

Date: 1 December 2021

Our Reference: FOIA-2021-136

RE: Your request for information under the Freedom of Information Act 2000

I write in response to your Freedom of Information Act 2000 ('FoIA 2000') request, dated 16/11/2021, in which you requested:

"Under the provisions of the Freedom of Information Act 2000, I am writing to request:

The most recent version of any guidance, procedures or protocols held by CoP regarding Hospital Documentation Teams."

Decision

When a request for information is made under FoIA 2000, a public authority has a general duty under section 1(1) of the Act to inform an applicant whether the requested information is held. There is then a general obligation to communicate that information to the applicant.

In line with section 1(1) of the FoIA, I can confirm the College **holds information** relevant to your request. Please find the Major Incidents Trainer Guide at disclosure document 1 and the Major Incidents Documentation Team Module at disclosure document 2.

Your rights can be found at the end of this letter.

Yours sincerely,

Kate Kaufman | Legal Advisor
Information Management and Legal Team
College of Policing
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Website: www.college.police.uk

Your right of review

Under the Freedom of Information Act 2000 you have a right to request an internal review if you are dissatisfied with our handling of your request. Review requests should be made in writing (by email or post) within 40 working days from the date of our original response. We will aim to respond to your review request within 20 working days.

The Information Commissioner's Office (ICO)

If, after lodging a review request you are still dissatisfied, you may raise the matter with the ICO. For further information you can visit their website at <https://ico.org.uk/for-the-public/official-information/>. Alternatively, you can contact them by phone or write to them at the following address:

Information Commissioner's Office

Wycliffe House

Water Lane

Wilmslow

Cheshire

SK9 5AF

Phone: 0303 123 1113



Trainer Guide

Major Incidents

Documentation Team

Module

Version 0.4

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Purpose of this document

This trainer guide has been developed to assist trainers in the delivery of the learning in respect of the police processes at emergency centres and hospitals during a major incident. It provides essential information that enables trainers to tailor delivery to meet the learning outcomes for this module and the needs of the learners attending.

Trainer requirements

For effective delivery, the complement of training personnel must:

- Be experienced in the areas of Disaster Victim Recovery, Casualty Bureau or have relevant experience in the field of Major Incident planning, response or recovery.
- All lead trainers must hold a recognised Training Qualification – at least to level 3
- Be familiar with and able to operate the Major Incident Public Portal (MIPP)
- Optional co-trainer support can be provided by an individual experienced in the field of Casualty Bureau or Disaster Victim Identification. They are not required to hold a formal training qualification. However they will not be permitted to deliver the course in the absence of the lead trainer.

It is essential that trainers read through this trainer guide and any related resources in detail to ensure they are familiar with how all the aspects of the module fit together. The content of the guide is a minimum required to meet the learning objectives, and trainers may add material if they see fit to do so.

Preparation for the course

Prior to the start of the course, each learner is to be sent any pre course material that is required, or, if it is in digital form, told where it may be found and accessed.

The College of Policing library holds material of interest in respect of this subject and may be accessed vial the following link:

<https://www.college.police.uk/What-we-do/Research/Library/Pages/default.aspx>

Subject matter advisors/guest speakers

A meeting must be held with the Subject Matter Advisor (SMA) before they provide an input to ensure compliance with the learning outcomes and discuss the delivery methodology. Any material to be used should be viewed to ensure it meets the learning outcomes of the particular session and fits in with the rest of the programme. This material should also be compliant with Legal and Diversity and Human Rights requirements.

The trainer should brief the SMA around the input required and should ensure that any material prepared is closely aligned to the training needed.

The lead trainer should remain present through all guest speaker presentations to enable them to support the guest speaker and to contextualise the learning and queries from the sessions into the remainder of the classroom phase.

