Directorate of Chief Medical Office
Crown Agent and Chief Executive of Crown Office
and Procurator Fiscal Service

Dear Colleague

MANAGEMENT OF DEATHS IN THE COMMUNITY (In hours and out of hours)

Purpose

1. This communication is to provide guidance to colleagues in NHSScotland and Police Scotland, clarifying the roles and responsibilities of individuals and organisations in the management of deaths in the community.

2. This supersedes the instruction sent by Police Scotland in December 2014, "2014-12 Communications on attendance at sudden death for NHS Boards". ***The guidance will come into effect from 9am on the 29 February 2016.***

Background

3. Death of a loved one is stressful at any time. Several anecdotes have provided examples of situations where the distress to all concerned, including the staff, has increased when there is a lack of co-ordination of the process at this sensitive time. This is particularly so when there needs to be an investigation by the Crown Office and Procurator Fiscal Service, assisted by Police Scotland. Sometimes Police are called by relatives/friends/neighbours to attend the death. Police "attendance" does not mean Police "involvement" e.g. investigations of suspicious circumstances.

Principles

4. The primary aim of the Emergency Services is to preserve life. Any preservation of the scene where death occurred, and consequential Police investigation is secondary to this aim.

From the Chief Medical Officer
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Crown Agent, Chief Executive Catherine Dyer and ACC Malcolm Graham, Police Scotland

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Addresses
For action
NHS Board Medical Directors – to cascade to all doctors, including GPs
NHS Board Directors of Nursing
NHS Board and Special Board Chief Executives – to cascade to Medical Fecords Managers
Police Scotland
For information
NHS Board Directors of Public Health
NHS Board and Special Board Chairs
NHS Board Primary Care Leads – to cascade to OOH, Forensic Medical Services and Integration Joint Boards
Bereavement Co-ordinators of Health Boards
British Medical Association
General Medical Council
Medical and Dental Defence Union of Scotland
Medical Protection Society
Medical Defence Union
Academy of Medical Royal Colleges and Faculties in Scotland
COPFS – to cascade to Forensic Pathologists
Care Inspectorate
Chief Executive Local Authorities
National Association of Funeral Directors
The National Society Of Allied And Independent Funeral Directors

Further Enquiries
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5. Formal verification of the fact of death/pronouncing life extinct (PLE) is not required in all cases of deaths where the Police are involved.

6. Unnecessary interference and delays should be avoided. In order to minimise any additional distress and maximise the efficiency, effectiveness and quality of care, individuals and organisations need to understand their roles and responsibilities and agree which service(s) are most appropriate to attend.

7. Appropriate tailored support should be provided to the bereaved where required in the event of “suspicious” or “non-suspicious” deaths. Supporting the bereaved is a legitimate business of NHS healthcare services.

8. The attached guidance in the **Appendix** is not prescriptive and provides a framework within which organisations should jointly agree processes in their local areas together and also within their own organisations, to suit their circumstances.

Action

9. We would be grateful if you could bring this guidance to the attention of relevant colleagues in your organisations.

10. Finally, we are very grateful for the on-going support and commitment of all staff involved in continuing to jointly implement this challenging process in a sensitive area.

Yours sincerely

Catherine Calderwood *Catherine Dyer* *ACC Malcolm Graham*

APPENDIX

Guidance for deaths in and out of hospital setting, in hours and out of hours (latter covered by primary care Out of Hours services)

Background

The management of deaths in the community is a challenge for all the professionals concerned, as the responses required may be complex, and come at a very sensitive and difficult time for the bereaved. Empathetic handling, tailored to each situation, can reduce unnecessary stress for all concerned, including the professionals involved.

For the emergency service "preservation of life" is paramount. Subsequent considerations of verifying the fact of death (VoD)/pronouncing life extinct (PLE) and preserving evidence must be secondary to this primary role. ***PLE will include references to both PLE and VoD in this document.***

In circumstances where death is clearly evident, such as decapitation or advanced decomposition, there is no requirement for a formal PLE by a healthcare professional. In these circumstances the Police will record ***"Time Found"*** and remove the deceased to a relevant mortuary.

