



## Responding to High Risk Incidents

- Sudden Death

*By the end of the lesson learners will be able to:*

1. State considerations for responding to common high-risk incidents
2. State considerations for managing a scene of a sudden death
3. Identify differences between suspicious and non-suspicious sudden deaths
4. Understand the importance of initial actions at a sudden death.

### Introduction to Sudden Death

Trainer to explain that nothing can really prepare students for their first sudden death enquiry, but this lesson will aim to give some guidance identifying the procedures when dealing with incidents of this kind.

**QTS**

**Q. Has anyone had any experiences with dealing with sudden death?**

Trainer to explore any fears that they may have with regards to this topic.

**QTS**

**Q. What concerns do you have about dealing with a sudden death?**

For example:

Are you squeamish?

Mortality?

Are you concerned about breaking the news to the family?

The students' feelings and reactions could be written on a board blast for future reference.

**Board blast 1:**

**Q. What do you think others feelings/ reactions are with dealing with a sudden death?**

Trainer to lead a group discussion about the groups experiences of death and record answers on wipe board / flip chart

**QTS**

**Q. What experience students have of death / bereavement and if they are willing to share their feelings and reactions with the class.**

If no-one in the group has any experience of death then they should be asked to imagine their feelings if they suddenly lost the closest person to them.

## Sudden Death

Sudden Death is a subject that can stir up strong & surprising emotions. If you have any concerns about the subject matter, please speak to a Trainer prior to the start of the session

### NOTE

At the end of this presentation there will be images of a graphic nature. There will be another warning prior to them being shown



Prifysgol Cymru  
Y Drindod Dewi Sant  
University of Wales  
Trinity Saint David

## Sudden Death

In addition to Murder or Manslaughter there are categories of death which are treated as 'Sudden Death' due to the circumstances or cause of death not being clear at the time

When the cause of a person's death is not obvious then the death will require a full & thorough investigation



**QTS**

**Q. What is a sudden death?** (Plenary discussion)

‘Sudden death’ is a term for any death which involves some form of police action.

It may not be sudden at all, in that the deceased may have been ill for some time, but because of circumstances, such as an elderly person living alone who has not been seen by a doctor for a considerable period, some enquiry is necessary.

There are some occasions where the circumstances suggest that perhaps the death was not as natural or accidental as it first appears.

Police Officers have a demanding and exacting job to do when dealing with sudden deaths, both in terms of practical matters and dealing with the bereaved, and it is therefore important to recognise that this type of work can have an effect (if not immediate) on the officer.

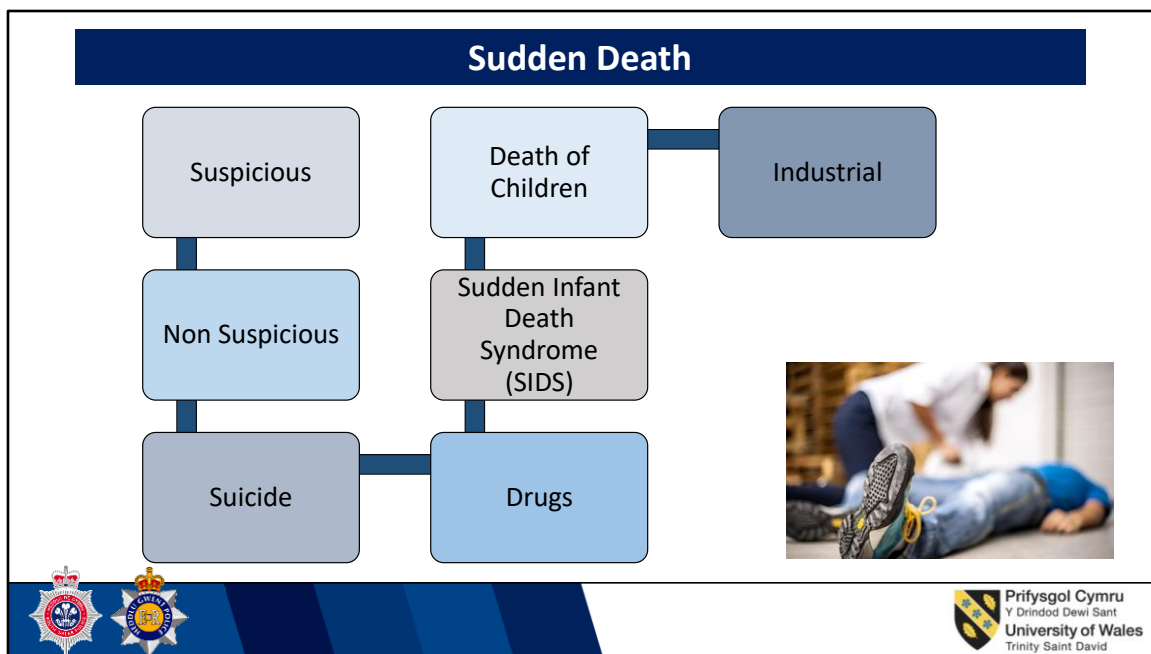
Group discussion

**QTS – What experiences do you have of sudden death?**

Trainer to explore any feelings of fear that the students may have

**QTS – What concerns do you have about dealing with a sudden death?** Trainer to note responses on whiteboard for future reference.

**QTS – what do you think others feelings/reactions are when dealing with a sudden death?**



## **Sudden Death**

### **Q. What types of sudden death can you think of?**

Types of sudden death:

Non Suspicious

Suspicious

Suicide (NB. "Complete" not "Commit")

Drugs

SIDS / Child Death

Industrial

Trainer to discuss the types of sudden death that police are called to the reasons why the police are required to attend.

Trainer should discuss the different issues surrounding the investigation of different types of sudden death.

### **Suspicious / Non-suspicious**

How do you establish if there is anything suspicious about the death?

- If in doubt contact a supervisor

- Ascertain facts
- Preserve scene.

It is very difficult to gather evidence from a sudden death crime scene if this death had initially been treated as non-suspicious. In this circumstance the scene will have been contaminated and possible evidence lost. Therefore you should be cautious about assuming a death is non-suspicious if there is any possibility that it could actually be as the result of a crime. You should contact your supervisor if you are at all unsure of the circumstances of a sudden death.

### **Suicide**

- It is not a criminal offence to “completing suicide”
- Aiding and abetting another to “complete suicide” is an offence
- Such deaths must be thoroughly investigated because there is always the possibility of a disguised homicide.
- Be aware of any dangers - The means used to “complete suicide” may present a danger to others, for example electricity or gas.
- Look for and, if possible, take possession of the means employed to “complete suicide” and make a note where seizure is not possible.
- Seize any articles connected with suicide - Suicide letters / Preserve knot from any hangings
- All items are evidence and may be required at any coroners court.

**NB.** Practitioners and MH sector now speak of ‘completing Suicide’, not ‘committing Suicide’. The use of the word **commit** relates to the time when Suicide was a criminal offence, and is suggestive of blame / shame, which may in itself upset families, particularly if they work in this field and understand the subtle difference.

When Officers write anything about suicide (statements, reports, particularly OEL’s), they should professionally use the term ‘apparent Suicide’, as Suicide can only be determined by the Pathologist / Coroner.

### **Drugs**

- A drug related death is where there is evidence of a fatal overdose of controlled drugs. Such evidence would be recent drug misuse, for example, controlled drugs and/or hypodermic syringe found in close proximity to the body, and/or the person is known to the police as a drug misuser although not necessarily a notified addict.
- Consider the criminality of how the drugs came to be obtained, supplied, administered?
- It is expected that reasonable investigative efforts are made to identify who may have been present, and whether this was individual or communal use?

- Much of this will become evident from witnesses, the scene, the body, phones.
- A thorough search of the premises **MUST** be undertaken for evidence / duty of care.

