Pandemic Influenza: Guidance on Death Registration and associated Death Certification, Coroner and Burial/Cremation Processes

DRAFT FOR COMMENT

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To assist the managers of local registration service in developing their local plans further this draft guidance has been produced with the help and advice of key stakeholder groups.

The General Register Office (GRO) and the Local Authority Co-ordinator of Regulatory Services (LACORS) would particularly welcome views and contributions from individuals and organisations involved in pandemic flu planning. Responses will be analysed and used to inform final guidance on death registration and associated issues which will be made available on the GRO and LACORS websites.

We would be grateful for responses by 22 February 2008.

Please send you comments by email to: general.section@ons.gov.uk
Or in writing to: General section, room D209, General Register Office, Smedley Hydro, Trafalgar Road, Southport, Merseyside, PR8 2HH

Wider information on pandemic influenza is available at www.dh.gov.uk/pandemicflu

Pandemic Influenza : Guidance on Death Registration and associated Death Certification, Coroner and Burial/Cremation Processes

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Introduction

Planning responsibilities

Planning for and responding to the challenges of an influenza pandemic require the combined and co-ordinated effort, experience and expertise of all levels of government, public authorities/agencies and a range of private and voluntary organisations. To ensure an effective response each organisation needs to understand its responsibilities and how these fit with the responsibilities of others.

As an influenza pandemic would be an international public health emergency, the UK works closely with international bodies. The World Health Organization (WHO) is the United Nations specialist agency for health. Through its global programme it seeks to improve preparedness and planning for an influenza pandemic by co-ordinating surveillance and response.

The primary responsibility for developing plans for responding to major emergencies in the UK lies with local organisations. However, given the national scale and international dimensions of a pandemic, central government co-ordination, advice and support will be needed. The Department of Health has been designated as the lead government department for the response to an influenza pandemic.

This guidance applies to England and Wales. At a local level the main mechanism for co-ordinating multi agency planning is the Local Resilience Forum (LRF). Its membership includes local authorities, health bodies and emergency services.

Draft guidance for the health service has been published in the document, Pandemic Influenza : Guidance in the management of death certification and cremation certification.

Alert levels

WHO has defined the phases in the development of a pandemic that allow for step by step escalation in planning and response and this classification is used internationally. WHO will inform its member states of any change in the alert phase. If a pandemic is declared, action will depend on whether cases had been identified in the UK and the extent of the spread, so four additional alert levels have been included within WHO phase 6 for UK purposes. The defined phases are set out in Appendix A and are referred to in the descriptions of when changes to the death certification and registration processes may be introduced.

The aim is to maintain business as usual for as long as possible. It is likely that there will be some variation in the timing of the peak of a pandemic in different localities as it spreads across the country. It will, therefore, be possible for some parts of the country to be using normal procedures for certifying and registering deaths while other parts are using alternative procedures due to different levels of pressure on services. It will be for LRFs to decide when alternative procedures must be implemented within their local area.

Changes will be announced centrally and the information cascaded to the LRF. From that point, the LRF (in discussion with the coroner and others) will have the choice, in the light of the pressure on services, of implementing changes in their locality. The LRF should consider separately the need for each change to be implemented. The issues that the LRF should consider in making their decision include:

- information on the demands on local medical services and on the capacity of those services to meet the demands;

- available information on deaths in their locality, and whether delays in provision of death and burial/cremation certificates are leading to problematic delays in disposal, from burial/cremation authorities and coroners;
- information available about the likely evolution of the pandemic in their area.

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.

Summary of proposals

National changes to legislation and recommended practice on death certification, death registration and referral to the coroner 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 alternative ways of working should cease.

The following alternatives will become available at WHO phase 6, UK alert level 3:

i. the legal requirement that a registrar must refer a death to the coroner if a registered medical practitioner who had attended the deceased during their final illness and 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 28 days;

ii. where it is local practice for a coroner to require that all deaths which occur within 24 hours of admission to hospital are reported to the coroner, this 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 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.

iv. provision will be made to extend the list of those who may act as qualified informants to include a funeral director when authorised by the deceased's family to act on their behalf.

