

# Pandemic influenza

Guidance on the management of death certification  
and cremation certification

**DRAFT FOR COMMENT**

Policy HR/Workforce Management Planning/ Clinical	Estates Commissioning IM & T Finance Social Care/Partnership Working
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<b>Contact details</b>	The Pandemic Influenza Preparedness Team Department of Health 452C Skipton House 80 London Road London SE1 6LH Email: pandemicflu@dh.gsi.gov.uk
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### Invitation to comment

The UK's plans for responding to an influenza pandemic are set out in the recently published *Pandemic Flu: A national framework for responding to an influenza pandemic*.

To assist responders in developing their local plans further this draft guidance has been produced with the participation and advice of subject experts and representatives from key stakeholder groups.

We are seeking wider comments on this draft and would particularly welcome views and contributions from those individuals and organisations involved in pandemic influenza planning and preparedness. These will be collated and analysed in depth and used to inform final guidance on this issue, which will be available on the DH website in the summer.

We would be grateful for your comments by **22 February 2008**.

Please send your comments and feedback to our dedicated email address at [pandemicflu@dh.gsi.gov.uk](mailto:pandemicflu@dh.gsi.gov.uk)

Or in writing to The Pandemic Influenza Preparedness Team

Department of Health  
452C Skipton House  
80 London Road  
London SE1 6LH

More information on pandemic influenza is available at [www.dh.gov.uk/pandemicflu](http://www.dh.gov.uk/pandemicflu)

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# Summary of proposals

## Note

This document contains various references to legislative changes being made. These are planning assumptions and not legal commitments. Consideration would need to be given at the relevant time to the use of the most appropriate legislative vehicle

National changes to legislation and recommended practice on death certification and cremation certification will be introduced to facilitate an effective response to an influenza pandemic. The changes proposed will provide alternative (not mandatory) ways of working.

Local Resilience Forums (LRFs) will decide whether, and at what time, an alternative way of working should be used in their locality and when, if appropriate, the use of alternative ways of working should cease.

The following alternatives will become available at World Health Organization (WHO) Phase 6, UK alert level 3:

- i. The legal requirement that a death must be referred to the coroner if the registered medical practitioner (who must have attended the deceased during their final illness) who certified the cause of death had seen neither the body after death nor the patient within 14 days of their death will be relaxed to refer to 28 days.
- ii. The good practice requirement that all deaths which occur within 24 hours of admission to hospital (unless purely for terminal care) are reported to the coroner should cease insofar as it concerns deaths caused by pandemic influenza or complications thereof.
- iii. The requirement to report all deaths in certain custodial establishments to the coroner, and for the coroner to hold an inquest (in some cases with a jury), will cease for deaths that an independent medical practitioner certifies as being due to pandemic influenza or its complications. The requirement for the coroner to hold an inquest will cease for other natural deaths.

The following alternatives will become available at WHO Phase 6, UK alert level 4:

- iv. Legislative amendments will be made that allow a registered medical practitioner who has not attended the deceased in their final illness to provide a medical certificate of cause of death (MCCD) for those who appear on the balance of probabilities to have died of pandemic influenza.
- v. Legislative amendments will be made that would enable the MCCD to be used as a proxy for cremation Form B and to suspend the requirement for cremation Form C. A stamp will be used on the MCCD to indicate that a body is safe to cremate.

## Scope

1. This guidance applies to England and Wales. It has been shared with Scotland and Northern Ireland who are considering these matters within their own jurisdictions.

## Context

2. On 30 August 2007, the Home Office issued draft guidance for consultation on *Planning for a possible influenza pandemic: A framework for planners preparing to manage deaths*. Section 4.2 of that document concerned MCCDs, and referred to consideration being undertaken by the Department of Health of changing the arrangements for the completion of the MCCD. This guidance reflects that consideration and should be read alongside the Home Office draft guidance, which covers the entire process of the management of deaths.
3. Responsibility for different aspects of the process after someone dies is spread across a range of government departments. In order to manage deaths effectively, the process of completing an MCCD needs to be considered within the framework of the entire 'death to disposal' process. The guidance set out below is based on this principle.

## General approach

4. Death certification is an important process. It provides assurances to the relatives and friends of the deceased concerning the cause of death and of the absence of misconduct in relation to the death. It also plays an important role in public health surveillance. Where the deceased is to be cremated, cremation certification provides additional safeguards. Particular concerns arise when a person dies whilst in the custody of the state (for example, in prison), and in normal circumstances enhanced safeguards are applied in such cases.
5. Medical practitioners play a key role in both death and cremation certification. Decreasing the safeguards within the present system of death and cremation certification would be a serious step that requires justification. An influenza pandemic could lead to 25–50% of the UK population becoming ill, and between 55,500 and 750,000 excess deaths in the UK over a 15-week period.
6. *Responding to pandemic influenza: The ethical framework for policy and planning* contains ethical principles that should inform the UK's response. In the context of death and cremation certification, the principles of minimising harm and of proportionality are of particular importance. A balance needs to be struck

between ensuring medical practitioners are able to focus on the needs of the sick and the provision of safeguards for those who are deceased. How that balance is struck will depend on the actual pressures experienced during a pandemic.

7. Maintaining continuity of business, using the current legislative framework, maintaining public safety, ameliorating anticipated pressures and being sensitive to the needs of friends and relatives of the deceased person also underpin the proposals. The guidance takes account of the consultations on the process of death certification following the Shipman Inquiry, and of those on modernisation of the Cremation Regulations that are currently in train. The outcome of those consultations might lead to further changes. In addition, the Government intends to introduce a bill on coroner reform in Parliament in autumn 2007.
8. LRFs play a key role in planning for an influenza pandemic and are responsible for agreeing the procedures across services to apply in their particular localities. This guidance suggests a common national approach, which will be tailored by the LRF to meet local needs.
9. In this guidance, all references to a ‘medical practitioner’ refer to a registered medical practitioner unless otherwise indicated. Medical practitioners who provide certification of the cause of death to the best of their knowledge and belief must be satisfied on the balance of probabilities as to the likely cause of death.

## Current practice

10. The current requirements for death and cremation certification are not always well understood and are described in the appendices:
  - **Appendix A** provides an overview of the current system for death and cremation certification for England and Wales and the forms that must be completed as part of the ‘death to disposal’ process.
  - **Appendix B** describes the process for certification and registration of deaths in the constituent parts of the UK. Annexes describe the requirements for reporting deaths to coroners/procurators fiscal in the different jurisdictions.
  - **Appendix C** sets out the requirements for cremation across the UK.
  - **Appendix D** is a proforma aimed at assisting the death certification process.
  - **Appendix E** provides checklists for planning purposes.

11. Where the proposed method of disposal is by burial, authorisation is effected by a coroner's burial order or the registrar's disposal certificate (normally following registration of the death). No changes to these requirements appear to be needed or are proposed for the purposes of facilitating burial in the context of an influenza pandemic.

## Verification of death

12. The completion of an MCCD must be distinguished from verification that a person has died. Such verification allows the body to be moved from the place of death to a mortuary or the premises of a funeral director. In England and Wales, all registered nurses are able to verify death; as a matter of professional good practice they must ensure that they are competent to do so if they carry out this role. Ambulance staff are also able to verify death.
13. Efficient verification of death is important for ensuring an effective and seamless process towards disposal. Deceased persons should not be taken to hospital for verification of death. Local consideration should be given to making sure that there is clear agreement on which individuals, and in which circumstances, can verify death. If it would be useful for nurses who do not normally verify death to do so in a pandemic, appropriate training should be provided to ensure that the nurses concerned consider themselves competent to perform this role.

## Alternative approaches

14. In *Planning for a possible influenza pandemic: A framework for planners preparing to manage deaths*, the possibility of widening the pool of people who might complete the MCCD beyond registered medical practitioners was highlighted. However, further consideration suggests that it will be possible to expand the pool of registered medical practitioners sufficiently to render this unnecessary by employing, in particular, retired practitioners.