### **Sudden Infant Death Syndrome (SIDS) / Death of Children**

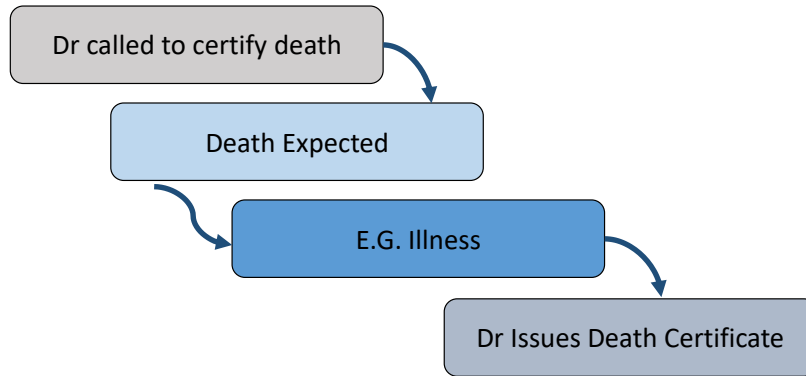
- A sudden death that involves an infant should be treated as a potential crime scene until the cause of death can be investigated.
- If the police are the first professionals to attend the scene, urgent medical assistance should be requested as the first priority.
- However the first police officer to arrive, or any other professional, may be expected by the parents to try and revive the baby, even if it is hopeless, and should be prepared for this. The pathologist will need to be informed of any attempted resuscitation.
- The first officer at the scene must make a visual check of the child and his/her surroundings, noting any obvious signs of injury. It must be established whether the infant/child has been moved and the current position of the infant should be recorded. This information must be passed to the SIO.
- Police attendance should be kept to the minimum. Several police officers arriving at the house can be distressing especially if they are uniformed officers in marked police cars. Visiting officers, so far as possible, should not be in uniform, and should not arrive in marked cars.
- Attending officers should at all times be sensitive in the use of personal radios and mobile phones, etc. If at all possible, the officers liaising with the family, whilst remaining contactable, should have such equipment turned off.
- Don't use such phrases as 'suspicious death' or 'scene of crime', and try to avoid comments that might be misunderstood by, or distressing to, the parents.
- In talking about the baby preferably use the first name, or, if you don't yet know the name, say 'your baby', or 'he' or 'she'. Don't refer to the baby as 'it'.
- A detective officer of at least inspector rank must immediately attend the scene and take charge of the investigation
- Preserve scene and commence scene log

### **Industrial Death**

- Preserve Scene
- Be aware of any dangers
- Contact supervisor
- Investigated by Health & Safety Executive along with Coroner & Police (**Gross Negligence Manslaughter**) (GNM))

When attending a sudden death Officers are acting on behalf of the Coroner, more detail explained later.

## Straightforward Sudden Death



### Simple Sudden Death

QTS

Q. Do you think Police go to all sudden deaths?

A. No

Q. What do think a simple sudden death is?

A. Flow Chart on PPT

This slide provides a simple flow diagram to illustrate how the deceased's local GP can issue a death certificate.

It is only normal practice for the GP to issue a death certificate if they have been seen 'recently' due to a specific illness. A GP can normally issue a Death Certificate providing they saw the deceased **in the last 14 days**.

*The emergency COVID legislation changed this in 2020 (temporarily?) to 28 days, and that it could now be any Dr, who did not have to have physically attended the deceased.*

Trainer to facilitate a discussion with students around the following questions:

## **QTS**

### **Q. Why do you need a medical practitioner / paramedic at the scene?**

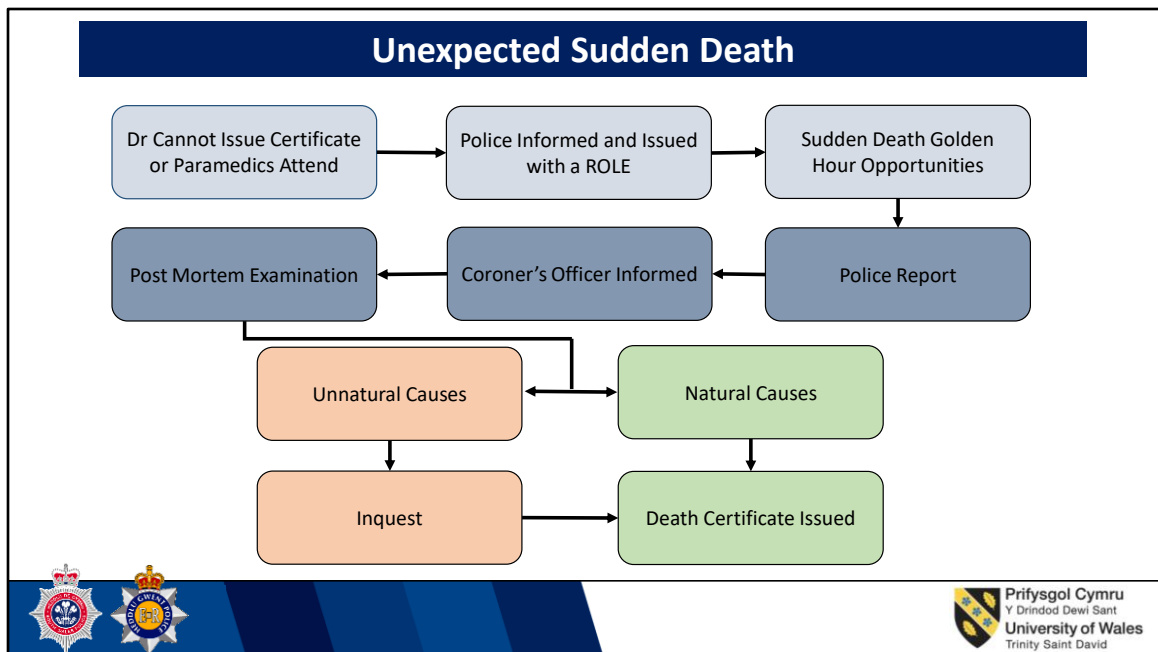
**A.** Paramedics at scene will now conduct R.O.L.E. – Recognition of Life Extinct

### **Q. What circumstances permit the GP to sign the death certificate?**

**A.** Cause is Obvious or been seen by the Dr recently (last 14 days)

For SWP – a Sergeant (including acting or temporary in rank) or above can pronounce life extinct (ROLE) in the following four circumstances ONLY:

- 1) The body consists only of skeletal remains.
- 2) Decapitation.
- 3) Injuries exist which are obviously not compatible with life, such as, the body is in several pieces or so incinerated that death is beyond all doubt.
- 4) Decomposition to an extent that death is beyond all doubt.



## Unexpected Sudden Death.

QTS

**Q. Why do you think the police are called to an unexpected sudden death?**

This flow diagram explains when death is unexpected, such as cot deaths how the local GP cannot issue a certificate as no previous recent medical history could be used to explain the circumstances.

To this end the police attend and act on behalf of the Coroner to compile a report to allow the pathologist to understand the full circumstances and history of the deceased.

Following this the Coroner's officer will liaise with the mortuary and pathologist to present the full findings to the coroner.

The second part of the flow diagram charts the way forward for the coroner when the cause has been established following the post-mortem.

Trainer to pin-point location of sudden death policy (Intranet)

**ROLE:** Recognition of Life Extinct (paper work a trained Paramedic will complete and provide to attending Officer, must have copy before paramedics leave)

**GIVE HAND OUT ON INSULIN RELATED DEATHS – AND EXPLAIN THE PROTOCOL ON THE HAND OUT IS NEW FOR US, BUT IT NEEDS TO BE FOLLOWED OUT FOR ANY DEATHS IN RELATION TO INSULIN**

## Health & Safety at a Sudden Death



Trainer led discussion surrounding Health & Safety when arriving at a Sudden Death and considerations. (An officer is no help if they are incapacitated)

**QTS:- Why do you need to consider Health and safety?**

### Activity 1

Split Class into groups. Each group given a below scenario. Each group to split flip chart in two and asked to write down what they would do at each and reasons why?

- 1) Chemical Deaths (**CORDEN OFF, CONTACT PSC, CBRN PROCEDURES**)
- 2) Electrical Deaths
- 3) Road Deaths

### **NB (Added Value):**

Chemical suicides, also called detergent suicides, involve self-inflicted exposure to toxic gases in a confined space (for example, cars, bathrooms, or closets), gases created by mixing consumer products or common household chemicals. This technique appears to have originated in Japan and has since become an increasingly

popular method for suicide after instructions became available online. The two most common toxic gases produced are hydrogen sulphide and hydrogen cyanide.

### **Hydrogen Sulphide**

Cleaning products that contain acids (such as muriatic or hydrochloric acid) can be mixed with compounds that contain sulphur (such as pesticides and insecticides) to generate hydrogen sulphide. Hydrogen sulphide gas is an asphyxiant that suffocates victims at the cellular level, rendering cells in the body unable to use oxygen.

The effects and symptoms begin to show almost immediately after exposure begins. At low concentrations, hydrogen sulphide can be easily detected because of its unusual, rotten egg odour. At higher concentrations, the odour might not be detected at all, because hydrogen sulphide paralyzes the olfactory nerve and deadens the sense of smell.

Symptoms can include:

Respiratory irritation

Coughing

Nausea

Vomiting

Headaches

Disorientation

Tremors

Suffocation

Coma

Death

Once the toxicant reaches the brain, successful rescue is unlikely because breathing is rapidly and severely affected.

### **Hydrogen Cyanide**

Hydrogen cyanide is less common and is created using an acid source and cyanide salts such as sodium cyanide or potassium cyanide.

Hydrogen cyanide is more easily absorbed through contact with mucous membranes, eyes, and skin. The effects and symptoms of hydrogen cyanide poisoning are similar to those caused by hydrogen sulphide:

Hydrogen cyanide has a distinctive bitter almond odour. Like hydrogen sulphide, stronger concentrations of hydrogen cyanide deaden the sense of smell.