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

v. legislation will be amended to 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.

vi. the requirement to receive the original signed MCCD or coroners forms will be relaxed and documents faxed or emailed from GP surgeries, hospitals, coroners offices etc may be accepted as evidence of the cause of death.

vii. legislation will be amended to enable the MCCD to be used in place of cremation Form B and to suspend the requirement for cremation Form C. The certifying doctor will be asked to stamp the MCCD to indicate that a body is safe to cremate and a copy of the MCCD will be provided to the medical referee at the crematorium.

viii. legislation will be amended to allow information for a death or still-birth registration to be given by telephone where the local authority have decided that it is not appropriate to provide facilities for face to face registration interviews.

ix. legislation will be amended to allow still-births to be registered more than 3 months after a child has been still-born.

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* (see Circular GRO circular 10/2007). Section 4.2 of that document concerned Medical Certificates of Cause of Death (MCCDs), and referred to consideration being undertaken by the Department of Health to changing the arrangements for the completion of the MCCD. Section 4.4 concerned death registration issues. This document reflects consideration of how the death certification and registration processes work together 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 registration of deaths needs to be considered within the framework of the entire “death to disposal” process. The guidance set out below is based on this principle.

4. Death registration is an important process. It provides an opportunity for relatives to raise any concerns they may have about the cause or circumstances of death which could require the registrar to refer the person’s death to the coroner. It also plays an important role in collecting and providing information for national mortality statistics that feed into the monitoring of public health.

5. Registrars play a key safeguarding role in examining the medical certificates of cause of death (MCCDs) presented to them and in issuing certificates for burial or cremation. Their role is also important in providing the documents needed by the public to deal with the estate of the deceased and to claim benefits, as well as signposting the bereaved to other services.

6. Decreasing the safeguards within the present systems for death certification, registration and authorising burial or cremation would be a serious step requiring 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. A balance needs to be struck between the provision of safeguards and ensuring the effective management of processes for death certification, registration and authorising burial or

cremation. How the balance is struck will depend on the actual pressures experienced during a pandemic.

General approach

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 underpin the emerging proposals. The draft guidance takes account of the consultations on the process of death certification following the Shipman Inquiry and on modernisation of the Cremation Regulations which are currently in train. The outcome of those consultations might lead to further changes. In addition, the government would intend to introduce a Bill on coroner reform in Parliament when time allows.

8. Local Resilience Forums (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. The processes described in this document aim to maintain “business as usual” for as long as possible. Changes would only be made to procedures if pressures on services indicated that these were necessary. Each step in the process is designed to respond to increasing levels of pressure and the need to introduce each step will require separate consideration by each Local Resilience Forum.

10. The phases and alert levels agreed for the purpose of pandemic influenza planning are not familiar to many; these are described in the Appendices. A reminder of the legal requirements for death and cremation certification is also included.

Appendix A describes the World Health Organization international phases of pandemic influenza and the UK alert levels within WHO phase 6.

Appendix B 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 C is a proforma aimed at assisting medical practitioners in the process of certifying that a death was due to influenza where they were not in attendance on the deceased during their last illness. The Department of Health will make the proforma available on their website.

Appendix D provides checklists for planning purposes.

11. Although the legislative changes must be made at national level, they will always be 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 the alternatives and to notify medical practitioners and the registration service if appropriate. It is possible that some parts of the country will be using normal procedures while other parts use alternative procedures because of different levels of pressure on services.

Certification of Cause of Death

12. 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 make this unnecessary by employing, in particular, retired practitioners.

13. At WHO phase 5 Primary Care Trusts (Local Health Boards or Trusts in Wales) (PCTs/LHBs/Trusts) have been asked 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.

14. 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 while a medical practitioner is on site) should proceed broadly as normal throughout.

15. Where a patient dies in other circumstances, the following steps may be applied, dependent on pressure on services.

16. 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 deaths that appear on the balance of probabilities to have been caused by pandemic influenza. This proposal aims primarily to facilitate provision of MCCDs for those who have died at home.

17. At UK alert level 4 (widespread pandemic influenza across the UK), if the numbers of cases of pandemic influenza and the fatality rate during the pandemic are at the upper end of the range, services are likely to be under intense pressure. At this stage the legislative changes outlined in paragraph 16 may be implemented by the LRF.