## Certification of cause of death

15. This guidance is intended to assist medical practitioners with their clinical responsibility for the appropriate certification of deaths in the event of an influenza pandemic. *Pandemic Flu: A national framework for responding to an influenza pandemic* advises that planners should prepare for a range of clinical attack rates of up to 50% in a single wave of around 15 weeks, and a range of case fatality rates of between 0.4% and 2.5%. This would equate to 55,500–750,000 excess deaths in the UK. Experience in previous pandemics suggests that there may be considerable local variation in clinical attack rates, and therefore some areas may experience higher pressure than others.

16. During a pandemic, there will be considerable pressure on medical practitioners. Whilst ensuring that the process from 'death to disposal' is effectively and sensitively managed, the process described below should also ensure that practitioners are able to devote as much time as possible to the needs of the sick. At higher case fatality rates other services, in particular the coroner service, as well as burial and cremation authorities, will also be under considerable pressure.
17. The process below aims to maintain 'business as usual' for as long as possible. Changes would only be made to procedures if pressures on medical practitioners and others indicated that these were necessary. Each step in the process is designed to respond to increasing levels of pressure. The need to introduce each step will require separate consideration by each LRF, which will balance the risk of introducing alternative procedures in terms of decreasing safeguards within the processes against the harm that could be minimised by reducing the demands of the processes on medical practitioners and hence allowing them to focus on sick people.
18. The arrangements for provision of MCCDs relating to patients who die in hospital, or in what is anticipated as being the relatively rare case of people who die elsewhere in the presence of a medical practitioner (for example, a patient who dies in a care home whilst a medical practitioner is on site) should proceed broadly as normal throughout. However, in respect of deaths from pandemic influenza occurring within 24 hours of admission to hospital an exception to the rule concerning referral to the coroner will be introduced (see paragraph 23).
19. Where a patient dies in other circumstances, the following steps may be applied, dependent on pressure on services. Although the legislative changes entailed must by necessity be made at national level, they will always constitute alternative powers; the normal procedures will remain valid. It will be for individual LRFs to decide whether pressure on their local services justifies the use of these alternatives.
20. The aim is to maintain business as usual for as long as possible. We anticipate that there will be some variation in the timing of the peak of the pandemic in different localities as the pandemic spreads across the country, as well as variation in attack rates in different localities. It will thus be possible for some parts of the country to be using normal procedures and other parts alternative procedures simultaneously due to different levels of pressure on services.

#### Step 1

21. Normally, when a doctor attends a patient during their final illness, the death must be referred to the coroner if the doctor who certified the cause of death has seen neither the body after death nor the patient within 14 days of their death.

22. At WHO Phase 6, UK alert level 3 (outbreaks across the UK), the limit of 14 days would be relaxed to 28 days. This would bring England and Wales into line with current practice in Northern Ireland. Where a patient has a chronic condition and death is not unexpected, this will decrease the need for doctors to make visits for the purpose of seeing the body, reduce the need for doctors to contact the coroner, and reduce pressure on coroners and possibly on pathologists for post-mortems. This will require legislative change that will be introduced at national level.

## Step 2

23. Under normal circumstances, coroners strongly encourage that all deaths which occur within 24 hours of admission to hospital (unless purely for terminal care) are reported to them. This is considered a matter of good practice; it is not a statutory requirement. At WHO Phase 6, UK alert level 3 (outbreaks across the UK) it will be recommended nationally that this practice should cease insofar as it concerns deaths caused by pandemic influenza or complications thereof. The aim is to reduce pressure on hospital doctors, coroners and, potentially, pathologists. The statutory requirement to report all deaths that occur during an operation or before recovery from the effects of an anaesthetic will not be changed.
24. The implementation of these changes will be announced centrally and the information cascaded to the LRFs.
25. From that point, each LRF (in discussion with the coroner) will have the choice, in the light of the pressure on services, of implementing one or both of these steps in its locality. An LRF should consider the need for each step separately. An LRF may conclude that it is appropriate to implement step 1, and decide some time later that local circumstances now make it necessary, with the agreement of the coroner, to implement step 2. The issues that the LRF should consider in making its decision include:
  - information on the demands on local medical services from primary and secondary care sources and on the capacity of those services to meet the demands
  - available information on deaths in the locality, and whether delays in provision of death and cremation certificates are leading to problematic delays in disposal from burial/cremation authorities and coroners
  - available information about the likely evolution of the pandemic in its area (for example, based on experience elsewhere in the country or from modelling results provided centrally).

26. If the LRF decides that one or both options should be implemented, this decision will need to be cascaded to those responsible for death certification and death registration in the area.

### Step 3

27. At alert level 4 (widespread activity across the UK), if the clinical attack rate and case fatality rate during the pandemic are at the upper end of the range, services are likely to be under intense pressure.
28. At national level, legislative amendments will be introduced that allow a registered medical practitioner who has not attended the deceased in their last illness to certify those who appear, on the balance of probabilities, to have died of pandemic influenza. This proposal aims to facilitate provision of MCCDs for those who have died at home.
29. Appendix D provides a proforma for collecting information on the deceased to assist this process. This proforma will be made available electronically on the Department of Health and Welsh Assembly Government websites and will be amended if necessary to take account of emerging information about the particular symptoms associated with pandemic influenza. The present proforma is based on the provisional clinical management guidelines drawn up by the British Infection Society, the British Thoracic Society and the Health Protection Agency.<sup>1</sup>
30. Prior to a pandemic, primary care trusts (PCTs), or local health boards (LHBs) or trusts in Wales, are asked to develop and keep up-to-date lists of people who would be willing to assist during a pandemic. Retired medical practitioners, including those who may have retired or have not practised medicine actively for a considerable period, may be of significant assistance for the purposes of death certification. This is discussed further in paragraphs 42–46 and 51–55 below.
31. PCTs/LHBs/trusts will also need to coordinate a system to inform a medical practitioner of the need to attend a deceased person in order to provide, where appropriate, an MCCD. This is discussed further in paragraph 66 below.
32. In some cases, there may have been little or no recent medical intervention and the medical practitioner may only be able to obtain limited information about the deceased's recent state of health. The medical practitioner should consider the information that is available and any other relevant circumstances (for example,

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<sup>1</sup> Available at [www.dh.gov.uk/pandemicflu](http://www.dh.gov.uk/pandemicflu)

any evidence that the deceased contacted the National Flu Line Service; or the existence of medication suitable for treating pandemic influenza, such as oseltamivir in the deceased's possession, with an indication that at least part of the course has been utilised). The medical practitioner should also conduct an external examination of the body in order to assess whether there are any signs that might indicate an alternative cause of death. In particular, the aim should be to assess whether there is any indication that the death is due to violence or suicide, or is in any way suspicious.

33. If, on the balance of probabilities, the medical practitioner is not able to certify that the death is due to pandemic influenza, referral to the coroner will be required. There may be cases where the medical practitioner has found some evidence of symptoms and/or surrounding circumstances that are compatible with, but not exclusive to, pandemic influenza as the cause of death. In such a case, if there are no other indications as to an alternative cause of death, and where there are no suspicious circumstances, during a pandemic a post-mortem examination may not be considered appropriate (in order to prioritise pathologists' time for deaths that are due to violence or are otherwise suspicious). After discussion between the medical practitioner and the coroner, the former may conclude that an MCCD can be provided, even if it just records the cause of death as 'natural causes'. This will be acceptable to the registrar. The death can therefore be registered and disposal of the body can proceed.
34. In some circumstances, the coroner may decide that an inquest is appropriate. It will be difficult to hold inquests during the peak of a pandemic, and inquests may be opened and adjourned until the pandemic period has clearly ended. However, the coroner should still be able to provide certification allowing disposal of the body prior to the inquest.
35. The aim of this step is to reduce pressure on doctors in the community, coroners and pathologists. Again, it will be for the LRF to decide whether this step needs to be implemented locally, taking account of the local circumstances and including those factors listed in paragraph 25 above.
36. Should one or more alternative ways of working be implemented, the LRF will also need to decide, in the light of the factors listed in paragraph 25, when the use of an alternative way of working should cease, and cascade the decision to the relevant organisations responsible for implementation.