Early symptoms of exposure associated with lower doses include:

Restlessness

Increased respiratory rate

Giddiness

Headache

Palpitation

Difficulty breathing

Symptoms that may develop later with lower doses or acutely with higher doses include:

Vomiting

Convulsions

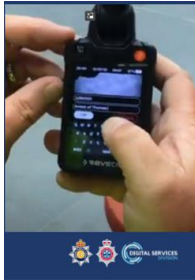
Respiratory failure

Arrhythmias

Unconsciousness

Death

## Initial Attendance at a Sudden Death



### Initial Attendance at a sudden death

Trainer led discussion surrounding the key initial response and actions at a sudden death:

Show Pic 1:

Stress BWV Policy to be utilised at scene. Catch paramedic's brief, scene, persons at scene etc.

**QTS**

**Q. Why use BWV?**

**A.** Policy, Capture Paramedics brief, who is at scene, the scene itself, what is said, protects you for complaints, aids coroner / CID to have a first look at what has happened.

**Q. If using BWV, why would CSI attendance be required to do photography?**

**A.** BWV provides excellent general appreciation and who said what and when. CSI images provide far greater detail such as macro scaled shots of injuries to the body / abrasions, tread depths on stairs, tool marks at point of entry etc. So no, BWV should **NEVER** be considered as an alternative.

SWP Force Policy is that it is to be **used at EVERY Sudden Death**. If an individual officer decides **NOT** to use it then they **MUST** have the documented approval of their **Sgt / Insp. (Bronze)**.

**QTS**

**Q. Attending safety welfare check, not seen elderly neighbour for a while, curtains closed and post building up. What do you do?**

**A.** (Call hospitals; Check Niche for contact details; H2H?)

**Q. Do you have power to gain entry?**

**A.** Show Pic 2 (S17 of PACE)

**QTS**

**Q. As a Police Constable, you come across a body what is your first consideration?**

**A.** Show Pic 3. **The right to, and preservation of life overrides ALL policy and process.** If an attending officer has **any suspicion** that life, however tentatively, may still exist, they must call direct (999) themselves for an ambulance immediately – **ROLE** can only be determined by a Health Care professional **NOT a Constable**

For SWP – a Sergeant (including acting or temporary in rank) or above can pronounce life extinct (**ROLE**) in the following four circumstances **ONLY**:

- 1) The body consists only of skeletal remains.
- 2) Decapitation.
- 3) Injuries exist which are obviously not compatible with life, such as, the body is in several pieces or so incinerated that death is beyond all doubt.
- 4) Decomposition to an extent that death is beyond all doubt.

Show Pic 4 (Record)

**QTS**

**Q. What would your record?**

**A.** Record Everything, from whose there, what is said, what is touched (including by you), what you did? Keep to fact and professional, anything you record could come up in court.

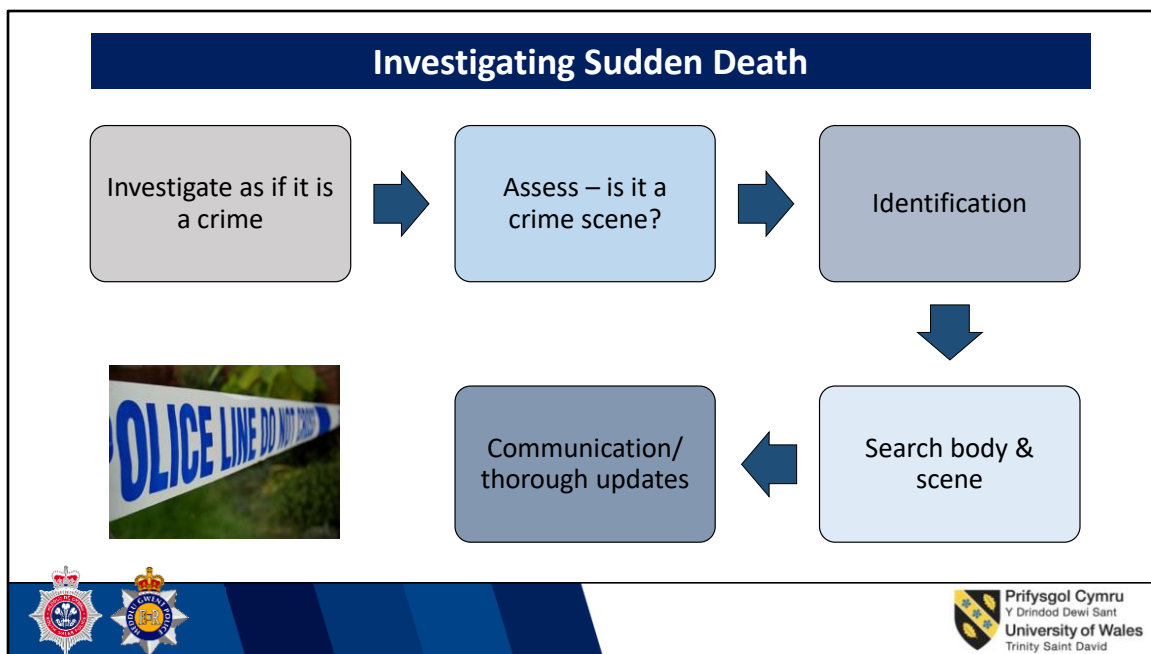
**QTS**

**Q. Why would you record absolutely everything?**

**\*\*Trainer to note for SWP, following an initial assessment of the death by first responders, any concerns will be subject of an early discussion with BCU CID detectives for further assessment and scrutiny. If necessary, the BCU on duty or on call SIO (or Out of Hours SIO cadre where appropriate) will then confer with their counterpart in MCIT. Having conferred,**

If initial concerns regarding the death still cannot be explained or negated, then a HO Pathologist will be engaged via the MCIT SIO to provide early expert assistance. This may take the form of a professional discussion, including the sharing of key scene imagery, or even attendance of the HO Pathologist at scene where necessary.

By engaging with the HO Pathologist at the outset when appropriate, rather than an FME, means a much higher calibre of medical expertise is available to support the Police response from an earlier stage. This change will further professionalise our approach, enhance investigative outcomes, and most importantly, deliver a more professional service to bereaved families, stakeholders and our wider public.\*\*



## Investigating Sudden Death

Trainer led discussion surrounding the initial response and investigation of a sudden death and considerations. Trainer to record answers on wipe board / flip chart.  
Questions to Students below:

Or

### **Activity 2**

Trainer can split students into groups provide groups with one to two of the questions below. Groups to discuss record thought on flip chart and report back to the class.

**QTS:**

- **What do you need to consider when called to a sudden death?**
- **What steps would you consider if you thought the death was suspicious?**  
*(Supervisor / CID / SOCO / Cordon / Scene log / search / seize possible evidence)*

*(pills etc for suicide))*

- What information will you need to obtain when you arrive?
- Who will you need to speak to and why?
- What questions will you need to ask?
- What information do you need about the circumstances of the death

#### **Answers to considerations students must know:**

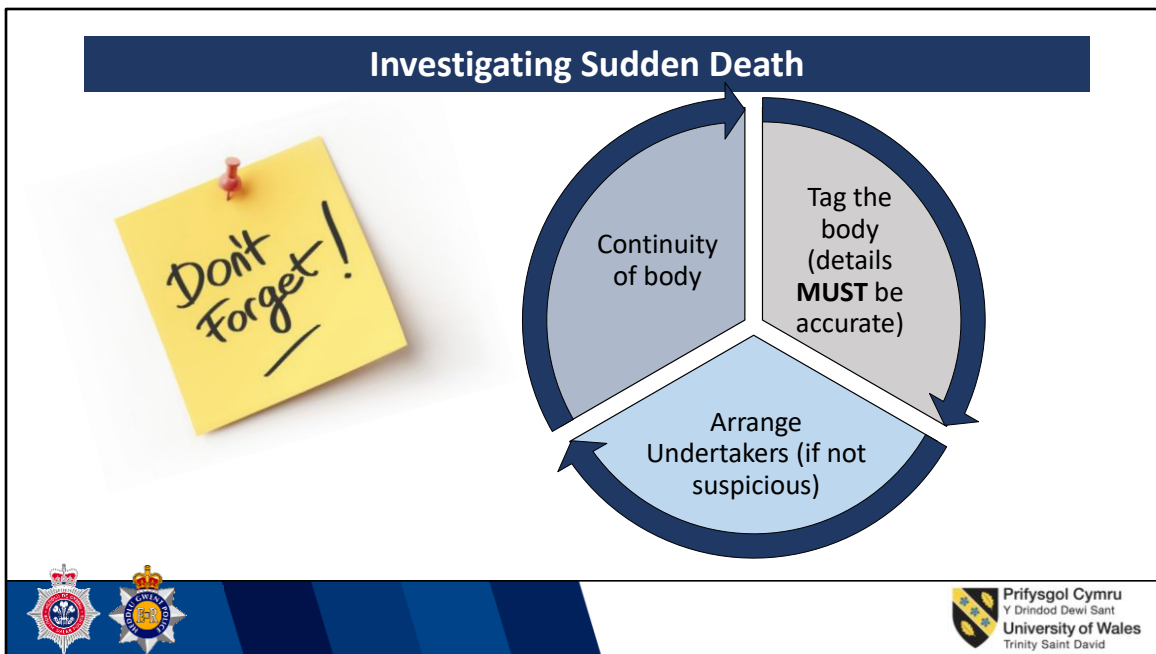
- Assess the scene – could be a crime scene, murder, driving offences, corporate health & safety offences.
- Identity? – Photo ID Docs / Tattoo's (PNC) / Family / Neighbour / GP / PNC Warning Markers?
- When last seen / spoken to?
- Who last saw them and full circumstances?
- Who found the body, in what position, state of dress/undress? Did they touch?
- Any forced entry / insecure – what exactly? photograph / BWV to record damage (complaints?) Record it on OEL.
- Signs of disturbance? What is normal for this house?
- Search address (Suicide) (Drugs) – Once provisionally satisfied that Non-suspicious.
  - S19 PACE, whilst lawfully on premises (permitted entry / not told to leave) you can seize anything they consider to be evidence.
- Meds / drugs present? What are they for? Will require securing and detailing on F.13.
- Early common sense H2H – Line of sight / hearing
- Ensure accounts are clear and attributable to the individual. Include all hearsay.
- Consider scene security - entry / exit points, windows etc.
- Examine body for any marks, scars, injuries, and note/photograph them.
- Suicide note? – photo. Secure for early view of Coroner / Investigators.
- Medical History? – NoK, friends, neighbours, GP surgery
- Recent Previous Occurrences for key individuals / location
- Personal belongings – Wallet, cards, cash, jewellery, phones, devices, valuables?
- If property, i.e. jewelry, goes with the deceased then document it, however the undertaker may remove it – make sure a family member is present. BE CAREFUL WHEN DEALING WITH PROPERTY