To assist in determining some of the numbers involved, Police Scotland have recently undertaken analysis of death related incidents reported to them, in the West and East regions of Scotland, covering over half of the population in Scotland.

In summary:

- 134 deaths were reported to Police Scotland during a 7 day period in June 2015, half of which were reported by Scottish Ambulance Service (SAS).
- SAS were not requested to attend in 13 incidents, in circumstances where their attendance should have been considered.
- A forensic physician (FP) was in attendance at 5 of those 134 occasions, and was requested to PLE.
- On 4 of those 134 occasions, primary care Out of Hours Services (OOH) were requested to attend. Of these, there were 2 cases where SAS was also in attendance, and PLE done by them.
- 25 of these 134 deaths were "suspicious" and/or within the responsibility of the Police, yet on 107 occasions Police removed the deceased to a mortuary and reported the circumstances of the death to Crown Office and Procurator Fiscal Service (COPFS).

This brief analysis undertaken by Police Scotland recently, reveals that out of 134 cases SAS were not summoned in around 10% of those cases but that in most cases their attendance or clinical advice would have been valuable, in the interests of preservation of life. It also indicates that the majority of deaths that the Police are currently attending and managing are not within their scope of work or responsibility.

This can lead to a disproportionate response and inefficiencies in the process, which can combine to add to the bereaved relatives' distress. For example, only 25 out of the 134 of the above cases were "suspicious" and/or within the responsibility of the Police, yet on 107 occasions the Police removed the deceased to a mortuary and reported the death to the COPFS.

It would appear reasonable to consider which service(s) are the most appropriate to attend a death in the community, recognising the duty of care to the deceased and the needs of the bereaved when a possible "death" is reported, including the preservation of life wherever possible.

In the very few cases, where the death is not "suspicious" or unexplained (i.e. the likelihood of the death being reported to the Procurator Fiscal (PF) is extremely low), primary care services (in hours and out of hours) are responsible for PLE in order to authorise the deceased to be removed respectfully by the funeral directors.

The example in the paragraph above appears to illustrate confusion and lack of co-ordination and consistency of approach in the manner in which services jointly manage deaths in the community. ***This guidance aims to provide clarity of the roles and responsibilities of the various professionals involved in the management of deaths in the community. The guidance is not prescriptive, but provides a framework within which organisations locally can jointly develop and agree their process to enable the smooth management of deaths in their communities.***

Principles

Preservation of Life

The primary responsibility of the Emergency Services (SAS, Police Scotland and Scottish Fire and Rescue Service) is to preserve life and keep people safe. Although, Police officers will attend to provide any assistance required, they cannot make clinical decisions about a "casualty". Where SAS are not in attendance and the Police are first on the scene, the Police will inform SAS of the circumstances to enable an appropriate emergency clinical response. This applies to all emergency services but the main role lies with SAS. SAS would be required to attend if there is any doubt about life being extinct but would not be required in confirmed deaths e.g. dismembered or decomposed bodies, or in circumstances where resuscitation is not required e.g. Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR).

PLE

In the vast majority of deaths in the community a PLE will be undertaken by a trained and competent paramedic on the verification of death from SAS.

In some cases where Police involvement is not required and attendance of SAS and the Police is inappropriate and not required, e.g. there is a DNACPR form, it is the responsibility of primary care services (in hours and out of hours) to PLE, so that the deceased can be removed respectfully by the funeral directors appointed by the family of the deceased. SAS will not attend merely to formally PLE if death has

already been confirmed. If such a death is reportable to the PF, the deceased's GP will notify the PF on the same day (if the PLE is undertaken in hours), or the next working day (if the PLE is undertaken in OOHs).

In the very rare circumstances where the death requires Police involvement, and SAS is not present or not required to attend, it will the responsibility of the FP or a trained and competent forensic nurse on the verification of death to attend to PLE. The role of the FP or the forensic nurse in such circumstances does not include the requirement to provide an opinion on the cause of death.

Forensic Pathologists should only attend the scene/death on the instruction of the PF.