The SMA should provide their materials electronically in advance of delivery. Prior to the delivery the trainer should arrange with the SMA for the creation of resource materials which can be produced in hard copy form for distribution to the learners. Within this discussion due regard should be paid to the Government Security Classification (GSC) marking which is applied to the material. The documents should be edited as required to allow for hard copy distribution.

Reasonable adjustments

Before learners arrive on the course, the trainer should have made any reasonable adjustments for that particular group of learners to ensure that all learners are able to equally access the learning. It is the trainer's duty to enquire to the needs of the group before delivering the course

Learning resources

The venue for the training must be suitable for the subject bearing in mind the sensitivity of the issues concerned and must include as a minimum:

- Seating and tables adequate for the subject
- Flipcharts and white boards
- Facilities for PowerPoint presentations

- Facilities to access the Major Incident Public Portal (MIPP)

Major Incidents - Documentation Team Module

Overview

Aim:

- To provide delegates with an overview of the process required at emergency centres and hospitals during a major incident for the documentation of survivors and casualties of an incident.

Objectives:

By the end of the session, the learners will be able to:

- Define
 - A Major Incident
 - Disaster Victim Identification (DVI)
 - A Casualty Bureau (CB)
 - The four types of Emergency Centres
 - Rest Centre (RC)
 - Survivor Reception Centre (SRC)
 - Family and Friends Reception Centre (FFRC)
 - Humanitarian Assistance Centre (HAC)
- Explain the requirements of police at a Survivor Reception Area (SRC) and a hospital, and how this feeds into the CB and DVI processes
- Complete an Investigative Triage Form (ITF)
- Provide an overview of the Major Incident Public Portal (MIPP) and business continuity plan if MIPP is not available
- Describe the welfare considerations for public and staff alike.

Suggested duration: Two hours

Resources

- PowerPoint
- Blank Investigative Triage Forms (ITF) (in paper version)
- Major Incident Public Portal (MIPP) access via a digital device
- The circumstances in respect of the wrong identification of Whitney Cerak and Laura Van Ryn (The trainer should be aware of background of this incident).

Session content

Before starting the session, the trainer must deal with any administration issues, e.g. the measures in place in respect of fire or bomb threats.

Trainer note:

The PowerPoint slides have been produced for the various headings to “fly in” in order that they can be considered and discussed individually.

The trainer is to begin by outlining the Objectives of the session, as shown above. (Slide two, “Objectives”, of the PowerPoint).

Major Incidents

The trainer is then to ask the learners for a definition of a Major Incident, noting the answers on a whiteboard or flipchart. The definitions can then be displayed and compared with the noted replies.

The definition was first set out in the Civil Contingencies Act 2004: (Slide three, “Definition”)

“An event or a situation which threatens serious damage to human welfare in a place in the UK, the environment of a place in the UK, or war or terrorism which threatens serious damage to the security of the UK”.

This was amended in 2016 to:

“An event or situation, with a range of serious consequences, which requires special arrangements to be implemented by one or more Emergency Responder Agencies”.

The second definition is available, together with further information, via the link set out below. The trainer is to ensure that the learners are given the link for further research.

<https://www.jesip.org.uk/definitions>

The trainer is to explain the further points set out below. The points fly in and can be dealt with one by one: (Slide four, “Further Definitions”)

- The term “Emergency Responder Agency” describes all category one and two responders as defined in the Civil Contingencies Act (2004) and associated guidance.
- A major incident is beyond the scope of business-as-usual operations, and is likely to involve serious harm, damage, disruption or risk to human life or welfare, essential services, the environment or national security.
- A major incident may involve a single-agency response, although it is more likely to require a multi-agency response, which may be in the form of multi-agency support to a lead responder.
- The severity of the consequences associated with a major incident are likely to constrain or complicate the ability of responders to resource and manage the incident, although a major incident is unlikely to affect all responders equally.
- The decision to declare a major incident will always be a judgement made in a specific local and operational context, and there are no precise and universal thresholds or triggers. Where LRFs and responders have explored these criteria in the local context and ahead of time, decision makers will be better informed and more confident in making that judgement.

