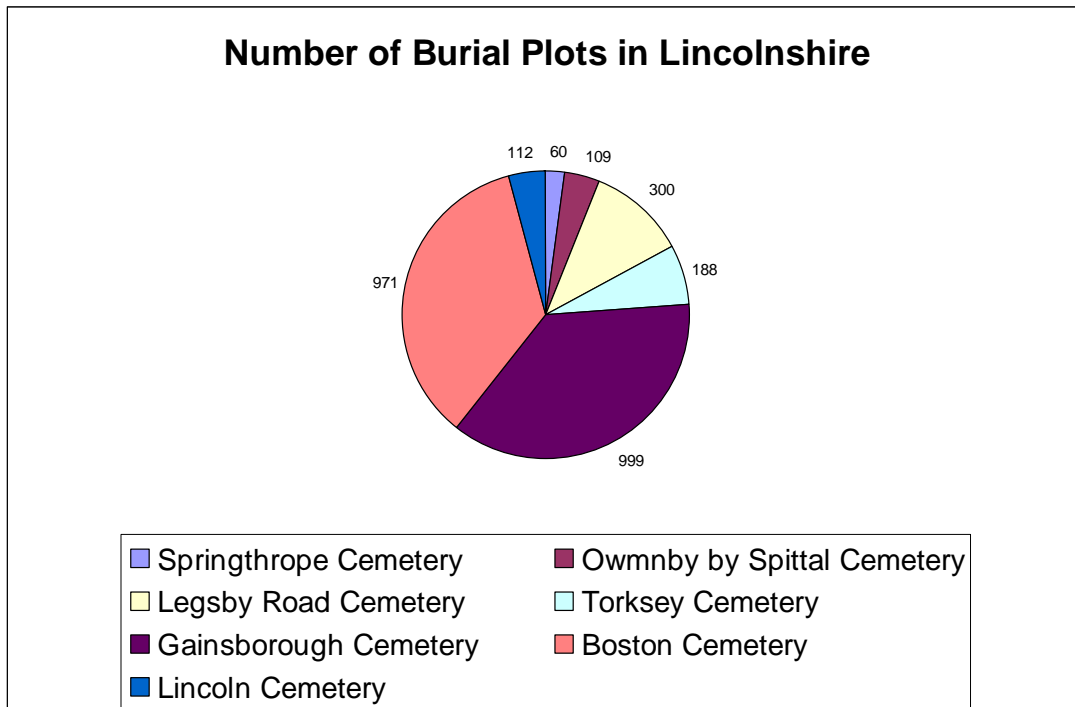
5.4.3 New cremators are capable of handling bariatric bodies and have a slightly improved cycle time.

5.4.4 It should be noted that any increase or alteration to working hours for crematorium staff is subject to their agreement, availability and co-operation

5.5 CEMETERY CAPACITY

- 5.5.1 To meet a potential need for increased space, cemeteries have suggested various options, including:
- More than one person in a grave (this is not acceptable in Muslim/Jewish faiths)
 - Re-using untended graves that are over 75 years old (see 5.5.3 and 5.5.4)
 - Possible use of common graves. This raises an issue of funding as Local Authorities pay contractors and these costs need to be recovered.
- 5.5.2 A recent nationwide survey of all burial grounds revealed a median of 30 years' burial space left in England and Wales. This resulted in the introduction of new legislation (clause 74, London local Authorities Act 2007) to allow the disturbance of Human remains for the purpose of re-using a grave, where the last recorded burial was more than 75 years past. Presently this legislation applies only to greater London, but it is intended to pilot a scheme at other cemeteries with a view to introducing similar legislation to apply to the whole country.
- 5.5.3 It is not current practice to bury at more than single depth at some cemeteries (e.g. Boston) due to a high water table. Current digging depth is 4 feet 6 inches, after which flooding seeps into the excavation, and this presents health and safety problems with stability. Spouses are buried side by side. This problem will mainly relate to cemeteries located at sea level.
- 5.5.4 Many cemeteries run at a financial deficit due the increasing costs of grounds maintenance, with a slowly declining income from burials as cremation became the popular choice. Income from a burial is 'used' in year one, whereas they are actually still maintaining every grave they have dug. As graves are added the maintenance becomes more intensive. (Gang mowing – down to strimmers). To address this through fees & charges is sometimes politically sensitive, and may require increases. Should 're-use' legislation be introduced (as mentioned in 5.5.2 above), many municipal cemetery managers will opt to recycle existing cemeteries rather than purchase and develop additional land. Thereby eliminating additional grounds maintenance costs, and making best use of existing resources. This policy will reduce the capacity of cemeteries in the event of a pandemic, particularly with regard to allocating a 'virgin' area for mass graves, as lots of cemeteries will have the total ground area used.
- 5.5.5 It should be noted that any increase or alteration to working hours for cemetery staff is subject to their agreement, availability and co-operation. In addition to this, many municipal cemeteries use in-house Parks & Grounds teams, Direct Service Organisation (DSO) or private contractors

5.5.6 The spoil from grave digging poses a potential logistical problem in the event of a pandemic occurring. This has to be transported to a specific area for disposal and if there are an excess number of graves the spoil will have to be transported off-site. There are cost implications attached to this.