#### **Suspicious?**

- **Contact Supervisor immediately even if not sure**
- **IF SUSPICIOUS FROM SET, TREAT AS CRIME SCENE AND SECURE.**

- CSI – Request attendance for photos if any uncertainty re causation.
- Pathologist (FME now referred to as Pathologist) Supervisor will guide this.
- (CCTV – Scope immediate opportunities. Consider all sources – bus's, bin lorries, Ring?
- Secure / control all mobile devices of key persons (If Powers exist to do so).
- Secure ALL comms devices. (If Suspicious)
- If non-suspicious, confer with a supervisor prior to moving body once tagged.
- Fully complete F.13 for Coroner and submit PRIOR to end of tour of duty.
- Identification – Not always easy, badly decomposed body, needs to be tagged for continuity.

CID will take most suspicious deaths. However, some sudden deaths go to inquest and the OIC may need to complete Coroner which will require full antecedent history from NOK / Family / Friend/ Neighbour / Carer potentially Post Man if there is no one else to provide (normally in form of a Statement)



Remind Students they will need to put body tags on the body, normally on one ankle and the opposite wrist:

Details to Include: Name; Date of Birth; Address

**\*\*\* Trainer to please highlight that this is still an issue where inaccurate details have been recorded which has led to professional embarrassment for staff and has caused additional stress to the next of kin\*\*\***

Arrange removal of body, discuss with family preferred undertakers and contact PSC. If family cannot provide or unsure, request PSC call the on-call undertaker, inform family they are under no obligation to use their services. This is just transport to the mortuary and is funded by the Coroner.

**Suggestion:** Students have a folder which contains tags and sudden death paperwork.

SWP Policy Force Policy states that there are only **two scenarios** where the body of the deceased **MUST** be conveyed to the designated Mortuary by Police to provide evidential continuity (up to and including which Fridge deceased place in), namely, any **doubt as to the deceased's identity**, or any **apparent criminality arising from the death**.

'Apparent criminality' in the context of a sudden death may not necessarily be Murder / manslaughter; it could be Neglect, Assault, Supplying Drugs etc etc.

## Investigating Sudden Death- Policies

R.O.L.E



Hospital Deaths

Children / PAC Plans



### ROLE (Recognition of Life Extinct)

The fundamental responsibility for all police personnel who attend the scene is the preservation of life. The application of life saving techniques must be considered and undertaken when necessary. It is possible to recover important evidence and preserve the scene whilst affording primacy to reserving the life of victims. **The protection of life always takes primacy over the preservation and recovery of forensic material'**.

Recognition of life extinct (ROLE) must be pronounced by a Paramedic, Ambulance staff or a doctor before removal to a mortuary, unless the below circumstances exist. The officer dealing must ensure that the ROLE form, where provided, is submitted soonest to HM Coroner, together with the digital e-F.13 Notification of Death. The electronic F13 is accessed via the ipatrol application on SWP issued laptops and handheld devices.

The preservation of life is first and foremost when attending incidents of sudden death, as death may not have occurred. In the vast majority of circumstances, a paramedic will need to pronounce life extinct. However, an officer of the rank of Sergeant (including acting or temporary in rank) or above can pronounce life extinct (ROLE) in the following four circumstances ONLY:

- 1) The body consists only of skeletal remains.
- 2) Decapitation.
- 3) Injuries exist which are obviously not compatible with life, such as, the body is in several pieces or so incinerated that death is beyond all doubt.
- 4) Decomposition to an extent that death is beyond all doubt.

Such deaths must be treated as suspicious until determined otherwise.

### **Hospital Deaths:**

- Accident and Emergency Departments may report deaths, brought in dead (BID) or dead on arrival (DOA). These will normally fall into the 'unexplained deaths' category and Police enquiry may be necessary to rule out the possibility of foul play. The matter must be reported to the coroner using the aforementioned digital e-F13 format and the body must remain at the hospital mortuary pending the coroner's instructions.
- In relation to any hospital death where the patient was initially admitted alive and received a period of treatment, either from a prison or secure mental health facility, officers need only become involved if a treating clinician (Doctor) raises concerns regarding potential criminality, or HM Coroner requests that SWP undertake initial investigations to ascertain the circumstances.

### **Paediatric Advanced Care Plan & Children**

A joint protocol with all three health boards in South Wales has been developed in relation to expected deaths of children with life limiting illnesses, namely the Paediatric Advanced Care Plan (PAC). This differs from the sudden unexplained death of children that officers may be expected to investigate on behalf of the coroner.

The Public Protection Department, HQ in conjunction with the palliative care nurses who have responsibility for these ill children, regularly review and agree a bespoke PAC for each child which assists and ultimately prevents officers, in the majority of cases, from investigating the death of a child expected to die from a life limiting illness. If Police are requested to attend the death of a PAC child, officers will be provided with information via Control Works and NICHE highlighting that a PAC is in place, offering a robust rationale to officers not to investigate the death - unless officers have reason to suspect that the circumstances of the death are unexplained or suspicious. Paediatric Advanced Care Plan; Paediatric Advanced Care Plan Form for Nurses.

- Where there is a known or suspected risk from the body (e.g., drug addict, infection, Covid infection etc) please indicate this on the digital F13 and warn others involved.
- A uniformed supervisor will need to attend the scene of all sudden deaths unless after discussion with the attending officer the circumstances do not deem this necessary.
- A uniformed supervisor must attend suspected suicides and drugs deaths and where they deem the circumstances be suspicious or unexplained a CID supervisor must also attend. Guidance in dealing with suspected suicides. Guidance in dealing with suspected drug related death.
- A CID supervisor must attend fire deaths, decomposed bodies, and deaths in the workplace and any death that is initially treated as suspicious.

In relation to any death of a child (under 18yrs) the BCU Detective Inspector must be notified, and if on duty, a BCU Detective Sergeant must immediately attend the scene. The Detective Inspector will take charge of the investigation, whether or not there are any suspicious circumstances. In the event of any suspicious circumstances the on call MCIT SIO must be notified immediately.

## Paper Work & Post Attendance

The image displays a collage of police forms and a mobile application interface. The forms include:

- REPORT TO THE CORONER OF A DEATH** (Gwent Police - Restricted): A form with sections for Occurrence Number, Officer Details, Family Liaison Officer, and a checklist of circumstances (e.g., Suicide, Sudden Death, Road Traffic Accident).
- F13 REPORT OF SUDDEN DEATH**: A form with fields for Victim No., Case No., and a checklist of circumstances (e.g., Suicide, Sudden Death, Road Traffic Accident).
- Place where death occurred**: A form with fields for Date, Time, and a checklist of circumstances (e.g., Suicide, Sudden Death, Road Traffic Accident).

The mobile application interface shows a 'Gwent' app with various icons and a 'F13' form.

**QTS:-**

**Why is Paper work so important?**

**When Do you think you need to do it?**

**Apart from the report what other post attendance activities do you need to do?**

Hand out Force Specific Paper Work – NOW ELECTRONIC on IPATROL, no Paper Copies are accepted. See Handout “HO05 – SDFGuide V2.2”

**SWP:- F13**

**Gwent:- Report to Coroner of a death**

Briefly go through form, guide of previous slides

Stress importance of accuracy of contact details and that the NoK have correct details of OIC **AND** the Coroners Office that will be dealing with the matter.

### Post Attendance

F.13 Notice of Death to be with Coroner for 8am next day.