## Cremation certification

37. At WHO Phase 6, UK alert level 4, legislative amendments would be introduced nationally that would enable the MCCD to be used as a proxy for cremation Form B, and for the requirement for Form C to be suspended. Form E, from the crematorium medical referee, would still be required.
38. The suspension of Forms B and C would require the use of a process to show that a body is suitable for cremation. Certain implants, such as pacemakers, implantable cardiac devices and fixation nails (which may be used to treat certain fractures) are capable of exploding when exposed to high temperatures. This may cause significant damage to the crematorium infrastructure. For this reason, such implants must either be removed (as in the case of pacemakers) or made safe (in the case of fixation nails, by reducing the pressure inside the nail by drilling a hole in it) prior to cremation.
39. The medical practitioner attending the deceased for the purpose of providing an MCCD will also need to consider whether the body is safe for cremation by obtaining relevant information from informants such as relatives and other members of the household, and, where possible, from medical records. If, to the best of the practitioner's knowledge and belief, the body is safe for cremation, the MCCD should be endorsed with a stamp (at a place that does not impair the readability of the other information concerning the deceased) which indicates that the body is safe for cremation. Such stamps are not normally used and will therefore need to be prepared in advance. The absence of such an assurance may mean that a crematorium would not be able to accept the body for cremation, as it is vital that crematoria can continue to function fully during the pandemic period. If it is not possible for cremation to be carried out during a pandemic, it may be carried out at a later date if appropriate assurances about safety can then be obtained.
40. As in the case of the MCCD, whether it is appropriate to introduce (or cease) this alternative way of working in a particular locality will be for decision by the LRF in the light of pressures on local services and the factors described in paragraph 25 above.
41. If the LRF has decided that it is appropriate to introduce steps 2 or 3 with regard to MCCDs, it is likely that there will be significant pressure on services. In particular, if the person who attended the deceased during their last illness is not required to complete the MCCD, but is still required to complete cremation Form B, the reduction in pressure on their time would be limited. It is therefore probable that the LRF may choose to implement the alternative way of working with regard to cremation certification no later than the time that step 3 concerning the MCCD is implemented.

## Human resources

42. PCTs/LHBs/trusts should develop and keep up-to-date lists of people who may be willing to assist in a pandemic. Retired doctors may be of particular assistance with regard to death and cremation certification. Not all such doctors will maintain their registration with the General Medical Council (GMC), although many may. PCTs/LHBs/trusts should note the registration status of doctors who may be willing to assist in a pandemic. The British Medical Association, in association with the medical Royal Colleges, is considering the development of a database of retired doctors who are willing to assist in an influenza pandemic, that might in the future be of assistance to PCTs/LHBs/trusts.
43. The GMC has indicated that it should be able to re-register doctors who have voluntarily left the register in a timely manner if a pandemic was imminent. Doctors who have not been in clinical practice for some years, for example more than five years, may be naturally hesitant about their fitness to return to clinical practice. However, in the circumstances of a pandemic, the GMC would be willing to re-register doctors with the condition that they only undertake certain activities, such as death certification, even if they have not been in clinical practice for more than five years. Doctors need to be informed of this possibility and encouraged to contact their PCT/LHB/trust if they are willing to assist in a pandemic.
44. As well as contributing to the process of death certification, doctors may also be able to assist by taking on the role of medical referee in local crematoria, subject to the approval of the Ministry of Justice, in order to relieve pressure on existing medical referees and promote business continuity in the event of sickness absence of medical referees. Appendix A describes the role of the medical referee. To be appointed as a medical referee, a doctor must be a registered medical practitioner of not less than five years' standing. Although five years' continuous registration prior to appointment is desirable, it is not mandatory, as long as the medical practitioner has been registered for more than five years in the past and is registered at the time of appointment.
45. A doctor should **never**, as a matter of good practice, both issue an MCCD and act as a medical referee in respect of the same individual given that the Form C procedure may be suspended. In addition, as a matter of good practice, a doctor who may inherit from the estate of the deceased should not take part in the certification process relating to that person.

46. When it is clear that a pandemic is imminent, for example at WHO Phase 5, PCTs/LHBs/trusts should contact the medical practitioners on their list, as well as inviting others to come forward (for example through local media), in order to establish their registration status. Any doctors who are not registered and who would be willing to assist in death certification should be asked to contact the GMC in order to re-establish their registration as soon as possible.

## Training

47. Under normal circumstances, delays may occur in disposal of a deceased person because of inadequacies in completion of the MCCD. For example, heart failure is not a cause of death, but a mode of death. As a result, delays are introduced as the registrar needs to make enquiries either with the certifying doctor or the coroner before s/he can issue the authority for disposal. Poor completion of certification also limits the accuracy of national data.
48. Training in the proper completion of MCCDs and cremation certificates is therefore of importance in normal times. In preparing for a pandemic, planners both in PCTs/LHBs/trusts and in secondary care should consider the adequacy of their existing processes for training staff in this area.
49. Doctors who are willing to assist in providing death certification during a pandemic, or in acting as medical referees, will also need training if these are not tasks they have undertaken recently. PCTs/LHBs/trusts should ensure that doctors have access to adequate training in the run-up to a pandemic (for example, by offering a training half day or full day).
50. Through the LRF, PCT/LHB/trust coordinators should contact those responsible for local crematoria to ensure that supplementary medical referees have access to the guidance normally provided for medical referees.

## Operational management

### Human resources

51. As noted above, PCTs/LHBs/trusts should make contact at WHO Phase 5 with those who have indicated that they are willing to assist in death certification during a pandemic, clarify their registration status and ensure the accuracy of contact details such as mobile phone numbers. If medical practitioners are not registered with the GMC and are willing to re-register, they should be asked to inform the PCT/LHB/trust when registration is obtained and this should be noted on file. Only registered medical practitioners can complete an MCCD.

52. In the event that a PCT/LHB/trust considers that it may have insufficient medical practitioners to respond to the potential need for provision of death and cremation certification during a pandemic, it should discuss the issue with neighbouring PCTs/LHBs/trusts. As some areas may be more attractive to retirees than others, some PCTs/LHBs/trusts may have a larger pool of retired medical practitioners than others to call upon, and mutual aid may be possible.
53. As with others assisting during a pandemic, the PCT/LHB/trust should have an appropriate, simple, written arrangement for terms and conditions of service with medical practitioners providing death certification, and should ensure that they have appropriate indemnity. The *Pandemic influenza: Human resources guidance for the NHS* provides further details on this issue.
54. Those responsible for crematoria will need to make contact with those who have indicated that they are willing to act as medical referees to ensure that they can be properly appointed. All medical referees will continue to be medical practitioners of at least five years standing duly appointed by the Ministry of Justice.
55. It will be necessary to clarify that the medical practitioners have received appropriate training for their roles (including awareness of the functions of the local register office (see paragraphs 60–63), the need for appropriate security for books of MCCDs, and good infection control (see paragraphs 70–71)) and whether any updating is required.

### **Resources needed during the certification process**

56. PCTs/LHBs/trusts should also, in advance of a pandemic, consider the resources needed to complete the certification processes and ensure that these will be available (in particular books of MCCDs and stamps to indicate that a body is safe to cremate). Such resources will include:
  - books of MCCDs
  - copies of proformas to assist in assessment
  - stamps to indicate that a body is safe to cremate
  - contact details of the relevant coroner's office
  - contact details, including fax number and email address, of the local registrar
  - surgical masks that may be needed for visits to homes where household members have pandemic influenza
  - information booklets about what to do after someone dies.

57. Books of MCCDs are normally supplied to registered medical practitioners by their local registrar (who in turn orders stocks from the Office for National Statistics). Registrars have to keep a record of which books they issue and to whom. PCTs/LHBs/trusts will need to contact their local register office about supplies; preliminary enquiries should be made at an early stage to ensure that stocks can be ordered in good time.