18. Before a pandemic, Primary Care Trusts (PCTs) or Local Health Boards or Trusts (LHBs/Trusts)) in Wales are being asked to develop and keep up to date lists of people who would be willing to assist during a pandemic, in particular retired medical practitioners who may be of considerable assistance for the purposes of death certification. At WHO phase 5 PCTS/LHBs/Trusts should confirm that practitioners are able to act and check their contact details. 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.

19. 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 will be expected to consider the information that is available and any other relevant circumstances (for example, any evidence that the deceased contacted the national flu line service or the existence of partly used medication suitable for treating pandemic influenza in the deceased's possession). The medical practitioner would 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 would be to assess whether there is any indication that the death is due to violence, suicide, or is in any way suspicious.

20. Appendix C shows a proforma to be used by medical practitioners to collect information about the deceased to assist in the death certification process. The proforma will be made available electronically on the Department of Health website and that of the Welsh Assembly Government 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, British Thoracic Society and the Health Protection Agency. The proforma should not be sent to the registrar with the completed MCCD. Medical practitioners will be advised that the proformas used in assessment of the cause of death need to be incorporated into the deceased's medical record in case the cause of death is questioned at a later stage.

21. 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 would 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".

22. Registrars should accept an MCCD that gives natural causes as the only cause of death where the coroner has agreed that no further investigation is required. The death may then be registered and the certificate for burial or cremation may be issued.

23. The aim of this step is to reduce pressure on doctors in the community, on coroners and on pathologists. Again, it will be for the LRF to decide whether this step needs to be implemented locally, taking account of the local circumstances.

24. In some circumstances 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 (see paragraph 31). 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 are being asked to check with the local register office (LRO) what systems would be acceptable. Acceptable route(s) of transmission should be tested in advance of a pandemic to ensure that documents arrive securely, are legible on receipt, and are not corrupted on route.

25. PCTs/LHBs/Trusts are being reminded of the need to provide training in death certification to avoid delays that may occur because the registrar needs to make enquiries either with the certifying doctor or the coroner before s/he can register a death and issue the authority for disposal, as well as the additional pressures placed on these services.

Reporting deaths to the coroner

26. 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 had seen neither the body after death nor the patient within 14 days of their death.

27. The Registration of Births and Deaths Regulations 1987 will be amended at a national level to relax the limit of 14 days to 28 days. 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 and will reduce the need for registrars to contact the coroner. At WHO phase 6 UK alert level 3 (outbreaks across the UK) the LRF will decide whether to implement the change and will notify the registration service, medical practitioners and coroners in their area when the limit of 28 days should be applied.

28. In a number of areas coroners ask for all deaths that occur within 24 hours of admission to hospital to be reported to them. This 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 decrease pressure on hospital doctors, on coroners, on registrars and potentially on 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.

29. 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 their area. The LRF will also need to decide when use of the alternative way of working should cease and cascade the decision to the relevant organisations.

30. 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. In these cases it is likely that death registration will not be able to take place until the coroner completes his inquest. However, the coroner should still be able to provide certification allowing disposal of the body prior to the inquest.

Death Registration

31. The person who is going to act as an informant, for the registration of a death (usually a relative of the deceased) will normally collect the MCCD from the hospital or from the GP surgery and bring it with them to the register office. During a pandemic relatives may be concerned about collecting/delivering the MCCD and taking it to the register office, or they may be unable to do so due to their own ill-health or their need to care for other family members. In such circumstances registrars may accept an MCCD that is faxed or emailed to the registrar by the PCT/LHB/Trust, hospital or GP surgery.

32. The list of those who are qualified to act as informants for the registration of a death will be extended to include a funeral director who is authorised by relatives to act on their behalf. This provision will remove the requirement to visit register offices from relatives who may be ill or caring for family members. It would be acceptable for a funeral director to collect MCCDs, deliver these to the registrar and act as informant for a number of death registrations at one visit to the register office. Following registration the necessary certificates for burial or cremation may be issued to the funeral director. At WHO level 6, UK alert level 3 (outbreaks across the UK) implementation of this change will be decided on and notified by the LRF.