Must include all relevant statements / copies of documents (suicide note?).

OEL to be fully updated with a succinct summary that captures the key facts.

BWV – MUST be docked / downloaded / marked evidential.

**New Policy – June 2022 (SWP)**

In order to ensure we continue to provide the very best support to the recently bereaved in our communities officers **MUST** provide [the pamphlet 'Information For Bereaved Families'](#). This pamphlet needs to be filled in and completed (Occ No / OIC details) and provided to the next of kin at all Sudden deaths. (See Handout – “HO6 – SWP Information For Bereaved FAMILIES”

## Dealing with Family at Scene & Death Messages

'Expect the unexpected' because you just don't know what kind of reaction you're going to get from families

'It's important to 'work' with relatives rather than 'deal' with relatives. 'Dealing' means 'We're the police and we're in charge'. A family is going to grieve in their own way and we, the police can do nothing about that.

Ron Cuthbertson QPM, Founder of Family Liaison



### Dealing with Family / Friends at Scene

**QTS: You attend a sudden death, what reactions do you expect from relatives / friends at scene?**

Officers will face raw emotion,  
relatives to grief stricken to talk  
Denial at unavoidable truth  
Extreme Anger – let Hostility wash over them.

**QTS: If the death is non – suspicious would you let the family touch the deceased:**

**Answer:** It is a normal reaction in the animal kingdom. Part of grieving process, to make the death feel real.

**QTS: What if the death is suspicious?**

**Answer:** Simply No. Area is a crime scene, good communication is vital, and explaining is key. A relative may turn out to be a suspect, persistent about gaining access may be for a reason?

Communication in simple words not Police Jargon

## Death Messages

**QTS:**

**Q. Who knows what we mean by death message?**

**A.** Delivering news to NOK

**Q. Have any students had to deliver a death message?** *If they have and are happy to discuss it, discuss the challenges and emotions that this will bring.*

### Activity 3

Trainer to break students into groups and provide each group with question below.  
Groups to present answers to class.

**Q. What are the advantages of effective preparation before informing someone of a death?**

- Establishing the right person to give the message to.
- How much and what information do you actually give. Procedures, what next.
- What about terminology used.
- Issues and perception of police – lack of professionalism, scruffy & untidy.
- Quality of service – people will recall everything and remember what help was given.

**Q. How will you deal with and support grieving relatives?**

- Duty of care – what should be offered
- Put yourself in the victims place – how would you feel?
- What do you do to minimise the distress of the message?

**QTS (Plenary Discussion)**

**Q. What's acceptable for you to do? Can you make them a cup of tea? Would you sit with them? What would you talk about?**

## Contacting NOK Abroad

If a foreign national dies in the UK, we are obliged to inform the relevant foreign embassy of their citizen's death without delay with a phone call or email, as per the Vienna Convention on Consular Relations. A foreign consulate is always the preferred channel of communication to identify next of kin overseas of a foreign national in the UK and pass an urgent message to a foreign country.



Trainer to email/distribute/direct students on Moodle to **'HO7 – Reporting the death in the UK of a foreign national'** for further detail on the process that should be followed.

## Support Agencies for the Bereaved



**QTS:**

**Q. What support agencies are you aware of?**

Students to come to board and write suggestions.

Trainer then to go through the below list (which are on the PTT) and lead a discussion around support agencies available for bereaved families and friends and also to consider how the students are going to deal with the effects of trauma and death in their own lives. The students should be encouraged not only to know what can work, but also to identify what will work for them.

**CRUSE is Bereavement Care:** A national charity for bereaved people in England, Wales and Northern Ireland. It offers support, advice and information to children, young people and adults when someone dies. Cruse offers face-to-face, telephone, email and website support. Cruse also provides training and consultancy for external organisations and for those who may encounter bereaved people in the course of their work - [www.cruse.org.uk/](http://www.cruse.org.uk/)

**Victim Support:** an independent charity, working towards getting people affected by crime or traumatic events the support they need. It aims to help people feel safer and

find the strength to move beyond crime. The support is free, confidential and tailored to individual needs. Victim Support offers support to the bereaved in cases of murder and in some instances Road Traffic Collisions - [www.victimsupport.org.uk/](http://www.victimsupport.org.uk/)

**SAMM (Support After Manslaughter and Murder):** Is a registered charity offering support to those bereaved by the murder or manslaughter (homicide) of a family member or close friend self help group - [www.samm.org.uk/index.php](http://www.samm.org.uk/index.php)

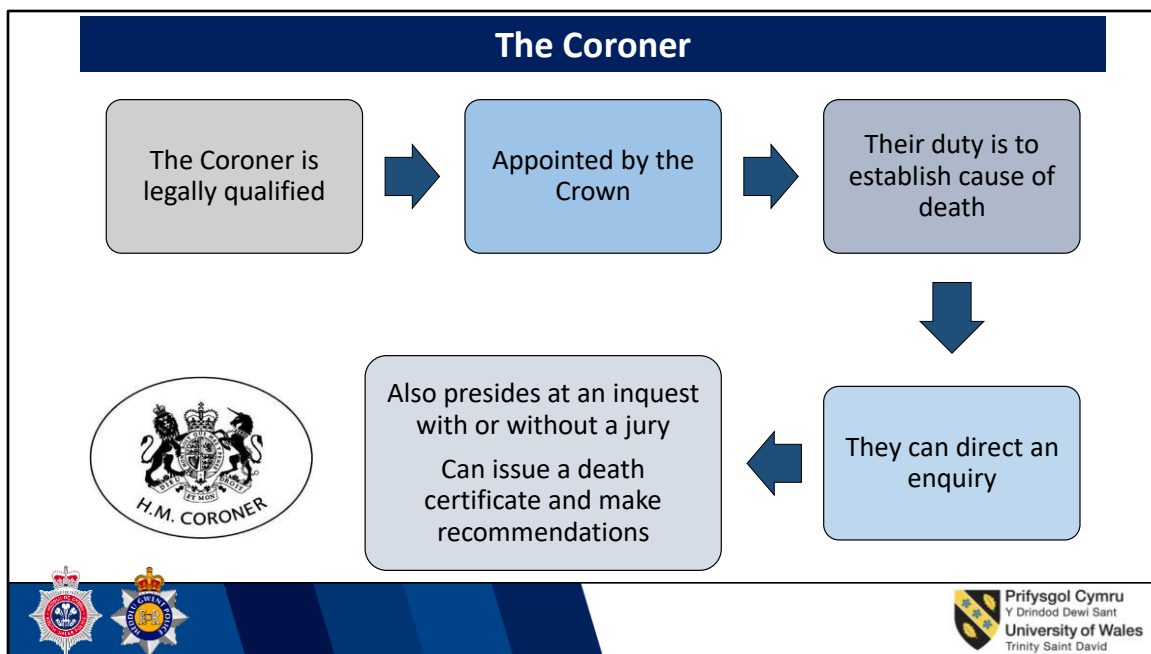
**The Lullaby Trust :** A support group for parents who have experienced sudden infant death syndrome, offering confidential support to anyone affected by the sudden and unexpected death of a baby or young toddler. This is available immediately or at any later time. This support is for families, friends, carers and professionals - [www.lullabytrust.org.uk/Lthome](http://www.lullabytrust.org.uk/Lthome)

*\*previously known as the 'foundation for the study of infant deaths'*

**Road peace:** A national charity for road crash victims and is a membership organisation. Members include those who have been bereaved or injured in road crashes and also those who are concerned about road danger - [www.roadpeace.org/](http://www.roadpeace.org/) Supports objective 6.

**2 Wish Upon a Star:** A Welsh Charity that provides bereavement support for families who have suddenly and traumatically lost a child or young adult aged 25 years and under who live or is from Wales. Emphasis is on bereavement support for parents after losing their child suddenly and traumatically. - <http://2wishuponastar.org/>

**NB:-** Nok's permission is required to share their details with the charity, who are an affiliated charity of SW and Gwent Police. If appropriate, the referral question can be broached when completing the F.13, however, it is the officers responsibility to make the referral, i.e, it doesn't happen just by taking the box