Formal PLE is not required in all "suspicious" deaths (i.e. where Police involvement is required), as the Police officers are able to note the ***"Time Found"*** in some circumstances and authorise the removal of the deceased to a mortuary under their own contractual arrangements. This will enable the forensic pathologist to undertake their work as soon as possible.

PLE is required for "non-suspicious" (i.e. where Police involvement is not required), deaths to authorise the funeral directors chosen by the family of the deceased to respectfully remove and store the body appropriately, until further instructions.

Support to the bereaved where appropriate

In all deaths, whatever the circumstances of the death e.g. whether "suspicious" or otherwise, where bereaved individuals require healthcare support, the health services will receive separate calls from the family or professional colleagues. Care of the bereaved is a process which is shared by community and primary care teams. This is a legitimate business of NHS in hours or out of hours healthcare services, and is separate from PLE of the deceased. Primary care services, including out of hours, will prioritise and provide the required support to the bereaved if requested to do so as a separate activity. FPs, in their role as FPs, are not empowered to provide healthcare interventions to the bereaved e.g. prescribe medication.

1. Deaths in the community which do not require Police involvement

In the event that a possible death is reported in the community (i.e. in an out of hospital setting) e.g. a residential environment in a home or in a homely setting, **and** which does not require the involvement of the Police, the circumstances of the death must still always be considered against the COPFS guidance to doctors, "Reporting deaths to the Procurator Fiscal" (which can be accessed from the link below).

www.copfs.gov.uk/publications/deaths

In most cases, SAS will probably be contacted first via 999. On some occasions both Police and SAS will attend. If SAS is on scene and there are no signs of life, then trained and competent paramedics will PLE. Police will withdraw if there are no suspicious circumstances which do not require their involvement. If the call is made

directly to healthcare service e.g. in cases of DNACPR, a competent health care professional will be required to attend to PLE.

The continuing role of the Police in “non-suspicious” deaths, if they are first on the scene, is very limited and often inappropriate. The attending healthcare professionals should take over the responsibility for the management of the death, which will be to them from the Police as soon as possible. .

Whilst there are a range of competent and trained healthcare professionals in the verification of death and who can PLE, e.g. the Scottish Ambulance Service or a competent and trained nurse in the verification of expected deaths in a care home, only a doctor can issue the MCCD.

It is expected that the doctor who attended the deceased during the last illness, and/or has access to relevant clinical records of the deceased, will provide the MCCD. This will usually be undertaken by the GP of the practice, where the deceased was registered, during the next working day if the death occurs out of hours. In some rare circumstances, a Medical Certificate of Cause of Death (MCCD) may be issued by the doctor on call working in the primary care out of hours service.

DL (2015) 8 – “Rapid Provision of Medical Certificates of Cause of Death (MCCD) in Exceptional Circumstances” provides guidance around rare circumstances where the MCCD is expected to be issued for the deceased by the primary care OOH service in order to enable burial to take place within timescales which are informed by religious and cultural belief. However, the GP can only provide an MCCD if he/she has knowledge of the deceased and/or has access to relevant medical records of the deceased. DL (2015) 8, can be accessed from the link below.
http://www.sehd.scot.nhs.uk/dl/DL(2015)08.pdf

If the death occurs during normal business hours then it is expected that a doctor may be called upon by a relative/friend/neighbour/carer of the deceased or the Police, to attend the deceased in the community to PLE (if death has not already been verified by another competent healthcare professional such as a nurse or a paramedic), and provide an MCCD as appropriate. The doctor may also be requested to attend to the bereaved relative’s healthcare needs, bearing in mind that not all the relatives will be registered with the same GP practice.