### **Working with local register offices and crematorium authorities**

58. PCTs/LHBs/trusts also need to inform local registrars of the names and qualifications of the additional registered medical practitioners they deploy, so that delays are not introduced by the need for registrars to check up on names that are not included in their normal lists.
59. In some circumstances (see paragraph 67 below), it may be helpful for the medical practitioner (or a member of staff from the PCT/LHB/trust/practice, as appropriate) to either fax or, if facilities are available, scan and email the MCCD to the registrar. As the MCCD is not a standard A4 shape, it is important to establish in advance of a pandemic that such systems are feasible locally. Therefore, PCTs/LHBs/trusts should check with the local register office what systems would be acceptable to it, involving local primary care premises if medical practitioners certifying death would use those premises in a pandemic. Acceptable routes of transmission should be tested in advance of a pandemic with an MCCD to ensure that documents arrive securely, are legible on receipt, and are not corrupted en route.
60. Personal attendance at the local register office can be helpful for relatives. Medical practitioners providing certification need to be informed of the services that such offices provide in order to give that information to bereaved relatives if necessary. In a pandemic, in order to limit the spread of infection, local authorities could decide that they want to limit face-to-face registration by the relatives of the deceased at the local register office. In these circumstances telephone registration may be offered, but this will be possible only if the registrar receives the MCCD or documentation from the coroner by email, fax or another method (see paragraph 67 below). Another option is to use the funeral director (with the authority of the relatives) as an intermediary to take MCCDs to the register office, supply the other information required, and then take disposal documents to the crematorium or burial authority.

61. It may be helpful if medical practitioners have a supply of booklets about what to do after a death<sup>2</sup> which can be given to bereaved people who are not able to, or are asked not to, attend the local register office. The services provided by the local register office include the following (all these services can also be provided by post on request):
- Each person attending to give information about a death is provided with booklets about what to do after a death, which cover arranging a funeral, benefits, probate etc.
  - A free notification of death document is issued, which can be used for social security purposes to enable settlement of outstanding claims and payments, including claims for help with funeral costs.
  - An addressed envelope is provided for the return of the deceased person's passport.
  - Local services that may be of assistance to bereaved people are signposted.
62. Registrars also issue certified copies of the entry in the death register (sometimes called death certificates) which are useful for the administration of the person's estate. Copies of these certificates can be provided at a later stage on application by the relatives.
63. Once a death is registered, the registrar will notify a range of agencies in order to ensure that pensions are stopped, council tax bills are not sent to the deceased etc. These notifications will continue during a pandemic, although there may be some delays in comparison with normal service.

### **The process for bereaved people**

64. Consideration should be given to the needs of those who have been bereaved. In the event of a death at home, it is likely that the relatives of the deceased person may contact their general practice (if they have one). The practice will need to know whether they should refer the caller to the PCT/LHB/trust, or whether they can take the relevant details and inform either the medical practitioner assigned to their practice for this purpose or the PCT/LHB/trust.
65. Every endeavour should be made to deal sensitively with bereaved people and to make processes as simple as possible for them. Consideration should be given in the LRF, prior to a pandemic, to support for bereaved people. Faith communities

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<sup>2</sup> These should be ordered directly from DWP Customer Services, Room 10B, Norcross, Blackpool FY5 3TA.

and bereavement and other support organisations and groups may be able to provide particular assistance in this regard. The draft Home Office guidance (see paragraph 2) highlights the importance of involving such communities, organisations and groups in local planning networks.

### Processes during a pandemic

66. PCTs/LHBs/trusts will need to consider the most appropriate arrangement for deploying the additional medical practitioners available to them, in the light of their local circumstances and the numbers available. There may be several alternatives, for example:
- assigning medical practitioners to cover deaths of patients belonging to one or more local practices
  - assigning medical practitioners to deaths as they arise from a central point in the PCT/LHB/trust.
67. Normally, relatives will collect the MCCD from the hospital or from primary care premises and take it to the registrar. Where an MCCD is provided under step 3, it will be given directly to the family. During a pandemic, relatives may be concerned about collecting/delivering, or be unable (for example, due to personal ill health or ill health of other family members) to collect/deliver, the MCCD or they may be asked not to attend in person (see paragraph 60). In such circumstances, it would be acceptable for the MCCD to be faxed or emailed to the registrar to enable death registration/issue of certificate for burial or cremation to proceed. Medical practitioners providing the MCCD should be prepared to fax or email the MCCD to the registrar if the relatives are not able to take forward matters in a timely manner. Relatives will then need to collect the MCCD at a later stage. However, medical practitioners should be able to discuss with the family the benefits of attendance, whether at that time or subsequently, at the local register office (see paragraph 61).
68. The stamped MCCD (if the alternative way of working for cremation certification is in use) and the registrar's certificate for burial and/or cremation are needed by the medical referee of the crematorium if cremation is to proceed. It is important that the local organisations concerned (register office, crematorium, PCT/LHBs/trusts) ensure that appropriate arrangements are in place for the onward transmission of the documents if relatives are not able to do this in a timely manner during a pandemic.

69. Proformas used in assessment of the cause of death (see paragraph 29 above) will need to be incorporated into the deceased's medical record in case the cause of death is questioned at a later stage. Where a medical practitioner is assigned to particular practices, it may be simplest for the proformas to be returned to the practices for filing. Where the practitioner is assigned to deaths by the PCT/LHB/trust, the proformas should be returned to the PCT/LHB/trust and arrangements made for them to be returned to the practices concerned in an appropriate manner (for example, in batches).

### **Infection control**

70. Influenza can be transferred to hands from hard surfaces for up to 24 hours after the surface has been contaminated, and from soft materials (pyjamas, magazines, tissues) for up to two hours after, although in very low quantities after 15 minutes. When medical practitioners assess a patient for the purposes of death certification they should follow good infection control practice and in particular wash their hands (or use an alcohol handrub) at the end of the visit.
71. If other members of the household have pandemic influenza there is a risk of droplet spread from people who are coughing or sneezing. If it is possible to complete an appropriate assessment without interviewing such persons this would be preferable (assuming that the potential informant is well enough to be interviewed). Otherwise, the medical practitioner should follow good infection control practice, including the use of surgical masks if appropriate.

### **Business continuity**

72. Medical practitioners who have volunteered to assist during a pandemic and other staff involved in death and cremation certification processes will also be vulnerable to pandemic influenza. It is important that this is taken into account in the business continuity plans of all the organisations concerned.

### **Central coordination during a pandemic**

73. There should be a contact point in the PCT/LHB/trust that can be used for enquiries (others than those to the coroner) about death certification in a pandemic.

### **Deaths in custody**

74. Deaths in custody arouse particular concern, as those concerned are in the care of the state. Additional safeguards may be applied in such cases. Rules require that the death of a person in a prison, detention centre or young offender establishment, or held under rules relating to detention in the Armed Forces,

must be reported to the coroner. Where a death occurs in prison, an inquest with a jury must be held, even when the death was from natural causes.

75. Where a person is detained in other circumstances (for example under mental health legislation), reporting to the coroner is only necessary in the circumstances set out in Appendix B (for example, if the death is due to suicide). However, in practice natural deaths occurring in particular settings (such as high security mental health services) may also be reported.
76. During a pandemic it may not be feasible to hold inquests and the extent of enquiries that can be made may be more limited than usual. It will be possible for inquests to be opened and adjourned, and authority provided for disposal by the coroner if appropriate.
77. At WHO Phase 6, UK alert level 3, national legal changes will be made to facilitate alternative ways of working. The need to start or cease alternative ways of working should be considered in the light of local pressures (see paragraph 25) and the decision should be made by the LRF in association with the authorities responsible for the custodial establishment. Those authorities should provide information on the impact of the pandemic within their establishment and the consequent pressures. Experience from previous pandemics has shown that attack rates in closed establishments may be very high.
78. When a person dies in custody the body should be inspected externally by a registered medical practitioner independent of the custodial body (for example, not one of the prison's medical practitioners) and enquiries should be made by that practitioner to ensure that there are no suspicious circumstances surrounding the death. The medical practitioner should consider whether there is documentary evidence of the deceased having influenza-like or other serious physical illness that could cause death. If the evidence suggests that there is a high probability that the death is due to pandemic influenza, the national legal changes will mean that referral to the coroner and an inquest will not be required. The registered medical practitioner will provide the MCCD and, where alternative procedures for cremation certification are in place, consider whether the body is safe to cremate (see paragraph 39) and if appropriate stamp the MCCD accordingly.
79. If there is doubt about the cause of death or the death is not due to pandemic influenza, referral to the coroner will be needed and a post-mortem may be required. If the post-mortem concludes that death was due to natural causes, the national legal changes will obviate the need for an inquest.

