Incidents involving casualties and/or fatalities

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Casualty clearing station (CCS)

The CCS should be established between the inner and outer cordons, which is the responsibility of the ambulance service. It can be in a building or a temporary structure, as needed.

The ambulance service should appoint an officer to take the role of casualty clearing lead.

Patient documentation should be started within the CCS as soon as possible. This is also the responsibility of the ambulance service. The operational (bronze) commander should ensure that these responsibilities of the ambulance service are communicated in briefings to all responders.

Triaging casualties

The priority of casualties is initially assessed while at the scene by anyone trained in using the 10-second triage (10ST).

The assessment is then reviewed at the CCS, where casualties are further triaged.

Triage should employ these three categories:

- priority 1 (P1) – casualties requiring immediate life-saving resuscitation and/or surgery
- priority 2 (P2) – stabilised casualties needing early surgery, but delay is acceptable
- priority 3 (P3) – casualties requiring treatment, but a longer delay is acceptable (walking wounded)

Priority (P)	Actions

P1	• Transport to the CCS for further prioritisation and/or initial treatment. • Inform casualty clearing officer of casualty priority. • Transfer to designated hospital.
P2	• Transport to the CCS for further prioritisation and/or initial treatment. • Inform casualty clearing officer of casualty priority. • Transfer to designated hospital.
P3	• Transport to the CCS or designated P3 area for further prioritisation and/or initial treatment. • Inform casualty clearing officer of casualty priority.
Uninjured	• Direct to the survivor reception centre for verification of their identity by the police.

A ‘Dead’ triage card should be completed for those categorised as dead. They should be left where they were found, awaiting identification and/or investigation by the police and the coroner.

In exceptional circumstances, the body may be moved to the nearest place of safety without prior authority from HM Coroner. An example is when a deceased person is obstructing access to live casualties or is at immediate risk from fire, structural collapse or other hazards. This decision must be based on the need to:

- preserve life
- prevent further harm
- protect forensic integrity where possible

Any movement must be fully documented, including:

- the reason for the action
- the time and location of movement
- the personnel involved

This record must be shared with the police and HM Coroner at the earliest opportunity to ensure transparency and accountability.

Role of the coroner

Where a fatality occurs in England and Wales, the coroner in whose jurisdiction the body lies takes possession of the body. In mass fatality incidents – or incidents resulting in deaths over several jurisdictions from the same or similar causes – the chief coroner can appoint a single lead coroner.

The police service work on behalf of coronial services to recover and identify the deceased. Further information on this can be found in **Disaster victim identification (DVI) APP**.

The authority of the coroner is required before a body is moved.

Tags

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