



CHIEF CORONER

DUTY TO NOTIFY CHIEF CORONER IN CERTAIN CASES

1. The senior coroner for a coroner area should inform the Chief Coroner that a death has been reported in the following types of case.

Military death cases

2. The Chief Coroner has a duty to monitor investigations into service deaths: see section 17(1) Coroners and Justice Act 2009 and Chief Coroner's Guidance No.7.
3. The senior coroner should notify the Chief Coroner within 24 hours of the service death being reported, so that the Chief Coroner may consider how best to proceed: see Guidance No.7, paragraph 12(4).

Viral Haemorrhagic Fevers including Ebola Virus Disease

4. In the event that any cases of the Ebola virus disease are suspected in this country, patients will be sent to the Royal Free Hospital in North London for treatment.
5. If there are many cases, beyond the Royal Free's current capacity, other hospitals may be used for treatment. They include the infectious diseases units in Liverpool (Royal Liverpool Hospital), Newcastle (Royal Victoria Infirmary) and Sheffield (Royal Hallamshire Hospital).
6. In the event of a death the Royal Free Hospital will report the death to the senior coroner for the Inner London North coroner area.
7. In the event of a death at any hospital from the virus, after death care will be governed by Guidance from the Advisory Committee on Dangerous Pathogens (ACDP) on the *Management of Hazard Group 4 viral haemorrhagic fevers [VHF] and similar human infectious diseases of high consequence*. See https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/377143/VHF_guidance_document_updated_19112014.pdf
8. Appendix 12 of the ACDP Guidance on *After Death Care* advises in summary:
 - (1) A post-mortem examination should not be performed.
 - (2) Where there is no definitive diagnosis in life, some diagnostic tests may be necessary on public health grounds.

- (3) At the hospital the body should be removed into a sealable plastic body bag, labelled as high-risk infection and placed in a robust coffin with sealed joints.
 - (4) Thus sealed, the body will be kept, by special arrangement with mortuary staff, in a separate and identified cold store unit to await removal for prompt cremation or burial.
 - (5) The mortuary will give funeral directors an infection control notification sheet. They must have advance notice of the circumstances.
 - (6) Only in exceptional circumstances should the coffin or body bag be opened and only by a designated person after consultation with an authorised body
 - (7) Funeral directors must take steps to prevent persons coming unnecessarily into contact with, or proximity to, the body.
 - (8) Embalming or hygienic preparation of the body should not be undertaken.
 - (9) Removal of pacemakers and some other implants may, however, be necessary before cremation.
 - (10) Local authorities have discretionary powers to restrict contact with, and access to, an infected body.
 - (11) Next of kin and family must be told sensitively that religious/ritual preparation of the body, washing, viewing, touching or kissing of the deceased must be avoided.
 - (12) Personal effects etc may be returned to the family in accordance with normal health service procedure following decontamination.
9. If an individual dies with suspected or confirmed Ebola virus disease, refer to the substantive ACDP guidance.
10. Since the senior coroner has 'control' of the body until released for burial or cremation, the senior coroner must ensure so far as is reasonably practicable that the above arrangements are in place and the precautions strictly followed.
11. It should be emphasised that cremation or burial should take place immediately. Infected individuals remain highly infectious after death.
12. Special arrangements are in place at the Royal Free Hospital in the event of the death in the isolator of a patient infected with dangerous pathogens. They include:
- Preparation of the body within the isolator
 - Special bagging procedures with fumigation control
 - Removal of the body as soon as possible by nominated undertakers in a specially sealed and wiped coffin
 - Personal belongings decontaminated in the isolator before return to the family
13. Urgent advice on the safety and management of any contaminated body, including viral haemorrhagic fevers, can be obtained by calling Public Health England's Emergency Response Duty Officer (01980 612100 – ask for the ERD Duty Officer).

14. The senior coroner must communicate and explain all of these arrangements to the family with sensitivity. The hospital will also have an important role in providing information.

15. All such cases must be notified to the Chief Coroner immediately.

RIPA etc cases

16. A few cases involve consideration of very sensitive material held by government agencies. This may arise, for example, in cases of terrorism abroad, a death in custody abroad, a death abroad involving agents of a foreign state, a death in this country involving agents of the state and in other similar types of case.

17. The material may include interception material under Part 1 of the Regulation of Investigatory Powers Act 2000 (RIPA) which may only be viewed by 'a relevant judge': section 18. Coroners are not relevant judges within the definition of that term in section 18(11). Coroners are therefore not permitted to see such material.

18. Government agencies may also choose to refuse to show coroners other 'very sensitive' material on the grounds that for these purposes coroners are not judges of sufficient rank nor are they likely to have 'developed vetting' security clearance.

19. The possible existence of RIPA or other very sensitive material may not be apparent to a coroner at an early stage of a coroner investigation. It may not become apparent until late in the investigation. This has caused problems in the past.

20. The Chief Coroner therefore needs to discuss this type of case with the senior coroner and any potential for investigation by a 'relevant judge' as early as possible. The Chief Coroner does not want to take interesting cases away from coroners, but there are some cases which, under the law as it stands, may require a judge to conduct the investigation. Otherwise the process of investigation by the coroner may be incomplete.

21. In due course the Chief Coroner will have a wider discussion with senior coroners, the Coroners' Society and senior judges about handling this type of case and whether there needs to be a change in the law to include coroners or some selected coroners as RIPA judges. In the meantime the Chief Coroner would be grateful for early notification of any such case.

Other exceptional cases

22. Where there is some exceptional element in a case, the senior coroner should notify the Chief Coroner so that he is aware of the nature of the case. It might be, for example, a case where the coroner felt constrained to make very few details of an inquest public. Such cases are not easy, nor is the law which relates to them.

23. The Chief Coroner may also be able to help where a case is adjourned for a long time because of the lack of a suitable available venue.

24. Where these or some other exceptional element is present, the senior coroner should give brief notification in writing to the Chief Coroner.

25. The Chief Coroner has given advice to senior coroners (22 July 2014) in the event of a major incident involving mass fatalities.
26. In all cases which are difficult, complex or contain an exceptional element, the Chief Coroner will be available to discuss any problem issue, bearing in mind, of course, that judicial decisions will remain exclusively those of the coroner alone.

**HH JUDGE PETER THORNTON QC
CHIEF CORONER**

22 December 2014