The link to the CMO/NRS Guidance for doctors completing MCCD and its quality assurance is attached below.
http://www.sehd.scot.nhs.uk/cmo/CMO(2014)27.pdf

When a death occurs in the out of hours period (e.g. between 1800 and 0800) and GP practices are closed, and/or the doctor described above is not available, and it is not appropriate for SAS to attend, it is expected that a competent healthcare professional on duty will attend to the deceased (and bereaved if required). A competent healthcare professional, who has received education and training on verification of death, can verify death under these circumstances, which can vary between Health Boards, due to local differences in the organisation of their services. In circumstances where a PLE is required, the out of hours service is expected to attend to PLE within 4 hours of being called. The body can then be uplifted by the

funeral director chosen by the family. At this stage the family should be advised by the person undertaking PLE or by the funeral director to contact the GP practice of the deceased on the next working day for an MCCD. All doctors should aim to provide the MCCD during the same working day of the request

The deceased should be left secure in the building e.g. under the supervision of relatives/friends/neighbours. Healthcare professionals would not normally be expected to stay with the deceased as they would be required to attend to the needs of other patients. Where the deceased lived alone, local arrangements should be put in place to keep the body safe until uplifted by the funeral director. This process can be agreed locally with partner agencies.

If an MCCD is not required to be provided under the exceptional circumstances guidance, following PLE by a competent and trained healthcare professional (such as a nurse or a paramedic), the funeral director, chosen by the family, will uplift the body, and be instructed not to process the body until the deceased's registered GP practice has confirmed that an MCCD will be available from the GP practice on the next working day. This means that there should be as little interference with the body as possible so that the body is delivered to the forensic pathologist in an unaltered state for post mortem examination if the GP is unable to provide an MCCD and the PF agrees to take over the case i.e. no removal of clothing, washing or any other kind of preparation.

Where the GP is unable to issue an MCCD, he/she will be responsible for discussing and/or reporting the death to the PF. The outcome may be that the PF and GP agree that the GP can provide an MCCD or that the PF requires to further investigate the circumstances of the death.

Alternatively, if a doctor in attendance at the death assesses the circumstances to be "suspicious", then following the verification of death, the death should be reported by that doctor to the Police. If the death is reportable to the PF but not "suspicious", the GP from the GP practice where the deceased was registered should report the death to the PF as soon as possible on the next working day.

2. Deaths in the community that require Police involvement

All deaths that are considered to be "suspicious" must be reported to the PF. Further guidance for doctors on reporting deaths to the PF can be found on the COPFS website, "Reporting Death to the Procurator Fiscal"
www.copfs.gov.uk/publications/deaths

Guidance for reporting of death electronically to the Procurator Fiscal is available through the link below.
Electronic reporting of deaths to the Procurator Fiscal

In circumstances where the healthcare services are contacted about a possible death, SAS should be contacted if there is any possibility that life is not extinct. If a competent healthcare professional is of the view that the death falls within any of the categories listed at **Annex A**, then the death must be reported to the PF. This will also include deaths which occur out of doors, in uninhabited premises, or in

premises where the deceased did not ordinarily reside, where the Police should be notified of the death. In such circumstances, any interference with the body or scene should be minimised, beyond the immediate care for the individual, until the arrival of the Police.

This includes any death which cannot be entirely attributed to natural causes (whether the primary cause or a contributing factor) including:

- Suspicious death – i.e.: where homicide cannot be ruled out
- Unexplained death – i.e. where the cause or circumstances surrounding a death are unknown **and** give cause for concern
- Drug related deaths – including deaths due to adverse drug reactions reportable under the Medicines and Healthcare Products Regulatory Agency (MHRA (Yellow Card Scheme))
- Accidental deaths (including resulting from falls)
- Deaths resulting from an accident in the course of employment
- Sudden unexpected deaths in infancy (SUDI) including deaths of children from overlaying or suffocation
- Deaths where the circumstances indicate the possibility of suicide

If the Scottish Ambulance Service (SAS) is the first responder, trained and competent paramedics will PLE.

In situations where a body is so badly decomposed/dismembered, as to be incompatible with life, there is no requirement for SAS to attend or for a formal PLE. In these circumstances the Police will record the ***"Time Found"*** and will be responsible for subsequently transporting the deceased to an appropriate mortuary.

In rare circumstances, where SAS is not the first responder, or where the attendance of SAS is not appropriate, and the Police are on the scene, the Healthcare and Forensic Medical Service should be contacted if the Police require a PLE. Normally in these circumstances, a doctor from the OOH services would not attend to PLE. However, there may be local arrangements to facilitate the PLE in such circumstances, and Police and healthcare services should be familiar with these local arrangements.