Note – It is expected that over the next few decades, the City of Lincoln Council will have to provide for over 300 burial spaces each year, including full burials and the burial of ashes. That estimate is based on the Council’s assessment of the number of burials in previous years, population growth forecasts and expected demographic changes. Based on that assessment of annual need for spaces, there is currently only 4 years of ‘capacity’ left in the City’s cemeteries – 2 years at the Canwick Road Cemeteries and 2 years at Newport Cemetery. So, by 2012 the City will be fully dependant on new burial spaces.

5.5.7 Future Cemetery planning within Lincolnshire.

- County Council.
Currently working on a 10 acre site which will give them a further 20 years usage.
- SHDC.
Work is ongoing on an extension site to give them a further 10 years.
- BBC. Have a 12 – 15 year plan in place.
- WLDC. Have a 10 year plan in place.
- NKDC. Do not oversee any of the cemeteries in their area, the town and Parish councils do it themselves. Sleaford cemetery is the biggest in the district and they have just recently acquired an extension plot to increase their capacity for another 15 years.
- SKDC. Just finished a phase 2 extension project which takes them up to the year 2040.
- ELDC. Same system as NKDC.

5.6 HM CORONER CAPACITY

5.6.1 Within Lincolnshire, there are three HM Coroners, which cover the jurisdictions of

Boston & Spalding
West Lincolnshire, Louth and Spilsby
Stamford

(See Annex A for map of each Coroners Jurisdiction.)

Each Coroner has appointed Deputy Coroners and or Assistant Deputies for cover. The Coroners are supported by five full time Coroners Officers along with 5 individuals who provide direct administrative support on a part-time basis.

Jurisdiction	Coroner	Deputies	Assistant Deputies	Coroners Officers	Direct Admin Support
Boston & Spalding	1	1	1	1	0
Louth and Spilsby	1	1	1	1	4 p/t
West Lincolnshire	1	1	2	2.5	
Stamford	1	1	1	0.5	1 p/t
Total	4	4	5	5	5 p/t

5.6.2 The following table shows the number of deaths reported to Coroners in Lincolnshire by jurisdiction for the last three years.

5.6.3 (2008 figures not available at the time of writing)

Jurisdiction	2005	2006	2007	Average of the last three years
Boston & Spalding	887	902	1011	933
Louth & Spilsby	496	516	520	511
Stamford	165	145	170	160
West Lincolnshire	1670	1620	1644	1645
Total	3318	3183	3345	

5.7 LINCOLNSHIRE POLICE CAPACITY

Lincolnshire Police will provide resources to undertake the following roles in relation to deaths reported to them:

Providing staff to

- Secure locations where bodies are found or held and any valuable property apparently belonging to the deceased, until appropriate enquiries are completed and these locations and property can be handed over to other appropriate authorities or family members.
- Where death has not already been confirmed by an appropriate medical practitioner, the police will arrange this or arrange the provision of appropriate medical attention until death is confirmed.
- Arrange for enquiries to be completed to ascertain whether or not the cause of death appears to involve the commission of any criminal offences by any person.
- Where criminal offences appear to have occurred, investigate these in accordance with normal procedures.
- Where an appropriate medical practitioner is unable to issue a certificate showing the cause of death, ensure appropriate evidence is secured on behalf of the coroner and arrange for this evidence to be presented to the coroner.
- Where further enquiries into the cause of death or identity of the deceased are required, in liaison with the coroner, arrange for bodies of deceased persons to be removed from the location they are found to other appropriate locations as specified by the coroner.
- Arrange for appropriate measures to be taken to secure and preserve evidence, including where necessary the body of the deceased, for as long as required in the circumstances.
- Arrange for control over the whereabouts and treatment of the body of the deceased and any valuable property retained by police to be passed to other appropriate authorities or an appropriate family member as soon as is practicable.

To facilitate this in mass fatality situations or where the normal capacity of police, coroners, pathologists and body transport and storage capacity is overwhelmed the police will:

- Activate business continuity plans to maximise the number of officers and staff available to undertake the above duties. This will include:
- Providing appropriate training to staff presently unfamiliar with completing the above duties.
- Employment of additional staff to undertake some of these duties.
- Use of appropriately trained volunteers.