33. Personal attendance at the register office can be helpful for relatives. However in a pandemic, in order to limit the spread of infection, a local authority may decide that it wants to limit face to face registration by the relatives of the deceased at the register office. Changes will be made at a national level to allow telephone registration to be offered in these circumstances, at WHO level 6, UK alert level 4 (widespread activity across the UK). This will be possible only if the registrar receives the MCCD or documentation from the coroner by email, fax or another method. As with the changes outlined in paragraph 32, implementation will be decided on and notified by the LRF.

34. It will be important that medical practitioners, hospitals, coroners and funeral directors are kept informed of the services for death registration that are being provided by their local register office(s) in order to give that information to bereaved relatives if necessary. Local authorities may decide to use their websites to make available information about changes to local arrangements for registration.

35. Bereaved relatives may be in need of financial support and advice. It is important, therefore, that following death registration registrars should continue, as far as possible, to issue the notification of death for benefits purposes, the booklets giving information about what to do after a death and a certified copy of the entry in the death register where this is requested.

36. Every endeavour should be made to deal sensitively with bereaved people and to make processes as simple as possible for them. Prior to a pandemic the LRF should consider how to provide support for bereaved people. Faith communities 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.

37. Changes to the ways that information may be provided to registrars for the registration of deaths during an influenza pandemic may lead to registrations that are incomplete or that contain errors. Errors or omissions in records may be important eventually to bereaved relatives for personal reasons or in settling the estate of the deceased. For this reason following an influenza pandemic provision will be made to re-register deaths on the application of relatives of the deceased within 12 months of the end of the emergency.

Registration of still-births

38. Registration of still-births is an important process; it provides an opportunity for parents to raise any concerns they may have about whether or not their child was born alive and then died, which could require investigation by the coroner. It is also important to many parents to be able to mark the existence of the child they have lost by registering the still-birth and obtaining a certificate.

39. Parents may be reluctant or unable to visit the register office during a flu pandemic to register a still-birth. Changes will be made at a national level to extend the period within which still-births may be registered from the current time limit of 3 months to 12 months at WHO level 6, UK alert level 4 (widespread influenza across the UK) to ensure that bereaved parents are not prevented from ever obtaining a still-birth registration because of disruption during an influenza pandemic. Where a local authority decides to limit face to face registration interviews telephone registration will also be offered at this stage.

40. There will be no change to the existing provision for a certificate for burial of the still-born child to be issued before registration.

Provision of stores

41. PCTs/LHBs/Trusts have been advised that in advance of a pandemic, they should consider the resources needed to complete the death certification process and ensure that these will be available (in particular books of MCCDs and stamps to indicate 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 (see paragraph 42);
- Contact details for the relevant coroner's office;
- Contact details, including fax number and email address, of the local registrar;
- Information booklets about what to do after someone dies.

42. PCTs/LHBs/Trusts will need to contact their local register office about supplies of MCCDs that may be needed and have been advised to make preliminary enquiries at an early stage to ensure that stocks can be ordered in good time.

43. The General Register Office (Local Services branch) will contact local register offices about provision of additional stocks of MCCDs, certificates for burial or cremation, register pages and certificate forms.

Authorising burial or cremation

44. No changes are planned to the requirements for a coroner's burial order or the registrar's disposal certificate, where the deceased is to be buried.

45. At WHO Phase 6, UK alert level 4, legislative amendments would be introduced nationally that would enable the MCCD to be used in place of cremation Form B, and for the requirement for Form C to be suspended. The registrar's disposal certificate and Form F from the crematorium medical referee would still be required.

46. The suspension of cremation forms B and C would require the use of a process to show that a body is suitable for cremation. The medical practitioner who provides an MCCD will need to consider whether the body is safe for cremation by obtaining relevant information from informants. If, to the best of the practitioner's knowledge and belief, the body is safe for cremation, the MCCD will be endorsed with a stamp which indicates the body is safe for cremation. The stamped MCCD, or a copy of it, will need to be made available to the medical referee and could accompany the certificate for burial or cremation issued by the registrar.

Deaths in custody

47. Registrars need to be aware of the following changes that will be introduced for handling deaths in custody.

48. 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 prison, a detention centre, 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.

49. 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 the Registration of Births and Deaths Regulations (for example, if the death is due to suicide or is sudden and unexpected). However, in practice natural deaths occurring in particular settings (such as high security mental health services) may also be reported.

