

# FORENSIC DENTAL IDENTIFICATION OF DECEASED PERSONNEL

## Introduction

1. Forensic dental examination is used to identify military personnel who have been killed or have died in circumstances where the body has been fragmented, incinerated or is decomposed and cannot be identified by routine identification procedures. It is an essential component of the identification process, being one of the three primary forms of identification along with fingerprints and DNA<sup>1,2</sup>.

2. Where human remains have been incinerated, dental tissues may be the only means of identification possible. Defence's forensic dental identification capability, the Dental Identification Team (DIT), is provided by Defence Primary Healthcare (Dental). The DIT forms part of the deployable capabilities offered by the Defence Medical Services (DMS) and is available for activation 365 days a year.

## Aim

3. The aim of this policy is to articulate the roles, responsibilities and interactions of the military forensic DIT capability across Defence and other Government Departments.

## Background

4. The specialist skill provided by the DIT is integral to the identification process of deceased military personnel, whether in response to ad hoc requests by the Special Investigations Branch Royal Military Police (SIB RMP)<sup>3</sup>, in support of the UK Standing Joint Commander for UK Mass Casualty Incidents or in military Mass Fatality Incidents overseas (especially but not solely on operations where host nation resources and jurisdiction are challenged).

5. Whilst it is uncommon for the full identification process to be conducted in theatre, it is possible that scenarios will arise where an initial identification and selection of UK military deceased remains is required. Examples include the co-mingling of UK military remains with local national or enemy personnel, requiring a preliminary identification prior to repatriation. In this instance the DIT provides the capability to deploy to hostile environments at short notice with established logistical support.

## Alignment with external guidance

6. This policy is aligned with and delivered in accordance with the following agreements and guidance:

- a. NATO STANAG 2464 (Edition 3) 2014. Military Forensic Dental Identification.
- b. ABCA Standard 2096 (31 Mar 2015).
- c. Disaster Victim Identification Guide: INTERPOL 2014 (Proposed Amendments: March 2014).
- d. British Association of Forensic Odontologists (1<sup>st</sup> Edition Oct 2009) *UK Disaster Victim Identification Odontology Handbook*

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<sup>1</sup> As defined by Interpol and UK Disaster Victim Identification guidance.

<sup>2</sup> The procedure for sampling and archiving tissue reference samples for post mortem identification through DNA analysis is outlined in [JSP 950 Lft 10-4-1](#).

<sup>3</sup> As requested in letter from Chief Officer RMP to DDS HQ AD Plans dated 15 Apr 2010.

## Responsibilities

7. In the event of a fatality (or fatalities) involving military personnel, the SIB RMP<sup>4</sup> will call upon the DIT to identify victims via dental means under the instruction of HM Coroner<sup>5</sup>. Command arrangements of the DIT will be dictated by the nature and scale of the incident and the environment in which the incident has occurred. In disaster situations where there are large numbers of fatalities such as a large-scale terrorist incident, other governmental agencies such as the Home Office, the Foreign Commonwealth Office or UK Disaster Victim Identification Unit<sup>6</sup> may request additional assistance with identification of the deceased. Real-life support must be provided by the in place force. The DIT will deploy in support of this force and will do so via a UK chain of command at Headquarters Surgeon General, namely Chief Dental Officer Defence.

8. Personnel<sup>7</sup>, as part of their DIT role, may be required to deploy for a lengthy period. Individuals who are at readiness<sup>8</sup> to deploy as part of the DIT are to ensure they are appropriately trained and prepared, and hold a valid JMES compatible, as far as reasonably practicable, for all eventualities. Regional Principal Dental Officers are to ensure a contingency plan is in place to maintain clinical outputs during the absence of the DIT from their primary role.

## Structure

9. The DIT is led by the Lead Forensic Dental Officer (LFDO) who is supported by the following roles; a Deputy LFDO, a DIT Coordination Dental Care Professional (Coord DCP), an Equipment Care Manager (ECM), and a Trauma Risk Management (TRiM) Coordinator. In addition, there are four deployable identification teams, each consisting of a DIT Section Leader, DIT Support Officer and DIT DCP with levels of forensic dental experience and knowledge appropriate to their role<sup>9</sup>. For periods of intense operational activity, the number of deployable teams may need to be increased to five following consultation with DPHC HQ.