Police responsibilities specific to the LCC Mass Fatalities Plan:

- Provide staff at each site used for body storage to secure the premises to prevent crime, keep the peace and preserve evidence including the measures taken to identify the body and secure valuable property in effective possession of the police.
- Increase the numbers of staff directed to duties connected with investigating unexpected deaths to a level sufficient to cater for increased death rate.
- Seek to establish an advisory group, available 24 hours a day, consisting of a Police Coroners Officer, Coroner and experienced medical practitioner to provide early screening of reported deaths to ensure prompt, appropriate action in relation to each death.
- Provide a Senior Identification Manager where required to advise on appropriate methods of identification of the dead.
- Provide police staff to work within any multi-agency group established to increase the capability of all agencies to progress the work required in an expedient manner. This group would consist of:
 - A police liaison officer with administrative support to collate and process death reports and incident and property records, and provide a central contact centre for relatives and other professionals involved in dealing with the reported deaths to establish the present status of police investigations into a death they are connected with.
 - Administrative support for all the counties Coroners
 - Administrative support for the Registrar of Births Deaths and Marriages.

5.8 FAITH COMMUNITY CAPACITY

There are 195 Church of England stipendiary clergy plus 2 archdeacons and 3 bishops available for funeral taking. Total = 200.

They are supported by 14 house for duty priests and 85 retired clergy available to help in emergency.

There are many other ministers both lay and ordained who will be available to assist - non-stipendiary clergy, Readers and licensed lay ministers. Through a central control in the Diocese (Serious Incident Church Strategic Gold Command would be sensible) - there would be no problem in making possible an enhanced number of funerals to cope with the excess number of deaths and any backlog occurring. They would also be able to control how many funerals one person should reasonably be asked to take and also provide cover for mass burials, subsequent re-burial and any increase in the number of services to take at the crematoriums.

In addition to the above:

There are 38 Methodist ministers, 8 United Reform Church ministers, 17 Baptist ministers, 16 Salvation Army officers, 40 independent churches ministers, 26 Roman Catholic Priests and 8 Roman Catholic Deacons. There are also religious monks and nuns in 4 Roman Catholic religious houses in Lincolnshire and beyond who could be called on for help if needed. The Church of England can call on clergy and religious from outside the Diocese to help.

At a rough estimate Lincolnshire has approximately 850 Christian ministers available to help in the probability that many might be themselves out of action with the pandemic at some stage.

Contact has been made with leaders of the Jewish and Islamic Faiths.

There is an issue regarding Roman Catholic priests and some Church of England priests having to anoint the dead as soon after death as possible, preferably at the place of death. This may or may not be practical as priests could be asked to accompany funeral directors as the latter go to remove bodies.

In addition there are a number of other celebrants able to conduct funerals, eg Humanist, Independent Celebrants, and Registration and Celebratory staff.

	As Death Approaches	When Death Is Imminent	Immediately After Death
Buddhism	Dying person needs peace and quiet to allow for meditation. A monk or religious teacher should be invited to talk to the dying person and chant passages of scripture.	The idea is to die in a fully conscious and calm state of mind. If a monk is not available, a fellow Buddhist may chant to encourage a peaceful state of mind.	No special requirements relating to the care of the body. Buddhists from different countries will have their own traditions regarding care of the body. If a monk or religious teacher is not present, inform the monks of the appropriate school.
Christianity	Some Christians may wish for prayers and anointing with oil by a minister or priest.	Where appropriate, a priest or minister might be notified. Many Christians will wish to receive Communion (which will include some form of repentance and forgiveness). Prayers or commendations may also be said.	No special requirements.
Islam	Other Muslims, usually family members, join the dying person in prayer and recite verses from the Quran. Dying person may wish to have face towards Mecca (south-east).	The Declaration of Faith (Shahada) is said and, if possible, the dying person responds "I bear witness that there is no God but God and Muhammad is His Messenger".	Non-Muslim health workers should ask permission to touch the body, and then use disposable gloves. The body must be kept covered. Soon after death there is a ritual washing of the body by same-sex Muslims. Post-mortems are disliked.
Judaism	A rabbi may be called to join the dying Jew in prayer and facilitate the recitation of the Confession on a deathbed.	The dying person should not be left alone. Jews present should recite psalms and, when death occurs, the Declaration of Faith (Shema).	Health workers should handle the body as little as possible and cover with a white sheet. The Jewish Burial Society will collect the body and perform a ritual wash before burial. Post-mortems are disliked.
Hinduism	Hindus may receive comfort from hymns and readings from the Hindu holy books. Some may wish to lie on the floor. The family should be present.	The family may wish to call a Hindu priest to perform holy rites. A dying Hindu should be given Ganges water and the sacred Tulsi leaf in the mouth by the relatives. A person should die with the name of God being recited. Hindus often wish to die at home.	The family will usually want to wash the body themselves. If no family is available, health workers should wear disposable gloves, close the eyes and straighten the limbs. Jewellery and religious objects should not be removed.
Sikhism	A dying Sikh may receive comfort from reciting hymns from the Sikh holy book. A relative or any practising Sikh may do so instead.	A Sikh person should die with the name of God, Waheguru (wonderful Lord) being recited. Some Sikhs may want to have Amrit (holy water) in the mouth.	Health workers should not trim hair or beard. The body should be covered by a plain white cloth. The 5Ks should remain on the body. Family members may wish to bathe the body themselves.