The trainer is to amplify this definition by explaining that:

- The first of the emergency services to arrive at the scene of an incident such can declare a Major Incident.
- Basically, a Major Incident is one that is beyond the capability of the initial responding agency to manage or contain. For example, a person who has collapsed at a railway station can be treated by an ambulance crew and is not a Major Incident, whereas a train or road collision in which people are killed and others trapped may be.

At this point, the trainer can ask the learners what, at the scene of a Major Incident are the tasks facing the emergency services, and record the replies. These could include:

- The rescue and transportation of a large number of casualties
- Freeing those trapped in wreckage
- Removing the deceased
- Removing crashed machinery (trains, vehicles etc.)
- Extinguishing or preventing fire

- Preventing further accident (stop traffic, halt trains, divert aircraft, cordon the area, stop bystanders)
- Investigating the cause and/or those responsible
- Handling a large number of enquiries likely to be generated both from the public and the news media

(Slide Five “Emergency Services Tasks” shows the above points)

When the replies have been recorded and compared with the above list, the trainer is to point out that **all** the emergency services may be needed to carry out the above tasks, and therefore “special arrangements” will be needed. Hence the definition of a Major Incident.

The trainer should point out that a Major Incident should not be confused with a Critical Incident which is defined in the College of Policing Authorised Professional Practice (APP) as:

“Any incident where the effectiveness of the police response is likely to have a significant impact on the confidence of the victim, their family and/or the community”.

The trainer is then to ask if there are any questions the learners need answered.

Disaster Victim Identification

The trainer is to explain that the next item to cover is that of the identification of the victims of a disaster, known formally as Disaster Victim Identification (DVI). These are victims who are unable to provide identification because they are medically unable to do so, e.g. in a coma or recovering from an operation, or because they are deceased.

Lord Justice Clarke issued a report in 2001 in respect of the Identification of Victims following Major Transport Accidents. This followed a series of accidents involving fatalities. The report can be found using the following link or from the College of policing library:

http://www.integer.co.uk/resources/Clarke%20Report_2001.pdf

There are some principles that have been set out in respect of DVI (Slide six “Disaster Victim Identification – Principles”). They are:

- The provision of honest and, as far as possible accurate, information at all times and at every stage
- Respect for the deceased and bereaved

- A sympathetic and caring approach throughout
- The avoidance of mistaken identification
- A dedicated officer in charge of discharging these duties – Senior Identification Manager (SIM)

It is rarely possible to identify a victim of a major disaster by visual recognition. Thus fingerprints, dental records or DNA samples are often required for a conclusive identification. There are three types of identifiers used:

- Primary Identifiers (Slide seven “Primary Identifiers”)
 - Fingerprints – If available these are highly reliable, but as most people’s fingerprints are not recorded they can be of limited value
 - Dental records – Teeth provide a reliable form of identification as they are durable. Most people have dental records
 - DNA profiling – direct comparisons can be made from a victim and a profile taken from their home, for example from a hair brush. Indirect comparisons can also be made using the parents’ DNA
- Secondary Identifiers (Slide eight “Secondary Identifiers”)
 - Personal Effects
 - Distinctive Clothing
 - Marks, Scars & Tattoos
 - Malformations, amputations
 - Physical Disease
 - Deformities
 - Medical Records
 - Jewellery
- Assistance Only (Slide nine “Assistance Only”)
 - Visual
 - Photographs---
 - Clothing
 - Body Location
 - Description

N.B. Visual identification is not suitable for DVI and is not used where there are other means of identification.

At the scene examination will take place. Depending on the incident, and where it happened, it can take days or even weeks for all the victims and their property to be recovered. There may be whole bodies or just human remains, but all are examined by specialists to detect forensic evidence to

help identify the victim. This will include some or all of the above. Following this examination, dental and medical records, fingerprints and DNA are recovered from the victims' homes or provided by family members. When all the data is collected, a team of specialists compares and reconciles the two sets of information to identify the victims.