80. The governor of the custodial establishment should also consider whether, from their perspective, there are any suspicious circumstances surrounding the death and thus whether referral to the coroner is needed.
81. PCTs/LHBs/trusts that commission prison healthcare need to plan well in advance appropriate arrangements for independent medical practitioner(s) who can assess deaths within the relevant establishments. If the location of the establishment is relatively remote, particular attention to business continuity may be needed, as medical practitioners will also be vulnerable to pandemic influenza. Attention should also be given to the resources needed by practitioners for certification (notably books of MCCDs and a stamp indicating that a body is safe to cremate). It may be useful for planning to take place in conjunction with the relevant PCT/LHB/trust.

## Communications

82. Changes to the processes for death and cremation certification require particularly careful communication. In the event that changes are needed, in addition to the need for general understanding of why it is necessary to change processes, sensitive communication with bereaved people (who may have wished to see their usual general practitioner after a bereavement) is also vital.
83. The draft Home Office guidance *Planning for a possible influenza pandemic: A framework for planners preparing to manage deaths* offers further guidance on communications. In particular, it notes that local communications will be the first step in providing reassurance. The emphasis should be **tell it all, tell it truthfully and tell it quickly**. PCTs/LHBs/trusts will need to ensure that issues concerning death and cremation certification are included when developing their communications plans prior to a pandemic.

# Appendix A – Overview of the current system for death and cremation certification

1. Currently, medical practitioners have a duty under the Births and Deaths Registration Act 1953 to complete a medical certificate of cause of death (MCCD) if they attended the deceased during their last illness. The contents of the MCCD comply with World Health Organization (WHO) recommendations to ensure comparability for epidemiological purposes. The information recorded on the MCCD includes the name and age of the deceased, the date and place of death, when they were last seen alive by the certifying doctor, the cause of death and whether it may have been contributed to by the employment of the deceased at some time, and whether the certified cause of death takes account of post-mortem findings.
2. The MCCD is delivered by the informant (usually the next of kin) to the registrar of births and deaths, who issues the death certificate. The registrar is also under a statutory duty to refer certain cases to the coroner.
3. The registrar has a duty to refer deaths to the coroner if:
  - the deceased had not been seen by the certifying doctor within 14 days of the death, or
  - the certifying doctor had not seen the body after death.
4. Registrars are also required to refer deaths to coroners where:
  - the cause of death is unknown
  - the death was violent or unnatural or suspicious
  - the death may be due to an accident (whenever it occurred)
  - the death may be due to self-neglect or neglect by others
  - the death may be due to an industrial disease or related to the deceased's employment
  - the death may be due to an abortion
  - the death occurred during an operation or before recovery from the effects of an anaesthetic

- the death may be a suicide
  - the death occurred during or shortly after detention in police or prison custody.
5. In practice, medical practitioners themselves tend to refer cases directly to the coroner where there is uncertainty about the cause of death or reason to believe that the death was suspicious, or if the death might fall into one of the categories reportable under the registration legislation. The guidance notes on the MCCD remind medical practitioners of the above categories.
6. Assuming neither the doctor nor the registrar refers the case to the coroner, the registrar issues a green certificate for burial or cremation. The family can then proceed with a burial.
7. In addition, for cremation, a separate application is made to the crematorium on the statutory **Application for Cremation (known as Form A)** – usually by the deceased’s executor or next of kin. The applicant has to provide details including their relationship to the deceased; the place, time and date of death; whether there may be any reason to suspect violence, poison or neglect; whether there is any reason to think an examination of the remains is desirable; and details of the patient’s general medical practitioner. This form is passed to the relevant crematorium.
8. For cremation there is also a requirement for a **Certificate of Medical Attendant (Form B)** which is completed by a registered medical practitioner. This medical practitioner can be the same one who completed the MCCD (and in practice often is). Questions on this form include:
- How long did the doctor attend the deceased?
  - When was the deceased last seen alive?
  - When was the body seen?
  - What, if any, examination was made of the body?
  - What were the cause and mode of death?
  - Were any surgical interventions made within a year before death?
  - Is there any reason to suspect poison, violence or neglect?
  - Is there any reason to suppose that a further examination is necessary?
9. This is the sole opportunity for information on implants to be registered.

10. This form is then passed to another medical practitioner, who will complete the confirmatory certificate described below (Form C).
11. The **Confirmatory Medical Certificate (Form C)** must be completed by a different medical practitioner, who must not be a relative of the deceased or a relative or partner of the doctor who completed the Certificate of Medical Attendant (Form B) and who has been registered with the General Medical Council (GMC) for at least five years, although European qualifications may also permit a registered doctor to sign this form. The Confirmatory Medical Certificate, in addition to an expectation that the practitioner has examined Form B, asks:
  - Have you seen the body of the deceased?
  - Have you carefully examined the body externally?
  - Have you seen and questioned the medical practitioner who gave the above certificate (ie Form B)?
  - Have you seen and questioned any other medical practitioner who attended the deceased? (If so, give details.)
  - Have you seen and questioned any person who nursed the deceased during the last illness, or who was present at the death (give details and say if seen alone)?
  - Have you seen and questioned any other person (give details and state if seen alone)?
12. The declaration confirms that the doctor knows of no reasonable cause to suspect that the deceased died either a violent or unnatural or sudden death of which the cause is unknown, or died in such a place or circumstances as to require an inquest. The form is sent to a medical referee (another fully registered doctor of five years' standing, and appointed by the Ministry of Justice on the nomination of the cremation authority duly meeting the fees payable to the referee).
13. The **Authority to Cremate (Form F)** is completed by the medical referee, authorising the superintendent of the crematorium to cremate the remains. The medical referee may make any enquiries thought appropriate of other signatories, and may refuse cremation unless a post-mortem is carried out.

# Appendix B – Certification and registration of deaths in the UK

	England and Wales	Scotland	Northern Ireland
<b>1. Requirements for death certification</b>	<p>i. The registered medical practitioner who attended the deceased during their last illness has a statutory duty to certify the cause of death on the prescribed form and deliver it to the registrar.</p> <p>ii. The medical certificate of cause of death is prescribed in regulations made by the Registrar General.</p>	<p>i. The registered medical practitioner who attended the deceased during their last illness has a statutory duty to certify the cause of death on the prescribed form and give it to the informant or to the district registrar (where no medical practitioner was in attendance, or where s/he is unable to provide a medical certificate, then any medical practitioner who is able to do so may certify.)</p> <p>ii. As in England and Wales.</p>	<p>i. The registered medical practitioner who treated the deceased within the last 28 days prior to the date of death has a statutory duty to certify the cause of death on the prescribed form and give it to the informant.</p> <p>ii. As in England and Wales.</p>
<b>2. Reporting deaths to the coroner/ procurator fiscal</b>	<p>Registrars have a duty to refer deaths to the coroner in the circumstances prescribed in the regulations (see list of circumstances at Annex 1).</p>	<p>Registrars have a duty to report certain deaths to the procurator fiscal (see Annex 3 below). In addition, the certifying doctor has a duty to report such deaths, so the procurator fiscal will normally receive a report from both the registrar and the certifying doctor.</p>	<p>Registrars have a duty to refer the death to the coroner in circumstances set out in the Coroners Act (Northern Ireland) 1959 Section 7 (see Annex 2 below).</p>