	METHOD OF DISPOSAL	FUNERAL CUSTOMS	MOURNING PRACTICES
Buddhism	Buddhists bury or cremate according to local traditions	Usually within 3-7 days a service may take place in the house prior to going to the cemetery or crematorium. Monks may be invited to remind the mourners of the impermanence of life.	There is a great variation according to country of origin, eg Sri Lankan Buddhist mourners may return to work in 3 or 4 days and place no religious restrictions on widows. Some Vietnamese have a series of rituals; mourning may last 100 days and mourning for a husband or father 3 years.
Christianity	Either burial or cremation Increasingly only close family are present at the burial of the body or the ashes.	It is customary in some areas to hold a prayer service in the house of the dead person before the funeral. For Orthodox, Roman Catholics and some Anglicans, the funeral involves a church service with a Mass or Communion. Sometimes the body is placed in the church the night before. In Orthodox funerals the casket remains open throughout the service. Protestant services are simpler and the body is usually not visible.	There is usually no official mourning period or mourning dress. There may be a service of memorial and thanksgiving some months after the funeral.
Islam	Always burial.	Ideally burial is within 24 hours of death. Women are not included at the burial. Male family members carry the coffin either to the mosque or directly to the cemetery where the funeral prayer is said. The body is buried in a deep grave, facing Mecca. In bigger cities there are special areas for Muslim burials and in some they are allowed to bury the shrouded body without a coffin. In some instances the body is embalmed and taken back to the country of origin for burial.	Islamic law requires friends and relatives to feed mourners for 3 days. After this the family should officially return to normal though unofficial mourning may continue until the 40 th day. It is ended by Quranic readings and a meal.
Judaism	Burial as soon as possible in simple coffins. Some non-orthodox Jewish communities permit cremation. Funerals do not take place on the Sabbath or holy days.	The service takes place in designated Jewish burial grounds. Prayers are said in a chapel and at the graveside. Although women now attend funerals, the male mourners recite the prayers and place the coffin the grave.	After the burial there are three periods of mourning throughout which designated mourners recite prayers thrice daily and refrain from certain activities. The first week (shiva) mourners remain at home: the 30 days (shloshim) concludes mourning for all but the children of the deceased who mourn for a year. When mourning is concluded, the tombstone is consecrated with a ceremony at the cemetery.
Hinduism	Cremation as soon as possible with the exception of children under 3 who are buried.	Part of the service takes place at home. The pandit (priest) chants from scriptures and the chief mourner (usually the eldest son) performs the rituals. Mourners walk round the coffin which is then closed and taken to the crematorium for further prayers.	Mourners and friends return to the deceased's house. In India the period of mourning and austerity (10-16 days) culminates in rituals enabling the dead person's soul to join the ancestors. In Britain these very important rituals occur soon after the funeral and involve gifts to priests or to charity. There may be further rituals at 1, 3, 6 and 12 months.
Sikhism	Cremation as soon as possible.	Similar to Hindus but dressing the person in the 5Ks. After a short ceremony in the home the body is taken to the gurdwara (temple) for a service and then to the crematorium for further prayers.	Up to 10 days of readings from the scriptures attended by relatives and friends. At the conclusion the eldest son is given a turban as a sign that he is now head of the family.

5.9 BODY TRANSPORTATION CAPACITY

- 5.9.1 Depending on the severity of the outbreak and the volume of bodies the Funeral Directors would be dealing with, it may be possible to carry out a 24/7 removal service.
- 5.9.2 Funeral Directors will have to take into consideration the transportation of all bodies including bariatrics where the recognition of Life Extinct has been performed by EMAS. Lincolnshire Emergency Planning Unit will liaise with Funeral Directors and Crematoria regarding the collection/storage/disposal of bariatric deaths.
- 5.9.3 It is not usually the East Midlands Ambulance Service responsibility to remove the deceased from a private dwelling. Once Life has been declared extinct under the Recognition of Life Extinct policy (ROLE), the Ambulance service involvement is effectively over although the crews will provide support for the family if required. There will usually be police attendance at an unexpected death and the body is then under the jurisdiction of the coroner. In exceptional circumstances EMAS will remove the deceased from a scene at the request of the coroner.

Removals will usually be carried out by either the undertaker on-call for the police or an undertaker nominated by the family dependant on circumstances.

The Ambulance service does have a responsibility (unless alternative arrangements are made) for the removal of a body from a public place.

5.10 BODY BAG CAPACITY

Lincolnshire Hospitals, HM Coroners, Police and Ambulance Services each have stocks of body bags but collectively, the capacity is not enough in the event of the worst case scenario. The NHS Regional distribution centre (NHSRDC) holds approximately 2 weeks of regional stock to re-supply hospitals. The NHSRDC has informed us that some hospitals are ordering more stocks than usual in order to cope with a future outbreak. In addition to the NHSRDC there are numerous companies selling this product and are widely available.