If an FP or a trained and competent forensic nurse from the Healthcare and Forensic Medical Service attends to verify the fact of death at the request of the Police, they will also be required to note factual observations regarding the death. The forensic physician/forensic nurse is not required to provide an opinion on the cause of death.

Information for the bereaved relatives on the role of the PF in investigation of deaths is available at the link below.
http://www.copfs.gov.uk/investigating-deaths/our-role-in-investigating-deaths

A flow chart of the process for the management of Deaths in an out of hospital setting is attached in the **Annex B.**

ANNEX A

Categories of death to be reported (extract from the COPFS guidance to doctors on reporting deaths to the PF) – Please check the link for up to date guidance – "Reporting Death to the Procurator Fiscal"
www.copfs.gov.uk/publications/deaths

NOTE: The deaths to be reported by the Police to the PF may differ slightly from those required to be reported by doctors e.g. train accidents

The following deaths must be reported to the procurator fiscal ('reportable deaths'):

Unnatural cause of death

Any death which cannot be entirely attributed to natural causes (whether the primary cause or a contributing factor) including:

- Suspicious deaths – i.e. where homicide cannot be ruled out
- Drug related deaths - including deaths due to adverse drug reactions reportable under the Medicines and Healthcare Products Regulatory Agency (MHRA) (Yellow Card Scheme)
- Accidental deaths (including those resulting from falls)
- Deaths resulting from an accident in the course of employment
- Deaths of children from overlaying or suffocation
- Deaths where the circumstances indicate the possibility of suicide

Natural cause of death

Deaths which may be due in whole or part to natural causes but occur in the following circumstances:

(a) Any death due to natural causes where the cause of death cannot be identified by a medical practitioner to the best of his or her knowledge and belief

(b) Deaths as a result of neglect/fault

Any death:

- which may be related to a suggestion of neglect (including self neglect) or exposure
- where there is an allegation or possibility of fault on the part of another person, body or organisation

(c) Deaths of children

Any death of a child:

- which is a sudden, unexpected and unexplained perinatal death
- where the body of a newborn is found

- where the death may be categorised as a Sudden Unexpected Death in Infancy (SUDI)
- which arises following a concealed pregnancy

Any death of a child or young person under the age of eighteen years who is 'looked after' by a local authority, including:

- a child whose name is on the Child Protection Register
- a child who is subject to a supervision requirement made by a Children's Hearing
- a child who is subject to an order, authorisation or warrant made by a Court or Children's Hearing (e.g. a child being accommodated by a local authority in foster care, kinship care, residential accommodation or secure accommodation)
- a child who is otherwise being accommodated by a local authority

(d) Deaths from notifiable industrial/infectious diseases

Any death:

- due to a notifiable industrial disease or disease acquired as a consequence of the deceased's occupation in terms of column 1 of Part 1 of Schedule 3 to the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (see http://www.legislation.gov.uk/uksi/1995/3163/schedule/3/made and Section 10 of this guidance)

- which poses an acute and serious risk to public health due to either a Notifiable Infectious Disease or Organism in terms of Schedule 1 of the Public Heath (Scotland) Act 2008 (see http://www.legislation.gov.uk/asp/2008/5/schedule/1) or any other infectious disease or syndrome,

(e) Deaths under medical or dental care

Any death:

- the circumstances of which are the subject of concern to, or complaint by, the nearest relatives of the deceased about the medical treatment given to the deceased with a suggestion that the medical treatment may have contributed to the death of the patient.

- the circumstances of which might indicate fault or neglect on the part of medical staff or where medical staff have concerns regarding the circumstances of death

- the circumstances of which indicate that the failure of a piece of equipment may have caused or contributed to the death

- the circumstances of which are likely to be subject to an Adverse Event Review (as defined by Healthcare Improvement Scotland)

- where, at any time, a death certificate has been issued and a complaint is later received by a doctor or by the Health Board, which suggests that an act or omission by medical staff caused or contributed to the death

- caused by the withdrawal of life sustaining treatment or other medical treatment to a patient in a permanent vegetative state (whether with or without the authority of the Court of Session).