## Training

10. Prior to selection for DIT duties, all personnel must attend mandatory in-house Forensic Human Identification Induction Training. Refresher training is to be undertaken every 12 months thereafter. Both Induction and Refresher training involves familiarisation with the mortuary setting and this is held at the John Radcliffe Hospital<sup>10</sup>.

11. DIT Section Leaders must hold a suitable post-graduate qualification in the field of Forensic Odontology eg MSc in Forensic Odontology or the Diploma in Forensic Human Identification.

12. DIT Section Leaders and the DIT Coord DCP must also have attended a Radiation Protection Supervisor's Course to enable appropriate and compliant usage of the portable X ray equipment outside the normal dental setting.

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<sup>4</sup> SIB RMP protocol will mirror that of a civilian Senior Identification Manager (SIM) or Senior Investigating Officer (SIO) and the Forensic Manager who will work to Association of Chief Police Officers (ACPO), College of Policing and Interpol guidelines and training.

<sup>5</sup> MP Investigation Doctrine Paragraph 4.47 – Forensic Odontology.

<sup>6</sup> The UK National Disaster Victim Identification (DVI) Unit sits within the National Police Coordination Centre. The role of UK DVI is to coordinate the national capability of the police service to respond to mass fatality incidents in the UK. The team works with police services, government departments, local authorities and other agencies to do this. The unit also organises or contributes to training and exercising and coordinates the police response to mass fatality incidents overseas when requested by HM Government.

<sup>7</sup> DIT personnel may be Regular or Reserve.

<sup>8</sup> Readiness to move can vary from R1-R3 (R1: at 2 days notice; R2: at 5 days notice; R3: at 10 days notice).

<sup>9</sup> TORs and rank ranges for these positions are available via the [DIT MOSS site](#).

<sup>10</sup> [Letter of agreement](#) dated 22 Nov 16.

## Overview of Process

13. Once initial contact by SIB or civilian authorities has been established, the DIT (or DITs in the event of a mass casualty) is activated<sup>11</sup>.
14. Prior to release for assistance with identification, team members are to liaise with their Chain of Command to ensure adequate cover is in place for dental patients at their normal place of work.
15. If applicable, ante-mortem dental records should be obtained for the suspected dead person.
16. Identification equipment is transported to the venue of identification where the suite of dental identification procedures is carried out.

## Outcomes

17. On completion, the post-mortem dental report is delivered to the Officer in Charge of the case with one of the following four outcomes:
  - a. **Positive (or Established) Identification.** The ante-mortem and post-mortem data match in sufficient detail to establish that they are from the same individual. In addition, there are no irreconcilable discrepancies.
  - b. **Possible Identification.** The ante-mortem and post-mortem data have consistent features, but, due to the quality of either the post-mortem remains or the ante mortem evidence, it is not possible to positively establish dental identification.
  - c. **Insufficient Evidence.** The available information is insufficient to form the basis for a conclusion.
  - d. **Exclusion.** The ante-mortem and post-mortem data are clearly inconsistent. However, it should be understood that identification by exclusion is a valid technique in certain circumstances<sup>12</sup>.

## Administration

18. Following thorough examination and investigation of the dental evidence available, a Reconciliation Report and Service Police Witness Statement (MOD Form 266A/B) must be completed and handed to the Officer in Charge of the case. Further details of the forms used in Identification Administration are available from the [DIT MOSS site](#).

## Team Support

19. The LFDO is responsible for overseeing the welfare and wellbeing of dental personnel conducting identifications. As part of this process newly selected DPHC (Dental) personnel will be monitored through their induction and initial mortuary work experience by a designated dental professional with this additional qualification<sup>13</sup>. Beyond this all DIT members will need to be offered TRiM and the LFDO will play a key role in maintaining close liaison with them and ensuring their support.

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<sup>11</sup> The DIT is activated under MACA JDP 02 via CoC in DPHC HQ i.e. Chief Dental Officer Defence.

<sup>12</sup> [American Board of Forensic Odontology Diplomates Reference Manual](#). Accessed 2 Jun 16.

<sup>13</sup> See [DIT MOSS site](#) for TRiM Practitioner's TORs.