Note: In the event of a pandemic body bags will be a highly sought after product nationally.

6.0 DIFFERENT WAYS OF WORKING

6.1 Medical Certificate of Cause of Death (MCCD)

6.1.1 The following alternative ways of working will become available at WHO Phase 6, UK alert level 4³:

Legislative amendments will be made that allow a registered medical practitioner who has not attended the deceased in their final illness to provide a medical certificate of cause of death (MCCD) for those who appear on the balance of probabilities to have died of pandemic influenza.

- Legislative amendments will be made that would enable the MCCD to be used as a proxy for cremation Form B and to suspend the requirement for cremation Form C, or to introduce a streamlined version of cremation Form B and to suspend the requirement for cremation Form C.
- A stamp will be used on the MCCD to indicate that a body is safe to cremate.
- The requirement of the Registration Service to receive the original signed MCCD or coroner's forms will be relaxed and documents faxed or emailed from GP surgeries, hospitals, coroner's officers etc. may be accepted as evidence of the cause of death⁴.

However, the proposals did not make clear that where a death occurs due to other causes during the pandemic, and the patient has been attended by their doctor during their last illness, that doctor will need to complete:

- The MCCD, where another doctor, for example a retired doctor, to attempt to do so, they will be unlikely to be able to obtain sufficient reliable knowledge of the patients condition and as a consequence would be likely to refer deaths from natural causes to the coroner unnecessarily.

6.2 CORONERS

6.2.1 The following alternative ways of working will become available at World Health Organisation (WHO) Phase 6, UK alert level 3¹:

- The legal requirement that a death must be referred to the coroner if the registered medical practitioner (who must have attended the deceased during their final illness) who certified the cause of death had seen neither the body after death nor the patient within 14 days of their death will be relaxed to refer to 28 days.

³ Department of Health. Draft for Comment - Pandemic Influenza: Guidance on the management of death certification and cremation certification

⁴ General Register Office. Draft for Comment – Pandemic Influenza: Guidance on Death Registration and associated Death Certification, Coroner and Burial / Cremation Processes

- The good practice requirement that all deaths which occur within 24 hours of admission to hospital (unless purely for terminal care) are reported to the coroner should cease insofar as it concerns deaths caused by pandemic influenza or complications thereof.
- The requirement to report all deaths in certain custodial establishments to the coroner, and for the coroner to hold an inquest (in some cases with a jury), will cease for deaths that an independent medical practitioner certifies as being due to pandemic influenza or its complications. However, further consideration of the underpinning legal requirements and in particular Section 2 of the European Convention on Human Rights, have identified that deaths in custody will continue to need be referred to the coroner for an inquest.

6.3 DEATH REGISTRATION AND CERTIFICATION

6.3.1 National changes to legislation and recommended practice on death certification and cremation certification will be introduced to facilitate an effective response to influenza pandemic. The changes proposed will provide alternative (not mandatory) ways of working.

6.3.2 Local Resilience Forums (LRFs) will decide whether, and at what time, an alternative way of working should be used in their locality and when, if appropriate, the use of alternative ways of working should cease.

6.3.3 The following alternative ways of working will become available at WHO Phase 6, UK alert level 4⁴:

- Legislation will be amended to allow information for a death or still-birth registration to be given by telephone where the local authority have decided that it is not appropriate to provide facilities for face to face registration interviews.
- Legislation will be amended to allow stillbirths to be registered more than 3 months after a child has been stillborn.

6.3.4 Local registration services have already received detailed advice on suggested different ways of working from the General Register Office. The following are some of the local solutions proposed by the Lincolnshire Registration Service:

Actions up to WHO Phase 5;

- Lincolnshire County Council staff from non-critical functions to receive basic training and be authorised by the Registrar General to assist with the registration process before WHO Phase 6 UK Alert Level 2 is reached.
- Recently retired registration officers will be contacted and asked to return to work
- Create a pool of volunteers within Lincolnshire County Council who are partly trained to assist with registration

- Seek advice on alternative means of staff getting to work if public transport services were reduced or non-existent.
- Seek advice on infection control measures to help reduce staff absenteeism.

Actions at WHO Phase 5;

- Implement infection control measures in registration offices.

During the pandemic;

- Extend hours and days of opening to allow for an anticipated increase in demand for death registrations.
- Extend working days to include Saturdays and Sundays and introduce rotas / shifts for staff.
- Stagger lunch breaks over a 3 to 4 hour period and ensure cover, if possible, whilst officers are out of their offices.
- Request part time staff work full time for short periods giving consideration to their care and family commitments.
- Suspend non-essential services for short periods and deal with some services by post / email only, where appropriate.
- Consider the effect on ceremonies if public meetings /gatherings were banned.
- Restrict certain services to particular days to lessen the probability of increased infection e.g. deaths only on Mondays, Tuesdays, Thursdays and Fridays, with births only on Wednesdays and Saturdays.
- Segregate services within the building by utilising the ceremonies suite e.g. register births in the ceremony rooms and deaths in the usual offices.
- Implement a triage system to enable more experienced staff to act as co-ordinators for the registration of deaths, to enable those less experienced to deal with less complicated cases.