- which occurs in circumstances raising issues of public safety.

(f) Deaths while subject to compulsory treatment under mental health legislation

Any death of a person who was, at the time of death:

- detained or liable to be detained under the Mental Health (Care and Treatment) (Scotland) Act 2003 or Part VI of the Criminal Procedure (Scotland) Act 1995; or

- subject to a community based compulsory treatment order or compulsion order under the above provisions**.**

(g) Any death not falling into any of the foregoing categories where the circumstances surrounding the death may cause public anxiety.

Deaths in legal custody

Any death of a person subject to legal custody. This includes (but is not restricted to) all persons:

- detained in prison
- arrested or detained in Police offices
- in the course of transportation to and from prisons, Police offices or otherwise beyond custodial premises e.g. a prisoner who has been admitted to hospital or a prisoner on home leave

Common misconceptions

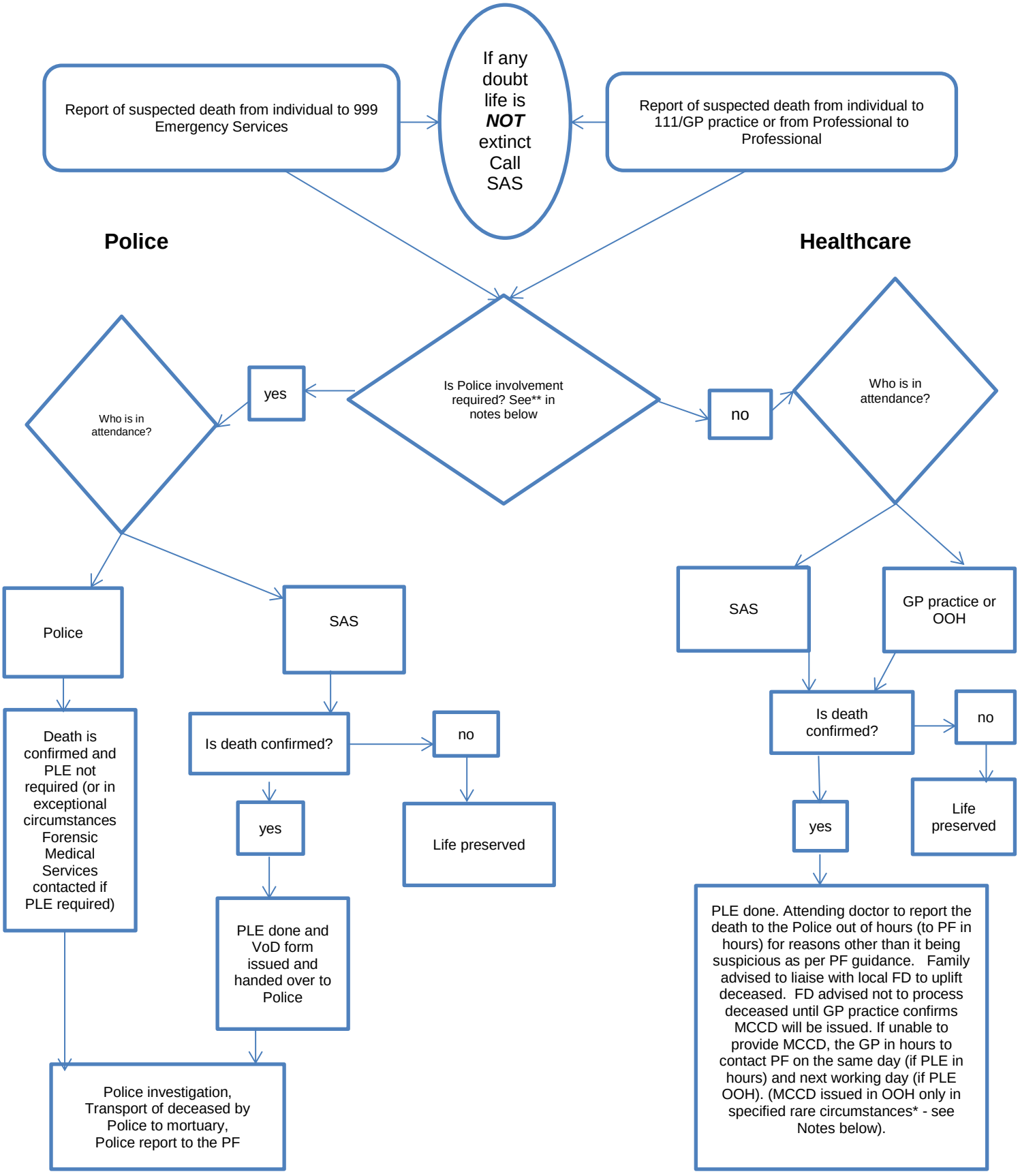
Only deaths which fall into the categories set out above require to be reported. In circumstances where the death does not fall into one of the above categories, **the following are not reasons for rendering the death reportable**:

- That the death occurred within 24 hours (or any other timescale) of admission to hospital;
- That the death occurred within 24 hours (or any other timescale) of an operation;

- That the deceased, who had a terminal illness died earlier than expected;
- That the deceased had not been seen by a GP for some time; and
- That a consultant has instructed that the death be reported without specifying the reasons why.

A death certificate may be issued if a medical practitioner is able to identify a cause of death to the best of his or her knowledge and belief. **Certainty is not required**.

OVERARCHING FLOW CHART TO MANAGE DEATH IN THE COMMUNITY



Abbreviations and Notes

FD – Funeral Directors
MCCD – Medical Certificate of Cause of Death
OOH – Out of Hours
PLE – Pronounce Life Extinct/Verification of Death
PF – Procurator Fiscal
SAS – Scottish Ambulance Service
SUDI – Sudden Unexpected Death in Infancy
VoD Form – Verification of Death Form
DNACPR – Do Not Attempt Cardio Pulmonary Resuscitation

*Please refer to the flow chart Annex B in DL(2015)8 Rapid Provision of Medical Certificate of Cause of Death (MCCD) in Exceptional Circumstances in the link below - http://www.sehd.scot.nhs.uk/dl/DL(2015)08.pdf

**This includes any death which cannot be entirely attributed to natural causes (whether the primary cause or a contributing factor) including:

- Suspicious death – i.e.: where homicide cannot be ruled out
- Unexplained death – i.e. where the cause or circumstances surrounding a death are unknown **and** give cause for concern
- Drug Misuse related deaths
- Accidental deaths (including those resulting from falls)
- Deaths resulting from an accident in the course of employment
- Deaths of children from overlaying or suffocation
- Any death of a child which is a sudden unexpected and unexplained perinatal death; where the body of a newborn is found; where the death may be categorised as Sudden Unexpected Death in Infancy (SUDI); and which arises following a concealed pregnancy.
- Any death of a child or young person under the age of 18 years who is "looked after" by a local authority including: a child whose name is on the Child Protection Register; a child who is subject to a supervision requirement made by a Children's Hearing; a child who is subject to an order, authorisation or warrant made by a Court of Children's Hearing (e.g. a child being accommodated by a local authority in foster care, kinship care, residential accommodation or secure accommodation); and a child who is otherwise being accommodated by a local authority.
- Deaths where the circumstances indicate the possibility of suicide
- Deaths while subject to compulsory treatment under mental health legislation: any death of a person who was, at the time of death detained or liable to be detained under the Mental Health (Care and Treatment) (Scotland) Act 2003 or Part VI of the Criminal Procedure (Scotland) Act 1995; or subject to a community based compulsory treatment order or compulsion order under the above provisions – see link below http://www.sehd.scot.nhs.uk/cmo/CMO(2015)20.pdf
- Deaths as a result of neglect /fault
- Deaths in legal custody

The complete list can be accessed from the link - **"Reporting Death to the Procurator Fiscal" www.copfs.gov.uk/publications/deaths**