Primary identifiers will always be looked for first, and then secondary and assistance

The trainer should use as an example of misidentification the case of Whitney Cerak and Laura Van Ryn to re enforce the unreliability of visual identification. (Information in respect of this is available online).

A synopsis of the van Ryn/Cerak case is set out below in order to assist the trainer.

In April 2006, an accident took place in Indiana, USA. A van carrying nine university students and some staff members collided with a tractor and trailer and five people died in the crash. The casualties were identified as:

- Elizabeth Smith
- Laurel Erb
- Bradley Larson,
- Monica Felver
- Whitney Cerak

One of the survivors of the crash was a young woman identified as Laura van Ryan. She was badly injured and unable to communicate. For several weeks, the van Ryn family kept a bedside vigil over the patient they believed to be their daughter. However, after five weeks of hospitalisation the identity of the surviving woman began to be questioned. She was found to be Whitney Cerak, not Laura van Ryn.

Some physical similarities existed between the two women so what was, in effect, a visual identification had been made. The severity of the injuries, which included severe head trauma and the immediate inability to communicate, led local government officials to misidentify the casualties and the hospital to continue with the misidentification,

This caused both families to respond in a manner appropriate to what they believed to be appropriate their situation. Cerak was taken care of by the van Ryn family in the belief that she was their daughter.

Van Ryan was buried in the belief that she was Whitney Cerak.

Five weeks passed before incidents arose that caused suspicion about identity. The patient made comments about things and people that were inconsistent with facts pertaining to Laura van Ryn and a university roommate also reported some physical discrepancies.

The patient confirmed that she was 'Whitney Cerak' when asked by hospital staff to write down her name, which was then confirmed by dental records.

The van Ryn family suspected for several days something was amiss with the patient before the concerns were shared with the hospital staff. The family noticed the patient's teeth were not the same as that of their daughter and the patient had navel piercing, which van Ryn did not. Also, the patient called herself Whitney (not Laura) when she emerged from the coma.

The tragic mix-up appeared to have been caused by the similarities of appearance of Cerak and van Ryn, and the confusion at the crash scene. Both women were blonde and were superficially alike.

The mistake was caused initially by visual identification, i.e. identification by appearance. However, it could have been avoided had identification by dental records, fingerprints or the secondary identifier of the navel piercing been used. Both families would then have been spared a great deal of distress.

The trainer is then to ask if there are any questions the learners need answered in respect of DVI.

Casualty Bureau

The trainer is to provide a definition of a Casualty Bureau (CB). (This is available on the College of Policing APP).

“A Casualty Bureau is an initial point of contact for the receiving and assessing of information relating to persons believed to be involved in an emergency”

The trainer is to lead a discussion in respect of the sources of the information received in the CB. Suggestions from the learners are to be recorded on a whiteboard or flip chart and compared with the list below. (Slide ten “Casualty Bureau – Sources of Information”)

The sources will include, but are not limited to:

- Enquiries from the public providing names of friends and relatives who they believe may have been involved in the incident
- Information from members of the public who have information in respect of those responsible for the incident
- Survivors of the incident who left the scene before the emergency service arrived

- Representative bodies, e.g. Lawyers, Victim Support organisations
- Airlines, transport companies, and other carriers who have, or may need, information
- Official bodies who have been, or may become, involved, e.g. airline investigators

The trainer should go on to explain that staff at the CB will match information coming in with outstanding matters. If, for example, an enquiry is received from member of the public in respect of a missing relative, the CB will check against a list of casualties to identify the person concerned and pass the results back. Any information coming in to the CB will be sent to the appropriate organisation or person via a Major Incident Room.

The CB is, in effect, a clearing house for information.