6.4 FUNERAL SERVICES

6.4.1 To help manage the great increase in pressure on funeral service provision while still trying to ensure the deceased and their families are treated with respect, the length of services could be slightly reduced to approximately 30 minutes. This service time could be further reduced.

6.4.2 If a reduction in funeral service times is insufficient to cope with the demand, burials or cremations could be followed by a combined memorial / funeral service, which would enable families and groups to be joined together in common grief in a particular community or parish. If there are insufficient faith community representatives to deliver funeral services, with the consent of the families affected funeral directors could potentially provide a limited service.

6.5 BURIALS AND CREMATIONS

- 6.5.1 During the pandemic, cemeteries and crematoria could increase their hours and days of working and implement staff shift rotas. Mechanical diggers could be used to dig grave plots at an enhanced rate. Local Authority cemeteries can enhance the number of staff available to dig graves by utilising internal staff. Crematorium furnaces cannot operate continually without any down time for maintenance. Safety inspections internally and externally are of paramount importance for Health & Safety.
- 6.5.2 There is a legal requirement (Environmental Protection Act) that personnel operating cremator furnaces must hold a Cremator Operators Certificate. Non-operating members of the team at many crematoria hold this certificate, but have moved to administrative or management roles, and therefore can be utilised. Also there will be a few retired personnel who are still qualified and willing to assist in a crisis.
- 6.5.3 If the suggested different ways of working and options for increasing mortuary capacity (see Section 6.6) have not been sufficient to reduce the pressure on local storage space, then an option that can be potentially investigated is purchasing a burial plot for a large common mass grave to be implemented. Alternatively graves could be pre-dug and separated into specific areas for different faiths prior to capacity being fully reached. It should also be possible to dig for 2-3 and 4 interment (family groups etc.) in addition to mass graves in some locations.
- 6.5.4 It is important to note that any intention to store bodies underground in mass graves prior to exhumation and eventual re-burial must comply with the law with regard to minimum depth and separation of coffins: ...

'No body shall be buried in such a manner that any part of the coffin is less than three feet below the level of any ground adjoining the grave: Provided that the burial authority may, where they consider the soil to be of suitable character, permit a coffin made of perishable materials to be placed not less than two feet below the level of any ground adjoining the grave.''
No body shall be buried in a grave unless the coffin is effectively separated from any coffin interred in a grave on a previous occasion by means of a layer of earth not less than six inches thick' (LACO 1977)

- 6.5.5 Following consultation between the Lincolnshire Coroners, LCC Chief Executive and Director of Public Health, the pressure on local services and the potential need for a large common grave or pre-dug graves would be reported to the Government Office for the East Midlands (GOEM) by the LCC EPU. GOEM will report the local difficulties and

6.5.6 Two alternatives to burial and cremation are currently being promoted within the industry:

- a. Promession – Effectively emersion of a body in liquid Nitrogen, followed by high frequency vibration (shattering), dehydration and eventual burial of resultant remains, which is compostable in the top level of soil within 6 months.
<http://www.timesonline.co.uk/tol/news/uk/scotland/article3780207.ece>
- b. Resomation – A process of dissolving a body in an alkaline solution, accelerating the natural process of decomposition which is apparently under alkaline conditions. This results in pure bone ‘ash’ much the same as from a cremation.
www.resomation.com

Resomation has the greater support in the profession, and has been used on human remains in trials in America. The equipment is about one third the size of a cremator, comes ready assembled, and has very much lower running costs. Reduction time is longer at about 3 hours as opposed to 90 minutes for a cremation, but space-wise a facility can accommodate more units. Forward thinking environmentally minded Cremation Authorities will consider these methods for the future.

Other technologically advanced methods under consideration include Laser and Microwave, but they are in their infancy.

6.5.7 Consideration could be given to employing portable cremation units. Modern cremator manufacturing is moving more towards compact factory assembled units, delivered to site and ‘craned in’. It is understood that a unit currently on the market can be accommodated within a (shipping type) container.

6.6 INCREASING MORTUARY / BODY HOLDING CAPACITY

- 6.6.1 Most Funeral directors are able to increase the body storage capacity as highlighted in Annex B. This could be further enhanced by the use of temporary refrigeration units that have a body holding capacity of between 8 and 36.
- 6.6.2 Embalming can be used to help increase the body storage capacity in Lincolnshire. It would be possible to sanitise the bodies, embalm for various lengths of time, en-coffin the deceased and then be placed into a central holding facility prior to burial or cremation. This facility could be an open building where cool air fans could be used to maintain an appropriate temperature.
- 6.6.3 If local capability assessments determine that additional mortuary storage capacity is still likely to be required, then temporary facilities can be implemented to ease local pressure points. An outline specification for temporary facilities can be found in Annex B of the guidance, Planning for a Possible Influenza Pandemic – A Framework for Planners Preparing to Manage Deaths.