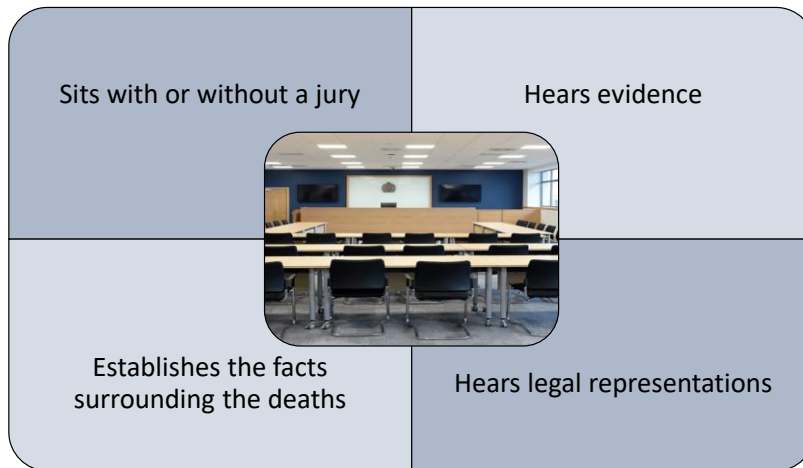


- QTS – does the coroner need to be legally qualified/
  - QTS – who appoints the coroner?
  - QTS – what is their duty?
  - QTS – Can they direct any other hearings?
- In most circumstances the Coroner for a district is recruited from a firm of local Solicitors. The only requirement is a ‘legal’ qualification in general practice. Some doctors of medicine also become Coroners but there is still the requirement for them to hold a ‘legal’ qualification.
  - The system is currently undergoing change where Solicitors are given medical instruction and it will be a requirement in the immediate future for them to have a qualification (yet undecided) in Biology.
- The Coroner is appointed by the Crown.
- The duty of the Coroner of the district where the death took place is to enquire into that person’s death.
  - As part of that duty they may direct other hearings to take place. Such

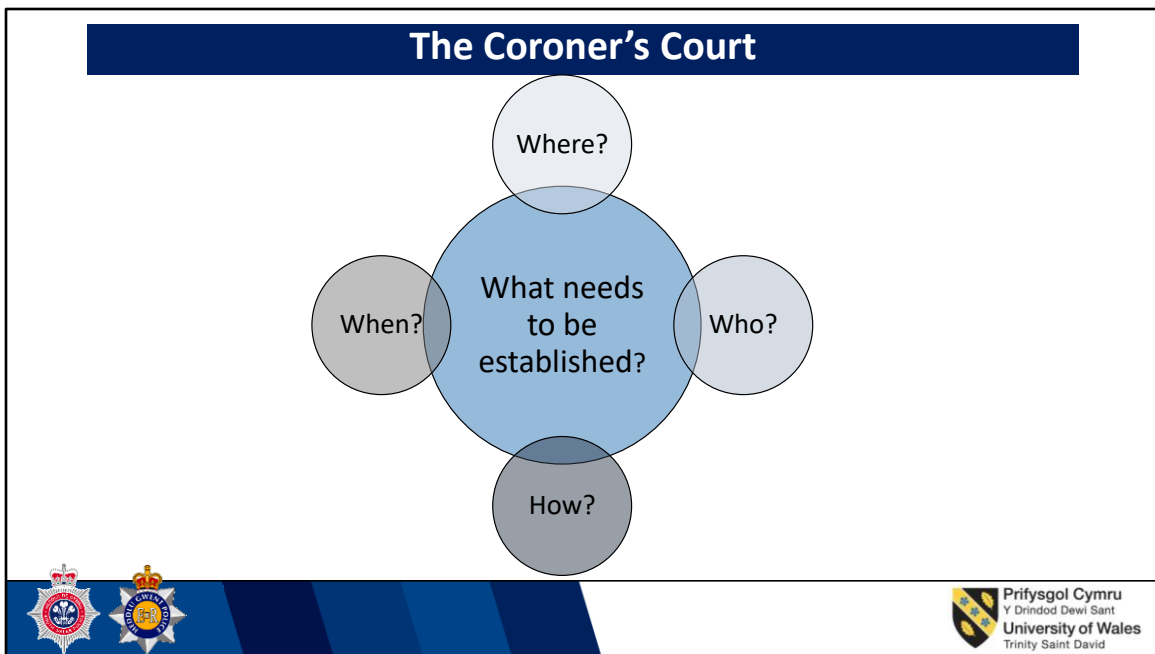
an example would be the enquiry by the Health and Safety Executive into industrial type accidents or the Local Highway Authority into the high incidence of traffic accidents on a particular section of the road.

- The Coroner also presides at an inquest, with or without a jury. (An inquest is a formal court hearing where evidence into the manner of the deceased's death is heard. An inquest is not held on every occasion. It is only such deaths that occur beyond natural causes that invoke an inquest).
- The Coroner at the conclusion of any inquest can issue a death certificate.
- Often in summing up an inquest the Coroner will make recommendations. Examples of recommendations are: H&S issues such as factory safety – could include guards on machinery, working practices, H&S on equipment. Traffic calming measures and road intersection closures where there is high incidence of collisions

## The Coroner's Court



- Most Coroners' Court hearings are heard without a jury.
- A jury in a Coroner's court will comprise of between 7 - 11 people (unlike Crown Court which requires 12).
- Any witnesses who can provide material evidence may be called to give oral evidence in the witness box at court.
- Legal representations can be heard by both those acting for the crown and those who may dispute evidence; e.g. a company defending their record on factory safety following industrial accident.

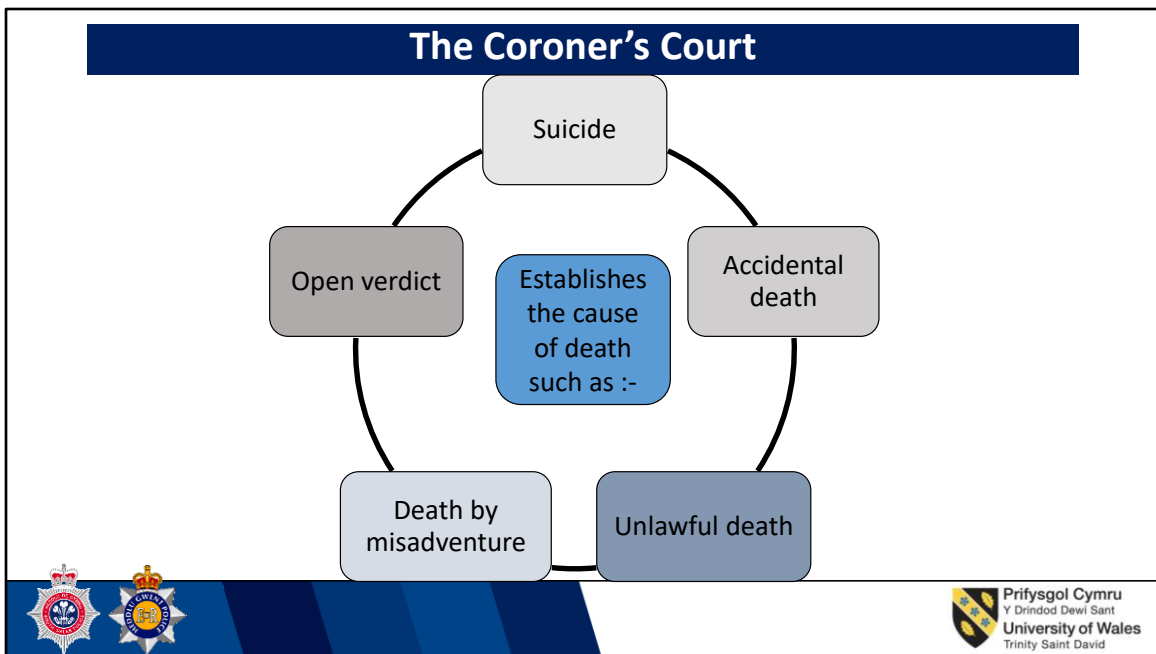


- QTS – Has anyone ever attended a Coroner's Court?
- QTS – What do you think the court needs to establish?
- In some cases the identity of the deceased will need to be established.
- Such an example could be a vagrant who died, fell into a river was swept away and the body not discovered for several weeks.
- All of the above points need to be covered to the best ability. It may be difficult to discover the exact site where the death took place. The death may well be of natural causes and vagrant fell into water of own volition.
- The Coroner may need to direct an enquiry to establish all of above points.

**NB.** OIC's may be call to present to the court their file of evidence. (Cover report, F13, Statements)

Officers to be aware the difference of Coroner Court to criminal court is that the Coroner can ask the family in open court if they have any questions for the officer whilst in the witness box, this catches a lot of officers out as it is unexpected, so be sure anything they put in their statements they are happy to discuss in court.

Remember to be professional in all your reports, OEL updates and statements. Officers written work should be worded professionally, non-judgemental, and based on facts, and worded appropriately



An inquest is a formal court hearing where evidence into the manner of the deceased's death is heard. An inquest is not held on every occasion. It is only such deaths that occur beyond natural causes that invoke an inquest.

The Coroner at the conclusion of any inquest can issue a death certificate.

## SWP POTTER Enquiry Mumbles April 2018

Lesley Potter died on Sat 7th April 2018 & was 66yrs old. She was married to Derek Potter who was 64yrs old. They lived in a cottage just off the seafront in Mumbles.



1128hrs on Sat 7th April – Ambulance Control contacted SWP to report that they were attending a report of a suicide at 1 Hill Street, Mumbles where a female had hung herself

Officers & paramedics attended to find the naked body of Lesley Potter in a first floor bedroom that was being used as a workshop by Derek. She had been cut down and was laid across a workbench



### Antecedents of the Couple

- Both had adult children from previous relationships and they had a daughter together. They previously lived in the Oxford area before moving to Mumbles to run a café.
- Derek had been married 4 times previously
- Derek was a handyman, carpenter and a roofer around the village. Well regarded & described as a perfectionist.
- Lesley had previously been married to an Oxford Professor who is also a renowned caver.
- Derek & Lesley were both heavy drinkers, and he was a regular cannabis user.