50. During a pandemic it may not be feasible to hold inquests and the extent of inquiries 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.

51. At WHO phase 6, UK alert level 3, national legal changes will be made to facilitate alternative ways of working. The need for alternative ways of working should be considered in the light of local pressures 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.

52. When a person dies in custody the body will be inspected externally by a registered medical practitioner independent of the custodial establishment (for example, not one of the prison's medical practitioners) and enquiries made by that practitioner to ensure that there are no suspicious circumstances surrounding the death. If the evidence suggests that there is a high probability that the death is due to pandemic influenza, 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.

53. If there is doubt about the cause of death 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, national changes will obviate the need for an inquest.

Business continuity

54. There should be a contact point in the PCT/LHB/Trust that can be used for enquiries (other than those to the coroner) about death certification and registration in a pandemic. It is important that contact details for the register office are provided to the PCT/LHB/Trust and the LRF and that registrars know who is their contact in those two organisations.

55. The General Register Office must be informed as soon as a register office starts to use alternative procedures on the instructions of the LRF, so that appropriate advice and support can be given when needed. Information can be sent to *general.section@ons.gsi.gov.uk.*

56. Medical practitioners who have volunteered to assist during a pandemic, and other staff involved in death certification, registration and authorisation of cremation 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.

Infection control

57. Department of Health advise that influenza can be transferred to hands from hard surfaces for up to 24 hours after the surface had been contaminated and from soft materials (paper) for up to two hours after, although in very low quantities after 15 minutes. There is also a risk of droplet spread from people who are coughing or sneezing and registrars should try to remain 1 metre away from any individuals with these symptoms who may visit the register office. Good infection control practice, in particular hand washing (or use of an alcohol hand rub), should be practised following each registration interview with a member of the public.

APPENDIX A World Health Organization international phases of pandemic influenza and the UK alert levels within WHO phase 6

WHO international phases and UK alert levels

<table>
<tr><th colspan="2">WHO international phases</th><th>UK impact</th></tr>
<tr><td colspan="3">Inter-pandemic period</td></tr>
<tr><td>1</td><td>No new influenza virus subtypes detected in humans</td><td rowspan="2">UK not affected unless it has strong travel and trade connections with affected country</td></tr>
<tr><td>2</td><td>Animal influenza virus subtype poses substantial risk</td></tr>
<tr><td colspan="3">Pandemic alert period</td></tr>
<tr><td>3</td><td>Human infection(s) with a new subtype, but no (or rare) person-to-person spread to a close contact</td><td></td></tr>
<tr><td>4</td><td>Small cluster(s) with limited person-to-person transmission but spread is highly localised, suggesting that the virus is not well adapted to humans</td><td rowspan="2">UK not affected unless infection starts in the UK or it has strong travel and trade connections with affected country</td></tr>
<tr><td>5</td><td>Large cluster(s) but person-to-person spread still localised, suggesting that the virus is becoming increasingly better adapted to humans</td></tr>
<tr><td colspan="3">Pandemic period</td></tr>
<tr><td>6</td><td>Increased and sustained transmission in general population</td><td>UK alert levels:
1 Virus/cases only outside the UK
2 Virus isolated in the UK
3 Outbreak(s) in the UK
4 Widespread activity across the UK</td></tr>
</table>

APPENDIX B – 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, 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 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, separate application is made to the crematorium on the statutory **Application for Cremation (known as Form A)** – usually by the deceased's executor or the next of kin. The applicant has to provide details including the relationship to the deceased, 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 (GP). 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 that completed the MCCD (and in practice often is). Questions on this form include:

- how long the doctor attended the deceased?
- when the deceased was last seen alive?
- when the body was seen?
- what if any examination was made of the body?
- details of the cause and mode of death,
- details of any surgical interventions within a year before death,
- any reason to suspect poison, violence or neglect, and
- any reason to suppose that a further examination is necessary.

9. This is the sole opportunity for information on implants that may render a body unsafe to cremate 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 the form, 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 (i.e. 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 C – DRAFT PROFORMA TO ASSIST DEATH CERTIFICATION

This proforma should not be delivered to the register office; it should be sent to the PCT or Trust to form part of the deceased's medical record.