6.7 OVERVIEW

Overview of suggested different ways of working

Suggested Different Ways of Working	
<p><u>Body Storage</u></p> <p>1. Embalming <i>Note – If required embalming will only take place after a post mortem has been carried out</i></p> <p>2. Increase funeral director capacity</p>	<ul style="list-style-type: none"> - Possible to embalm for various lengths of time - En-coffin deceased and place into central, non-refrigerated holding facility - Facility could be an open-type building where cool blowers could be installed - Lincolnshire funeral directors are likely to be able to increase their capacity by between 20 and 25%
<p><u>Crematorium Capacity</u></p> <p>1. 24 hour cremations</p>	<ul style="list-style-type: none"> - Crematorium furnaces cannot operate continually without any down time for maintenance. Safety inspections internally and externally are of paramount importance for Health & Safety
<p><u>Cemetery Capacity</u></p> <p>1. Pre-dug graves</p> <p>2. Increased working hours</p> <p>3. Common mass grave</p>	<ul style="list-style-type: none"> - If necessary, a number of graves could be pre-dug to accommodate excess deaths segregated into different faith sections - Hours could be increased, grave diggers could potentially be drafted in from other services and mechanical diggers used - A large plot could be purchased for a large common mass grave
<p><u>Registration Service Capacity</u></p> <p>1. Volunteers</p> <p>2. Extend working hours</p> <p>3. Restrict non-essential services</p>	<ul style="list-style-type: none"> - Arrange for pool of volunteers from within the Council to be partly trained to assist with registration - Extend hours and days of working, introducing staff rotas - Deal with some services by post/email only and suspend non-essential services
<p><u>Funeral Service Capacity</u></p> <p>1. Reduce funeral service time</p> <p>2. Combined funeral/memorial service</p>	<ul style="list-style-type: none"> - Funeral services to be reduced in length to approx 30 minutes or less - A combined service could be provided for a particular parish or community affected

7.0 COMMUNICATIONS

7.1 MEDIA POLICY

- 7.1.1 Managing people's concerns and expectations will be a key part of the response. There will be high public and political concern with scrutiny at all stages of a pandemic. Media interest, a need for information and coverage will be intense.
- a) The Department of Health will issue a communications plan which identifies the messages to be conveyed to the Public at the different alert levels.
 - b) Lincolnshire PCT will lead on a Pandemic flu communications strategy in agreement with the Strategic Health Authority.
 - c) The Lincolnshire response will be according to the Lincolnshire Local Resilience Forum Media plan.
 - d) LCC and other organisations websites will be used to provide public information and media releases throughout the Pandemic. There would have to be an extensive information campaign to ensure members of the public were informed of the opening and attendance arrangements at registration offices.

7.2 RECORD KEEPING

Each individual organisation will be responsible for maintaining their own policy, decision, incident and detailed operational logs.

7.3 DEBRIEF

It is recognised that there are many types of debrief techniques and that many organisations use different systems. It is therefore worth noting that Lincolnshire Emergency Services, EPU, EA and Anglian Water Services Limited have between them, a number of personnel who have attended and qualified as "Structured Debriefers".

All agencies involved in responding to an incident requiring this plan to be activated are reminded that debriefs are to be undertaken both during and after the event. Debriefing is not a one off process, as many debriefs as necessary should be completed either by individual organisations or multi agency. Structured debriefs are not to apportion blame but designed to identify the most and least successful practices, lessons learnt and how to use the lessons learnt from the incident positively in future operations.

Following debriefs, a report is completed and this report can be used in various ways but the main aim of a debrief report is to be used as part of the continual improvement of procedures by all responders. Due to

the potential of phase 2 of the pandemic, initial debrief information from phase 1 will assist in the preparation of the next phase.