The trainer can sum up the primary objectives of the CB: (Slide eleven “Casualty Bureau Objectives”)

- To inform the investigation process relating to an incident
- To trace and identify people involved in the incident
- To reconcile missing persons
- To collate accurate information in relation to the above for relevant parties

The trainer is then to ask if there are any questions the learners need answered in respect of the casualty Bureau, and is to clarify any areas of confusion.

Emergency Centres

The trainer is to explain that, following a Major Incident, those whose injuries are severe enough to need attention at a hospital are taken there immediately. Those who are physically uninjured, or those with slighter wounds, are taken to an Emergency Centre, of which there are four types:

(Slide twelve “Emergency Centres”)

- Rest Centre (RC)
 - Local Authority Run
- Survivor Reception Centre (SRC)
 - Police Lead and Local Authority support
- Family and Friends Reception Centre (FFRC)
 - Police and Local Authority Run
- Humanitarian Assistance Centre (HAC)
 - Local Authority Run

The trainer is to explain that: (Slide thirteen “Survivor Reception Centre”)

- Although a police presence may be required at any of the four centres, the main area of police activity is the Survivor Reception Centre (SRC).
- The SRC is a secure area in which survivors not requiring acute hospital treatment can be taken for short-term shelter and first aid
- In addition to medical attention evidence and information may be gathered from the survivors in respect of the incident
- Some local authorities have places set aside ready to be used as a SRC, in other cases whatever is available can be used, e.g. a local department store, a community centre
- A SRC might be established and run initially by the emergency services, whichever is first on the scene, until the Local Authority becomes engaged in the response, and assumes the lead role

The trainer can provide the learners with the following link which explains the government policy on Human Aspects in Emergency Management Guidance:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/564306/human_aspects_guidance_2016_final.pdf

Police Action at a SRC

The trainer is to lead a discussion on the actions that police should take at a SRC and list them on a whiteboard or flip chart. (Slide fourteen “SRC – Police Actions”)

These will include ensuring that:

- Those who need medical attention receive it
- A record is made of everybody who was at the scene:
 - Those immediately involved, e.g. passengers, officials such as drivers etc.
 - Victims of terrorist or criminal attacks
 - Witnesses to the incident
 - Those who were in the area but are not immediately involved
- All those in the SRC complete an Investigative Triage Form (ITF)
- As soon as possible survivors are released

The trainer should point out that there may be potential suspects still at the scene of the incident and that this should be borne in mind by the interviewing officers.

The trainer should sum up the purposes of a SRC: (Slide fifteen “SRC – Purposes”)

- To collect information relevant to the investigation
- To provide immediate shelter for persons who have been directly involved in an emergency
- To allow documentation of the survivors
- To enable the identification of potential witnesses by the police
- To provide first aid to those in need of it and not requiring hospitalisation
- To provide initial care and welfare support to survivors
- To organise onward travel where appropriate
- To provide information to survivors

Interviewing survivors

The trainer is then to cover the requirements at the SRC and is to explain that, after receiving medical attention, each survivor is to complete an Investigative Triage Form under the guidance of a police officer.

At this point the trainer is to provide each learner with a copy of the latest version of an Investigative Triage Form (ITF), or to provide online access to one. S/he is to show how these may be accessed online through the Major Incident Public Portal (MIPP), and go through the form with the learners explaining how it should be completed

The trainer is then to explain that: (Slides sixteen and seventeen “SRC – Interviewing Survivors {1} and {2}”)

- In the SRC there should be computer terminals or other digital devices and those survivors able to do so can be invited to assist the police in completing the ITF, via MIPP
- Download of the form will not take place until seen by an officer who will check the information recorded to ascertain whether the survivor is a witness who can assist the investigation
- Any information on a digital device held by the survivor is to be recorded, either by retention of the device or by downloading its contents
- Any person who has information, e.g. description of a suspect, is brought to the immediate attention of an investigating officer

- If completion of the form reveals that a survivor may have future medical problems he or she is advised to speak to a GP
- A Family Liaison Officer is advised of cases that need attention
- If, for some reason, the ITF cannot be completed digitally, a hard copy is to be made
- Casualties taken to hospital are interviewed in the same manner as and when their injuries permit and the hospital staff agree

The trainer is to show the link to MIPP (Slide eighteen)

<https://mipp.police.uk>

The trainer is then to ask if there are any questions the learners need answered in respect of the SRC, and is to clarify any areas of confusion.