### Derek POTTER

- **1999** – Repeated requests to Council to place a pedestrian crossing outside his café. Painted his own crossing with belisha beacons.
- **2006** – Derek charged with DV related Common Assault
- **2007** – Charged with Damage after throwing chairs into the sea after being refused service at Verdis, Mumbles
- **2008** – Initial report was that Derek had assaulted Lesley & their daughter; closed as drunken incident.

- **2009** – Charged with S5 POA after entering a church during a service & shouted obscenities & laid across the alter.
- **2009** – Charged with Common Assault after he was refused entry to a restaurant & pushed a waitress
- **2009** – Charged with S5 POA following report from daughter that he was trying to force his way into the house. During this incident the daughter hit Derek over the head with a wine bottle & proceeded to give up alcohol

### **Events of 6<sup>th</sup> & 7<sup>th</sup> April 2018**

Evening of Fri 6<sup>th</sup> April Derek, Lesley, 2 daughters & grandchildren went to the George PH for a family meal. Derek didn't drink alcohol but left before the others in order to buy cannabis, following which he returned home.

Lesley left with the others, said her goodbyes & walked the short distance to Hill Street taking a bottle of wine with her.

The intention was that the following day Derek would drive one of the daughter's with her children back to Oxford.

## POTTER Enquiry Police Actions

Update provided to CID from scene which lacked detail with mindset being it was a suicide. CID decided not to attend as committed elsewhere

Request made for FME attendance. FME contacted officers at scene, FME decided not to attend as did not feel death was suspicious

CSI attended & took limited, poor quality pictures

Lesley's body was taken by Undertakers to Morriston hospital & a visual examination was undertaken with no concerns raised

The body was returned to the Undertakers & embalmed in readiness for her cremation during the first week in May



### Derek's Account

- Left house at approx. 1030hrs to collect money owed,
- returned at approx. 1130hrs to find Lesley hanging – *(Derek did leave the house he drove approx. a quarter of a mile to see Mike Knight who owed him money for a roofing job. When he arrived he phoned Knight who came down from his flat, met him & handed the money over. Derek then drove away, turned right along the seafront & back towards Hill street. Comms data identified that whole event take no longer than 11 mins; not an hour.)*
- Stated that Lesley had been sad about her son returning to Oxford, but he was not concerned about her behaviour – *(Their daughter Nicole was pregnant & Lesley was overjoyed with this news.)*
- She suffered with anxiety but was not diagnosed – *(No evidence)*
- She had back pain as a result of a work related accident 20 yrs previous – *(Despite this issue she was able to hang herself)*

### Activity 4

Trainer to split class into 3 groups to briefly discuss failures and what they would do

differently based on the information they know at this stage

## POTTER Enquiry Police Actions 28<sup>th</sup> – 30<sup>th</sup> April 2018

At 0249hrs on Sat 28<sup>th</sup> April 2018 Natasha KISSELEVSKAIA contacted PSC & reported the following....

- 'My friend's mother, Lesley POTTER hung herself 2 weeks ago. On Wednesday, her husband who I work with told me she had not hung herself & that he had done it because he had enough of her. He then said to me **'Now Lesley's gone, come & move in with me, we don't have to have sex, just be mine.'** Found this very odd as he had just lost his wife, he's always liked me.

On Monday 30<sup>th</sup> April Derek was arrested on suspicion of murder. He made the following significant comment...

- 'I helped her, she wanted to go, she made her choice. I put a bit of wood up in the ceiling. I tied the knots, I didn't think that she would go through with it.'



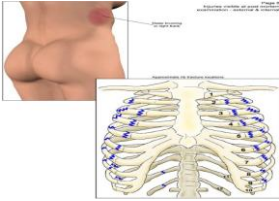
### Evidence Provided

Natasha provided evidence that in the George, Derek said to her 'I LOVE MY WIFE VERY MUCH BUT SHE WAS DOING MY HEAD IN SOMETIMES SO I HAD TO STRANGLE HER'. The pub CCTV footage showed him rubbing Natasha's ankle & they both had a number drinks before leaving.

### Derek's Accounts in Interview Included:

- I. He had nothing to do with it
- II. He had strangled her in the past as part of an S&M game
- III. She had killed herself to spite him as they were in a 3 way relationship with a now deceased male lodger who Lesley was grieving for
- IV. She wanted to kill herself due to arthritic pain so he assisted by placing the wood and rope in the rafters
- V. Murdered by an OCG involved in drugs supply

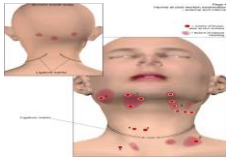
## POTTER Enquiry Forensic & Pathological Examination



A ligature mark to the neck consistent with hanging

Bruising above & below the ligature mark, & on both sides of the neck which occurred before death

Deep bruising within the neck around the carotid artery



30 rib fractures which occurred around the time of death

Bruising to tissue within the intestine caused by blunt force

Extensive bruising to right lower leg & multiple bruising to both feet

Cause of Death – manual pressure to neck



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### Investigation Re-Opened

#### To note other forensics included:

- 1:- Recovery of ligature & wood - mind-set being could Lesley with her arthritic hands have been able to tie the knot
- 2:- Original Scene re taken, - so we were able to measure floor to rafter, gaps between rafters in conjunction with Lesley's measurements.
- 3:- Employed the services of the only knot expert in the UK, Rob Bone, but in essence Lesley could well have hung herself.

## POTTER Enquiry Trial & Things to Consider



ABC" – Stuart Wales

(Assume nothing, Believe no one, Check everything!)

Golden Hour Opportunities

Sudden Death Policies on Intranet

Supervisors to be updated

Suspicious? Escalate

OEL to be **fully updated** with a succinct summary that captures the key facts.

BWV **must be** utilised on arrival, docked, downloaded & marked evidential



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### Trial

- Began on 22<sup>nd</sup> Oct 2018 and ran for 2 weeks
- Jury took less than an hour to convict of murder
- Serving 17 years life imprisonment
- Following sentence, he began art classes in HMP Swansea & persuaded the Governor to be able to paint a freeze on his wing. 'Being inside is a holiday camp' & he thinks he is a Prison Celebrity

### Things to Consider

In this case there was a domestic history. Derek POTTER had a violent history and a cannabis user and "ex drinker". Children described him drinking for up to 4 days continuously where he would shout at Lesley, the children & would regularly smash the house up. However as far the community knew he was well regarded and described as a perfectionist.

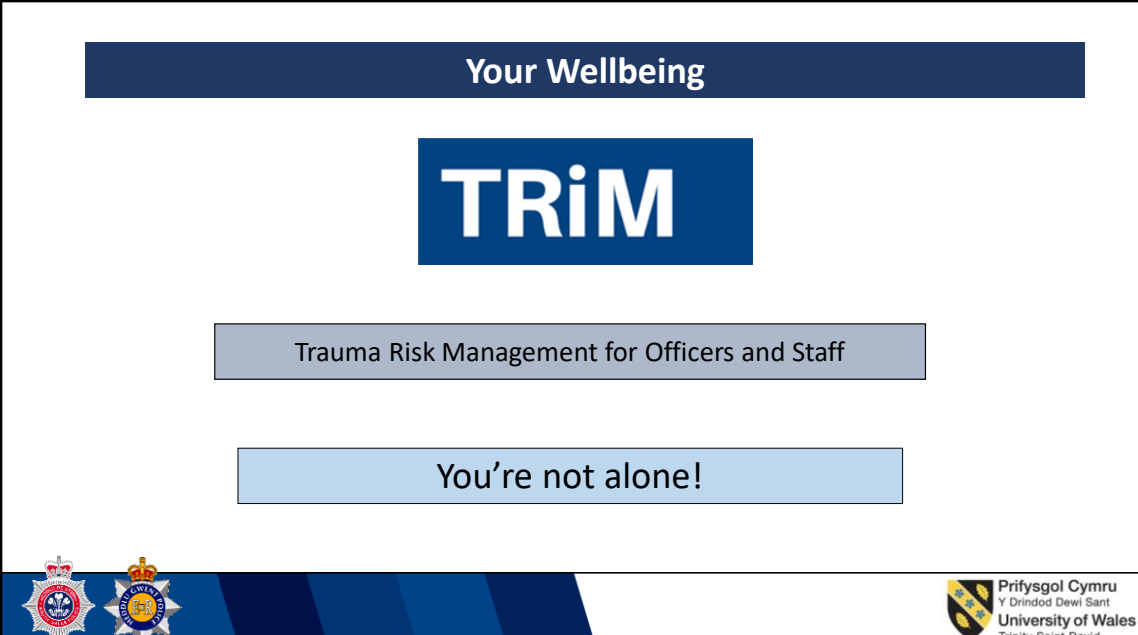
Inconsistencies in POTTER original account such as: Lesley was not depressed but overjoyed at daughter being pregnant, no diagnosis or evidence to suggest anxiety, back pain and arthritis but still able to hang self?