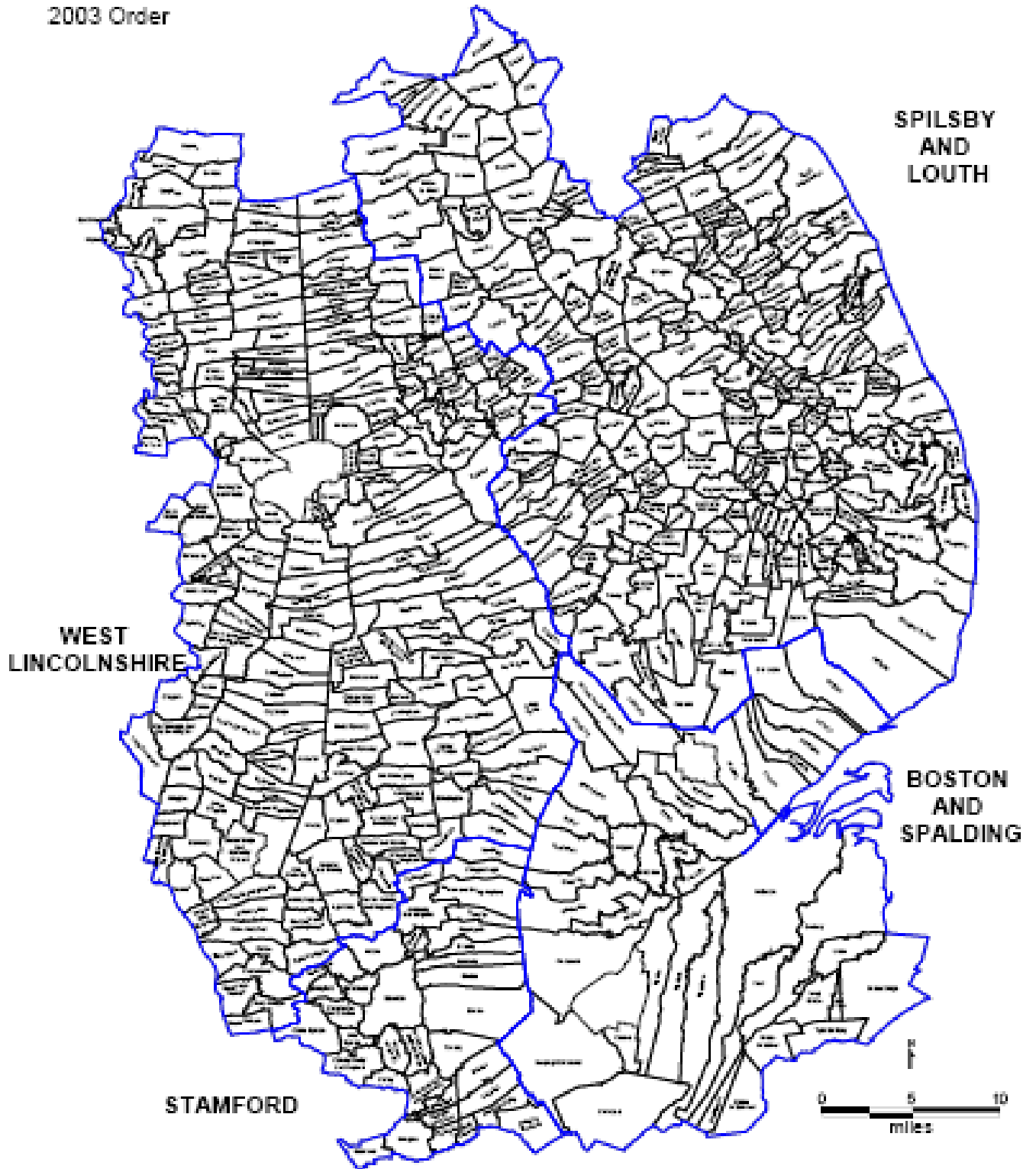
Facilitators and participants in debriefs relating in events that could result in a criminal investigation are reminded that the information given during a structured debrief may be disclosable to prosecutors and the defence.

8.0 LINKING PLANS

- Home Office. Draft Guidance: Planning for a Possible Influenza Pandemic – A Framework for Planners Preparing to Manage Deaths
- Department of Health. Pandemic Influenza: Draft Guidance on the management of death certification and cremation certification
- General Register Office. Pandemic Influenza: Draft Guidance on Death Registration and associated Death Certification, Coroner and Burial/Cremation Processes
- Department of Health. Draft Document: a National Framework for Responding to an Influenza Pandemic
- Cabinet Office. Contingency Planning for a Possible Influenza Pandemic
- LRF Multi Agency Pandemic Influenza Contingency Framework.
- LCC. Pandemic Flu Plan
- Lincolnshire Health and Social Care Community Flu Plans
- Lincolnshire Resilience Forum. Emergency Procedures Manual
- Lincolnshire Resilience Forum. Media Plan
- Cabinet Office. Responding to Emergencies. HMSO
- Cabinet Office. Preparing for Emergencies. HMSO
- Lincolnshire County, District, City and Borough Emergency Plans
- LCC. Inter-Faith Plan

ANNEX A – HM CORONERS JURISDICTIONS

**Lincolnshire County Council
Coroners Districts
2003 Order**



NAME	PHONE NUMBER	PERMITTED TO USE IN PLAN	NORMAL CAPACITY	MAXIMUM CAPACITY	TRANSPORT FACILITIES	HOW MANY COFFINS KEPT IN STOCK	BASIC COFFIN COST	DO MAKE OWN	IF NO WHERE COFFIN BOUGHT FROM	COMMENTS

Lincolnshire Co-operative Funeral Services are one of the largest in Lincolnshire and have been involved in the production of this plan. Further information on the capacities of the sites Lincolnshire Co-operative Funeral Services own can be found on page 21.