Welfare

Finally, the trainer is to cover the aspect of ongoing welfare and explain that survivor welfare is provided immediately following the incident by the emergency services and the hospitals. After this, the Local Authority will cover the needs of the survivors by, e.g. providing transport home, alerting a relative to collect them etc.

Officers dealing with survivors must consider the fact that the person may not regard the need to complete an ITF a priority but may be more concerned with, e.g. the whereabouts or condition of a friend or relative also involved in the incident.

The trainer is to cover their force or region welfare policies.

Staff welfare has to be considered. For some, it will be the first time they have attended a Major Incident and seen casualties. Combined with the pressure to complete the necessary tasks there may be stress induced problems. Staff are to be debriefed in respect of such problems. Forces will have procedures in place to cope.

The trainer is then to ask if there are any questions the learners need answered in respect of welfare, or any other part of the session, and is to clarify any areas of confusion.

Major Incidents

Documentation Team Module

Objectives

- Define
 - A Major Incident
 - Disaster Victim Identification (DVI)
 - A Casualty Bureau (CB)
 - The four types of Emergency Centres
- Explain the requirements of police at a Survivor Reception Area (SRC) and a hospital, and how this feeds into the CB and DVI processes
- Complete an Investigative Triage Form (ITF)
- Provide an overview of the Major Incident Public Portal (MIPP) and business continuity plan if MIPP is not available
- Describe the welfare considerations for public and staff alike.

Major Incident - Definition

- The definition was first set out in the Civil Contingencies Act 2004:
- “An event or a situation which threatens serious damage to human welfare in a place in the UK, the environment of a place in the UK, or war or terrorism which threatens serious damage to the security of the UK”.
- **This was amended in 2016 to:**
- “An event or situation, with a range of serious consequences, which requires special arrangements to be implemented by one or more Emergency Responder Agencies”

Further Definitions

The term “Emergency Responder Agency” describes all category one and two responders as defined in the Civil Contingencies Act (2004) and associated guidance.

A major incident is beyond the scope of business-as-usual operations, and is likely to involve serious harm, damage, disruption or risk to human life or welfare, essential services, the environment or national security.

A major incident may involve a single-agency response, although it is more likely to require a multi-agency response, which may be in the form of multi-agency support to a lead responder.

The severity of the consequences associated with a major incident are likely to constrain or complicate the ability of responders to resource and manage the incident, although a major incident is unlikely to affect all responders equally.

The decision to declare a major incident will always be a judgement made in a specific local and operational context, and there are no precise and universal thresholds or triggers. Where LRFs and responders have explored these criteria in the local context and ahead of time, decision makers will be better informed and more confident in making that judgement.

Emergency Services Tasks

The rescue and transportation of a large number of casualties

Freeing those trapped in wreckage

Removing the deceased

Removing crashed machinery (trains, vehicles etc.)