	England and Wales	Scotland	Northern Ireland
<b>3. Registration of deaths</b>	<p>i. A registrar must register a death when s/he receives the information required to be registered about the deceased and about the cause of death.</p> <p>ii. A registrar may not register a death that has been reported to the coroner without authority from the coroner to do so.</p> <p>iii. A death can be registered without a qualified informant where the coroner has opened an inquest and supplies the death registration information to the registrar.</p> <p>iv. Cause of death can be certified to the registrar:</p> <ul style="list-style-type: none"> <li>● by a registered medical practitioner (see 1)</li> <li>● by the coroner following post-mortem</li> <li>● by the coroner on inquest or inquest adjourned.</li> </ul> <p>Where no medical practitioner who attended the deceased before death is available to certify the cause of death, the death is reported to the coroner. Information about cause of death may be made available from medical records by a doctor who could not sign the death certificate. If the coroner is satisfied that there is no need for a post-mortem or inquest, the death may be registered showing the cause given (and cleared by the coroner), followed by the word 'uncertified'.</p>	<p>i. A registrar must register a death when s/he receives information required to be registered about the deceased and about the cause of death.</p> <p>ii. Any death registered by a registrar where a medical certificate of cause of death was not produced by the informant at the time of registration, and has not subsequently been produced by a registered medical practitioner, must be reported by the registrar to the procurator fiscal as an uncertified death.</p> <p>iii. A death can be registered without a qualified informant on the authority of the Registrar General, provided s/he is satisfied that the correct particulars concerning the death are available.</p> <p>iv. Cause of death can be certified to the registrar:</p> <ul style="list-style-type: none"> <li>● by a registered medical practitioner (including a pathologist)</li> <li>● by the procurator fiscal or to the</li> <li>● Registrar General by the procurator fiscal following investigation and/or post-mortem examination (the Registrar General may register the death, or amend or correct the information recorded, including the cause of death).</li> </ul>	<p>As in England and Wales.</p>

## Annex 1 – Reference to the coroner in England and Wales

### Registration of Births and Deaths Regulations 1987

#### 41 Reference to coroner

- (1) Where the relevant registrar is informed of the death of any person he shall, subject to paragraph (2), report the death to the coroner on an approved form if the death is one –
  - (a) in respect of which the deceased was not attended during his last illness by a registered medical practitioner; or
  - (b) in respect of which the registrar –
    - (i) has been unable to obtain a duly completed certificate of cause of death, or
    - (ii) has received such a certificate with respect to which it appears to him, from the particulars contained in the certificate or otherwise, that the deceased was not seen by the certifying medical practitioner either after death or within 14 days before death; or
  - (c) the cause of which appears to be unknown; or
  - (d) which the registrar has reason to believe to have been unnatural or to have been caused by violence or neglect or by abortion or to have been attended by suspicious circumstances; or
  - (e) which appears to the registrar to have occurred during an operation or before recovery from the effect of an anaesthetic; or
  - (f) which appears to the registrar from the contents of any medical certificate of cause of death to have been due to industrial disease or industrial poisoning.
- (2) Where the registrar has reason to believe, with respect to any death of which he is informed or in respect of which a certificate of cause of death has been delivered to him, that the circumstances of the death were such that it is the duty of some person or authority other than himself to report the death to the coroner, he shall either satisfy himself that it has been reported or report it himself.

- (3) The registrar shall not register any death –
- (a) which he has himself reported to the coroner;
  - (b) which to his knowledge it is the duty of any other person or authority to report to the coroner; or
  - (c) which to his knowledge has been reported to the coroner, until he has received either a coroner's certificate after inquest or a notification from the coroner that he does not intend to hold an inquest.

## Annex 2 – Reference to the coroner in Northern Ireland

### Coroners Act (Northern Ireland) 1959

7. Every medical practitioner, registrar of deaths or funeral director and every occupier of a house or mobile dwelling and every person in charge of any institution or premises in which a deceased person was residing, who has reason to believe that the deceased person died, either directly or indirectly, as a result of violence or misadventure or by unfair means, or as a result of negligence or misconduct or malpractice on the part of others, or from any cause other than natural illness or disease for which he had been seen and treated by a registered medical practitioner within 28 days prior to his death, or in circumstances as may require investigation (including death as a result of the administration of an anaesthetic), shall immediately notify the coroner within whose district the body of such deceased person is of the facts and circumstances relating to the death.

## Annex 3 – Reference to the procurator fiscal in Scotland

### Scottish Registrars Handbook of Instructions

#### D13 Certain deaths to be reported to the procurator fiscal

The procurator fiscal has a duty to investigate certain deaths. Generally the procurator fiscal will enquire into any sudden, suspicious, accidental, unexpected and unexplained death. However the procurator fiscal may enquire into any death brought to his or her notice if he or she thinks it necessary to do so. In particular, the procurator fiscal will want to know from the registrars of any death where the circumstances or evidence suggest that the death may fall into one or more of the following categories:

- any death due to violent, suspicious or unexplained cause;
- any death related to occupation, for example industrial disease or poisoning;

- any death involving fault or neglect on the part of another;
- any death as a result of abortion or attempted abortion;
- possible or suspected suicide;
- any death as a result of medical mishap; and any death where a complaint is received which suggests that medical treatment or the absence of treatment may have contributed to the death;
- any death resulting from an accident;
- any death arising out of the use of a vehicle including an aircraft, ship or train;
- any death due to poisoning or suspected poisoning, including by prescription or non-prescription drugs, other substances, gas or solvent fumes;
- any death by drowning;
- any death by burning or scalding, or as a result of a fire or explosion;
- any death due to a notifiable infectious disease, or food poisoning;
- certain deaths of children – any death of a newborn child whose body is found, any sudden death in infancy, any death due to suffocation including overlaying, any death of a foster child;
- any death in legal custody;
- any death of a person of residence unknown, who died other than in a house;
- any death at work, whether or not as a result of an accident;
- any death where a doctor has been unable to certify a cause.

# Appendix C – Cremation requirements in the UK

## 1. Requirements for cremation

### England and Wales

As set out in the Cremation Regulations 1930 as amended:

- i. The applicant (usually next of kin or executor) must sign a completed application form which must be countersigned by a householder who knows the applicant.
- ii. The registered medical practitioner who attended the deceased during their last illness and who can certify definitely as to the cause of death is expected to complete a form providing details of the circumstances in which the deceased died.
- iii. A second medical practitioner, independent of the first, and of at least five years' standing, completes a confirmatory certificate after examining the body and form made under ii. above and discussing the case with the medical practitioner who attended the deceased during their last illness.
- iv. A third medical practitioner known as the medical referee<sup>3</sup> who is of five years standing and has suitable experience and has been appointed by

### Scotland

As set out in the Cremation Regulations (Scotland) 1935 as amended:

- i. The applicant (usually next of kin or executor) must sign a completed application form which must be countersigned by a householder who knows the applicant.
- ii. The registered medical practitioner who attended the deceased during their last illness (or if no-one was in attendance the ordinary medical attendant of the deceased) and who can certify definitely as to the cause of death is expected to complete a form providing details of the circumstances in which the deceased died.
- iii. A second medical practitioner, independent of the first, and of at least five years' standing, completes a confirmatory certificate after examining the body and form made under ii. above and discussing the case with the medical practitioner who attended the deceased during their last illness.
- iv. A third medical practitioner known as

### Northern Ireland

As set out in the Cremation (Belfast) Regulations 1961:

- i. The applicant (usually next of kin or executor) must sign a completed application form which must be countersigned by a Justice of the Peace.
- ii. The registered medical practitioner who attended the deceased during their last illness and who can certify definitely as to the cause of death is expected to complete a form providing details of the circumstances in which the deceased died.
- iii. A second medical practitioner, independent of the first and who must not have attended the deceased in any way, and of at least five years' standing, completes a confirmatory certificate after examining the body and form made under ii. above and discussing the case with the medical practitioner who attended the deceased during their last illness.
- iv. A third medical practitioner known as the medical referee<sup>3</sup> who is of five years standing and has