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 themselves or did someone on their behalf make contact with the National Flu line? 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
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.

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

APPENDIX D – Action check list

Now and up to WHO phase 5

- Registrars who retire or leave the registration service and would be prepared to assist with registration in a pandemic should contact their local authority and provide them with contact details.
- Registrars who have indicated that they are willing to assist should, where necessary, undertake any relevant training offered.
- Notify GRO (registration.supplies@ons.gov.uk) telephone 0151 471 4810 of requests for additional books of medical certificates of cause of death received from Primary Care Trusts, Local Health Boards or Trusts.
- Work with the Primary Care Trust, Local Health Board or Trust, hospitals, the coroner, the crematorium medical referee and local funeral directors to test whether MCCDs, coroners certificates and certificates for burial/cremation can be successfully faxed or emailed, ensuring that there is appropriate security for the receipt of these documents.
- Ensure that an adequate supply of MCCDs, certificates for burial/cremation will be available.
- Discuss with the coroner any changes in the practice of referring deaths that may be needed, particularly if there are local requirements.
- Ensure business continuity plans include provision of registration services in a pandemic.
- Plan how excess deaths could be handled, based on the number of deaths usually registered in a district, the increase likely over a 15 week influenza pandemic (peaking in week 6). (See section 2.2 of the Home Office issued draft guidance on Planning for a Possible Influenza Pandemic – a Framework for Planners Preparing to Manage Deaths.) Consider the numbers of local residents who die in hospitals in adjoining districts usually, but may die at home in the event of an influenza pandemic.
- Registration service managers should consider how registration of births and marriage/civil partnership services will be managed during an influenza pandemic.
- Registration service managers should consider how calls from the public will be handled, for example, if telephone registration is to be offered will publication of a general call centre number for enquiries be sufficient/ appropriate and will telephony in the register office meet requirements.

At WHO phase 5

- Retired registrars and others who have notified their local authority that they would be willing to assist in a pandemic should ensure that the authority has up-to-date contact details and undertake any relevant updating that is offered.
- Register offices should ensure that they have information about their PCT/LHB/Trust's contact point and agreed contact information for their coroner.
- Register Offices should ensure that they receive from their PCT/LHB/Trust a list of the names and medical qualifications of additional medical practitioners who will be working in the area, together with details of a central contact point for enquiries and make arrangements to receive any updated information.
- Register Offices should ensure that they have details about how they will receive information from the Local Resilience Forum about decisions for implementation of alternative ways of working.
- Ensure that an adequate supply of MCCDs, register pages and certificates for burial or cremation is available locally.

- Re-test faxing, scanning and emailing of documents between health services, coroners, crematoria and the register office.
- Confirm with the coroner the requirements for reporting deaths locally in a pandemic.
- Review the alternative ways of working and ensure that all staff are aware of them. Ensure that influenza pandemic death registration instructions issued by GRO are available.
- Appoint as deputies those staff who will be working as registration officers during the pandemic.
- Provide training/awareness of influenza pandemic registration instructions to staff who will be registering events.
- Ensure that the necessary passwords and user IDs are set up for additional staff who will be registering events.
- Ensure that PCTs/LHBs/Trusts and coroners offices know how registration services will be provided in a pandemic and provide contact information.
- Ensure that local funeral directors are aware of arrangements for registering deaths and for receiving certificates for burial or cremation.
- Prepare local website information about how registration services will be provided during a pandemic, in particular what will be required for death registration.
- Provide information about local arrangements to staff who may deal with enquiries from the public (eg call centre staff, receptionists)

Once a pandemic is announced in the UK

- Once a pandemic reaches the UK (WHO phase 6, UK alert level 2) it may spread quite rapidly. Be alert to announcements about the development of the pandemic.
- Additional deputy registrars will be deployed at the discretion of the local authority.
- Ensure that all staff who may deal with enquiries from the public (eg call centre staff, receptionists) are aware of the local arrangements for providing registration services and are updated if these arrangements change.
- Ensure all registrars have the influenza pandemic death registration instructions to hand.
- Confirm to PCTs/LHBs/Trusts, funeral directors and coroners how registration services are being provided (eg update details if telephone registration is to be introduced).