Extinguishing or preventing fire

Preventing further accident (stop traffic, halt trains, divert aircraft, cordon the area, stop bystanders)

Investigating the cause and/or those responsible

Handling a large number of enquiries likely to be generated both from the public and the news media

Disaster Victim Identification - Principles

(As set out in the 2001 report by Lord Justice Clarke)

The provision of honest and, as far as possible accurate, information at all times and at every stage

Respect for the deceased and bereaved

A sympathetic and caring approach throughout

The avoidance of mistaken identification

A dedicated officer in charge of discharging these duties – Senior Identification Manager (SIM)

Primary Identifiers

Fingerprints – If available these are highly reliable, but as most people's fingerprints are not recorded they can be of limited value

Dental records – Teeth provide a reliable form of identification as they are durable. Most people have dental records

DNA profiling – direct comparisons can be made from a victim and a profile taken from their home, for example from a hair brush. Indirect comparisons can also be made using the parents' DNA

Secondary Identifiers

Personal effects

Distinctive clothing

Marks, Scars & Tattoos

Malformations, Amputations

Physical disease

Deformities

Medical records

Jewellery

Assistance Only

Visual

Photographs

Clothing

Body Location

Description

Casualty Bureau – Sources of Information

Enquiries from the public providing names of friends and relatives who they believe may have been involved in the incident

Information from members of the public who have information in respect of those responsible for the incident

Survivors of the incident who left the scene before the emergency service arrived

Representative bodies, e.g. Lawyers, Victim Support organisations

Airlines, transport companies, and other carriers who have, or may need, information

Official bodies who have been, or may become, involved, e.g. airline investigators

Casualty Bureau - Objectives

To inform the investigation process relating to an incident

To trace and identify people involved in the incident

To reconcile missing persons

To collate accurate information in relation to the above for relevant parties

Emergency Centres

Rest Centre (RC) - Local Authority Run

Survivor Reception Centre (SRC) - Police Lead and Local Authority support

Family and Friends Reception Centre (FFRC) - Police and Local Authority Run

Humanitarian Assistance Centre (HAC) - Local Authority Run



Survivor Reception Centre

Although a police presence may be required at any of the four centres, the main area of police activity is the Survivor Reception Centre (SRC).

The SRC is a secure area in which survivors not requiring acute hospital treatment can be taken for short-term shelter and first aid

In addition to medical attention evidence and information may be gathered from the survivors in respect of the incident

Some local authorities have places set aside ready to be used as a SRC, in other cases whatever is available can be used, e.g. a local department store, a community centre

A SRC might be established and run initially by the emergency services, whichever is first on the scene, until the Local Authority becomes engaged in the response, and assumes the lead role

SRC – Police Actions

Ensuring that:

- Those who need medical attention receive it
- A record is made of everybody who was at the scene:
 - Those immediately involved, e.g. passengers, officials such as drivers etc.
 - Victims of terrorist or criminal attacks
 - Witnesses to the incident
 - Those who were in the area but are not immediately involved
- All those in the SRC complete an Investigative Triage Form (ITF)
- As soon as possible survivors are released

The interviewing officers should bear in mind that there may be potential suspects still at the scene of the incident

SRC - Purposes

To collect information relevant to the investigation

To provide immediate shelter for persons who have been directly involved in an emergency

To allow documentation of the survivors

To enable the identification of potential witnesses by the police

To provide first aid to those in need of it and not requiring hospitalisation

To provide initial care and welfare support to survivors

To organise onward travel where appropriate

To provide information to survivors

SRC – Interviewing Survivors (1)

In the SRC there should be computer terminals or other digital devices and those survivors able to do so can be invited to assist the police in completing the ITF, via MIPP

Download of the form will not take place until seen by an officer who will check the information recorded to ascertain whether the survivor is a witness who can assist the investigation

Any information on a digital device held by the survivor is to be recorded, either by retention of the device or by downloading its contents

SRC – Interviewing Survivors (2)

Any person who has information, e.g. description of a suspect, is brought to the immediate attention of an investigating officer

If completion of the form reveals that a survivor may have future medical problems he or she is advised to speak to a GP

A Family Liaison Officer is advised of cases that need attention

If, for some reason, the ITF cannot be completed digitally, a hard copy is to be made

Casualties taken to hospital are interviewed in the same manner as and when their injuries permit and the hospital staff agree

SRC – Interviewing Survivors

<https://mipp.police.uk>