3 NB the medical referee may complete the confirmatory certificate.

	<b>England and Wales</b>	<b>Scotland</b>	<b>Northern Ireland</b>
<b>1. Requirements for cremation (continued)</b>	<p>the Secretary of State, has signed a form authorising cremation.</p> <p>v. Forms substantially to the like effect if the person died in Scotland, Northern Ireland or the Islands.</p> <p>vi. Registration requirements are set out below.</p>	<p>the medical referee<sup>4</sup> who is of five years standing and has suitable experience and has been appointed by the Secretary of State has signed a form authorising cremation.</p> <p>v. Forms substantially to the like effect if the person died in England, as well as either the coroner's Out of England Order or the coroner's cremation certificate.</p> <p>vi. Forms substantially to the like effect elsewhere furth [outside] of Scotland or, in their absence, the Secretary of State may grant authority to the medical referee to cremate.</p>	<p>suitable experience and has been appointed by the Secretary of State has signed a form authorising cremation.</p> <p>v. Forms substantially to the like effect if the person died in Scotland, England, Wales or the Islands and an Out of Country order signed by a coroner in England, Wales and Ireland or a procurator fiscal in Scotland.</p> <p>vi. Registration requirements are set out below.</p> <p>vii. It is not lawful to cremate where the deceased has left written direction to the contrary or where remains are unidentified.</p>
<b>2. Involvement of the coroner/ procurator fiscal</b>	<p>If the coroner has ordered a post-mortem examination or opened an inquest, or the death occurred abroad, the medical element of the above procedure does not apply – instead the coroner completes a certificate and the medical referee authorises cremation (and an application form is still required).</p>	<p>If the procurator fiscal has ordered a post-mortem examination or opened an inquest, the medical element of the above procedure does not apply – instead the procurator fiscal completes a certificate and the medical referee authorises cremation (and an application form is still required).</p>	<p>If the coroner has ordered a post-mortem examination or opened an inquest, or an investigation has been made under Section 11(1) of the Coroners Act (Northern Ireland) 1959, the medical element of the above procedure does not apply – instead the coroner completes a certificate and the medical referee authorises cremation (and an application form is still required).</p>

<sup>4</sup> NB the medical referee may complete the confirmatory certificate.

**3. Registration of deaths matters**

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|--|--|--|
| <p>i. The medical referee must be satisfied that the registrar has issued a certificate under Section 24(1) of the Births and Deaths Registration Act 1953 before authorising cremation,</p> <p>ii. or that the coroner has issued his certificate,</p> <p>iii. or that the death occurred outside England and Wales and a certificate of non-liability under Section 24(2) of the Births and Deaths Registration Act 1953 has been issued/coroner has issued his certificate.</p> <p>iv. The crematorium must also keep its own register of cremations.</p> | <p>i. The medical referee must be satisfied that the registrar has registered a death in accordance with the Registration of Births, Still-births, Deaths and Marriages (Prescription of Forms)(Scotland) 1935 to 1965 before authorising cremation,</p> <p>ii. or that the procurator fiscal has issued his certificate,</p> <p>iii. or that the death has been registered in Northern Ireland.</p> <p>iv. The crematorium must also keep its own register of cremations.</p> | <p>i. The medical referee must be satisfied that the registrar has registered a death before authorising cremation,</p> <p>ii. or that the coroner has issued his/her certificate,</p> <p>iii. or that the death was registered in Scotland,</p> <p>iv. or that a coroner in England or Wales has issued an Out of Country order.</p> <p>v. If death occurred abroad, ie outside the UK or Ireland documents should be verified by the British Ambassador.</p> <p>vi. The crematorium must also keep its own register of cremations.</p> |
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# Appendix D – Draft proforma to assist death certification

This proforma would be adapted if necessary to take into account the symptoms resulting from the pandemic influenza virus.

## Information concerning a person who has not been seen by a medical practitioner in the 28 days before death

Information collected by .....(name)  
.....(post)  
on .....(date)

Name of deceased:

Date of birth:

Home address:

General practitioner:

- 1. Source(s) of information (indicate name of informants):
  - GP Yes/No
  - Hospital Yes/No
  - Health professional Yes/No
  - Family and friends Yes/No
- 2. Did the person personally or did someone on their behalf make contact with the National Flu Line service?  
Yes/No

3. Immediately prior to death, did the person show symptoms of:
- |   |                         |        |
|---|-------------------------|--------|
| Fever?  |                         | Yes/No |
| Cough?  |                         | Yes/No |
| Headache?                                     |                         | Yes/No |
| Coryzal symptoms/viral respiratory infection? |                         | Yes/No |
| Myalgia?                                      |                         | Yes/No |
| Sore throat?                                  |                         | Yes/No |
| For children                                  | Rhinorrhoea?            | Yes/No |
| For infants                                   | Diarrhoea and vomiting? | Yes/No |
| For older children                            | Pharyngitis?            | Yes/No |
4. Have PCR/tracheal swabs confirmed possible flu? Yes/No
5. External examination: are there any signs of:
- |             |        |
|-------------|--------|
| Injury?     | Yes/No |
| Swelling?   | Yes/No |
| Contusions? | Yes/No |

Provide details if relevant.

6. Any other information relevant to the cause of death.

# Appendix E – Checklists for planning

## Actions for medical practitioners

### Now and up to WHO Phase 5

- Retiring or retired medical practitioners who would be prepared to assist with certifying deaths in a pandemic should make contact with their primary care trust (PCT)/local health board (LHB)/trust and provide it with contact details and information on their General Medical Council (GMC) registration status.
- Retiring or retired medical practitioners who would be prepared to assist in a pandemic by acting as crematorium medical referees should make contact with the authorities responsible for their local crematorium and provide them with contact details and information on their GMC registration status.
- Medical practitioners who are neither retired nor in active medical practice (for example those on a career break) and who would be prepared to assist in a pandemic in either of the above activities should take the same action.
- Medical practitioners who have indicated that they are willing to assist in these ways should, where necessary, undertake any relevant training offered by the PCT/LHB/trust/cremation authority.

### At WHO Phase 5

- Medical practitioners willing to assist in a pandemic who have not yet indicated their willingness to assist to the PCT/LHB/trust/cremation authority should do so.
- Medical practitioners should ensure that they are registered with the GMC and should re-register if necessary.
- Medical practitioners should ensure that the PCT/LHB/trust/cremation authority has all their relevant contact details (in particular mobile phone numbers) and should undertake any relevant training offered by the PCT/LHB/trust/cremation authority.
- Where medical practitioners have agreed to assist in death certification, they should ensure that they understand how they will be informed of deaths, that they know the location to which proformas used in assessment should be returned, and that they have the necessary resources (eg books of medical certificates of cause of death (MCCDs), stamps to indicate that a body is safe to cremate, face masks).

### During the pandemic

- Medical practitioners who have agreed to assist in a pandemic should be attentive to announcements concerning the development of the pandemic. Once the pandemic has reached the UK (World Health Organization (WHO) Phase 6, UK alert level 2) it is expected to spread rapidly throughout the country.
- Additional medical practitioners will be deployed at alert level 4. As soon as alert level 3 is announced, unless there is reason to believe that the pandemic is so mild that their services are unlikely to be required, practitioners should prepare for deployment and collect the resources they may need from the pre-agreed point.
- Proformas used in assessment should be returned in a timely manner to the pre-agreed point.

### During recovery

- At the end of the pandemic wave, all unused resources, including books of MCCDs, should be returned to the agreed point.
- Further pandemic waves may follow weeks to months after the first wave. Practitioners should confirm that they would be willing to assist in a further wave.

## Actions for PCTs/LHBs/trusts

### Now and up to WHO Phase 5

- Develop a list of medical practitioners willing to assist in a pandemic, including information on contact details and GMC registration status.
- If there is concern that insufficient medical practitioners will be available, discuss the situation with neighbouring PCTs/LHBs/trusts to establish the potential for mutual aid.
- Make a provisional plan for the deployment of additional medical practitioners (eg whether they should be linked to specific primary care practices or deployed centrally by the PCT/LHB/trust).
- Take account of the need for face masks for those providing death and cremation certification when assessing needs for face masks in the PCT/LHB/trust.
- Ensure that medical practitioners who carry out death and cremation certification have access to appropriate training in the correct completion of

the relevant forms, and encourage them to participate in audit of standards of completion of certification.