Other things were originally missed such as extensive bruising to legs and feet. It was deemed suicide as that was what it looked like from the start. Update from Scene to CID lacked detail and therefore things were not escalated and evidence pointing to suspicious circumstances were missed.

**To note** a female hanging by suicide is concerning alone. A **naked female** hanging by suicide is even more rarely heard of. Dr Ryk James HO Pathologist stated during cross examination that in over 30 yrs of practicing he could not recall dealing with one. To add to that a 67 year old female hanging herself in a dusty, dirty, old workshop! There are studies to suggest females tend to go for less violent suicides where as males will gravitate more to them.

**Supervisors will now attend all cases of violent and apparent suicides including drug deaths (SWP).**

**Sudden Deaths need to be treated as any other investigation**

A graphic for the TRiM (Trauma Risk Management) program. It features a dark blue header bar with the text "Your Wellbeing" in white. Below this is a large blue square containing the word "TRiM" in white. Underneath the square is a light grey bar with the text "Trauma Risk Management for Officers and Staff". At the bottom of the graphic is a light blue bar with the text "You're not alone!". The entire graphic is set against a white background. At the bottom of the slide, there is a blue banner with three logos on the left: the Royal Ulster Constabulary, the Royal Ulster Constabulary, and the Royal Ulster Constabulary. On the right side of the banner is the logo for Prifysgol Cymru Y Drindod Dewi Sant, University of Wales Trinity Saint David.

Your Wellbeing

**TRiM**

Trauma Risk Management for Officers and Staff

You're not alone!



## **TRiM – Trauma Risk Management**

### **QTS: What is TRiM**

**A.** TRiM originates from the Falklands where Paras came back with PTSD whereas marines were all ok. It stems that Paras came straight back whereas Marines did not and had the opportunity to talk to each, and discussed what had happened.

TRiM has since been built following this discovery.

Police officers and staff can be exposed to the sorts of traumatic events that the general population would rarely encounter – taking a call from someone in real difficulty, violent assaults, sudden fatalities, murder, body recovery and so on. In addition, there is the regular confrontations inherent in operational policing, and potential scrutiny associated with working for the police service.

The Counselling and Trauma Advisors are normally notified of potentially traumatic incidents and arrange for TRiM facilitators to contact those that are believed to have been involved and may be at risk of an adverse reaction. The TRiM facilitator will assist you and probably carry out a stress risk assessment. The aim of the risk

assessment is to ascertain how much an individual has been affected as a result of an incident.

However it is important that if you feel that you have been affected by any incident and have not been included in the TRiM process, that you contact the counselling and trauma advisors

1. Focus of the Risk Assessment Meeting It is an opportunity to allow us to see how you are coping with the event in order that we can help you get any assistance you might need or feel you need. We also hope that you will gain reassurance about natural reactions to traumatic situations and have an opportunity to discuss coping strategies. Finally, the meeting will assist in pooling your experiences and resources.

2. Confidentiality It would be easy to say that everything that is said within this meeting is completely confidential and, to a great extent, it is. However in very exceptional circumstances it may become necessary to break confidentiality. If this is likely to happen it will be discussed with you first. The areas that require disclosure to a third party are:-

- Criminal activity or dishonesty in breach of Police Regs.
- Serious concerns regarding your safety and/or the safety of those around you

Apart from those two highly unusual exceptions, you can rest assured that what you say to your TRiM facilitator, will be retained in absolute confidence.

#### **QTS:**

#### **Q. When can you access TRiM?**

When you have experienced a traumatic incident - that is any event that can be considered to be outside of an individual's usual experience and causes physical, emotional or psychological harm.

#### **Q. Who has access to TRiM?**

TRiM is available to any member of staff, warranted or not.

**SWP Leaflet Link:-** <https://bob.swp-rest.police.int/sorce/beacon/dmdr/84062/view/TRiM%20Trauma%20Booklet.pdf>

## Health Warning



### WARNING

The last part of this presentation contains images of a graphic nature



Trainer to leave Warning Slide up and then lead discussion with students on what can expect when seeing a dead body.

Nothing will prepare an officer seeing a dead body. They will come as simple as in bed to weird positions and stages of decomposition. No matter what will need to remain professional.

**QTS:**

**Q. What sort of things will you expect when coming across a dead body?**

**Smell;**

**Bodily Fluids;**

**Gurgling Noises;**

**Gas;**

**Blanching;**

**Peeling of skin;**

**flies & maggots;**

**Riga-mortis**

**Tongue Hanging out and swollen (hangings)**

Trainer to discuss the above and use past experience if available and remind students they are human, and it is ok to be sick/gag but they must try and leave the scene if are going to be sick. Reference back to TRiM.

Warn and progress to next slides... Pictures

The first images are of the Lesley POTTER Scene. Warn Students as is recent scene and potential for people knowing the victim / family



## Lesley Potter Scene:

### QTS:

**Q. If you attended this scene would you initially think it to be suspicious?**

**Q. If this was a block of flats and the building had other flats with separate doors to lifts and stairs, how and what would you tape off?**

**Q. People need to go to work – do we allow this?**

Officer standing in front doorway of flat.

### Advice to officer

Consider obliteration of evidence,

Cordon,

Commence Scene Log,

What are the Entry/Egress routes by Suspect & Investigators?

Least obvious route?

Record on OEL/Logs

draw a sketch plan.

If during the night consider portable lighting. (Available on 24hr call out)

Think Five Principles

Preserve life

Preserve scenes

Secure evidence

Identify victim

Identify suspects

Note the conditions in the premises and where possible do not alter them. If you do so – **RECORD**

**QTS**

**Q. The phone rings in the property what do you do?**

**A. DO NOT USE/ANSWER THE TELEPHONE**

## Sudden Death



What would you do with the knot?



### What to do with the knot?

#### QTS:

**Q. Come across a hanging or a strangulation. What would you do with the knot, if the person has been pronounced?**

**A. Cut away from knot. Knot must go with body for post mortem.**

Assuming ROLE is declared on Police attendance, or death is already very apparent, then the ligature should be measured / scale photographed (CSI) BEFORE any cutting, so that the Pathologist / Coroner can examine.

#### Considerations?

- Stepping plates? (plates put on floor for officers / CSI to stand on. Reduce contamination of potential evidence on floor)
- Extra large steps? (To use to aid cutting down of body)
- You can only minimise loss not prevent it altogether.



## Hypostasis and blanching

### QTS:

**Q.** You come to a sudden death and as part of your search you roll the body over and see this. What do you think?

**A.** Hypostasis & Blanching

Hypostasis or post mortem lividity starts 6 hours after death and becomes permanent after 10 – 12 hours depending on conditions. Pooling of blood to lower extremities, blanching caused by pressure can reveal if body has been moved after 10 – 12 hours. Bodies should be delivered to mortuary (in white plastic sheeting) the same way up as they were found; here they have clearly been rolled over.



**Fire Arms:**

**Firearms:**

**QTS:**

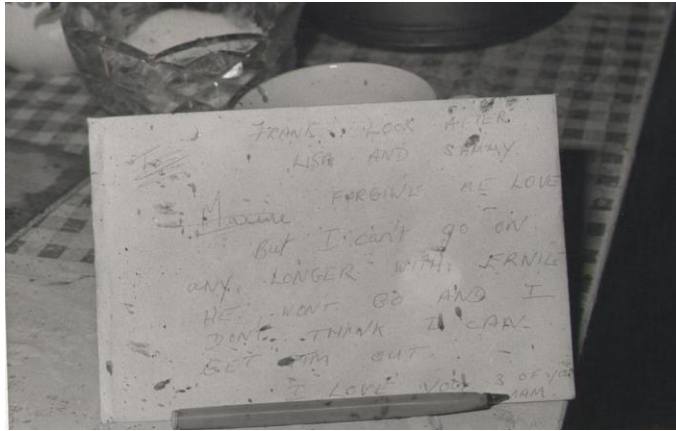
**Q.** Think about this scene, what are the safety implications here?

**A.** Firearms

**Q.** What would you do?

**A.** ARV to make weapon safe? SOCO and Pathologist? PNC Firearms checks?

Remember the 5 principles!



### Exhibits at Scene:

This picture is taken from the same scene as the previous slide.

### QTS:

**Q.** You searched the house and come across this item what is it?

Apparent Suicide Note,

What would you do with it?

Picture of in situ, Make note word for word and place on OEL. **Do not touch (think forensically!)**

**Considerations:** Finger Prints? Hand writing Samples? SOCO, blood splatters

Same goes for any other potential exhibits in violent/suspicious deaths

Trainer to play the following video which will link to BOB:

[Watch the video on the new digital Sudden Death Form \(police.int\)](https://www.police.int/)

## Sudden Death



### Student Welfare!

Ensure that the students are okay as this was an emotive subject.