- Ensure that medical practitioners who may assist in death and cremation certification during a pandemic have access to training on certification and infection control.
- In association with partners from **social care services**, **ambulance services** and **primary care services**, ensure that there will be sufficient numbers of people who can verify death (for example in a nursing home) and, where necessary, ensure that training (for example for nurses) is provided to increase the numbers of people who can fulfil this role.
- Contact the **local register office** to discuss arrangements for obtaining books of MCCDs, timescales for delivery etc.
- Establish with the **local register office** whether MCCDs could be faxed or emailed to the local register office during a pandemic, and test possible transmission routes.
- Agree with **primary care services**, **local secondary care services** and the **cremation authority** an appropriate stamp to use on MCCDs to indicate that a body is safe to cremate, and make plans for provision of appropriate stamps.
- Ensure that issues concerning death and cremation certification are included in communications plans.
- Working with **authorities responsible for custodial establishments**, ensure that appropriate plans are in place so that the bodies of persons who die in custody can be examined by an independent medical practitioner, and that the plans cover how to obtain the resources needed by those practitioners for certification (eg books of MCCDs, stamps indicating that a body is safe to cremate).

### At WHO Phase 5

- Contact medical practitioners on your list as soon as possible, and confirm that they are willing and able to assist; check their contact details and registration status and ask them to re-register with the GMC if necessary; check whether any updating training is required and, if so, arrange its provision.
- Assess whether sufficient medical practitioners will be available or whether a neighbouring PCT/LHB/trust needs to be contacted regarding mutual aid.

- Provide medical practitioners with an appropriate contract for terms and conditions of service and ensure that they have appropriate indemnity (see *Pandemic influenza: Human resources guidance for the NHS*).
- Ensure that all resources needed for completion of the certification processes, and booklets on what to do after a death, are available.
- Finalise the plan for deployment of additional medical practitioners and ensure that they are aware of it and of how to obtain the resources needed for certification (eg to be collected from a central point at the PCT/LHB/trust or from elsewhere).
- If the PCT/LHB/trust is to deploy medical practitioners centrally, ensure that appropriate arrangements are made for this (those managing the deployment must have the contact details of the medical practitioners etc) – this may be done through the central contact point.
- Ensure that all **primary care practices** are aware of the plan and of the action that should be taken if a bereaved person contacts the practice seeking death certification.
- Ensure that **primary care practices** are aware of the possibility of alternative ways of working and have stamps to indicate that a body is safe to cremate.
- Ensure that arrangements are in place for a central contact point for enquiries about death and cremation certification during a pandemic.
- Notify the **local register office** of the names and medical qualifications of additional medical practitioners who will be working in the area, and details of the central contact point for enquiries.
- Working with **authorities responsible for custodial establishments**, ensure that medical practitioners are contacted and plans for assessing deaths in custody during a pandemic are confirmed. Ensure that appropriate resources will be available and that the medical practitioners know how to access them.

### During the pandemic

- Ensure that arrangements for the central contact point are maintained.
- If the PCT/LHB/trust is to deploy additional medical practitioners itself, ensure that arrangements for this work smoothly.
- If assessment proformas are returned directly to the PCT/LHB/trust, ensure that these are batched and sent to the relevant **primary care practices** for filing in as timely a manner as possible.

## Actions for primary care services

### Now and up to WHO Phase 5

- Ensure that medical practitioners who carry out death and cremation certification receive appropriate training in the correct completion of the forms, and that standards of certification are subject to appropriate audit.
- Assess whether normal supplies of MCCDs would be sufficient in a pandemic and, if not, plan to increase supply.
- Agree with the **PCT/LHB/trust** and the **cremation authority** an appropriate stamp to use on MCCDs to indicate that a body is safe to cremate, and make plans for provision of appropriate stamps.

### At WHO Phase 5

- Be aware of the plan for deployment of additional medical practitioners and of the action that should be taken if a bereaved person contacts the practice seeking death certification.
- Ensure that all staff who may receive such enquiries (eg reception staff) are aware of the action to be taken.
- Ensure that an adequate supply of MCCDs and stamps to indicate that a body is safe to cremate is available for primary care practitioners.

### During a pandemic

- Ensure that assessment proformas are filed in the notes of deceased patients.

## Actions for secondary care services

### Now and up to WHO Phase 5

- Ensure that medical practitioners who carry out death and cremation certification receive appropriate training in the correct completion of the forms, and that standards of certification are subject to appropriate audit.
- Assess whether normal supplies of MCCDs would be sufficient in a pandemic and, if not, plan to increase supply.
- Agree with the **PCT/LHB/trust** and the **cremation authority** an appropriate stamp to use on MCCDs to indicate that a body is safe to cremate, and make plans for provision of appropriate stamps.

- Establish with the **local register office** whether MCCDs could be faxed or emailed to the local register office during a pandemic, and test possible transmission routes.

### At WHO Phase 5

- Re-test transmission routes for MCCDs with the **local register office**.
- Ensure adequate supply of MCCDs and stamps to indicate that a body is safe to cremate.

### During a pandemic

- Ensure that death and cremation certification is carried out in a timely manner.

## Actions for cremation authorities

### Now and up to WHO Phase 5

- Develop a list of medical practitioners willing to act as medical referees during a pandemic, including information on contact details and GMC registration status (practitioners must be of at least five years' standing).
- Ensure that, under normal circumstances, more than one deputy medical referee is available per crematorium, and increase the number available prior to a pandemic. Be ready to make applications for approval to the Ministry of Justice no later than **WHO Phase 4**.
- Ensure that additional medical referees are approved by the Ministry of Justice and that they possess the standard guidance for medical referees.
- Establish with the **local register office** whether disposal documents could be faxed or emailed to the cremation authority during a pandemic, and test possible transmission routes.
- Agree with local **secondary** and **primary care services** an appropriate stamp to use on MCCDs to indicate that a body is safe to cremate.

### At WHO Phase 5

- Contact medical practitioners on your list, and confirm that they are willing to act and are aware of practical arrangements for performing their role (eg location etc). Medical referees who have been approved by the Ministry of Justice are able to perform this role from that time onwards and, therefore, can be deployed as the cremation authority sees fit.
- Re-test transmission routes for disposal documents with the **local register office**.

## Actions for the Local Resilience Forum

### Now and up to WHO Phase 5

- Ensure that appropriate procedures are in place so that the Local Resilience Forum (LRF) will have the information it needs to decide whether to implement alternative ways of working.
- Ensure that the local **coroner** is aware of step 2 in the alternative death certification process and establish whether they would consider this acceptable if the LRF judged it necessary.
- Ensure that death and cremation certification is covered in communications plans.

### At WHO Phase 5

- Confirm with the local **coroner** that they would be willing to accept implementation of step 2 in the alternative death certification process if asked to do so.

### During the pandemic

- Be aware of national announcements of any legal amendments that have been made to facilitate alternative death and cremation certification processes.
- Keep local circumstances under review and consider implementing the alternative processes if appropriate.
- If alternative processes are implemented, ensure that all those who may need to be aware of this are informed (eg **PCT/LHB/trust, secondary care services, cremation authority, coroner, local register office**) and that the changes are appropriately reflected in wider communications plans.

## Actions for authorities responsible for custodial establishments

### Now and up to WHO Phase 5

- Working with the **PCT/LHB/trust**, ensure that appropriate plans are in place to ensure that the bodies of persons who die in custody can be examined by an independent medical practitioner, and that the plans cover how to obtain the resources needed by those practitioners for certification (eg books of MCCDs, stamps indicating that a body is safe to cremate).

### At WHO Phase 5

- Working with the **PCT/LHB/trust**, ensure that medical practitioners are contacted and plans for assessing deaths in custody during a pandemic are confirmed. Ensure that appropriate resources will be available and that the medical practitioners know how to access them.

### During the pandemic

- Work closely with the **LRF** to consider whether alternative ways of working should be implemented.
- In the event of implementation, ensure the smooth working of assessment by independent medical practitioners.

## Action for all organisations

- Ensure that business continuity plans take into account the need for death and cremation certification, both in preparing for and during a pandemic.











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